

**Revolutionary Government of Zanzibar
Ministry of Empowerment, Social Welfare, Youth, Women and Children**

Zanzibar Most Vulnerable Children Monitoring and Evaluation Plan



Department of Social Welfare

May 2015



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LIST OF ABBREVIATIONS

BEST	Basic Education Statistics for Tanzania
CBO	Community- Based Organization
CCT	Conditional Cash Transfer
CHF	Community Health Fund
CMC	Community management Committee
CP	Child Protection
CPMIS	Child Protection Management Information System
CPT	Child Protection Team CSOs Civil Society Organizations
DAO	District Administrative Officer
DCMS	District Case Management System
DCs	District Councils
DDA	Department of Disability Affairs DHIS 2District Health Information System
DHS	Department of Human Services DMS Data Management system
DP	Development Partners
DQA	Data quality Assessment
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
ECD	Early Childhood Development
EMIS	Education Management Information System
FBO	Faith- Based Organization
GBV	Gender Based Violence
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
IEC	Information Education and Communication
IGA	Income Generating Activities
IHBS	Integrated Household Budget Survey
ILFS	Integrated Labor Force Survey
IP	Implementing partners
IPG	Implementing Partners Group
KR	Key Result
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MESWYWC	Ministry of Empowerment, Social Welfare, Youth, Women and Children
MIS	Management Information System
MKUZA	Mkakati wa Kukuza Uchumi na kupunguza Umasikini Zanzibar

MOEVT	Ministry of Education and Vocational Training
MOH	Ministry of Health
MOJCA	Ministry of Justice and Constitutional Affairs
MOU	Memorandum of Understanding
MSPORASD	Ministry of State, Presidents Office, Regional Administrative and Special Departments
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NGO	Non- Government Organization
NSC	National Steering Committee
NTC	National Technical Committee
OCGS	Office of Chief Government Statistician
PHC	Primary Health Care
POLPS	President Office, Labor and Public Service
PORASD	President Office, Regional Administration and Special Departments
PSS	Psychosocial Care and Support
RSWO	Regional Social Welfare Officer
SO	Strategic Objective
SWO	Social Welfare Officer
TASAF	Tanzania Social Action Fund
TMU	TASAF Management Unit
TOT	Trainer of Trainee
TWG	Technical Working Group
UN CCT	Unconditional Cash Transfer
UNICEF	United Nations Children Funds
USAID	United State Agency for International Development
ZCPA	Zanzibar Costed Plan of Action for Most Vulnerable Children

FOREWORD

The Revolutionary Government of Zanzibar is committed to supporting orphans and other vulnerable children in collaboration with other implementing partners. The Department of Social Welfare (DSW), within the Ministry of Empowerment, Social Welfare, Youth, Women and Children (MESWYWC), is responsible for leading the planning, implementation, coordination, monitoring and evaluation of care, support and protection of vulnerable children.

The DSW Zanzibar has worked in close collaboration with MEASURE Evaluation-Tanzania and other key stakeholders to develop this Monitoring and Evaluation (M&E) plan for Most Vulnerable Children (MVC). The M&E plan aims to assess and ensure coverage, quality and effectiveness of service delivery to MVC.

All stakeholders supporting MVC activities are urged to report against the indicators identified in this M&E plan.



Ms. Asha Ali Abdulla

Principal Secretary

Ministry of Empowerment, Social Welfare, Youth, Women and Children

Zanzibar.

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Finally, we express our special appreciation to the other MVC stakeholders and the Ministry of Empowerment, Social Welfare, Youth, Women and Children, particularly the DSW staff members, who contributed in different ways towards making this important document a reality. To all, we say THANK YOU!



Ms Wahida Maabad Mohamed

Director of Social Welfare

Ministry of Empowerment, Social Welfare, Youth, Women and Children

Zanzibar

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.0 Introduction

The purpose of this Zanzibar MVC M&E plan is to provide guidance for tracking the implementation of the Zanzibar Costed Plan of Action (ZCPA) for Most Vulnerable Children (ZCPA 2010-2015). The ZCPA provides a common tool for all MVC stakeholders in Zanzibar to coordinate response to the needs of most vulnerable children. The M&E Plan provides guidance on how stakeholders should monitor the implementation of the ZCPA and determine whether its goal and objectives are being met.

1.1 MVC Program in Zanzibar

i. Overall Objective

The overall objective of the ZCPA is to reduce incidence of most vulnerable children in both rural and urban areas in the short-run, and put in place requisite economic, social, policy and institutional foundations for elimination of all forms of child vulnerability to various risks in the long term. The overall objectives will be realized through the pursuit of the following specific objectives:

ii. Specific Objectives

- Reduced vulnerability to chronic poverty through implementation of consolidated anti- poverty and child- sensitive social protection systems and resource allocation to support prevention and response to social and child protection – related risks (responsive, protective and preventive social protection measures.) Implementation of such measures will address current poverty, and prevent and build resilience for the future generation;
- Economic capabilities strengthening of disadvantaged and chronically poor households undertaken;
- Systems and structures to ensure effective organization , coordination and process for social support and child protection in Zanzibar are in place;
- Strengthening protection and response against child abuse, violence, exploitation by mainstreaming child protection and social protection in the policy making process for Zanzibar;
- Social cultural factors constituting risk factors for child abuse, violence, exploitation and neglect are addressed; and
- Achieving the desired outputs, outcomes and impact of responses through measuring, monitoring, reviewing and managing inputs and activities and assessing outcome and impact responses.

1.2 Definition of MVC

Zanzibar Costed Plan of Action created a working definition of a Most Vulnerable Child (MVC) that includes any child under age 18 who lives in the following conditions:

1. Children from very poor families;
2. Orphans;
3. Children living with sick parents (including those living with HIV) ;
4. Children who are unable to meet access to essential livelihood items;
5. Abandoned children (these are children who have been abandoned by their biological parents, left in the care of either very poor and or sick mothers – biological/ stepmothers; very old/ poor and or sick grandparents; or other members of extended family living in destitution);
6. Children born out of wedlock;

7. Children suffering from violence, abuse and /or neglect and exploitation;
8. Teenage girls with children out of wedlock;
9. Children from divorce families living with one of the biological parent and or step parent;
10. Children with disabilities;
11. Children living in a household with only an elderly care giver (60 years and above) with significant unmet needs(shelter, assets (e.g. lack of bedding, chairs and other necessary households' equipment and children lacking clothing and school uniforms);
12. Children with chronic (including HIV) with significant unmet needs;
13. Children of drug addicts; and
14. Children abusing drugs.

1.3 Rationale

The Zanzibar MVC M&E plan is developed to guide the process of collecting, analyzing and using MVC data for planning and decision-making purposes. The M&E plan will also provide information that will be used to guide future MVC programming strategy and interventions.

1.4 Users

The MVC M&E plan is intended to be used by all key stakeholders implementing the ZCPA. The stakeholders include line Ministries [Ministry of Empowerment, Social Welfare, Youth, Women and Children (MESWYWC); Ministry of State, President's Office Regional Administration and Special Department (MSPORASD); Ministry of Education and Vocational Training (MoEVT); and Ministry of Health (MoH)], development partners, international and national non-governmental organizations (NGOs), Districts, Shehias and Most Vulnerable Children Committees (MVCC).

1.5 Structure of the M&E Plan

The M&E plan is organized into five chapters and appendices as follows:

- Chapter 1: Introduction and Background
- Chapter 2: Goal and Objectives of the monitoring and evaluation plan
- Chapter 3: Monitoring ZCPA
- Chapter 4: Evaluating ZCPA
- Chapter 5: Coordination and capacity building for the implementation of the M&E plan.

1.6 M&E Plan Development Process

This M&E plan has been developed through a participatory process coordinated by the M&E officer at the Department of Social Welfare, with technical assistance from MEASURE Evaluation-Tanzania. Members of the National MVC M&E Technical Working Group (TWG) actively participated at all stages of the plan's development, including indicator identification, definition, and review of multiple drafts of the M&E plan. The plan's development process included the following activities:

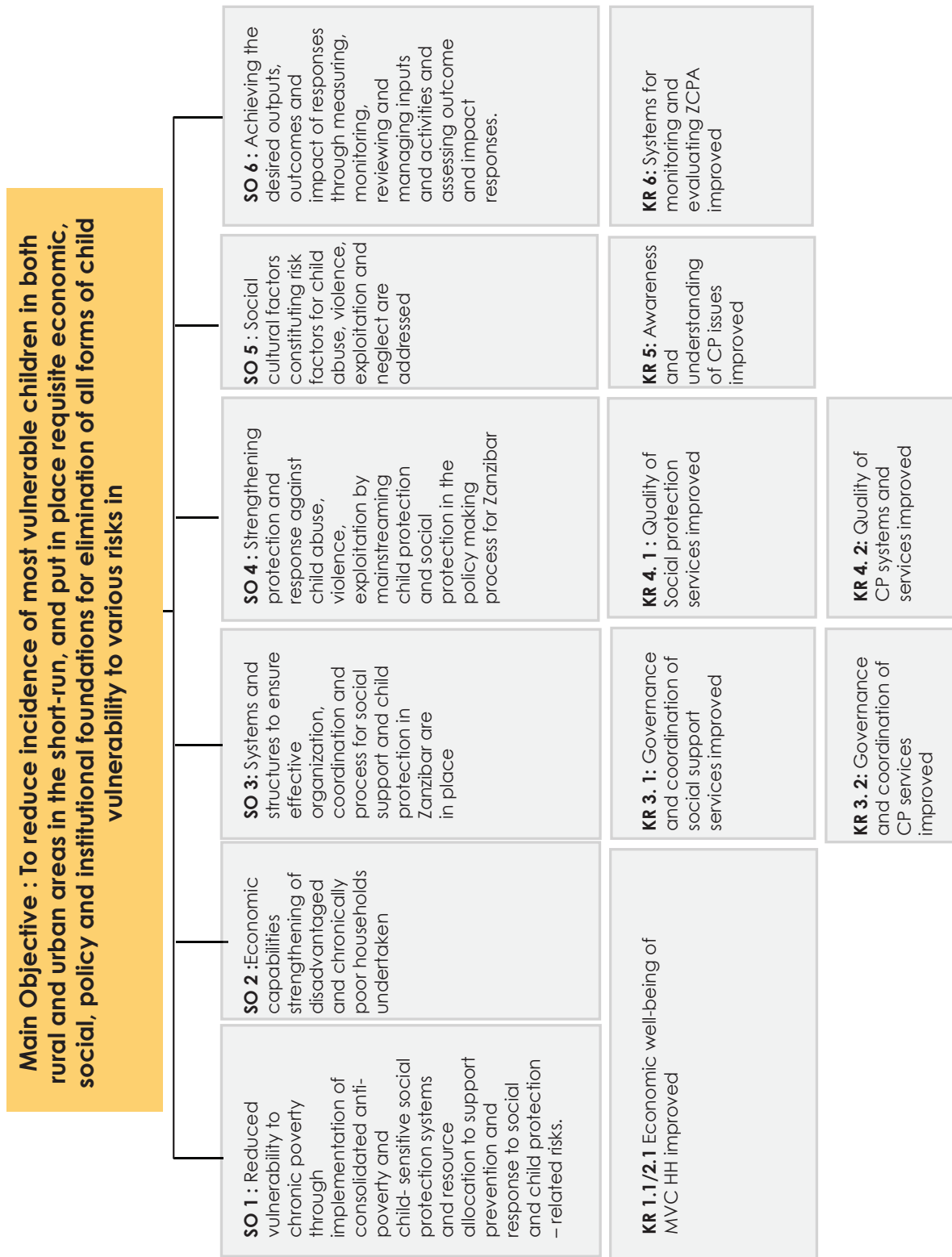
The plan development process included the following activities:

1. *Assessments of MVC M&E system:* Data Management System (DMS), Information and Communication Technology (ICT), and M&E capacity assessments at the District Social Welfare offices (2012) and an assessment of the national and subnational MVC M&E system using the 12 components M&E system strengthening approach (2012) were conducted to collect background information to inform the development of this M&E plan.
2. *Draft outline of the M&E plan:* A draft outline of the M&E plan was developed and reviewed by the M&E technical working group before finalization.
3. *Draft indicators and data collection tools:* A draft set of indicators and data collection forms were developed and presented at M&E TWG meetings for review. The M&E TWGs prioritized indicators and agreed on the variables to be included in the data collection forms.
4. *Drafting of the M&E plan:* A draft M&E plan was presented at M&E TWG meetings for review. The TWG agreed on the contents of the plan.
5. *Presentation of the draft M&E plan to MESWYWC management team:* MEASURE Evaluation and the DSW M&E officer presented the draft M&E plan to MESWYWC management team for inputs, ownership, and buy-in.
6. *Stakeholders meeting:* A one-day meeting bringing together MVC stakeholders from line ministries, District Social Welfare officers, development partners, implementing organizations and CSOs was held where the draft M&E plan was presented, discussed, and agreed to by all participants.

1.7 Expected Results of MVC Program

Figure 1 depicts the results framework of the MVC program in Zanzibar. It illustrates the intended MVC program goal and strategic objectives (SO) and identifies key results (KR). When interventions are implemented as planned, this framework will reflect the benefits (measured through outputs, outcomes, and impacts) realized by MVC, their households, and communities. This framework provides a reference point for the monitoring and evaluation of the Zanzibar MVC program.

Figure 1: MVC Program Results Framework



1.8 Zanzibar MVC M&E System and Priority areas of Action

A series of MVC M&E system situation assessments, including Information and Communication Technology (ICT) and M&E capacity assessment at the district social welfare offices (2012), assessment of national and subnational MVC M&E system using the 12 components M&E system strengthening approach (2012) and MVC Data Management System (DMS) assessment (2012) were conducted to provide background information for the development of this M&E plan. Altogether, the assessments identified strengths and weaknesses of the existing systems and suggested potential areas for the MVC M&E system strengthening as highlighted below.

1. *Organizational Structure for M&E of MVC:* Data flow structure for MVC needs to be reviewed and revised.
2. *Human Capacity for M&E:* Building human capacity should be informed by an M&E capacity assessment. A human capacity building plan will then be developed for national district and Shehia staff with MVC M&E responsibilities.
3. *M&E training curriculum :* M&E training curriculum/materials specific to MVC should be developed and implemented. Additionally, M&E training in Zanzibar should be professionalized and institutionalized in higher learning institutions. This would be a longer-term goal that may include M&E certificate and/or degree programs.
4. *Partnerships to Plan and Coordinate M&E:* Improved coordination across service providers and across government agencies can strengthen data availability and use.
5. *National MVC M&E Plan:* A national MVC M&E Plan that clarifies the data flow structure, defines indicators and includes standardized national data collection tools and reporting formats should be developed and disseminated as one of the first activities to strengthen the MVC M&E system. Training would also be required to fully implement this plan.
6. *M&E System Strengthening Plan:* The national MVC M&E system strengthening plan includes activities to strengthen all 12 components of a functional M&E system. Responsible stakeholders and timelines were also assigned to each activity. The current plan includes activities to be started as early as April 2012, extending for at least two years.
7. *Advocacy, Communication and Culture for M&E:* General sensitization of M &E for MVC would be completed as the M&E system is strengthened. Additionally, annual performance reviews of M&E personnel would incentivize M&E staff.
8. *Routine MVC Program Monitoring:* Routine monitoring of the MVC program should initially be improved through the National MVC M&E Plan (Component no 5).

Data quality and data verification should also be considered during development of the National MVC M&E System and corresponding trainings.

9. *Surveys for MVC*: A national authorizing body to coordinate MVC related surveys need to be established and periodic surveys to support M&E of the National MVC ZCPA should be discussed and planned.
10. *MVC Database*: The current MVC database is not functional and includes limited data. To ensure the national database follows best practices and is sustainable, a new electronic system would be developed. To ensure information is coordinated, line Ministries and other government departments would be included in the process to develop the new system (which may represent “social welfare” and include information beyond “MVC”).
11. *Supportive Supervision for M&E and Data Auditing*: Supportive supervision for M&E is very weak, but could be improved by development of supportive supervision guidelines for M and E. A MVC data auditing protocol should also be developed.
12. *MVC Evaluation and Research*: One of the responsibilities of the MVC M and E TWG would be to coordinate and plan MVC related evaluation and research. This would include the M and E TWG coordinating with the MESWYWC’s Planning and Policy Department, and the Second Vice President’s Office for approval of research and evaluation. After research or evaluations are completed, the M&E TWG would coordinate dissemination and use of results.
13. *Data Dissemination and Use*: Data use would improve through strengthening of many of the activities above. However, additional information products, such as a quarterly MVC newsletter, and quarterly and annual DSW reports would further improve communication and data use.

Details on priority areas of action can be found in the Multi -sectoral –Multi-year MVC M & E system strengthening work plan (2013).

CHAPTER TWO: GOAL AND OBJECTIVES OF MONITORING AND EVALUATION PLAN

2.0 Introduction

This chapter outlines MVC M&E framework, including its goals and objectives and performance indicators for different levels of intervention. M&E is concerned with efficiency, effectiveness and impact of interventions. Efficiency focuses on the application of resources (people, money, skills and time) to achieve program goals and objectives. Effectiveness is concerned with the extent to which program activities bring about desired changes in the lives of the people and communities targeted, such as MVC and households with MVC. Impact relates to the long-term results from a concerted response to a problem, for example, improved wellbeing of MVC.

A monitoring and evaluation framework is designed to help provide data or evidence that program activities are meeting objectives of efficiency and effectiveness and contributing towards impact. Monitoring helps to establish what is being and/or has been done while evaluation examines what has been achieved (UNAIDS, 2002).

The common M&E framework considers developmental change as a chain of interrelated components, consisting of inputs, processes, outputs and outcomes and impacts. Inputs include a variety of resources that are brought to bear on a program (staff, skills, money). These inputs are transformed into outputs through activities undertaken or services delivered. The transformation of inputs into outputs entails a process which requires attention to quality, unit costs, access and coverage of services. M&E focusing on inputs, the process of their transformation and outputs is also referred to as process monitoring in contrast to outcomes/effectiveness and impact evaluation. Effectiveness or outcome and impact evaluation often require targeted studies conducted at the beginning and repeated after a considerable period of program implementation, sometimes with a control or comparison group. An outcome evaluation or assessment seeks to determine if, and by how much, program activities are achieving their intended effects in the target population. Questions for both outcome and impact evaluation in MVC programs are specified in the sections that follow.

2.1 Goal and Objectives of M&E Plan

2.1.1 Goal

The goal of the M&E plan is to facilitate the collection of quality data that will be used to monitor and evaluate the implementation of the ZCPA and facilitate planning and decision- making process.

2.1.2. Objectives

The specific objectives of the plan are:

- To strengthen Zanzibar MVC M&E system as guided by the Zanzibar M&E system strengthening plan
- To improve the availability and use of MVC data for decision- making processes at different levels of ZCPA implementation.

- To strengthen government's capacity for leadership and coordination of MVC M&E activities; and
- To strengthen M&E partnership and coordination at national and district levels to enable information sharing, dissemination and use.

2.2 Indicators

To monitor implementation progress of the ZCPA, a set of core indicators, including impact/outcome and output indicators have been selected for each specific objective.

Indicators were developed and selected based on the following criteria:

1. Relevant to the strategic objectives of the ZCPA
2. Clarity of indicator
3. Alignment with national and international standards
4. Practicality of use
5. Build on what is currently being collected
6. Easily available information

Table 1 presents the M&E matrix with a list of indicators, indicator definitions, data collection processes, including how the data will be disaggregated, responsibility for data collection and reporting and indicator measurement frequency.

Table 1: MVC M&E Indicator Matrix

IMPACT/OUTCOME LEVEL INDICATORS								
Overall Outcome: Nutritional, emotional, educational, and socio-economic well-being of most vulnerable children improved								
No.	Indicator	Indicator Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/Organization	Data Source	Frequency
1	Percent of MVC over 5 years enrolled in school	Percent of children aged 6–17 enrolled in and attending structured learning program at the time of survey, as reported by the caregiver, another household member, or the child	Sex: male, female Age group: 6–9 years, 10–14 years, 15–17 years Relationship to guardians: living in household with at least one biological parent; living in household without biological parents Location: District and Shehia	Number of MVC 6–17 years registered and enrolled in school at a time of survey	Total number of MVC 6–17 years registered in MVC program	MOEVT (EMIS/BEST, Office of Chief Government Statistician (OCGS), Department of Social Welfare(DSW)	Survey	Every 2 years
2	Percent of MVC (under 5 years) malnourished	Percent of children with physical growth below international growth standards: -Percent of children aged 6–59 months with mid-upper arm circumference (MUAC) measurement < 110 mm	Sex Age group Location: District/Shehia	Number of MVC under 5 years malnourished according to MUAC	Total number of MVC under 5 years enrolled in MVC program	Office of Chief Government Statistician (OCGS)	DHS (Proxy household with the lowest socio- economic status)	Every 5 years

IMPACT/OUTCOME LEVEL INDICATORS

Overall Outcome: Nutritional, emotional, educational, and socio-economic well-being of most vulnerable children improved

No.	Indicator	Indicator Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/Organization	Data Source	Frequency
3	Percent of MVC with a birth certificate	Percent of MVC aged 0–17 years with a birth certificate issued by appropriate government authorities, as reported by caregiver and verified by observation. Birth certificate is defined as the official in-country identification document (that often facilitates access to services).	Sex Age group District/Shehia	Number of MVC (0–17 years) who obtained a birth certificate	Total number of MVC aged 0–17 enrolled in MVC program	District Social Welfare Officers, District Administrative Officer (DAO)	Rapid assessment report/ Annual Progress report	Annually
4	Percent of MVC households with an improved Progress out of Poverty Index (PPI)	PPI measures the poverty level of MVC households. It uses verifiable indicators related to household characteristics and assets ownership. The answers are scored to compute the likelihood that the household is living below/above poverty line (cross-referenced in the national guidelines for economic strengthening of MVC).	Types of MVC households: - Adult headed - Child headed Location : District/ Shehia	Number of MVC households with improved PPI	Total number of MVC households enrolled in MVC program	Department of Social Welfare (DSW), Tanzania Social Action Fund (TASAF), OCGS	Survey (TNPS)	Annually

IMPACT/OUTCOME LEVEL INDICATORS

Overall Outcome: Nutritional, emotional, educational, and socio-economic well-being of most vulnerable children improved

No.	Indicator	Indicator Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/Organization	Data Source	Frequency
5	Percent of MVC and MVC households that received primary health care (PHC) during the reporting period	Percent of MVC surveyed reporting receiving PHC services during the last 12 months. Primary health care is defined as being seen by a health practitioner, and accessing immunization and preventive health services and health care education services.	Sex Age group Location : District/ Shehia	Number of MVC and MVC households that received primary health care during reporting period	Total number of MVC and MVC households enrolled in MVC program	Department of Social Welfare (DSW)	Progress report	Annually
6	Percent of MVC that were counseled and tested for HIV and received their test result	This is an indicator for access to HIV counseling and testing among MVC who are enrolled in a program. It requires verification of HIV testing results, as some MVC who have been counseled and tested may not have received their test results.	Sex Age group Location : District/ Shehia	Number of MVC that were tested and counseled for HIV and received their test results	Total number of MVC enrolled in MVC program	Department of Social Welfare (DSW)	Rapid assessment report; Survey	Annually
7	Proportion of confirmed cases of violence, abuse, neglect, and exploitation that received appropriate support in the past 12 months	Violence is defined broadly to include physical violence, abuse, sexual violence, arrest for street-based MVC, and other forms of crises that are violent in nature.	Sex Age group Location: District/shehia Form of violence	Number of cases of children who reported experiencing violence, abuse, neglect, exploitation (Ref. indicator no. 2.3.4)	Number cases of children who reported experiencing violence, abuse, neglect, exploitation, and received appropriate support (Ref. indicator no. 2.3.5)	Ministry of Empowerment, Social Welfare, Youth, Women and Children (MESWYWC)	Child Protection Management Information System (CPMIS)	Annually

ROUTINE INDICATORS

SO 1 : Reduced vulnerability to chronic poverty through implementation of consolidated anti-poverty and child- sensitive social protection systems and resource allocation to support prevention and response to social and child protection – related risks.

SO 2 : Economic capabilities strengthening of disadvantaged and chronically poor households undertaken

Key Result 1.1/2.1 : Economic well-being of MVC households Improved*

No.	Indicator	Indicator Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
1.1	Number of frontline workers trained in HES	Frontline workers are people who are at the forefront of providing basic care, support, and protection services to MVC. The frontline workers consist of government employees (Social Welfare Officers, Community Development Officers, etc.) and community volunteers including members of MVCC, para-social workers, etc. For this indicator, a service provider will report if frontline workers are trained in household economic strengthening interventions. To be counted for this indicator, the training must have an agenda and training objectives (to increase knowledge and to build skills).	Sex Location: District/Shehia Role of individual: · frontline worker · MVCC member	NA	NA	Implementing partners	Training registration form	Annually/ When training occurs
1.2	Number of MVC households trained in HES	This indicator tracks number of MVC households trained in HES during the reporting period.	Types of MVC households: · Child-headed · Adult-headed Location (District, Shehia	NA	NA	Implementing partners	Training registration form/Training reports	Annually/ When training occurs

***Key results 1.1 to 1.3 serve both strategic objectives 1 and 2.**

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
1.3	Number/ percent of MVC households that received/ are involved in at least one HES service, by type of HES service	An HES service may include any of the following: <ul style="list-style-type: none"> ·Joining an income generating activity ·Enrolling in a savings group/ ·participating in WORTH/SACCOSS ·Receiving cash transfer 	Sex Location :- District/ Shehia Implementin g partner	Number of MVC households enrolled in MVC program that received at least one HES service	Total number of MVC households enrolled in an MVC program	Implementing organizations	MVC monthly service, IPs enrollment form (SILC, IGA, WORTH)	Monthly

SO 3: Systems and structures to ensure effective organization , coordination and process for social support and child protection in Zanzibar are in place
Key Result 3.1: Governance and coordination of social support services for MVC improved

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
3.1.1	Number of MVC strategic plans and regulatory frameworks developed at national level	This indicator counts number of guiding documents, i.e., strategic plans and laws that provide a broad vision and framework for action regarding most vulnerable children. The policy, plan, or law may address MVC issues exclusively or incorporate MVC into a larger, overarching policy, plan or law. To be counted, the policy, plan or law must be adopted or approved by the relevant authority.	NA	NA	NA	Ministry of Empowerment, Social Welfare, Youth , Women and Children (MESWYWC)	Assessment report	1–2 years
3.1.2	Number of national- and district -level decision makers oriented on MVC strategic plans and regulatory frameworks	Dissemination of policies, plans and laws (e.g. from national to district level) is critical if these policies are to be implemented. Dissemination may take various forms, including convening one or more workshops or disseminating paper-based copies. Government and nongovernmental representatives may be invited to such workshops. The purpose of this indicator, however, is to ascertain if promulgation of the policies has been done by orienting governmental representatives at national and district levels.	Level: Line Ministries Location: District Sex	NA	NA	Department of Social Welfare (DSW), Implementing Organizations	Training report/ Training registration form	Quarterly/ Annually

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
3.1.3	Number of district coordinating body that has a plan of action with evidence of implementation	Effective coordination between all government and nongovernment MVC partners at the district level is important for planning and monitoring of MVC interventions. To be effective, the coordinating body must have a plan of action.	Location: District Sex of the members of coordinating body	NA	NA	Department of Social Welfare(DSW)/ President's Office, Regional Administration and Special Departments (PORASD)	Periodic assessment	Annually
3.1.4	Number of line ministries that have included MVC interventions in the MKUZA budget/in their Medium Term Expenditure Framework (MTEF) budget	This indicator measures how many line ministries have allocated resources to MVC interventions in their MTEF budgets	Level: Ministries	NA	NA	Line ministries,	Periodic assessment	Annually
3.1.5	Number/percent of districts with required number of social welfare officers (SWO)	This indicator measures how many districts have the required number of social welfare officers in place: (district at least 2 social welfare officers and 1 Social Welfare assistant at the Shehia level).	Level: Districts	Number of districts with required number of SWO	Total number of district implementing ZCPA	districts	Periodic assessment	Annually

Key Result 3.2: Governance and coordination of CP services improved

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
3.2.1	Number of child protection strategic plans and regulatory frameworks developed and adopted at the national and district level	This indicator counts plans, laws, and other guiding documents that provide a broad vision and framework for action regarding child protection. The plan or law may address child protection exclusively or incorporate child protection into a larger, overarching policy, plan, or law. To be counted, the policy, plan, or law must be adopted or approved and gazette by the relevant authority. This indicator is a sub-component of indicator 3.1.1.	NA	NA	NA	MESWYC, Districts, Ministry of Justice and Constitutional Affairs (MOJCA)	Copy of plan or law with evidence of approval (logo, signature)	Every 1–2 years
3.2.2	Number of child protection teams formed at the district/ Shehia level	This indicator counts child protection teams formed at the district and Shehia levels.	Level: District Location: Shehia Gender of members of the team	NA	NA	Department of Social Welfare (DSW)	Periodic assessment report	Annually

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
3.2.3	Number of national- and district-level decision makers oriented on child protection strategic plans and regulatory frameworks	Dissemination of strategic plans and laws (e.g., from national to district level) is critical if these policies are to be implemented. Dissemination may take various forms, including convening one or more workshops with relevant stakeholders. While government and nongovernmental representatives may be invited to such workshops, the purpose of this indicator is to ascertain if national and LGA level decision makers have been oriented on the child protection policies, plans, and regulatory frameworks. This indicator is a sub-component of indicator 3.1.2.	Level: Line Ministries Location: Districts Gender of participants	NA	NA	Ministry of Empowerment, Social Welfare, Youth, Women and Children (MESWYC) Implementing organizations	Training registration form	When orientation occurs

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
3.2.4	Number of district with a child protection system in place	<p>District with a child protection system in place are those that meet the following criteria:</p> <ul style="list-style-type: none"> • availability of a district child protection plan • allocation of financial resources to child protection work • availability of at least 2 social welfare officers at district level and 1 social welfare officer/ social welfare assistant at the Shehia level • existence of a coordination mechanism for governmental and nongovernmental child protection partners at district Shehia level • collaboration at operational level between key service providers • implementation of child protection regulations • application of CPMS by all service providers 	Location: Districts	NA	NA	Ministry of Empowerment, Social Welfare, Youth, Women and Children (MESWYWC)	Periodic assessment report	Annually
3.2.5	Number/ percent of districts that submitted child protection data on time	Timeliness is met when the required data are reported on or before the reporting deadline.	Location: District	Number of districts that submitted their progress reports on time	Total number of districts implementing CP program	Districts	CPMS	Annually
3.2.6	Number of district and legal sector plans that are based on child protection data	This indicator measures how many districts and/or legal sector plans that address child protection are evidence-based. To be counted, the district or legal sector must demonstrate that the objectives and interventions described in the plan are based on locally derived data.	Location: district	NA	NA		Content analysis of district plans	Annually

SO4: To strengthen protection and response against child abuse, violence and exploitation by mainstreaming child protection and social protections in the policy making process of Zanzibar								
Key Result 4.1: Quality of social protection services improved.								
No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/Organization	Data Source	Frequency
4.1.1	Number of MVCs registered by MVC program	MVC registered by MVC program to receive care and support services	Sex, age group Location (District/Shehia)	NA	NA	Most Vulnerable Children Committee (MVCC) Implementing partners	MVC registration form	Monthly
4.1.2	Number of MVC HHs registered by MVC program	MVC households registered to receive care and support services	Sex, age group Location (District/Shehia)	NA	NA	Most Vulnerable Children Committee (MVCC) Implementing partners	MVC registration form	Monthly

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
4.1.3	Number of MVCs that received at least one care and support service during reporting period, by type of service received	ZCPA identifies 9 service areas: <ol style="list-style-type: none"> 1. Economic strengthening 2. Food and nutrition 3. Shelter 4. Family-based care and support 5. Social protection and security 6. Primary health care 7. Psychosocial care and support 8. Education and vocational training 9. Legal and rehabilitation <p>To be counted in this indicator, the MVC must have received at least one of the above services directly or indirectly. An example of a direct service is referring an MVC to a health facility for immunization. An example of an indirect service is providing nutrition counseling to a caretaker of an MVC.</p>	Sex age Group Location District/Shehia Type of service: health, education, food and nutrition, psychosocial care and support, etc.	Number of MVCs that received at least one service during the reporting month	Total number of MVCs enrolled in MVC program	Most Vulnerable Children Committee (MVCC) Implementing partners	MVC Monthly Service tracking form; MVC monthly summary form	Monthly
4.1.4	Number of MVCs referred for care and support, by type of referring service	This indicator counts the number of individuals referred by a frontline worker to another program/site for service, e.g., to a health facility for health care or a legal advisor for legal assistance.	Sex, age group Location (District/Shehia) Referring service: <ul style="list-style-type: none"> • health care • nutrition • shelter • legal support • other 	NA	NA	Service Providers MVCC Implementing partners	Referral form, monthly service form	Monthly

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
4.1.5	Number of MVC household members referred for care and support by type of referring service	This indicator counts the number of members of an MVC's household referred by a frontline worker to another program/site for a service, e.g., to a health facility for health care or a legal advisor for legal assistance.	Sex, age group Location (District/shehia) Referring service: <ul style="list-style-type: none"> • health care • nutrition • shelter • legal support • other 	NA	NA	Service Providers Most Vulnerable Children Committee (MVCC) Implementing partners	Referral form, Monthly service form	Monthly
4.1.6	Number of MVC that received service at referring site	This indicator counts the number of MVCs referred by a frontline worker to another program/site for service who received needed care and support services at a referring site. Service providers obtain/collect this information from MVC and/or the referring site	Sex, age group Location (District/Shehia) Referring service: <ul style="list-style-type: none"> • health care • nutrition • shelter • legal support • child protection • HES 	NA	NA	Service Providers Most Vulnerable Children Committee (MVCC) Implementing organizations	Referral form, Periodic assessment	Monthly
4.1.7	Number of MVC household members that received service at a referring site	This indicator counts the number of MVC household members referred by a frontline worker to another program/site for service who received needed care and support services at a referring site. Service providers obtain/collect this information from MVC and/or the referring site.	Sex, age group Location (District/Shehia) Referring service: <ul style="list-style-type: none"> • health care • nutrition • shelter • legal support • child protection • HES 	NA	NA	Service Providers Most Vulnerable Children Committee (MVCC) Implementing organizations	Referral form, Periodic assessment	Monthly

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
4.1.8	Number of individuals participating in individual and/or small-group interventions that focus on MVC issues	This indicator measures the number of individuals attending events that are aimed at raising awareness and understanding of MVC issues. Events may be held on a one-on-one basis, e.g. individual counseling, or in small groups. To be counted, the event must focus exclusively or substantially on MVC issues	Sex District (location where intervention was conducted)	NA	NA	Implementing partners	Attendance form for small group interventions	Monthly
4.1.9	Number/percent of MVC 5-17 years enrolled in children's clubs	This indicator counts the number of MVC enrolled in psychosocial support clubs/groups during the reporting period	Sex Age group Location: (District/Shehia)	Number of MVC (5-17 years) enrolled in children's clubs	Total number of MVC (5-17 years) enrolled in MVC program	Most Vulnerable Children Committee (MVCC) Implementing organizations	Monthly service tracking form	Monthly
4.1.10	Number/percent of MVC under 5 currently enrolled in ECD program	This indicator counts the number of MVC enrolled in ECD centers during the reporting period	Sex Type of ECD centers: • Crèches- 0-2 • Day care center (formal) • Community center (informal)	Number of MVC under 5 enrolled in ECD	Total number of MVC under 5 enrolled in MVC program	Service Providers Most Vulnerable Children Committee (MVCC) Implementing organizations	Monthly service tracking form	Monthly

Key Result 4.2: Quality of child protection systems and services improved

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
4.2.1	Number of frontline workers trained in child protection services	Frontline workers, or community caregivers who provide care and support to MVCs and households, are trained on providing child protection services. For individuals to be counted for this indicator, the training they attend must have an agenda and training objectives (to increase knowledge and skills)	Sex Location:- District /Shehia	NA	NA	Department of Social Welfare (DSW), Implementing partners District Social Welfare Officer (DSWO)	Training form	Quarterly
4.2.2	Percent of frontline workers surveyed who demonstrate appropriate knowledge and skills of child protection issues according to national standards	Demonstration of appropriate knowledge and skills is counted as follows: knowledge of organizations/ persons to whom cases of child violence should be reported	Gender Age Educational level	Number of frontline workers surveyed who demonstrate appropriate knowledge and skills of child protection issues	Total number of frontline workers surveyed	Implementing partners	Frontline worker survey	Annually
4.2.3	Number of cases of violence against children reported to relevant authorities	Cases of child abuse may be reported to various authorities including district social welfare office, child protection team, One-stop Centre, Gender and Children desks etc.	Method of reporting: in person, telephone, helpline Reporting authority: police, professional, other	NA	NA	District Social Welfare Officer (DSWO)	Child Protection Management Information System (CPMIS)	Monthly

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
4.2.4	Number of cases of violence against children reported to relevant authorities that have been confirmed as child protection cases	Cases of child abuse may be reported to various authorities but they might not necessarily be cases of child protection. An assessment on the nature of the case has to be done by the DSWO.	Gender Age Location:- District /Shehia	NA	NA	District Social Welfare Officer (DSWO)	Child Protection Management Information System (CPMIS)	Monthly
4.2.5	Number/percentage of cases of child violence that received appropriate support	Appropriate support for cases of child abuse is defined as follows: <ul style="list-style-type: none"> A social worker visited the affected child/household within 24 hours of the occurrence of the event The event/incident was reported to appropriate authorities within 24 hours of occurrence The incident/case/event does not need to have been fully resolved to be counted.	Gender Age Location:- District /Shehia Support received: legal, PSS, other	Number of cases of child violence that received appropriate support	Total number of cases of child violence reported to relevant authorities	District Social Welfare Officer (DSWO)	Child Protection Management Information System (CPMIS)	Monthly

SO 5: Social cultural factors constituting risk factors for child abuse, violence, exploitation and neglect are addressed

Key Result 5: Awareness and understanding of CP issues improved

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
5.1	Number of individuals participating in individual or small group interventions that focus on child protection	This indicator measures the number of individuals attending events that are aimed at raising awareness and understanding of child protection issues. Events may be held on a one-to-one basis, e.g. individual counseling, or in small groups. To be counted, the event must focus exclusively or substantially on child protection issues	Sex Age Location:- District/Shehia	NA	NA	Implementing organizations delivering child protection services	Child Protection Management Information System (CPMIS) attendance form	Quarterly
5.2	Percent of individuals surveyed that demonstrate appropriate awareness and understanding of child protection issues	Appropriate awareness: <ul style="list-style-type: none"> Identifying where to report a case requiring child protection Violence and what services are available 	Sex Location:- District/Shehia Role of individual: Front line workers, member of MVCC	Number of individuals surveyed with correct knowledge about MVC issues	Total number of individuals surveyed	Department of Social Welfare (DSW)	Survey	Annually

SO6: To achieve the desired outputs , outcomes and impact of responses through measuring , monitoring, reviewing and managing inputs and activities and assessing outcome and impact responses

Key Result 6: Systems for monitoring and evaluating ZCPA improved

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
6.1	Number/ percent of districts that submitted MVC reports on time	According to ZCPA, all Districts are required to report MVC data quarterly. These reports include information on number of MVC registered, number of MVC that received services, etc. Districts must submit MVC reports on implementation status on time. In addition, the reports submitted must be complete. Timeliness is met when districts submit the required MVC data on or before the reporting deadline.	Location: Districts	Number of districts that submitted MVC reports on time	Total number of districts implementing ZCPA	Department of Social Welfare (DSW)	Periodic report form	Quarterly
6.2	Number of district coordinating bodies that have a plan of action with evidence of implementation	Effective coordination between all government and nongovernment MVC partners at the district level is important for planning and monitoring of MVC interventions. To be effective, the coordinating body must have a plan of action.	Location: Districts Gender of the members of coordinating body	NA	NA	DSW/ President's Office, Regional Administration and Special Departments (PORASD)	Periodic assessment	Annually

No.	Indicator	Definition	Disaggregation	Numerator	Denominator	Responsible Sector/ Institution/ Organization	Data Source	Frequency
6.3	Number of districts and legal sector plans that are based on child protection data	This indicator measures how many LGA and/or legal sector plans that address child protection are evidence-based. To be counted, the district or legal sector must demonstrate that the objectives and interventions described in the plan are based on locally derived data.	Location: Districts	NA	NA		Content analysis of a plans	Annually
6.4	Number/percent of districts that submitted child protection data on time	Timeliness is met when the required data are reported on or before the reporting deadline.	Location: Districts	Number of districts that submitted their progress reports on time	Total number of districts implementing CP program	Districts	Child Protection Management Information System (CPMIS)	Annually

CHAPTER THREE: MONITORING THE ZCPA

3.0 Introduction

A comprehensive system of monitoring requires identifying monitoring indicators and outputs that contribute to achieving the outcomes, and making sure a system is in place to collect, analyze and report the data and monitor progress. This chapter provides information on how data for each indicator will be collected, analysed, reported, stored, and accessed by relevant stakeholders. The chapter also describes the data flow structure.

3.1 Monitoring Questions

The following key monitoring questions guide selection of the data to be collected throughout the monitoring of ZCPA interventions.

- Is the ZCPA being implemented as planned?
- Is the expected quality of ZCPA interventions and services maintained?
- What is the current status of implementation of planned activities?
- Is the status of each activity consistent with the work plan timeframe?
- Are the expected outputs achieved as outlined in the results framework (Fig 1.1)?
- What is the status of completion of the expected outputs?
- What are the lessons learned in the realization of the outputs?
- Are the resources supplied and utilized as planned?

3.2 Data Collection and Flow

This section defines how routine data (output) will be collected and channelled from the service providers (CBOs/FBOs to MVCC) at the Shehia level to the district and finally to the production of reports at the national level, and routes through which feedback will be provided to the producers of data.

Data collection begins at the Shehia level as follows:

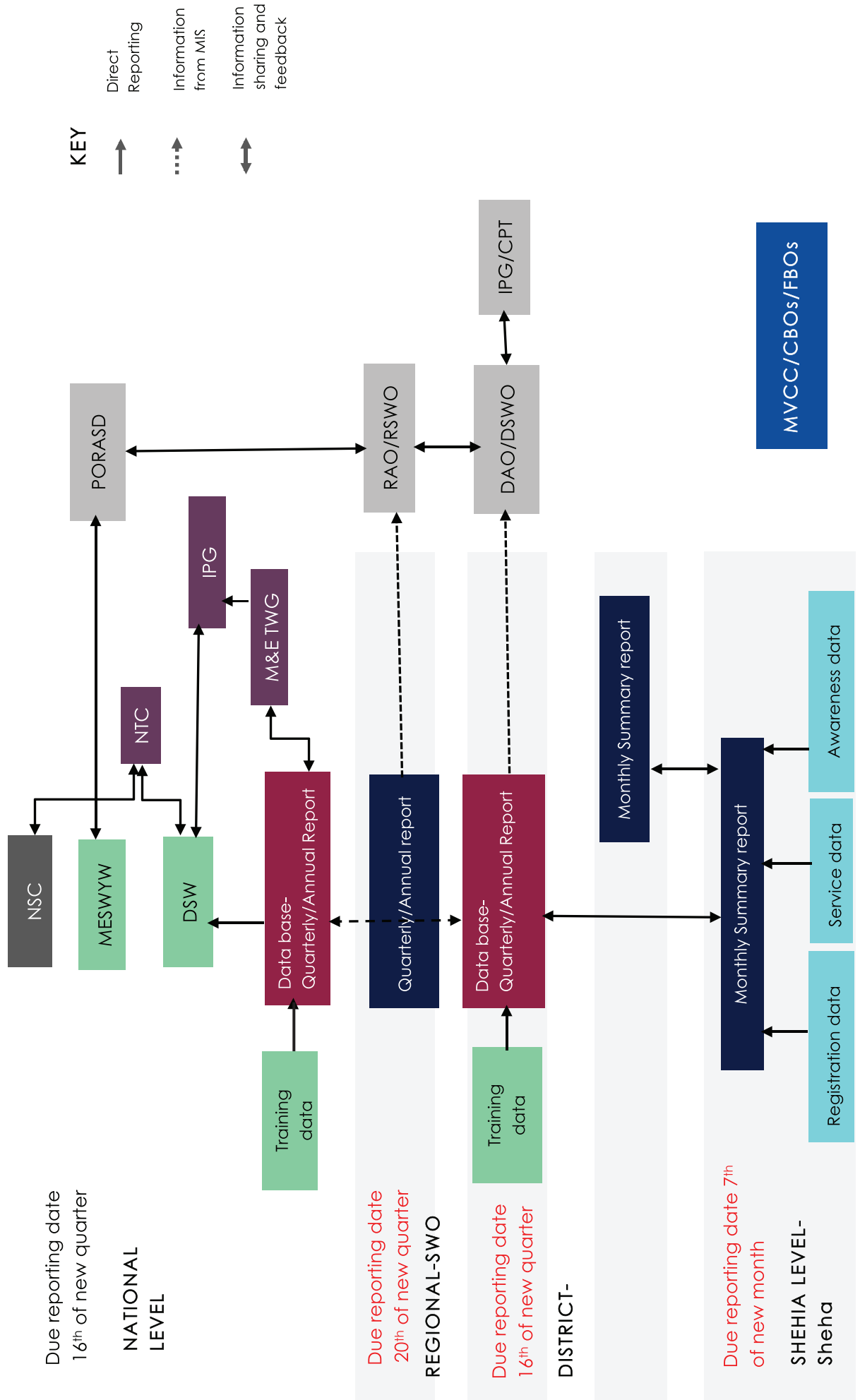
At the Shehia Level: Service providers (MVCC/CBOs/FBOs) collect data monthly using registration forms and monthly service tracking forms. Implementing organizations (CBOs/FBOs), working in collaboration with MVCC, will use information from these forms to produce monthly summary reports. The MVCC will submit a copy of a monthly summary report to the Social Welfare Officer at the district for entry into the electronic database by the 5th of each new month.

At the district level: Monthly summary reports from different Shehia will be entered into the electronic database. District Social Welfare Officers are required to generate periodic reports from the database (monthly, quarterly, and annually) for their own use, reporting to the regional level, and for dissemination to the district MVC coordination team and the district management.

At the regional level: Regions will access and generate periodic reports online, after which the Regional Social Welfare Officer will produce aggregated reports from all districts within the regions and submit to MESWYWC and PORASD for and use.

Figure 2 highlights the data flow structure

Figure 2: MVC Data Flow Diagram



At the national level: The Department of Social Welfare M&E focal officer will generate periodic reports from the electronic database for all the districts and submit to the DSW management for use and dissemination. The information will flow from the M&E Unit to DSW management, M&E TWG, and IPG. The DSW management will in turn disseminate information to MESWYWC management, IPG, and PORASD. The MESWYWC management will disseminate information to NTC and NSC.

Table 2 summarizes the key data collection tools, responsibility for and frequency of their completion.

Table 2: List of Data Collection Forms and Frequency of Completion

No.	Form	Completion level	Frequency
1.	Registration form	MVCC	Monthly
		CBOs/FBOs	
2.	Monthly service tracking form	MVCC	Monthly
		Implementing organizations: CBOs/FBOs	
3.	Monthly summary report form	MVCC	Monthly
		Implementing organizations: CBOs/FBOs	
4.	Referral form	MVCC	When referral occurs/ monthly
		Implementing organizations: CBOs/FBO	
5.	Periodic report form	District Councils	Quarterly/semiannually/ annually
		DSW	
6.	Training form	DSW/IP/DCs/CBOs	When training occurs
7.	Awareness creation form	DSW/DCs	When awareness raising activities are conducted at District or Shehia levels

Registration form: Members of MVCC or service providers complete during registration of MVC/MVC household for care, support and protection services.

Monthly service tracking form: Service providers or members of MVCC complete for each registered MVC/MVC household visited and/or served. At the end of the month, the information will be used to complete the monthly service use/access summary report form.

Monthly summary report form: A single summary form that captures information on all MVC or MVC households newly registered, existing MVCs or MVC households, and those not in the program but support services have been provided/received. This form will be completed by members of MVCC or service providers at the community level on a monthly basis.

Referral form: Completed by service providers when MVC or member of MVC households are referred to other service providers for care, support, and protection services. A summary of all referrals made will be captured in the monthly summary report form.

Training form: A one-time form that will be completed at different levels where trainings occurred.

Awareness creation form: A one-time form that will be completed at either national or district level.

Periodic reporting form: This will be built into the electronic system and will summarize all core ZCPA indicators in the M&E plan. It is to be completed at the district or national levels quarterly, biannually, or annually.

3.3 Collection of Data from Other MDAs

Because the MVC program is implemented by multiple sectors, a number of M&E systems are being used to collect, analyse, and disseminate MVC information. These include a system for capturing data related to child protection (CPMIS), education (EMIS), and TASAF III household economic strengthening data (Productive Social Safety Net/PSSN) M&E system. The MVC data will be cross-referenced with data from other complementary M&E systems to provide a comprehensive picture of the extent to which existing program interventions are responding to the MVC situation in Zanzibar.

The MVC M&E system will capture limited data that are also being collected by other ministries, departments, and agencies' (MDAs) M&E systems. Relevant detailed data from their M&E systems will be used to complement the MVC information available.

The following is a summary of some of the M&E systems that are being used to collect, analyse, and disseminate ZCPA related information.

3.3.1. Collection of Child Protection Data: The Child Protection Management Information System (CPMIS)

Child Protection (CP), which aims to create a protective environment and strengthen child protection systems, is one of the key strategic objectives of the NCPA II. The Child Protection Management Information System (CPMIS) will provide more detailed data for monitoring of child protection indicators in the MVC M&E plan, particularly those related to prevention of and responses to cases of violence, abuse, neglect, and exploitation, including children in conflict with the law. The CPMIS has been developed to help manage child protection information while facilitating monitoring and evaluation interventions across different sectors in the country. The MVC M&E plan has two impact/outcome indicators and eleven output indicators related to child protection. Three of the output indicators are considered key and will be collected through regular monitoring activities. The key output indicators are: 1) number of cases of violence against children reported to relevant authorities; 2) number of reported cases of violence against children that have been confirmed by DSWO; and 3) number of confirmed child protection cases that receive appropriate care and support services. Child

protection data for these indicators will be obtained through the CPMIS. The other output indicators will be collected as described earlier in the MVC M&E Indicator Matrix (Table 1).

For the MVC M&E plan, the CPMIS contribution to the MVC/DMS will be limited to aggregated figures for the three indicators outlined above. DSW will then analyse the disaggregated information for CP monitoring purposes. This arrangement will help the government to measure progress in implementation of child protection legislation, regulations, guidelines, and programs.

The CPMIS has distinct but inter-connected modules that generate data from multiple sectors and actors involved in child protection program interventions. These modules are:

- i. *District Case Management System (DCMS)* –The module supports case management by Social Welfare Officers and the District Child Protection Teams by providing a structured format for recording data about individual CP cases while generating comprehensive statistics to monitor a set of agreed indicators.
- ii. *Preventive Interventions* –The module documents and monitors district and sub-district Child Protection Actors’ activities geared toward strengthening the ability of children, their families, and communities to prevent child abuse and to access services when abuse occurs.
- iii. *Child Helpline* –This stand-alone module for the new Child Helpline helps manage data and generates the statistics required to effectively monitor the number of cases reported and referred to the LGAs for action.
- iv. *Police Gender and Children’s Desk* – These are two linked modules to monitor children that have experienced violence, abuse, neglect, or exploitation; and children that are in conflict with the law.
- v. *Child Protection Mapping* –This module provides a framework for mapping child protection needs, capacity, and services at the district level, which can be used to inform and support the implementation of inter-departmental child protection systems.

For a more in-depth description of the modules please refer to the CPMIS strategy.

CPMIS child protection data management responsibilities are decentralized across sectors, including Social Welfare; gender and Children; Police; Courts; Education; and Health, as well as among the non-state actors. The Social Welfare Department, as required by the law, is in charge of coordinating implementation of the child protection system and therefore is responsible for collecting and managing child protection data.

For child protection, data flow start from the Shehia as follows: At the Shehia level, members of MVCCs/ child protection teams will use a child protection case register where all possible cases of children at risk of or experiencing abuse, will be recorded. The essential information in the register will be then shared with the DSWO for investigation and action if needed. The DSWO will also record the information in an appropriate register, together with the cases reported by other actors. For case investigation and case conferences, District case management system tools (case investigation and case conference forms) will be used. Members of

MVCCs/CPTs will also be involved in preventive interventions and will use MVC awareness creation forms to collect data.

Some cases will be referred directly to DSWO or other frontline workers such as police and health workers or through other means such as the child help line, direct contact with individuals, or other community structures. To avoid double-counting, the DSWO must verify all cases referred through other sources and cases reported through MVCC before entering data into the electronic management system. The verification process is part of the DSWO's role in case investigation and case management, as stipulated in the Law of the Child Act – 2011 and its regulations. Other details of child victims of violence, abuse, neglect, and exploitation will remain within MVCCs and will be provided to SWOs or authorized officials dealing with a case, as specified in CP regulations. These details will not be captured in the MVC DMS, but will be recorded in the CPMIS, where they will be accessible to specific authorized personnel.

At the district/LGA level, the DSWO will use the information from MVCC, police officers, education workers, the Child Helpline, and health workers to produce data for the three output indicators generated through regular monitoring. These include cases that have been provided with appropriate care and support services at the district level (such as access to justice, emergency care and support, etc.) as well as those referred for MVC services (such as health, education, economic support mechanisms in the communities, etc.). As required by the law, DSWO, upon receipt of the referral, will determine through investigation whether the referred cases fall into CP categories before recording them as number of reported cases of violence, abuse, neglect, and exploitation against children.

3.3.2. Collection of Data from TASAF III Household Economic Strengthening Program

TASAF III aims to contribute to poverty reduction, as laid out in MKUZA (Mkakati wa Kukuza uchumi na Kuondoa Umaskini Zanzibar) / Strategy for Growth and Reduction of Poverty), by supporting disadvantaged and vulnerable people in Zanzibar. The program targets vulnerable households living below the food and income poverty lines, including vulnerable households caring for vulnerable children under five years old, children eligible for school living in vulnerable households, and households with elders (people older than 60 years of age) who are sick, have a disability, and who are caregivers of vulnerable children.

TASAF III program areas include:

- Provision of conditional cash transfers to eligible women and children to increase access to food.
- Conditions for the cash transfers include: increased uptake of health services for women and children under age 5, and increased school enrolment and attendance for children of school-going age.
- Support for community-driven interventions that enhance livelihoods and increase incomes (through community savings and investments as well as specific livelihood enhancing grants).
- Provision of targeted infrastructure development support through a public works program that builds needed public assets in education, health, water for service to poor communities.

- Capacity building to ensure adequate program implementation by community, local government authority, regional, and national levels.

The TASAF III M&E system has the following components:

- *Computerized Program Management Information System*: This comprehensive centralized web-based MIS, with decentralized operations at Project Area Authority (PAA) for monitoring implementation against targets, tracks program expenditures and facilitates regular progress.
- *Unified Registry of Beneficiaries (URB)*: The URB captures all households targeted by the program, the support they receive from the program and their dates of program entry and exit.
- *Studies, Surveys and Evaluation*: The surveys will be undertaken to collect data to complement information generated by the computerized MIS.
- *Participatory Monitoring and Evaluation*: Participatory M&E will be implemented at the Shehia level to promote data use and accountability of service providers.
- *Mobile Phones*: Mobile phones are used to collect service information about compliance in the conditional cash transfer component, to transfer payments, lodge individual grievances, and register concerns about improper program implementation by any of the implementing parties.

The TASAF M&E system will provide complementary data to the MVC database on the following indicators:

- Number of households with MVCs registered in the program
- Number of MVC households receiving conditional and unconditional cash transfer
- Number of households participating in saving groups
- Number of households receiving extension services

TASAF III Data Collection and Flow

TASAF III uses both paper and electronic systems to collect, analyse, and aggregate program data. The paper system is used to collect data at the Shehia level, and the Community Management Committee (CMC) aggregates the data to produce quarterly report. One copy of a quarterly report is submitted to the Shehia Council and another to the District Program Area Coordinator.

At the PAA level, the TASAF coordinator enters data into the electronic management system (MIS) and produces quarterly report. The quarterly report extracted from the MIS is then sent to the regional TASAF coordinator for aggregation and production of regional quarterly reports. The regional quarterly report is sent to PORASD and the TASAF Management Unit (TMU) for aggregation and sharing with various stakeholders.

3.3.3 Comprehensive ZCPA Data Flow Process

The data flow diagram presented earlier aligns with the data flow for the other complementary MVC databases, especially CPMIS and TASAF. The alignment in reporting levels and units facilitates triangulation of data from the multiple sources and comprehensive monitoring of MVC interventions.

At the district level, the TASAF coordinator sends a report to DSWO for inclusion in the periodic ZCPA report. Likewise, for districts implementing CP, the District Child Protection Team sends a service coverage report to the District Social Welfare Officer for inclusion in this ZCPA report. The District Social Welfare Officer collates reports from all ZCPA implementers to produce a comprehensive ZCPA periodic report and disseminates it to MDA departments and stakeholders within the district.

At the national level, the National Child Protection Advisory Committee (NCPAC) and the TMU send a service coverage report to the DSW M&E unit for inclusion in the national periodic ZCPA report, with together yield a comprehensive ZCPA periodic progress report. The DSW M&E focal officer collates and prepares and disseminates a consolidated periodic report to MDAs and all stakeholders.

3.4 Collection of Supplemental Information

Periodic studies will track indicators related to the availability and functioning of CP and MVC systems, coordination structures at the district level, and availability of guidelines, standards, and compliance or implementation of the developed laws, regulations, and guidelines. The primary outputs of such interventions are documents and information in the form of plans, tools, guidelines, regulations, training materials, and information, education, and communications (IEC) materials. Data on these indicators cannot be collected routinely but instead require special periodic collection. For example, periodic content analyses will determine if a policy or strategic plan met certain criteria (use of local data, etc). The DSW M&E unit, with technical support from MVC M&E TWG and in consultation with other stakeholders, will decide on the assessment areas.

3.5 Data Management

Data management includes procedures that outline how program data will be handled and stored during and after program implementation. In MVC, program data management includes processes for retention, storage and confidentiality, and data backup, as described below:

3.5.1 Data Retention

Data retention protocol allows program implementers to store data for a certain period of time as back-up in case of any loss, for data quality audit purposes, for accountability to the government or donors, or to be used for further analysis. For the MVC program, the existing MESWYWC data recording and retention policy for other government data will be used to document, maintain, and retain MVC data at all levels.

3.5.2 Data Storage and Confidentiality

Various data storage procedures will be followed according to where the data have been collected, aggregated, and reported.

- *Shehia level:* The monthly service summary report from the Shehia level will be submitted to the districts, while the original forms will be stored at the Sheha's office. At Shehia level, existing government filing and storage system will be used to store MVC information. MVC files will be stored in a locked cabinet.
- *National and district council levels:* Paper-based forms will be stored using the existing government filing system. Most of the data, however, will be entered into the electronic system for storage and management. All data will be stored at a central server housed at Department of Social Welfare.

Existing government social welfare confidentiality protocol and child protection guidelines (2011–2015) will be used to secure MVC information.

3.5.3 Data Backup Procedure

Data will be entered into the electronic system at the district level. The backup server will maintain recent copies of the district databases to enable quick recovery in case of failure either at the data entry installations or the main server. The database will also include an automated backup system. Data backup procedures (schedule and timeliness) will be created to facilitate data backup at each point of data entry.

3.6 Data Quality Assurance

Data quality assurance is the process of ensuring that data clearly and adequately represent the result that they intend to measure. Data quality dimensions in monitoring and evaluation include accuracy (validity), reliability, precision, completeness, timeliness, and integrity. The following measures will be taken to ensure the data collected are valid and of high quality:

3.6.1 Training of Data Providers

Training on M&E plan and data collection forms

Training of Trainees (TOTs) courses will build skills of Social Welfare officers from DSW's head office, Regional Social Welfare officers, and staff within implementing organizations in basic M&E, including M&E planning and use of data collection forms. The TOT participants will be responsible for cascading M&E training down to the district level. District Social Welfare officers and IP M&E officers will then train primary data collectors (members of MVCC and CBOs/FBOs volunteers) on basic M&E concepts, how to complete data collection forms, reporting, and on basic data quality concepts, data analysis, interpretation, and use.

Training on MIS

District Social Welfare officers will be trained on how to use DHIS 2 MVC Information Management System.

The training areas will include data entry, data backup, and report extraction from the database.

3.6.2 Data Quality Assessment

The DSW M&E focal officer, with technical support from members of the M&E technical working group, will coordinate and conduct internal data quality audits (DQAs) once a year among selected districts. The M&E officer will use an adapted data quality guideline to assess the strengths and weaknesses of the MVC M&E systems, from the service delivery point to the national level. Following each DQA round, a plan of action will be developed to address M&E gaps identified to strengthen the MVC M&E system.

For each data set, the following data quality issues will be considered:

ACCURACY : To what extent are the data reported correct?

Reliability : Are the data collected in a consistent manner?

Completeness: Have all reporting units (MVCCs, etc.) reported the data? Have they reported all the required data?

Timeliness : Are data reported when they are needed? Are the reported data current?

3.6.2.1 Ways to Handle Double-Counting

Double-counting within a program occurs when individuals receiving services are counted more than once. Double-counting within the MVC program can occur because there are many interventions and multiple providers. For example, implementing partners or MVCC count visits instead of unique individuals. Consequently, when an individual receives services from two or more implementing partners, he or she is counted twice at the aggregation level.

Because the first aggregation is done at MVCC level, the following will be considered to avoid possible duplications:

- Design a client-specific reporting system so that data is aggregated by unique individuals and not records.
- Develop a simple data compilation and aggregation checklist (include clear instruction to the data collectors on how to collect the three identifiers to count, e.g., beneficiaries will only be counted once in a month per service).
- Train data collectors to use the checklist.
- Provide data collectors with tools which can be used for aggregation.
- Orient data collectors on the data flow structure and reporting mechanisms, as there will be one channel of reporting from CBOs/FBOs/MVCCs and to the district level (see the data flow diagram, Figure 3).

3.6.2.2 How to Address Inaccurate, Missing, and Incomplete reports

To ensure that the report is complete with no gaps, the following steps will be followed at different levels of M&E plan implementation:

- Develop and implement a report compilation checklist based on the contents of the report.
- Train implementers on reporting guidelines and timelines and emphasize the need for timeliness and accuracy.
- Orient implementers on the report verification and validation process.
- Send out a written reminder for late reports.
- Visit districts/Shehia's that often submit incomplete reports and/or report late and orient them on the need and importance of timeliness and accuracy.

3.6.2.3 Data Discrepancies

Where there are any discrepancies in data by the next reporting level, the following steps should be undertaken:

- Send written feedback to the responsible office.
- The office responsible must resubmit the report.
- If the discrepancy cannot be resolved, the recipient of the report will conduct an immediate supportive supervision visit to the particular office.
- Build capacity within the system to identify inconsistencies, errors, and over-reporting.

3.6.3 Supportive Supervision

The aim of supportive supervision is to review and validate reports received as well as to identify ZCPA implementation challenges and best practices. Supportive supervision visits will be conducted at district and Shehia levels as follows:

- *From the national level to the district level:* The DSW M&E focal officer, MVC program focal officers, Regional Social Welfare Officers will conduct joint supportive supervision visits to a selected number of districts and implementing organizations on a quarterly basis.
- *From the district level to the Shehia level:* District Social Welfare officer and IP program focal officers will conduct joint supportive supervision visits to a selected number of Shehia on a quarterly basis.

A supportive supervision checklist, which includes items on M&E and quality improvement, will be used. The DSW M&E unit, with technical support from the M&E technical working group, will develop and coordinate implementation of a supportive supervision plan. Supportive supervision reports will be shared during IPG and

TWG meetings at the national level. At the district level, supportive supervision reports will be shared during MVC coordination meetings.

3.6.4 Data Approval Procedures

Monthly and periodic reports require approval from another authorizing body. For MVCC, Shehia leaders will be responsible for approvals. For CBOs/FBOs, the program coordinator will be responsible; and at the district level, the District Administrative Officer (DAO) will be responsible for approving submitted reports. At DSW, the Director for Social Welfare will be responsible for approving reports. The approval process will help to hold data providers accountable for the information reported.

3.6.5 M&E-related Guidelines

The Department of Social Welfare will develop or adapt adequate M&E-related guidelines and reference materials for M&E implementers at different levels. The aim is to ensure that users have enough guidelines and are adequately trained to effectively perform their M&E functions. The materials will include DQA guidelines, data demand and use (DDU) guidelines, MIS user guidelines, etc., as well as existing government M&E-related guidelines on filing systems, data retention, etc.

3.7. Data Analysis and Use

3.7.1 Data Analysis

Shehia level

Simple data analysis for paper systems will be carried out at the Shehia level for reporting purposes and to support decision making. The analysis will involve counting and aggregating data in frequencies and totals, for example, total number of new MVC registered in a reporting month by age group and sex, or number of MVC provided with education support by age group and sex. This will form part of monitoring at the community level where coverage, quality, and type of services will be analyzed.

District and national levels

At the district and national levels, the electronic database will include aggregated reports for each of the selected routine indicators. The District Social Welfare Officer (DSWO) will analyze the information at the district level, and the M&E focal officer will analyze the information at the DSW. The database will include decision support tools such as dashboards and graphs to show, for example, aggregated data from the database, MVC registration trends, and service information by location. The database will also allow comparisons between districts and against targets. In addition, the system will allow customization of information and exporting of data for further analysis.

3.7.2 Data/Information Use Strategy

An information use strategy indicates how key stakeholders will use the data to inform policy and programmatic decisions. A primary objective of a data use strategy is to describe ways/activities that will be undertaken to improve data demand and use in decision making processes. The following steps will be undertaken to plan for data use at both national and district levels:

1. *Identify data needs and potential sources:* This will entail identifying key stakeholders, describing the type of MVC data they need, and determining what type of decisions they make. Additional considerations will be the frequency by which or intervals when particular information is needed and the availability of required data, as well as data quality.
2. *Hold data review and analysis meetings by engaging data users and producers:* Quarterly meetings will allow data producers and users to analyze data, review performance, and apply data in program decision making processes. When data users and producers work together, they become more aware of the data collection process and methods, the available data sources, and the quality of those data.
3. *Improve data quality:* This involves implementing standards and procedures that ensure accuracy, reliability, precision, completeness, timeliness, integrity and confidentiality of data. Both internal and external checks for data quality must be done routinely.
4. *Make sure that data are available:* All MVC information products need to be customised and disseminated appropriately to different stakeholders. Special attention will be paid to ensuring ease of accessing and understanding data.
5. *Conduct training on data use core competencies:* Data users will be trained on how to analyze, interpret, and use MVC data to make decisions.
6. *Develop data use action plan:* Each level of data aggregation needs a data use plan to help users understand how to transform data into information, information into knowledge, and to put knowledge into action.

The DSW M&E focal officer will coordinate and facilitate implementation of the data use strategy at the national level, and DSWO is responsible at the district level.

3.8 Reporting to Stakeholders

This section describes how the data collected and analyzed will be made available to stakeholders at all levels.

3.8.1 Information Products

The national MVC M&E system will produce the following information products that will be disseminated to key stakeholders at the national, regional, district, and shehia levels:

Monthly summary reports

At the Shehia level, implementing organizations will work with members of MVCC to produce a monthly summary report that will inform stakeholders where and what kind of care, support, and protection services that MVC/MVC households received during the month. The report will be based on the information that service providers have entered in the monthly service tracking form. The report contains information analyzed by age, sex, location, and type of service/support from service providers (implementing organizations and members of MVCC). The report also includes a narrative section (remarks) which will provide key information and interpretations for any observed trends.

Periodic reports

These reports, which can be quarterly or annual, will provide a comprehensive overview of the national MVC response periodically and summarize all routine indicators against achievements per strategic objective. Quarterly reports will highlight the implementation progress for all routine indicators and will be disseminated to the DSW head office, the M&E TWG, and IPG. The annual reports will summarize all indicators for the specific year and will provide analytical information derived from quarterly reports.

Other Reports

Supportive supervision reports: These reports will be produced at the national level twice yearly, and quarterly at the district level. The reports will provide feedback on any challenges related to data collection and management processes and help identify earlier remedial measures.

DQA reports: Like the supportive supervision reports, DQA reports will provide feedback on threats to data quality and help identify early remedial measures. These reports will be produced after each round of DQA and will be shared at different levels of M&E implementation. At the national level, the report will be shared at IPG, DSW, and MESWYWC meetings. At the district level, the report will be shared during district coordination meetings.

Periodic outcome/impact assessment reports: The assessment reports will be made available to all key stakeholders and the general public, and their key findings will be disseminated widely in a range of appropriate formats.

Table 3 summarizes reporting responsibility, frequency, and timeframe for the different reports.

Table 3: Reporting Responsibilities, Frequency, and Timeframe

Type of report	Report Responsibility	Submitted to	Frequency	Timeframe
Monthly Summary report	Service Providers (MVCC and Implementing partner) Shehia	District	Monthly	7 th of each month
Periodic report	District (DSWO)	Regions	Quarterly, Annual	16 th of each new quarter 16 th July each year
Periodic report	Regions (Social Welfare Officer)	PORASD	Quarterly, Annual	16 th of each new quarter 16 th July each year
Periodic report	DSW M&E Unit	MESWYWC	Quarterly, Annual	16 th of each new quarter Before budgeting session (date TBD)

3.8.2 Data/Information Dissemination and Sharing

The above mentioned MVC M&E information products will be disseminated to all key stakeholders so that they are all informed about the ZCPA implementation processes, outcomes, and impacts.

Table 4 shows different forums which can be used to disseminate MVC information at national and district levels. ZCPA identified different forums at national and District levels which will be used to disseminate MVC information products. Other forums not included in the ZCPA which can be used to disseminate MVC information include: international conferences, stakeholder dissemination workshops, Child Welfare events (such as Children’s Day), monthly MVC newsletters, etc. These forums provide an opportunity for stakeholders to disseminate, review the progress of, and use information to make program decisions.

Table 4: M&E Information Products and Dissemination Plan

Forum	Participants/ Members	Information Products	Method of Dissemination	Frequency
NSC Meeting	Permanent secretaries from line ministries	Periodic reports, assessment reports	Written report and Power Point presentation and discussion	Bi annually
NTC Meeting	Senior government officers from key and line ministries dealing with MVC and representatives from DP and IPs	Periodic reports, assessment report	Written report and Power Point presentation	Quarterly
MESWYWC Management Meeting	Head of departments	Periodic reports, Supervision report	Written report and Power Point presentation	Quarterly
IPG Meetings	Members from line ministries, development partners, and implementing organizations	Periodic reports, supervision reports, and DQA reports	Newsletter, Power Point presentation	Quarterly
DSW Management meetings	Head of units	Periodic reports, supervision reports, and DQA reports	Written report and Power Point presentation	Monthly
M&E TWG Meetings	M&E focal officers from line ministries, M&E officers from development partners, and implementing organizations	Periodic reports, supervision reports, DQA reports, monthly summary reports	Power Point presentation and discussion	Quarterly
District MVC coordination meetings (MVCC/CPT/IPG)	Led by DSWO and brings together heads of departments and CSO coordinators	Monthly summary reports	Written report and Power Point presentation	Monthly
Community meetings	Members of MVC committees	Monthly meeting reports	Brief presentations and discussion	Monthly

3.9 Feedback

At the national level, National Steering Committee (NSC), National Technical Committee (NTC), and MVC Implementing Partners Group (IPG) meetings will be used to provide overall feedback on the performance and implementation progress of ZCPA.

At the district and Shehia levels, feedback will be provided during supportive supervision visits. District Social Welfare Officers will also provide written feedback after receiving MVC reports from the community level. Feedback will focus on performance, implementation progress, data quality issues and challenges.

CHAPTER FOUR: EVALUATING ZCPA

4.0 Introduction

Evaluations are conducted to measure the effectiveness of program interventions in relation to objectives. The evaluation of ZCPA will focus on identifying linkages between the outcomes of the ZCPA and its impacts. It will also look at key outputs in relation to outcomes and the entire ZCPA implementation process in terms of improving the well-being of MVC, their households, and communities.

The DSW M&E unit, with technical support from the MVC M&E TWG, will be responsible for coordinating and managing the evaluations. This will include:

- Developing scope of evaluations and evaluation questions in relation to indicators, including terms of reference for evaluations
- Sharing the evaluation protocol with other stakeholders for feedback
- Advertising tenders for conducting evaluations and selecting study implementers
- Ensuring that the evaluation teams adhere to study protocol and timeline and provide feedback on the status of the evaluation and on any other technical issues related to the evaluation.
- Reviewing evaluation draft reports, and ensuring that all key stakeholders make comments to the draft and that the evaluators receive feedback.
- Ensuring that the final evaluation reports are disseminated to key stakeholders for use in program planning and decision-making processes.

4.1 Evaluation Questions

The following evaluation questions will be asked to determine if the ZCPA objectives were met and what kind of outcomes were realized:

- To what extent have the objectives of ZCPA been met?
- How well was the program designed and implemented?
- To what extent did the program lead to increased community support/involvement in MVC programs?
- Was there any significant change in the well-being of MVC and their households, and to what extent are any observed changes attributable to the program?
- Are the results consistent with the project objectives?
- Are there any unintended results arising from program activities?

- What factors beyond the project's control have contributed to the project's successes or lack of success?
- What challenges were encountered in achieving MVC program results and how have they been addressed?
- What has been the impact of the program on the nutritional, emotional, educational, and socio-economic well-being of MVC?

4.2 Outcome/Impact Evaluation

4.2.1 Outcome/Impact Evaluation

An outcome or impact evaluation measures whether a program is having the desired effect on targeted populations, how large the impact is, and who benefited or not. It is usually measured at mid-term or end of the program. For ZCPA, an end-of-program evaluation will be conducted to generate information that will help stakeholders understand the interventions that are working, determine the extent to which the expected outcomes were produced, understand the challenges, and use the information to inform subsequent MVC programming.

4.2.2 Studies

In addition to the planned end of program evaluation, partners may conduct special studies. The studies would be aimed at assessing stakeholders' perceptions of the ZCPA approaches and how they affect communities in program areas. The studies would focus on lessons learned during program implementation, and the findings would be used to inform subsequent MVC programming. Studies could include feedback from beneficiaries and stakeholders regarding access to, utilization of, and satisfaction with the services delivered by the program.

4.2.3 Surveys

Impact indicators such as percent of MVC households with an improved Progress out of Poverty Index (PPI) will be integrated into and measured through population-based surveys, particularly the Tanzania National Panel Survey (TNPS). The National Panel Survey is a Multiple Indicator Cluster Survey conducted every year at a household level for measuring poverty dynamics and tracking the progress of MKUZA. It collects information on agricultural production, non-farm income generating activities, consumption expenditure, and other socio-economic characteristics.

To integrate PPI into the National Panel Survey, DSW will do the following:

- Hold consultative meetings with OCGS on the matter;
- Contribute to the development of the MVC chapter, survey protocols, tools, and materials;
- Share the survey protocol during the IPG meeting for feedback;
- Work with OCGS to pilot test and finalize data collection tools; and
- Contribute to the training of supervisors and data collectors.

CHAPTER FIVE: COORDINATION, ROLES, CAPACITY BUILDING AND IMPLEMENTATION OF THE M&E PLAN

5.0 Coordination

The Department of Social Welfare's M&E Unit has the key role of coordinating the rollout and implementation of this M&E plan. In addition, it is responsible for ensuring coordination among all stakeholders implementing the M&E plan and that they are aware of their roles and responsibilities. There are three levels of coordination MVC M&E activities as follows:

At the national level: The DSW M&E focal officer leads coordination of all MVC M&E activities and is a chair of the national MVC M&E technical working group. The national MVC M&E TWG provides technical support to the DSW M&E unit in the rollout and implementation of the M&E plan. The TWG comprises different MDAs, development partners, and implementing partners. The TWG will meet quarterly to share the M&E plan implementation status and NCPA II implementation progress.

At the district level: The District Social Welfare Officer will coordinate M&E activities at the district level and will be responsible for coordinating monthly MVC meetings such as IPG. The IPG meeting brings together various stakeholders implementing the MVC program in their respective areas and is a forum for stakeholders

to share information about service coverage and planning for service provision.

Implementing partners: Implementing partners' role is to coordinate all MVC M&E activities in their areas of operations.

5.1 Roles and Responsibilities for Managing the MVC M&E Plan

All stakeholders implementing the MVC program, ranging from the Shehia level to the national level, are responsible for monitoring and evaluating the ZCPA. The stakeholders include DSW, the national MVC M&E technical working group, MDAs, districts, development partners, implementing partners, CBOs/FBOs, and MVCC. Coordination and oversight of the M&E plan, however, is the responsibility of the DSW.

Table 5 summarizes the roles and responsibilities of each stakeholder in the implementation of the Zanzibar M&E plan.

Table 5: M&E Roles and Responsibilities

No.	Ministry/Department/ Agency/organization	Roles and Responsibilities
1.	MESWYWC Management Team	Coordinate steering committee meetings
		Sensitize and mobilize resources for the implementation of M&E plan
		Share progress report with other MDAs
2.	MESWYWC: Department of Social Welfare M&E Unit	Coordinate and lead implementation of the national M&E plan
		Monitor data flow processes
		Coordinate and provide supportive supervision and data quality assessment
		Coordinate M&E TWG meetings
		Coordinate and conducting M&E trainings at the regional , district and Shehia levels
		Verify data collected
		Prepare and disseminate MVC reports to DSW management and IPG
		Sensitize and mobilize resources for the implementation of M&E plan
		Update MVC M&E data
		Mange and support use of MVC MIS
		Collect, verify, analyse, and disseminate regular progress report to DSW management, IPG and other stakeholders as required
		Coordinate and manage evaluation process
		Coordinate and conduct supportive supervision visits
		Coordinate MV studies
		3
Provide technical support to DSW M&E unit in the development of and review of MVC M&E documents and tools when needed		
Participate in technical working group meetings		
Provide technical support to DSWM&E unit in the design and implementation of MVC studies and evaluation.		

4.	PORASD –MVC focal Officers	Participate in supportive supervision
		Coordinate MVC reporting
5.	MDAs	Share MVC reports annually
		Participate in national IPG meetings and share progress reports
		Participate on program review meeting
6.	Regional Social Welfare Officers	Undertake quarterly supportive supervision to districts
		Provide M&E technical assistance at the district level
		Aggregate and share MVC progress reports
		Supervise MVC reporting
7.	Districts Social Welfare Officers	Provide M&E technical support to the Shehia level
		Collect, analyze, and use MVC data for programmatic decision making
		Enter MVC data into the MVC MIS as required
		Undertake quarterly supportive supervision visits to the Shehias
		Coordinate review meetings
		Report to DSW and the Regional Secretariat quarterly
		Mobilize resources for the implementation of the M&E plan
		Give feedback to the Shehia
8.	MVCC at the Shehia level	Record and report data on MVC in a timely manner
		Ensure data quality
		Conduct MVC registration
		Update MVC registers
		Ensure data quality
		Implement feedback
9.	Implementing Partners	Provide technical support to stakeholders within their program areas on data collection, reporting, quality improvement/ assurance
		Ensure utilization of the MVC MIS at the district level
		Report on implementation progress as required
		Participate in supportive supervision visits
		Participate in the IPG meetings
		Participate in the MVC M&E review meetings

10.	Development partners	Provide financial and technical support for development, review an implementation of the M&E plan
		Be part of national MVC M&E technical working group
		Use available data for advocacy, policy development and programmatic decision making
		Mobilize resources for implementation of M&E activities as outlined in the M&E plan and M&E system strengthening plan
		Build on consensus on harmonization of ZCPA information requirements an information sharing system
		Contribute to ZCPA annual reports

5.2 Capacity Building Strategy

The capacity building strategy aims to ensure that the national MVC response has adequate skilled human resources at all levels of the M&E system.

To ensure that stakeholders have the necessary skills in M&E, a number of activities will be undertaken:

- *Implementing M&E capacity building plan of the Multi-Sectoral–Multiyear MVC M&E System Strengthening Plan:* The DSW M&E unit, with support from the M&E TWG, will coordinate and implement activities suggested in the Multi- Sectoral–Multiyear MVC M&E System Strengthening Plan and will build capacity of districts, Shehias and service providers to be able to implement this M&E Plan. The M&E capacity building will include orientation on the national MVC M&E plan, basic M&E concepts, data collection tools, and data analysis, storage, reporting, dissemination, and use. It will also address knowledge of data quality concepts and skills in conducting supportive supervision and data quality assessments for national- and district-level social welfare officers
- *Coaching and mentoring:* The DSW M&E focal officer, District Social Welfare officers and implementing organizations will provide on-site M&E mentoring and coaching at the districts and Shehia levels. This will be done during supportive supervision visits.
- *M&E training manual:* The Department of Social Welfare will develop a standard MVC M&E training manual/materials to be used for training of trainers (ToTs) to ensure consistency of training contents and materials.

5.3 M&E Implementation Plan and Costs

The main activities in the implementation and rollout of the M&E plan are identified in Table 6. The costs of implementing most activities identified in the M&E work plan are included in the Multi-Sectoral–Multiyear MVC M&E System Strengthening Plan (2013).

Table 6: Operational Plan for National M&E Plan 2015

Planned Activity		Timeframe 2014/2015												Responsible Party	
		O	N	D	J	F	M	A	M	J	J	A	S	Lead	
1	Develop simple version of M&E Plan														DSW M&E Unit, MEASURE Evaluation
2	Translate simple M&E plan and data collection forms in Swahili														DSW, MEASURE Evaluation
3	Conduct TWG meeting to review simplified version of M&E plan and Swahili data collection forms														DSW, MEASURE Evaluation , TWG
4	Develop standard MVC M&E and data collection tools training materials														DSW M&E Unit TWG
5	Conduct M&E TWG to review training materials														DSW-M&E Unit
6	Train TOTs														DSW, MEASURE Evaluation
7	Pilot test data collection tools in 2 districts														DSW, MEASURE Evaluation
8	Refine and finalize data collection tools														DSW, MEASURE Evaluation
9	Launch M&E plan														DSW, TWG
10	Disseminate final M&E plan (Online and printed distribution)														DSW, TWG

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CODES

F-Category of MVC (a child can be in more than one category)		G-Kinds of Disability	I-School Level	J-Standard or Class	R-Relationship with the child
1. Child living in extreme poor household	9. Child suffering from abuse/violence/neglect 10. Child in conflict/contact with the law 11. Child living in institutional care 12. Child in prison/accompanying mother in prison or remand prison 13. Child involved in the worst forms of child labour	1. Albinism	1. ECD Centres	1. Pre- Sc9, Form I	1. Father/Mother
2. Child living with a caregiver with a disability who is not able to complete household chores		2. Mental	2. Pre- Primary	2. Std 1 10. Form II	2. Grandfather/Grandmother
3. Child living in a household with only elderly caregiver i.e.60 years and above		3. Hearing	2. Primary	3. Std 2 11. Form III	3. Aunt/Uncle
4. Child is an orphan		4. Visual	3. Secondary	4. Std 3 12. Form IV	4. Stepfather/Mother
5. Child living with a chronically ill care giver		5. Physical	4. Vocational	5. Std 4 13. Form V	5. Sister/Brother
6. Child is disabled		6. Mixed/Multiple	5. College	6. Std 5 14. Form VI	6. Cousin
7. Child is chronically ill (includes HIV positive children)		7. Speech Impairment	7. Speech Impairment	7. Std 6 15. Other	7. Family friend
8. Child living or working on the street		8. Others		8. Std 7	8. Foster parent
K-Child's Primary Caregiver		U-MVC Household socio-economic status			
1. Both parents	S-Types of MVC Households 1. Child headed household 2. Adult headed household	T- Head of HH employment Status 1. Employed 2. Unemployed 3. Self Employed		1. Very poor households	
2. Mother/father only				2. Poor Households	
3. Other relative				3. Moderately poor	
4. Foster parent				4. Not poor	

Completed by: _____ Position _____ Signature _____ Date _____

Date of Submission _____

Approved by: _____ Position _____ Signature _____ Date _____

CODES			
Q- HES Services Accessed	U- Food & Nutrition support	V- Types of Referrals	W- Outreach Status
1. HH active in a community saving group	1. Food supplements	1. Primary Health care	1. MVC situation improved
2. HH received a loan from community saving Groups (<i>SILC/ WORTH, CHF, Micro insurance</i>)	2. Provision of food	2. Social Welfare Office	2. MVC moved out of area
3. HH operating (GA/involving with production activities	3. Nutrition education/Counselling	3. Birth Certificate registration office	3. MVC above age
4. HH attended HES skills training (eg business skills, farmers field school, marketing, production etc)	4. Other food and nutrition services	4. Children club	4. MVC died
5. HH linked to market		5. HIV counselling and testing	5. Others
6. HH linked to employment		6. Household economic strengthening services	
7. HH trained on household food security		7. Legal support	
		8. Education program-School	
		9. One stop centre	
		10. ECD centre	
		11. Food and nutrition services	
Completed by: _____ Position _____ Signature _____ Date _____			
Date of submission: _____			
Approved by: _____ Position _____ Signature _____ Date _____			

Comments and Remarks:

APPENDIX 3: MONTHLY SUMMARY REPORT FORM



Revolutionary Government of Zanzibar

Ministry of Empowerment, Social Welfare, Youth, Women and Children
Department of Social Welfare

Form No. 3: Monthly Summary Report Form

Name of Service Provider (CBO/FBO/MVCC) : _____
 Region _____ District _____ Shehia _____

Reporting Month _____

A: Number of MVC Registered

	No. of MVC in						
	<1	1-4	5-9	10-14	15-17	18+	
New	M						18+
	F						
	Total						
On-going	M						
	F						
	Total						
Exit Status	Above age						
	Moved out of area						
	Improved						
	Died						
	M						
	F						
Total							

B: Number of MVC provided with at least one service

	<1	1-4	5-9	10-14	15-17	18+
M						
F						
Total						

C: Number of MVC HHS provided with HES Support Services

	Adult Headed	Child Headed
Total		

D: Number of MVC/MVC household received services by Types of Services

	No. of MVC in							Primary Health Care	REFERRAL	E: Number of MVC/ MVC HHS referred to care and Support Services						
	<1	1-4	5-9	10-14	15-17	18+	<1			1-4	5-9	10-14	15-17	18+	REFERRAL	No. of HHS referred to HES services
EDUCATION	No. of MVC in School							M							Child Headed	
	F							F							Adult Headed	
	Total							Total							Total	
BIRTH CERTIFICATE	No of MVC missed school for 3 days and more							Social Welfare Office								No. of HHS referred to UN CCT
	M							M							Child Headed	
	F							F							Adult Headed	
	Total						Total								Total	
	No of MVC obtained birth certificates							Birth certificate registration office								No. of HHS referred to CCT
	M							M							Child Headed	
PSYCHOSOCIAL CARE AND SUPPORT	F							F							Adult Headed	
	Total						Total								Total	
	Number of MVC in Children Clubs							Children Club								No. of HHS referred to extension Services
M							M								Child Headed	
F							F								Adult Headed	
Total							Total								Total	

Instructions: This form should be completed by service providers on a monthly basis. One copy of completed form should be submitted to Shehia, one to DSWO on 7th of each new month. The space for remarks is to be used for reporting narratives- achievements, challenges, constraints and recommendations.

	Number of MVC in ECD Centres	<1	1-4	5-8	HIV counselling and testing	<1	1-4	5-9	10-14	15-17	18+	Number of HHs referred to food and Nutrition		
												FOOD & NUTRITION	Child Headed	Adult Headed
ECD	M				M									
	F				F									
	Total				Total									Total
HOUSEHOLD ECONOMIC STRENGTHENING	No. of HHs received HES				Care and Treatment Centre	<1	1-4	5-9	10-14	15-17	18+			
	Child Headed				M									
	Adult Headed				F									
HOUSEHOLD ECONOMIC STRENGTHENING	No. of HHs received UN CCT				Total									
	Child Headed				M									
	Adult Headed				F									
HOUSEHOLD ECONOMIC STRENGTHENING	No. of HHs received CCT				Legal Services	<1	1-4	5-9	10-14	15-17	18+			
	Child Headed				M									
	Adult Headed				F									
HOUSEHOLD ECONOMIC STRENGTHENING	No. of HHs received extension Services				Total									
	Child Headed				Education program	<1	1-4	5-9	10-14	15-17	18+			
	Adult Headed				M									
FOOD & NUTRITION	No. of HHs received extension Services				Total									
	Child Headed				One stop centre	<1	1-4	5-9	10-14	15-17	18+			
	Adult Headed				M									
FOOD & NUTRITION	No. of HHs received extension Services				Total									
	Child Headed				EDC Centres	<1	1-4	5	Total					
	Adult Headed				M									
FOOD & NUTRITION	No. of HHs received extension Services				Total									
	Child Headed				F									
	Adult Headed				Total									
SHELTER	Renovation				Target Audience									
	Other shelter services				Issue 1									
	Total				Issue 2									
SHELTER	Renovation				Issue 3									
	Other shelter services				Issue 4									
	Total				Total									

Comments and Remarks:

Completed by: _____ Position _____ Signature _____ Date _____
 Approved by: _____ Position _____ Signature _____ Date _____
 Date of submission: _____

APPENDIX 4: PERIODIC REPORT FORM



Instructions: This would be built into the database and reports generated from the database.

Reporting Period: From _____ To _____
 Revolutionary Government of Zanzibar
 Ministry of Economic Empowerment, Social Welfare, Youth, Women and Children
 Department of Social Welfare

Form No. 4: Periodic Report Form

Part A: List of indicators		Achieved									
Indicators	By age & Sex	Age/Sex	<1	1-4	5-9	10-14	15-17	Total			
		M	F	Total	M	F	Total	M	F	Total	
1. Number of MVC Identified/ registered for services	New	M									
		F									
	Total										
	On-going	M									
	F										
	Total										
2. Number of MVC who received at least one service (s) within given period	By Type of Service (**An MVC can receive support in more than one area)	Age/Sex	<1	1-4	5-9	10-14	15-17	Total			
		Education	M								
			F								
		Birth Certificate	M								
			F								
		HES	M								
			F								
		Food & Nutrition	M								
			F								
		PSS	M								
	F										
ECD	M										
	F										
Total											
2.1 Number of MVC attending school regularly	By Age & Sex	Age/Sex	<1	1-4	5-9	10-14	15-17	Total			
		M									
		F									
		Total									

	By Type of Services	Age/Sex	<1	1-4	5-9	10-14	15-17	18+	Total
3. Number of MVC/MVC HHs referred to other services (An MVC can be referred to services in more than one area)	Primary Health care	M							
		F							
	Social Welfare Office	M							
		F							
	Birth Certificate registration office	M							
		F							
		M							
	Children Club	F							
	HIV Counselling & Testing	M							
		F							
	Legal Support	M							
		F							
	One stop Centre	M							
		F							
	ECD		0-1	2-3	4-5				
		M							
		F							
	Total								
3.1 Number of MVC households referred to care and support			Total						
	Food & Nutrition	Child Headed							
		Adult Headed							
	HES	Child Headed							
		Adult Headed							
	Total								

4. Number of MVC enrolled in /attending children clubs	Sex/Age	<1	1-4	5-9	10-14	15-17	Total					
	M											
	F											
5. Number of individuals trained to provide care to MVC	By Type of Training (***) An individual can be trained in more than one area)											
	Total	Primary Health Care	Food & Nutrition	PSS	HIV Prevention	Life Skills	HES	M&E	Child Protection	ECD	MVCC Roles & Responsibilities	
	M											
	F											
	Total											
6. Number of MVC under 5 currently enrolled in ECD program	Age	0-1	2-3	4-5								
	M											
	F											
7. Number of MVC HHs received HES	By Type of HES Services											
	Total	UN CCT	CCT	No of HHs accessing income generation/savings	Extension services	Others						
	Adult Headed											
	Child Headed											
	Total											
Date of submission: _____ Position _____ Signature _____ Date _____												
Completed by: _____ Position _____ Signature _____ Date _____												
Approved by: _____ Position _____ Signature _____ Date _____												

APPENDIX 5: TRAINING ATTENDANCE REGISTER FOR MVC PROGRAM



Revolutionary Government of Zanzibar
Ministry of Empowerment, Social Welfare, Youth, Women and Children
 Department of Social Welfare

Instructions : This form should be completed by an entity conducted training during the training. The copy of a training form should be sent to the Department of Social Welfare when the training was conducted at the national level or to the District Social Welfare Officer for the training

Form No. 5: Training attendance Register for MVC Program

Training Date: From _____ to _____ Venue _____ Responsible Officer _____
 Training Topic _____ Training duration _____
 Facilitator name _____ Qualification _____ Title _____
 Facilitator's address _____ Signature _____
 Category of trainee _____

No	Name of Participant	Sex (M/F)	Department/ Organization	Designation	Telephone Number	Email	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Topic for Training	Category of Trainee
1. Primary Health Care 2. Food and Nutrition 3. PSS 4. HIV Prevention 5. Life Skills 6. Rights of a Child 7. HES (IGA, SILC etc) 8. M&E (Data collection, analysis, DDU) 9. Child Protection 10. MVCC roles and responsibilities 11. ECD Program 12. Other _____	1. Caregiver 2. Members of MVCC 3. Social Welfare Officers 4. Members of Child protection team 5. Community leaders 6. Extension Officers 7. Volunteer 8. Other _____
Comments:	

APPENDIX 6: MVC REFERRAL FORM

This form should be completed by Service Provider initiated the referral and the receiving service provider. The referral feedback section should be returned to the service provider initiated the referral.



Revolutionary Government of Zanzibar
 Ministry of Empowerment, Social Welfare, Women and Children
 Department of Social Welfare
 Form No. 6: MVC Referral Form

Name of Service Provider: _____ District: _____ Shehia: _____
 Date referral made (dd/mm/yyyy): _____
 Name of a child/ Member of MVC HH (3 names): _____
 Service Required: _____
 Prior Service provided by the referring service: _____
 Referred to: _____ UNQ ID No. _____
 Name of a Person referring: _____ Position: _____ Signature: _____ Phone no: _____

Service List	Referring Sites
1. Basic advice on economic strengthening	01. Referral to health facility for PHC
2. Basic counselling on HIV prevention	02. Referral to Social Welfare Office
3. Basic counselling - nutrition	03. Birth Certificate registration office
4. Basic counselling on other health issues	04. Referral to children club
5. Basic counselling - psychosocial care and support	05. Referral to HIV counselling and testing (VCT)
6. Professional services for child with disability	06. Referral to economic strengthening services/savings and credit scheme
7. Professional counselor for child witness to crime	07. Referral to legal services
8. Provided with other basic need (eg clothes, blanket, bicycle, soap)	08. Referral to school
9. Provided with cash transfer	09. Referral to ECD centres
10. Provided with food	
11. Provided with agricultural inputs - food security pack	
12. Provided with health care supplies (medicine, health care appliance)	
13. Provided with mosquito net	
14. Provided with school fees	
15. Provided with school supplies or books	
16. Support with birth registration	
17. Removed from child labour	
18. Child offender professional representation/advocacy	
19. Others: Specify	

Feedback Section on Service Provided
 To be completed by the Referring Site/ receiving Service Provider

Date of referral service provided (dd/mm/yyyy) _____
 Name of a child/member of MVC household _____
 Service Provided: _____ Service completed as required (Yes/NO) _____
 Follow-up needed (Yes/NO) _____ Follow-up date(dd/mm/yyyy) _____
 Comments :

Name of a site referred to: _____
 Name of a contact person: _____
 Designation: _____ Mobile Tel No. _____
 Signature _____ e-mail _____

APPENDIX 7: AWARENESS CREATION FORM



Revolutionary Government of Zanzibar
 Ministry of Empowerment, Social Welfare, Youth, Women and Children
 Department of Social Welfare

District:						
Date	Shehia	Organiser	Audience		Issues Addressed	
			Male	Female		
			Male	Female		

APPENDIX 8 : SHEHIA CHILD PROTECTION REGISTER



Revolutionary Government of Zanzibar
 Ministry of Empowerment, Social Welfare, Youth, women and Children
 Department of Social Welfare

Form No. 8: Child Protection Register at the Shehia

District: _____ **Shehia:** _____

the register to keep a record of all suspected child protection cases that come to the attention of the MVCC, whether they involve a child who has suffered or is at risk of violence, abuse, neglect or exploitation (VANE) or who is in conflict with the law (CL). Use the code numbers in the lists below to enter the monitoring data required (the shaded sections of the register). The other blank areas of the register can be used for any other details you want to record (e.g. details of the child's parents, other contacts, information, details of what happened, etc.)

No	Initial Report	Child	Violation / Offence	Referral to DSWO	Any Other Actions
	Date: _____ Source: _____	Name(s): _____ Sex: _____ Age: _____	Type: _____	Date: _____ Method: _____	Actions: _____
	Date: _____ Source: _____	Name(s): _____ Sex: _____ Age: _____	Type: _____	Date: _____ Method: _____	Actions: _____
	Date: _____ Source: _____	Name(s): _____ Sex: _____ Age: _____	Type: _____	Date: _____ Method: _____	Actions: _____

Source of Report Record the option that best describes the source of the initial report of the case (to) <ol style="list-style-type: none"> 1 Child/Victim 2 Parent(s) 3 Other Family Member 4 Teacher 5 Health Worker 6 Police 7 Other 	Sex Record the sex of the child(ren), whether they are the victim or abuser or the alleged offender. If several children are involved <ol style="list-style-type: none"> 1 Female 2 Male 3 Other 	Ward Enter the name of Ward in which the child(ren) lives (select from the list of Wards in the District). <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">_____</td> <td style="width: 20%;">Date _____</td> </tr> <tr> <td>_____</td> <td>Date _____</td> </tr> <tr> <td>_____</td> <td>Date _____</td> </tr> </table>	_____	Date _____	_____	Date _____	_____	Date _____
_____	Date _____							
_____	Date _____							
_____	Date _____							

Type of Violation (VANE) Record ALL the options that apply, whether the child is a victim (VANE) or the alleged offender (CICL). <ol style="list-style-type: none"> 1 Physical Violence 2 Sexual Violence or Abuse 3 Psychological Abuse 4 Neglect 5 Child Labour 6 Trafficking 7 Child Marriage 8 Child Pregnancy 9 Kidnapped 10 Abandoned 11 Missing Child 12 Separated Child 13 Harmful Traditional Practices 14 Other Abuse/Violation 	Method of Referral Record the option that best describes the way in which the <ol style="list-style-type: none"> 1 Face to face 2 Phone 3 Letter 4 Email 5 3rd Party 6 Other 	Other Actions Record ALL the other actions that the MVCC has taken in response to the case to support the child(ren). <ol style="list-style-type: none"> 1 Contacted the Police 2 Contacted the Health Service (Hospital or Dispensary) 3 Contacted the Local Administration 4 Contacted the School 5 Provided information and/or advice to the child and/or their 6 Provided practical support (food, clothing, transport, cash, etc) 7 Other Actions
---	--	---

Type of Offence (CICL) Record ALL the options that apply, whether the child is a victim (VANE) or the alleged offender (CICL). <ol style="list-style-type: none"> 1 Sexual Offences (rape, sexual abuse, unnatural acts, etc.) 2 Child Marriage 3 Child Labour 4 Child Trafficking 5 Child Begging 6 Child Prostitution 7 Child Marriage 8 Child Labour 9 Child Trafficking 10 Child Begging 11 Child Prostitution 12 Crimes against Property (theft, burglary, criminal damage, etc.) 13 Other Offences 	_____ Signature _____ Date _____	_____ Signature _____ Date _____
---	-------------------------------------	-------------------------------------

APPENDIX 9: DISTRICT SOCIAL WELFARE CHILD PROTECTION REGISTER



Revolutionary Government of Zanzibar
Ministry of Empowerment, Social Welfare, Youth Women and Children
Department of Social Welfare

Form No. 9: District Social Welfare Child Protection Register

District: _____ Month: _____

Use the register to keep a record of all suspected child protection cases. Use the code numbers in the lists below to enter the monitoring data required (the shaded sections of the register). The other blank areas of the register can be used for any other details you want to record (e.g. details of the child's parents, contact, location, details of what happened, etc.)

No		Initial Report		Child		Violation / Offence		Risk/Needs Assessment		Other Partners		Actions Taken	
Date:	Source:	Name(s):	Sex:	Age:	Type:	Date:	Outcome of Assessment	Partners:	Actions:				
		Village /Mtaa:											
		Shehia											
		Shehia											
		Shehia											
		Shehia											

Source of Report		Type of Violation (VANE)		Outcome of Assessment		Involvement of other CP partners		Other Actions	
Record the option that best describes the source of the initial report of the case (to several children are involved (e.g. siblings, who all the victims of neglect), enter all their details.	Record the sex of the child(ren), whether they are the victim or abuser or the alleged offender. If several children are involved (e.g. siblings, who all the victims of neglect), enter all their details.	Record ALL the options that apply, whether the child is a victim (VANE) or the alleged offender (CICL).	Record the option that best describes the outcome of your initial investigation (assessment).	Record ALL the other government or non-government partners involved in the case.	Record ALL the actions taken in response to the case, whether temporary or long term.				
1. MWC	1. Female	1. Physical Violence	1. Child suffering from or at risk of significant harm - SMO intervention required	1. Police	1. Child removed (temporarily) from the care of parents/guardians				
2. Child Victim	2. Male	2. Sexual Violence or Abuse	2. SMO intervention required	2. Health (Hospital/Dispensary)	2. Court Order Obtained				
3. Other Child	3. Other	3. Neglect	3. Child at risk of significant harm - but refer to MWC/other partner for harm - no action required	3. Local Authority	3. Child placed in temporary institutional care				
4. Other Adult Member	4. Other	4. Neglect	4. Child NOT suffering from or at risk of significant harm - no action required	4. Local Authority	4. Child placed in temporary institutional care				
5. Teacher	5. Teacher	5. Child Labour		5. NGO/CBO/BDO	5. Child restored to care of parents/guardians				
6. Health Worker	6. Health Worker	6. Trafficking		6. Other	6. Child placed with adopting parents				
7. Police	7. Police	7. Child Marriage			7. Child placed in long term institutional care				
8. Administration	8. Administration	8. Child Pregnancy			8. Child placed in long term institutional care				
9. Community Member	9. Community Member	9. Child Pregnancy			9. Child placed in long term institutional care				
10. Other	10. Other	10. Abandoned			10. Parents/guardians accorded with counselling and advice				
		11. Missing Child i.e. - parents unknown for a child who has distance (red)			11. Absent parent/guardian accorded to provide maintenance income				
		12. Missing Child i.e. - parents known for a child who has distance (green)			12. Absent parent/guardian accorded to provide maintenance income				
		13. Missing Child i.e. - parents known for a child who has distance (blue)			13. Local authority accorded to provide maintenance income				
		14. Other Abuse / Violation			14. Other Action				

Completed by: _____ Position _____ Signature _____ Date _____
 Date completed: _____ Position _____ Signature _____ Date _____
 Approved by: _____ Position _____ Signature _____ Date _____

APPENDIX 10: DISTRICT CHILD PROTECTION INDICATORS



Revolutionary Government of Zanzibar
 Ministry of Empowerment, Social Welfare, Youth, Women and Children
 Department of Social Welfare

	Cases		
	Identified by MVCCs	Identified by other partners	Totals
Suspected CP cases reported to MVCCs ¹	No		
Suspected CP cases reported to the DSWO ²	No		
Number of suspected CP cases reported to the MVCCs and identified by other partners where child(ren) is assessed as having experienced or being at risk of harm (VANE) or offending			
Number of confirmed child protection cases that receive appropriate care and support services			
Cases where the child(ren) is assessed as having experienced or is considered to be at risk of significant harm (VANE) or offending (CICL) ⁴	No		
% of MVCC cases referred to DSWO	%		
Cases for which an assessment/investigation has been completed³	No		
	%		

Data Sources:

1. Figures from the MVCCs' Monthly Returns
2. Figures from DSWO Tally Sheet (total # of cases)
3. Figures from DSWO Tally Sheet (total # of cases which have been assessed - Question 4. - options 1, 2 & 3)
4. Figures from DSWO Tally Sheet (total # of cases which have been assessed as requiring child protection intervention - Question 4 - option 1)

Completed by: _____ Position _____ Signature _____ Date _____

Date completed: _____ Signature _____ Date _____

Approved by: _____ Position _____ Signature _____ Date _____

