

FIVE YEAR STRATEGIC PLAN 2021-2025



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2021-2025

C-SEMA

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IMAGE CREDITS

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EXECUTIVE SUMMARY

This is a five-year strategic plan of C-SEMA for the period 2021-2025. The document presents a programming and execution framework geared towards making a difference on child welfare, child and young people's health care, education, community economic empowerment as well as citizenship and governance in Tanzania.

C-SEMA is a not for profit organisation established to promote and protect children rights in Tanzania. The organisation envisions a Tanzania where the rights of every child are realised! Over the five-year period the main beneficiaries of the organisation will entail children, parents, caregivers, law enforcers and Local Government Authorities (LGAs).

OVERALL GOAL:

Welfare of children in Tanzania realised and safeguarded!

STRATEGIC AIMS:

To realise the stated goal, C-SEMA seeks to accomplish the following six strategic aims (SAs):

Strategic Aim (SA)1: The National Child Helpline and child protection programming are effectively integrated and function within the national child protection for efficient prevention & response.

SA2: Parents and caregivers are creating and maintaining a nurturing environment for children's realisation of their full potential.

SA3: Good maternal and child nutrition is understood and practiced at household, community and national levels.

SA4: Early childhood development services at community level are efficient and effective.

SA5: Adolescents have access to quality sexual and reproductive health education and services.

SA6: C-SEMA is a performing, delivering and sustainable organisation.

MAIN STRATEGIES

To accomplish the above strategic aims, C-SEMA will make use of a number of strategies. The strategies will include, but not limited to the following:

• Forging and strengthening strategic alliances and coalitions for targeted actions.

• Devising and operationalising of a user-friendly knowledge and information management system for institutional learning.

• Use of diverse communication channels to keep key partners abreast of al important developments.

• Establish good working relation with media and strengthen existing ones.

• Strengthen working relations with the Government of Tanzania, like-minded organizations and Development Partners.

• Innovatively use Technology for Development (T4D).

C-SEMA will adopt a participative leadership and governance approach to instil a sense of ownership, shared responsibility and collective accountability within the organisation. The organisation will design and execute its programmes using a gender lens.

Reporting to the Board of Directors, the Chief Executive will provide holistic organisational oversight and spearhead policy making of the organisation. Under the Chief Executive, the organisation will interpret and implement policies and related Board Resolutions for efficient and effective management and governance of the organisation and at the same time spearhead holistic programme cycle management.

C-SEMA will devise and operationalise an efficient and effective Monitoring and Evaluation (M&E) system to provide feedback on organisational development, programme implementation and performance. Monitoring will entail continuous collection of data on specified indicators to assess development interventions, their implementation in relation to activity schedules and expenditure of allocated funds, and progress and achievements in relation to set objectives.

Successful execution of this strategy assumes that Tanzania will continue being politically stable and Development Partners will continue providing both financial and technical support to the organisation.

C-SEMA will need human, material and financial resources to run the organisation and manage the programme cycle. Over the coming five years 2021-2025, C-SEMA will require a total of TZS 9,550,039,064 (USD 4,116,651.32)

INTRODUCTION AND BACKGROUND

This document presents a five-year strategic plan of C-SEMA for the period 2021-2025. The strategy is informed by relevant global, regional and national development frameworks and plans. This includes the Sustainable Development Goals, United Nations Convention on the Rights of the Child (UNCRC), African Charter on Rights and Welfare of the Child (ACRWC), International Human Rights Instruments and related Tanzanian policies. This strategic plan is also informed by C-SEMA's programming experience in advancing child rights agenda in Tanzania Mainland and Zanzibar.

Established in 2012, C-SEMA is a child rights national organisation committed to promoting and protecting children rights in Tanzania. The organization runs the 116 National Child Helpline, a toll-free telephone service in collaboration with the Government of Tanzania. The National Child Helpline provides a platform for voicing children's concerns to the Government. The organisation, in strategic partnership with the Internet Watch Foundation, removes child sexual abuse images through an online portal. The organization also makes use of social media for sharing information about children's issues including but not limited to parenting, nutrition and child protection.

This document presents a programming framework for C-SEMA for the period of 2021-2025. The strategy highlights key result areas for development interventions to create a positive impact and contribute significantly to the welfare of the child in Tanzania.

VISION AND MISSION STATEMENTS OF C-SEMA

Vision: A Tanzania where the rights of every child are realized.

Mission: C-SEMA is a not for profit organization established to promote and protect childrens' rights in Tanzania.

Core Values: C-SEMA is guided by three core values: Love, Authenticity, Duty and Learning!



EXTERNAL ENVIRONMENT ANALYSIS

2.1 GENERAL COUNTRY CONTEXT

Tanzania is one of Africa's fastest growing economies, with nearly 7 percent annual GDP growth¹. However, widespread poverty persists. Almost half of Tanzania's population is living on less than \$1.90 per day. High population growth and low productivity in labour-intensive sectors like agriculture, which employs 75 percent of the population, limit broad-based economic growth. In addition, while Tanzania's natural resources are an asset to the country, helping to support the livelihoods of many Tanzanians, unsustainable use of these resources threatens to perpetuate the cycle of poverty. While Tanzania's population lives on less than \$1.90 a day (World Bank, 2011). Tanzania's agriculture sector contributes nearly one-third of the country's GDP and employs 75 percent of the population.

The Government of Tanzania has made a commitment, both to its people and to the international community, to improve democratic governance. Even though Tanzania still ranks above neighboring countries in terms of transparency, accountability, and civil rights, democratic and civic space still leaves much to be desired.

CHILD PROTECTION

Child protection is now well defined in Tanzania's regulatory framework and a comprehensive child protection system has been rolled out to more than 51 local government authorities². The five-year National Plan of Action to End Violence Against Women and Children (NPA-VAWC 2017/18 – 2021/22), has been developed by consolidating eight different action plans addressing violence against women and children to create a single, comprehensive, National Plan of Action to eradicate violence against women and children in the country³. Despite government efforts to address VAWC, challenges still remain at structural and community level including: fragmentation and duplication of coordination structures among key players from Ministries, Departments and Agencies (MDAs) and other stakeholders;

¹Tanzania among Africa's fastest-growing economies... oxfordbusinessgroup.com

²https://www.unicef.org/tanzania/what-we-do/child-protection

³National Plan of Action to End Violence against Women and Children in Tanzania (2017/8-2021/2) https://www.unicef.org/tanzania/reports/national-plan-ac-

tion-end-violence-against-women-and-children-tanzania-20178-20212

inadequate service provision for survivors of violence, combined with myths on utilization of health services; social dominance of men in many settings intensified by their stronger economic position in society; limited parental care to support the costs of maintaining children financially at the family level; limited awareness and knowledge on social, economic and legal rights among women and men; and the existence of a culture of silence associated with stigma, fear and social alienation which discourage reporting of violence⁴.

"While legislation explicitly protects women and children from abuse and violence, enforcement of these laws is a challenge"-Tanzania Police Force⁵, this creates practical obstacles to children reporting abuse as:

There is denial that there is a problem characterised by:

• Limited awareness of and buy-in to children's rights;

- Violence is accepted as normal;
- People do not understand the long-term consequences of abuse.

Victims do not know where to go as characterised by:

• Lack of trusted adults as victims do not have trust in adults to go to in time of trouble;

• Fear of reporting as very few members of the community report children's rights violations because they are scared, and are unaware of the procedures for reporting these cases; • Keeping it within the family as many parents don't take any actions when their children are maltreated or abused by other people as most of them are resolved at the household or community level.

System malfunctioning as characterized by:

• Challenges and gaps in multi-sectoral response by actors and service providers: police, health and social welfare response to violence against women and children;

• Disenchantment with the courts as abuse victims and their parents do not seek redress through the courts because they do not understand the process, do not know how to access the court, and believe that they will not get justice because cases are delayed and offenders are set free;

• Cases are dealt with within the family or community because victims and their families tend to have little or no faith in courts' ability to dispense justice, they are further compromised because community members tend not to show upwhen called in to be witnesses while many are afraid of standing up for the victims;

• Poor case management as the rules and regulations do not provide the high level of procedural detail that is required in investigating reports of abuse, holding case conferences, applying to the courts for orders or developing and reviewing care plans

⁴lbid.

⁵Kate McAlpine (2015) Legislation, responsibilities, and procedures for protecting children in Tanzania: What does it mean for people wanting to build safe schools?

MATERNAL AND CHILD NUTRITION

The 2020 Global Nutrition Report shows that malnutrition continues to persist at unacceptably high levels on a global scale and that, despite improvements in some indictors, progress is still not sufficient to meet the 2025 global nutrition targets. It further shows that among children under 5 years of age, 149 million are stunted, 49.5 million are wasted and 40.1 million are overweight⁶. The frontline topics in child nutrition include: paediatric diet, neonatal & paediatrics nutrition; nutrition neonatology; nutrition in chronic illness; child & adolescent obesity; and malnutrition in children⁷.

Given the long menu of aspects that entail child nutrition and the limited resources, C-SEMA will select a few aspects and strategically focus on addressing the respective child nutrition challenges based on evidence gathered from its work.

In September 2018, the report on "The State of Food Security and Nutrition in the World" mentioned that worldwide nearly 151 million children under five – over 22% of all children in the age range – were affected by stunting in 2017. In 2017, 39% of all children affected by stunting globally were in Africa.

The Tanzania National Nutritional Survey 2018 showed that there were approximately 440,000 moderately acute malnourished children and 90,000 severely acute malnourished children in Tanzania in 2018⁸ while in Africa, the number of overweight children under 5 has increased by nearly 50 per cent since 2000. The National Multi-Sectoral Nutrition Action Plan (NMNAP, 2016-2021) among other targets aims to reduce the percentage of stunted children in Tanzania from 34.5% to 28% by 2021; the mid-term target 2018-19 of 32% was met. However, despite this progress, it is estimated that approximately 3 million children under five years of age were stunted in 2018. The report recommends that nutrition interventions should be prioritized in the regions with the highest number of stunted children (>150,000) which are: Dodoma, Dar es Salaam, Kigoma, Kagera, Mwanza, Simiyu and Geita; and in the regions with the highest stunting prevalence (≥40%): Njombe, Rukwa, Iringa, Songwe, Ruvuma, Kagera and Kigoma⁹.

⁶Global Nutrition Report 2020 https://data.unicef.org/resources/global-nutrition-report-2020/ accessed 15.08.2020 ⁷2nd World Congress on Child Nutrition & Health 2020 Conference Announcement https://childhood obesity.imedpub.com/2nd-world-congress-on-child-nutrition-health-2020-conference-announcement.pdf accessed on 15.08.2020 - https://www.unicef.org/tanzania/sites/unicef.org.tanzania/-⁸The National Nutritional 2018: Tanzania Survey files/2020-01/Tanzania%20National%20Nutrition%20Survey%202018%20-%20Main%20Report.pdf accessed on 15.08.2020 ⁹The Tanzania National Nutritional Survey 2018: https://www.unicef.org/tanzania/sites/unicef.org.tanzania/files/2020-01/Tanzania%20National%20Nutrition%20Survey%202018%20-%20Main%20Report.pdf accessed on 15.August, 2020

The 2020 Global Nutrition Report, among children under 5 years

149 million are stunted

49.5 million are wasted

40.1 million are overweight

PARENTING

Globally, parenting support is growing in volume and reach, and leading to innovation in forms of provision. There are wide variations and so it is not easy to decide on how best to classify the services involved in parenting. However, parenting support is primarily focused on imparting information, education, skills and support to parents in two main forms namely health-related interventions for parents and young children a education and/or general support for parents¹⁰.

62% of girls are married before the age of 20.9. Parenting education initiatives can be an effective way of increasing communication between adolescents and their parents and caregivers, and improve adolescents' psychosocial well-being and there is evidence that such interventions can help parents communicate more effectively with their adolescent children around Sexual and Reproductive Health issues and substance abuse.

There are global best practices that have proven to have positive parenting outcomes, which C-SEMA could consider in her project intervention context; These include: embedding a stronger focus on gender equality to address embedded discriminatory gender norms and stereotypes, engaging fathers in parenting initiatives possibly via short meeting sessions, timing sessions so they do not clash with work commitments, or experimenting with fathers-only groups or home visits, explore the potential to integrate parenting education more strongly with anti-poverty and social protection initiatives, make greater efforts to ensure initiatives are reaching marginalized groups, and enhancing evaluation and reporting to provide greater insights¹¹.

The Tanzania contextual analysis of parenting shows that the quality of services in Tanzania remains low, especially in rural areas, quality of coverage of health and education services for young children remains low, ultimately impacting their ability to reach development milestones. Low levels of social protection services and high levels of poverty negatively affect children in Tanzania meaning the majority of families live in 'generalized insecurity'¹², there is gender inequality that negatively affects girls and boys, up to 62% of girls are married before the age of 20.9 and there are high levels of violence against children, especially girls.

¹⁰Family and Parenting Support – Policy and Provision in a global context https://www.unicef-irc.org/publications/pdf/01%20family_support_layout_web.pdf accessed on 15.08.2020

¹¹Gender and Adolescence – Global Evidence 2019 https://www.gage.odi.org/wp-content/uploads/2020/01/Parenting-Prog-Review-v04.pdf accessed on 15.08.2020

¹²Children in crossfire-Giving children a chance to choose: Tanzania Strategic Plan 2018-2021 https://www.childrenincrossfire.org/wp-content/uploads/2018/11/CiC-Tanzania-Strategic-Plan-2018-2021.pdf

EARLY CHILDHOOD DEVELOPMENT

Early childhood development refers to the cognitive, physical, language, motor, social and emotional development between 0 - 8 years of age¹³.

In Tanzania, in 2015, the region's literacy rate was 63% for women and 66% for men within the age 15-49 demographic. These numbers are substantially lower than the national estimates of 77% for women and 83% for men, in the same demographic, in the corresponding year and there is a positive correlation between poverty/low education among parents and poor child development outcomes¹⁴ due to sub-optimal caregiving capacities, limited early stimulation and impoverished educational environments. Health services can play a significant role in improved access to early childhood development support and access to resources for caregivers (particularly those with children at increased risk) is critically important.

The challenges related to Early Childhood Development in Tanzania include:

• ECD Policy and Coordination of Early Childhood Education (ECE) - ECD cuts across different sectors, demanding an integrated effort in policy development and advocacy;

- ECE Teacher numbers and specialization whereby the URT (2016) recommends a Pre-Primary Education (PPE) Pupil to Teacher Ratio (PTR) of 1:25; while the reality shows a ratio of 1:177;
- Infrastructure and basic facilities with almost all primary schools lacking ECE toilets and 84 per cent lacking ECE classes¹⁵;

• The New Syllabus- there is a there is a need to train ECE teachers about the new competence-based curriculum instead of the former content-based curriculum.

C-SEMA will need to make a strategic choice of which of the challenges it can have the maximum impact on given its resources in terms of human, financial and time resources. In Tanzania 2015 the regions literacy rate was **63%** for women and **66%** for men aged **15-49**.

¹³Improving Early Childhood Development – WHO Guideline https://www.who.int/maternal_child_adolescent/child/Improving_Early_Childhood_Development_WHO_Guideline_Summary__.pdf accessed on 15.August, 2020

¹⁴Integrated Early Childhood Development Services - The Tanzania Experience https://www.pedaids.org/wp-content/up-loads/2019/04/ECD-Tanzania-Brief.pdf accessed on 15.August, 2020

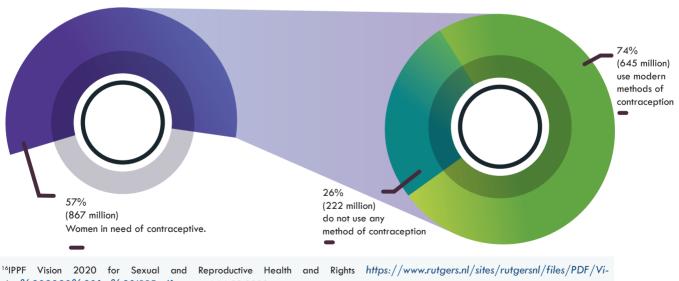
¹⁵Situation analysis and baseline study on early childhood education in Tanzania mainland https://download.ei-ie.org/Docs/WebDepot/Report%20Tanzania_UB.PDF accessed 16.08.2020

HARMFUL PRACTICES, SEXUAL REPRODUCTIVE HEALTH (SRH) AND **GENERAL WELFARE**

Sexual and Reproductive Health (SRH) is now a global agenda. The UN Global Strategy on Women's and Children's Health and the 2012 London Summit on Family Planning, are high-level initiatives aimed at leveraging political will and funding for programmes which will significantly reduce maternal deaths and accelerate universal access to contraception¹⁶. Despite increased political and media attention, among women of reproductive age in developing countries, 57% (867 million) are in need of contraception because they are sexually active, but do not want a child in the next two years. Of these 867 million women, 645 million (74%) are using modern methods of contraception. The remaining 222 million (26%) are using not using any method of contraception. Perhaps most significantly, today's is the largest-ever generation of young people¹⁷.

Adolescent sexual and reproductive health (ASRH) continues to be a major public health challenge in sub-Saharan Africa where child marriage, adolescent childbearing, HIV transmission and low coverage of modern contraceptives are common in many countries¹⁸.

Adolescent Health and development covers such areas as health education, supportive parenting, nutrition, immunization, psychosocial support, prevention of injuries, violence, harmful practices and substance abuse, sexual and reproductive health information and services, management of communicable and non-communicable diseases¹⁹.



WOMEN OF REPRODUCTIVE AGE IN DEVELOPING COUNTRIES IN NEED OF CONTRACEPTION (In the next two years)

sion%202020%20for%20IPPF.pdf accessed 16.08.2020

¹⁷IPPF Vision 2020 for Sexual and Reproductive Health and Rights https://www.rutgers.nl/sites/rutgersnl/files/PDF/Vision%202020%20for%20IPPF.pdf accessed 16.08.2020

¹⁹The Global Strategy for women's children's and adolescent's health (2016-2030) https://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf?ua=1 accessed 15.08.2020

¹⁸Adolescent and Sexual Reproductive Health in Sub-Saharan Africa: Who is left behind? https://gh.bmj.com/content/bmjgh/5/1/e002231.full.pdf accessed 16.08.2020

In the United Republic of Tanzania, adolescents comprise almost one quarter (24%, or 12.8 million) of the total population of 54.2 million people. As in other regions and countries, adolescents face a number of health-related challenges, making it a population at risk. This is partly attributable to poor access and lack of quality and equitable health services²⁰. The barriers facing adolescents in Tanzania include:

• Availability of adolescent friendly services because of inadequate number of skilled health care workers, out of stock commodities and supplies, unavailability of adolescent friendly services and life-skills education programmes and lack of adolescent/youth SRH clubs;

• Accessibility challenges due to cost of services or products, long distance to health facilities, need for consent/permission from parents, lack of information on where to get family planning services, health service operational hours conflict with school days/hours;

• Acceptability challenges because of stigma around use of condoms and family planning, stigma and discrimination from parents and elders/community, lack of privacy and confidentiality, unwillingness of distributors to provide condoms to adolescents, some adolescents disapprove of condom promotion and distribution, gender disparity, cultural and religious barriers, community perceptions that family planning is inappropriate for girls aged 10–18 years;

• Contact and use challenges because of existence of myths and misconceptions around condoms and family planning, lack of support by the community including parents and caregivers, inability to negotiate condom use with partners;

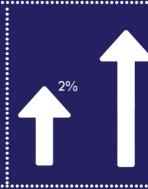
• Effective coverage challenges caused by long queues at health facilities, irregular use of contraceptives, sexual abuse by service providers, health care workers discourage young people from using contraceptives, inconsistent condom use/ selective use with individuals considered to be high-risk.

²⁰Report of an adolescent health services barriers assessment (AHSBA) in the United Republic of Tanzania https://apps.who.int/iris/bitstream/handle/10665/324924/9789290234302-eng.pdf
accessed
16.08.2020

CHILD ONLINE SAFETY

An assessment of 2018 data showed not only an increase in internet users but also the increased potential threat to children accompanying this growth.

There are over **5 Billion** unique mobile users and over **4 Billion** internet users in the world.



The 2019 Global Threat Assessment showed an increase in mobile and internet users between Jan - June 2018

For internet growth relative to population size, eight of the top ten countries were African countries. Djibouti, Tanzania, Niger and Afghanistan each more than doubled their number of internet users compared with the previous year²¹.

9% There was also a 9% increase in the number of social media users, to 3.5 billion.

August,.2020)

Globally, the UNICEF estimated that 1 in 3 internet users is a child²² which means in 2018 alon, 122 million children came online.

9%



There were 367 million new internet users globally in the 12 months to January 2019, of which INTERPOL estimates that 1.8 million men with a sexual interest in children are newly online (noting that not all will become sexual offenders)²³. The number of internet users was 367 million growing at 9%²⁴, at the same time there was a 100% increase in the number of photos of children being sexually abused reported by tech companies²⁵.

²¹ Global Digital Report 2019: Essential insights into how people around the world use the internet, mobile devices, social media and e-commerce' (We Are Social. 2019: pg. 8-63) https://static1.squarespace.com/static/5630f48de4b00a75476ecf0a/t/5deecb0fc4c5ef23016423cf/1575930642519/FINAL+-+Global+Threat+Assessment.pdf accessed 15 August 2020 ²²¹The State of the World's Children 2017: Children in a Digital World' (UNICEF, 2017: pg. 1) https://static1.squarespace.com/static/5630f48de4b00a75476ecf0a/t/5deecb0fc4c5ef23016423cf/1575930642519/FINAL+-+Global+Threat+Assessment.pdf accessed on 15.August, 2020 23 Global Digital Report 2019: Essential insights into how people around the world use the internet, mobile devices, social media and e-commerce' (We Are Social, 2019: pg. 8), available at: https://wearesocial.com/global-digital-report-2019 ²⁴Global Digital Report 2019: Essential insights into how people around the world use the internet, mobile devices, social media and e-commerce' (We Social. 2019: 8-63) https://static1.squarespace.com/stat-Are pa. ic/5630f48 de4b00a75476 ecf0a/t/5 deecb0fc4c5ef23016423cf/1575930642519/FINAL+-+Global+Threat+Assessment.pdfaccessed on 15.August,.2020 ²⁵https://www.nytimes.com/interactive/2019/09/28/us/child-sexabuse.html?smtyp=cur&smid=tw-nytimes 15. (accessed

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Tanzania is a source, transit and destination country for children subjected to child sex trafficking, child pornography/child sexual abuse images are produced in Tanzania²⁶. Prostitution of children appears to be growing in Tanzania due to a number of factors including poverty, limited educational opportunities, orphanhood due to HIV/AIDS, marital separation, peer influence and forced/ early marriages; Sexual exploitation of children in tourism is increasing,14 especially along the Indian Ocean's beach hotels and in Zanzibar as one of the most affected place for sexual tourism in Africa. The cybercafes in Tanzania are not guided by well-defined policies or regulatory schemes and the association of cafes operate under very loose guidelines making them open for cyber bulling and online sexual exploitation of children. There is no specific legislation in Tanzania addressing the sexual exploitation of children in tourism.

In terms of legislation, Tanzania has ratified the principle international treaties relating to child rights such as the UNCRC, the Optional Protocols to the CRC on the Sale of Children, Children Prostitution and Child Pornography (OPSC), the Convention on the Worst Forms of Child Labour, the Convention against Transnational Organized Crime, and the Trafficking Protocol. At a regional level, Tanzania has also ratified the African Charter on the Rights and Welfare of the Child²⁷ and Tanzania's Law of the Child Act domesticates the UN Convention of the Rights of the Child by prohibiting the sexual exploitation of children. In relation to child pornography, Tanzania's Penal Code prohibits the making, production, trade and distribution of obscene objects "tending to corrupt morals," but does not criminalize simple possession.



²⁶ECPAT Executive Summary Tanzania https://www.ecpat.org/wp-content/uploads/2016/04/EXSUM_A4A_AF_Tanzania.pdf accessed on 15.August, 2020

²⁷ECPAT Executive Summary Tanzania https://www.ecpat.org/wp-content/uploads/2016/04/EXSUM_A4A_AF_Tanzania.pdf accessed on 15.August, 2020



ANALYSIS OF INTERNAL ENVIRONMENT

Participatory organizational assessment and reflection distilled the following results:

STRENGTHS

a) C-SEMA is a registered legal entity.

b) Strong and gender-sensitive Board of Directors.

c) Creative, innovative and committed staff.

d) Collaborates well with government and development partners.

e) Strong brand in promotion and protection of children rights.

OPPORTUNITIES

1. Five-Year Development Plan II provides an entry point for lobbying and advocacy.

2. International agreements and instruments.

3. National and International policies and frameworks (as tools for advocacy).

Eg. The National Plan of Action to End Violence Against Women and Children (NPA- VAWC 2017 – 2022) The NPA-VAWC provides a conducive opportunity to work with children and for children country wide.

4. **Emerging trends;** in the child rights space, globally and nationally eg. Child Online Protection, WeProtect Global Alliance, Sexual Reproductive Health Rights etc.

WEAKNESSES

a) Reliance on funding from outside the country.

b) Narrow funding mix for organizational sustainability.

c) Current focus on project based funding means challenges on core funding.

THREATS

1. Low level of trust between CSOs and government.

2. Inadequate fundraising and resource mobilization skills.

3. Growing donor fatigue to support CSOs.

4. **Perception of the CHL:** National Child Helpline understanding among the Government and other key child rights stakeholders is seen as a project rather than part of the national child protection system.

5. **Statistics Act & Regulations:** The new statistics Act 2015 and its regulations, has implications on how we handle data and dissemination of the data to the public.

6. **Policies & regulations:** Ever changing policies and regulations that target the Not-for-Profit Sector (include fluctuating Forex)

NOTABLE C-SEMA ACHIEVEMENTS 2012 - 2020

C-SEMA wanted to be a household name when it comes to issues of parenting and child protection. What have we achieved in 8 years?

Here's a brief reflection: -

Organisational

1. C-SEMA has created permanent employment for over 9 individuals for over 8 years, with no records of retrenchment. These staff receive competitive salaries, house allowance, health insurance, etc.

2. C-SEMA has become a key figure in the sector (child rights) nationally, regionally and internationally.

3. When C-SEMA started the helpline, its main strategic project data used to be manually recorded in notebooks, then moved to a Microsoft Excel Information Management System. Fairly, the helpline received less calls, it had less man power and low-tech devices. Now the helpline has the latest data management software the market can offer.

4. Teamwork spirit, being a young organisation led by a management team of young people, and the tremendous work that has been achieved in the past years is something very amazing, seeing the organisation grow to be one of the reputable organizations in this country is something that a lot of small organisations have failed to do but with C-SEMA has worked hard and the society is benefiting from the fruits of its labour.

Team / staff testimonials:

1. 'Through working for C-SEMA I have gained experience and respect in the field of child rights and protection nationally, regionally and internationally.'

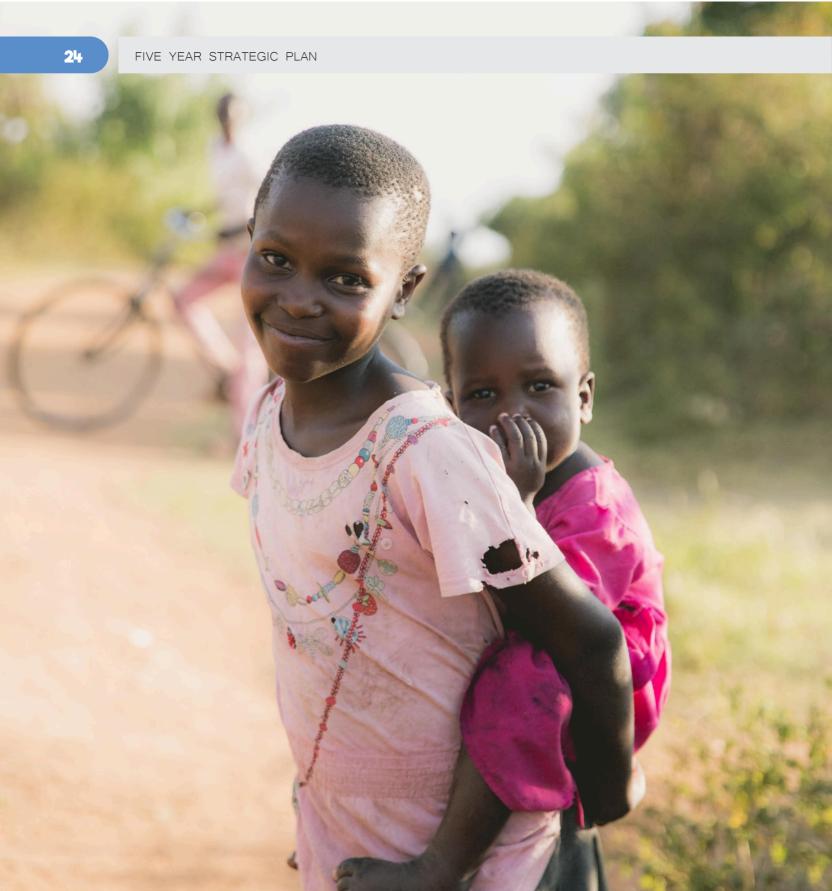
2. 'Personally, I am grateful for my profile development. Earning my MA is an achievement I owe to C-SEMA. You supported me big time, you payed my travel expenses and tuition indirectly. All my classmates who were from the private sector like me were getting more and more stressed as our studies approached the end because they had to choose between education and employment posts. I was a happy person from the beginning of my studies to the very end. The half-salary that you retained payed my sister's school fees with a small contribution from my stipend and she was able to go to boarding school too and this made me travel comfortably. Naishukuru C-SEMA kwa hili.

3. 'As an individual, the blessings are too many to count. One thing am grateful for is the opportunity to be mentored in the career world. I have grown career-wise, the experience I have gathered is a great asset that can be used anywhere else. I have learned, unlearned and relearned all in the process of becoming better and I am still learning.'

Partnership / donor pool:

1. In 2013 C-SEMA only had one project-based donor, ICS Africa, UNICEF had very slight indirect support through the ministry responsible for children. The organisation has since grown to not only have direct funding relationships with UNICEF (strategic multi-year partnership), UNFPA, UNDEF and UNDP, but to also have a strategic funding partnership with Oak Foundation, unrestricted funding pool with Segal Family Foundation and many local CSOs and private sector funding.

2. Government. We proudly have multiple agreements with government agencies in the mainland and Zanzibar including TCRA, TFNC, MoH and MLEEWC Zanzibar, MoHCDGEC, and PORALG, just to mention a few.



STRATEGIC ISSUES, FOCUS AND DIRECTION

Having considered the core organization's mandate, the current development context and child rights landscape at global, regional and national levels as well as reflection on programmatic experience and organizational capacity assessment, C-SEMA has come up with the following six key strategic areas for development programming:

- Child protection
- Skillful parenting and positive discipline
- Maternal and child nutrition
- Early Childhood Development (ECD)

- Adolescents and Sexual Reproductive Health (ASRH)

- Organisational development and sustainability of C-SEMA

These key result areas will underpin the strategic direction, aims and objectives.

STRATEGIC GOAL, AIMS, STRATEGIES, OBJECTIVES, AND KEY ACTIVITIES

The section below presents C-SEMA's strategic goal, strategic aims, strategic objectives and key activities. It is worth noting that specific results and proposed activities under each strategic aim are presented in the attached logical framework matrix (Annex 1). **Overall Goal:** The welfare of children in Tanzania realised and safeguarded.

Strategic Aims (SAs)

To realise the stated goal, C-SEMA seeks to accomplish the following strategic aims:

SA1: The National Child Helpline and child protection programming are effectively integrated and function within the national child protection system for efficient prevention & response.

SA2: Parents and caregivers are creating and maintaining a nurturing environment for children's realisation of their full potential.

SA3: Good maternal and child nutrition is understood and practiced at household, community and national levels.

SA4: Early Childhood Development services at community level are efficient and effective.

SA5: Adolescents have access to quality sexual and reproductive health education and services.

SA6: C-SEMA is a performing, delivering and sustainable organisation.

MAIN STRATEGIES

To accomplish the above strategic aims, C-SEMA will make use of a number of strategies. The strategies will include, but not be limited to the following:

- Forging and strengthening strategic alliances and coalitions for targeted actions and service delivery.
- Development and operationalisation of an internal award scheme to fan the spirit of excellence within the staff.
- Devising and operationalising a user-friendly knowledge and information management system for institutional learning.
- Use of diverse communication channels to keep stakeholders abreast of important developments of our work and within the child rights landscape in Tanzania.
- Establish good working relations with media and strengthen existing relations.
- Strengthen working relations with the Government of Tanzania, like-minded organisations and Development Partners.
- Make use of technology for development to advance parenting knowledge and protect children rights.
- Coordinate the voicing and consolidation of children's concerns for informed policy and practice changes in the best interest of the child.



PROGRAMME BENEFICIARIES AND GEOGRAPHICAL FOCUS

The work of C-SEMA will benefit a wide range of beneficiaries and stakeholders. They include but are not limited to children, parents, caregivers, social welfare officers, law enforcers, local government actors, education and health institutions, Members of Parliament (MPs) and policy and decision makers in Tanzania mainland and Zanzibar.

6.0

GOVERNANCE PROGRAMME IMPLEMENTATION AND MANAGEMENT ARRANGEMENTS

The organisation of C-SEMA is geared toward ensuring that its mission and goals are effectively and efficiently accomplished. In accordance with the constitution of C-SEMA the Board of Directors is a supreme organ which makes and decisions and takes actions on issues related to reviewing and approving the organisation's policies, plans, annual reports, plans and budgets. The Board will ensure that the organization has appropriate plans and approves quarterly, biannual and annual reports from the Chief Executive. Led by the Chief Executive, the Management will be directly responsible to the Board. The Management will take care of the operational activities by interpreting policies and strategies ensuring that activities are carried out according to plans, reports are written and submitted to relevant bodies and meetings are planned and supported accordingly. The Chief Executive of C-SEMA will be responsible for day-to-day management of the organization. The head of departments together with the Chief Executive will constitute the Senior Management Team. This team will meet monthly to review organisational and programme performance. The Management will convene quarterly staff meeting to discuss issues for C-SEMA's overall organisational development and effectiveness.

RISKS AND ASSUMPTIONS

C-SEMA is aware of the fact that advocating for significant change in policy and practice implies challenging the status quo in some instances. The organisation will make deliberate effort to use pro-active, pre-emptive and conciliatory strategies to put across and advance its advocacy agenda. C-SEMA will make every effort to build and broaden its constituency for potential shock absorbance and strategic resilience. Successful programming and execution of strategy activities requires conducive external environments. The organization will monitor its operating contexts and manage adaptively so as to remain efficient and effective. The success of C-SEMA in executing its strategy hinges upon a number of assumptions. They include but are not limited to the following: Tanzania continues to be politically stable; no major natural disasters occur and friends of justice and the development partners honor and maintain their commitments to the organisation and to its cause.



MONITORING AND EVALUATION

C-SEMA will devise and operationalise an efficient and effective Monitoring and Evaluation (M&E) system to provide feedback on organisational development, programme implementation and performance. Monitoring will entail continuous collection of data on specified indicators to assess for development interventions, implementation in relation to activity schedule and expenditure of allocated funds, and its progress and achievements in relation to its objectives. The organisation will undertake context monitoring with a view to track important developments in the policy and legal landscape at global, regional and national levels so as to inform its programme design, priority setting and strategic targeting for anticipated results.

Monitoring will be carried out on a daily, weekly, monthly, quarterly, semi-annual and annual basis, examining actual implementation of activities in relation to planned activities. Financial monitoring in terms of planned and actual expenditures accompanies physical monitoring.

The organisation will undertake both organisational and programme evaluation. This will entail periodic assessment of the design, implementation, outcome and impact of development interventions. Evaluation will focus on assessing the relevance and achievement of objectives, and implementation performance in terms of effectiveness and efficiency, and the nature, distribution and sustainability of impacts.

The M&E system will be geared towards helping the organisation identify the problems early and propose solutions, evaluate achievements of programme objectives, promote participation, ownership and accountability. C-SEMA will ensure that the key components of a sound Monitoring and Evaluation system are included, reviewed and updated accordingly to make it more user-friendly to provide timely information for management decision making.

FINANCIAL REPORTING AND ACCOUNTABILITY

C-SEMA will develop user-friendly financial systems to facilitate monitoring of resources including funds and reporting to members and donors. The financial systems will include administrative and financial policies and procedures clearly stipulating financial controls and accountability mechanisms. User-friendly formats for financial reporting will be developed. Accounts shall be recorded in user-friendly and computerized accounting package so as to enable automated reports and quick reference, and limit errors and potential for fraud.

REPORTING

The organization will prepare annual, semi-annual, quarterly, monthly and weekly plans and report on progress of implementation of the same during weekly, monthly, quarterly meetings and bi-annual meetings.

The following outlines the types of reports, officers responsible and schedule for reporting.

	Type of report	Prepared by	For/To
1.	Monthly reports	Programme Officer Finance/Admin Officer	Chief Executive
2.	Quarterly reports against work plan	Programme Officer Director Child Helpline	Board
3.	Semi-Annual reports	Programme Officer Director Child Helpline	Board
4.	Annual narrative reports	Programme Officer Director Child Helpline	Board
5.	Annual audited statements	Finance & Administration	Board

Table 1: Reporting plan





RESOURCE REQUIREMENTS AND BUDGET PROJECTIONS

Successful execution of the strategy requires human, material and financial resources. C-SEMA will search, select, recruit and maintain outstandingly competent staff to accomplish the organisation's goals and objectives and at the same time meet the expectations of the beneficiaries and partners. The organisation will adopt the best human resource management and development practices to ensure productivity, innovation and overall work morale.

Material resources will be needed. C-SEMA will procure and maintain modern and efficient office equipment for its smooth functioning. Such equipment and gadgets will include, but not be limited to, vehicles, computers, photocopiers, office chairs and tables, file cabinets, LCD machines, digital cameras, scanners and printers. A supply and inventory management policy will be used to prudently and transparently manage the material resources of the organisation.

C-SEMA will need financial resources to run the organisation, implement its programmes, pay for office running costs and maintain its workforce. The organisation will explore and adopt ways to make it sustainable. Over the five-year period, C-SEMA will need a total of TZS 9,550,039,064 (USD 4,116,651.32). The projection for C-SEMA's financial resource requirements is presented in the table below: The projection for C-SEMA's financial resource requirements is presented in the table below:

Budget Item	2021 budget in TZS	2022 budget in TZS	2023 budget in TZS	2024 budget in TZS	2025 budget in TZS	
Strategic Aim 1: Child Protection	500,000,000	515,000,000	530,750,000	547,287,500	664,651,875	
Strategic Aim 2: Skillful Parenting	200,000,000	210,000,000	220,500,000	231,525,000	243,101,250	
Strategic Aim 3: Maternal \$ Child Nutrition	250,000,000	257,500,000	365,375,000	373,643,750	382,325,938	
Strategic Aim 4: Childhood Development	1 <i>5</i> 0,000,000	200,500,000	265,375,000	273,643,750	282,325,938	
Strategic Aim 5: Adolescent Sexual Reproductive Health	200,000,000	310,000,000	320,500,000	331,525,000	343,101,250	
Strategic Aim 6: Organizational Development & Sustainability	250,000,000	262,500,000	275,625,000	289,406,250	303,876,563	
Total	1,550,000,000	1,755,500,000	1,978,125,000	2,047,031,250	2,219,382,814	
Grand Total in TZS 9,550,039,064 (USD 4,116,651.32)						

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ANNEX1:

Logical Framework Matrix: C-SEMA Five-Year Strategic Plan 2021-2025

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Goal: Welfare of children in Tanzania realised and safeguareded.	-Number of policy and legal frameworks ensuring child welfare devised and implemented.	-Reports sent international and regional bodies against ratified treaties.	-Tanzania remains politically stable. -The Government of Tanzania remain committed to good and democratic governance.
Strategic Aim 1: Child protection systems at local and national levels are efficient and effective.	-Number of reported child right violation cases reported, reffered and convictions filed through the child helpline and other programmes.	-CHL reports programme.	
SO 1.1 Capacity of community- based child rights protection teams enhanced.	-Number of Child Rights protection team members trained.	-Progress reports.	-Child welfare remains high on government development agenda.

Key Activities for Strategic Objective 1.1

1.1.1 Conduct Training Needs Assessment for community-based child rights protection teams.

1.1.2 Prepare customized training materials for capacity development of child rights protection teams.

1.1.3 Conduct demand driven trainings for community-based child protection teams.

1.1.4 Follow up and monitor the performance of the trained child protection teams.

SO 1.2 National Child Helpline services for voicing children's	-Number received National Helpline.	of contacts at the Child	-Child Helpline reports.	-Government's commitment to access to information continues.
concerns				
improved.				

Narrative	Objectively Verifiable	Means of Verification	Important
Summary	Indicators		Assumptions

Key Activities for Strategic Objective 1.2

1.2.1 Develop a comprehensive nationwide awareness program targeting school going and out of school children, parents and communities.

1.2.2 Conduct an evaluation of the National Child Helpline to gauge its impact in responding to VAC as a key component of the child protection system.

1.2.3 Conduct quarterly monitoring and consultative meeting with child protection stakeholders in Tanzania.

1.2.4 Compile and disseminate success stories and reports on provision of the National Child Helpline services to inform advocacy work.

1.2.5 Analyse Child Helpline data bi-annually and annually and conduct dissemination of that data twice in a year.

SO 1.3 Child offline safety enhanced.	-Number of online and offline child safety cases handled.	-Progress reports.	
	-Number of awareness raising on child online.		

Key Activities for Strategic Objective 1.3

1.3.1 Prepare an innovative child online and offline safety toolkit.

1.3.2 Conduct stakeholder consultative meeting for fine-tuning of the child online and offline safety toolkit.

1.3.3 Identify champions and conduct TOT training on Child online and offline safety.

1.3.4 Conduct stakeholder meeting to disseminate Child Online and Offline safety toolkit.

1.3.5 Prepare and air innovative radio and TV programs on Child online and offline safety.

1.3.6 Conduct strategic consultative and advocacy meetings with the Ministry of Education and Vocational Training on mainstreaming child online and offline safety in the basic education syllabus.

1.3.7 Conduct advocacy meeting with TCRA and strategic standing committees of the Parliament on legislation for child online and offline safety.

1.3.8 Provide innovative and customised child online services.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Strategic Aim 2: Parents and caregivers are creating and maintaining a nurturing environment for children's realisation of their full potential.	-Number of Violence Against Children cases committed.	-Progress reports. -Field observation.	-Parenting and social welfare remains high on the government development agenda.
SO 2.1 The national parenting framework is understood and rolled out in programme areas.	 Number of awareness raising. Number of stakeholders adopting the national parenting framework. 	-Progress reports. -Field monitoring reports.	-Social well fare and social wellbeing remain high on the government development agenda.

Key Activities for Strategic Objective 2.1

2.1.1 Prepare a popular version of the national parenting framework.

2.1.2 Print copies of a popular version of the national parenting framework.

2.1.3 Prepare a national parenting toolkit for parenting education and training.

2.1.4 Print a national parenting toolkit for parenting education and training.

2.1.5 Conduct stakeholders consultative meeting for dissemination of the parenting toolkit.

2.1.6 Prepare press releases and conduct press conference on dissemination of the national parenting toolkit.

SO 2:2	-Number of Violence	-Progress reports.	-Law enforcers and
Violence Against	Against Children cases		frontline service
Children at	reported.		providers will remain
household and	-Percentage of		committed to
community levels	Violence Against		promoting and
reduced.	Children cases in		protecting children
	programme areas.		rights.

Important

Summary	Indicators	Means of Verification	Assumptions
 Key Activities for Strategic Objective 2.2 2.2.1 Identify parents and or caregivers for TOT training on Violence Against Children (VAC), Skillful Parenting (SP) and Positive Discipline (PD). 2.2.2 Prepare a user-friendly toolkit for TOT training on VAC, SP and PD. 2.2.3 Print copies of user-friendly toolkits for TOT training on VAC, SP and PD. 2.2.4 Conduct TOT training for selected parents and caregivers on VAC, SP and PD. 2.2.5 Identify strategic discussants for TV and Radio programs on VAC, SP and PD. 2.2.6 Conduct orientation seminars for radio and TV discussants on VAC, SP and PD. 2.2.7 Air innovative radio and TV programs on VAC, SP and PD. 			
Srategic Aim 3: Good child nutrition is understood and practiced at household, community and national levels.	 Number of nutrition programs aired. Number of nutrition hits recorded on C-SEMA websites and SU sites. Number of calls made by nutrition programme listeners. 	 Programme reports. Review of internet hits on nutrition by stakeholders. 	- Nutrition remains high on the national development agenda.
SO 3:1 Customized nutrition awareness and education at household and community levels improved.	- Number of parents/ caregivers trained on child nutrition.	 Training reports. Attendance registers. Programme reports. 	- Airtime on community radio and TV stations will be affordable.

Logical Framework Matrix: C-SEMA Five-Year Strategic Plan 2021-2025

Narrative

Objectively Verifiable Means of Verification

Key Activities for Strategic Objectives 3.1

- 3.1.1 Prepare a report on nutritional issues raised from the National Child Helpline.
- 3.1.2 Identify discussants on child nutrition and conduct customized TOT training.
- 3.1.3 Engage and support nutrition discussants on the National Child Helpline.
- 3.1.4 Conduct refresher TOT training for nutrition discussants.

Narrative	Objectively Verifiable	Means of Verification	Important
Summary	Indicators		Assumptions
SO 3.2: User-friendly nutrition education toolkit for nutrition educators in catalytic program areas produced and rolled out.	 Number of toolkits produced. Number of toolkits disseminated. Number of ToT trained on how to use nutrition education toolkits. 	-Programme reports. -Procurement reports.	- Printers will be affordable.

Key Activities for Strategic Objective 3.2

3.2.1 Prepare Terms of Reference (TOR) on preparation of IEC materials on child nutrition.

3.2.2 Engage TFNC to prepare a user-friendly a toolkit on child nutrition.

3.2.3 Conduct stakeholder consultative workshop to review a child nutrition toolkit.

3.2.4 Identify champions and conduct TOT training on rolling out the child nutrition toolkits in programme areas.

3.2.5 Conduct stakeholder meeting for dissemination of the child nutrition toolkit.

3.2.6 Conduct a monitoring and technical support meeting with the trained TOTs on the use of nutrition toolkits.

Strategic Aim 4: Early Childhood	- Number of preschools reached with Early	- Field monitoring reports.	-Early Childhood Development remains
Development	Childhood Education		high on the national
Services at	services.	- Training reports.	development agenda.
community level	- Number of parents		
are efficient	and caregivers		
and effective.	reached with ECD		
	services.		
	- Number of TOT on		
	ECD equipped.		

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
SO4.1 Capacity of early childhood development practitioners to deliver awareness and education in catalytic program areas strengthened.	 Number of ECD practitioners trained. Number of Parents and teachers trained on ECD. 	- Progress reports. - P r o c u r e m e n t reports.	- Printers will be affordable.

Key Activities for Strategic Objective 4.1

- 4.1.1 Identify ECD practitioners (both private and public preschools) in programme areas.
- 4.1.2 Identify Parents and caregivers to take part in the ECD sensitization programs.
- 4.1.2 Conduct Capacity Needs Assessment for selected ECD practitioners.
- 4.1.3 Prepare IEC materials on ECD for selected ECD practitioners in programme areas.
- 4.1.4 Provide technical backstopping and monitoring to ECD practitioners.
- 4.1.5 Conduct stakeholder consultative and learning sessions and document ECD best practices.

SO 4.2 User-friendly Early Childhood Development toolkits produced and rolled out in	- Number of preschools adopting the toolkits.	 Programme reports. Field monitoring visits and corresponding interviews. 	- ECD remains high on the government's development agenda.
programme areas.	- Number of TOT trained on the application of toolkit.		

Key Activities for Strategic Objective 4.2

- 4.1.1 Prepare TOR for the design of a user-friendly ECD toolkit
- 4.1.2 Engage an ECD consultant to develop the ECD toolkit
- 4.1.3 Pre-test the draft ECD toolkit to determine its user-friendliness
- 4.1.4 Conduct stakeholder consultative sessions to review the ECD toolkit
- 4.1.5 Print the ECD toolkit for practitioners
- 4.1.6 Disseminate the toolkit to strategic stakeholders
- 4.1.7 Prepare and air radio and TV programs on ECD

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Strategic Aim 5: Adolescents have access to quality sexual and reproductive health education and services.	 Number of child pregnancy cases. Number of child marriages. Number of adolescent TOT trained. Number of Adolescents who access sexual reproductive health training. 	 Online and print media reports. Progress report. Training reports. 	-Adolescent Sexual and Reproductive Health remains high on the government agenda.
SO 5.1: Community- Based Health care service providers are capacitated to deliver quality ASRH awareness and education in program areas.	 Number of Community Health Service Providers trained. Number of ASRH awareness and educattion initiatives reaching parents, adolescents, teachers and school patrons and matrons. 	-Progress reports.	- Adolescent Sexual and Reproductive Health remains high on the government agenda.

Key Activities for Strategic Objective 5.1

5.1.1 Identify adolescent girls and boys from selected programme areas for training on ASRH.

5.1.2 Conduct Training Needs Assessment for selected adolescents on ASRH.

5.1.3 Prepare customized training materials for adolescents, parents, teachers, school patrons and matrons on ASRH.

- 5.1.4 Conduct training for adolescents on ASRH who will become ASRH peer-to-peer trainers.
- 5.1.5 Conduct TOT training for school patrons and matrons on ASRH.
- 5.1.6 Conduct training and awareness sessions for parents on ASRH.
- 5.1.7 Prepare and air radio and TV programs on ASRH.

Narrative	Objectively Verifiable	Means of Verification	Important
Summary	Indicators		Assumptions
SO 5.2 User-friendly toolkit on ASRH are produced and disseminated in programme areas	 Number of copies of toolkitS on ASRH produced. Number of copies of ASRH toolkits disseminated. 	- Progress report.	- Printing services will be affordable.

Key Activities for Strategic Objective 5.2

- 5.2.1 Prepare TOR for the design of a user-friendly toolkit on ASRH.
- 5.2.2 Engage a sexual reproductive health consultant to develop the ASRH toolkit.
- 5.2.3 Pre-test the draftASRH toolkit to determine its user-friendliness.
- 5.2.4 Conduct stakeholder consultative sessions to review the ASRH toolkit.
- 5.2.5 Print the ASRH toolkit for practitioners.
- 5.2.6 Disseminate the Toolkit to strategic stakeholders.

Strategic Aim: 6 C-SEMA is a performing, delivering and sustainable organisation.	 Percentage of staff satisfied with the performance and effectiveness of C-SEMA. Number of donors contributing to C-SEMA's budget. 	 Organisational Capacity Assessment Report. Progress reports. 	 Development Partners will remain committed to supporting access to justice. Policy and legal framework will continue being conducive to growth of Civil Society Organisations.
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Narrative	Objectively Verifiable	Means of Verification	Important
Summary	Indicators		Assumptions
SO 6.1 Human resources capacity of C-SEMA strengthened.	 Number of qualified and experienced staff available. Number of professional volunteers recruited and engaged. Number of staff trained. 	 Progress report. Performance appraisal report. Training reports. 	- Qualified and experienced personnel will be available and affordable.

Key Activities for Strategic Objective 6.1

- 6.1.1 Recruit demand driven and competent personnel.
- 6.1.2 Carry out staff performance appraisals.
- 6.1.3 Conduct training needs assessment for staff.
- 6.1.4 Provide financial support for demand driven short courses.
- 6.1.5 Organise study tours for C-SEMA staff and members.
- 6.1.6 Organise local and North-South staff exchange programmes for learning.
- 6.1.7 Organise monthly demand driven lunch and learn sessions for staff.
- 6.1.8 Conduct annual retreat sessions.

SO 6.2:	- Number of Board	- Review of minutes of	- Policy and legal
Governance	Meetings held.	Board and Annual	framework remain
and		General Meetings.	conducive for growth
Organisational			and development of
Development of		- Organisational	civil society
C-SEMA		Capacity Assessment.	organisations.
strengthened.			

Key Activities for Strategic Objective 6.2

- 6.2.1 Conduct quarterly Board Meetings as scheduled.
- 6.2.2 Conduct quarterly staff meetings.
- 6.2.3 Conduct monthly management meetings.
- 6.2.4 Conduct weekly briefing and planning meetings.
- 6.2.5 Conduct semi-annual Rapid Organisational Capacity Assessments.
- 6.2.6 Develop and implement semi-annual Organisational Development Plans.
- 6.2.7 Organise regular internal knowledge and skills sharing session's mutual learning.

Narrative	Objectively Verifiable	Means of Verification	Important
Summary	Indicators		Assumptions
SO 6.3: Resource mobilisation and management strengthened.	- Number of Board Decisions made on resource mobilisation and management.	 Progress reports. Bank statements. Audited reports. 	- Donor community remains committed to social justice.

Key Activities for Strategic Objective 6.3

6.3.1 Devise, implement and review a Resource Winning Strategy for C-SEMA.

6.3.2 Identify potential donors and cultivate local and international donor base.

6.3.3 Prepare grant applications and submit to strategic Development Partners for funding.

6.3.4 Organise workshops on fundraising for relevant staff.

6.3.5 Organise workshops on successful grant writing and contract management for relevant staff.

6.3.6 Devise and operationalize a supply and inventory management policy manual.

6.3.7 Conduct training and orient staff on resource stewardship and prudent financial management.

6.3.8 Prepare financial updates and reports timely.

6.3.9 Establish and operationalize an internal control system for prudent financial management.6.3.10 Conduct quarterly internal audit and annual external audit of Books of Account.

SO 6.4:	- Number of	- Progress reports.	- Financial resources
Quality	management decisions		will be available
Assurance, M&E	informed by M&E	- Client/ Beneficiary	timely.
system	system.	satisfaction survey.	
established and			
operationalised.			

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
 Key Activities for Strategic Objective 6.4 6.4.1 Prepare and operationalise standards and guidelines for customer care, products and services of C-SEMA. 6.4.2 Design and operationalise a participatory Monitoring and Evaluation system for C-SEMA. 6.4.3 Develop and review departmental and consolidated monitoring and evaluation plans. 6.4.4 Prepare and fine-tune data capturing and collection tools. 6.4.5 Conduct training on participatory Monitoring and Evaluation. 6.4.6 Prepare weekly updates, monthly, quarterly, semi-annual and annual narrative and financial progress reports. 6.4.7 Conduct annual participatory programme reviews. 6.4.8 Conduct a holistic midterm evaluation. 6.4.9 Conduct a holistic end of strategy evaluation. 6.4.10 Conduct stakeholders' consultative meetings to review evaluation results. 			
SO 6.5 Financial management enhanced.	 Number of policy decisions made on financial management. Number of staff members aware of good financial management principles. 	 Financial progress report. Review of financial accounting software. 	- User friendly accounting software is affordable.

Key Activities for Strategic Objective 6.5

6.5.1 Establish and operationalise internal controls system.

- 6.5.2 Prepare and operationalise financial management policy manual.
- 6.5.3 Conduct staff training on prudent financial management.
- 6.5.4 Procure and install a user-friendly accounting package.
- 6.5.5 Prepare monthly, quarterly, semi-annual and annual financial reports.



