



**UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK
(UNDAF, 2007-10)**

United Republic of Tanzania

A United Vision: Working Together in the United Republic of Tanzania

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Table 2. Strategic Results Matrix
United Nations Development Assistance Framework
(UNDAF, 2007- 10)

United Republic of Tanzania

Cluster I: Growth and Income Poverty

<p>National priority or goals MKUKUTA: Broad based and equitable growth is achieved and sustained MKUZA: Pro-poor growth achieved and sustained</p>			
<p>UNDAF outcome by the end of the programme cycle: By 2010, increased access to sustainable income opportunities, productive employment and food security in the rural and urban areas.</p>			
<p>Strategy Statement: The UNDAF Outcome will be achieved through equitable, pro-poor and gender sensitive economic policies and programmes that promote food security, sustainability and diversification of productive activities and greater access to competitive markets, with a particular focus on the economic potential of rural Tanzania.</p>			
<p>MDGs: MDG1, MDG 3, MDG 8 MKUKUTA Goals: 1.1, 1.2, 1.3, 1.4, 1.5 MKUZA Goals: 1.1, 1.2, 1.3</p>			
Country Programme outcomes	Country Programme Outputs	Role of partners	Resource mobilization targets
1.Increased adoption of equitable pro-poor and gender sensitive economic policies and programmes	1. Enhanced capacity of MDAs ¹ and non-state actors to undertake pro-poor, employment-driven and gender sensitive policy research and analysis, with a focus on agriculture; local economic development; urban development, rural energy; environment and natural resource links to industry; heritage and cultural tourism; trade; investment; and SME policies.	<p><i>Mainland</i> GoT (MDAs & Local Government Authorities, incl. MoPEE, MoF, MIT, MLEYD, TACAIDS etc.): Establish MKUKUTA priorities; policy guidance and supervision; coordination and convening power; facilitate participation of other stakeholders; advocacy work; facilitate data collection and primary level analysis (NBS).</p> <p>Non-State Actors (private sector, CSO, Social Partners, Research Institutes, incl. ATE, TUCTA, TFC,</p>	<p>WHO: \$70,000 UNDP: \$7,300,000 FAO: \$400,000 UNHABITAT: \$500,000 UNIDO: \$1,500,000 UNAIDS: \$100,000 ILO: \$1,500,000</p>
	2. Enhanced national capacity to demonstrate compliance with technical regulations and participate in global and regional trade negotiations, incl. engage in TRIP negotiations related to ARVs		

¹ MDAs: Ministries, Departments, Agencies.

	<p>3. Gender sensitive strategies and programs to combat HIV/AIDS at the workplace based upon ILO Code of Practice effectively implemented in public, private and informal sector.</p>	<p>AIDS Business Coalitions, Youth organisations, Women organisations, NGOs/CBOs, SME umbrella organisations OUT, SS, EM, AMREF, etc.); Advisors to GoT; lead quantitative and participatory research; peer review support; knowledge development; develop local capacity and empower communities participation in policy dialogue & research/analysis</p> <p>Zanzibar RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (private sector, NGOs, CSO, FBOs, incl. ZANEMA, ZATUC and affiliates, etc.): participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNDP, ILO, FAO, UNIDO, UNAIDS, UNFPA, UNCDF, UNHABITAT, WHO, UNESCO, UNICEF, UNCDF: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
<p>2. National productivity and competitiveness is improved through decent employment opportunities, equitable access to and effective use of productive resources, improved transport and communications network, and greater market access.</p>	<p>4. Upgraded supply capacity of SMEs, producers groups and small-scale farmers through greater access to gender responsive and demand-driven research, extension and business development services; appropriate technologies; ICT support services.</p>	<p>Mainland GoT: (MDAs and Local Gov, incl. MoPEE, MoF, MIT, MLEYD, PMO-RALG, TACAIDS etc.): Promote an enabling business environment; coordination, facilitation and convening power; advocacy work; engage in public-private partnership arrangements.</p> <p>Non-State Actors: (incl. private sector, CSO, Social Partners, Research Institutes): Advocacy, private</p>	<p>WHO: \$64,000 UNDP: \$7,500,000 FAO: \$1,600,000 UNHABITAT: \$ 500,000 IFAD \$20,000,000 UNIDO: \$ 7,350,000</p>

	<p>5. Increased organizational capacity (internal operations, leadership, resource mobilization, partnerships, gender responsiveness) of small-scale farmers, agro-processing enterprises, SMEs, producers groups and cooperatives.</p>	<p>investment, delivery of services, public-private partnership arrangements, resource mobilization.</p> <p>Zanzibar : RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Economic management, provision of social infrastructure, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p>	<p>ILO: \$2,500,000</p>
	<p>6. Increased rationalized development of transport infrastructure and institutional reforms to ensure effective movement of goods and services to market outlets and opening up new transport nodes and frontiers to promote development.</p>	<p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities: participate in planning, implementation and monitoring. Private sector: increase domestic investment, create employment, and maximize value addition, provision of credit facilities, supply of inputs and marketing of products. CSO: build local capacity, mobilize and empower communities to participate.</p>	
	<p>7. Improved access of youth, women and vulnerable groups incl. PLHA and their caregivers to micro-finance, micro-insurance, business development services (BDS), research and extension services, agriculture inputs to engage in productive activities.</p>	<p>URT DPs: as per JAS guided division of labour among DPs (TBD)</p>	
	<p>8. Enhanced national capacity to adapt public-private partnership (PPP) and corporate social responsibility for the development of infrastructure, entrepreneurship education, based-based technologies, waste management and SMEs.</p>	<p>UN: UNIDO, ILO, UNDP, FAO, IFAD, UNCDF, UN-HABITAT, UNIDO, UNDP, UNESCO, UNAIDS, UNFPA, UNICEF, WHO, UN-HABITAT: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
<p>3. Increased food availability and access for the most vulnerable population, including those infected and affected by HIV/AIDS and their caregivers.</p>	<p>9. Livelihood options for vulnerable groups, incl. those infected and affected by HIV/AIDS, are enhanced through access to roads, water, appropriate technologies and markets.</p>	<p>Mainland GoT (MDAS and LGAs, incl. MAFS, ASLM, PMO, PMO-RALG, MoHSW, SDC, TACAIDS, TAWLA, TAMWA, MCDG, MoJCA, MYLD etc.): Coordination, facilitation and convening power; advocacy work; implementation responsibilities; technical level support; public-private partnership arrangements.</p>	<p>FAO: \$2,000,000 IFAD \$20,000,000 UNIDO: \$ 500,000</p>
	<p>10. Increased capacity of small farmers, incl. those infected and affected by HIV/AIDS to boost agriculture crop yields through appropriate farming practices, post-harvest management and processing facilities, training, affordable labour saving technologies and innovations.</p>		

	<p>11. Improved capacity at national and district levels on the management and effective enforcement of existing policies for the sustainable use of fisheries, forestry, soil and water resources.</p>	<p>Non-State Actors (incl. private sector, CSO, Social Partners, Research Institutes, incl. UDEC, CARITAS, etc.): community mobilization; advocacy; private investment; resource mobilization; delivery of services; public-private partnership arrangements.</p> <p>Zanzibar GoZ (incl. MoHSW, ZAC, MLYWCD, etc.): Policy formulation, economic management, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities: participate in planning, implementation and monitoring. Private sector: increase domestic investment, create employment, and maximize value addition, provision of credit facilities, supply of inputs and marketing of products. CSO: build local capacity, mobilize and empower communities to participate</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): TBD</p> <p>URT DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: WFP, FAO, IFAD, UNIDO, UNESCO, UNDP, UNAIDS, UNCDF: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	<p>Total: \$73.384.000</p>
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Mainland Tanzania

Coordination Mechanisms:

- Coordination through GoT led national working groups: public expenditure review (PER) W/group; PER Macro group; PER W/group on Cluster 1 (Growth and Income Poverty); PER W/group on Environment; Food and Agriculture Sector W/group; SME National Steering Committee; Partnership Forum on HIV/AIDS; Tanzania National Coordination Mechanism (TNCM); Local Government Reform program Consultative Forum; Local Government Reform Program Common Basket Fund Steering Committee; Gender Macro policies W/group; Ministry of Community Development, Gender and Children/DPG Gender Task Force; MKUKUTA Working Groups; MMMP w/groups (research and analysis; data; communication)
- Coordination through DPG led sector and thematic W/groups (TBD – based on new architecture of DPG & JAS division of labour on lead DPs): Tentatively – Private Sector Development & Trade W/group; Agriculture & Food Security; HIV/AIDS Group; Local Government Reform; Environment Sub-Group; DPG Zanzibar. UN support to DPG includes: co-chairing of DPG; chairing of selected DPG w/groups (TBD); secretariat support to DPG and selected w/groups (TBD).
- Coordination with the private sector through the Tanzania National Business Council (TNBC)
- UN Inter-agency coordination through Inter-Agency Program Committee, UNDAF W/group on Cluster 1 (Growth and Income Poverty); Inter-Agency Gender W/group; UN Theme Group on HIV/AIDS, Joint UN Team on AIDS, and Collaborative Programmes.

Program Modalities:

- Work through SWAPs (e.g. Agriculture); use the project modality for pilots and innovations and humanitarian food aid; work with social partners (GoT, employees and workers) and other stakeholders.
- Channel funds through sector baskets (e.g. Local Government Reform Program Common Basket); straight to social partners, private associations and groupings; direct project funding using national structures. Ensuring that information on all incoming UN assistance to Tanzania is at a minimum shared with Government working through the Exchequer.
- Technical cooperation modalities in line with JAS principles; progressive alignment with national systems of public financial management, procurement, audit and reporting; alignment with the national cycle of planning, budgeting and monitoring (alignment with the MKUKUTA Monitoring Master Plan – MMMP).
- A number of UN “Collaborative “Programmes

Zanzibar

Coordination Mechanisms:

- Coordination through GoZ led national working groups, incl. public expenditure review (PER) sector W/groups; PMS working groups (i.e. Research and Analysis; Info. & Education; Census & Survey; Stakeholders)
- Coordination with the private sector through the Zanzibar Business Council.
- UN Inter-agency coordination through Inter-Agency Program Committee; UNDAF W/group on Zanzibar; UNDAF W/group Cluster 1 (Growth and Income Poverty); Inter-Agency Gender W/group; UN Theme Group on HIV/AIDS and Joint UN Team on AIDS.

Program Modalities:

The UN will carry forward systematic joint planning with GoZ. As per the recommendations of the JSR (2005), the UN will undertake a *gradual transition* towards more effective UN support to MKUZA by adopting the following arrangements: a division of labour among participating UN agencies following local agreement based on the Global Task Team recommendations on a division of labour among UNAIDS co-sponsors; ensure that information on all UN assistance to the Government of Zanzibar is shared with the MoFEA, Zanzibar for further integration in the External Assistance Database. Additionally, part of UN assistance will be channelled through the Exchequer; or use the direct project funding modality, incl. use of the UNDG fund mgt. mechanism for the implementation of UN Joint Programmes. A number of Joint UN Programmes envisaged including UN Joint Programme on HIV/AIDS, Zanzibar.

Cluster II: Quality of Life and Social Well Being

<p>National Priority or goals MKUKUTA: 1. Improved quality of life and social well-being with particular focus on the poorest and most vulnerable groups 2. Reduced inequalities (e.g. education, survival, health) across geographic, income, age, gender and other groups MKUZA: Improved social well being and access to quality services with emphasis on the poor and most vulnerable groups</p>			
<p>UNDAF Outcome by the end of the programme cycle: By 2010, increased access to quality basic social services for all by focusing on the poor and most vulnerable.</p>			
<p>Strategy Statement: The UNDAF Outcome will be achieved through strengthened and more effective, participatory national systems that ensure equity, and a focus on the poor and most vulnerable, paying special attention to gender/geographic/age/income disparities and HIV/AIDS.</p>			
<p>MDG 2,MDG 3, MDG 4, MDG 5, MDG 6, MDG 7 MKUKUTA Goals: 2.1, 2.2, 2.3, 2.4, 2.5 MKUZA Goals: 2.1, 2.2, 2.4, 2.4, 2.5, 2.6, 2.7, 2.8</p>			
Country Programme Outcomes	Country Programme Outputs	Role of Partners	Resource mobilisation targets
<p>1. Effective mechanisms, including social protection, in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable, including those affected by HIV/AIDS.</p>	<p>1. Development of a national social protection strategy is supported.</p>	<p>Mainland GoT (MoPEE, MCDGC, MoHSW, MLEYD, PMO, PMO-RALG, TASAF, NSSF, NHIF, TACAIDS etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Zanzibar RGoZ (incl. MoHSW, MoLYWCD; ZSSF, MSRASAF, ZAC etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Non-State Actors (NGOs, CSO, FBOs. Incl. AMREF, CSSS, TGNP, TFNC, UMASIDA) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise</p>	<p>WHO: \$894,000 UNICEF: \$9,361,000 UNDP: \$7,000,000 UNHCR: \$1,000,000 p.a. UNAIDS: \$100,000 ILO: \$4,000,000</p>
	<p>2. Social protection is extended to informal economy workers, including young women and men.</p>		
	<p>3. Care, support and protection mechanism for vulnerable children, including child laborers and children affected by HIV and AIDS², mainstreamed in national and district development plans, policies and programmes.</p>		
	<p>4. Partnerships to address gender-based violence, sexual harassment, HIV/AIDS stigma, and discrimination and other related socio-cultural issues to protection are strengthened.</p>		
	<p>5. The evidence base for addressing legal barriers and socio-cultural dimensions related to the realization of human rights improved.</p>		
	<p>6. Linkages between the national MVC interventions, sector coordination mechanisms and NGO/CBO networks are forged.</p>		

	<p>7. Gender equitable Household and community support structures and mechanisms are strengthened to ensure attainment of nutritional requirements and food security for the vulnerable, including those affected and infected by HIV/AIDS.</p>	<p>and enhance community participation.</p> <p>UN: UNDP, UNICEF, UNFPA, WFP, ILO, FAO, UNHCR, WHO, UNAIDS, UNESCO, UNIFEM: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
<p>2. Increased and equitable access to quality formal and non-formal education, including for those affected by HIV/AIDS.</p>	<p>1. Comprehensive Early Childhood policies and intersectoral frameworks are developed with clear institutional roles and EC stakeholders capacitated to undertake reforms in early childhood, with special attention to vulnerable and disadvantaged children, and enabled to develop affordable, community-based and integrated models of childcare and parenting education that can be supported through public-private partnerships.</p> <p>2. Institutional and Human Resources are developed and/or strengthened at all levels to be able to contribute to the attainment of the Education for All goals, and the MKUKUTA/MKUZA targets.</p> <p>3. Educational quality is improved in formal and non-formal settings; school retention, completion and achievement rates are increased; and a broad-based partnership in supporting improvements in the quality and management of education is enhanced.</p> <p>4. Enhanced capacity of relevant stakeholders to be able to deliver quality HIV/AIDS information and education programme, particularly to the youth and most vulnerable groups, a variety and sufficient gender sensitive HIV/AIDS instructional material available in formal and non formal settings, care and support mechanisms in place for supporting the education system's response to HIV/AIDS.</p>	<p>Mainland GoT (MoEVT, MLEYD, MoHEST, MoCDGC, PMO-RALG, LGAs, VETA, TIE, NACTE, TFNC etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Zanzibar RGoZ (incl. OCGS, MoEVT; TTC; MSRASF etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Non-State Actors (NGOs, CSO, FBOs, private sector) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise and enhance community participation.</p> <p>DPs: (SIDA, USAID, AfDB): as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNICEF, UNESCO, UNFPA, UNDP, WFP, ILO, UNHCR, FAO, UNAIDS, UNIDO: as per UNDAF</p>	<p>UNICEF: \$8,282,000 UNHCR: \$1,000,000 p.a. WFP: \$19,562,264</p>

	<p>5. Gender and other disparities are reduced in relation to increased access, retention and completion of quality basic education; and guidelines for mainstreaming gender responsiveness in formal and non-formal education systems and processes are adopted.</p>	<p>outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>		
	<p>6. All children and adolescents, including those currently marginalized, excluded or otherwise vulnerable, and children affected by HIV and AIDS are enrolled, participating and completing basic education in inclusive child-friendly formal and non-formal education systems, including vocational training schemes.</p>			
	<p>7. Educational opportunities, both formal and informal, are provided for all in emergencies and post-conflict situations, and education systems are safeguarded.</p>			
	<p>9. Most vulnerable young men and women are provided with life and livelihood skills for personal development, transition to adulthood, better integration into productive communities, and protection from HIV and other significant risks.</p>			
<p>3. Improved community access to safe, clean water and environmental sanitation in the rural and urban areas.</p>	<p>1. The availability and accessibility of potable water in rural and urban areas is increased and the water quality is improved through better quality standards.</p>	<p>Mainland GoT (MoW, MLHS, PMO-RALG, MCDGC, TASAF, LGAs etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Zanzibar RGoZ: Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Non-State Actors (WaterAid, AMREF, Water Resources Institute, water parastatals, private sector water groups, CSOs, FBOs etc) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise</p>	<p>WHO: \$540,000 UNICEF: \$1,797,000 UNHCR: \$2,000,000 p.a. UNDP: \$4,700,000 WFP: \$9,698,682 UNHABITAT: \$ 19,000,000</p>	
	<p>2. The effectiveness and capacity of local authorities, including village/ward water and community development committees, to manage water systems, including catchments areas, is improved with equitable gender representation at decision-making levels.</p>			
	<p>5. Government is supported in the development of gender responsive environmental health, hygiene and sanitation guidelines.</p>			
	<p>6. The awareness and knowledge of communities, including school children, about personal hygiene and environmental health is improved.</p>			

	<p>7. The availability of sanitation facilities for families, schools, work and public places and solid waste management practices at community level are improved.</p>	<p>and enhance community participation.</p> <p>DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: WFP, UNHCR, UNDP, UNICEF, WHO, UNESCO, ILO, UN-HABITAT: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>	
<p>4. Increased and equitable access to comprehensive reproductive and child health interventions.</p>	<p>1. The evidence-based and prioritized national framework for accelerating reduction of Maternal, Newborn and Child deaths costed, supported, implemented and monitored.</p> <p>2. National, district and community (ward/SHEHIA) capacity for scaling up of comprehensive adolescents, reproductive health, child health and nutrition interventions integrated, financed and monitored.</p> <p>3. Comprehensive client-oriented and gender sensitive RCH services, that provide a continuum of care and includes commodity security for RCH, condom programming and nutrition, provided.</p>	<p>Mainland GoT (MoHSW, MCDGC, PMO-RALG, LGAs, TACAIDS, TFNC etc): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Zanzibar RGoZ: (MoHSW): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Non-State Actors (AMREF,</p>	<p>WHO: \$21,702,000 UNICEF: \$14,382,000 UNHCR: \$1,000,000 p.a. UNFPA: \$7,100,000 WFP: \$5,075,581</p>

	<p>4. Comprehensive national nutrition policies and strategies, including human resource capacity related to adolescents, pregnant women, infants and children developed, supported, monitored and integrated within RCH programme.</p>	<p>UMATI, PSI, FHI (Family Health International), AFRICARE, Engender Health, Pathfinder, Women's Dignity Project, Marie Stopes, TGNP, Save the Children International, MEWATA (Medical Women's Association of Tz), AGOTA (Association of Gynecologists and Obstetrics n Tz), Pediatrics Association, White Ribbon Alliance, Care International, TAYOA (Tz Youth Alliance) , and other CSOs, FBOs) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise and enhance community participation.</p> <p>DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: WHO, UNFPA, UNICEF, WFP, UNDP, UNHCR: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>	
<p>5. Increased access to comprehensive prevention, care and treatment, and impact mitigation of HIV/AIDS and other major diseases</p>	<p>1. Increased awareness, knowledge, skills and services of HIV/AIDS prevention among most vulnerable communities achieved through district and community-owned HIV/AIDS interventions.</p> <p>2. Advocacy & Communication strategies developed and implemented to address stigma, discrimination; and gender relations that render women and girls vulnerable to infection</p> <p>3. Capacity building and empowerment of all leaders to support the Three Ones³.</p> <p>4. The Essential Package for universal access to HIV and AIDS prevention, care, treatment and support, incl. home-based care and nutrition made available to the poor and most vulnerable</p>	<p>Mainland GoT (All public sectors, TACAIDS, NACP, CMACs, MOHSW (NTLP – NACP, NMCP, NIMR, IHRDC, MUCHS, TFNC etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Zanzibar RGoZ: (GoZ, ZAC, ZANGOC, ZACP, NACP): Policy formulation, resource mobilization, allocation, implementation and monitoring</p>	<p>WHO: \$13,644,000 UNICEF: \$2,803,000 UNHCR: \$1,500,000 p.a. UNDP: \$4,000,000 WFP: \$11,040,048 UNFPA: US\$ 5,600,000</p>

	5. Strengthened monitoring of the AIDS epidemic through sentinel surveillance targeting population sub-groups, and ICT based monitoring and record keeping ⁴ of care and treatment for PLWHAs developed and operationalized in CTCs	<p>Non-State Actors (ABCT, UMASIDA, state and private universities, other institutions of higher learning, AMICAALL, networks of people living with HIV and AIDS, Moslem Council of Tanzania, ELCT, TEC, TCC, KAKAU, CSSC, UMATI, TPHA, WAMATA, TAS, AMREF, and other international NGOs. CDC, PATH, GLRA, GFATM, PPP - FBOs, Private Hospitals and Norvatis. Clinton Foundation, ZAYADESA, ZAPHA+, AFRICARE, Save the Children International, Zanzibar Inter-Faith Committee on HIV/AIDS, WAMATA USAID, Global Fund, Save the Children International etc) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise and enhance community participation.</p> <p>DPs (e.g. DFID, DCI, Italian Cooperation, President Malaria Initiative: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNAIDS, WHO, UNFPA, UNICEF, UNDP, WFP, UNHCR, ILO, UNESCO: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>		
	6. Expanded DOTS coverage in order to increase TB case detection rate, cure rate, reduce defaulters and transfer out rates in inaccessible rural areas, urban slum areas and the general population.			
	7. Access to effective prevention and treatment interventions for malaria and other major diseases increased, for the poor and most vulnerable, especially children under the age of five, pregnant women, refugees and other at risk communities.			
	8. HIV drug resistance surveillance protocols developed and implemented			
			Total: \$176,781,575	

³ Three Ones: One National Strategy; One Monitoring Framework; One Coordinating Authority

⁴ Indiana University in close collaboration with NACP, WHO and UNDP is in the process to pilot an Electronic Medical Record System (EMRS) in Tumbi, Ocean Hospital and Morogoro Hospital.

Mainland Tanzania

Coordination Mechanisms:

- Coordination through GoT led national working groups: public expenditure review (PER) W/group ; PER Macro group; PER W/group on Cluster 2 (Quality of Life and Social Well-Being); PER W/group on social sectors (if these remain), the Partnership Forum on HIV/AIDS, Gender Macro Policy Working Group, Local Government Reform Programme and Consultative Forum; Local Government Reform Program Common Basket Fund Steering Committee; Ministry of Community Development, Gender and Children/DPG Gender Task Force
- Coordination through DPG led sector and thematic W/groups (TBD – based on new architecture of DPG & JAS division of labour on lead DPs: Tentatively – Basic Education Development Committee; Health; Agriculture and Food Security (for social protection elements), LG Reform, Environment sub-group, DPG Zanzibar.
- UN Inter-agency coordination through Inter-Agency Programme, UNDAF W/group on Cluster 2; Inter-Agency Gender Group (IAGG); UN Theme Group on HIV/AIDS; Joint UN Team on AIDS

Programme Modalities:

- Participation in health SWAP baskets for central and district level planning of activities through SWAP committees, Basket Financing Committees and Technical Committee, DPG Health (in Secretariat role or as a Member), Chair (or Member) for DPG Health RH sub-committee.
- At the minimum, UN Agencies will notify the Exchequer of all incoming UN assistance to Tanzania. Technical cooperation modalities will be in line with JAS principles; and progressively aligned with national systems of public financial management, procurement, audit and reporting; as well as with national cycle of planning, budgeting and monitoring.
- Alignment with the MKUKUTA Monitoring Master Plan (MMMP); participation in associated MMMP w/groups.
- Funds channelled through sector baskets where possible, e.g. health, and/or active participation in a technical secretariat function for the basket (e.g. health and possibly education – to be discussed at the CMT); use of the project modality for pilots and innovations and for humanitarian assistance; work with social partners (GoT, employers, workers), civil society and other stakeholders.
- Alignment with LG Reform Programme; tripartite National Task Force/Programme Advisory Committee.

Zanzibar

Coordination Mechanisms:

- Coordination through GoZ led national working groups, incl. public expenditure review (PER) sector W/groups; PMS working groups (i.e. Research and Analysis, Census and Surveys; Information and Education)
- Coordination with active CSOs/umbrella associations
- UN Inter-agency coordination through Inter-Agency Programme Committee; UNDAF w/group on Zanzibar; UNDAF Cluster 2 W/group; Inter-Agency Gender Group; UN Theme Group HIV/AIDS; Joint UN Team on AIDS.

Programme Modalities:

The UN will facilitate the formation of a SWAP mechanism in support of the health sector; and carry systematic joint planning with GoZ. As per the recommendations of the JSR (2005), the UN will undertake a *gradual transition* towards more effective UN support to the ZPRP by adopting the following arrangements: a division of labour among participating UN agencies following local agreement based on the Global Task Team recommendations on a division of labour among UNAIDS co-sponsor; use of the UNDG fund mgt. mechanisms for the implementation of UN joint programs; ensure that information on all UN assistance to the Government of Zanzibar is shared with the MoFEA, Zanzibar for further integration in the External Assistance Database. Additionally, part of UN assistance will be channelled through the Exchequer; or use the direct project funding modality.

Cluster III: Governance and Accountability

<p>National priority or goals MKUKUTA: 1. Good governance and rule of law ensured; 2. Leaders and public servants are accountable to the people through the effective reduction of corruption and public access to information; 3. Democracy and political and social tolerance are deepened; 4. Peace, political stability, national unity and social cohesion are cultivated and sustained. MKUZA: A society governed by the rule of law and government that is predictable, transparent and accountable</p>			
<p>UNDAF outcome by the end of the program cycle: By 2010, democratic structures and systems of good governance as well as the rule of law and the application of human rights, with a particular focus on the poor and vulnerable groups, are strengthened</p>			
<p>Strategy Statement: The UNDAF outcome will be achieved through democratic governance that fosters inclusion, accountability, transparency and social justice in the public and private sectors and civil society, at all levels.</p>			
<p>Millennium Declaration MKUKUTA Goals: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6 MKUZA Goals: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12</p>			
Country Programme outcomes	Country Programme Outputs	Role of partners	Resource mobilization targets
1. Strengthened political, parliamentary and electoral systems that enhance effective participation and representation and promote political tolerance, oversight and credible elections.	1. Enhanced capacity of the Africa Peer Review Mechanism (APRM) Secretariat to coordinate the APRM process and implementation of the APRM Action Plan. 2. The capacity of Parliament and the Zanzibar House of Representatives for policy and budget oversight, research and strategic communication strengthened. 3. Advocacy for review and reform of legal provisions constraining democratic practices, including those constraining free and fair elections, supported.	<p>Mainland GoT (incl. MPEE, PMO, MoJCA, NEC, Electoral Law Reform Commission): Coordination, facilitation and convening power; lead the APRM process; prepare and submit budget and draft legislation; facilitate a free and fair electoral process Parliament: oversight role over GoT ministries; networking, engaging civil society</p>	UNICEF : \$315,000 UNDP: \$28,500,000

	<p>4. The electoral process strengthened through capacity development support to NEC/ZEC, inter-party dialogue, and civic/voter education.</p>	<p>Non-State Actors (incl. LRC, CSOs, political parties etc.): Participation in policy and legislative processes, participation in the APRM process; advocacy</p> <p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA., capacity building and skills development at all levels.</p> <p>House of Representatives: oversee government ministries and departments.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities: participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate.</p> <p>URT CHRAGG: Identify and recommend review and reform of legal provisions, advocacy.</p> <p>DPs (incl. International Parliamentary Fora): as per JAS guided division of labour among DPs (TBD).</p> <p>UN: UNDP, UNFPA, UNICEF, UNIFEM, UNESCO: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
<p>2. Strengthened national and local structures and systems of governance that foster the rule-of-law, promote gender equality, combat corruption and promote accountability and transparency</p>	<p>5. Corruption is effectively addressed through improved institutional capacity, including inclusive and equitable processes and enhanced legal frameworks and mechanisms.</p>	<p>Mainland GoT (incl. PCB, GGCU, MoF, MDAs, LGAs, MCDGC, PMO-RALG, Ethics Secretariat, TACAIDS, etc.): Prepare and submit draft legislation; coordination, monitoring and reporting on anti-corruption activities; MDAs implementation of anti-corruption frameworks; safeguard the rule of law.</p>	<p>UNICEF: \$473,000 UNHCR:\$1,500,000 p.a. UNDP: \$8,000,000 UNFPA: \$4,000,000</p>
	<p>6. E-governance Plan of Action and capacity to promote and implement the national ICT policy strengthened.</p>		
	<p>7. Improved capacity of civil society, incl. the media, to promote transparency and demand accountability.</p>		

	<p>8. Increased capacity and opportunities for women, the most vulnerable children and adolescents as well as People Living with HIV/AIDS (PLHAs) to participate in governance at all levels, including in the Three Ones, and have their views heeded.</p> <p>9. The establishment of municipal youth councils and partnerships promoted to foster local development and empowerment of youth and women.</p> <p>10. Effective labour administrative system in place.</p> <p>11. Increased capacity of Government institutions to deliver protection, care and solutions for refugees.</p> <p>12. Capacity of TACAIDS, Zanzibar AIDS Commission, local government authorities, district councils, Shehias and stakeholders at all levels to coordinate, support and implement the multi-sector responses to HIV/AIDS is improved.</p> <p>13. Legal institutions bodies, judges, lawyers, CSO, associations of PLWHAs trained on HIV/AIDS law enforcement issues.</p> <p>14. Legal literacy campaigns to educate the public about laws and rights related to HIV/AIDS victims promoted.</p>	<p>Non-State Actors (incl. CSOs, NGOs, private sector, media, representative organizations, etc.): Promote good governance in their own institutions; mobilize and enhance participation of communities; monitor check and balances</p> <p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities/ private sector: participate in planning, implementation and monitoring, CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT DPs (incl. International Parliamentary Fora): as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNDP, UNICEF, UNIFEM, UNESCO, ILO, UNHCR, UNAIDS, UN-HABITAT: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	<p>UNHABITAT: \$ 500,000 ILO: \$500,000</p>
<p>3. Enhanced and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms</p>	<p>15. Capacity of justice administrators, quasi-judicial bodies, LGAs and law enforcement institutions strengthened to administer justice in a fair, transparent and speedy manner.</p> <p>16. Enabling legislation for law enforcement, justice and crime prevention.</p> <p>17. National capacity is strengthened to ratify, domesticate, monitor and report on the implementation of international human rights conventions, protocols and policy frameworks, in particular those in relation to vulnerable groups.</p>	<p>Mainland GoT (incl. MoJCA, MoHA, MoPSS, LRC, MoLEYD, LGAs, PMO-RALG, MoCDGC, etc.): Maintenance of law and order; strategic communication; ensuring equitable access to justice; report and follow-up on recommendations under international instruments.</p> <p>Judiciary and quasi-judicial bodies: Dispensation and administration of justice</p> <p>Non-State Actors (incl., CSOs,</p>	<p>UNICEF: \$2,977,000 UNHCR: \$1,000,000 p.a. UNDP: \$3,800,000 UNDP: \$2,000,000 UNHABITAT: \$ 500,000</p>

	<p>18. Right holders empowered to be more aware and demanding with respect to human rights and freedoms, including accessibility of gender sensitive provisions in legislation.</p> <p>19. Freedom of access to public information legislation promoted and developed and strategic communication capacity of government strengthened.</p> <p>20. Government and stakeholders supported in harmonizing the laws and in advancing the harmonization of legal regimes in such areas as marriage, affiliation, inheritance and land tenure.</p> <p>21. Most vulnerable children and adolescents facilitated to access and participate in enhanced justice services.</p> <p>22. Updated and strengthened legal framework, enhanced access to legal services and increased public awareness for the protection of refugee rights in conformity with international standards and good practices.</p> <p>23. Journalists and media experts knowledge and competencies on HIV/AIDS issues reinforced.</p> <p>24. Media efforts in gaining access to information and in assuring freedom to publish news related to HIV/AIDS issues strengthened.</p> <p>25. The establishment of alternative forms of justice promoted at the local level, bringing justice closer to the people (e.g. Auxiliary Police, Ward-tribunals, mediation & conflict resolution on community level)</p>	<p>NGOs, representative organizations, etc.): Awareness raising and advocacy on human rights; promote check and balances</p> <p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities/private sector: participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT CHRAGG: Promote check and balances, advocate for human rights.</p> <p>DPs (incl. International Parliamentary Fora): as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNICEF, UNDP, UNESCO, ILO, UNHCR, UNFPA, UN-HABITAT, WHO: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>	<p>UNAIDS: \$50,000</p>
<p>4. Strengthened budget planning & MKUKUTA/MKUZA Monitoring Systems that foster participation and gender equality</p>	<p>26. Increased capacity and strengthened government and CSO partnerships to improve and engender outcome based planning, budgeting and monitoring processes at and between all levels, including the availability of sex and age disaggregated data, data on gender based violence (GBV), decent work, HIV/AIDS (with a focus on prevention), and food security.</p> <p>27. Education Sector Management Information System - reliable and timely disaggregated data both quantitative and qualitative for sound policy making, effective planning and decision making at all levels, in monitoring progress in achieving goals and targets, and assessing programme performances.</p> <p>28. National capacity to coordinate, manage and monitor aid harmonization and alignment is improved.</p>	<p>Mainland GoT (incl. MOPEE, MoF, NBS, LGAs, PMO-RALG, MDAs, TACAIDS, etc.): Establish MKUKUTA priorities; resource mobilization; budget planning and monitoring at all levels; coordinate capacity dev.;</p> <p>policy guidance and supervision; facilitate participation of other stakeholders; manage the JAS process; incl. an Aid Management System/Database.</p> <p>Non-State Actors (incl., CSOs, NGOs, representative organizations,</p>	<p>WHO:\$13,984,000</p> <p>UNICEF: \$1,578,000</p> <p>UNHCR:\$2,000,000 p.a.</p> <p>UNDP: \$8,000,000</p> <p>UNFPA: \$5,500,000</p> <p>UNAIDS: \$50,000</p> <p>ILO: \$200,000</p>

	<p>29. Capacity of key stakeholders to develop local government level policies and plans that are gender sensitive and take into account the rights of poor, vulnerable groups of women, youth & children, and PLHA</p> <p>30. Enhanced access to, management and effective utilization of domestic (through MTEF budgetary processes) and external HIV & AIDS resources (GFATM, TMAP grants and other donor funds).</p> <p>31. Enhanced capacities at levels to support the implementation of the “Three Ones” (HIV Coordinating Authority (TACAIDS); Strategic Framework (NMSF); M & E system for protection of vulnerable groups.</p>	<p>IMG; etc.): Participation in policy processes, incl. budget planning and monitoring; monitoring implementation of the JAS</p> <p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities/ private sector: participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNFPA, UNDP, ILO, UNICEF, WHO, UNAIDS, FAO : as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>	
<p>5. Increased protection and promotion of the rights of the poor and most vulnerable groups, including those infected with and affected by HIV/AIDS and their caregivers</p>	<p>32. Gender sensitive and anti-discrimination legislation, policies and strategies enhanced to protect and care for the infected and affected and to prevent further spread of HIV/AIDS.</p> <p>33. Enhanced capacity of women and young people to articulate and claim their legal rights, including on sexual and reproductive health.</p> <p>34. Increased participation of most vulnerable children and adolescents in a protective and inclusive environment.</p> <p>35. Training of legal institutional bodies, judges, lawyers, CSOs and PLWHAs in laws related to HIV/AIDS to ensure reinforcement supported.</p>	<p>Mainland GoT (incl. MoH&SW, MCDGC, TACAIDS, Law and Reform Commission, etc.): Prepare draft legislation, facilitation and convening role, etc.</p> <p>Parliament: Passing legislation; maintain its oversight role over GoT ministries.</p> <p>Non-State Actors (incl., CSOs, NGOs, representative organizations, etc.): Participation, mobilization of communities, check and balances; advocacy</p> <p>Zanzibar:</p>	<p>WHO: \$200,000 UNICEF:\$5,137,000 UNHCR:\$1,000,000 p.a. ILO: \$100,000</p>

	<p>36. Legal literacy programmes and campaigns to educate the public about the laws and rights related to HIV/AIDS victims promoted.</p>	<p>RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT</p> <p>CHRAGG: Promote check and balances; advocate for human rights.</p> <p>DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNDP, UNFPA, UNIFEM, WHO, UNAIDS, UNICEF, UNHCR : as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
<p>6. Enhanced government capacity for disaster preparedness, response to refugee flows and management of transition from humanitarian assistance to development.</p>	<p>37. Disaster risk reduction policies and disaster management capacities strengthened for GoT's and RGOZ's emergency relief, rehabilitation and recovery activities</p> <p>38. Intersectional coordination and mainstreaming of disaster risk management supported</p> <p>39. Construction technologies and building materials developed for use in disaster prone areas and in rehabilitation and reconstruction programmes.</p> <p>40. Government's capacity to receive and handle refugees from conflict-torn GL countries improved.</p> <p>41. Government supported to promote durable solutions for refugees.</p> <p>42. Strengthened government capacity in Kagera and Kigoma Regions to manage transition from a refugee-hosting situation to sustainable development.</p> <p>43. Government's capacity developed to reduce negative impact of illicit small arms and light weapons in refugee hosting areas close to GLR conflict zone.</p>	<p>Mainland</p> <p>GoT (incl. PMO, LGAs, PMO-RALG, etc.): TBD</p> <p>Non-State Actors (incl., CSOs, NGOs, representative organizations, etc.): Participation, mobilization of communities</p> <p>Zanzibar:</p> <p>RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities: participate in planning, implementation and monitoring. Private sector: increase domestic</p>	<p>WHO: \$302,000</p> <p>UNICEF: \$5,837,000</p> <p>UNHCR:\$4,000,000 p.a.</p> <p>UNDP: \$8,500,000</p>

	44. Life skills improved for refugees and refugee hosting communities close to GLR conflict zones.	investment, provision of credit facilities, supply of inputs and marketing of products. CSO: build local capacity, mobilize and empower communities to participate	
45. Environmental security improved for refugees and refugee hosting communities close to GLR conflict zones.			
46. Food security improved for refugees and refugee hosting communities close to GLR conflict zones.	URT		
47. Food security improved for refugees and refugee hosting communities close to GLR conflict zones.	DPs): as per JAS guided division of labour among DPs (TBD) UN: UNDP, UNICEF, UNHCR, WFP, FAO, WHO, UNESCO, UN-HABITAT: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS		
			Total: \$110,503,000

Coordination Mechanisms and Program Modalities:

Mainland Tanzania

Coordination Mechanisms:

- Coordination through GoT led national working groups: Development Cooperation Forum (DCF); public expenditure review (PER) W/group; PER W/group on Cluster 3 (Good Governance and Accountability); PER W/Group on Financial Accountability; JAS Working Group; Local Government Reform Program Consultative Forum; Legal Sector Reform Technical Coordination Committee; PFMRP WG; Gender Mainstreaming Working Group - Macro-policies (GMWG); Partnership Forum on HIV/ AIDS; Tanzania National Coordination Mechanism (TNCM); MMMP W/groups (Research and Analysis; data; communication).
- Coordination through DPG led sector and thematic W/groups (TBD – based on new architecture of DPG & JAS division of labour on lead DPs): Tentatively – GWG; LSDG; DPG ICT w/group; DPG poverty monitoring group (PMG), DPG Public Financial Management w/group, DPG Public Sector Reform Group. UN support to DPG include: co-chairing of DPG; chairing of selected DPG w/groups (TBD); secretariat support to DPG and selected w/groups (TBD).
- Coordination with the private sector through the Association of Tanzania Employers; trade unions organizations; Tanzania National Business Council (TNBC)
- UN Inter-agency coordination through Inter-Agency Program Committee, UNDAF W/group on Cluster 3 (Good Governance and Accountability); Inter-Agency Gender W/group; UN Theme Group on HIV/AIDS; Joint UN Team on AIDS

Program Modalities:

- The UN will participate in the SWAP in respect of the Legal Sector Reform Program; use the project modality for pilots and innovations; work with social partners (GoT, employees and workers) and other stakeholders.
- Channel funds through sector baskets (e.g. Legal Sector Reform Program Basket; National Bureau of Statistics Basket Fund); straight to social partners and civil society organizations; direct project funding using national structures. Ensuring that information on all incoming UN assistance to Tanzania is made available to Government.
- Technical cooperation modalities in line with JAS principles; progressive alignment with national systems of public financial management, procurement, audit and reporting; the alignment with the national cycle of planning, budgeting and monitoring (alignment with the MKUKUTA Monitoring Master Plan – MMMP).
- A number of “Collaborative” and “Joint” UN Programmes (where appropriate) including Strengthening Human Security in North-western Tanzania (FAO; UNDP; UNHCR; UNICEF; UNIDO; WFP).

Zanzibar

Coordination Mechanisms:

- Coordination through GoZ led national working groups, incl. public expenditure review (PER) W/groups; the National Committee on Disaster Mitigation (Zanzibar); PMS working groups (i.e. R&A; Info. & Education; Census & Survey; Stakeholders)
- Coordination through DPG, incl. the DPG w/group on Zanzibar.
- Coordination with the private sector through the Zanzibar Business Council.
- UN Inter-agency coordination through Inter-Agency Program Committee; UNDAF w/group on Zanzibar; UNDAF Cluster 3 (Good Governance and Accountability); Inter-Agency Gender W/group; UN Theme Group on HIV/AIDS; Joint UN Team on AIDS

Program Modalities:

The UN will carry systematic joint planning with GoZ. As per the recommendations of the JSR (2005), the UN will undertake a *gradual transition* towards more effective UN support to the ZPRP by adopting the following arrangements: a division of labour among participating UN agencies following local agreement based on the Global Task Team recommendations on a division of labour among UNAIDS co-sponsor; use of the UNDG fund mgt. mechanisms for the implementation of UN joint programs; ensure that information on all UN assistance to the Government of Zanzibar is shared with the MoFEA, Zanzibar for further integration in the External Assistance Database. Additionally, part of UN assistance will be channelled through the Exchequer; or use the direct project funding modality, incl. use of the UNDG fund mgt. mechanism for the implementation of UN “Joint” programs.

Table 3: UNDAF Monitoring and Evaluation (M&E) Framework

2007-2010

Note: some baseline data will not be available at the time of finalizing the UNDAF (e.g. governance)

Country Program Outcomes and responsible agencies from UN side	Indicators	Baseline	Source of verification
CLUSTER I			
1. Increased adoption of equitable pro-poor and gender sensitive economic policies and programs	GDP Growth Per Annum	6.8% (2005); 6.5 % (2004/05, Zanzibar)	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Agriculture GDP growth per annum	5.2 % (2005);	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Manufacturing GDP growth per annum	9% (2005)	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Infrastructure GDP growth per annum (transport and communication)	6.4 % (2005)	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Annual rate of inflation	4.2 (2004); 8.1% (2004/05, Zanzibar)	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Central Government revenue as % of GDP	13.1 % (2004/05)	MPEE/Econ. Survey/MoF
	Fiscal deficit as % of GDP (before/ and after grants)	-11.8%/ -4.5% (2004/05)	MoF
	Export as % of GDP	23.1% (2004)	BoT
	% increase in foreign direct investment	9.9% (2004)	BoT
	% of households in rural and urban areas using alternative sources of energy to wood fuel (including charcoal) as their main source of energy for cooking		HBS/Census
	Gini Coefficient	0.35 (2000/01);	NBS/HBS
	Headcount ratio, food poverty line	18.7% (2000/01); 13% (2004/05, Zanzibar)	NBS/HBS
	% of rural population who live within 2 kms of an all-season passable road (rural access indicator)	38%	NBS/HBS
	% of smallholders participating in contracting production and out-growers schemes		NBS-Agric Survey
	Total small holder land under irrigation as % of total cultivable land		NBS-Agric Survey
	% of small holders who accessed formal credit		NBS-Agric Survey
	% of small holder households who have one or more off-farm income generating activities		NBS-Agric Survey
	Domestic credit to private sector as % of GDP	8.6% (2004)	BoT
% of households whose main income is derived from the harvesting, processing and marketing of natural resources products		NBS-HBS	

2. National productivity and competitiveness is improved through decent employment opportunities, equitable access to and effective use of productive resources, improved transport and communications network, and greater market access.	Proportion of working age population not currently employed		NBS/MoL/ILFS
3. Increased food availability and access for the most vulnerable population, including those infected and affected by HIV/AIDS and their carers.	Food self sufficiency ratio	96.2 % (2000/01-2004/05)	MAFS-NFS
	Proportion of districts reported to have food shortages		MAFS-NFS
	% change in production by small holder households of key staple crops (maize, rice, sorghum)		MAFS/Agric Survey
	Proportion of households who take no more than one meal per day.	1.1 (2000/01)	NBS-DHS
CLUSTER II			
1. Effective mechanisms, including social protection, in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable.	Proportion of children working and not going to school	28.2 (2000/01 HBS) 19 (ILFS 2000/01) F: 18.1,M:19.9	MoLEYD/NBS-ILFS
	Proportion of orphaned children	1.2 (2004)	MoH/NBS-Census
	Poverty Head Count ratio of Female headed Households	35.3 (2000/01)	NBS/HBS
2. Increased and equitable access to quality formal and non-formal education.	Net primary school enrolment rate (M/F)	90.5 (2004) F: 90 M: 91	MoEVT/NBS-MIS/HBS/Census
	Net enrolment at pre-primary level	1.43 % (2005)	MoEVT- MIS
	Percentage of cohort completing Standard VII (M/F)	72 (2003)M: 73, F: 72	MoEVT- MIS
	Percent of students passing the Primary School Leavers' Exam	62 (2005)	MoEVT- MIS
	Pupil/Teacher ratio	1:56 (2005)	MoEVT- MIS
	% of teachers with relevant qualifications	58 %	MoEVT- MIS
	Pupil/text book ratio		MoEVT- MIS
	Proportion of children with disability attending primary school		MoEVT- MIS
	Transition rate from Standard VII to Form 1 (M/F)	48.7% (2005)	MoEVT- MIS
	Percent of students passing the form four examination		MoEVT- MIS
	Enrolment in higher education Institutions		MSTHE
Literacy rate of population aged 15+	69 (2002) F: 62, M: 78; 75.8 (Zanzibar)	NBS-Census	

3. Improved community access to safe, clean water and environmental sanitation in the rural areas.	Proportion of population with access to piped or protected water as their main drinking water source (30 min – go, collect, return to be taken into consideration)		MoW/NBS-DHS/HBS/ILFS/Census
	Percentage of households with basic sanitation facilities	47 % (2004)	NBS-DHS/HBS/Census
	Percentage of schools having adequate sanitation facilities (as per policy)		MOEVT- IMIS
	No. of reported cholera cases		MoH
4. Increased and equitable access to comprehensive reproductive and child health interventions.	Infant mortality rate	68 (2004)	MoH/NBS-DHS/Census
	Under-five mortality rate	112(2004)	MoH/NBS- DHS/Census
	DPT/Hb3 coverage	86 (2004)	MoH/NBS -HMIS/DHS
	Proportion of children malnourished		MoH/NBS- DHS
	Maternal mortality ratio	578	
	Proportion of births attended by a skilled health worker	46 (2004) ⁵	MoH/NBS- DHS/HMIS
	TB treatment completion rate	80.9 % (2003)	MoH/TB Programme
	Life expectancy	51 (2002)	NBS-DHS/Sensus
5. Increased access to comprehensive prevention, care and treatment, and impact mitigation of HIV/AIDS and other major diseases	Proportion of population reporting to be satisfied with health services	62 % (2002)	MoH/NBS-HBS
	% of persons with advanced HIV infection receiving ARV combination therapy		MoH/NACP
	HIV prevalence rate 15-24 yrs age group	7.4% (2004)	MoH/NACP/TACAIDS
CLUSTER III			
1. Strengthened political,	% of women among Members of Parliament	30.4 % (2005)	Clerk of National Assembly

⁵ This includes Doctor/Assistant Medical Officer, Clinical Officer (CO)/Asst CO, Nurse/ Midwife and Maternal and Child Health (MCH) Aide. According to the international definition, which does not include MCH Aide, the proportion of births attended by a skilled health worker is 43.4%.

parliamentary and electoral systems that enhance effective participation and representation and promote political tolerance, oversight and credible elections	% of women representatives (elected) in the district council		PMO-RALG
2. Strengthened national and local structures and systems of governance that foster the rule-of-law, promote gender equality, combat corruption and promote accountability and transparency	Proportion of women among senior civil servants	26.8 % (2005)	Civil Service Dept.
	% of government entities awarded clean audit certificates from the National Audit Office	45 % of MDAs (2003/04) 43 % of LGAs (2003/04)	National Audit Office (NAO)
	% of procuring entities complying with the public procurement act and procedures		NAO/MoF
	Number of corruption cases convicted as % of number of investigated cases sanctioned for prosecution by the Director of Public Prosecutions		GGCU/PCB
	% of population reporting satisfaction with Government Services		POPSM
3. Strengthened and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms	% of population with birth certificates	5.7 % mainland, 63.2% Zanzibar (2004)	DHS/Administrator General/MoJCA
	Proportion of villages assemblies holding quarterly meeting with public minutes		PMO-RALG/Civil Soc
	Proportion of LGAs posting public budgets, revenue and actual expenditures on easily accessible public notice boards		PMO-RALG/Civil Soc
	% of females from small holder households with land ownership or customary land rights		Agric. Survey
	% of court cases outstanding for two or more years		MOHA, MoJCA
	% of prisoners in remand for two or more years compared to all prisoners in a given year		MOHA, MoJCA
	% of detained juveniles accommodated in juvenile remand homes		MOHA
	Average number of inmates per facility as % of authorized capacity		MOHA
4. Strengthened budget planning & MKUKUTA/MKUZA Monitoring Systems that foster participation and gender equality	The monitoring of MKUKUTA and MKUZA executed in line with the MKUKUTA Monitoring Master Plan and the Poverty Monitoring System of MKUZA		MPEE/MoFEA
5. Increased protection and promotion of the rights of the poor and most vulnerable groups, including those infected with and affected by HIV/AIDS and their caregivers	Number of cases filed on infringement of human rights		MOHA
	Number of cases of crime reported		MOHA
	% who agree that a husband is justified in hitting or beating his wife for a specific reason		NBS/DHS

6. Strengthen government's capacity for disaster preparedness and response and management of transition from humanitarian assistance to development.	% of regional administrations that have received training in disaster management		
	% of refugee hosting districts with a transition & recovery strategy		
	Number of weapons collected in refugee hosting communities		
	National Eligibility and Ad-Hoc Committees established, equipped and well functioning		
	Number and processing time of Refugee Status Determination cases by the committees		
	Number of refugees provided with basic humanitarian assistance in accordance with UNHCR minimum standards		
	Number of refugees achieving durable solutions		

Table 4: JAS Dialogue Structures

Name of forum	Actors	Issues to discuss	Output
NSGRP/ZSGRP reviews, Poverty Policy Week	GOT, DPs, NSAs	Assessment of progress in implementing NSGRP/ZPRP, including sector reforms and cross-cutting issues	Annual NSGRP/ZSGRP report, Biennial PHDR (both are published)
National Budget & MTEF	MDAs, RAS, LGAs, Parliamentarians	MTEF preparation and national budget approval	MTEF, National Budget (published)
PER (national)	MDAs, DPs, NSAs	National and local government budget performance and resource allocation in line with NSGRP/ZSGRP (growth and income poverty reduction; improvement of quality of life and social well-being; governance), macro economic issues, financial accountability and fiduciary risk	Cluster studies, PEFAR report (available at PER annual meeting), feed into NSGRP report
PER at LGA level	LGAs, CSOs, private sector	Planning, implementation, management, supervision, M&E of development activities and services in the district, discussing actions to attract investors in the district	Inform district planning process and national PER
GBS Annual Review	MDAs, GBS-DPs	PAF assessment (1. growth and income poverty reduction, 2. improvement of quality of life and social well-being, 3. governance, 4. resource allocation and budget consistency, 5. public financial management and accountability, 6. macroeconomic stability), strategic and technical issues of GBS, DP performance	GBS review report (to be posted in MoF website), Reassessment of PAF indicators (annex in GBS review report), GBS commitments for next financial year
Poverty Reduction Growth Facility	IMF, MoF, BoT, GBS representatives	Macroeconomic performance	Letter of Intent (to be posted in MoF website)
Development Cooperation Forum	High Level GOT and DP representatives	Strategic debate, consultation and policy advice on NSGRP/ZSGRP, JAS, cross-cutting issues, key policy reforms, aid exit strategy	Advise on high-level political decisions
JAS review	GOT, DPs, NSAs	Assessment of GOT and DP implementation of JAS	Annual JAS report (to be published), Reassessment of JAS Actions (to be posted on MoF website)

Table 5: Development Partners' Group Architecture
(Work in progress, not completed at the time of finalizing the UNDAF)

Table 6: Division of Labour among UNAIDS Co-Sponsors

TECHNICAL SUPPORT AREAS	Lead Organisation	Main Partners
1. STRATEGIC PLANNING, GOVERNANCE AND FINANCIAL MANAGEMENT		
1. AIDS, development, governance and mainstreaming, including instruments such as PRSPs, and enabling legislation, human rights and gender	UNDP/ <i>UNFPA</i>	ILO, UNAIDS Secretariat, UNESCO, UNICEF, WHO, World Bank, UNFPA, UNHCR
2. Support to strategic, prioritized and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work.	World Bank (<i>tbc</i>)	ILO, UNAIDS secretariat, UNDP, UNESCO, UNICEF, WHO
3. Procurement and supply management, including training	UNICEF	UNDP, UNFPA, WHO, World Bank
4. AIDS workplace policy and Programmes, private-sector mobilization	ILO	UNESCO, UNDP, <i>UNIDO</i> , <i>WFP</i> , <i>UNICEF</i> , <i>UNAIDS</i>
2. SCALING UP INTERVENTIONS		
Prevention		
5. Prevention of HIV transmission in healthcare settings, blood safety, counselling and testing, sexually-transmitted infection diagnosis and treatment, and linkage of HIV prevention with AIDS treatment and other sexual and reproductive health services.	WHO	UNICEF, UNFPA, ILO, <i>UNHCR</i>
6. Provision of information and education, condom programming, prevention for young people outside schools Gender and HIV/AIDS prevention	UNFPA, <i>UNICEF</i>	ILO, UNAIDS Secretariat, UNESCO, UNICEF, UNODC, WHO, UNDP
7. Prevention of mother-to-child transmission (PMTCT)	UNICEF/ <i>WHO</i>	UNFPA, WFP
8. Prevention for young people in education institutions	UNESCO/ <i>UNICEF</i>	ILO, UNFPA, WHO, WFP, <i>UNDP</i>
9. Prevention of transmission of HIV among injecting drug users and in prisons	UNODC/ <i>UNDP</i>	UNICEF, WHO, ILO
10. Overall policy, monitoring and coordination on prevention	UNAIDS Secretariat	All Cosponsors

Treatment, care and support		
11. Antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections (adults and children)	WHO	UNICEF
12. Care and support for people living with HIV, orphans and vulnerable children, and affected households.	UNICEF / <i>WHO</i>	WFP, ILO, <i>FAO, UNDP, UNAIDS</i>
13. Dietary/nutrition support	WFP	UNESCO, UNICEF, WHO, <i>FAO</i>
Addressing HIV in emergency, reconstruction and security settings		
14. Strengthening AIDS response in context of security, uniformed services and humanitarian crises	UNAIDS Secretariat	UNHCR, UNICEF, UNDP, WFP, WHO, UNFPA
15. Addressing HIV among displaced populations (refugees and internally displaced persons - IDPs)	UNHCR	UNESCO, UNFPA, UNICEF, WFP, WHO, UNDP
3. MONITORING AND EVALUATION, STRATEGIC INFORMATION, KNOWLEDGE SHARING AND ACCOUNTABILITY		
16. Strategic information, knowledge sharing and accountability, coordination of national efforts, partnership building, advocacy, and monitoring and evaluation, including estimation of national prevalence and projection of demographic impact	UNAIDS Secretariat	ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO, World Bank
17. Establishment and implementation of surveillance for HIV, through sentinel/population-based surveys	WHO	UNAIDS Secretariat, UNDP

ANNEX 1. Acronyms

CCA:	Common Country Assessment
CHRAGG:	Commission for Human Rights and Good Government
CPDs:	Country Program Documents
CSOs:	Civil Society Organizations
DPG:	Development Partners Group
DPs:	Development Partners
ExComs:	Agencies of the Executive Committee (i.e. UNICEF, UNFPA, UNDP, WFP)
ExBoards:	Executive Boards
GoT:	Government of Tanzania
GoZ:	Government of Zanzibar
GGCU:	Good Governance Co-ordinating Unit
IAGG:	Inter-Agency Gender Group
IAPC:	Inter-Agency Program Committee
JAS:	Joint Assistance Strategy
JSR:	Joint Strategic Review (of the UN)
LGAs:	Local Government Authorities
MDAs	Ministries, Departments and Agencies
MKUKUTA:	Acronym of the NSGRP in Kiswahili
MKUZA:	Acronym of the ZPRP in Kiswahili
MHA:	Ministry of Home Affairs
MMMP:	MKUKUTA Monitoring Master Plan
MoF:	Ministry of Finance
NAO:	National Audit Office
NEC:	National Electoral Commission
NSGRP:	National Strategy for Growth and Reduction of Poverty
OCGS:	Office of the Chief Government Statistician, Government of Zanzibar
PCB:	Prevention of Corruption Bureau
PER:	Public Expenditure Review
PFMRP:	Public Financial Management Review Program
PHDR:	Poverty Human Development Report
PMO-RALG:	Prime Minister's Office-Regional Administration and Local Government
PMS - Zanzibar:	Poverty Monitoring System - Zanzibar
PO-PP:	President's Office – Policy and Planning
PO-PSM:	President's Office – Public Service Management
RCO:	Resident Coordinator's Office
RM:	Results Matrix
RRG:	Regional Readers Group
TRA:	Tanzania Revenue Authority
UNCMT:	United Nations Country Management Team
UNDAF:	United Nations Development Assistance Framework
UNDG:	United Nations Development Group
UN WGs:	UN Working Groups
VPO:	Vice President's Office

ZEC:	Zanzibar Electoral Commission
ZPRP:	Zanzibar Poverty Reduction Program
FAO:	Food and Agriculture Organization
IFAD:	International Fund for Agricultural Development
ILO:	International Labour Organization
UNAIDS:	Joint United Nations Programme for HIV/AIDS
UNCDF:	United Nations Capital Development Fund
UNDP:	United Nations Development Programme
UNESCO:	United Nations Educational Scientific Cultural Organization
UNFPA:	United Nations Population Fund
UN-Habitat:	United Nations Human Settlements Programme
UNHCR:	United Nations High Commission for Refugees
UNICEF:	United Nations Children Fund
UNIDO:	United Nations Industrial Development Organization
UNIFEM:	United Nations Development Fund for Women
UNV:	United Nations Volunteers
WFP:	World Food Programme
WHO:	World Health Organization