



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH AND SOCIAL WELFARE

SIMPLIFIED VERSION OF THE NATIONAL COSTED PLAN OF ACTION FOR MOST VULNERABLE CHILDREN

NCPA II

2013 - 2017



The Welfare & Protection of Children, Let us all be Responsible

THE UNITED REPUBLIC OF TANZANIA

**THE NATIONAL COSTED PLAN
OF ACTION FOR MOST
VULNERABLE CHILDREN**

2013 - 2017

Department of Social Welfare

Ministry Of Health And Social Welfare

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Abbreviations

ACRWC	African Charter for the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on the Rights of the Child
CJF	Community Justice Facilitator
CSO	Act society Organisation
CPTs	Child Protection Teams
CCHP	Comprehensive Council Health Plan
CPMIS	Child Protection Management Information System
DSW	Department of Social Welfare
ECD	Early Childhood Development
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
LCA	Law of the Child Act
LGA	Local Government Authority
MDAs	Ministries, Departments and Agencies
MoCDGC	Ministry of Community Development, Gender and Children
MOEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare
MOHA	Ministry of Home Affairs
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA	National Costed Plan of Action for Most Vulnerable Children
NSC	National Steering Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PSS	Psycho Social Support
PSW	Social Workers
PMORALG	Prime Minister's Office Regional Administration and Local Government
QI	Quality Improvement
SWO	Social Welfare Officer
SWW	Social Welfare Workfare
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Violence Against Children
VEO	Village Executive Officer
WEO	Ward Executive Officer

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Introduction

The National Costed Plan of Action (NCPAII) for Most Vulnerable Children (MVC) is aimed at guiding the implementation of actions and policies in the next five years (2013-2017) that aim to enhance the wellbeing of MVC through preventing and/or reducing the incidences of risks and the impacts of shocks and protect their rights. This is a multi-sectoral plan developed by Ministry of Health and Social Welfare (MOHSW) through the Department of Social Welfare (DSW) in collaboration with other line ministries, Development partners and other stakeholders

Through implementation of the NCPA II, the country intends to improve and strengthen the underlying response systems for the Most Vulnerable Children at National, Local Government Authorities and Community levels (i.e. Mtaa and Village levels). Besides improving equitable access to essential services for all MVC, enhanced MVC services in quality and quantity, and coverage of all the LGAs in the country is the ultimate focus of this NCPA II.

How are the Most Vulnerable Children Defined in NCPA II

In this plan define the Most Vulnerable Children as those children under the age of 18 years falling under the extreme condition characterized by severe deprivation as to endanger their health, wellbeing and long-term development. This group of children is the primary target of priority actions set in this plan.

Based on this definition, the following are the attributes of the target group for this Plan:

1. Children living in extremely poor households with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services, and emotional and physical protection
2. Children whose sole caregiver has a disability that severely hinders the provision of care, protection and support for MVC
3. Children living in households with only an elderly caregiver (60 years and above) and with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services and emotional and physical protection
4. Children who are orphans with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services and emotional and physical protection
5. Children living in a household with a chronically sick caregiver with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services, emotional and physical protection
6. Children with a disability with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services, emotional and physical protection

7. Children living with a chronic illness (including HIV) with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, ECD services and emotional and physical protection
8. Children living in child headed households
9. Children living or working on the streets
10. Children, assessed to be at risk of, or suffering from violence, abuse and/or neglect
11. Children assessed to be at risk of, or in conflict and in contact with the law
12. Children living in institutional care
13. children born in prison or accompanying their mothers in prison or remand prisons
14. Children involved in the worst forms of child labour (sexual exploitation, illicit activities, paid domestic work, victims of child trafficking, work that consistently interferes with school attendance, Children assessed to be in immediate risk for a reason not identified above (i.e. substance abuse, the displaced children due to man made and natural disasters)



The VISION, MISSION, GOAL, AND OVERALL STRATEGIC OBJECTIVES

Vision

Most vulnerable children in Tanzania receive the care, protection and support required for them to reach their full potential as productive members of society, and households and communities receive the support required to prevent violations of children's rights.

Mission

Establishing a national response system designed to enhance protection, care and support of most vulnerable children within the framework of a well-resourced and coordinated national multisectoral response.

Goal

By 2017, a multi-sectoral, government-lead and community driven MVC response system, that constitutes commitment to facilitate MVC access adequate care, support and protection and access to basic social services is established.

The Strategic Objectives of NCPA II

The Vision and Goal of this plan of action will be achieved through government led and coordinated interventions at all levels to achieve the following **FOUR** strategic objectives

Strategic Objective 1: To strengthen the Capacity of Households and Communities to Care and Support both MVC Girls and Boys

The aim of this strategic objective is to achieve the following **FOUR** specific objectives

Specific Objective 1: To Strengthen the Household Economic Capacity for Households with MVC

Household economic strengthening (HES) interventions will comprise of portfolio of interventions targeting at strengthening the capacity of households with MVC to stand on their own. The outcomes expected from the interventions in this area includes the following:

- Improved food security/food consumption
- Improved incomes, savings, assets and livelihoods alternatives for targeted households

Reducing the economic vulnerability of families and empowering them to provide for the essential needs of children will be achieved through implementation of social protection interventions that provide for basic needs of the most destitute and vulnerable families, but also through interventions that engage families to enhance their capacities to improve their own livelihoods and standards of living, rather than relying on external assistance from the government and non-state actors

Specific Objective 2: To improve Access to Quality Family Based Care and Support, Food and Nutrition, Shelter Services and Psychosocial Support

The expected OUTCOMES in this specific objective includes increased proportion of MVC receiving appropriate Home Based care and support services to ensure the following:

- Improved food and nutritional status of women and children in MVC households
- Increased number of MVC who are in institutional care and who are taken off the street and are provided with shelter within a family environment and
- Increasing number of MVC receiving basic psychosocial support interventions and services through different levels of PSS interventions (individual; family; community and National), covering each PSS domain (skills and knowledge; emotions and social aspects).

In order to achieve these outcomes, specific interventions will be focused on strengthening the capacity of the Most Vulnerable Children Committees (MVCC) to identify and assist Most Vulnerable children and their families to access Home

Based Care Services and Psychosocial care and support services provided through the government systems as well as those provided through programs implemented by the non-state actors. Strategic interventions also include developing and disseminating the necessary guidelines in simplified Kiswahi Language, coaching and mentoring of the MVCC members to enhance their capacity to provide referral services to the MVC and to link them to the available home based care services, programs for nutritional support and psychosocial care and support services. Interventions also to reintegrating children who are currently in institutional care through family tracing and fostering as well as strengthening and supporting family based care models including, options for extended families, open adoption, and foster care. This will also include supporting family reunification and temporary shelter to take children off the streets. Last but not least, Advocate for LGAs to plan, budget and implement home based care interventions; provide community nutrition outreach and interventions to ensure MVC have access to quality shelter within a household or family environment.

Specific Objective 3: To Increase Community Awareness of their Responsibility to Care, Support and Protect MVC in their Community.

The specific OUTCOMES envisaged in this area is Increased awareness and responsiveness of the MVCC and other community members to the needs of the MVC within a perspective of gender sensitivity, and increased innovativeness and evolution of social networks of care and support that augments the withering traditional safetynets . The planned intervention to achieve these results includes:

- Developing of an advocacy strategy in support of implementation of the NCPA II that includes: Translating essential documents including the NCPA II and other MVC response guidelines and policies, into Kiswahili language, and disseminating them widely, Involving the media in sensitization and advocacy of the community on their roles on care, support and protection of MVC, and Developing community based innovative approaches and support approaches that complement existing safetynets.

Specific Objective 4: To Establish and Strengthen Community Initiatives and Institutions that enable the Community to Care, Support and Protect MVC

Two main OUTCOMES are expected in this strategic objective, which are:

- Strengthened Coordinated, integrated and sustainable MVC service delivery at the community level through the MVCC and
- Equitable access by the MVC to a comprehensive package of services and support through the MVCC

These two outcomes will be achieved through

- Strengthening linkages in service provision, including referrals,

- collaboration and coordination of responses at the community level
- Strengthening human resource capacity in terms of skills for service delivery, advocacy and leadership
- Strengthened LGAs capacity to provide oversight of the lower level LGA structures and MVCC

Strategic Objective 2: To Increase Access, and use of, Services to Prevent and Respond to Cases of Violence, Abuse, Neglect and Exploitation of Children Within a Well-Resourced and fully Functional Child Protection System

The aim of this strategic objective is to achieve the following **SEVEN** specific objectives

Specific Objective 1: A comprehensive regulatory framework for the child protection system that has clear legal rules and detailed guidance based upon the CRC, ACRWC and the LCA is provided

The main OUTCOMES expected to be achieved through this specific objective are:

- Increased levels of awareness of child protection laws and regulations among key stakeholders and the wider public
- Laws related to Child protection and regulations are integrated into the operational procedures and strategic plans of MDAs and LGAs and
- Improved levels of protection for children.



The critical interventions planned to be implemented to achieve these outcomes include:

- Child protection policy (and implementation strategy), regulations and guidelines are in place for a fully functioning child protection system. This will be achieved through drafting, approving and dissemination of the child protection policy and regulations based on the Law of the Child Act
- Ensuring that the key child protection legislation and policy documents are available in a child friendly format by developing and implementing dissemination strategy of the key child protection legislation and policy documents.
- Key professionals and other stakeholders are trained on the regulations and their implementation through developing and implementing training programmes.

Specific Objective 2: To strengthen the knowledge, skills and conduct of the professionals, frontline workers and volunteers responsible for protecting children from violence, abuse, neglect and exploitation

The expected OUTCOMES for this specific objective is that:

- Child protection professionals, front line workers, volunteer and MVCC members have an increased understanding of child protection issues and carry out their responsibilities effectively to the highest possible ethical and professional standards in line with the LCA and supporting regulations

This outcome will be achieved through

- Reviewing and upgrading of pre- and in-service curricula for child protection professionals, front line workers and volunteers
- Developing and implementing training programmes for relevant LGA officers and other professionals with child protection responsibilities.
- Developing and implementing child protection training programmes for MVCC members
- Developing and approving a code of conduct for all professionals, front line workers and MVCC members involved in child protection work.

Specific Objective 3: To ensure that effective strategies and services are in place to prevent or reduce levels of violence, abuse, neglect and exploitation

Two expected OUTCOME

Increased awareness and understanding of child protection and the risks to children of abuse, neglect and exploitation among the community and other stakeholders

- Reduced incidences of violence, abuse, neglect and exploitation of children.

The outcomes will be achieved through the following interventions:

- Designing and implementing national awareness raising and public education programme.
- Designing and implementing public awareness and awareness raising programme at the District and sub-District levels. The programme will facilitate community awareness and public education campaigns that will be undertaken by the Child Protection Teams (CPTs) and the Most Vulnerable Children Committees (MVCCs) and their partners at District, Ward and Village levels to raise awareness, increase understanding and change behavior in relation to child protection.
- Developing and implementing training programme for teachers and caregivers in the institutions to ensure that teachers and caregivers in institutions have the skills necessary to use positive alternative forms of discipline

- Developing and delivering of awareness raising and training programme for parents and caretakers in the institution setting to ensure that parents and caretakers have the skills necessary for positive parenting.
- Developing and implementing an awareness raising and education programme for children to ensure that children both girls and boys are given the skills to better protect themselves from violence, abuse, neglect and exploitation
- Developing and delivering of an awareness raising and support programme for religious, political and community leaders to enable and engage religious, political and community leaders promote protective behaviour at the local level

Specific Objective 4: To ensure that effective mechanisms are in place to enable the early identification and reporting of cases of children who are at high risk of, or have experienced violence, abuse, neglect or exploitation and their timely referral to appropriate professionals

Expected OUTCOMES for this specific Objective:

- Children, their families and other members of the community have access to, and are aware of, appropriate mechanisms for reporting cases of violence, abuse, neglect and exploitation.
- Increased identification, reporting and referral of cases of violence, abuse, neglect and exploitation

Planned interventions for this specific objective are

- Developing and implementing of multiple mechanisms to strengthen local capacity to identify, report and refer child protection cases in a timely and confidential manner. This includes the development of clear terms of reference and the provision of training and support to Ward CPTs, MVCCs, PSWs, CJFs and other local field workers and volunteers.
- Establishing and widely publicizing child friendly, gender sensitive and accessible mechanisms that enable children, their families or members of the community to report concerns of suspected violations.
- Engaging and actively involve the CPTs, MVCCs, junior councils, para-social workers, teachers, health workers and other community leaders in identifying, reporting and referring concerns and suspected cases of violence, abuse, neglect and exploitation

Specific Objective 5: To ensure that cases of violence, abuse, neglect and exploitation are responded to in an effective, well-coordinated manner by the appropriate agencies

The expected OUTCOMES for this specific objective are:

- Agencies work collaboratively to ensure that cases of violence, abuse,

neglect and exploitation are responded to in an effective and timely manner.

- Children who have experienced violence, abuse, neglect and exploitation receive appropriate and timely support and services.
- Those responsible for cases of violence, abuse, neglect and exploitation of children are held to account by the justice system

Planned interventions to realize these outcomes includes:

- Allocating adequate resources to the Department of Social Welfare (DSW) to ensure that the DSW is well resourced, equipped and enabled to effectively play its roles in providing technical oversight
- Developing and implementing a comprehensive multi-agency case management system for child protection cases (including training and support for all the professionals involved). This is to ensure that clear and comprehensive procedures and protocols are in place and being utilized for the management of cases of violence, abuse, neglect and exploitation on a multi-agency basis at the District and sub-District level.
- Recruiting, training, deploying and supporting social welfare officers and assistants to ensure that sufficient suitably trained and supported Social Welfare Officers and Assistants are deployed at the District and Ward level to manage and support the anticipated caseload of children.
- Establishing gender and children's desks in all Police Stations, including the identification, training and support of specialized officers. This is to ensure that gender and children's desks are established in all Police Stations and are adequately resourced to respond to the child protection caseload.
- Developing and implementing child protection strategies for managing and supporting cases. To ensure that the Health, Education, Probation, Courts and Legal Aid professionals respond effectively on a multi-agency basis to cases of violence, abuse, neglect and exploitation

Specific Objective 6: To ensure that services are in place to prevent family separation and support family reunification wherever possible and to provide appropriate short and long term care solutions where parental care is not possible.

The expected OUTCOMES for this specific objective are:

- Levels of family separation are minimized.
- Wherever possible separated children are effectively and sustainably reunified.
- Children who cannot be immediately reunified with their families are provided with appropriate high quality family-based alternative care Suitable family-based or institutional care services are available for children who have experienced violence, abuse, neglect or exploitation and who need access to short-term, emergency care

The planned interventions to achieve the planned outcomes are:

- Developing and implementing mechanisms for the prevention of family separation to ensure that formal and informal mechanisms are in place at District, Ward and Village/Mtaa level to prevent family separation.
- Developing and implementing a comprehensive Family Tracing and reintegration programme for separated children to ensure that mechanisms are in place to support the identification, tracing, family conferencing, reunification and reintegration of separated children.
- Strengthening of traditional community care and kinship mechanisms together with the development and implementation of formal foster care mechanism to ensure that positive traditional mechanisms on kinship and community care are strengthened and monitored to provide care for children without parental care.
- Implementing the institutional care regulations and guidelines to ensure that foster care families are identified, vetted, trained and supported at the LGA level..
- Developing and implementing adoption strategy based on the new regulations to ensure that adoption is promoted as an option for children without families
- Strengthen oversight and supervision including reviewing and dissemination of the necessary guidelines to ensure that all children's homes are registered and licensed, supported and regularly monitored by the appropriate authorities to ensure they meet minimum standards and non-compliant homes are closed.

Specific Objective 7: To ensure that a management information system (CPMIS) is in place to effectively monitor and respond to cases of violence, abuse, neglect and exploitation of children

Two OUTCOMES are expected in this specific objective:

- Child protection professionals and frontline workers have available information they require to respond appropriately to individual cases of violence, abuse, neglect and exploitation in a timely and effective manner.
- Child protection professionals, frontline workers and policy makers are able to effectively monitor their work and use this information to improve the quality and effectiveness of their policies, planning, budgeting, operational management and advocacy

The Planned interventions to realize these outcomes are:

- Developing and implementing data collection formats for all aspects of child protection to ensure consolidated and consistency in the collection and recording of data at National, Regional, LGAs, Ward and Village/Mtaa level

- Linking CPMIS to the existing MVC Data Management Systems (DMS), develop and implement training and support programme for child protection professionals, front line workers and MVCCs involved in operating and utilizing the CPMIS to ensure that they are able to operate these information systems and make full and effective use of their outputs to strengthen child protection.

Strategic Objective3: Improve MVC Access and Utilization of Health Care, Education and Early Childhood Care and Development (ECD) Services

The aim of this strategic objective is to achieve the following **THREE** specific objectives

Specific Objective 1: To ensure Expanded Access to Essential Health Care Services

Expected **OUTCOMES** for this specific objective

- MVC and other household members equitably access and utilize appropriate primary healthcare services
- Increased knowledge and practice among MVC parents and care givers on how to prevent major childhood illnesses
- Increased access to and utilization of preventive and curative health services including antiretroviral therapy for MVC and their caregivers
- Increased MVC access to and utilization of safe water and sanitation facilities at household, community and institutional levels especially in schools, children's ,retention homes, day care centre and crèches and rehabilitation centres.
- Increased access to and utilization of proper nutrition among the households with MVC

Planned interventions to realize these outputs are:

- Promote, advocate and facilitate the enforcement of free health care services policy for the under 5 and child victims of violence in the public health care facilities
- Strengthen and establish mechanisms in the LGAs for providing contributions for MVC to access health care financing through Community Health Fund or National Health Insurance Fund.
- Facilitate households with MVC to access cash transfers from TASAF 3 and other sources to enable them pay for essential health care services in areas where health insurance arrangements are still weak
- Facilitate the MVC to access and utilize the available HIV and AIDS Care, support and Treatment services within the communities including.

- Facilitate strengthening home based care services within the communities, ensuring that MVC with HIV and AIDs are provided with palliative care which include pain and symptom management, communication about illness and prognosis, exploration of the patient’s goals and values, psychosocial and spiritual support, and care coordination, including hospice referral when appropriate,
- Promotion of targeting of MVC and their households in interventions for malaria prevention, treatment and care
- Facilitating MVC equitable access and utilization of adolescent sexual and reproductive health information and services for in and out of school vulnerable adolescents
- Facilitate MVC access to timely immunization, de-worming, ORT and Vitamin A supplementation services and treatment of acute malnutrition
- Provide information and advice to caregivers of MVC on appropriate infant and young child feeding practices
- Facilitate MVC access and utilization of safe water and sanitation facilities at household, community and institutional (schools, children’s homes) levels
- Promoting and facilitating proper nutrition for MVC in, household, schools and other institutions

Specific Objective 2: To ensure MVC have access to pre-primary, primary , secondary school and vocational training

The expected OUTCOMES for this specific objectives are:

- The MVC are enrolled, attending, and progressing well in school and vocational training
- Pre-school MVC are stimulated cognitively and non-cognitively
- The child is prepared to be active and engaged in formal or self-employment
- Increased enrollment and retention of MVC to attain equitable and quality education within the primary, secondary and Vocational Training
- Increased transition between pre-primary and primary education among the MVC
- Increased transition between non-formal and formal education among the MVC
- Increased transition between primary and secondary education among the MVC



These outcomes will be achieved through the implementation of the following interventions:

- Through the Child Protection Teams (CPTs) and the Most Vulnerable Children Committees (MVCC), promote campaigns for enrolment of all vulnerable groups such as children who are in worst forms of child labour children and encourage caregivers to help children stay in school (especially the re-integration of young mothers back in to the education system)
- Promote a supportive and caring school environment, where children feel safe and secure
- Advocate for the capitation grants to cover education needs of MVCs
- Building the capacity of the MVCC at the ward, Mtaa/village levels and the school committees to demand accountability from the primary school administration to provide the required scholastic materials to the MVCs using the available school budget
- Advocate for provision of MVC with scholastic materials, uniforms and school fees by families, communities, LGAs, CSOs, FBOs and private sectors.
- Advocate for appropriate assistive devices, (based on assessed needs) to MVC with special needs
- Advocate for the implementation by laws that protect children from being expelled out of school for lack of school uniforms, school contributions and school materials
- Advocate for vocational training for MVCs who have not managed to join secondary education. This will include advocating and supporting provision of MVC with scholastic materials, uniforms, training fees and start up kits by families, communities, , LGAs, CSOs, FBOs and private sectors.

Specific Objective 3: To facilitate provision of Integrated ECD services to MVC

The expected OUTCOME IS MVC facilitated to achieve their potential cognitive and non-cognitive development.

This outcome will be achieved through the following interventions:

- Facilitating children's equitable access to ECD, through establishing and managing ECD centers (Creches, day care centers and community centers) as well as developing standard guidelines for provision of ECD service
- Facilitate and support in- service training for childcare workers, social workers on MVC needs and services.
- Support training on parenting skills for MVC caretakers on early childhood stimulation for psychosocial and cognitive development
- Facilitate early identification and intervention for children with disabilities

- Encourage and support childcare institutions to establish and manage daycare centers to improve equitable access to ECD services

Strategic Objective 4: Strengthen the coordination and leadership, policy and service delivery environment

Through this strategic objective, we seek to realise **SEVEN** specific objectives

Specific Objective1: To strengthen Government capacity to lead, coordinate, resource and ensure the successful implementation of the NCPA II

The expected OUTCOME for this specific objective are:

- Government providing leadership in the development, operation and management of the MVC national response process
- The functions, roles and responsibilities assigned to the different government MDAs and other stakeholders at the National and LGA levels are implemented accordingly
- MVC interventions are focused on addressing the existing challenges at all levels (achievements in MVC services delivery results)

These results will be achieved through the implementation of the following interventions:

- Advocacy campaigns to increase awareness among decision makers on the MVC challenges and the need for dedicated government leadership and coordination for effective interventions and achievement of desired result
- Provide technical support to strengthen leadership and management practices at the national and local levels to prioritize, execute, and be accountable for MVC programs;
- Strengthen leadership at the National and LGAs to prioritize gender issues in MVC programmes

Specific Objective2: strengthen mechanisms to support Government coordination and implementation of the NCPA II

- Coordination structures and instruments are functioning effectively and facilitating the delivery of quality services to all MVC by 2017
- All Council/District Child Welfare/Committees have the Institutional Arrangements[Rules, Regulations and Guidelines] and skills to efficiently coordinate the MVC response at the lower levels of LGAs by 2017
- All Wards, Mtaa and Village MVC Committees have the Institutional Arrangements (Statutory arrangements that transforms them into standing committees) and the skills to efficiently coordinate the MVC response at the Ward, and Mtaa and Village level by 2016

These outcomes will be achieved through the implementation of the following interventions

- Providing technical support to strengthen structures and coordination mechanism and ensure that the MVC Coordinating/ Technical Working Groups have institutional Instruments [i.e. Rules, Regulations and Guidelines] and skills to effectively coordinate the MVC response at National Level by 2016
- At the National level, establishing the National Steering and Technical committees as statutory committees and the Multisectoral Working Groups and Implementing Partners Group as supporting forums to the Technical Committee
- At the LGA levels Issuing government directive/circular that establishes the Most Vulnerable Children Committees (MVCC) as standing committees at District, Municipal, City, Ward, Mtaa and Village levels
- Defining and disseminate the roles and responsibilities of the national and LGAs level coordination structure.

Specific Objective3: To establish an expanded, decentralized and professional social welfare workforce (SWW)

The expected OUTCOMES to be achieved in this objective are as follows:

- Established professional standards, licensing and accreditation
- Authorized scopes of practice for social work cadres
- Political, social and financial decisions and choices that impact HR for SW made
- Increased ratio of graduates to projected demand for SW cadre
- Reduced student attrition pre-service training programs
- System in place for updating pre-service curricula (e.g., within last three years)
- In-service training coordination and evaluation mechanisms in place
- Increased Student/teacher ratios by pre-service institutions and cadres.
- LGA planners use HR information system integration of data sources to ensure timely availability of accurate data required for planning, training, appraising and supporting the workforce
- Human Resource (HR) units support social workers; units strategically located at national and local levels
- HR information system in place and used for SWW planning at all levels
- Performance management system in place.
- Evidence of high-level advocacy to promote the implementation of the HR planning
- Department of Social Welfare established at LGA level as an independent department.
- Leadership development program established for heads of the social

- welfare departments at all levels
- Involvement of wide range of stakeholders in policy and decision-making processes (professional associations, researchers, unions, private sector, FBOs).

These outcomes will be achieved through the intervention that includes:

- Reviewing the policy and establish legal frameworks for guidance and raising awareness of the critical role and responsibilities placed on social welfare officers
- Improving human resource management of social workers to provide effective care, support and protection of MVC in accordance to the Law of the Child Act 2009

Specific Objective 4: To improve the quality, systematization and comprehensive delivery of services

The OUTCOME expected to be achieved through this specific objective is:

That, the MVC are receiving quality services in terms of relevance, magnitude, and timeliness.

This will be achieved through implementing the following interventions:

- DSW and the Council Social Services Committees providing supervision and oversight to ensure MVCC, CPTs, CSOs and volunteer organizations (e.g. FBOs) are delivering quality services to the MVC
- Reviewing the QI guidelines and dissemination to the LGAS and the MVCC and implementing partners

Specific Objective 5: To raise awareness at the national level of the needs and rights of MVC for improved government, community, household and private sector response

The following are the expected OUTCOMES for this specific objective

- Increased resource allocation for MVC responses at the National and LGAs level
- Increased responsiveness of the MVCC and other community stakeholders to the needs of the MVC Increased innovativeness and evolution of social networks of care and support that augments the withering traditional safetynets.

These outcomes will be achieved through the implementation of the following interventions:

- Implementation of public education and awareness raising programs
- Developing and broadcasting Mass media MVC programs

Specific Objective 6: To increase capacity for quality monitoring, evaluation and evidence-based learning and decision-making within the MVC response

The following are the expected OUTCOMES for this specific objective

- National MVC Response that is guided by an integrated and multisectoral M&E System
- Stakeholder collecting, sharing and utilizing relevant MVC Data in a coordinated manner
- Outcome and impact evaluation questions on MVC are being incorporated into existing National Bureau of Statistics population based surveys
- Sector Plans and Budgets at National and LGA levels are based on data produced through the Integrated M&E System
- MVC Programming is informed by applied exploratory research by 2016

These outcomes will be achieved through the implementation of the following interventions:

- Reviewing and expanding the Terms of Reference (TOR) for the M&E Technical Working Group
- Providing Technical Assistance to the established M&E Technical Working Group
- Facilitate development of an Integrated Multisectoral Monitoring and Evaluation Operational Plan
- Institutionalize a culture of data use and evidencedriven decisionmaking for the MVC response by designing, implementing, and continuously improving a data use and dissemination strategy as part of the implementation of the M&E Operational Plan
- Develop an applied research MVC agenda, mobilize resources for the research issues identified and work with the higher learning institutions to undertake the studies or research

Specific Objective 7: To mobilize sufficient resources for the effective implementation of the NCPA II

- The expected OUTCOME for the increased resource mobilization and allocation for child welfare at national level and in the LGAs
- This outcome will be achieved through providing of guidelines for mainstreaming child welfare issues in the MTEF and LGAs annual budgets

4 Plan Implementation

Plan Implementation, Institutional Arrangements and Coordination Structure

Institutional Arrangement

At the national level, the Ministry of Health and Social Welfare, through the Department of social Welfare is mandated to oversee implementation of the NCPA II in collaboration with others relevant government ministries including PMORALG, MOEVT, MOHA, MoCDGC, other line ministries, departments and agencies (MDAs), and stakeholders from the non-state organizations. The development partners will also provide the relevant support both to the state and non-state organizations in the course of plan implementation.

At the Regional level, the RAS will be responsible in overseeing the plan implementation process in the regions, while at the LGAs level, the City, Municipal, Urban and District Executive Directors in the LGAs, and the executive officers i.e. WEOs and VEOs will be responsible for overseeing the process in their jurisdictions.

Coordination and Management Structure

National level Coordination

Coordination at National level will constitute the following structures, which will be made statutory in order to strengthen their effectiveness and accountability:

- a) The National Steering Committee (NSC)
- b) The National Technical Committee (NTC)
- c) The National Child Protection Advisory committee (subcommittee to NTC)

Besides, the development partners will be coordinated through the Development Partners Group. In addition, national level coordination will be supported by the implementing partners group (IPG), which will be a non-statutory forum of implementing partners, both state and non-state partners.

Regional level Coordination

Coordination at the Regional level will be done through the Regional Administrative Secretary (RAS)

Local Government Level Coordination

At the LGAs level, coordination will take place through Most Vulnerable Children committees (MVCCs) and child protection teams. These will be a subcommittee to the public and social welfare committees/social services committees at the City, Municipal, Town and District Councils; Ward and Community i.e. Village / Mtaa levels. Most vulnerable committee will form Child protection teams at council and ward levels while at the village level MVCCs will have the role of child protection team.

NCPA II Implementation Process

Rolling out of the plan

Besides the National Launching event, vertical rollout will involve implementation of the necessary supportive interventions at the national level. This will include issuing of government circulars and national guidelines that have important implication for smooth implementation of the plan at both national and LGA levels. The horizontal rollout will involve implementation of activities at the LGAs level that facilitates implementation of the plan at the LGA and community levels. The vertical and horizontal rollout plan is provide in the following matrix:

NCPA II Rollout Plan

Rollout level	Activity	Time Frame
Vertical Rollout	Launching of the NCPA II at National Level	February 2013
	Conduct National level advocacy with parliamentarians and high level government executives	February to June 2013
	Releasing government circular to establish the national coordination committees as statutory structures	February to June 2013
	Releasing government circular to establish the District MVCC as statutory LGA Committees	February to June 2013
	Releasing government circular to establish the Ward and Community (Mtaa and Village) MVCCs	February to June 2013
	Developing and disseminating relevant guidelines	February to December 2013
Horizontal Rollout	Dissemination of the NCPA II at the LGAs	February to June 2013
	Strengthening the capacity of the MVCC at Ward and Community level to implement the second NCPA	February to December 2013
	Establish and strengthen the District Child protection and Ward Child protection Teams	2013 and 2014
	Provide guidelines and Facilitating LGAs to develop operational plans for implementing the NCPA II	February to June 2013

Implementation Monitoring and Evaluation Framework

M&E Levels	Responsible Entity	Data Source
Impact Level	DSW, Ministry of Health and Social Welfare, PMoRALG, National Bureau of Statistics and other development partners.	<p>Population Surveys focusing on long term change/Impact in quality of life for children</p> <p>Source of Information: Population based surveys: The Demographic and Health Survey, The HIV and Malaria Indicators Survey, the Household Budget Survey, the Integrated Labor Force Survey</p>
Outcome Level	DSW, Ministry of Health and Social Welfare, PMoRALG, LGAs, National Bureau of Statistics and other development partners	<p>Population medium term changes</p> <p>Source of Data: Special surveys; Outcome indicators collected at one year intervals</p>
Output Level	DSW, Ministry of Health and Social Welfare, PMoRALG, LGAs and other development partners	CPMIS, Detailed routine data record with numbers, sex, and service provided
Activity Level	LGAs, Implementing Partners, and communities {Mtaa and Villages}	Source of Data: Detailed routines data record, Meeting Reports, Case management and referral records

Budget Estimate

Over the five-year period (2013-2017) the total cost of the NCPA II is estimated at TSHS. 328.3 Billion (USD 210.5 Million) The breakdown by strategic objective is shown on the following two tables in Tanzanian Shillings and US Dollars respectively :

Budget in T.shs (1,000,000)

Actions	2013	2014	2015	2016	2017	Total
Strengthen the Capacity of Households and Communities to Protect, Care and Support MVC	42,650.50	42,831.90	42,987.20	33,125.00	33,125.00	194,719.50
To provide a comprehensive regulatory framework for the child protection system that has clear legal rules and detailed guidance based	29,633.00	9,670.00	9,666.00	9,660.00	9,660.00	68,289.00
Expand access to Health and Education including Early Childhood Development (ECD) Services	5,596.90	5,705.70	5,798.90	364.6	364.6	17,830.70
Strengthen the coordination and leadership, policy and service delivery environment	10427	9577	9603	8929	8959	47495
Total	88,307.40	67,784.60	68,055.10	52,078.60	52,108.60	328,334.20

Budget in USD (1,000,000)

Actions	2013	2014	2015	2016	2017	Total
Strengthen the Capacity of Households and Communities to Protect, Care and Support MVC	27.30	27.5	27.6	21.2	21.2	124.8
To provide a comprehensive regulatory framework for the child protection system that has clear legal rules and detailed guidance based	19	6.2	6.2	6.2	6.2	43.8
Expand access to Health, Education and Early Childhood Development (ECD) Services	3.6	3.7	3.7	0.2	0.2	11.4
Strengthen the coordination and leadership, policy and service delivery environment	6.7	6.1	6.2	5.7	5.7	30.5
Total	56.6	43.5	43.7	33.3	33.3	210.5

