

Actions for Development Programmes - Mbozi (ADP-MBOZI)



ANNUAL PLAN 2021

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LIST OF ABBREVIATIONS.

ADP	Action for Development Programmers.
AESA	Argo-Ecological System Analysis.
AGRA	Alliance Green Revolution Africa.
ARI	Agriculture Research Institute.
ASWO	Assistant Social Welfare Officer.
CBHSP	Community Base Health Service Provider.
CCHP	Compressive Council Health Plans.
CCWS	Community Case Workers.
CDO	Community Development Officer.
CEs	Community Educators.
CLHIV	Children Living With HIV.
CMC	Case Management Coordinator.
CMO	Case Management Officer.
CQI	Continuous Quality Improve.
CRM	Customer Relationship Management.
CSO	Civil Society Organization.
CTC	Counseling and Testing Center.
DACC	Data Analysis Coordinating Centre.
DCDO	District Community Development Officer.
DCIRIS	Dashboard Client and Impact Result Information System.
DED	District Executive Director.
DMO	District Medical Officer.
DNUO	District Nutrition Officer.
DRCHC	Diet Related Chronic Health Conduction.
DSWO	District Social Warfare Officer.
ED	Executive Director.

EID	Emerging Infectious Diseases.
ESLO	Economic Strengthening Live Hood Officer.
FBO	Faith Based Organization.
FBS	Farm Business School.
FE	Female.
FO	Field Officer.
GIZ	Gesellschaft fur Internationale Zusammenarbeit
HFA	Head of Finance and Administration.
HHO	Health and HIV Officer.
HHs	Households.
HIV/AIDS	Human Immunodeficiency /Acquire Immunodeficiency Syndrome.
HRAQM	HIV Rate Assessment Quarterly Monitoring.
HTC	HIV Testing Counseling.
HTS	HIV Testing Service.
ICHF/TIKA	Improved Community Hearth Fund.
IP	Implementing Partner.
IT	Information Technology.
KIBOWAVI	Kilimo cha Mboga na Matunda kwa Wanawake na Vijana
KK	Kizazi Kipya.
KP	Key Population.
KVP	Key Vulnerable Population.
LGA	Local Government Authority.
LFO	Livestock Field Officer.
LTFU	Lost to Follow Up.
LV	Livelihood Volunteer
LW	Lead Case Worker

M&E	Monitoring and Evaluation
MISSAP	Missed Appointment
MJ	Mwanaume Jitambue
MT	Metric Tone
MTAKUWA	Mpango wa Taifa wa Kutokomeza Ukatili dhidi ya Wanawake na Watoto.
MUAC	Mid-Upper Arm Circumference.
NACS	Nutrition Assessment Counseling.
NGO	Non- Government Organization.
NICM	National Integrated Management.
OVC	Orphans Vulnerable Children.
PC	Program Coordinator.
PIATA-TIJA	Partnership for Inclusive Agricultural Transformation in Africa.
PM	Project Manager.
PMTCT	Prevention of Mother to Child Transmission.
PO	Program Officer.
PP	Priority Population.
PSM	Productive and Structured Market.
SHF	Small Household Farmer.
SIFSP	Songwe International Food Security Project.
SOP	Scope of Work.
SRP	Salt River Project.
STI	Sexual Transmission Infection.
TACRI	Tanzania Coffee Research Institute.
TB	Tuberculosis.
T-MARC	Translational Methamphetamine AIDS Research Center.
TSC-BDRL	Technical Service Coordinator –Bi Directory Referral and Linked.

USAID	United States Agency for International Development.
USSD	Unstructured Supplementary Service Data.
WRS	Warehouse Receipt System
WY	Worth Yetu.

1. INTRODUCTION.

This is an annual work plan set by Actions for Development Programmes(ADP) Mbozi for January to December 2021 financial year. The plan outline projects/programmes and organization development activities to be implemented based on the implementation of the last year of five years (2017-2021) strategic plan.

Also the plan is built on the commitment already made between ADP-Mbozi and development partners to implement activities that address the needs of target group in the respective area where ADP-Mbozi is working.

Therefore the work plan embeds and reflects the key purpose of the organization of contributing towards improving the quality life of marginalized families in southern highlands of Tanzania through increased households' food security, improved household nutrition, income and livelihood assets.

ADP-Mbozi also in cooperated all recommendations in the plan that came out from internal annual evaluation carried out by the organization from 14 to 15/12/2020 at Mpende Jirani hall. Participants made valuable contributions aiming at improving the work done by ADP Mbozi in ensuing years.

The document divided into four main parts as follows: -

The first part focuses more on the introduction, current external environmental issues surrounding the organization, brief history and setup of the organization and working area.

The second part provides information on ADP-Mbozi strategic direction, highlights on the vision, mission and values, the focus areas of the organization as stated in 2017 to 2021 strategic plan including the approaches used by ADP Mbozi.

The third part is the main body of this document showing the main and strategic objectives, as well as the projects to be implemented under each focus area. The activities, targets and milestones are detailed in this section.

The fourth part shows the estimated budget that will facilitate the implementation of the planned activities.

PART ONE: GENERAL BACKGROUND INFORMATION.

1.1 EXTERNAL ENVIRONMENT EXPERIENCED IN 2020 ANNUAL WORKPLAN

The organization continue to experience the alleged outbreak of COVID-19 which in one way or another affects project implementation especially activities that involve mass gathering.

Due to climatic change, the year experienced heavy rains causing damage of major roads and bridges and therefore temporarily cutting off road communication.

Farmers faced low price of their cereals. The price of maize ranged between TZS 36,000-42,000 bag of 100 kg and paddy price is TZS 50,000 for a bag of seven tins.

Selling of strategic crops through Warehouse Receipt System (WRS); The government directed all strategic crops to be sold through WRS aiming to help farmers to secure more income from their agriculture business. Despite good intentions of the system, farmers were reluctant to follow the directives preferring to sell their crops through middle men and private buyers who usually offer low price but pay them cash on delivery.

In the month of October 2020, the general election conducted in Tanzania for the position of president, members of parliament and councilors. Generally, the campaigns and elections held peacefully throughout the country and Tanzanians have resumed their daily duties. During campaign and voting day, it was not possible to carry out project activities and therefore some of these activities conducted prior to campaign and election and whereas others postponed until the end of the election.

In the farming season, there happened an outbreak of fall-worms, which invaded farmers' crops, which in one way or another led to reduced production in Songwe district.

US elections drew the attention of many countries including Tanzania and even ADP-Mbozi as USAID funds some of the projects implemented by the organization.

1.2 HISTORICAL BACKGROUND

Agricultural Development Project in Mbozi came into being in 1986 to solve the problem of hunger that had occurred in Mbozi and Momba districts. The project continued to operate in different phases until 1995 and because of its good performance it was gradually expanding in terms of geographical coverage as well as number of interventions. By 1995 the project was

operating in almost all divisions of Mbozi and Momba districts and new interventions of group organizations, Savings and Credits, irrigation, HIV/AIDS and gender were added.

As this project was coming to an end in 1995 stakeholders considered what would be the way forward as the target communities were still in need of project services. Therefore through the institutionalization process, an option of registering the project as a Trust Fund was chosen and actual registration was effected on 29 November, 1995.

Following the changes in law governing the establishment of Non Governmental Organizations in Tanzania [section 11(3) of Non Governmental Act No. 24, of 2002], ADP Mbozi was re-registered as NGO on 10th October 2005, with a registration number 1639. One of the important developments resulting from re-registration is that the organization can now operate throughout the country. At the same time the organization changed its name from Agricultural Development Programmes Mbozi Trust Fund to **Actions for Development Programmes – Mbozi** because currently the interventions are more than agricultural production.

1.3 ORGANIZATIONAL SET UP

The supreme organ of the organization is the General Meeting currently composed of five founder members and eight ordinary members. The Management and Control of the affairs of ADP Mbozi is entrusted to the Board of Directors which is responsible to the General Meeting.

The management team of the organization on the other hand guides the execution of the day to day implementation of the programmes and organizational processes. The management team is composed of heads of departments. Other key members of staff may be co-opted. The current departments of the organization include Sustainable Food and Nutrition development, Entrepreneurship and Market Development, Community Empowerment, Environment and Climate change management and Finance, Administration and Organizational Development. Heads of departments report to the executive director.

1.4 WORKING AREA

From the time when it was a project, ADP-Mbozi has been working in Mbozi and Momba districts in Songwe region.

Currently the organization is implementing projects in 15 District councils, 5 townships in Southern Highlands of Tanzania in Njombe, Rukwa, Katavi, Songwe and Mbeya. In all districts, the organization has sub offices and/or has established contact persons.

PART TWO: ADP MBOZI STRATEGIC DIRECTION

This section elaborates on the strategic direction of ADP Mbozi for 5 years starting on the 1st January 2017 to 31st December 2021 and it is a last year of implementing the strategic plan. Therefore in this section the vision and mission of the organization is stated including the core values. The priority focus areas for this period are listed and the strategies for achieving the objectives of each area of focus are listed down.

2.1: VISION, MISSION AND VALUES OF ADP MBOZI.

2.1.1 Vision

ADP Mbozi envisions rural and urban communities in Southern Highlands of Tanzania attaining livelihood security and sustainably managing their resources.

2.1.2 Mission

ADP Mbozi is a leader in facilitating socio-economic empowerment of marginalized¹ rural and urban communities in Southern Highlands of Tanzania through promotion of improved agriculture production and food utilization, entrepreneurship and market development, addressing challenges of environment and climate change and community empowerment on children issues, gender, HIV and AIDS and good governance. Moreover, the organization will strive to strengthen its internal capacity in order to implement successfully the mentioned focus areas.

¹ *Marginalized communities* are defined as all the people (smallholder farmers, Orphans and Vulnerable Children and Youth, low income women, widows and widowers) who because of their position in the society are exploited and are unconscious of their abilities to bring about their development and hence subjected to poverty.

2.1.3 Values

- i. Commitment: we believe commitment to our work shall lead to realization of significant positive changes in our organization and the community we work with.
- ii. Sharing out: we believe that development is brought about through combining efforts of different stakeholders therefore the communities we work with have a significant contribution towards their own development.
- iii. Transparency: we commit ourselves to be transparent in our organization and we shall inspire the same to the communities we work with.
- iv. Trustworthy: we believe that trustworthy can help us to work as a team and therefore achieve our goals much more efficiently. We are also convinced that trustworthy, in case of farmers, is a pre-requisite for successful collective selling of their produce.

2.2: STRATEGIC FOCUS AREAS AND STRATEGIES

The strategic plan 2017 – 2021 has five focus areas as listed; -

- i. *Sustainable Food Security and Nutrition development*
- ii. *Entrepreneurship and Market development*
- iii. *Environmental and Climate change management.*
- iv. *Community Empowerment on (Children, Gender, HIV/ AIDS, and Good Governance)*
- v. *ADP Mbozi internal capacity strengthening*

From the above focus areas five strategic objective and strategies thereof were developed as follows;-

2.2.1: Sustainable food security and nutrition status in communities improved.

- a. To increase crop and livestock production
- b. To strengthen post harvest practices
- c. To improve food budgeting at household level
- d. To improve nutrition status at household level
- e. To promote appropriate farming technologies

2.2.2: Entrepreneurship and market accessibility enhanced.

- a. To strengthen Producers' marketing groups and associations.
- b. To promote business development skills

- c. To promote access to markets information by producers.
- d. To enhance Producers' and traders' linkage
- e. To enhance access to Financial Services

2.2. 3: A healthy and friendly environment in communities promoted.

- a. Enhance hygiene, sanitation, safe and clean water in the community.
- b. Enhance Climate Change and variability management.

2.2.4: Enhanced community empowerment in dealing with children, gender, HIV/AIDS, and Good Governance

- a. To promote rights and security of children
- b. To promote gender equality and equity
- c. Enhance HIV / AIDS prevention and Impact mitigation including O/MVC support.
- d. Enhance Good governance.

2.2.5: Governance and management capacity of ADP Mbozi strengthened in order to operate efficiently and effectively.

- a. To enhance financial capacity of ADP Mbozi
- b. To improve policies, systems and procedures
- c. To improve human resource
- d. To improve storage and retrieval of information
- e. To enhance networking and collaboration.
- f. To enhance publicity of ADP Mbozi

2.3 THE APPROACHES

For the five years 2017-2021 strategic Plan, ADP Mbozi continue operate using the following approaches:

- a. Working with target beneficiaries through groups.
- b. Use of community volunteers.
- c. Farmers field schools.
- d. Value Chain Development.
- e. Networking and Outsourcing.
- f. Resource Efficient Agriculture.
- g. Referrals and linkages
- h. Integration within the organization and between organizations.

PART THREE: ANNUAL WORK PLAN 2021.

Work plan for year 2021 is based on the commitment already made between ADP Mbozi and development partners to implement interventions that address particular needs of the target group in the mandate area of ADP Mbozi.

In this regard, much appreciation extended to all development partners who have joined hands with ADP Mbozi in bringing about much needed development to the marginalized communities.

The plan also based on the recommendations made by workshop participants of 2020 Annual Internal Evaluation conducted from 14 /12 to 15/12/2019 at Mpende Jirani Hall, Ilembo ward, Mbozi District. Participants made valuable contributions aiming at improving the work done by ADP Mbozi in ensuing years.

All planned activities reflect the focus areas of the organization as stated in the 2017 to 2021 strategic plan.

3.1 GENERAL OBJECTIVE.

The main objective of the organization is to contribute towards improving the quality life of marginalized families in Southern highlands of Tanzania through increased households' food, nutrition security, and income and livelihood assets.

3.2. CURRENT PROJECTS UNDER EACH STRATEGIC OBJECTIVE.

In order to meet the above strategic and main objective, the organization will implement the programmes and projects as presented below;-

No.	Name of project	Objective	Where implemented	Funder
	Strategic Objective 1: Sustainable food security and nutrition status in communities improved.			
1.	Songwe Integrated Food Security Project (SIFSP)	Improved food security at household level in 6 wards of Songwe district, Tanzania by December 2024.	12 villages (6 wards) in Songwe district.	Horizont3000
2.	Empowering Women and Youth in Horticulture Production and Marketing (KIBOWAVI = Kilimo Bora cha Mbogamboga na Matunda kwa Wanawake na Vijana) in three regions of Southern Highlands.	Improve livelihood of 75,000 rural people with focus to women and youth in Songwe, Mbeya and Katavi regions by 2024.	10 district councils in Songwe, Mbeya and Katavi regions, South Highland of Tanzania.	European Union Through HELVETAS
	Strategic Objective 2: Entrepreneurship and Market accessibility enhanced.			
3	Improving Productivity	Increase productivity and	In 6 wards of	GIZ through

No.	Name of project	Objective	Where implemented	Funder
	and Structured Markets along the entire rice value chain in Momba Districts, Tanzania, Songwe Region.	quality rice produced by more than 5,000 rice farmers to enhance sustainable incomes and food security by 2021.	Chitete, Chilulumo, Mkulwe, Kamsamba, Ivuna, Msangano in Momba district, Songwe region.	Kilimo-Trust
4.	Enhanced Control of Soil Acidity in Cultivated Land in Tanzania (ECALCT)	Increase staple crop productivity for smallholder farmers through reduction of soil acidity effects in selected regions of Tanzania by 2021.	In 6 district councils of Katavi (4) and Rukwa (2) regions.	AGRA through Dodoma Cement.
5	Sumbawanga Rice Enterprise Project (SURE)	To increase smallholders' income and other rice value chain actors through enhancing rice production in Rukwa region by 2021.	In three District Councils of Mpanda, Nsimbo and Tanganyika in Katavi region.	AGRA through Kilimo Trust.
6.	Rice Structured Market Enhancement in Katavi Region (Rice SME – Katavi)	To increase smallholders' income and other rice value chain actors through enhancing rice production in Katavi region by 2021	In two district of Sumbawanga and Mpimbwe in Rukwa region	AGRA through Kilimo Trust.
Strategic objective 4: Enhanced community empowerment in dealing with children, gender, HIV/AIDS, and Good Governance				
7	Comprehensive HIV prevention, care and treatment services to KP and PP in Chunya and	To increase comprehensive HIV prevention, care and treatment services to KP and PP in Chunya and Songwe	Chunya district	Walter Reed Mbeya.

No.	Name of project	Objective	Where implemented	Funder
	Songwe district.	districts so as to reduce the incidence of new HIV transmission as well as increase and retain client in ART services by September 2021		
8	Tuwekeze Pamoja	Girls and boys in Songwe region, including the most marginalized, have met their developmental milestones and are ready to learn by age 6.	8 wards of Ruanda, Itumpi, Shiwinga, Ipunga, Nyimbili, Wassa, Isandula, Nanyala in Mbozi District Songwe Region.	Save the Children – Tanzania.
9-12-	USAID Kizazi Kipya; USAID New Generation Program	Improve Health and Social wellbeing of OVC and their families through strategic service delivery and support by September 2021.	Mbozi, Momba, Tunduma and Wanging'ombe districts.	Pact Tanzania.
13	USAID Tulonge Afya.	To improve health status of community by transforming socio-cultural norms and supporting the adoption of healthier behaviors	21 wards (108 villages) in Wangingombe district.	T-MARC Tanzania.

3.3.1 Strategic Objective 1: Sustainable food security and nutrition status in communities improved.

3.3.1.1: Integrated Food Security Project in Songwe District, Songwe Region.

3.3.1 Strategic Objective 1: Sustainable food security and nutrition status in communities improved.																
a. Annual work plan (January to December 2021): Strengthening food security in Songwe, Tanzania.																
N o.	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICA TION	TIME FRAME												RESPONSIBL E
				J	F	M	A	M	J	J	A	S	O		N	
Result 1: Crops and livestock (Chicken) production techniques improved																
1	Conduct activities follow up and monitoring.	12 activity follow up per annum, activity one per month	Field and account reports													FO/PC
2	Train farmers on appropriate use of farm technologies-animal weeding	684(205fe) will participate														FO
Result 2: Crop storage practices & food budgeting improved																
3	Select 24 farmers to be trained on business development skills	24 representative farmers to be trained	Field and account reports													FO

3	Conduct training on leadership skills in the project area	72 group leaders and 36 CE's and 36 PP's trained	Field and account reports														FO/PC/CDO /LFO
4	To document best practices of the project	1 session per year	Field and account reports														PC

3.3.1.2: Empowering women and youth in horticulture production and marketing (KIBOWAVI) in Mbeya, Songwe and Katavi Region – Tanzania.

No	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICATION	TIME FRAME												RESPONSIBLE	
				J	F	M	A	M	J	J	A	S	O	N	D		
Result 1: Skills and knowledge on GHP, nutritious and safe food, and quality value addition																	
1	Group selection and mobilization (producer group)	300	Field and account reports													Horticulturist & Nutrition Officers	
2	Selection of LSPs and LFs in the selected areas	50	Field and account reports													Horticulturist & Nutrition Officers	
3	Selection of LFs in the selected groups	300	Field and account reports													Horticulturist & Nutrition Officers	
4	TOT of LSPs and LFs in nutrition sensitive practices	350	Field and account reports													Horticulturist & Nutrition Officers	
5	Conducting training to producer groups in nutrition sensitive practices	500	Field and account reports													Horticulturist & Nutrition Officers	
6	Training extension workers in food safety, hygiene and preparation of	120	Field and account reports													Horticulturist & Nutrition Officers	

	healthy diverse diets.																
7	TOT to LSPs and LF's on operation & management of group/association	50	Field and account reports														Horticulturist & Nutrition Officers
8	Conducting training to producer groups on operation & management of group/association	500	Field and account reports														Horticulturist & Nutrition Officers
9	Conduct nutrition awareness campaigns.	50	Field and account reports														Horticulturist & Nutrition Officers
10	Conducting Cooking and WASH demonstration for Nutrition purposes	300	Field and account reports														Horticulturist & Nutrition Officers
11	Participation in events to disseminate best Nutrition sensitive practices (Child Nutrition Month, World Food Day, and HIV day)	5	Field and account reports														Horticulturist & Nutrition Officers
12	Number of people reached with good nutrition and hygiene practices messages through (Community health volunteers, radio, TV, SBCC campaigns, extension staff, lead farmers, etc.).	1000000	Field and account reports														Community health volunteers, radio, TV, SBCC campaigns, extension staff, lead farmers, LSPs
13	Establish/manage Learning centers at each district council	10	Field and account reports														Horticulturist & Nutrition Officers
14	Establishment of kitchen gardens at smallholder households	6,000	Field and account reports														Horticulturist & Nutrition Officers

15	Conducting TOT to LSPs and LF's on rearing of small animals	600	Field and account reports														Horticulturist & Nutrition Officers
16	Conducting training to producer groups on rearing of small animals	500	Field and account reports														Horticulturist & Nutrition Officers
17	Identification of Organic farmers	250	Field and account reports														Horticulturist & Nutrition Officers
18	Promote innovative practices and technologies	5	Field and account reports														Horticulturist & Nutrition Officers
19	Facilitate linkages between innovative services and technologies providers, local distributors and LSPs	100	Field and account reports														Horticulturist & Nutrition Officers
20	Facilitate linkages between groups and innovation services/technologies	500	Field and account reports														Horticulturist & Nutrition Officers
21	Creation of IEC material for training groups-design materials on safe food, Nutrition, rearing of small animals	5000	Field and account reports														Horticulturist & Nutrition Officers
Result 2: Market development and linkages																	
22	Identify and explore market information sources (for different actors)	20	Field and account reports														Horticulturist & Nutrition Officers
23	Conduct Business to Business meetings (B2B) between Market actors and horticulture producers	200	Field and account reports														Horticulturist & Nutrition Officers
24	Facilitate negotiations between	200	Field and														Horticulturist &

	commercial companies and producers		account reports															Nutrition Officers
Result 3: Engagement and partnership for inclusive growth																		

3.3.1.3: Enhanced Control of Soil Acidity in Cultivated Land in Tanzania (ECALCT)

No.	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICATION	Timeframe		Responsible
				J	F	
1	Setup and manage at least 200 liming demo plots of maize, beans and soya beans	200 Demos	Field and account reports			ToTs, Volunteers, project manager

3.3.2 Strategic Objective 2: Entrepreneurship and Market accessibility enhanced

3.3.2.1: Project Name: Improving Productivity and Structured Markets along the entire rice value chain in Momba Districts, Tanzania, Songwe Region.

Project Annual work Plan January to March 2021

No.	ACTIVITY	ACTIVIT Y TARGET	MEANS OF VERIFICATION	TIME FRAME			RESPONSIBLE
				J	F	M	
Objective 1. Increased paddy productivity of 5,000 SHFs from 2 MT to 4 MT/ha through adoption of improved practices by March 2021							
1	Establish and maintain 12 paddy demonstration	06 demos	Field and account reports				Agronomist
2	New registered farmers	736 farmers	Field and account reports				ToTs & Agronomist
3	Training 5000 farmers on SRP practices	980 farmers	Field and account reports				TOTs
4	Link FBOs with mechanization service providers	57groups	Field and account reports				Agronomist
5	Project M&E for all ongoing activities and progress		Field and account reports				M & E Officer
6	Monitor establishment of demo plots	6demos	Field and account reports				M & E Officer
Objective 2: Improve structured market linkages between the rice value chain actors and strengthen the regional market by March 2021							
7	Training 5000 farmers on FBS and financial literacy skills	4,967 farmers	Field and account reports				ToTs
8	110 FBOs supported to access information from existing online market information platforms	670 farmers					Agronomist
Objective 3: Increased access to finance for SHFs and Pre-financed inputs for 1,500 SHFs by March 2021.							
8	Support farmers group to be registered to the government of Tanzania	19 groups	Field and account reports				Agronomist
9	Mobilize 110 group to establish internal saving and loaning scheme	73groups	Field and account reports				Agronomist

Project Title: Sumbawanga Rice Enterprise Project (SURE)

No.	ACTIVITY	ACTIVIT Y TARGET	MEANS OF VERIFICAT ION	TIME FRAME												RESPONSIBLE	
				J	F	M	A	M	J	J	A	S	O	N	D		
To enhance capacity of one Goal company Ltd to competitively supply 10,000MT of quality rice to internal and cross border markets through structured trade by December 2021																	
1	Train 30 ToTs/VBAs on GPHH	30	Field and account reports														Agronomist
2	Train 3000 farmers on GPHH	3000	Field and account reports														ToTs & Agronomist
3	Demonstrate GPHH technologies of storages, threshing and harvesting paddy.		Field and account reports														Agronomist
Objective 3: To Increase paddy productivity from 2.5 MT/ha to 3.7 MT/ha for rain fed farming and 3.5MT/ha to 5.5MT/ha for semi irrigated smallholder farmers by December 2021.																	
4	Train 30 ToTs/VBAs on GAP	30	Field and account reports														Agronomist
5	Promotional events on new seed varieties (e.g. Arise 6444 Gold and SARO 5)	12	Field and account reports														Agronomist
6	Train 3,000 SHFs on GAP	3000	Field and account reports														TOTs

7	Train 3,000 SHFs on farmer Business School.	3000	Field and account reports														TOTs
8	Establishment of 20 demo plots (10 dry season and 10 rain fed)	20	Field and account reports														Agronomist
9	Linking 100 FBOs with mechanization and other technology service providers.	100	Field and account reports														Agronomist
10	Conducting field days to create awareness to small holder farmers on the technologies	20	Field and account reports														Agronomist
11	Sensitizing at least 6,400 SHFs to use the available ICT extension service platforms	6400	Field and account reports														Agronomist
12	Profile and engage inputs suppliers to supply demanded inputs to SHFs		Field and account reports														Agronomist
13	Document and share SHFs input demands to input suppliers (Agri seed Co., Rashid agrovet and Obo investment Co.)		Field and account reports														Agronomist
14	Monitor inputs demands aggregation from 3000 SHFs in the project area	3000	Field and account reports														M & E officer

Project Title: Rice Structured Market Enhancement in Katavi Region (Rice SME – Katavi)

No .	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICATIO N	TIME FRAME												RESPONSIB LE	
				J	F	M	A	M	J	J	A	S	O	N	D		
Objective 1: Increased its contribution to the local and regional rice supply from 2,400MT to 9,750MT (20% to 80% of the total quantity demanded) by 2021																	
1	Mobilization meetings with farmers to participate in the project	2000	Field and account reports														Agronomist
2	Training FBOs leaders on paddy contract farming	200	Field and account reports														ToTs & Agronomist
3	Conduct GMP training to 5 processors in the area	5	Field and account reports														M & E officer /Agronomist
4	Training 5 SMEs on food safety, quality and standards	5	Field and account reports														Agronomist
5	Training 3,000 farmers on food hygiene and safety; quality and standards	3000	Field and account reports														Agronomist
Objective 2: Increased rice productivity for smallholder farmers from 2.5MT/ha to 3.5MT for rainfed and 4MT/ha to 5MT/ha for semi-irrigation by 2021																	
6	Conduct meeting between inputs suppliers and FBOs leader on inputs	4	Field and account reports														Agronomist

	technologies																
16	Training 3,000SHFs on Good Post-Harvest Handling (GPHH)	3000	Field and account reports														TOTs
17	Monitoring visit assess SHFs adoption to the trained skills	4	Field and account reports														M & E officer
18	Building capacity of the VBAs on the inputs supplying and mechanization services	10	Field and account reports														Agronomist
19	Conduct paddy GMA	5 millers	Field and account reports														M & E officer /Agronomist
20	Registering farmers in the platform for receiving information's about different things such as inputs and output, markets and collection centres, weather information and other relevant information	12,500	Field and account reports														ToTs/Agronomist
21	Sending information to 12,500 farmers on the different improved paddy farming practices, marketing and weather information	12,500	Field and account reports														Field officer/Agronomist
Objective III: Increased access to finance to at least 3,000 smallholder farmers and SMEs in the project area by 2021																	
22	Training 2,500 farmers on Farmers Business School (FBS)	2500	Field and account reports														TOTs

23	Training 2,500 farmers on Financial Literacy (FL)	2500	Field and account reports														TOTs
24	Supporting 15FBOs to be registered to the Government authorities	15	Field and account reports														Agronomist

3.3.3 Strategic objective 4: Enhanced community empowerment in dealing with children, gender, HIV/AIDS, and Good

3.3.3.1: USAID TULONGE AFYA PROJECT ANNUAL WORK PLAN FOR 2021.

No.	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICATION	TIME FRAME												RESPONSIBLE
				J	F	M	A	M	J	J	A	S	O	N	D	
1.	Conduct face to face or/small group of targeted audience's interpersonal communication at each street, village and ward level	At least 80% of the aforementioned target audience reached	Monthly report													M&EO and 2 PO
2.	Support national based health communication campaign implementation at district levels through Interpersonal	At least 80% of the aforementioned target audience	Field/Activity report													M&EO and 2 PO

	Communication (IPC)	reached																
3.	Working with the village and ward health committees, health facilities and community health workers, identify and outline agreed upon venues and locations for the outreach education sessions.	21 wards	Activity report															M&EO and 2 PO
4.	Support the implementation of community radio program by linking volunteers and target audiences with radio station	At least linking 1 community volunteer or other target audience with radio station	Activity report /Monthly report															USAID Tulonge Afya Zonal Team and ADP Mbozi
5.	Regularly distribute and/or place all approved SBCC materials under USAID Tulonge Afya in relevant units of health facilities and across targeted communities (depending on health areas) to extend the reach and visibility of SBCC messages according to distribution plans shared by the	At least 85% of the aforementioned target audiences reached	Monthly report															M&EO and 2 PO

	project.																
6.	Referrals and linkages to health services using service invitation coupon system	At least 30% of the reach audience	Monthly report and reporting tools														M&EO and 2 PO
7.	Participate during community meetings/dialogues led by village leaders	108 villages	Monthly / Activity report														M&EO and 2 PO
8.	Provide required support to CHWs CVs and peer champions to ensure effective and quality implementation of the project through regular supportive supervision	12 monthly supporting visits	Monthly / Activity report														M&EO and 2 PO
9.	Coordinate and participate in quarterly supporting visit by USAID Tulonga Afya head quarter staff and HPS/LGAs and to participate monthly and quarterly review meeting with zonal level USAID Tulonga Afya.	4 quarterly supporting visits	Quarterly and Activity report														USAID Tulonga Afya Team and ADP Mbozi.

10.	Participate during monthly review meeting with USAID Tulonge Afya zonal Team	12 monthly review meeting	Monthly and Quarterly supportive supervision report														USAID Tulonge Afya Team and ADP Mbozi.
11.	Support site visit from FHI 360, USAID and other visitors on as need basis	At least 1 visit	Monthly / Activity report														USAID Tulonge Afya Team and ADP Mbozi.
12.	Coordinate and participate during mother meet- up with zonal level USAID Tulonge Afya.	2 events	Monthly / Activity report														USAID Tulonge Afya Team and ADP Mbozi.
13.	Coordinate and participate during semi- annual meeting with zonal level USAID Tulonge Afya.	1 semi-annual meeting	Monthly / Activity report														USAID Tulonge Afya Team and ADP Mbozi.
14.	To prepare and submit monthly, quarterly semi-annual and annual technical and finance progress report	8 monthly progress report 4 Quarterly progress report 1 technical and	Monthly, Quarterly, Semi-annual and annual technical and finance progress report														Program Manager, Program Accountant, M&EO and 2 POs

		finance progress report															
15.	To prepare and submit final technical and financial report.	1 Final technical report and 1 Final financial report	Technical and Financial report.														Program Manager, Program Accountant, M&EO and 2 POs

3.3.3.2. USAID KIZAZI KIPYA ANNUAL WORKPLAN-WANGING'OMBE DISTRICT

[illegible]

	ESLO, 2 GoT Officers CDOs/EEOs and 26 LVs -																		
6	Roll out a locally developed ledger book which will replace the current program data collection forms.	88 WY groups	locally developed ledger books																ESLO, DCDO
7	Participate in Launch event of LVs who will be independent and ready to be supported by assessed and graduated groups	15 LVs	Event report																ESLO, LV and DSWO, DCDO, DNuO, DRCHC O, DACC
8	Support from TSC-ES, will finalize FGDs, portfolio reviews, launching and network events for remaining LVs to ensure FY21 ILVs targets are met and groups are progressing towards self-management.	15 LVs	Field report																DCDO, Ward CDO
09	Conduct monthly supportive supervision on the implementation of Money Management	26 LVs	Field report																ESLO
10	Share reports, best practices and challenges for CCWs supporting	5 platforms per quarter to	Minutes from attend																H DSWO, CHAC,

11	health facilities and CTCs on beneficiary linkages to health and HIV services.	share best	meeting													DACC and DCDO HO
	Invite CBHS supervisors from nearby health facilities to share experiences and identify challenges and solutions regarding coordination of HIV services among CCWs and CBHSPs.	20 CBHSPs	Monthly report													HHO CBHSPs
	Provide information on health, HIV, and locally available services (CHWs, MNCH workers, or CBHSPs)	135 CCWs	Field report													CBHSPs, CHWs and MNCH workers HHO CMCs CMO
	Conduct supportive supervision to offer mentoring support.	trained CCD facilitators	Field report													DSWO, ASWO CMO
	Organize MNCH workers or other locally available nutrition experts to provide in-service training for CCWs/LCWs on nutrition counseling.	58 CCW	Field report													H DNuO, DSWO, DRCHC O HO, CMO
	Conduct nutritional assessments using MUAC tapes, provide nutrition counseling, and provide referrals and	237 OVC	Field report													H Facility partners

	linkages to health facilities.																and HCWs at the facilities HO, CMO & CMC
16	Share the importance having nutritional supplemental food available in every monthly report and advocate for budgeting in CCHPs and through other stakeholders	135 CCWs	Field report														HHO & CMO
17	Support CCWs/LCWs to discuss positive parenting messages during case management case visits	135 CCWs	Field report														CMO, CMC
18	Monitor how CCWs are delivering positive parenting messages and build their capacities to ensure high quality services provided	135 CCWs	Field report														CMO, CMC
19	Identify OVC-caregiver who performs well to provide testimonies.	OVC Caregivers	Field report														CMO & CMC
20	Facilitate watching of positive parenting videos.	88 WY groups	Field report														CMO, ESLO & CMC

21	Conduct training to HHO and CMO on 90-90-90 at Cluster level.	2 Staff	Training report														HHO, CMO
22	Support from TSC-BDRL will cascade the capacity building on 90-90-90.	4 Staff	Training report														HHO, CMO
23	Conduct a two-days ward level orientation on Pediatric and Adolescent HIV to CCWs/LCWs	135 CCWs	Field Report														HHO & CMO
24	Invite IP staff or LGA staff for in-service training during monthly meetings	135 CCWs	Monthly meeting report														CMO & CMC
25	Conduct a refresher training on a revised HIV risk assessment and adherence.	3 Staff	Training report														CMC, CMO, HHO
26	Conduct HIV Risk Assessment for newly enrolled beneficiaries and re administer the tool to all OVC with undisclosed HIV status in FY20	135 CCWs	Field report														CMC, CMO, HHO & M&EO
	Collaborate with LGA and other IPs to access HIV services including EID, PMTCT, ART initiation, HIV monitoring (HVL and CD4), disclosure and linkage to appropriate services	135 CCWs	Field report														CMC, CMO, HHO & M&EO

[illegible]

35	Conduct in-service orientation to CCWs on the new care plan application through USSD during monthly meetings.	OVC care plan	Field report															M&EO, CMC & CMO
36	Provide technical support to CCWs to ensure all new beneficiaries have care plan and update ones for existing beneficiaries on quarterly basis	694 OVC care plan	Field report															M&EO, CMC & CMO
37	Identify eligible households who meet criteria to get Improved Community Health Fund (ICHF)	114 OVC households receive ICHF/TIKA cards.	Field report															CMO, CMC, HHO
38	Issue referrals and closely follow up their completion	1405 referrals issued 1335 referrals completed	Field report															HHO, CMC
39	Establish schedule for care plans monitoring during their normal supportive supervision	135 CCWs	Field report															CMO, CMC
40	Review and update care plan developed in the previous visit	2208 care plans reviewed and updated on quarterly basis	Field report															CMO, CMC
41	Identify households which met graduation benchmarks and closed their files and their information submitted to the system.	30% households identified for graduation and their	Field report															M&EO, CMO, CMC

		cases get closed.																
42	Conduct supportive supervision with CSO staff to learn KK implementation		Field report															PM, M&EO, CMO, CMC
43	Roll out CCWs monthly meetings and gather relevant information/feedback for project adjustment.	135 CCWs	Field report															CMC & CMO
44	Explain the retention and motivation strategy to LCWs/CCWs.	135 CCWs	Field report															CMC & CMO
45	Conduct a meeting with DSWO, ASWO to plan when the transfer of beneficiaries' files, maintain confidentiality, accessible from CSO to LGA.	1244 of files transferred	Meeting minutes															PM, M&EO, CMO & CMC
46	Travel to ward level where KK project is implemented to assess the space for beneficiaries' files storage.	20 ward of eligible ward for case file transfer	Field report															PM, M&EO, CMO, CMC
47	Document all files that need to be transitioned to ward level when space is available and strong cupboard.		Field report															PM, M&EO & CMO, CMC
48	Assess OVC with HRAQM to identify CLHIV who are not on ART and escort them to nearby CTCs on the same day or within seven days	54 identified CLHIV who are not on ART	Field report															HHO

49		escorted for ART initiation																	
	Deploy 41 clinical home visits to be done by pediatric nurse or and 1 social welfare officer visit when CLHIV who are denied ART initiation or when signs of neglect are identified	26 home visits conducted by pediatric nurse	Field report																CMO, CMC & HHO
	Monitoring of ART daily uptake for all CLHIV who are on ART: CCWs/LCWs will provide escorted referrals to CTC for adherence counselling to all CLHIV with poor ART adherence	135 CLHIV with poor ART adherence	Field report																CMO, CMC & HHO
50	Follow up and link CLHIV who attended Waves one and two of Vocational training to WORTH YETU support groups for enabling them to stable in Food and transport support	4 OVC who attended Wave one and two of Vocational training will be followed up and linked to WORTH YETU support groups	Field report																CMO. HHO, M&EO
51																			

52	Visit high priority CTCs in their routine supportive supervision to insinuate challenges faced by K2 beneficiaries enrolled in the program including MISSAP, LTFUs and those with high viral load	4 high volume CTCs	Field report														HHO
53	Refer and follow up on identified cases of violence, abuse, neglect and exploitation		Field report														CMO, CMC
54	Continue following up VAC/GBV referrals with protection committees, Police Gender and Children Desk, one-stop-centers (OSC), ASWO, and to DSWOs	34 child abuse cases referred to protection committees, Police Gender and Children Desk, OSC, ASWO, and to DSWO after abuse															CMC, CMO
55	Participate in the commemoration of the day of the African child		Event participation report														CMO, CMC
55	Participate in annual M&E refresher training	2 staff	Training Report														M&E
56	Conduct LV refresher training on Worth Yetu App and Job Aid	26 LVs	Training report														M&EO, CMO, Data clerk

57	Facilitate a two days summit meeting to review data and discuss challenges related to Data	3 Staff	Meeting report													M&EO, CMO, PM
58	Conduct quarterly data review meeting	7 staff, 2 CHMT, 2 DSWO, 1 clinical partner and 3 Wards representative participated in data review meeting on quarterly basis	Meeting report													M&EO, CMO, HHO, ESLO
59	Conduct data quality assessment (DQA)	3 RDQAs implemented on quarterly basis														M&EO
60	Conduct routine M&E supportive supervision on monthly basis	10 M&E supportive supervision visit(s) conducted	Field Report													M&EO
61	Conduct joint Supportive Supervision with DSWO on quarterly basis	3 Joint supportive supervision visit(s) conducted	Field report													M&E

3.3.3.3. USAID KIZAZI KIPYA PROGRAMME ANNUAL WORK PLAN-MBOZI DISTRICT

No .	ACTIVITY		MEANS OF VERIFIC ATION	TIME FRAME												RESPONSIB LE
				J	F	M	A	M	J	J	A	S	O	N	D	
1	Monitor progress of LVs to ensure WORTH Yetu group have OVC, Social, and CRM funds.	29LVs	Field report													ESLO,
2	Visit sampled groups to monitor the growth and utilization of funds for supporting OVC and their HH.	260 WY groups	Field report													ESLO,
3	Support LVs to upload data on HHs that received CHF/TIKA cards and whether they are continuing to use them.	260 WY groups	Field report													ESLO and M&E Officer

4	Conduct LVs monthly meetings	29 LVs	Field report													ESLO,
5	Finalize FGDs, portfolio reviews, launching and network events for remaining LVs to ensure FY21 ILVs targets are met and groups are progressing towards self-management.	195 WORTH Yetu groups become self-managed	Field report													ESLO
6	Develop ledger book which will replace the current program data collection forms.	195 WY. groups	Field report													ESLO
7	Train and link ILVs with businesspersons who supply individual passbooks	7 ILVs.	Meeting report													ESLO, DCDO
8	Conduct market assessment and develop actionable recommendations to support OVC caregivers leveraging the VSLG platform to access livelihood opportunities to increase their income and	260 groups	Event report													

	diversify their assets through ILVs.															
9	Implement recommendations from the market assessment reports and pilot strategies.	5,020 caregivers	Field report													ESLO
10	Continue sharing reports, best practices and challenges for CCWs supporting health facilities and CTCs .	1 report and best practice in each quarter.	Field report													PM.
11	Invite CBHS supervisors from nearby health facilities to share experiences and identify challenges and solutions regarding coordination of HIV services among CCWs and CBHSPs.	29 CBHSPs	Field report													HHO
12	Coordinate with community health workers (CHWs) and CBHSPs, will ensure that OVC caregivers receive information on health, HIV, and locally available services	535 CCWs	Field report													HHO, CMO

	(CHWs, MNCH workers, or CBHSPs) including working together to track CLHIV who are LTFUs and missed appointments.															
13	Support and monitor L/CCWs to deliver CCD counseling to caregivers of children age 0-3 years.	Caregivers of children aged 0-3.	Field report													CMO .
14	Conduct supportive supervision to offer mentoring support.	8 trained.	Field report													HHO & CMO
15	Organize MNCH workers or other locally available nutrition experts to provide in-service training for CCWs/LCWs on nutrition counseling.	535 CCWs	Field report													CMO, CMC
16	Continue to use the CCW job aid which outlines key areas of NACS support.	627 OVC	Field report													CCWS.

17	Continue to advocate to the government, private sector, and other external stakeholders for the procurement of such food for malnourished children from CHMTs	OVC Caregivers	Field report														CCWs
18	Continue delivering positive parenting messages at the household level during case management home visits to build caregivers skills on positive parenting.	3,267 OVC households	Field report														CCWs/LCWs
19	Monitor how CCWs/LCWs are delivering positive parenting messages to OVC and provide mentorship and coaching to ensure high quality service is delivered.	535 active CCWs.	Training report														CMO and CMCs.
20	Draw best practices from OVC caregivers for evidence-based results and share with the wider community.	15 testimonies.	Training report														CMO and CMCs

21	Conduct supportive supervision visits with CCWs/LCWs.	4 visits	Field Report													CMO and CMCs
22	Watch parenting videos that will be followed by positive parenting dialogues facilitated by the LVs as part of WORTH Yetu groups meeting;	OVC caregivers in WORTH Yetu groups	Monthly meeting report													LVs
23	Participate in a training on HIV continuum of care, strategic enrollment, graduation, transition plans and other key FY21	4 ADP-Mbozi staff participate.	Training report													PM, HHO, CMO and M&E
24	Oversee the Printing and distribution of Participants hand out on Pediatric and adolescent HIV package.	535 LCWs/CWs	Field report													HHO, CMO
	Continue to strengthen the capacity of CCWs/LCWs in the area of Pediatric and Adolescent HIV through in-service trainings conducted during CCWs/LCWs' monthly meetings.	635 LCWs/CWs	Field report													HHO, CMO

25	Provide supportive supervision and coaching to CCWs in the areas of case identification, assessing ongoing HIV risks, ART initiation, ART adherence counseling, disclosure support, clinical attendance and retention, and addressing barriers to achieve viral suppression among CLHIV.	535 LCWs/C CWs	Field report														CMO, HHO & CMC
26	Collaborate with the community-based care and treatment partners through normal supportive supervision and normal visits.	1,791 eligible at risk OVC	Field report														HHO, CMO & CMC
27	Conduct a refresher in-service training on the revised HIV Risk, Services and Adherence Assessment to CCWs/LCWs.	535 CCWs	Field report														HHO, CMO & CMC
28	Conduct the HIV Risk, Services and Adherence Assessment once for newly enrolled beneficiaries.	All eligible OVC	Field report														CCWs/LCWs
29	Support OVC to access HIV services.	All eligible OVC	Field report														HHO,

30	Provide CLHIV with HIV-specific services during case management visits.	1,517 CLHIV	Field report															CCWs/LCWs
31	Track viral load data (viral load coverage, viral load levels) as well as clinic attendance to inform LCW/CCWs on proper support to CLHIV.	66	Training report															HHO
32	Link HIV positive OVC to available age appropriate clinics and support groups for further psychosocial support.	46 CLHIV linked	Meeting minutes															CCWs/LCWs
33	Escort caregivers and OVC to health facilities to receive disclosure counseling.	61 CLHIV and caregivers	Field report															CCWs/LCWs
34	Attend a one-day orientation on strategic enrollment, FCAA, graduation and transitioning of beneficiaries (links with 2.2.1.1).	535 CCWs	Field report															PM, HHO, CMO and M&E
35	Provide communication allowance for CTC focal person to facilitate strategic C/ALHIV enrollment	22 CTC focal persons 29 CBHSPs	Field report															HHO

36	Conduct enrollment.	1,517 targeted OVC	Field report													CMO and HHO
37	Identify high volume CTCs that still have C/ALHIV who are not enrolled in Kizazi Kipya	6 high volume facilities	Field report													HHO
38	Engage C/ALHIV or caregivers of C/ALHIV who are already Kizazi Kipya beneficiaries attending the respective CTCs to provide testimonials during clinics on the benefits of being in the project.	15 C/ALHIV	Field report													HHO
39	Collaborate with CTC focal persons and CBHSPs who are also CCWs to call C/ALHIV caregivers to introduce them to the Kizazi Kipya project and link them to CCWs for enrollment.	6 CTC focal persons and 29 CBHSPs	Field report													HHO
40	Work with CHWs, CBHSPs, and expert clients to identify and refer C/ALHIV who are not enrolled in Kizazi Kipya to CCWs for enrollment.	1,517 C/ALHIV	Field report													HHO
41	Work with DACCs to identify C/ALHIV for enrollment from low volume CTCs.	1,517 C/ALHIV enrolled	Field report													HHO

42	Share daily enrollment updates (i.e. number of forms collected, and entry conducted).	60 daily enrollment updates submitted in Q1	Field report													PM
43	Conduct a refresher for L/CCWs on the administration of FCAA through an in-service training during routine CCWs monthly meetings.	535 LCWs/CCWs FCAA	Meeting minutes													CMO and CMCs
44	Administer the FCAA to all beneficiary households that have been in the project for six months or more.	4,084 OVC households	Field report													LCWs/CCWs
45	Work with Council iCHF Coordinators or an NGO coordinating iCHF cards to provide health insurance to the targeted beneficiaries.	176 OVC households	Field report													CMO, CMCs, and HHO
46	Monitor how the cards are utilized by beneficiaries and the impact of iCHF cards for CLHIV.	176 cards	Field report													HHOs, CMCs, and CCWs
47	Print the list (provided by Pact) of households ready to graduate by CCWs, distribute the list to CCWs, and coach them on the graduation process.	535 CCWs	Field report													CMOs

48	Meet with families that are ready to graduate and close their case files	817 of OVC households	Field report														CCWs/LCWs
49	Cascade information on the transitioning of beneficiary to the new OVC awardee to L/CCWs.	535 LCWs/CWs informed.	Field report														CMO and CMCs
50	Supervise and provide supportive supervision to CCWs/LCWs regularly.	535 LCWs/CWs	Field report														CMO and CMCs
51	Support DSWOs and ASWOs to join their visits on a quarterly basis.	4 visits conducted	Field report														PM and CMO
52	Conduct monthly meetings and roll out in-service trainings to L/CCWs. ASWOs or National Integrated Case Management.	ASWOs or National Integrated Case Management Assigned Officer	Field report														CMO and CMCs
53	Implement the retention and motivation strategy, which will be flexible and leave room for ADP-MBOZI to be	321 of LCWs/CWs	Field report														CMO and CMCs

	innovative and creative in how they appreciate L/CCWs.															
54	Organize and conduct a 5 days joint integrated supportive supervision to monitor project implementation progress using field visit allocated to them.	One	Field report													CMO, CMC and M&E
55	Participate in CCHP Preplanning meeting in all targeted councils.	staff	CHMT meeting report													All ADP-MBOZIs staff (CMC, CMO, M&E, PM)
56	Share with CHMT members developed FY21 workplan and budget to be in cooperated in CCHP. CHMT meeting.	1 plan.	Field report													All ADP-MBOZIs staff (CMC, CMO, M&E, PM)
57	Document all the process to incorporate work plans and budget into CCHP using recommended template and	1 Documented plan.	Field report													All ADP-MBOZIs staff (CMC, CMO, M&E, PM)

	share with cluster team.															
58	Assess OVC with the HRAQM tool to identify CLHIV who are not on ART and provide escorted referrals to CTCs;	250 CLHIV														CCWs
58	Participate in the K2 project close out meeting to be held at the regional level (Director, PM and 1 more)	3 staff	Event participation report													ED, PM, M&E
59	Deploy a nurse trained on pediatric HIV counselling to the home and/or use social welfare officers if signs of neglect are identified (linked to IR 3.4).	11 home visits	Training report													Pediatric nurse and SWOs
60	Conduct monthly case management visits and monitor ART uptake using an ART adherence job aid and document adherence to ART using the HRAQM tool.	250 CLHIV monitored on ART uptake	Training report													Facility Personnel

61	Provide ART tracking calendars to caregivers of CLHIV and, during home visits, LCWs/CCWs will review the ART calendar to review adherence each month.	1,307 caregivers of CLHIV receive ART tracking calendar	Training report														CCWs/LCWs
62	Provide escorted referrals to CTCs for adherence counselling.	327 CLHIV	Meeting report														CCWs/LCWs
63	Deploy a nurse trained on pediatric HIV counselling to the home and/or use social welfare officers if signs of neglect are identified (linked to IR 3.4).	35 home visits conducted by pediatric nurse	Meeting report														CCW/LCWs
64	Monitor clinic attendance by reviewing CTC1 cards and use the HRAQM tool to document clinic visits during the previous three months.	327 CLHIV who are on ART	Meeting report														CCWs/LCWs
65	Track and escort back to care CLHIV who have missed appointments or are LTFU.	327 CLHIV back to care	Meeting report														CCWs/LCWs

66	Support from HHO and CMO, will deploy a nurse trained on pediatric HIV counselling to the home and/or use social welfare officers if signs of neglect are identified (linked to IR 3.4).	35 home visits conducted by pediatric nurse	Meeting report														HHO, CMO, CMCs, and CCWs
	Link caregivers of CLHIV in need of food support and other critical material needs to WORTH Yetu groups, other community partners, and good Samaritans.	61 caregivers of CLHIV in need	Meeting report														CCW/LCWs and LVs
68	Link caregivers of CLHIV to available food security interventions/organizations (i.e. WFP, CUAMM, etc.) for long-term food security support.	61 caregivers with CLHIV receive long term food security support	Meeting report														HHO, LCWs/CCWs
69	Support LCWs/CCWs to attend the 'Enhanced	1,517 CLHIV attend 'Enhanced Adherence	Meeting report														HHO, LCWs/CCWs

	Adherence and Counselling Sessions' along with the caregiver and HIV-positive child.	and Counselling Sessions' with their caregiver and LCWs/CCWs															
70	Assess disclosure status of all CLHIV who are aged 8+ years old and document this using the HRAQM tool.	1517 CLHIV assessed for HIV disclosure status using the HRAQM tool	Meeting report														LCWs/CCWs
71	Link CLHIV who are aged 8+ years old and their caregivers to disclosure support.	327 CLHIV aged 8+ years old	Meeting report														CCWs/LCWs
72	Support LCWs/CCWs to provide escorted referrals to facility disclosure support or invite a trained nurse to conduct a clinical home visit	35 home visits conducted by pediatric nurse	Meeting report														HHO, CCWs/LCWs

	to provide this service.																
73	Provide medical insurance (CHF cards) to the families of CLHIV to enhance access to health services for long term ART adherence.	176 families of CLHIV provided with CHF cards	Meeting report														HHO
74.	Provide escorted referrals for all emergencies and critical medical care needs for CLHIV.	327 CLHIV escorted to critical medical care	Meeting report														CCWs/LCWs
	Assess if all CLHIV attend age-appropriate clinics or PLHIV support groups and document this through the HRAQM tool.	250 CLHIV assessed. using the HRAQM tool	Meeting report														CCWs/LCWs

75.	Provide referrals and link CLHIV and their caregivers to age-appropriate clinics or PLHIV support groups so CLHIV receive continuous psychosocial support.	250 CLHIV and their caregivers linked to age-appropriate clinics or PLHIV support groups	Meeting report													
76	Support LCWs/CCWs to invite peer CLHIV to visit the OVC at their home upon their caregiver's consent.	35 CLHIV receive a home visit from a peer CLHIV	Meeting report													HHO, CCWs/LCWs
77.	Escort beneficiaries to referred services for urgent/necessary cases (e.g. CLHIV not on ART, missed appointments, LTFU, poor ART adherence; sexual	327 OVC escorted to receive urgent services	Meeting report													HHO, LCWs/CCWs

	abuse; cases where a caregiver cannot accompany the child; and malnourished children).																
78.	Arrange with CTC focal persons at a nearby facility to attend LCWs/CCWs monthly meetings.	12 CCW meetings attended by CTCs focal persons	Meeting report														HHO
79	Collaborate with CHMTs and Care and Treatment IPs to oversee the use of referral boxes in CTCs	18 referral boxes installed and in use at CTCs	Meeting report														HHO
78.	Conduct supportive supervision visits with LCWs/CCWs and health and social service providers on the bi-directional referral and linkage system,	10 supportive supervision visits conducted by HHO	Meeting report														HHO

	as stipulated in the SOP (including visits to randomly sampled beneficiaries)																
79.	Issue and track all referrals to health and social services using the established paper-based referral and linkage system.	3,912 referrals issued 3,716 referrals completed	Meeting report														
80.	Monitor school attendance and progression of school aged girls and boys during case management home visits. LCWs/CCWs.	5,408 in school OVC are monitored on their school attendance and progression	Meeting report														LCWs/CCWs
81.	Work with WEOs and/or heads of COBERT centres to enroll out-of-school OVC age 9-17 years into	2,545 out-of-school OVC age 9-17 years are enrolled into primary school or COBERT	Meeting report														CMO

	primary school or COBERT centres.	centres.															
82.	Receive educational subsidies (school bags, exercise books, pens, pencils, mathematical sets, etc.) as an effort to prevent school-related absenteeism and dropouts caused by lack of school materials.	160 in-school CLHIV age 7-14 years receive educational subsidies	Meeting report														PM and CMO
83.	Introduce the plan for the delivery of the National SRH Curriculum and Primary Prevention of Sexual Violence and HIV Curriculum to WEOs and VEOs.	29 WEOs and 126 VEOs Violence and HIV Curriculum	Meeting report														HHO
84.	Deliver the two-day National SRH	6 HCWs will deliver the 2 days training	Meeting report														HHO and CCWs

	Curriculum to the targeted OVC age 9-14 years at the village level.	to 998 OVC age 9-14 years complete the two-day National SRH Curriculum														
85.	Distribute reusable sanitary kits to OVC girls who attended the SRH sessions.	192 OVC age 9-14 years receive reusable sanitary kits	Meeting report													
86.	Orient CCWs from the selected villages on the plan to deliver the National SRH Curriculum.	535 CCWs oriented on the plan to deliver the National SRH Curriculum	Meeting report													HHO
87.	Introduce the plan for delivery of the National SRH Curriculum to WEOs and VEOs.	29 WEOs and 126 VEOs	Meeting report													
	Deliver two-day National SRH Curriculum to the	1,986 OVC age 15-17 years complete the	Meeting report													HHO and CCWs

	targeted OVC age 15-17 years at the village level.	National SRH Curriculum														
88.	Support HHOs to hold semi-annual CHMT meetings and semi-annual priority CTC meetings.	1 semi-annual CHMT meetings held	Meeting report													HHO
89.	Visit priority CTCs at least once a month to enhance coordination between the ADP-MBOZI and CTCs.	10 Checklists	Meeting report													HHO
90.	Attend bi-weekly meetings held at CTCs (led by the clinical partners) to support patient tracking, tracking clients with high viral loads, and, where possible, enrolling CLHIV with high viral	22 bi-weekly meetings held at CTCs attended by HHO per quarter	Meeting report													HHO

	loads into Kizazi Kipya.																
91.	Provide support to beneficiaries who attend CTCs to help them to attend their clinic appointments as scheduled.	13,039 beneficiaries supported to attend CTCs	Meeting report														HHO and LCWs/CCWs
92.	Support out-of-school CLHIV age 15-17 years receive vocational scholarships, transport support to attend the courses, and business start-up kits.	2,545 out-of-school CLHIV age 15-17 years receive vocational scholarships, transport support to attend the courses, and business start-up kits	Meeting report														PM, CMO, HHO
93.	Review VAC/GBV data monthly and ensure that identified cases linked to appropriate care, and proper	90 VAC/GBV cases identified Eligible VAC/GBV	Meeting report														CMO.

	documentation in the GBV and VAC Incident Reporting Form.	cases referred to and receive appropriate services															
94.	Attend and participate in council level NPA-VAWC Protection Committee meetings.	11 council level NPA-VAWC Protection Committees meetings attended by the CMO	Meeting report														CMO, CMCs
95.	Continue to participate in the ward level NPA-VAWC Protection Committees (where functioning)	11 ward level NPA-VAWC Protection Committees meetings attended by LCWs	Meeting report														CMO and CMCs
	Roll out the child safeguarding policy to every volunteer (LCWs/CCWs and LVs).	535 LCWs/CCWs and 29 LVs oriented on the child safeguarding policy	Meeting report														

96.	Facilitate gender dialogues with caregivers through project supported VSLGs.	4,949 OVC caregivers in WORTH Yetu groups participate in gender dialogues															
			Meeting report														ESLO and LVs
	participate in Semi-annual data summit at cluster level	3 ADP-MBOZI staff, 1 RHMT, 2 CHMT and 1 clinical partner	Meeting report														RHMT, CHMT, HIV implementing partner, ADP-MBOZI Staff
97	Implement Quarterly data review meeting at council level	3 ADP-Mbozi staff, 4 CMT and 1 clinical partner															CHMT, Cluster M&E, Programme manager, CMO, HHO, ESLO, CMC, M&E)

3.3.3.4. USAID KIZAZIKIPYA ANNUAL WORK PLAN-MOMBA DISTRICT.

No .	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICATIO N	TIME FRAME									RESPONSI BLE
				J	F	M	A	M	J	J	A	S	
1	Monitor the progress of WY groups to ensure that they establish/maintain CRMCs, OVCs and Social funds for supporting OVCs and HHs	55 WY Groups	Field report										ESLOCDO
2	Monitor the growth and utilization of funds for supporting OVCs and their HHs	55 WY groups	Field report										ESLO, LVs
3	Support LVs to enter/upload data of HHs received TIKA/CHFs	54 HHs	Field report										ESLO& M&EO
4	Meet groups targets towards self-management progression	12 WY groups	Field report										ESLO, CDO, LVs

5	Administer a locally developed ledger book which will replace the current program data collection forms.	55 WY Groups	Field report											ESLO
6	Training and link ILVs with businesspersons who supply individual passbooks.	5 ILVs	Field report											ESLO
7	Conduct market assessment and develop actionable recommendations to support OVC caregivers leveraging the VSLG platform to access livelihood opportunities to increase their income and diversify their assets through ILVs.	OVC Caregivers	Field report											ESLO
8	Conduct monthly meetings with LVs to share best practices and challenges arise during program implementations	7 ILV/LVs	Monthly meeting reports											ESLO, LVs/ILVs

9	Invite CBHS supervisors from nearby health facilities to one of their CCW monthly meetings to share experiences and identify challenges and solutions regarding coordination of HIV services among CCWs and CBHSPs.	7 CBHSPs	Monthly meeting report											HHO, CMC & CMO
10	Organize MNCH workers or other locally available nutrition experts to provide in-service training for CCWs/LCWs on nutrition counseling, including NACS, the use of MUAC for nutrition assessment, and referral pathways for malnourished children during CCWs monthly meetings.	7 LCWs and 51 CCWs	Training report											HHO & CMC, DNuO
11	Support CCWs/LCWs to continue to conduct nutritional assessments using MUAC tapes, provide nutrition counseling, and provide referrals and linkages to health facilities (including HTS), and other nutrition support for malnourished	1,334 OVC assessed by MUAC tapes	Field report											HHO, CMC

	children.												
12	Continue to use the CCW job aid which outlines key areas of NACS support	1,334 OVC receive NACS	Field report										HHO, CMO, CMC
13	Continue delivering positive parenting messages at the household level during case management home visits to build caregivers skills on positive parenting.	488 OVC HHs	Field report										CMC
14	Conduct field visits to monitor how CCWs/LCWs are delivering positive parenting messages to OVC and provide mentorship and coaching to ensure high quality service is delivered.	58 LCW/CCWs	Field report										CMC& CMO
15	Follow up to CCWs/LCWs to draw best practices from OVC caregivers for evidence-based results and share with the wider community. This will be done by identifying caregivers who gives	10 positive parenting testimonies identified and documented	Field report										CMC

16	testimonies on how the intervention has changed their behavior, attitude, norms and customs toward children												
	Conduct supportive supervision visits with CCWs/LCWs (links to 3.0.1). This will include supporting the delivery of positive parenting messages	4 Supportive supervision	Supportive supervision report										CMO, CMC
	Coordinated to watch parenting videos that will be followed by positive parenting dialogues facilitated by the LVs as part of WORTH Yetu groups meetings. ESLOs will monitor that LVs show the parenting videos during WORTH Yetu/VSLG meetings and will gather feedback on how the digital content was received by caregiver.	1,598 OVC caregivers in WORTH Yetu groups watch parenting videos and participate in parenting dialogues	Field report										ESLO& LVs
	Participate in a training on HIV continuum of care,	3 staff participate in	Field report										PM, CMO/ HHO&M&E O

19	strategic enrollment, graduation, transition plans and other key FY21 priorities	training on HIV continuum of care, strategic enrollment, graduation, transition plans and other key FY21 priorities											
	Print and distribute Participants hand out on Pediatric and adolescent HIV package. To ensure that the CCW have a point of reference in provision of HIV related services to OVC and their caregivers.	2 Staff	Field report										HHO, CMO
	Strengthen the capacity of CCWs/LCWs in the area of Pediatric and Adolescent HIV through in-service trainings conducted during CCWs/LCWs' monthly meetings to enhance their skills to provide support to caregivers of CLHIV using facilitation guide.	4 Staff	Field report										HHO, CMO

21	Conduct supportive supervision and coaching to CCWs in the areas of case identification, assessing ongoing HIV risks, ART initiation, ART adherence counseling, disclosure support, clinical attendance and retention, and addressing barriers to achieve viral suppression among CLHIV	58 CCWs	Field Report											HHO & CMO
22	Conduct home-based HIV testing of at-risk OVC in collaboration with the community-based care and treatment partners.	333 OVC at risk OVC receive home-based HIV testing services	Field report											HHO & CMCIPs, HCWs, DSWOs
23	Conduct a refresher in-service training on the revised HIV Risk, Services and Adherence Assessment to CCWs/LCWs during the monthly meeting before the administration of the tool	3 Staff	Training report											CMC, CMO, HHO
24	Conduct the HIV Risk, Services and Adherence Assessment once for newly	All eligible OVC beneficiaries	Field report											CMC, CMO, HHO &

25	enrolled beneficiaries and re-administer the tool to all OVC with undisclosed HIV status in FY21 and provide referrals and linkages as needed.	with undisclosed status administered the HIV Risk, Services, and Adherence assessment tool											M&EOHealth Facility Personnel
	Support OVC to access HIV services including HIV testing, EID, prevention of mother-to-child HIV transmission (PMTCT), ART initiation, ART adherence, disclosure support, opportunistic infection treatment, CD4 testing, viral load testing, support groups and other age appropriate services	All eligible OVC support groups and other age appropriate services	Field report										CMC, CMO, HHO & M&EODMO, DACC, CHACC, CTC, Clinical IPs, CTC In-charges
	Support CCWs/LCWs to provide CLHIV with HIV-specific services during case management visits, including supporting same day ARTinitiation; monitoring of ART daily uptake; monitoring of clinic attendance; supporting long term adherence to achieve viral	376 CLHIV receive the HIV service package	Field report										CCWs/LCWs Facility Personnel

	load suppression; supporting HIV status disclosure; psychosocial support; and providing caregivers with economic strengthening support so households become more economically resilient to better support CLHIV through the HIV continuum of care.													
26	Use the CTC3 macro data base and the HHO supportive supervision tool to track viral load data (viral load coverage, viral load levels) as well as clinic attendance to inform LCW/CCWs on proper support to CLHIV to ensure they achieve long term adherence and viral load suppression.	7 HHO Supportive Supervision tool submitted per quarter (one tool per CTC visited)	Field report											HHO
27	Support CCWs/LCWs to escort caregivers of CLHIV who have not started the age-appropriate disclosure process caregivers and OVC to health facilities to receive disclosure counseling. Alternatively, after obtaining informed consent from the caregiver, CCWs/LCWs with support from CMCs will conduct a	11 CLHIV and 9 caregivers receive disclosure support counseling by a trained nurse	Field report											CMC,CCWs/ LCWsTraine d Nurse/HCW

	home visit with atrained nurse from a nearby health facility to support the family on disclosure													
28	Attend a one-day orientation on strategic enrollment, FCAA, graduation and transitioning of beneficiaries at Cluster level.	56 CCWs oriented on strategic enrollment, FCAA, graduation and transitioning of beneficiaries	Field report											PM, HHO, CMO and M&E
29	Coordinate to provide communication allowance for CTC focal person to facilitate strategic C/ALHIV enrollment.	7 CTC focal persons receive time limited communication allowance	Field report											HHO&CTC focal persons
30	Work to ensure enrollment is completed by end of Q1; CMO, HHO and CMC will provide technical support on strategic enrollment to CCWs through mentorship and coaching	376 targeted OVC are newly enrolled by end of Q1	Field report											HHO, CMO
31	Gather and share the list or number of unenrolled CLHIV who are expected to attend the CTC on specific days	4 high volume facilities identified where C/ALHIV will be enrolled into K2	Field report											HHO

32	Coordinate to engage C/ALHIV or caregivers of C/ALHIV who are already KizaziKipya beneficiaries attending the respective CTCs to provide testimonials during clinics on the benefits of being in the project.	10 C/ALHIV or caregivers of C/ALHIV who are already KizaziKipya beneficiaries	Meeting minutes													HHO
33	Work with CTC focal persons and CBHSPs who are also CCWs to call C/ALHIV caregivers to introduce them to the KizaziKipya project and link them to CCWs for enrollment.	7 CTC focal persons and 7CBHSPs collaborate on enrollment of C/ALHIV	Field report													HHO
34	Collaborate with CHWs, CBHSPs, and expert clients to identify and refer C/ALHIV who are not enrolled in KizaziKipya to CCWs for enrollment.	376 C/ALHIV enrolled into K2 from referrals from CHWs, CBHSPs, and expert clients	Field report													HHO, CHWs, CBHSPs, and expert clients
35	Collaborate with DACC to identify C/ALHIV for enrollment from low volume CTCs during normal CTCs visits.	376 C/ALHIV enrolled into K2 from low volume CTCs	Field report													HHO, DACC
36	Conduct a refresher for L/CCWs on the administration of FCAA through an in-service training	56 LCWs/CCWs refreshed on administration	Field report													HHO, CMC

	during routine CCWs monthly meetings.	of FCAA											
37	Support LCWs/CCWs to conduct the FCAA to all beneficiary households that have been in the project for six months or more. CMC will support LCWs/CCWs with a transport allowance to speed up the FCAA assessment and will also hire data clerks to accelerate data entry	610 OVC households (that have been in K2 for six months or longer) administered the FCAA	Field report										CMO, CMC
38	Collaborate with Council iCHF Coordinators or an NGO coordinating ICHF cards to provide health insurance to the targeted beneficiaries (households with CLHIV, malnourished children, child-headed households, households in the economic “provision” category, FSWs and CIM)	54 OVC households receive ICHF cards from KizaziKipya	Field report										HHO, CMO, CMC
39	Monitor how these cards are utilized by beneficiaries and the impact of iCHF cards for CLHIV.	56 CCWs	Field report										CMO, CMC
40	Print the list (provided by Pact) of households ready to	56 CCWs coached on the	Field report										M&EO, CMO, CMC

41	graduate by CCWs, distribute the list to CCWs, and coach them on the graduation process.	graduation process											
	coordinate to meet with families that are ready to graduate and close their case files	122 of OVC households ready to graduate are graduated and their case files are closed	Field report										CMC & CMO
	Provide information to L/CCWs on the transitioning of beneficiary to the new OVC awardee to L/CCWs who will play a key role in informing OVC households on the exit of the project three months before closure.	56 LCWs/CCWs informed (during one of their monthly meetings) on the steps of transitioning beneficiaries to the new OVC awardee	Field report										CMC & CMO
	Coordinate supportive supervision to CCWs/LCWs regularly. Generally, CMO will spend 10 working days per month while and CMC will spend 15 days per month providing mentoring and coaching to LCWs/CCWs.	56 LCWs/CCWs receive a supportive supervision visits from a CMO/CMC	Field Report										CMO & CMC

44	Support DSWO and ASWOs to join their visits on a quarterly basis.	4 supportive supervision visits conducted with DSWOs/AWS Os	Field report													PM, M&EO, CMO, CMC
45	Conduct monthly meetings and roll out in-service trainings to L/CCWs. ASWOs or National Integrated Case Management Assigned Officer will invite L/CCWs and chair CCWs monthly meetings	11 in-service monthly meetings	Field report													CMO, CMC
46	Conduct a 5 days joint integrated supportive supervision to monitor project implementation progress using field visit allocated to them in quarterly basis	One joint Integrated and comprehensive supportive supervision to monitor project implementation conducted per quarter	Field report													PM, M&EO, ESLO, HHO& CMO, CMC
47	Conduct MVC Case file orientation to key players at ward level (DSWO, NICMS Assigned Officers, WEO and CMC, CMO and M&E) for eligible wards to strengthen the capacity of LGA staff to manage MVC case files,	30 Number of MVC Case file players oriented to manage MVC case files at ward level	Orientation report													PM, M&EO & CMO, CMC

48	Transfer of files from ADP office to Government ward level offices through recommended guidance after the orientation of MVC Case file transfer key players.	61 identified 321 MVC case files transferred.	Field report													CMC, CMO, M&E, PM
49	Participate in CCHP Preplanning meeting in Momba district.	4 staff participate in CCHP Planning meeting	Meeting report													CMC, CMO, M&E, PM)
50	share with CHMT members developed FY21 workplan and budget to be in cooperated in CCHP	Sharing workplans and budget	Meeting minutes													CMO, CMC & HHO
51	Participate in the K2 project close out meeting to be held at the regional level (Director, PM and 1 M&E)	3 Staff will participate the meeting for one day	Meeting report													ED, PM, M&E
52	Support CCWs to assess OVC with the HRAQM tool to identify CLHIV who are not on ART and will provide escorted referrals to CTCs; after the initial CTC appointment, CCWs will	48 identified CLHIV who are not on ART are escorted for ART initiation	Field report													HHO, CMC

	follow up with CLHIV and their caregivers at least every seven days to ensure ART has been initiated													
53	Identify families who refuse to initiate their HIV-positive child on ART and CMC with support from HHO will deploy a nurse trained on pediatric HIV counselling to the home and/or use social welfare officers if signs of neglect are identified (linked to IR 3.4).	11 home visits conducted by pediatric nurse	Field report											HHO, CMO, CMC
54	Conduct monthly case management visits and monitor ART uptake using an ART adherence job aid and document adherence to ART using the HRAQM tool.	36 CLHIV monitored on ART uptake	Field report											CMO. HHO, M&EO
55	Provide ART tracking calendars to caregivers of CLHIV and, during home visits, LCWs/CCWs will review the ART calendar to review adherence each month	192 caregivers of CLHIV receive ART tracking calendar	Field report											HHO

56	Provide escorted referrals to CLHIV with poor ART adherence to CTCs for adherence counselling.	36 CLHIV with poor ART adherence escorted to CTC for adherence counseling	Field report														HHO, CMC
	Deploy a nurse trained on pediatric HIV counselling to the home and/or use social welfare officers if signs of neglect are identified (linked to IR 3.4) to families who refuse to allow their HIV-positive child to take or access ART	11 home visits conducted by pediatric nurse	Field report														CMO, CMC
57	Through LCWs/CCWs will track and escort back to CTCs	48 CLHIV	Field report														HHO,CCWs/ LCWsCTC Focal person
	deploy a nurse trained on pediatric HIV counselling to the home and/or use social welfare officers if signs of neglect are identified (linked to IR 3.4) to families who refuse to allow their HIV-positive child attend CTC appointments.	4 home visits conducted by pediatric nurse	Training report														CMO, HHO CMC
58																	

59	Support and other critical material needs to WORTH Yetu groups, other community partners, and good Samaritans.	19 caregivers of CLHIV in need of food support and other critical materials	Field report											ESLO, CMO
60	Link caregivers of CLHIV to available food security interventions/organizations (i.e. WFP, CUAMM, etc.) for long-term food security support.	19 caregivers with CLHIV receive long term food security support	Field report											M&EO, CMO
61	Liaise with the clinic and clinical IPs to support LCWs/CCWs to attend the 'Enhanced Adherence and Counselling Sessions' along with the caregiver and HIV-positive child to CLHIVs with high viral loads. This will enable LCWs/CCWs to provide more tailored HIV related support during monthly home visits	36 CLHIV attend 'Enhanced Adherence and Counselling Sessions' with their caregiver and LCWs/CCWs	Field report											HHO, CMO
62	Follow up and assess disclosure status of all CLHIV who aged 8+ are years old and	All eligible CLHIV assessed for HIV disclosure	Field report											HHO, CMO

	document this using the HRAQM tool.	status using the HRAQM tool											
63	For CLHIV who are aged 8+ years old and have not yet been disclosed their HIV status, LCWs/CCWs will link them and their caregivers to disclosure support.	All eligible CLHIV aged 8+ years old who have not yet been disclosed their HIV status.	Field report										M&EO, CMO, HHO, ESLO
64	Identify CLHIV who are aged 8+ years old and have not yet been disclosed their HIV status, and have been identified to have high viral load, HHO will support LCWs/CCWs to provide escorted referrals to facility disclosure support or invite a trained nurse to conduct a clinical home visit to provide this service.	4 home visits conducted by pediatric nurse	Field report										HHO/LCW/CCWs
65	Coordinate to provide medical insurance (iCHF cards) to the families of CLHIV to enhance access to health services for long term ART adherence	54 families of CLHIV provided with iCHF cards	Field report										CMO, HHO, ICHF Coordinator

66	Provide escorted referrals for all emergencies and critical medical care needs for CLHIV.	48 CLHIV escorted to critical medical care											
67	Assess if all CLHIV attend age-appropriate clinics or PLHIV support groups and document this through the HRAQM tool	11 CLHIV assessed if attending age-appropriate clinics or PLHIV support groups	Field report										HHO, CCWs/ LCWs PLHIV support groups, CTCs
68	Provide referrals and link CLHIV and their caregivers to age appropriate clinics or PLHIV support groups so CLHIV receive continuous psychosocial support	11 CLHIV and 9 caregivers linked to age appropriate clinics or PLHIV support groups	Field report										CCWs/LCW s PLHIV support groups, CTCs
69	Support LCWs/CCWs to invite peer CLHIV to visit the OVC at their home upon their caregiver's consent. In such cases, clinical partners will select a competent peer educator to visit the CLHIV to discuss issues related to stigma, peer pressure, coping	11 CLHIV receive a home visit from a peer CLHIV	Field report										HHO, CCWs/LCW s, Peer CLHIV and clinical IPs

	with ART adherence, and other topics.												
70	Provide vocational training sponsorship and start-up kits to CLHIV (age 15-17).	2 CLHIV (age 15-17) who are out of school	Field report										PM, HHO, CMO, DCDO
71	Provide educational subsidies (i.e. backpacks, notebooks, pens, and mathematical sets) for CLHIV age 6-14 years old in KizaziKipya who are in school to promote school attendance and progression.	49 CLHIV age 6-14 years old who are in school receive educational subsidies	Field report										PM, HHO, CMO, DCDO
72	Link caregivers of CLHIV to WORTH Yetu groups for consumption support (food support, transport support, etc.) (linked to Result 1).	9 caregivers of CLHIV linked to WORTH Yetu groups for consumption support	Field report										ESLO,LCWs /CCWs and LVs
73	Provide start-up kits for caregivers of CLHIV age 0-5 years old who are in the household economic status categories of “provision” and “protection” and have never received start-up kits from the project (linked to Result 1).	6 caregivers of CLHIV age 0-5 years provided with start-up kits	Field Report										PM, HHO, CMO, DCDO, DSWO

74	Support LCWs/CCWs to escort beneficiaries to referred services for urgent/necessary cases.	17 OVC escorted to receive urgent services	Field report															HHO, LCWs/CCWs
75	Attend LCWs/CCWs monthly meetings at least once per year to address bottlenecks and challenges of the bi-directional referral and linkage system.	4 CCW meetings attended by CTCs focal persons	Monthly meeting report															HHO
76	Collaborate with CHMTs and Care and Treatment IPs to oversee the use of referral boxes in CTCs	7 referral boxes installed and in use at CTCs	Field report															HHO
77	Conduct supportive supervision visits with LCWs/CCWs and health and social service providers on the bi-directional referral and linkage system.	10 supportive supervision visits conducted by HHO	Field report															HHO
78	Track all referrals to health and social services using the established paper-based referral and linkage system.	683 referrals issued and 649 referrals completed	Field report															HHO

79	Hold semi-annual CHMT meetings and semi-annual priority CTC meetings.	2 semi-annual priority CTC meetings held	Meeting report											HHO, DMO, DSWO, DACC
80	Visit priority CTCs at least once a month to enhance coordination between the ADP and CTCs.	11 HHO Supportive Supervision Checklists completed per quarter (one checklist per CTC)	Field report											HHO, DMO, CTCs in charges
81	Attend bi-weekly meetings held at CTCs (led by the clinical partners) to support patient tracking, tracking clients with high viral loads, and, where possible, enrolling CLHIV with high viral loads into KizaziKipya.	22 bi-weekly meetings held at CTCs attended by HHO per quarter	Meeting minutes											HHO
82	ensure that out-of-school CLHIV age 15-17 years receive vocational scholarships, transport support to attend the courses, and business start-up kits.	24 out-of-school CLHIV age 15-17 years receive vocational scholarships and business start-up kits												PM, CMO, HHO

83	Review VAC/GBV data monthly and ensure that identified cases are being linked to appropriate care, and proper documentation in the GBV and VAC Incident Reporting Form and Register are completed in a timely manner.	17 VAC/GBV cases identified 17 VAC/GBV cases referred to and receive appropriate services	Monthly report													CMO, CMC
84	work with DSWO and other child protection stakeholders to ensure referred VAC/GBV cases are responded to and feedback is shared during NPA-VAWC Protection	4 council level NPA-VAWC Protection Committees meetings attended by the CMO	Meeting minutes													CMO, CMC, DSWO
85	Participate in the commemoration of the Day of the African Child.	CMO and CMC will participate	Event participation report													CMO, CMC
86	Roll out the child safeguarding policy to every volunteer (LCWs/CCWs and LVs) working on the KizaziKipya project. Orientations on the policy will take place during monthly in-	56 LCWs/CCWs and 7 LVs oriented on the child safeguarding policy	Monthly meeting report													CMO and CMC

	service trainings.												
87	Facilitate gender dialogues on selected gender related topics within the workplace with others ADP staff.	2 gender dialogues facilitated among ADP staff	Field report										CMO and CMC
88	use the GBV/VAC Dialogue Toolkit to facilitate gender dialogues with caregivers through project supported VSLGs.	1,598 OVC caregivers in WORTH Yetu groups participate in gender dialogues	Field report										ESLO and LVsASWO, Ward CDO
89	attend 5-day workshop at cluster level once per year	2 staff participated in M&E training	Workshop report										M&E officer and HHO/CMO
90	Facilitate training for two days, on WORTH App and Job aid.	7 LVs trained on Worth Yetu App and Job Aid	Training report										ESLO and M&E
91	Attend 2 days' workshop at cluster level twice per year on Semi-annual data summit at cluster level	2 ADP staff, 1 RHMT, 1 CHMT and 1 clinical partner	Meeting report										RHMT, CHMT, HIV implementing partner, PM and M&E
92	Coordinate and implement 2 days data review meeting that	5 ADP staff, 2 CHMT and 1	Meeting report										M&EO, CMO, ESLO,

	will involve Clinical partners and CHMT at council level.	clinical partner										HHO, 2CHMT, DSWO and ward representatives
93	Participate in routine data quality assessment which is conducted at council level for 2 days.	4 RDQAs conducted on quarterly basis	RDQA report									M&E (Mandatory) and CMO/HHO
94	allocate 10 days in a month to provide supportive supervision at ward level and support CCWs	10 M&E supportive supervision visit(s) to be conducted	Field report									M&E Officer
95	allocate 2 days per quarter to conduct integrated supportive supervision with DSWO	2 days Joint supportive supervision visit(s) to be conducted per quarter	Field report									M&E, CMO, HHO, cmc and DSWO

3.3.3.5. USAID KIZAZI KIPYA ANNUAL WORK PLAN-TUNDUMA TOWN COUNCIL

No.	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICATION	TIME FRAME												RESPONSIBLE
				J	F	M	A	M	J	J	A	S	O	N	D	
1	Set targets and monitor progress of LVs to ensure WORTH Yetu group have OVC, Social, and CRM funds.	18 WORTH Yetu (70%)	Field report													ESLO, CDO
2	Visit sampled groups to monitor the growth and utilization of funds	26 WORTH Yetu groups	Field report													ESLO, CDO
3	To support LVs to upload data on HHs that received CHF/TIKA cards	113 HHs that received TIKA/CHF card	Field report													ESLO and M&E Officer, CHF coordinator
4	Conduct LV's monthly meeting	10 LVs capacitated	Field report and meeting minutes													ESLO, CDO
5	Finalize FGDs, portfolio reviews, launching and network events	19 WORTH Yetu groups become self-managed	Field report													ESLO, DCDO, Ward CDO
6	Roll out a locally developed ledger book which will replace the current program data collection forms.	26 WORTH Yetu groups use locally developed ledger books	Field report													ESLO, DCDO, Ward CDO

7	Roll out training and link ILVs with businesspersons who supply individual passbooks.	6 ILVs linked	Meeting report and training report													ESLO, Business persons
8	Conduct a market assessment and develop actionable recommendations to support OVC caregivers	Actionable recommendations initiated to	Event report													ESLO, Key Stakeholders
			Field report													
9	Implement recommendations from the market assessment reports and pilot strategies to further support OVC caregivers	Developed recommendations applied to link OVC caregivers to market opportunities.	Event and field report													ESLO, Key Stakeholders
10	Share reports, best practices and challenges for CCWs supporting health facilities and CTCs on beneficiary linkages to health and HIV services and seek support through already existing platforms	PM participates in	Field report													PM, DSWO, CHAC, DACC and DCDO
		1 platform per quarter	Field report and CTC checklists													

11	Invite CBHS supervisors from nearby health facilities to share experiences and identify challenges and solutions regarding coordination of HIV services among CCWs and CBHSPs.	15 CBHSPs	Field report and meeting minutes														HHO, CBHSPs
12	Support OVC caregivers receive information on health, HIV, and locally available services (CHWs, MNCH workers, or CBHSPs)	64 CCWs	Field report														CCWs/LCWs, CBHSPs, CHWs and MNCH workers
			Field report														
13	Monitor L/CCWs to deliver CCD counseling to caregivers of children age 0-3 years.	N/A	Field report														N/A
14	Conduct supportive supervision to offer mentoring support.	N/A	Field report														N/A
15	Organize MNCH workers or other locally available nutrition experts to provide in-service training	64 CCWs oriented	Training report														HHO, DNuO, DSWO, DRCHCO

16	Conduct nutritional assessments using MUAC tapes, provide nutrition counseling, and provide referrals and linkages.	1,158 OVC assessed	Field report														CCWs/LCWs, Facility partners and HCWs at the facilities
17	Use the CCW job aid which outlines key areas of NACS support	1,158 OVC receive NACS	Field Report														CCWs, DnuO, DSWO, DRCHCO
18	Advocate to the government, private sector, and other external stakeholders for the procurement of supplementary food for malnourished children from CHMTs	2 CHMT meetings to advocate the plan.	Field report and meeting minutes														HHO, CHMT members and other Ips
19	Continue delivering positive parenting messages at the household level	434 OVC households	Field report														CCWs/LCWs, ASWO
20	Monitor how CCWs/LCWs are delivering positive parenting messages	64 CCWs monitored	Field report														CMO and CMCs, ASWO, CDO
21	Draw best practices from OVC caregivers for evidence-based results and share with the wider community.	8 positive parenting testimonies identified and documented	Field report														CMO and CMCs, CDO, SWO

22	Conduct supportive supervision visits with CCWs/LCWs	4 supportive supervision visits conducted	Field report													CMO and CMCs, ASWO
23	Using tablets, WORTH Yetu groups' members (who are both OVC caregivers and non-OVC caregivers) will watch parenting videos	374 OVC caregivers in WORTH Yetu groups watch parenting videos	Field report													LVs, CDO
24	Participate in a training on HIV continuum of care, strategic enrollment, graduation, transition plans and other key FY21 priorities.	5 staff	Training and Field report													PM, HHO, CMO and M&E
25	Oversee the Printing and distribution of Participants hand out on Pediatric and adolescent HIV package.	64 LCWs/CCWs trained in 2 days Pediatric and Adolescents HIV package.	Training report and checklists													HHO, CMO
26	Strengthen the capacity of CCWs/LCWs in the area of Pediatric and Adolescent HIV through in-service trainings conducted during.	64 LCWs/CCWs capacitated on Pediatric and Adolescent HIV	Field report													HHO, CMO

27	Provide supportive supervision and coaching to CCWs in the areas of case identification, assessing ongoing HIV risks, ART initiation, ART adherence counseling, disclosure support.	10 HHO, CMO and 15 for CMC supportive supervision visits conducted	Field report														HHO, CMO, and CMCs
28	Conduct home-based HIV testing of at-risk OVC	290 eligible at risk OVC receive home based HIV testing services.	Activity and field report														HHO, CMO, and CMCs, Ips, HCWs, DSWOs
29	Conduct a refresher in-service training on the revised HIV Risk, Services and Adherence Assessment	64 CCWs trained on the tool	Meeting minutes and training report														HHO CMO, and CMCs
30	Conduct the HIV Risk, Services and Adherence Assessment once for newly enrolled beneficiaries	All eligible OVC beneficiaries	Field report														CCWs/LCWs, Health Facility Personnel
31	Work with LGA staff to support OVC to access HIV services including HIV testing, EID, prevention of mother-to-child HIV transmission (PMTCT), ART initiation, ART adherence, disclosure support, ices	All eligible OVC supported to access HIV services	Field report														HHO, DMO, DACC, CHACC, CTC, Clinical Ips, CTC In-charges

32	Provide CLHIV with HIV-specific services during case management visits, become more economically resilient.	374 CLHIV receive the HIV service package	Field report														CCWs/LCWs, Facility Personnel
33	Track viral load data (viral load coverage, viral load levels) as well as clinic attendance.	10 HHO Supportive Supervision tools submitted	Field report														HHO, Health Facility Personnel
34	CCWs/LCWs will link HIV positive OVC to available age appropriate clinics and support groups for further psychosocial support.	8 Caregiver and 11 OVC CLHIV	Field report														CCWs/LCWs, CTC In-Charge
35	Escort caregivers and OVC to health facilities to receive disclosure counseling.).	8 Caregiver and 11 OVC receive disclosure support	Field report and CTC checklist														CCWs/LCWs, Trained Nurse/HCW
36	Attend a one-day orientation on strategic enrollment, FCAA, graduation and transitioning of beneficiaries	64 CCWs	Training report														PM, HHO, CMO and M&E, DSWO, ASWO
37	Provide communication allowance for CTC focal person to facilitate strategic C/ALHIV enrollment.	7 CTC focal persons	Field report														HHO, CTC focal persons
38	To ensure enrollment is completed by end of Q1;	374 targeted OVC are newly enrolled by end of Q1	Field report														CMO and HHO

39	Identify high volume CTCs that still have C/ALHIV who are not enrolled in Kizazi Kipya, gather and share the list or number of unenrolled CLHIV	4 high volume facilities	Field report														HHO
40	Engage C/ALHIV or caregivers of C/ALHIV who are already Kizazi Kipya beneficiaries attending the respective CTCs to provide testimonials during clinics on the benefits of being in the project.	10 C/ALHIV or caregivers of C/ALHIV who are already Kizazi Kipya beneficiaries attending respective CTCs.	Meeting minutes														HHO, Clinical focal person
41	Call C/ALHIV caregivers to introduce them to the Kizazi Kipya project and link them to CCWs for enrollment.	7 CTC focal persons and 15 CBHSPs collaborate on enrollment of C/ALHIV.	Field report														HHO, CTC focal person
42	Identify and refer C/ALHIV who are not enrolled in Kizazi Kipya to CCWs for enrollment.	374 C/ALHIV enrolled	Field report														HHO, CHWs, CBHSPs, and expert clients
43	Work with DACCs to identify C/ALHIV for enrollment from low volume CTCs.	374 C/ALHIV enrolled into K2	Field report														HHO, DACCs

44	Share daily enrollment updates.	PM will share daily enrollment updates submitted in Q1	Field report														PM
45	Conduct a refresher for L/CCWs on the administration of FCAA.	64 LCWs/CCWs refreshed on administration of FCAA	Training report														CMO and CMCs, ASWO
46	Administer the FCAA to all beneficiary households that have been in the project for six months or more.	542 OVC households	Field report														LCWs/CCWs, ASWO
47	Work with Council iCHF Coordinators or an NGO coordinating iCHF cards to provide health insurance to the targeted beneficiaries (113 OVC households receive iCHF cards from Kizazi Kipya	Field report														CMO, CMCs, and HHO
48	Monitor how cards utilized by beneficiaries and the impact of iCHF cards for CLHIV.	113 households monitored	Field report														HHOs, CMCs, and CCWs, Council iCHF Coordinators or an NGO coordinating iCHF cards
49	Print the list (provided by Pact) of households ready to graduate by CCWs, distribute the list to CCWs, and coach them on the graduation	64 CCWs coached on the graduation process	Field report														CMOs

	process.																
50	Meet with families that are ready to graduate and close their case files	108 OVC households	Field report														CCWs/LCWs
51	Cascade information on the transitioning of beneficiary to the new OVC awardee to L/CCWs	64 LCWs/CCWs informed	Field report														CMO and CMCs, ASWOs
52	Provide supportive supervision to CCWs/LCWs regularly.	64 LCWs/CCWs receive a supportive supervision	Field report														CMO and CMCs
53	Support DSWOs and ASWOs to join their visits on a quarterly basis.	4 supportive supervision visits	Field report														PM and CMO, DSWOs and AWSOs
54	Conduct monthly meetings and roll out in-service trainings to L/CCWs.	11 in-service trainings	Training report														CMO and CMCs, ASWOs and National Integrated Case Management Assigned Officers
55	Implement the retention and motivation strategy,	64 of LCWs/CCWs retained throughout the year	Field report														CMO and CMCs, ASWOs and National Integrated Case

																	Management Assigned Officers
56	Organize and conduct a 5 days joint integrated supportive supervision to monitor project implementation progress using field visits.	One joint Integrated and comprehensive supportive supervision															CMO, CMC and M&E
			Field report														
57	Strengthen the capacity of LGA staff to manage MVC case files.	N/A	Training report														N/A
58	Facilitate transfer of files from ADP-MBOZIs office to government ward level offices through recommended guidance.	N/A	Training report														N/A
59	Participate in CCHP Preplanning meeting in Tunduma TC.	4 staff participate in CCHP Planning meeting.	Meeting report														CMC, CMO, M&E, PM), CHMT Members
60	Share with CHMT members developed FY21 workplan and budget to be in cooperated in CCHP.	1 Shared workplans and budget	Meeting report														All ADP-MBOZIs staff (CMC, CMO, M&E, PM), CHMT Members

61	Document all the process to incorporate work plans and budget into CCHP using recommended template and share with cluster team.	1 Document processed	Meeting report														All ADP-MBOZIs staff (CMC, CMO, M&E, PM)
		In-cooperated ADP-MBOZIs work plan and budget into CCHP.	Meeting report														
62	Participate in the K2 project close up meeting to be held at the regional level	1 staff participated during the close out meeting	Meeting report														Director, PM and M&E, DSWO
63	Assess OVC with the HRAQM tool to identify CLHIV who are not on ART and will provide escorted referrals to CTCs.	All identified CLHIV who are not on ART are escorted for ART initiation.	Field report														CCWs, CTC In-charge, Clinical Ips
64	Deploy a nurse trained on pediatric HIV counselling to the home who refuse to initiate their HIV-positive child on ART.	11 home visits conducted by pediatric nurse	Field report														HHO and CMCs, Pediatric nurse and SWOs
65	Conduct monthly case management visits and monitor ART uptake using an ART adherence job aid and document adherence to ART using the HRAQM tool.	183 CLHIV monitored on ART uptake	Monthly meeting minutes														CCWs/LCWs, Facility Personnel

66	Provide ART tracking calendars to caregivers of CLHIV	183 caregivers of CLHIV receive ART tracking calendar	Field report														CCWs/LCWs , Facility Personnel
67	For CLHIV with poor ART adherence, LCWs/CCWs will provide escorted referrals to CTCs for adherence counselling.	11 CLHIV with poor ART adherence escorted to CTC for adherence counseling	Field report														CCWs/LCWs, Facility Personnel
68	Deploy nurses trained on pediatric HIV counselling to the home who refuse to allow their HIV-positive child to take or access ART.	11 home visits conducted by pediatric nurse.	Field report														CMO and CMCs, Pediatric nurse and SWOs
69	Monitor clinic attendance by reviewing CTC1 cards and use the HRAQM tool to document clinic visits during the previous three months.	355 CLHIV who are on ART	Field report														CCW/LCWs, CTC Focal person
70	Track and escort back to care CLHIV who have missed appointments or are LTFU.	All CLHIV who missed appointments or are LTFUs	Field report														CCWs/LCWs, CTC Focal person, Clinical Ips

71	Train nurses on pediatric HIV counselling and deploy them to the home who refuse to allow their HIV-positive child attend CTC appointments, nurse	11 home visits conducted by pediatric nurse	Field report														HHO, CMO, CMCs, and CCWs, Pediatric nurse and SWOs
72	Link caregivers of CLHIV in need of food support and other critical material needs to WORTH Yetu groups, other community partners, and good Samaritans.	19 caregivers of CLHIV	Field report														CCW/LCWs and LVs, LGA, Nutrition Partners
73	Link caregivers of CLHIV to available food security interventions/organizations (i.e. WFP, CUAMM, etc.) for long-term food security support.	19 caregivers with CLHIV	Field report														HHO, LCWs/CCWs, Available nutrition Ips
74	Support CLHIVs with high viral loads to attend the 'Enhanced Adherence and Counselling Sessions'.	38 CLHIV attend	Field visit report														HHO, LCWs/CCWs, Clinical Ips
75	Assess disclosure status of all CLHIV who are aged 8+ years old and document this using the HRAQM tool.	All eligible assessed for HIV disclosure status using the HRAQM tool	Field report														LCWs/CCWs, Facility Personnel

76	Link to disclosure support to CLHIV aged 8+ years.	All eligible	Field report														CCWs/LCWs, Facility Personnel
77	Provide escorted referrals to facility for disclosure support to CLHIV aged 8+ years old.	11 home visits conducted by pediatric nurse	Field visit report														HHO, CCWs/LCWs, Pediatric nurse
78	Provide medical insurance (iCHF cards) to the families of CLHIV	113 families of CLHIV provided with iCHF cards	Field report														HHO, Council CHF Coordinators
79	Provide escorted referrals for all emergencies and critical medical care needs for CLHIV.	46 CLHIV escorted to critical medical care.	Field report														CCWs/LCWs, Facility personnel
80	Assess if all CLHIV attend age-appropriate clinics or PLHIV support groups and document this through the HRAQM tool.	11 CLHIV assessed	Field report														CCWs/LCWs, PLHIV support groups, CTCs
81	Provide referrals and link to CLHIV and their caregivers	11 CLHIV and 8 caregivers linked to age appropriate clinics or PLHIV support groups	Field report														CCWs/LCWs, PLHIV support groups, CTCs
82	Invite peer CLHIV to visit the OVC at their home upon their caregiver's consent.	11 CLHIV receive a home visit from a peer CLHIV	Field report														HHO, CCWs/LCWs, Peer CLHIV and clinical Ips

83	Provide vocational training sponsorship and start-up kits to CLHIV (age 15-17)	2 CLHIV (age 15-17)	Field report														PM, HHO, CMO
84	Provide educational subsidies to CLHIV age 6-14 years old	103 CLHIV age 6-14 years old who are in school	Filed report and distribution checklist														PM, HHO, CMO
85	Link caregivers of CLHIV to WORTH Yetu groups for consumption support	8 caregivers of CLHIV	Field report														LCWs/CCWs and LVs
86	Provide start-up kits for caregivers of CLHIV age 0-5 years old who are in the household economic status categories of “provision” and “protection”	8 caregivers of CLHIV age 0-5 years provided with start-up kits	Field report and distribution checklist														PM, HHO, CMO
87	Visit and develop an action plan to address BDRL gaps and challenges each quarter.	4 bidirectional referral and linkages action plans developed,															HHO
88	Escort beneficiaries to referred services for urgent/necessary cases	46 OVC escorted to receive urgent services	Field report														HHO, LCWs/CCWs, V

89	Arrange with CTC focal persons at a nearby facility to attend LCWs/CCWs monthly meetings at least once per year to address bottlenecks and challenges of the bi-directional referral and linkage system.	1 CCW meetings attended by CTCs focal persons.	Meeting minutes														HHO, CTC focal persons
90	Oversee the use of referral boxes in CTCs.	7 referral boxes installed and in use at CTCs	Filed report and distribution checklist														HHO, CHMT, Care and Treatment partners
91	Conduct supportive supervision visits with LCWs/CCWs and health and social service providers on the bi-directional referral and linkage system, beneficiaries).	21 supportive supervision visits conducted by HHO	Field report														HHO, Service providers
92	Issue and track all referrals to health and social services using the established paper-based referral and linkage system.	597 referrals issued	Field report														LCWs/CCWs, Service providers
		and 567 referrals completed															
93	Support HHO to prepare a dashboard that will support the HHO to oversee and track the referrals at council level;	Dashboard developed to HHO to track referral progress.	Field report														HHO and M&E Officer
94	Issue, track, and complete	64 of															LCWs/CCW

	referrals as required.	LCWs/CCWs use the USSD app	Field report														s
95	Monitor school attendance and progression of school aged girls and boys during case management home visits.	832 in school OVC are monitored on their school attendance and progression	Field visit report														LCWs/CCWs, DEO
96	Work with WEOs and/or heads of COBERT centers to enroll out-of-school OVC age 9-17 years into primary school or COBERT centers.	20 out-of-school OVC age 9-17 years are enrolled	Field report														CMO, WEOs and heads of COBERT centres
97	Support educational subsidies as an effort to prevent school-related absenteeism and dropouts caused by lack of school materials.	103 in-school CLHIV	Field report														PM and CMO
98	Hold semi-annual CHMT meetings and semi-annual priority CTC meetings.	2 semi-annual CHMT meetings held 2 semi-annual priority CTC meetings held	Meeting report														HHO, DMO
99	Visit priority CTCs at least once a month to enhance coordination between the ADP-MBOZI and CTCs.	11 HHO Supportive Supervision Checklists completed	Field report														HHO, DMO

100	Attend bi-weekly meetings held at CTCs to support patient tracking clients with high viral loads	6 bi-weekly meetings	Quarterly meeting minutes														HHO, DMO
101	Provide support to their beneficiaries who attend CTCs to help them to attend their clinic appointments as scheduled.	38 beneficiaries supported to attend CTCs.	Field report														HHO and LCWs/CCWs, DMO
102	Support from Pact, will ensure that out-of-school CLHIV age 15-17 years receive vocational scholarships, transport support to attend the courses, and business start-up kits.	2 out-of-school CLHIV	Field report														PM, CMO, HHO, DCDO
103	Review VAC/GBV data monthly and ensure that identified cases are being linked to appropriate care	14 VAC/GBV cases identified	Field report														CMO, NPA-VAWC Protection Committees, Police Gender and Children Desk, ASWO, DSWO
		14 VAC/GBV cases referred to and receive appropriate services															
104	Attend and participate in council level NPA-VAWC Protection Committee meetings.	3 council level NPA-VAWC Protection Committees	Meeting minutes														CMO, CMCs, NPA-VAWC Protection

		meetings.															Committees, Police Gender and Children Desk, ASWO, DSWO
105	Participate in the ward level NPA-VAWC Protection Committees and provide ward level data related to VAC and GBV cases	5 ward level NPA-VAWC Protection Committees meetings attended by LCWs.	Meeting minutes														LCWs, NPA-VAWC Protection Committees
106	Participate in the commemoration of the Day of the African Child.	5 staff	Event report														PM and CMO, DSWO
107	Roll out the child safeguarding policy to every volunteer (64 LCWs/CCWs and 10 LVs oriented	Field report														CMO and CMCs, ASWO
108	Gender Champion will facilitate gender dialogues on selected gender related topics within the workplace with other staff.	4 gender dialogues facilitated among ADP-MBOZI staff.	Meeting report														Gender Champion
109	Facilitate gender dialogues with caregivers through project supported VSLGs	374 OVC caregivers in WORTH Yetu groups participate in gender dialogues	Meeting report														ESLO and LVs, ASWO, Ward CDO
110	Collect data and data entry of gender dialogue attendance	374 gender dialogue															M&E Officer

	forms and pre-post assessments.	attendance forms and pre-post assessments.	Meeting report														
111	Participate in annual M&E refresher training	3 staff participated in M&E training	Training report														M&E officer and HHO/CMO
112	Conduct LV refresher training on Worth Yetu App and Job Aid	10 LVs trained on Worth Yetu App and Job Aid	Training report														ESLO and M&E
113	Participate in Semi-annual data summit at cluster level	5 staff, 1 RHMT, 1 CHMT and 1 clinical partner	Meeting report														RHMT, CHMT, HIV implementing partner, Staff
114	Implement Quarterly data review meeting at council level.	5 staff, 2 CHMT and 1 clinical partner, 2 from DSWO and ward representatives from 2-3 large wards and 1 PM in data review meeting on quarterly basis	Quarterly Meeting report														Ward representatives, CHMT, Clinical Ips and ADP staff
116	Conduct data quality assessment (DQA)	4 RDQAs	RDQA report														M&E CMO/HHO

117	Conduct routine M&E supportive supervision on monthly basis	10 M&E supportive supervision	Monthly report														ADP-MBOZI M&E Officer
118	Conduct joint Supportive Supervision with DSWO on quarterly basis	4 Joint supportive supervision	Quarterly report														ADP-MBOZI staff and DSWO
121	Printing - Beneficiary list, SOP, quarterly reports	21,890 Beneficiary lists, 704 SOPs and 4 quarterly reports printed	Printing tracking tool														ADP-MBOZI M&E officer
122	Printing of Worth Yetu monthly forms	286 Worth Yetu monthly forms printed for 10 LVs	Printing tracking tool														ESLO
123	Procurement of case files	292 case files procured	Procurement report														PM, CMO, HHO
124	Internet Bundle for DHIS2/ Commcare	10 tablets	Procurement report and stationery tracking tool														M&E officer
125	Data entry for non- USSD submitted forms	N/A	Data entry report														M&E officer
126	Printing of QR codes	374 QR codes printed for 374 newly enrolled beneficiaries	Printing tracking tool														M&E officer

3.3.3.6. COMPREHENSIVE HIV AND AIDS PREVENTION, CARE AND TREATMENT PROJECT IN CHUNYA DISTRICT

No.	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICATION	J	F	M	A	M	J	J	A	S	O	N	D	Responsible
1	Conduct daily physical /phone tracing of MISSAPs and LTFU clients to improve retention in Chunya DC	Trace back 938 Clients lost to care	Number of clients reached and traced back into care													CBHS Focal
2	Attached New Community Based HIV and AIDS Providers (CBHSP's) at high volume facility (Tier 1 and 2 in Chunya DC)	List and names of 35 CBHS-P attached to High volume sites	Names of CBHS-P attached and names of facility attached													CBHS Focal
3	Conduct Monthly meeting with CBHSPs for monthly data collection in Chunya DC	12 meetings with 30 CBHS-P	Number of meetings held; Number of participants participate in monthly meetings													CBHS Focal

4	Strengthen MISSAPs and LTFU tracking systems through establishing a reminder system (text messages) to clients	938 clients with missed appointment traced through remainder system	Number of clients with missed appointment traced through remainder system													Linkage & retention officer
5	Recruit and support Linkage and Retention Field Officer and 6 Linkage and Retention Volunteers Officers (Tier 1 &2) for Chunya DC	1 linkage and retention officer recruited and 6 Linkage and retention volunteer	Name and list of retention volunteers recruited													Executive director
6	Conduct monthly technical supports to CBHSPs at CTC and Option B+ sites	12 supportive supervision done to CBS-P	Number of supervision done and report													M & E and Program coordinator
7	Conduct quarterly group dialogues with PLHIV to discuss challenges in order to improve community and facility services delivery	4 group dialogue done	Number of dialogue done, minutes prepared													CBHS Focal

7	Conduct community HIV Testing and Counseling through proper screening of eligible clients for Index and mobile testing	2626 clients reached with HIV testing services	Number of clients received HIV testing services and received their testing results														HTS Counselors
8	Conduct moonlight HIV Testing and Counseling to KVP in hotspots areas (to reach Men)	4 moonlight HIV testing and counseling conducted	Number of clients reached through moonlight testing														HTS Counselors
HVOP PRIOTY POPULATION Innervation 9.2																	
9	Recruit Prevention Focal person for supervising prevention services	1 prevention focal recruited	Name of prevention focal recruited														Executive Director
10	New 30 Peer Educators for provide Prevention services and linking KVP individuals to HTC services	30 peer educators recruited	Name and list of peer educators recruited														Prevention focal /Program coordinator

11	Conduct Monthly meeting with Peer Educators for monthly data collection, sharing experiences, challenges and developing collaborative solutions in improving program performance in Chunya DC	12 monthly meeting conducted	List of peer educators attended meetings and meeting minutes													Prevention focal person
12	Conduct awareness sessions to PP (AGYW) on HIV/AIDS, GBV, Gender Norms, Family planning, reproductive health and linking to appropriate services	1,876 PP & 955 KP reached with gender norm sensitization and referred for post GBV Care	Number of PP & GBV reached with Gender norms and post GBV care													Prevention focal person
13	Verify hotspot and identify condom out places at chunya Dc for prevention activities	15 Hotspot verified	List of Hotspot available in Chunya Dc													Prevention focal person
14	Maintain and establish condom outlets	Maintain 8 and establish new 6 condom	Name and location of active condom outlets													Prevention focal person

		outlets														
15	Conduct monthly data collection and data verification on LTFU and HTC indicators (M&E activity)	12 Activities of data collection conducted	Number of data collection activity conducted and report generated													M & E and Program coordinator
HVOP KEY POPULATION Intervention 13																
16	Support Peer Educators to identify KVP households to be provided with Prevention and HTC services	30 peer educators supported	Number of Households identified with KVP and reached with prevention services													Prevention focal person
17	Conduct community demand creation to increase awareness, knowledge and up taking PrEP among KVP and Discordant couple through strengthening referral and linkage system	1800 clients reached with PrEP services	Number of clients linked and received PrEP services													Prevention focal person

18	Supporting admin activities	Salaries paid per the budget, Purchases and payments made as budgeted																Program accountant
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3.3.3.7. TUWEKEZE PAMOJA PROJECT WORK PLAN-2021

No .	ACTIVITY	ACTIVITY TARGET	MEANS OF VERIFICATI ON	TIME FRAME												RESPONSI BLE
				J	F	M	A	M	J	J	A	S	O	N	D	
1	Pay annual hosting fee	1	Website on run													IT
2	External statutory annual audit contribution	1	Audit report													HFA
3	Information cards and toy boxes) Community materials: toy boxes, handmade toys + replenishment in late Y3	8 wards	Activity report													PO
4	Biannual refresher trainings	2 Trainings	Activity report													PO
5	Purchase and distribute Materials for facilitators	70 CFs	Monthly, quarterly reports List of package materials													PO
6	Child safeguarding training to community facilitators and	81	Training report, monthly and quarterly reports													PO

	Master trainers															
7	Conduct reflection meetings at ward level with CFs	70 CFs	Financial report List of equipment purchased.													PO
8	Provide Stipend and communication to CF and Master Trainers (Monthly)	70 CFs	Field , monthly & quarterly reports													PO
9	Conduct advocacy Workshop with hamlet leaders in February 2021	20 participants	Training report, monthly ,Quarterly reports													PO
10	Support MTAKUWA committee at district level (2x1 x 30 people per district)	24 people	Training report, monthly, Quarterly reports.													PC
11	Conduct ECD Days	13,000+	Field Reports													
12	Conduct gender sensitive programming training		Training report, monthly, Quarterly reports.													PO
13	Participation in conferences (bi-annual AIAL	4 staff	Activity report													PC

	meeting)															
14	Participation relevant meetings/workshops	7 staff	Activity report													PC
15	Conduct Programme supportive supervision	12 months	Activity report													M&E
16	Data entry into the system (DCIRIS) Per day (+One Day orientation)		Activity report													M&E
17	Post-testing- enumerators		Activity report													M & E

3.3.4: Strategic Objective 5: Governance and management capacity of ADP Mbozi strengthened in order to operate efficiently and effectively.

3.3.4.1: Resource mobilization strengthened.

S/N	ACTIVITY	ACTIVITY TARGET	MOV	J	F	M	A	M	J	J	A	S	O	N	D	
i)	Internal resource mobilization enhanced															
	Plant trees around the boundaries of Miombo land as well as Ibembwa FSC		Activity& Financial report.													HFA/HALD
	Purchase beehives and setting up a beekeeping project - Ndalambo	50 beehives	Activity report													HFA/HALD
	Obtain title deed	2 (Chitete and Ndalambo)	land certificates													ED
	Plant Avocado tree at Ibembwa FSC	100 Seedlings	Accounts records													HFA/HALD

	Construction of water well, toilet and outdoor bathrooms as well as electricity installation.	Kanga house.	Accounts records															HFA
ii)	External resource mobilization enhanced.																	
	Update donor list	One compiled list	Profiled donor list															ED/HEMD
	Attend donor conference	At least 3 meetings	Meeting reports															
	Establish and join donor Histogram to access update information.																	IT Officer
	Prepare and write proposal	5 concept notes/full proposals	Concepts/proposal documents															ED/HEMD
3.3.4.2: Improve Human resource (Members, board of directors, Management and Staff)																		

	In house staff trainings on proposal, report and success stories writing as well as professional trainings.	40 staff	Training reports														ED/HEMD
	Staff development - long -term training	2 staff	Signed contracts														ED/HFA
	Conduct learning visit on own funds mobilization to Same	2 staff	Visit report														ED
	Conduct staff meeting	3 meetings (one joint meeting and 2 meetings at the project level)	Minutes														ED
	Conduct staff appraisal and develop annual staff capacity plan		Staff appraisal plan														Head of departments/ED
	Conduct AGM	1 AGM	Minute														ED

	Conduct board meetings	3 meetings																ED
	Organize the board members field visits	2 visits	Field visit reports															ED
	Conduct the management meetings	12 meetings	Minutes															ED
3.3.4.3: Improve Policies; Systems and procedures in the Organization.																		
	Prepare a five years (2022-2026) strategic plan, collection of data, Organize one day stakeholders' workshop for SP.	30 Participants	Workshop report															ED
	Develop missing and update out of date policies of the organization	2 new policy and review 1 documents	Policy documents															ED&HCDE
	Conduct end of year evaluation	One workshop conducted	Workshop report															ED

	Prepare annual plans	One annual plan prepared	Annual plan report															ED
	Compile annual report of the organization	One annual report prepared	Annual report															ED
3.3.4.4: Networking and collaboration.																		
	Maintain good relationship with relevant networks	Pay annual fees for MIICO, PELUM, ACT, FORUM CC, PANITA, TCRF	Accounts records															HFA
	Make regular communications with current donors	At least one email communication per month for each donor	Communication record files															ED/Head of departments
	Organize and invite potential supporters to visit ADP Mbozi	3 potential supporters invited	Communication record files															ED/HEMD
3.3.4.5: Enhance publicity of the organization.																		

	Prepare publicity materials;	500 calendars;500 leaflets,100 Strategic plan,10 Wheel covers	Accounts records														ED/HEMD
	Distribute publicity materials	500 Calendars to stakeholders in Dodoma, Dar, Songwe, Njombe, Mbeya, Rukwa & Katavi.	Dispatch books														ED/HFA
	Update and link website of the organization	Twice per year	Visit to website														IT Officer
3.3.4.6: Improve storage and retrieval of information.																	
	Conduct quarterly back up of organization's documents	(plans, progress reports, budgets, expenditures)	Back up facility														
	Conduct half year back up of	(plans, progress	Back up facility														M&E/IT

	organizations half year documents.	reports, budgets, expenditures)															Officer
	Conduct annual back up of organizational annual documents	(plans, progress reports, budgets, expenditures)	Back up facility														M&E/IT Officer
	Conduct quarterly review meetings	4 Meetings for project staff representatives	Meeting minutes														M&E Officer
	Compile and complete develop M&E system and Plan	2(1 M&Esystem and 1 M&E plan)	M&E Documents														M&E Officer

PART FOUR: PROPOSED BUDGET.

	<i>ANNUAL BUDGET 2021</i>		
	<i>Budgetary Items</i>	<i>Budget 2021</i>	<i>Total</i>
	<i>Personnel and Administration cost</i>		
	Full time staff	792,555,691.23	
	Part time staff	301,950,235.73	
	Administration cost	94,794,535.00	
	<i>Sub-Total</i>	<i>1,189,300,461.96</i>	<i>1,189,300,461.96</i>
<i>1</i>	<i>SUSTANABLE FOOD SECURITY AND NUTRITION STATUS IN COMMUNITY IMPROVED</i>		
<i>1.1</i>	<i>Songwe food security Project</i>		
	<i>Project activities</i>		
	Activity cost	80,497,452.00	
	<i>Sub-Total</i>	<i>80,497,452.00</i>	<i>80,497,452.00</i>
<i>2</i>	<i>ENTREPRENEUSHIP AND MARKERT ACCECIBILITY IMPROVED</i>		
<i>2.1</i>	<i>KIBOWAVI</i>		
	<i>Project activities</i>		
	Activity cost	199,124,383.00	
	<i>Sub-Total</i>	<i>199,124,383.00</i>	<i>199,124,383.00</i>
<i>2.2</i>	<i>CARI-Value chain of pad - Momba</i>		

	Project activities		
	Activity cost	78,976,200.00	
	<i>Sub-Total</i>	<i>78,976,200.00</i>	<i>78,976,200.00</i>
2.3	CARI-Value chain of pad - Rukwa		
	Project activities		
	Activity cost	64,740,000.00	
	<i>Sub-Total</i>	<i>64,740,000.00</i>	<i>64,740,000.00</i>
2.4	CARI-Value chain of pad - KATAVI		
	Project activities		
	Activity cost	79,558,442.20	
	<i>Sub-Total</i>	<i>79,558,442.20</i>	<i>79,558,442.20</i>
3	<i>ENHANCED COMMUNITY EMPOWERMENT IN DEALING WITH CHILDREN, GENDER HIV/AIDS AND GOOD GOVERNANCE</i>		
3.1	Kizazi kipya Project -Wanging'ombe DC		
	Project activities		
	Activity cost	99,698,500.00	
	<i>Sub-Total</i>	<i>99,698,500.00</i>	<i>99,698,500.00</i>
3.2	Kizazi kipya Project - Mboz DC		
	Project activities		
	Activity cost	181,954,800.00	
	<i>Sub-Total</i>	<i>181,954,800.00</i>	<i>181,954,800.00</i>

3.3	Kizazi kipya Project - Momba DC		
	Project activities		
	Activity cost	63,980,900.00	
	<i>Sub-Total</i>	<i>63,980,900.00</i>	<i>63,980,900.00</i>
3.4	Kizazi kipya Project - Tunduma TC		
	Project activities		
	Activity cost	52,382,800.00	
	<i>Sub-Total</i>	<i>52,382,800.00</i>	<i>52,382,800.00</i>
3.5	<i>Comprehensive HIV prevention -Chunya DC</i>		
	Project activities		
	Activity cost	271,426,499.00	
	<i>Sub-Total</i>	<i>271,426,499.00</i>	<i>271,426,499.00</i>
3.6	Tuwekeze Pamoja		
	Project activities		
	Activity cost	103,809,050.00	
	<i>Sub-Total</i>	<i>103,809,050.00</i>	<i>103,809,050.00</i>
3.7	Tulonga Afya		
	Project activities		
	Activity cost	84,068,304.00	
	<i>Sub-Total</i>	<i>84,068,304.00</i>	<i>84,068,304.00</i>

	<i>GRAND TOTAL</i>	<i>2,549,517,792.16</i>	<i>2,549,517,792.16</i>
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