

Tanzania, United Republic of

Executive Summary

UNICEF Tanzania achieved significant results both in terms of new evidence that is influencing policy and through its support to service delivery for children in focus regions. A UNICEF-supported child poverty study released in 2016 showed that 74 per cent of children in Tanzania are affected by multidimensional poverty and 29 per cent of children live in households below the monetary poverty line. These findings were used for high-level advocacy, together with equity-focused budget briefs that revealed trends in social sector financing and identified gaps in targeting resources for the poorest. Data and analysis from a draft out-of-school study supported by UNICEF Tanzania was used to inform the new five-year education sector strategic plan and a draft sub-sector strategy.

Other new data (demographic and health survey and malaria indicator survey 2015–16) confirmed that maternal mortality remains high at 556 per 100,000 live births and teenage pregnancy increased from 23 per cent in 2010 to 27 per cent in 2015. UNICEF continued its work on maternal health, through improving access to quality emergency obstetric care and promoting key care practices. To sharpen the focus on adolescents, UNICEF updated its adolescent strategy for 2016-2021, which proposes an integrated and multi-sectoral approach to achieve sustained results.

One of the main programmatic achievements in 2016 was UNICEF Tanzania's support to strengthen birth registration systems, resulting in over 95 per cent of children under five being registered in two regions in a record three months (from a baseline of 13 per cent). This result was acknowledged by the highest level of Government with a commitment to accelerate progress across the country. In addition, UNICEF, UN Women, the UN Population Fund (UNFPA) and other agencies supported the Government of Tanzania to finalize the national plan of action to end violence against women and children. The plan consolidates prevention and response activities, eliminates multiple coordination structures and represents a milestone in the country's fight against violence.

UNICEF Tanzania continued to use the mobile phone panel survey T-Watoto for strategic advocacy. In Zanzibar, the platform was used during the cholera epidemic to educate communities on prevention, in the development of the Zanzibar Child Policy and in garnering parental perceptions of schooling to support the drafting of the five-year education sector plan. Given the merits of T-Watoto, Tanzania's President has requested a T-Watoto survey on violence against women and children.

In social protection, UNICEF Tanzania was catalytic in starting a cash-plus programme linking Tanzania's cash transfer programme for the poorest households to interventions aimed at adolescents and young people from beneficiary families. The aim is to reduce vulnerability of young people and break the cycle of poverty. UNICEF Tanzania also supported the Prime Minister's Office and the Tanzania Food and Nutrition Centre (TFNC) to integrate nutrition messages into the roll-out of the national productive social safety net (PSSN) programme, which reaches the poorest Tanzanian families.

In response to the ongoing cholera emergency, UNICEF Tanzania and partners reached 3,759,079 people with messages on hygiene practices through house-to-house visits, school

visits and community/religious meetings. The Office also continued to respond to the needs of refugee children and families, focusing on education, health and nutrition, WASH and child protection.

One of the main challenges remained the limited choice of partners in some areas and counterpart capacity, especially at decentralized levels. Another shortfall was programme convergence, which has yet to reach optimal levels. This will be addressed in 2017 through rigorous joint planning and implementation for ECD and adolescents and intensified resource mobilization for under-resourced areas. The private sector engagement strategy has yet to take off fully, delayed mainly by internal staffing limitations, but also to allow time to better understand the new Government's stance on public-private partnerships.

An important partnership was consolidated around the development and launch of the new national plan of action to end violence against women and children. As a Delivering as One team, UNICEF, UN Women and UNFPA worked closely with the Government to develop the plan, which integrates protection for women and children. UNICEF also partnered with the University of Dar es Salaam to establish an innovation lab that will tackle practical problems emerging from the field. Finally, UNICEF Tanzania's partnership with mobile company Tigo, which enabled real-time data transmission from birth registration points to the central data repository, was critical for the successful scale-up of the decentralized birth registration system to two more regions in 2016.

Humanitarian Assistance

UNICEF continued to respond to a range of emergencies in 2016, including a large cholera outbreak, floods, an earthquake and influxes of refugees.

The cholera outbreak started in Dar es Salaam in 2015 and progressively extended to almost the whole country, stretching local capacities and resources. Cumulatively, 26,509 cholera cases and 413 deaths had been recorded by August 2016.

In 2016, UNICEF Tanzania and partners targeted community awareness and sensitization focusing on hygiene practices, food safety, cholera prevention, prompt identification of cases and use of water guard tablets, reaching 3,759,079 people through house-to-house visits, school visits and community/religious meetings conducted by a network of 400 volunteers. A further 612,000 flip charts and 4,500 DVDs entitled 'The Story of Cholera' were printed and distributed to all regions through TV, radio stations, and social and electronic media. A total of 25,000 leaflets on cholera prevention were printed and distributed to communities and 500 schools in mainland Tanzania and Zanzibar.

Over 1,500 people from local government, water/food vendors, journalists, community health workers (CHW) and religious leaders were oriented on how they could support disseminating messages to raise awareness among the general population. An estimated 2,521,000 people benefitted from safe drinking water through the distribution of 15,000,000 water guard tablets in cholera hotspot regions. The Zanzibar Water Authority was supported with 1,500kg of chlorine powder for treatment of water over a three-month period, which benefitted 617,042 people.

Since May 2015 Tanzania has received refugees from Burundi following political instability and clashes. As of November 2016, 183,420 Burundian refugees had arrived, adding to the protracted caseload of 65,000 refugees from the Democratic Republic of Congo (DRC) who have been sheltered in the country for two decades. In collaboration with the UN High Commission for Refugees (UNHCR) and other partners, UNICEF scaled-up and sustained its response to ensure that children were protected. UNICEF supported the case

management of Burundian children with acute protection concerns, including 6,453 unaccompanied and separated children, through support to 20 social welfare officers. Up to 9,000 children attended child-friendly spaces each week to learn and play.

UNICEF Tanzania also supported the enrolment of 55,840 Congolese and Burundian children (of a targeted 114,118 children) in pre-primary and primary schools, including procurement of school supplies and training of 477 volunteer teachers for safe, quality education. With partners, UNICEF Tanzania also ensured that potable water was provided to more than 55,000 refugees through a combination of boreholes, treated surface water and trucking, and distributed 28,000 buckets and 600 cartons of soap to refugees to improve hygiene practices. Pregnant and lactating women accessed antenatal and reproductive services in health facilities to ensure safe deliveries. UNICEF and partners supported a nutrition and health survey in the camps, the findings of which were used to further inform the programme.

In September 2016, Bukoba town and neighbouring districts in northwest Tanzania were hit by an earthquake which killed 17 people, injured 440, and left over 117,000 people without homes. Infrastructure, including schools, was destroyed or damaged. UNICEF Tanzania participated in the joint needs assessment undertaken by Government partners from national and regional authorities, UN agencies and NGOs. UNICEF mobilized funds to support critical lifesaving activities including protection, provision of relief items, support for WASH and temporary learning spaces and improvement of sanitation and water facilities in schools. Within the first few days of the earthquake some 1,000 blankets and 500 sleeping mats were distributed to affected people from prepositioned stocks provided by UNICEF Tanzania to the Disaster Management Department of the Prime Minister's Office, as part of national and sub-national level preparedness planning.

Emerging Areas of Importance

Movements. Tanzania's under-18 population is expected to double, to over 50 million, by 2050, making the need for immediate action critical. With over 16 million young people and adolescents in Tanzania, there is enormous potential to engage youth as influencers for social change for children. As part of the UNICEF@70 celebrations, UNICEF Tanzania initiated the #changemaker4children campaign, urging young people to speak up for children. The campaign was launched by unveiling a photo exhibition profiling seven change-makers. These ordinary citizens, like many others, are going out of their way to make their communities, schools, health clinics and homes healthier and safer places for children to grow, play and learn. Through these stories, the exhibition highlighted critical children's issues in Tanzania and aimed to inspire others to take positive action for children.

The #changemaker4children campaign maximized its reach by leveraging existing outreach platforms. The call to be a #changemaker4children was first made on a BBC Media Action radio show, Haba na Haba (Little by Little), reaching 5million young listeners. The campaign continued on the children's television programme Akili and Me produced by Ubongo, which has a viewership of 5.2 million people per episode. In addition, Facebook's Free Basics platform, Internet of Good Things, promoted the campaign. Through this, many Tanzanians could access #changemaker4children content and share personal actions and stories with others at no cost.

The campaign hashtag trended on Twitter on the day of the launch, amplified by the engagement of celebrities and young people. Facebook posts had 177,504 impressions, an increase of nearly 800 per cent. UNICEF leveraged media space worth US\$1 million. The #changemaker4children initiative is set to go beyond a media campaign and become a theme around which wide-ranging partnerships can create a social movement for children in

the years to come.

Early childhood development (ECD). Building on previous years' work, including the analysis and mapping of parenting and family care practices, UNICEF Tanzania continued to advocate for the development of a national parenting framework to better coordinate efforts to support parenting. This is expected to be achieved by mid-2017.

UNICEF developed its early childhood development (ECD) strategy to provide strategic guidance and strengthen coordination for comprehensive ECD programming. In addition, UNICEF supported a regional multi-country training on Care for Child Development (CCD) in May 2016, aimed at building a team of skilled ECD experts across sectors and agencies and equipping them with the knowledge, skills and tools required to advance the roll-out and implementation of quality CCD training at the national, sub-national and local levels. Twelve of the 28 people trained in this multinational workshop as master trainers were Tanzanians who provided subsequent training at the sub-national level, with the support of various partner agencies. UNICEF Tanzania also provided technical support for the adaptation of the CCD package for the Tanzanian context and supported some of the in-country training implemented by partner agencies.

Refugees and migrants. The 2015 elections in Burundi sparked a further influx of new refugees into Tanzania that continued in 2016. Over 183,000 Burundian refugees are being sheltered in three camps in Kigoma Region, on top of a pre-existing caseload of 65,000 refugees from the DRC. Sixty per cent of the refugee population are children under 18 years, and children under five comprise one-fifth of the entire population. Around 200–600 refugees continue to arrive daily; this situation places pressure on already overcrowded conditions at the three camps. Children and women are particularly affected, suffering from limited social services, overstretched health and nutrition facilities and shortages of water and sanitation facilities, as well as an inadequate number of schools and education supplies. Protection issues for children and women, including in relation to sexual and gender-based violence and violence against children (VAC), have been reported both during transit and at the camps.

UNICEF was part of the 2016 multi-sectoral regional refugee response plan in Tanzania and continued to respond to camp-based refugees, as well as key issues affecting host communities. This included provision of supplies and services for child health, nutrition, protection, and water and sanitation services.

Summary Notes and Acronyms

ADEM	Agency for Development of Educational Management
ART	Anti-retroviral therapy
BBC	British Broadcasting Corporation
BCC	Behaviour change communication
CBI	Competency-based interview
CCD	Care for child development
CDC	Centres for Disease Control
CELMA	Course in education leadership, management and administration
CERF	Central Emergency Response Fund
CHRAGG	Commission of Human Rights and Good Governance
CHW	Community health workers
CMT	Country management team
COBET	Complementary basic education in Tanzania
CPD	Country programme document

CPMP	Country programme management plan
CRB	Central review board
CRVS	Civil registration of vital statistics
CSO(s)	Civil society organization(s)
DCT	Direct cash transfer
DHS	District health system
DRC	Democratic Republic of Congo
DRR/CC	Disaster risk reduction/climate change
ECD	Early childhood development
EMIS	Education management information system
ESARO	Eastern and Southern Africa Regional Office
FACE	Funding authorization and certificate of expenditure
FAQ	Frequently asked questions
FY	Fiscal year
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-based violence
GSSC	Global Shared Services Centre
HACT	Harmonised approach to cash transfer
HBS	Household budget survey
HCF	Healthcare facilities
HIV/AIDS	Human immunodeficiency virus/Auto-immune deficiency syndrome
HR	Human resources
ICBAE	Integrated community based adult education
IMEP	Integrated monitoring and evaluation plan
IPPE	Integrated post-primary education
IYCF	Infant and young child feeding
JNMR	Joint multi-sectoral nutrition review
KPI	Key performance indicators
LTA(s)	Long-term agreements
LGAs	Local government authorities
MICS	Multiple indicator cluster survey
MIS	Management information system
MODA	Multiple overlapping deprivation analysis
MoH	Ministry of Health
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NMNAP	National multi-sectoral nutrition action plan
NPA	National plan of action
NPA- VAWC	National plan of action to end violence against women and children
NSPF	National social protection framework
OCGS	Office of Chief Government Statistician
ODA	Official development assistance
OR	Other resources
PBR	Programme budget review
PO-RALG	President's Office – Regional Affairs and Local Government
PMT	Programme management team
PMTCT	Prevention of mother-to-child transmission of HIV

PRIME	Plan for research, impact monitoring and evaluation
PSSN	Productive social safety net
PSV	Peer support volunteers
RAM	Results assessment module
RITA	Registration, insolvency and trusteeship agency
RMNCAH	Reproductive, maternal, new-born, child and adolescent health
RR	Regular resources
SAM	Severe acute malnutrition
SDG	Sustainable Development Goals
SRH	Sexual and reproductive health
TanEA	Tanzania Evaluation Association
TASAF	Tanzania Social Action Fund
TDHS	Tanzania demographic and health survey
TFNC	Tanzania Food and Nutrition Centre
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
VAC	Violence against children
VETA	Vocational Educational and Training Authority
VISION	Visual integrated system of information
WASH	Water, sanitation and hygiene

Capacity Development

In education, intensive work was carried out with teachers in the three UNICEF-supported target regions to improve skills in teaching numeracy and literacy. This nationwide programme resulted in a measurable increase in the reading comprehension levels of Standard 2 learners, from 8 per cent in 2013 to 12 per cent in 2016, with students in the UNICEF-supported regions of Njombe and Iringa performing above the national average.

UNICEF Tanzania also supported a bottleneck analysis for key nutrition interventions for FY 2015/16, ranging from counselling on appropriate infant and young child feeding (IYCF), treatment of children with severe acute malnutrition (SAM), Vitamin A supplementation for children and iron/folic acid supplementation for pregnant women. The analysis identified two key bottlenecks for scaling up coverage of these interventions: insufficient availability of trained service providers and frequent stock-out of commodities for IYCF and treatment of SAM among children. The results of the analysis were used to support preparation of the annual work plan for FY 2017/18 for all councils. This exercise will contribute to the removal of key bottlenecks at the sub-national level, and subsequently increase coverage of key nutrition interventions for children, adolescents and women.

In Zanzibar, district officials were taught how to develop evidenced-based profiles of their districts to support strategic planning. In WASH, UNICEF Tanzania supported the roll-out of a national sanitation and hygiene management information system (MIS) that is already being used for data collection, analysis, and decision-making. Based on compiled data, the Ministry of Health (MoH) awarded the top three best-performing regions and local government authorities (LGAs) for 2015/16 – those with the highest number of new households with improved toilets and handwashing facilities – and sent follow-up letters to the three lowest-performing regions.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Tanzania supported the National Bureau of Statistics (NBS) to produce and launch the 'Child Poverty in Tanzania' study. The analysis found that 74 per cent of children are affected by multidimensional poverty, while 29 per cent live in households earning below the national poverty line. Nearly half of all children are affected by multidimensional poverty, even without living in households below the monetary poverty line. The child poverty report can be used as an SDG baseline. It also generated stakeholders' attention to the issue of poverty among children. Following its release, a child poverty chapter was included in Zanzibar's 2015 household budget survey (HBS).

The next step will be to further build capacity of NBS officials and the Office of Chief Government Statistician (OCGS) in Zanzibar on poverty analysis. UNICEF Tanzania provided support for the development of an integrated child policy that will reinforce synergies and avoid duplications among different sectors addressing key child issues in Zanzibar.

To facilitate this, UNICEF Tanzania supported the production of district profiles to inform local planning in Zanzibar, as well as preparation and dissemination of budget briefs, presenting concise information on social sector spending. This effort was aimed at triggering debate about the adequacy and effectiveness of state expenditure for children. UNICEF Tanzania supported the National Institute for Medical Research to assess the situation of WASH at healthcare facilities (HCF) in Mbeya, Iringa, Njombe, and Dar es Salaam regions. The study found that 42 per cent of HCF had no functional handwashing facilities, 34 per cent experienced water shortages at least one day per week, and 43 per cent had latrines that were not accessible to clients. This evidence was used to develop national WASH in HCF guidelines and tools to help improve the situation.

Partnerships

Tanzania is one of the initial four 'Pathfinding Countries' in the Global Partnership to End Violence against Children, launched in July 2016. The Executive Board is co-chaired by the UNICEF Executive Director and the Tanzanian Minister of Health, Community Development, Gender, Elderly and Children. The global partnership has resulted in a package of strategies known as 'INSPIRE', comprising seven thematic areas including income and economic strengthening, safe environments and parent and caregiver support. Technical support from the partnership was key to accelerating the finalization of Tanzania's National Plan of Action to End Violence against Women and Children (NPA-VAWC), launched in December 2016. The plan was developed with intensive support from UNICEF and UN Women, UNFPA and other partners. It integrates the INSPIRE strategies and is being costed for five years, which will help to mobilize funds from the Government and garner partner support for the plan.

UNICEF Tanzania also partnered with the University of Dar es Salaam to establish an innovation lab. Additionally, UNICEF Tanzania's partnership with the mobile provider Tigo was critical for scaling-up the decentralized birth registration system to two more regions, successfully registering more than 290,000 children under the age of five since September 2016. In collaboration with the White Ribbon Alliance for Safe Motherhood, UNICEF Tanzania supported a civil society coalition seeking to improve social accountability for reproductive, maternal, newborn, child and adolescent health (RMNCAH), which started advocacy with the newly elected parliamentarians to strengthen the parliamentary group on safe motherhood. There are now 60 members in this group who, following orientation and continued support in 2016, are expected to work as champions to support the RMNCAH agenda, including increased budget and access to and quality of services.

External Communication and Public Advocacy

To commemorate UNICEF's seventieth anniversary, the Office launched an initiative to celebrate change-makers: individuals of all ages who make a difference for children in their communities. UNICEF organized a special event in December 2016, comprised of a photo exhibition, an 'Activate Talk' focusing on change and innovation, the publication of an op-ed, targeted advocacy efforts with the private sector calling for investment in children and the launch of an innovation lab within the University of Dar es Salaam.

Another priority in 2016 was the launch of the national plan of action on violence against women and children. The Government of Tanzania upheld its commitment, participating in the global launch of the new Global Partnership to End Violence against Children as the first African pathfinder country. UNICEF Tanzania reached out to the broader public through exclusive TV interviews and, with UN Women, organized training for journalists on how to report cases of violence. Tanzania enhanced the capacity of the Youth Reporters' Network and other youth networks to foster youth engagement on the Sustainable Development Goals and to drive youth participation and access to information.

UNICEF Tanzania maintained its outreach to highlight the ongoing response to the refugee crisis in western Tanzania through direct advocacy with ambassadors and other development partners, and drove public attention to the national cholera crisis.

To highlight the issue of stunting, UNICEF Tanzania organized a wide dissemination of the Lancet Series on breastfeeding to key stakeholders, supported the organization of several events during World Breastfeeding Week and organized an innovative campaign with the Danish national committee to fundraise for neonatal health interventions in Tanzania. The public launch of a birth registration campaign in Iringa and Njombe regions led to a massive uptake, with more than 219,000 children (95 per cent) receiving a birth certificate.

South-South Cooperation and Triangular Cooperation

In May 2016, the Government of Tanzania, in collaboration with UNICEF Tanzania and the World Bank, hosted the 'Community of Practice of Cash Transfers and Conditional Cash Transfers in Africa'. The week-long event, with representatives from 18 countries, focused on enhancing knowledge of cash transfer programmes, lessons learned and best practices on social protection in the region. The event was launched by Tanzania's Vice-President, who emphasized the relevance of social protection for reducing poverty and vulnerability, highlighting its contribution to the well-being of children, families and communities.

UNICEF Tanzania and UNHCR brokered an agreement on cross-border and technical cooperation between Tanzania's Ministry of Education, Science and Technology (MoEST), National Exams Council and Ministry of Home Affairs and the Government of Burundi to allow refugee children in Tanzania to sit for primary school exams in January 2017. This included a visit by Burundian officials to Tanzania, which facilitated dialogue on education and protection rights of refugees across borders and reminded the two parties of their commitments to international conventions.

Identification Promotion of Innovation

UNICEF partnered with the University of Dar es Salaam to establish an innovation lab that will develop a series of courses and training programmes to enhance the innovation capacity of students, inspire them to create public good and generate positive social values.

Tanzania scaled up the decentralized birth registration system to two more regions, registering more than 290,000 children under the age of five since September 2016.

UNICEF Tanzania's partnership with mobile provider Tigo was critical in moving this programme forward; Tigo provided technical support and in-kind contribution of mobile phones to support registration and community sensitization. Mobile phone technology played a critical role by enabling real-time transfer of data and swift identification of poorly performing health centres and areas. The system will be rolled out to four more regions in 2017 and an additional four regions in 2018.

In 2016, the utilization and scope of T-Watoto (an initiative supported by UNICEF Tanzania that uses cell phones to gather feedback on the situation of children and about specific interventions aimed at improving children's lives) was further enhanced. UNICEF Tanzania and the Government of Zanzibar implemented T-Watoto 'Let's Talk About Children' mobile panel surveys to inform programme planning and management. Survey results were used to inform the 2017 Zanzibar Parliamentary Budget speech, and parents were surveyed about priorities, challenges and cultural practices to inform Zanzibar's child policy.

UNICEF Tanzania and the Centers for Disease Control (CDC) developed an innovative bulk water chlorination strategy for heavily-affected cholera communities in Dar es Salaam and Zanzibar. Both small and large scale water vendors were supplied with chlorine tablets for distribution via water trucks. Evaluation findings indicated a low incidence of cholera cases in targeted areas as a result of chlorination efforts.

Support to Integration and Cross-Sectoral Linkages

UNICEF Tanzania supported the integration of nutrition within the national PSSN, based on the strong complementarities and synergies between social protection and nutrition. The approach was two-fold: design of communication tools to enhance PSSN community sessions by engaging women on IYCF issues through club activities conducted on bi-monthly cash transfer days; and under the leadership of the Prime Minister's Office, the Tanzania Social Action Fund (TASAF) and the TFNC joined to develop an operational note that will guide the integration of TASAF with a large-scale stunting reduction programme in UNICEF convergence regions and Zanzibar. With minimum investment of extra resources, the PSSN and nutrition programmes have gained in terms of equity, inclusion and effective coverage of target beneficiaries.

To integrate programmatic elements around social protection, child protection, life skills, HIV and AIDS and livelihoods, the cash-plus planning phase was initiated in 2016. This is an innovative model that targets adolescents and young people in the second decade of life, aiming to break the intergenerational cycle of poverty and to promote productive and safe transitions to adulthood. It is the first model of its kind in Tanzania, targeting adolescents and youth from households receiving conditional cash transfers, and linking them to training and services related to livelihoods, SRH, HIV and violence prevention. The model will be implemented and rigorously evaluated over the course of three years, and is designed specifically to fit within the Government's social protection programme.

Service Delivery

Efforts by UNICEF Tanzania and partners to improve early infant diagnosis and scale-up paediatric treatment for children living with HIV resulted in a marked increase in the coverage of paediatric ART: from 30 per cent (end of 2015) to 66 per cent (November 2016). UNICEF Tanzania, in partnership with the CDC, supported the MoH's national AIDS control programme (NACP) to implement regional paediatric scale-up plans in nine regions with high HIV burdens, to increase identification and enrolment of HIV-infected children into the ART programme. UNICEF supported Vitamin A supplementation and deworming through twice-yearly child health and nutrition months at all councils on mainland Tanzania and in

Zanzibar, while simultaneously advocating for enhanced Government investment in these programmes.

Between 2015–2016 the proportion of districts with sufficient supplies to provide two annual doses of vitamin A to all children aged six-to-59 months increased from 96 per cent to 99 per cent on the mainland, and was maintained at 100 per cent in Zanzibar. In total, 7,993,454 children aged six-to-59 months accessed vitamin A supplementation. Multimedia communication efforts reached an estimated 2.5 million people, with the aim of improving care-seeking behaviour and utilization of reproductive and child health services in four regions supported by UNICEF. Overall, the country showed an improved trend in its institutional delivery rate, from 51 per cent in 2010 to 63 per cent in 2015. In Mbeya, a UNICEF-supported region, the rate increased from 43.1 per cent in 2010 to 64.9 per cent in 2015.

Human Rights-Based Approach to Cooperation

The Law of the Child Act 2009 (mainland Tanzania) and the Children’s Act 2011 (Zanzibar) remain the most important pieces of legislation for the protection of children’s rights. UNICEF Tanzania supported the Government to develop an implementation plan in response to the recommendations captured in the concluding observations of the review of the combined third to fifth periodic reports of the Government of Tanzania to the Committee on the Rights of the Child in March 2015. UNICEF Tanzania also supported the Tanzania Child Right’s Forum to prepare the alternative report to the African Charter on the Rights and Welfare of the Child, and collaborated with the African Child Policy Forum to produce a case study to be included in the *African Report on Child Wellbeing* (2016).

In 2016 Tanzania advanced towards realization of child rights. UNICEF Tanzania’s advocacy efforts contributed to the government declaration that birth registration (Article 7) for children under 18 should be free, and rolled out the simplified birth registration process to Iringa and Njombe (bringing the total number of regions with the simplified process to five). During the reporting period, the process of reviewing and amending the Law of Marriage Act was also initiated; the process is anticipated to be lengthy. UNICEF Tanzania and partners continued to advocate for a change to the legal age of marriage for girls to 18 (from 14 with parental permission). The roll-out of the free basic education policy, marked by direct and timely disbursements of capitation grants to schools, demonstrated the Government’s renewed political commitment to deliver pre-primary, primary and lower secondary education for all.

The issue of supporting prevention and response for people living with albinism remains a priority. UNICEF Tanzania supported the Department of Social Welfare to strengthen case management and develop an approach for safe family reintegration for children with albinism who currently live at special schools for children with disabilities. In the realm of justice for children, UNICEF Tanzania supported the Commission of Human Rights and Good Governance (CHRAGG) to inspect juvenile detention facilities.

Gender Equality

UNICEF Tanzania strengthened adolescent reproductive health services in mainland Tanzania through the training of health workers, facility renovations and the distribution of 20,000 copies of material on adolescent reproductive health. Following this foundational work, services are expected to reach large numbers of adolescents in 2017. In Zanzibar, 340 community health volunteers (CHV), representing 19.3 per cent of the total number of the volunteers planned under the country programme, have been trained. The volunteers have reached over 5,000 adolescents as well as 25,000 caregivers and 2,500 pregnant women with behaviour-change communication approaches that include interpersonal and group counselling, enrolment into programmes and referral for care-seeking. This is expected to

contribute to health promotion and better access to services.

UNICEF Tanzania supported the Government to develop and launch the national plan of action to end violence against women and children. Through a participatory consultative process women and girls, men and boys were consulted, while government across all key sectors, women's and children's civil society organizations (CSOs), the private sector and others provided input into the plan. The plan includes interventions focused on women's economic empowerment; initiatives to address harmful social norms, particularly related to gender inequality; specific engagement of boys and men in preventing violence; and a range of other prevention and response actions. The plan is costed, with a strong commitment from the Government regarding budgeting and implementation of the plan. A total of US\$300,000 was planned for this activity; in total, US\$273,391 was spent on this intervention in 2016.

Environmental Sustainability

UNICEF Tanzania undertook strategic actions to ensure environmental sustainability in terms of advocacy, programming and operations. A high point of the signing ceremony of the Paris Climate Change Agreement at the UN General Assembly was a stirring presentation by a 16-year-old Tanzanian activist, who was part of a network of young reporters supported by UNICEF Tanzania. Her talents were recognized and UNICEF Tanzania sponsored her participation in the ceremony to represent youth globally at this forum.

In programming for environmental sustainability and climate change, UNICEF Tanzania continued to support sustainable energy technologies, including water pumps and cold chain equipment run by solar power rather than fuel-operated generators. UNICEF Tanzania also included environmental issues in the cross-cutting, self-instructional modules for the in-service education of grade 1 and 2 teachers to raise awareness and strengthen their skills in the delivery of the new literacy and numeracy curriculum.

As part of the UN thematic group on Disaster Risk Reduction and Climate Change (DRR/CC), UNICEF Tanzania supported a mapping and risk assessment in all districts of the three central regions of Tabora, Singida and Dodoma, which provided a detailed overview of flood, drought and other environmental and climate change-related risks affecting families and communities. The results of this mapping exercise will be used in 2017 to define risk reduction measures to be included in district preparedness plans.

Within the UNICEF Country Office, all security lighting is now solar-powered, meaning that neither generators nor the electrical grid are drawn on to run lighting during the night (this includes the current temporary office and the construction site for the new office). Initiatives to reduce print materials for workshops, and instead actively encourage the use of electronic documents were underway.

Effective Leadership

An internal audit was conducted in 2016. In preparation, the country management team (CMT) reviewed the office internal controls and implemented actions to strengthen identified weaknesses. Terms of reference for statutory management committees were updated, including for the CMT, contracts review committee, property survey board, joint consultative committee and central review board.

Standard operating procedures were updated for the harmonised approach to cash transfers (HACT), direct cash transfers (DCT), programmatic visits, office management, SharePoint, quarterly travel plans and spot-checks. A quarterly travel planning application was introduced to improve coordination and efficiency in field travel. The application facilitated advanced planning and approval of travel by the Representative. It also ensured planning

and compliance for HACT-related travel. Further improvements were also made to in-house tools to make internal administrative tasks more efficient, including the e-HACT SharePoint application, the travel management system, and the DCT database.

The country management team monitored and reviewed monthly the Office's standard set of indicators, as well as the UNICEF ESARO Compact, which identifies and tracks strategic management indicators.

The Office updated its business continuity plan, and tested it with a simulation during the year. Weaknesses identified were addressed.

Programmatic risks were identified during the work-plan design stage, selection and interaction with programmatic partners, and during regular programme tracking through the programme management team and quarterly tracking of major results at the CMT.

Macro and micro-assessments were used to identify partners' risks and weaknesses. Statutory committees (including the CMT, senior management and programme management teams and contract review committee) also have risk identification as part of their key accountabilities.

All staff completed all mandatory trainings, including advanced security in the field, HACT, ethics and integrity, FACE form, and sexual harassment and abuse of authority.

Financial Resources Management

The monthly country management team reviews key management indicators, including financial implementation and internal control, DCTs, grants monitoring and resource mobilization. The ESAR regional monitoring Compact was reviewed quarterly, including audit status, enterprise risk management, HACT assurance, supplies monitoring and delegated financial controls compliance; remedial actions were identified and followed-up by senior management.

The DCT team, representing programme sections and finance, met weekly to review DCT status. A quarterly programme chiefs HACT meeting was introduced to emphasize ownership and accountability. The closing outstanding DCT met the global goal of less than 1 per cent (at 0.07 per cent) with a value of US\$69,717 over nine months. Restructuring and staff changes by the newly elected Government resulted in delayed DCT liquidation. Additionally, the new Government introduced clearance procedures for Government staff participation in activities, resulting in delayed completion of activities.

However, UNICEF improved efficiencies in the DCT process through direct payments to implementing partners and through the central government. HACT assurance coverage improved by using external contractors and by improved internal HACT staff capacity. UNICEF completed 62 spot checks, meeting its target; 22 of 30 planned micro-assessments (73 per cent) were completed (eight were postponed to 2017, until funds were disbursed); 200 programme visits were completed, exceeding the target of 150; and 21 audits were undertaken (exceeding the target of 18).

These figures are a marked improvement from the previous year. Expenditure rates were 97 per cent in 2016 for regular resources (RR), 100 per cent for the institutional budget and 97 per cent in 2016 for planned other resources (OR). The improved utilization rate for RR was a direct result of regular structured monitoring by the CMT. Challenges regarding the transition to GSSC in July had been overcome by the end of 2016.

Fundraising and Donor Relations

UNICEF Tanzania developed a new resource mobilization strategy to accompany the transition to a new country programme, effective as of 1st July 2016. By this date, UNICEF had mobilized about 97 per cent of the target for other resources (OR) set by the Executive Board for the previous country programme (running from July 2011 to June 2016).

The OR target, set at US\$129,040,000 in the 2016–2021 CPD, is more ambitious (by an additional US\$27 million) and directed over a shorter period (as the previous programme was extended for one year to align with national planning processes). However, about US\$46 million in OR resources have already been secured representing about 36 per cent of the five-year OR target.

The new resource mobilization strategy aims at repositioning the Office in a changing environment, in the context of a revised One UN Plan and evolving donor priorities. UNICEF sustained its effort on donor reporting in 2016, with its 68 reports being highlighted as “exemplary” in a regional assessment.

The Office maintained a range of partnerships with traditional donors and engaged with new donors such as the Republic of Korea, Qatar (Educate a Child), and Dubai Cares. Canada remained a major partner, supporting maternal and new-born health, birth registration and in-service teacher training. Support from the Governments of Ireland and the United Kingdom was important for the nutrition programme. The Office also organized fundraising initiatives and donor visits from UNICEF’s Canadian, Danish, French and Swedish national committees.

Resources were received (including CERF funds) for the three major emergencies faced by the office (Burundian refugees, cholera outbreak and Kagera region earthquake); however, significant funding gaps remain.

The absence of development partners engaged in humanitarian assistance remains a challenge.

Evaluation and Research

UNICEF made active use of its integrated monitoring and evaluation plan (IMEP) for planning and management of evaluations. Initiating a new country programme in July 2016, the Office developed a five-year IMEP, and an updated PRIME with planned activities was prioritized. The Office strengthened its periodic monitoring of the implementation of evaluation management responses, with a report circulated quarterly and discussed by the CMT. As a result, the implementation rate improved.

In 2016, UNICEF Tanzania did not complete any evaluations; however, three evaluations are at the planning stage for implementation in 2017. Quality assurance was undertaken by the research oversight group which reviews all terms of reference, inception reports, evaluation tools and draft reports.

Evidence from evaluations completed in 2015 was used for programming and advocacy in 2016. Lessons from the 2015 evaluation of the integrated post-primary education (IPPE) pilot were used in the design of the new sub-sector strategy for education of out-of-school children and adolescents. Lessons from the evaluation of the Tuseme Club approach will be used in the update of the Government’s gender mainstreaming strategy.

In response to the limitations identified in terms of national evaluation capacity, the Office renewed its partnership with the Tanzania Evaluation Association (TanEA). In 2016, UNICEF

Tanzania supported a review of TanEA's strategic plan. Potential entry points to work with Government on national evaluation system strengthening will be explored in collaboration with other UN agencies.

Efficiency Gains and Cost Savings

Together with other UN agencies, UNICEF has 76 long-term agreements (LTAs) with suppliers of goods and services to ensure cost-effectiveness. For instance, the Office made savings on mobile telephone bills by taking up bundle packages offered by mobile telephone providers. Also, a transport company was contracted to provide saloon cars with drivers, which provided staff with transportation to meetings within the Dar es Salaam area, resulting in cost savings and more efficient use of UNICEF vehicles. The use of video conferencing and Skype for Business was increased between the Dar es Salaam office and the zonal offices, reducing the costs of travel and daily subsistence allowances.

UNICEF placed an order through the World Food Programme for the bulk purchase of vehicle tires from a supplier in South Africa, with cost savings of approximately US\$12,000.

LTAs to undertake HACT spot-checks were negotiated with four accounting firms. The agreements were based on the daily rates of specific qualification levels of their staff, with no additional charges other than supported travel and per diems. The Office extended its concession agreement with the local bank for free local transaction costs, thereby achieving some efficiency gains, and continued to negotiate foreign currency conversion rates prior to requesting replenishment from UNICEF Headquarters. Replenishment through local negotiation of exchange rates was carried out seven times during the year, with an estimated total saving between US\$100,000–\$200,000.

The programme budget review meeting agreed to move the field office from Iringa to Mbeya, mainly for efficiency and programmatic reasons. The actual move of the office to Mbeya began in December 2016 and will be completed in early 2017.

Supply Management

The two priority objectives for the supply function were service delivery and pipeline monitoring, particularly to support the Burundian refugee and cholera emergencies, as well as procurement services support to the Government and UN agencies. The supply unit was also responsible for managing construction and rehabilitation projects for both the programme and operations sections. The internal audit, preceded by a peer review, and the country programme management plan contributed to a busy year for the supply unit. The numbers in this report provide a summary of the procurement values and logistics information managed by the supply unit in 2016.

Procurement: The supply unit processed 489 purchase orders and contracts worth \$8,803,772.09 (80 per cent). Supply division-supported procurement was valued at \$2,151,735.56 (20 per cent). Local procurement was mainly accomplished through local LTAs and direct orders from global LTAs. The Office established and managed 55 LTAs for goods and services used by UNICEF Tanzania and other UN agencies in Tanzania. The contract review committee held 28 meetings and awarded 58 contracts.

Table 1: Total value of supplies received

UNICEF Tanzania 2016	Value of goods and services (US\$)
Programme supplies	\$4,550,802.72
Operational supplies	\$676,106.17
Services	\$4,151,961.76
Construction – UNICEF office	\$1,576,637.00
Total Programmes	\$10,955,507.65

Table 2: Total value of renovations/construction delivered via partnership

EmONC and AFHS RENOVATIONS (KOICA)	\$307,044.00
EmONC and AFHS RENOVATIONS (BMGF)	\$62,195.92
Total value of renovations	\$369,239.92

Procurement Services: Procurement services included processing cost estimates, managing communications between Supply Division and local partners, and supporting customs clearance. A total of US\$53,016,988 from client requests was processed (a 9.5 per cent reduction from the 2015 value of US\$58,597,866). The value combined orders through the Global Alliance for Vaccines and Immunization (GAVI) of US\$44,252,705 and through the Tanzanian Government: US\$8,764,292. UNICEF Tanzania has started to include terminal fees into cost estimates, which should ensure that shipments are cleared by customs immediately upon arrival.

One UN: UNICEF continued its significant role in achieving results for the One UN procurement group through monthly meetings and managing 55 of the 102 One UN LTAs (54 per cent).

Performance gaps and priorities for 2017: The internal audit findings point to significant progress in procurement compliancy during the year under review. However, supply planning, end-user monitoring and supplier performance evaluation were flagged as performance gaps that needed improvement. The Office will strengthen the unit's capacity to support these gaps. Strengthening the Government supply chain remains a priority.

Security for Staff and Premises

The Country Office enhanced the safety and security of staff and premises by carrying out fire drills, regularly testing the telephone tree and establishing and testing a bulk short message service system. Staff were provided with regular security updates from the UN Department of Safety and Security (UNDSS). Staff and consultants who joined the Office, both international and national staff, were required to attend security briefings with UNDSS within the first week of arriving in the country.

UNICEF regularly reviewed security arrangements at its offices, increasing security personnel, security lighting, security bars and access controls as necessary. The Office is conscious of security at zonal offices. The new zonal office in Kibondo was assessed by UNDSS, and all recommendations to increase security were implemented, including installing chain-link fencing, adequate outside lighting, monitored access control and the services of a reputable guard service. The zonal office in Iringa was closed at the end of 2016 and UNICEF is opening a new zonal office in Mbeya. The new office building has already been assessed by UNDSS, and UNICEF arranged to ensure that UNDSS conditions are met before occupation.

Human Resources

During 2016 UNICEF Tanzania had 134 established posts at four locations: Dar es Salaam, Zanzibar, Iringa, and Kibondo. The gender balance was 47 per cent female and 53 per cent male at the end of the year.

With the start of the new country programme in July 2016, 42 recruitments were undertaken, a 76 per cent increase compared to 2015. This included 39 fixed-term positions and three temporary appointments.

The Office implemented 72 per cent of its 2016 Learning and Development Plan, an increase in performance of 36 per cent compared to 2015, despite a very heavy workload and competing priorities.

Learning activities included proposal writing (with a focus on results-based management), gender equality and empowerment, VISION, MyCase, ACHIEVE, FAQs for staff on abolished posts, competency-based interviewing for interviewees, contract review board orientation, effective workload management, effective communication and GSSC process orientation. Staff members participated in individual learning activities and e-courses. All staff completed 100 per cent of mandatory learning courses.

The HR unit responded successfully to the global HR reforms, which introduced a new talent management system with e-recruitment; a more robust performance management system through ACHIEVE; and the Global Shared Service Centre transitions through MyCase. The digitalization process of the national staff filing system was also completed on time.

The PAS cycle was observed with a 100 per cent completion rate of the 2015 PER by June 2016.

The Office maintained a full-time emergency officer and an emergency focal point in each section. It also had local peer-support volunteers and subscribed to the local UN Stress Counsellor.

The 10 minimum standards of HIV/AIDS in the workplace were maintained.

In 2016 progress continued to address issues from the 2014 Global Staff Survey. An office work-plan was monitored by the joint consultative committee each quarter.

Effective Use of Information and Communication Technology

The Office used Skype to communicate with staff in zonal offices and the Regional Office, for meetings and trainings. This saved travel time and allowed staff members to participate from any location with an Internet connection. In April 2016, sessions of the regional management team held in Dar es Salaam were broadcast live via Skype to promote transparency, allowing staff members to watch what was being discussed. Also in 2016, automated

archiving and OneDrive made staff members more efficient, providing access to files from any computer connected to the Internet.

In 2016, some 136,177 unique mobile phone subscribers accessed the 'Internet of Good Things' at no cost, receiving mobile-ready resources and applications on topics and issues such as maternal health, hygiene, emergency information on diseases such as yellow fever and cholera, HIV and sexual health advice for adolescents, child online protection, and positive parenting techniques.

UNICEF continued strengthening internal knowledge management tools for improved knowledge management and internal efficiencies by migrating local intranet and applications (e-HACT, travel planning, DCT monitoring, Wiki ya Watoto and the office calendar) to the team site, which helped reduce the local ICT footprint. Staff were provided with training and orientation to ensure utilization of the tools.

A partner-mapping application was developed to better coordinate sub-national programming with other development partners. The application was adopted by the President's Office Regional Administration and local government to coordinate development partner support. UNICEF Tanzania had active Facebook and Twitter pages, which were updated regularly. By November 2016, Facebook reach had grown to 13,000 (up from 10,000 in January). The aim was to hit 100,000 by December 2017. UNICEF's Twitter account had 5,597 followers in November 2016, with an aim of reaching 10,000 followers by July 2017.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Effective coverage of high-impact reproductive, maternal, neonatal, child and adolescent health (RMNCAH) interventions

Analytical Statement of Progress:

UNICEF's focus in 2016 was to ensure equitable access to services for pregnant women, new-borns, children and adolescents, both nationally and sub-nationally in Iringa, Njombe, Mbeya and Songwe regions on the mainland and in Zanzibar. Working with health basket fund partners, UNICEF supported increased community access to basic health services and essential drugs, and introduced a results-based financing approach in the Health Basket Fund, which is expected to considerably improve the availability and quality of primary health care services in Tanzania.

Despite efforts from the Government and partners, maternal mortality rates remain very high in Tanzania, at 556 per 100,000 live births. To improve availability of emergency obstetric and new-born services (including caesarean section) from the baseline of 13 per cent (MOHCDGEC/UN agencies supported joint study), the capacity of 11 strategically located health centres in hard-to-reach areas in four of 26 regions on the mainland was enhanced with support from UNICEF. Training in task sharing was provided to 33 health workers for caesarean section, as was essential equipment and ambulances and renovations in several facilities. Similar activities were implemented, in partnership with UNFPA, in Zanzibar.

The health sector strategic plan IV (HSSP IV) places strong emphasis on the quality of health services. UNICEF provided financial support to assess the performance of all 948 HCF in Mbeya, Iringa, Njombe and Songwe regions using the tool developed by the Government as part of the 'Big Results Now' initiative. This national initiative focuses mainly

on RMNCAH, improving performance and human resources, drugs and supplies. The assessment showed that a majority of the facilities (99 per cent) were performing poorly.

To address some of these issues, UNICEF supported maternal and new-born care quality improvement activities in 17 of the 22 districts of the four mainland regions (20 per cent of all mainland districts) and in all 11 districts in Zanzibar. These initiatives, in coordination with other partners, contributed to enhancing the quality of maternal and child health services all over the country, as per the strategic guidance of One Plan II and HSSP IV. Additionally, UNICEF signed a two-year contract with Liverpool School of Tropical Medicine for capacity building of 44 selected health centres and dispensary staff in the focus districts, with the aim of reducing maternal and new-born mortality.

In 2016 UNICEF continued to provide procurement services for cold chain equipment and vaccines, donating cold chain equipment to increase cold storage capacity. New and underused vaccines did not experience stock-out in 2016, but some shortages of traditional vaccines occurred due to delayed disbursement of funds by the Government. To address the funding shortfall, UNICEF pre-financed the procurement of bivalent polio vaccine (bOPV) to support the transition away from the traditional trivalent oral polio vaccine to bOPV, as per global recommendations. The switch was successfully implemented in all districts of Tanzania with the support of all immunization partners. This is expected to contribute significantly to global polio eradication efforts. UNICEF, with partners, continued to provide technical and financial support for the implementation of the 'reach every child' strategy, which aims to improve dispensaries' ability to identify children in hard-to-reach areas and prepare a micro-plan to reach them and follow up to ensure full coverage of vaccines. The support from UNICEF and partners should lead to further decline in the number of unvaccinated children, which stood at 38,047 in 2015.

Progress toward goals for preventing mother-to-child transmission (PMTCT) of HIV in Tanzania was satisfactory. While most regions attained 90 per cent ART coverage among pregnant and breastfeeding women living with HIV, four regions (Dar es Salaam, Dodoma, Kigoma and Singida) did not reach this target. UNICEF and stakeholders, including partners involved in the U.S.-funded President's Emergency Plan for AIDS Relief, were analysing the causes for this and plan to take corrective action. Through UNICEF's support to the MoH for regional-level monitoring of PMTCT services, key programmatic challenges were identified, including data quality issues, and course corrections were initiated.

For health promotion, multimedia communication reached an estimated 2.5 million people to improve care-seeking behaviour and utilization of reproductive and child health services in four UNICEF-supported regions. Overall, the country is showing an improved trend in the institutional delivery rate, from 51 per cent in 2010 to 63 per cent in 2015. In Mbeya, the rate increased from 43.1 per cent in 2010 to 64.9 per cent in 2015.

Working in collaboration with the White Ribbon Alliance for Safe Motherhood, a civil society coalition on improving social accountability for RMNCAH, was formed and advocacy efforts initiated with newly-elected parliamentarians to strengthen the parliamentary group on safe motherhood. There are now 60 members of this group which, after orientation, is expected to serve as champions in support of the RMNCAH agenda, including increased budget and access to and quality of services.

In collaboration with partners, including WHO and the CDC, UNICEF contributed to mitigating key bottlenecks experienced in the prevention and response to health emergencies, such as cholera. UNICEF continued to provide support, through local government and partners, for responding to the health needs of Burundian refugee children

and women in Tanzania, including: equipment, bed nets, medicines, vaccines and behaviour-change communication materials.

OUTPUT 1 Strengthened enabling environment (health policy, health system and sector coordination strengthened)

Analytical Statement of Progress:

UNICEF continued to engage, with other partners, in a review of the national health policy 2017, expected to be finalized next year. Contributions were made to finalizing the code of conduct for partners supporting the health sector, which provides guidance to partners on working collaboratively. Policy advocacy was carried out for direct facility financing, with the aim of strengthening the capacity of health facility governing committees to improve the quality of services. This approach will be piloted for nationwide scale-up. In addition, data quality and utilization continued to be the focus of UNICEF's advocacy agenda, along with partners. Equitable access to essential medicines and supplies in primary HCF was enhanced through financial contributions to health basket funds in mainland Tanzania and Zanzibar.

The health budget was increased from around US\$537,000 in fiscal year (FY) 2014/15 to over US\$671,000 in FY 2015/16 (Tanzania Budget Brief FY 2011/12–FY 2015/16), but UNICEF Tanzania and partners continue to advocate for more resources and increased spending on maternal and child health.

Following the cholera outbreak in August 2015 in both mainland Tanzania and Zanzibar, which affected 23,040 people, national capacity to prevent and respond to such outbreaks was strengthened through technical support to the national cholera task force and behaviour change communication (BCC). Advocacy efforts continued for building resilient health systems, to achieve overall health security. Social determinants of health, including nutrition and WASH, continued to be highlighted through joint advocacy efforts and were included in the Government's policy commitments for 2016/17 and 2017/18.

The influx of Burundian refugees continued unabated, reaching 183,000 by late 2016. UNICEF provided support to 19,362 children and 3,760 pregnant women, consisting of essential health services and commodities. UNICEF procured 32,000 long-lasting insecticide treated nets (LLINs) and several vaccines: 2,500 vials of BCG, 2,800 vials of bOPV, 2,630 vials of DTP-HepB-Hib, 5,700 vials of MR, 15,100 vials of PCV, 9,000 vials of Rotavirus and 1,510 vials of TT.

Training supportive supervision of health workers in the camps and behaviour- change communication activity increased the quality and utilization of services. Host communities were supported through the donation of five ambulances to five health centres in Kigoma Region, which benefitted some 100 women in 2016. Coordination with partners for the refugee response was enhanced through the recruitment of field-based consultants.

Zanzibar's MoH was supported to develop and implement national maternal and perinatal death review and response guidelines. UNICEF also supported the development of facility accreditation and reward guidelines and tools, based on which the facilities will be assessed and which will be linked to performance enhancement initiatives. Working with other partners, the Zanzibar maternal, new-born and child health technical working group was revived, bringing together partners working to improve maternal and child health in Zanzibar. A steering committee was formed, with UNICEF as a member, to improve linkages between technical working groups and senior management in the Ministry.

OUTPUT 2 District health system strengthened in evidence-based planning and monitoring

Analytical Statement of Progress:

UNICEF support for strengthening the district health system (DHS) focused on ensuring the availability of equipment, improving facility infrastructure and supporting health management information system data quality, analysis and use for planning and monitoring in four regions on the mainland and in Zanzibar.

Essential equipment for maternal and new-born health were procured and distributed to 162 dispensaries (about 40 per cent of all dispensaries), 23 health centres and six hospitals in the selected regions. These facilities were selected based on higher volume of deliveries and their strategic locations, enabling them to provide emergency obstetric and new-born care in accordance with national guidelines and standards and to cover most of the population of the selected districts. Availability of intensive care services in southern Tanzania for very sick new-borns was enhanced through equipment support to Mbeya Regional Hospital and Mbeya Zonal Referral Hospital, the two largest referral hospitals in the region. This is expected to benefit not just the four selected regions but the entire Southern Highland zone.

In addition, 44 strategically located, high-volume HCF in three regions were assessed for extensive renovations that would enable them to effectively provide emergency obstetric and new-born care and adolescent-friendly services. Renovations are at different stages of completion, with most facilities expected to be completed by the end of the fiscal year. Building on the support of 10 ambulances UNICEF provided last year for two regions, seven additional ambulances were procured and distributed to Njombe and Kigoma regions to strengthen district capacity for emergency referrals of patients needing advanced care at higher-level facilities. Additionally, two pick-up vehicles were procured and distributed to Ludewa and Wanging'ombe districts in Njombe Region to provide supportive supervision for maternal, child and adolescent health services, which will cover about 20 per cent of Njombe's population.

DHS work also improved services through quarterly supportive supervision and maternal and perinatal death reviews in four regions and 17 districts. District medical officers from 17 districts of the four regions were oriented on how to conduct a bottleneck analysis based on data review, and advised on planning for corrective action. Based on this work, data quality enhancement activities and support for the planning process were incorporated into activities for FY 2017/18.

Further, UNICEF supported HCF in Njombe Region to launch the initiative on quality improvement of maternal and new-born health services. Orientation was provided to 31 health managers and trainers. Subsequently, work improvement teams were established at 14 HCF in two districts of Njombe Region. Building on this work, quality improvement initiatives will be further strengthened in Njombe and expanded to Mbeya and Songwe in 2017.

UNICEF recruited a health systems-strengthening manager and two field-based staff to strengthen capacity gaps in subnational planning, implementation and monitoring. The personnel will also support local government authorities to improve data quality and its utilization for planning and monitoring.

OUTPUT 3 Improved capacity at the subnational level for effective delivery of quality RMNCAH services, including eliminating new HIV infections in children and keeping mothers alive, and paediatric HIV services

Analytical Statement of Progress:

Immunization coverage in Tanzania continued to increase, leading to a decline in number of unvaccinated children. According to the most recent data, DTP 3 coverage for 2015 was 98 per cent and the number of unvaccinated children was 38,047, compared to 47,013 in 2014 (TDH-MIS, 2015). UNICEF contributed to the success of the immunization programme through technical and financial support for the implementation of the Reach Every Child strategy, as well as the provision of procurement services for routine childhood vaccines, cold chain equipment and related supplies. Capacity for immunization services provision in Zanzibar was strengthened through the orientation of 202 health workers on new developments in immunization, the donation of one 30 cubic metre walk-in cold room, 25 refrigerators and 1,160 vaccine carriers. The supply of new and underused vaccines supported by GAVI was optimal, with no stock-outs, although a shortage of traditional vaccines was experienced due to delays by the Government in disbursing funds. To make services available in hard-to-reach areas, the capacity of over 1,500 health workers was enhanced on the mainland and in Zanzibar. Task-shifting training for caesarean section was given to 11 teams of health workers, and renovation and conversion of space into operating theatres and donations of essential theatre and other equipment took place. Provision of emergency obstetric and new-born care services was strengthened through short-term, skills-based training and quality improvement initiatives at 44 health facilities. These activities address critical gaps in the health system for adequate infrastructure, equipment and trained staff who have the skills to provide respectful and evidence-based care, as per national guidelines and in line with recommendations of One Plan II. UNICEF's contributions will complement those of partners working in other regions to support the Government's plans for nationwide coverage of quality RMNCAH services.

The PMTCT programme performance review (2016) shows low enrolment rates of HIV-exposed infants into the HIV care programme in Mbeya region (between 58 per cent and 66 per cent) while other regions recorded rates above 80 per cent (Annual PMTCT Program report, 2015). UNICEF supported remedial actions to ensure good health outcomes for mothers living with HIV, HIV-exposed infants and children living with HIV.

Seventeen councils in Mbeya, Iringa and Njombe regions received UNICEF Tanzania support to strengthen clinical management and outcomes for common childhood illnesses, with the roll-out of a distance learning package for integrated management of childhood illnesses. This package was developed by WHO, but used extensively by UNICEF in the spirit of One UN. Currently, 93 per cent of primary-level HCF providing clinical care to sick children have at least one health provider who is able to provide integrated services for common childhood illnesses.

OUTPUT 4 Individuals, families and communities are supported to practice healthy behaviours

Analytical Statement of Progress:

A 12-episode radio serial drama aimed at encouraging households to adopt healthy behaviours and to utilize RMNCAH services was developed and broadcast through two national radio stations and six community radios in Mbeya, Iringa, Njombe and Songwe regions, reaching over 2,500,000 people. Similarly, 20,000 copies of print materials (brochures, posters and fact sheets on adolescent-friendly reproductive health services and birth preparedness plans) were printed and distributed to communities in the four regions. The interpersonal communication capacity of 196 health workers in four districts, including the Mbeya, Iringa, Njombe and Mufindi District Councils, was strengthened following a five-

day training implemented in six sessions. All these activities are contributing to enhanced uptake of antenatal care services, increased health facility delivery and better care for newborns and childhood illnesses. One example is the community effort in Uturo village in Mbarali district (Mbeya Region) where community mobilization efforts have led to zero maternal and new-born deaths. This case was documented in a short video and used in community mobilization efforts. UNICEF facilitated participation of the key people involved in this initiative to attend the parliamentary session in Dodoma, where their work was highlighted to parliamentarians by the Minister of Health, who encouraged them to scale-up similar efforts throughout their constituencies.

In Zanzibar, health messages were disseminated through Ministry of Health departments, Save the Children and other CSOs including the Tanzania Red Cross Society. A team of 800, of a targeted 1,760 CSOs (45.5 per cent) and 40 of the targeted 88 supervisors (45.5 per cent) were identified and trained on how to provide maternal and child health communication and collect information in communities.

The Tanzania demographic and health survey (TDHS) of 2015 showed an increase in antenatal care from 43 to 51 per cent, and births attended by skilled attendants rose from 51 to 64 per cent when compared with TDHS 2010.

It is expected that communication for development activities supported by UNICEF will further contribute to improving these and other health indicators by imparting more knowledge and changing the attitudes of children's caregivers, families and communities to pursue better disease prevention and care-seeking behaviours.

Fifteen CSOs formed a coalition for improving social accountability on RMNCAH, under the leadership of the White Ribbon Alliance for Safe Motherhood. One of their outputs was to enhance the awareness of parliamentarians on RMNCAH issues. Many new members were elected to the Tanzanian Parliament in 2016. With UNICEF support, membership of the Parliamentarians Group for Safe Motherhood was expanded from nine to 60 members, including new parliamentarians. An orientation package was developed and orientation sessions organized, resulting in MPs committing to greater support for RMNCAH.

OUTCOME 2 Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions

Analytical Statement of Progress:

Tanzania continued to demonstrate good progress towards achieving its vision of ending AIDS by 2030 through improved access to lifesaving HIV prevention, treatment, care and support for children, adolescents and their mothers.

As a result of collective efforts by Government and partners, good progress was maintained toward elimination of mother-to-child transmission, with Tanzania providing ART to more than 90 per cent of HIV-infected pregnant and lactating women. Also encouraging was the 72 per cent reduction in paediatric HIV infections from 2009 to 2014.

Efforts by UNICEF Tanzania and partners to improve access to early infant diagnosis and to scale-up paediatric treatment for children living with HIV resulted in a marked increase in the coverage of paediatric ART: from 30 per cent at the end of 2015 to 66 per cent by November 2016. UNICEF provided both financial and technical support to the MoH, through the NACP, to develop and support the implementation of regional paediatric scale-up plans in nine regions with high HIV burdens, with funding from the CDC. Each region prepared its plans, with activities and specific targets to increase identification and enrolment of HIV-infected

children into the ART programme. UNICEF coordinated and provided technical support during the review of the plans. Review takes place annually; regions, districts and selected facility teams meet at the zonal level to share progress, lessons learnt and best practices and to discuss challenges.

In relation to children and adolescents living with HIV, efforts in 2016 focused on scaling up a model for effective health facility and community approaches to strengthen their identification, linkages and retention in care, treatment and support services. Through partnership with the Government, NGOs and faith-based organizations, over 4,052 adolescents living with HIV (ALHIV), representing 37 per cent of ALHIV in UNICEF programme regions and 5 per cent countrywide, were reached with: psycho-social support services, SRH and life skills education, treatment, literature to support disclosure of HIV status and retention into treatment and care. Plans were underway to support the Government to establish/strengthen sustainable community and facility-based models to scale up psychosocial and peer support, to reach 10,000 adolescents living with HIV by 2021 in the five UNICEF-supported regions. At the national level, UNICEF worked with the MoHGCDEC to develop a standard package for ALHIV that will be used nationally, and is expected to be ready by mid-2017.

In Zanzibar, 35 per cent of all children and adolescents living with HIV received psycho-social support and life skills education. These inputs, delivered by trained facilitators through children's clubs, helped these children and adolescents to develop self-esteem, helping them to live confidently within their communities. ZAPHA+ plans to reach at least 90 per cent of children and ALHIV through clubs. This can be achieved by enhancing and scaling up the capacity and services offered by the clubs to reduce, and ultimately eliminate, stigma and discrimination against children and adolescents living with HIV.

The UN, together with Government and other key stakeholders, continued to advocate for the design, implementation and scale-up of high-impact interventions to reduce HIV transmission and vulnerability among adolescents. In 2016, the first 'cash plus' workshop was hosted by UNICEF, which brought together key stakeholders from Government and non-governmental organizations. This workshop resulted in a consensus on cash plus interventions to address the multiple deprivations experienced by vulnerable adolescents and youth and critical buy-in from stakeholders.

Lessons learned from the 2016 evaluation of the adolescent 'Girls, let's be leaders!' pilot showed that creating a safe space and protective environment and giving adolescent girls a voice on issues pertaining to their own lives, together with critical skills on livelihoods and sexual and reproductive health, improves their chances of becoming healthy, responsible and productive in adulthood. These lessons were used to design an innovative and sustainable intervention model to empower adolescent girls through strengthening their social, financial and health assets. The model will not only strengthen adolescent girls' ability to engage in livelihood activities, but also their knowledge of and access to SRH services, in an effort to delay pregnancy and marriage, prevent violence and exploitation and prevent HIV and other sexually transmitted infections, thus enabling them to better reach their full potential.

Key challenges during this reporting period included declarations and actions against organizations working with key populations, which raised concerns regarding the ability of this group to access HIV-related services. The UN, together with other key stakeholders, engaged with the Government in a constructive dialogue to ensure that key and vulnerable populations remain essential partners in the national response to the epidemic. Age of consent for HIV testing, limited availability of adolescent-friendly services and stigma and discrimination continue to contribute to poor access to health services by adolescents and

young people. Efforts were under way in 2016 to reduce the age of consent and to disseminate policies and guidelines that promote adolescent SRH and rights. Declining resources for HIV/AIDS and the fact that the national response is heavily dependent on external resources demand accelerated action to increase domestic resource mobilization efforts and operationalization of the AIDS Trust Fund.

OUTPUT 1 Strengthened national and subnational capacity for qualitative and quantitative data collection on adolescents, disaggregation (age & sex), analysis and use, across sectors and in selected Local Government Authorities (LGAs)

Analytical Statement of Progress:

Efforts to strengthen data collection and analysis to drive decision-making were enhanced by key studies and assessments finalized and disseminated in 2016. The UN, together with TACAIDS, PEPFAR and other key stakeholders, conducted the 'All In' rapid assessment in mainland Tanzania and Zanzibar. The assessment highlighted data gaps, such as lack of data on adolescents aged 10-14 years, data on adolescents in key populations and lack of age-disaggregated data at the facility level. The 'All In' initiative was catalytic for galvanizing high-level Government support and identifying priority actions and opportunities for advancing the focus on adolescents across sectors, including strengthening multi-sectoral coordination, national monitoring and evaluation systems and data on adolescents and implementation of evidence-based programmes.

To estimate national, age-disaggregated HIV and SRH service coverage rates for adolescents and establish retention in HIV care and outcomes at six and 12 months among ALHIV, a retrospective data abstraction and analysis exercise was conducted with UNICEF support between February and April 2016. Findings reinforced the case for revising national data collection and reporting tools and adjustment of policies to improve HIV service coverage and quality for adolescents.

The TASAF youth baseline impact evaluation report (conducted by Policy Research for Development and UNICEF's Office of Research/Innocenti Centre) provided rigorous quantitative evidence on the effects of Tanzania's national cash transfer programme on youth well-being and helped to inform future iterations of the national cash transfer programme and areas for strengthening linkages to other Government services.

Preparations for the 2016/2017 Tanzania HIV/AIDS Impact Survey (THIS) are ongoing. The THIS will provide information on key indicators, including: adult and paediatric HIV prevalence, adult HIV incidence, viral load suppression, distribution of HIV infection, CD4 counts, HIV-related risk behaviours and uptake of HIV-related services. For the first time, an adolescent module for the 10-14 age group was included.

These data and accompanying recommendations are filling critical information gaps about adolescents and HIV, as well as informing policy decisions and evidence-based planning and delivery of adolescent interventions at the council, regional and national levels.

OUTPUT 2 Government, private sector and communities' leadership strengthened for a sustainable HIV response, including reduction of stigma and discrimination

Analytical Statement of Progress:

UNICEF Tanzania continued to play an important policy, advocacy and technical role in various coordination and planning mechanisms, including but not limited to: the development partner group; the UN HIV programme working group; various technical working groups,

including PMTCT, paediatric HIV, HIV prevention, adolescents and young adults; and TASAF's livelihood enhancement committee. UNICEF contributed to the review and development of key national strategic documents, including a review of the 2012-2015 eMTCT plan, development of the National HIV prevention operational plan, and the livelihood enhancement strategy of the PSSN programme. Together, implementation of these key strategies and plans, grounded in evidence, will contribute to the reduction of new HIV infections, morbidity and mortality and to the attainment of Tanzania's goal of an AIDS-free generation.

In 2016 UNICEF successfully used 'cash plus' as an entry point to ensure that adolescents are part of the national PSSN programme, through inclusion in the livelihoods enhancement framework and agreement from TASAF to test adolescent- focused livelihoods. Specifically, the intervention will build on the Tanzanian Government's large-scale conditional cash transfer programme, linking 2,500 adolescents and youth in beneficiary households to strengthened Government services. Cash plus was designed with sustainability and Government ownership, in mind, with implementation through existing Government structures and the potential for scale-up within the PSSN, reaching over 1 million households.

During the reporting period, the UN continued to play a key role in supporting multi-sectoral coordination of the HIV response at the sub-national level through technical support provided to four high-HIV-prevalence regions in implementation, monitoring and reporting on regional HIV/AIDS strategic plans (RHASPs). At bi-annual stakeholder meetings, RHASPs were reviewed and updated, providing data on progress against indicators. In 2016, 20 district councils in UNICEF-supported regions were oriented on the RHASPs and the revised monitoring and evaluation tools, and are progressively reporting on HIV/AIDS and demonstrating improved quality of data and reports.

OUTPUT 3 Adolescents and key populations have increased access to quality HIV prevention, care, treatment and support services, in selected LGAs

Analytical Statement of Progress:

At the sub-national level, in four high-HIV-prevalence regions (Dar es Salaam, Mbeya, Iringa and Njombe) UNICEF supported the implementation of high-impact HIV interventions for adolescents and young people, including those living with HIV. Through partnerships with Government, NGOs and faith-based organizations, UNICEF reached over 4,052 adolescents living with HIV (37per cent of ALHIV in UNICEF-supported programme regions) with psychosocial support services, SRH, life skills education, and treatment literature, leading to improved attendance at care and treatment centres, disclosure and retention in treatment and care. Plans were underway to support the Government to establish/strengthen sustainable community and facility-based models to scale up psychosocial and peer support to reach 10,000 ALHIV by 2021 (approximately 60 per cent of ALHIV in UNICEF-supported districts).

In Zanzibar, 35per cent of children and adolescents living with HIV received psychosocial support and life skills education. These efforts, provided by trained facilitators through children's clubs, helped these children and adolescents to develop self-esteem, which helps them to live confidently within their communities. With support from UNICEF, NGOs plan to reach at least 90percent of children and adolescents living with HIV through clubs, by enhancing and scaling-up the capacity and services offered, to reduce and ultimately eliminate stigma and discrimination against these children and adolescents.

With Government and development partners, UNICEF Tanzania supported the planning and design of a cash plus/HIV-sensitive social protection programme to address the multiple deprivations experienced by vulnerable adolescents and youth. It builds on a poverty-reduction platform, but adds interventions around livelihoods and SRH to improve economic, health and protection outcomes. The outcomes of the cash plus programme will determine and shape adolescent programming within UNICEF nationally, regionally and globally, and will also help shape future iterations of the Government's national cash transfer programme and support advocacy for better inclusion of adolescents and youth.

In collaboration with Government and partners, phase II of the 'Shuga' radio drama series, promoting HIV testing and counselling and condom use, was finalized. Based on feedback from phase I, the focus on adolescent girls was strengthened through episodes addressing prevention of HIV, sexual violence and teen pregnancy. The programme was broadcast in mainland Tanzania and Zanzibar, reaching over 3.3 million people and contributing to increased awareness and knowledge about HIV, violence and pregnancy and uptake of services.

OUTCOME 3 Vulnerable groups have increased access to safe and affordable water supply, sanitation, and hygiene

Analytical Statement of Progress:

The WASH programme is fully aligned with the SDGs, and is geared to contribute and support Tanzania's achievement of SDG 6. Upstream, UNICEF continued its support for strengthening the evidence base for advocacy, to leverage resources for children leading to increased sector financing for sanitation in phase II of WSDP, and established a partnership with WaterAid to jointly support the Government to develop national guidelines for WASH at HCF.

As part of its preparatory work for the new country programme, a study on WASH in health care facilities was conducted, in partnership with the National Institute for Medical Research, to assess the situation of WASH services at HCF in Mbeya, Iringa, Njombe and Dar es Salaam. The study found that 42 per cent of HCF surveyed did not have functional handwashing facilities. Such statistics indicate a dire situation that compromises adequate access to healthcare services. WASH at HCF is an important intervention for reducing maternal and new-born mortality and morbidity. Dissemination of the findings occurred during Africa Water Week (Dar es Salaam, 18-22 July 2016), which featured international actors such as the London School for Hygiene and Tropical Medicine, North Carolina University, and a local presence through both health and WASH sector dialogue mechanisms, including technical working groups. The development of national guidelines and tools to provide guidance to stakeholders on the design, implementation, monitoring and evaluation of interventions that aim to improve WASH in HCF got underway in 2016: a working draft was developed and technical review meetings and workshops were held.

UNICEF continued its commitment to strengthening the capacity of governments and local partners to deliver equitable services for all by identifying and addressing bottlenecks in the WASH sector and employing innovative approaches, such as promoting daily group handwashing at schools as a means to scale up low-cost solutions for appropriate hygiene practices, with a primary focus on reaching the most marginalized.

In addition, UNICEF and sector partners worked closely to re-design the sanitation sub-component strategy to focus on behaviour-change communication, as a means to support households to gradually achieve incremental results in sanitation: starting from no service (open defecation) through to safely managed sanitation, including the promotion of

appropriate hygiene behaviours to encourage good practices, particularly handwashing with soap and household water treatment and storage.

UNICEF supported the Ministry of Water and Irrigation to conduct training for national and regional level government staff and hold a round-table consultation and orientation session for NGO partners, in preparation for nationwide roll-out of the national rural water supply sustainability strategy.

UNICEF supported the Minister of Water's participation in the 2016 ministerial meeting organized by the Sanitation and Water for All (SWA) partnership. SWA is a global partnership of governments, external support agencies, CSOs and other development partners working together to catalyse political leadership and action towards a common vision of universal access to safe water and adequate sanitation. The purpose of the meeting was to enable ministers responsible for water and sanitation to understand both the ambition and scope of the new SDGs and WASH targets, as well as the implications for planning and resources needed to achieve the targets. The meeting was useful in terms of laying the groundwork for facilitating better planning for the SDGs and understanding what resources are available, as well as helping external support agencies to target and align their support.

UNICEF continued to promote universal use of the national school WASH guidelines through advocacy and by working closely with implementing partners and engaging key stakeholders, particularly those directly involved in implementing interventions and managing school WASH services. This served as important guidance for a coordinated scale-up and sustainable implementation of school WASH that is aligned with national guidelines.

T-Watoto, a UNICEF initiative that makes use of cell phones to conduct surveys, was employed in Zanzibar to gather information to support a more effective and better-targeted cholera emergency response. By analysing information received, cholera hot spots and their key characteristics, including barriers, were identified. The information was used to sharpen the cholera response.

OUTPUT 1 Select MDAs are better able to formulate policies, plans and guidelines for the sustainable management of water, sanitation and hygiene

Analytical Statement of Progress:

In Tanzania, WASH atHCF is a major concern. TDHS 2015-16 statistics pointed to poor maternal and new-born mortality and morbidity rates, to which poor WASH at HCF is a major contributor. UNICEF and sector partners worked with the Government to develop national guidelines and tools to support implementation and management of WASH in HCF interventions. A working draft of the guidelines was developed, and technical review meetings and workshops were held. Once the national guidelines are finalized, the focus will be on targeting interventions to vulnerable communities living in remote areas.

To facilitate the roll-out plan for the national rural water supply sustainability strategy, a resource team of 60 people was trained and an action plan developed for implementation. Pilots were carried out in three UNICEF programme regions (Mbeya, Iringa and Njombe). UNICEF also supported the Ministry of Water and Irrigation to hold a round-table consultation for NGO partners. Roll-out plans for the regions and districts were developed for implementation under the WSDP II.

UNICEF Tanzania, in collaboration with partners, worked closely on redesigning the sanitation and hygiene sub-component strategy to focus on BCC as a means through which

households will be supported, to progressively yield incremental results in sanitation: from open defecation to safely managed sanitation that includes promotion of appropriate hygiene behaviours, particularly handwashing with soap and household water treatment and storage. The UK Department for International Development (DfID), together with UNICEF Tanzania, provided technical support to the MoHCDGEC to successfully engage a consortium, led by the London School of Hygiene and Tropical Medicine that will design and support the delivery of BCC.

Under the leadership of the Ministry of Education in Zanzibar, important progress was made towards finalizing school WASH guidelines, which included partnering with NGOs to pilot the applicability of the draft guidelines in selected schools. Evidence generated from the pilot provided important feedback that informed finalization of the guidelines, an important step towards their final adoption and approval by the Revolutionary Government of Zanzibar.

OUTPUT 2 Select LGAs have enhanced capacity to plan and implement sustainable water, sanitation and hygiene services.

Analytical Statement of Progress:

UNICEF supported the delivery of school WASH services in 54 schools, enabling 64,300 children (33,350 girls, 30,950 boys) to gain access to improved and inclusive WASH services. Each school was provided with safe water; improved toilets; handwashing stations and separate toilet blocks for boys and girls, with one toilet in each block designed for use by children with disabilities; and a girl's block with space for menstrual hygiene management.

A total of 270 (108 female, 162 male) members of school management committees and district leaders at village and ward levels from the 54 schools were trained on WASH governance, to ensure sustainability. UNICEF also supported training for 216 teachers (117 female, 99 males) on improved WASH practices by providing them with skills on hygiene promotion approaches and school WASH clubs. A total of 54 school WASH clubs were established and trained, as a peer-to-peer strategy for hygiene promotion.

Using the community-led total sanitation approach, 48,600 households from 600 sub-villages in six districts of Mbeya, Mbarali, Iringa, Mufindi, Njombe and Makete were 'triggered'; 34 sub-villages in six villages of Njombe District (comprising 2,763 households) were declared open defecation-free as a result. Njombe, one of UNICEF's programme districts, emerged as winner of the national sanitation competition: all three villages that emerged as winners were from Njombe. The win by Njombe validates UNICEF efforts in district institutional capacity development. In Zanzibar, the same approach was implemented in 295 sub-villages and 36 *shhias* in four districts, and included promotion of key hygiene practices; household water treatment and storage; and handwashing with soap at critical times in 9,500 households. UNICEF will use this experience to advocate for a scale-up strategy with Government and partners.

A team of 31 people composed of regional, district and ward health officers from five cholera hotspot regions of Mwanza, Mara, Geita, Arusha and Simiyu were trained in the use of social mobilization strategies. In addition, 56 regional and district health officers were trained, targeting five cholera hotspot regions of Mbeya, Rukwa, Katavi, Njombe and Iringa. The capacity built and stock of educational materials developed will contribute to building resilience of regions and LGAs for future outbreaks.

UNICEF and the CDC developed a bulk water chlorination strategy for highly affected cholera communities in Dar es Salaam (Temeke, Ilala and Kinondoni), eight wards in Morogoro, and 63 Zanzibar hot spots. Both small-scale (1,400) and large-scale (40) water

vendors with water trucks were enrolled in the programme, supported by 8.68 gram chlorine tablets. Evaluation findings indicated a low incidence of cholera cases in targeted areas as a result of these efforts.

OUTCOME 4 Increased coverage of equitable, quality and effective nutrition services among children under five years old

Analytical Statement of Progress:

Between 2015 and 2016, the availability of IYCF services increased from 5 to 15 per cent in Zanzibar, Mbeya, Iringa, Njombe and Songwe regions, with UNICEF support. This result was achieved through partnership with NGOs and promotion of social and behaviour change communication at the community and health facility levels.

UNICEF also provided technical and financial support for developing a national plan to scale up maternal, infant, young child and adolescent nutrition services during the period 2016-21. Implementation of this plan, which prioritizes regions with the highest numbers of stunted children, will be instrumental for more equitable reduction of stunting from 34 per cent in 2015 to 28 per cent in 2021 in Tanzania.

Household access to adequately iodized salt increased from 47 to 61 per cent between 2010 and 2016. This achievement was partly due to UNICEF's support for small-scale salt producers in low-performing regions. Between 2010 and 2016 the proportion of households consuming adequately iodized salt increased from 12 to 20 per cent in Pemba, from 6 to 23 per cent in Lindi, and from 13 to 27 per cent in Mtwara – contributing to reducing the equity gap in access to iodized salt in Tanzania.

Between 2015 and 2016, coverage of Vitamin A supplementation for children increased from 88 to 89 per cent in mainland Tanzania, and from 76 to 87 per cent in Zanzibar. UNICEF provided Vitamin A capsules and deworming tablets to all districts in Tanzania and supported operational costs for two rounds of Vitamin A supplementation and deworming in Zanzibar. This contributed to reducing the equity gap between the mainland and Zanzibar in term of access to Vitamin A supplementation and deworming services.

Coverage for severe acute malnutrition (SAM) in UNICEF target regions on the mainland and in Zanzibar reached 28 per cent during the first half of 2016, and was on track to achieve 2016 targets.

A national multi-sectoral nutrition action plan (NMNAP 2016-21) was developed with technical and financial support from UNICEF. The plan comprises common results, resources and accountability frameworks that will support multi-sectoral nutrition coordination. UNICEF also supported resource mobilization by estimating the NMNAP funding gap and developing a minimum budget allocation for nutrition that aimed to reach around US\$9 per child under five years. By the end of 2016, 26 per cent of the NMNAP budget had been raised by the Government and development partners. The effectiveness of minimum budget allocations in terms of increased funding for nutrition will be measured annually through joint multi-sectoral nutrition reviews (JMNRs).

Regarding the nutrition information system, UNICEF supported the Government of Tanzania to implement multi-sectoral nutrition scorecards, a JMN Rand mapping of nutrition interventions, as well as to add a nutrition component to the TDHS. This evidence was used to inform development of the NMNAP.

UNICEF also supported a bottleneck analysis of key nutrition interventions for FY 2015/16,

which included: i) counselling on appropriate IYCF; ii) SAM treatment for children; iii) vitamin A supplementation for children; and iv) iron-folic acid supplementation for pregnant women. Two key bottlenecks for scaling up coverage of these interventions were identified: insufficient availability of trained service providers and frequent stock-outs of commodities, mainly for IYCF and Sam treatment. The results of the bottleneck analysis were used to support preparation of the annual work plan for FY 2017/18 for all councils. This exercise will contribute to removing key bottlenecks at the sub-national level and subsequently to increasing coverage of key nutrition interventions for children, adolescents and women.

For the next period, UNICEF support to Government of Tanzania will focus on resource mobilization from domestic and external sources and implementation of the NMNAP.

OUTPUT 1 Improved Infant and Young Child Feeding services available

Analytical Statement of Progress:

At the national level, UNICEF played a key role in supporting the Government to prepare a costed plan to scale-up IYCF interventions during the 2016-21 period as part of the NMNAP. The plan provides national targets for increased service coverage in all region of Tanzania, strategies to achieve targets, a detailed workplan with roles and responsibilities of key actors, a detailed, activity-based costing and analysis of funding gaps. The plan guides the actions of Government and partners at the national level, prioritizing the most neglected regions. UNICEF contributed to achieving national targets by supporting scaled-up IYCF services in its focus areas.

UNICEF targeted 75 per cent of all villages (2,300 of 3,065) in Zanzibar and Mbeya, Iringa, Njombe and Songwe regions on the mainland for the establishment of IYCF counselling services by 2021.

With funding from DfID and Irish Aid, UNICEF established a partnership with national and international NGOs, through which two CHWs per village were trained on social BCC related to optimal IYCF practices.

The proportion of villages with CHWs trained on IYCF had increased from 5 per cent (150 villages) in 2015 to 15 per cent (450 villages) as of September 2016. The annual target was already reached, and trained CHWs are providing monthly IYCF counselling to pregnant women, mothers and caregivers of children under two years of age. UNICEF also supported LGAs to train health staff on IYCF, targeting two health staff in each of the 900 HCF in the project area. More than 700 health staff were trained, and are providing improved counselling to pregnant women and mothers during antenatal and postnatal care visits.

Trained CHWs also sensitized community leaders (traditional and religious leaders) and influential people (husbands, grandparents) on optimal IYCF practices. This contributed to the creation of an enabling environment for pregnant women, mothers and caregivers for behaviour change on IYCF practices.

A bottleneck analysis of IYCF interventions in FY 2015/16 was finalized by district nutrition officers, supported by UNICEF, in August 2016. The analysis showed that the low capacities of service providers (CHWs and health care workers) and lack of supplies (social BCC material, such as flipcharts) are the main bottlenecks to improving IYCF practices in Tanzania.

UNICEF will continue to train, coach and equip CHWs to scale up the delivery of IYCF services in its focus areas through partnerships with NGOs. To ensure equity, UNICEF facilitated the establishment of synergies between large-scale nutrition programmes and the

TASF, which identified the poorest families in Tanzania to provide them with a conditional cash transfer. CCT beneficiaries will form a sub-set of those receiving IYCF services.

OUTPUT 2 Improved Micronutrient supplementation and fortification services available

Analytical Statement of Progress:

Household access to adequately iodized salt increased from 47 to 61 per cent between 2010 and 2016. Important progress was achieved in low-performing regions, reducing the equity gap. Household access to adequately iodized salt increased from 12 to 20 per cent in Pemba, 6 to 23 per cent in Lindi, 13 to 27 per cent in Mtwara, and 13 to 37 per cent in Ruvuma. UNICEF support to training of 49 per cent (97 of 200) small-scale salt producers on salt iodization techniques and provision of supplies (potassium iodate and equipment) helped to achieve this increase. UNICEF also contributed with community sensitization on consumption of adequately iodized salt and support to LGAs on quality assurance, quality control and monitoring of salt iodization activities.

UNICEF's contribution was also instrumental to the improved performance of the vitamin A supplementation and deworming programme in Tanzania through the implementation of two child health and nutrition months in all councils on the mainland and in Zanzibar. Between 2015 and 2016 the proportion of districts with enough supplies to provide two annual doses of vitamin A to all children aged six-to- 59 months increased from 96 to 99 per cent in mainland Tanzania, and was maintained at 100 per cent in Zanzibar. During the same period, coverage for Vitamin A supplementation to children in the same age group increased from 88 to 89 per cent in mainland Tanzania and from 76 to 87 per cent in Zanzibar. In total 7,993,454 children aged six-to-59 months were reached with vitamin A supplementation. Between 2015 and 2016, coverage of deworming for children aged 12-to-59 months increased from 86 to 89 per cent in mainland Tanzania, and from 78 to 82 per cent in Zanzibar. In total 6,953,876 children aged 12-to-59 months were given deworming tablets to reduce worm infestation and prevent anaemia.

UNICEF supported the finalization and implementation of national guidelines for child health and nutrition months for the mainland and Zanzibar and capacity building of staff from all council health management teams in mainland Tanzania (180) and Zanzibar (10). UNICEF also supported district-level micro-planning prior to implementation of the events and assisted the TFNC and LGAs on supply chain management.

The existing gap in coverage of vitamin A supplementation and deworming for children is mainly due to lack of specific initiatives focused on hard-to-reach areas with the lowest coverage. UNICEF also supported a bottleneck analysis of vitamin A supplementation for children and iron-folic acid supplementation for pregnant women during FY 2015/16. The analysis indicated that there are inadequate supplies of vitamin A in some districts, and limited training on vitamin A and iron-folic acid supplementation among health workers.

To address these barriers, in coming years UNICEF will support the development of micro-plans for child health and nutrition months and training on the vitamin A supplementation and IFA supplementation programmes for health workers. Furthermore, UNICEF approached the Micronutrient Initiative to implement specific interventions targeting hard-to-reach populations, to increase coverage of vitamin A supplementation and deworming.

OUTPUT 3 Improved Integrated Management of Severe Acute Malnutrition services available

Analytical Statement of Progress:

In 2016 UNICEF continued to support Zanzibar's MoH and LGAs and NGOs in Zanzibar, as well as mainland Tanzania's Iringa, Njombe, Mbeya and Songwe regions, to provide treatment for SAM among children. In UNICEF-supported regions, SAM coverage reached 28 per cent (3,415 children) during the first half of 2016, and was on track to exceed the 34 per cent coverage (4,009 children) achieved in 2015. At the national level, coverage of children with SAM was maintained with a small increase: from 9 per cent of the caseload in 2015 to 10 per cent in 2016.

UNICEF supported the Government of Tanzania to finalize a plan to scale up management of acute malnutrition nationally, which is a part of the NSNAP. The plan aims to scale up the coverage of integrated management of acute malnutrition services in all regions of Tanzania from 25 per cent to 75 per cent by 2021, thereby leading to an expected increase in detection and admissions for cases of severe acute malnutrition (SAM). In addition, the plan aims to increase the proportion of children with SAM identified through screening from 19 to 75 per cent through an increased focus on community engagement and outreach. This focus will help reach the most vulnerable girls and boys, and empower women to demand quality services for their children. The plan outlines annual targets, specific strategies and actions to reach its expected results. Furthermore, the order of regions for scale up was prioritized based on burden and prevalence of SAM, to increase equity.

A bottleneck analysis of services for integrated management of SAM in FY 2015/16 was supported by UNICEF in August 2016. It demonstrated that the availability of supplies and trained service providers are the main bottlenecks resulting in low treatment coverage of SAM in Tanzania. Despite bottlenecks being identified on the supply side, the analysis revealed that demand for and quality of services was also very low. While focusing on reducing supply bottlenecks, UNICEF and partners will also prioritize tackling demand and quality bottlenecks.

During the next period, UNICEF will focus on supporting the Government to update national guidelines and training materials for management of acute malnutrition, in order to train more health workers and CHWs and thereby scale-up quality services to more regions. In addition, UNICEF will continue to support resource mobilization for scaling-up of services in all regions.

Finally, UNICEF continued to support nutrition in emergencies at Burundian and Congolese refugee camps in Kigoma region. In addition to treatment of children with SAM, more than 100 per cent of targeted children were reached with vitamin A supplementation, deworming and screening for acute malnutrition during implementation of the first campaign round in 2016.

OUTPUT 4 Improved capacities of relevant MDAs and select LGAs to implement a multi-sectoral nutrition response at national, regional and district level

Analytical Statement of Progress:

In 2016, the NMNAP was developed with strong support from UNICEF. A participatory approach was used, involving key Government authorities (the Prime Minister's Office, TFNC), key ministries and departments in nutrition-sensitive sectors and development partners.

Through this inclusive process, Government and partners analysed available evidence, carried out additional studies (such as the bottleneck analysis of selected nutrition interventions and the review of sectoral plans) and developed a strong logical framework and theory of change for the NMNAP. To implement the theory of change, the NMNAP was developed as a business plan, using a results-based approach, with activity-level costing and clear targets for each expected result. A funding analysis indicated that 26per cent of the plan was already funded. The gap must be filled by the Government (with a commitment to raise 30per cent of the total budget), development partners (60per cent) and the private sector (10 per cent). In terms of equity, the plan takes a gradual approach to scaling-up nutrition in all regions, but priority is given to regions with the heaviest burden of malnutrition so that they will benefit from earlier, more intensive interventions.

UNICEF also supported the JMNR 2016, assessing implementation of the national nutrition strategy 2011-16. It was found that the average nutrition expenditure per council increased from US\$ 29,802 in 2011/12 to US\$55,928 in 2015/16. However, of a total budget of US\$369 million over five years, only 13per cent was utilized by ministries, departments, regions and councils. This information will be complemented by the planned public expenditure review for nutrition in 2017, which will also include data on nutrition spending by development partners (not included in the JMNR).

Furthermore, with UNICEF support, 25 per cent of councils held at least two nutrition steering committee meetings in FY 2015/16. Based on lessons learned from implementation of the national nutrition strategy from 2011-16, UNICEF supported the Government to identify the key bottlenecks for the implementation of the NMNAP 2016-21 and to reflect on an execution strategy of the plan for central and decentralized level government authorities and development partners. Three key bottlenecks were identified, the first of which was insufficient funding for nutrition, which will be addressed through a progressive increase of minimum budget allocations from US\$.22 child per council in 2016/17 to around US\$9 in 2025/26.

The second bottleneck was poor coordination and synergies for nutrition among different sectors, to be addressed through the establishment of a common results, resources and accountability framework for nutrition. The framework was adopted by the high-level steering committee on nutrition, and will be used as the main multi-sectoral coordination and accountability framework for nutrition.

Third, the analysis revealed inadequate capacity among nutrition managers, officers and focal persons in ministries, regions and councils, which will be addressed by strengthening pre-service and in-service training programmes for personnel in nutrition and sensitive sectors.

The enabling environment for nutrition in Tanzania has gained momentum, and UNICEF is leading the way among Government authorities and development partners.

OUTPUT 5 Operationalised multi-sectoral nutrition information and surveillance systems

Analytical Statement of Progress:

UNICEF supported the second national bottleneck analysis of specific nutrition interventions for 2015/16 (IYCF, integrated management of SAM, vitamin A supplementation, and iron/folic acid supplementation), thereby strengthening routine information systems for nutrition. Data were received from 137 of 173 functional councils (79per cent). In the process, UNICEF supported the capacity building at the TFNC, as well as regional and district nutrition officers, in the areas of data collection, analysis and interpretation/use of

bottleneck analysis results for programme planning, monitoring and adaptation.

UNICEF also supported the preparation of the JMNR 2016, covering the entire duration of the National Nutrition Strategy 2011-2016. Data was collected from 156 of 173 councils (91 per cent), 18 of 25 regions (72 per cent) and four of eight ministries and agencies (50 per cent).

UNICEF also supported development, testing and implementation of the Government's multi-sectoral nutrition scorecard. Starting from a basis of 0 per cent, three regions (12 per cent) produced first draft multi-sectoral nutrition scorecards. The final version of the scorecard is expected by December 2016, and nationwide scorecard training for nutrition officers is planned to commence during the first semester of 2017.

The TDHS 2015/16 was also conducted. UNICEF supported training of surveyors on anthropometric measurement and supervision of surveyors during data collection. UNICEF also supported nutrition data analysis and completion of the nutrition chapter in the TDHS report.

The main bottlenecks identified for operationalizing the multi-sectoral nutrition information system included management/coordination and budget/expenditure. In fact, nutrition officers in councils and regions struggled to complete the different tools for the bottleneck analysis, nutrition scorecards and nutrition review. They also had difficulties coordinating work with their peers in nutrition-sensitive sectors. This is mainly due to insufficient capacity, inadequate funding of the information system, and delays in (and poor quality of) information and data collected.

To address these bottlenecks, UNICEF supported the TFNC to establish a coordination system to cascade knowledge and build the capacity of nutrition officers, who then received support to collect information and utilize the tools. As a result, data was being made available more regularly, and the quality of information began to gradually increase. The multi-sectoral information system was also an outcome of the NMNAP, with a detailed budget.

Information generated through the multi-sectoral nutrition information system was used for evidence-based decision-making, such as preparation of the NMNAP and planning and budgeting processes for nutrition. This information was particularly important to ensure equity in nutrition programming, by highlighting regions with low funding and a high burden of malnutrition, to be prioritized by Government and donor investment.

UNICEF will keep supporting implementation of the different tools of the national multi-sectoral nutrition information system, to build the capacity of different actors at all levels and gradually institutionalize bottleneck analysis and the nutrition multi-sectoral scorecard.

OUTCOME 5 Girls and boys have access to and are better served by a national child protection system that prevents and responds to physical, sexual, and emotional violence, abuse, neglect, exploitation, harmful social practices and ensures access to adequate adult care across the life cycle (young child, early adolescent, late adolescent)

Analytical Statement of Progress:

With the legal framework for the child protection system nearly complete, emphasis during 2016 was placed on ensuring the translation of key documents (guidelines, regulations and laws) from English to Kiswahili, initiating the process of amending the Law of the Child Act (2009) to be commensurate with new regulations, and lobbying for amendment of the Law of Marriage Act, with a view to raising the minimum age of marriage for girls from 14 to 18. In

Zanzibar, regulations for effective operationalization of the Children's Act 2011 were finalized by the Ministry of Health, Community Development, Gender, Elderly and Children.

In 2016, the decentralized birth registration initiative targeting children under five was rolled out in Iringa and Njombe, and within the first six weeks of roll-out, 90 per cent of children under five were covered. With ongoing initiatives in Mbeya, Songwe and Mwanza, the total number of children reached as of end-December 2016 was over 700,000. The birth registration initiative also reached its 2016 target of training 1,151 health workers across a total of 498 HCF in two regions. With Canadian support, the plan is to roll out the initiative in four more regions in 2017 and an additional four regions in 2018. UNICEF will continue to advocate the Government and development partners, building on the high level of success in Iringa and Njombe regions, to ensure roll-out in all 25 regions of mainland Tanzania. A major achievement in the area of birth registration was the Government's recent decision to provide certificates free of charge to all children, bringing Tanzania in closer compliance with Article 7 of the Convention on the Rights of the Child, which calls for universal, free birth registration.

Another major milestone during the year was the drafting of a new NPA-VAWC, which consolidates activities and approaches from eight prior plans of action. Developed with support from UNICEF, UN Women, UNFPA and NGO partners, the NPA-VAWC aims to build a well-coordinated and inclusive system that prevents and responds to all forms of violence against women and children. The NPA-VAWC prioritizes actions to improve social norms and values, safe environments, parenting, law enforcement, school safety and household economy. UNICEF supported the costing of the national plan, and is advocating for key Government sectoral ministries to budget relevant components in their 2017-2018 budgets. Ensuring Government financial support to the protection system is a key priority for the new country programme. To strengthen the investment case, UNICEF was finalizing a 'cost of inaction' study related to violence against children.

With a view to addressing prevention and response, UNICEF continued engaging with communities – through statutory child protection systems structures, key front-line service providers, and engagement with parents and children. Through the safe schools initiative, which addresses violence-prevention in schools, the number of schools reached nearly doubled, from 391 to 650 (over 15,000 children). Within UNICEF, this activity is a collaboration between the education and child protection sections and is being rolled out through both programmes. For the child protection programme, the safe schools initiative is an integral part of a functioning protection system that will target all LGAs by the end of the country programme. Ensuring that schools are safe is also one of eight components of the newly launched NPA-VAWC.

UNICEF also continued to reach communities through radio programming and faith-based organizations. While raising awareness with communities, UNICEF continued to simultaneously build the capacity of front-line workers – such as social welfare officers (SWOs), community development officers, police gender and children's desk officers, magistrates and judges – to support district, ward and village structures and to ensure that awareness that results in reporting is met with an appropriate protection response. To date, a total of 487 of 733 SWOs (66 per cent of all SWOs) at LGAs and regional secretariats have received training on child protection using the national child protection training manual. District child protection teams are present in all 20 UNICEF-supported districts, and work directly with village-level most vulnerable children committees to provide a grass-roots, community-based referral and advocacy network for children with protection needs. The new NPA-VAWC calls for a consolidation of coordination structures to address various aspects of violence – from the national to the village level – including committees on child protection, most vulnerable children, gender-based violence, child labour and trafficking. The new will

be rolled out to all LGAs as a key component of a functioning protection system.

The result of these endeavours was increased community awareness, as evidenced by KAP surveys and in reporting. For example, there was a dramatic increase in reporting incidents of violence against children through police Gender and Children Desks (9,541 cases reported in 2016, compared to 2,488 in 2014, and 549 in 2013). Child protection cases captured in the child protection management information system increased by 76 per cent during the reporting period, from a cumulative figure of 3,179 cases by the end of 2015 (1,876 girls, 1,303 boys) to a total of 5,583 cases by end of 2016 (3,630 girls, 1,953 boys).

OUTPUT 1 Strong enabling environment in place that promotes the legislative, political, budgetary and institutional factors that ensure the protection of children

Analytical Statement of Progress:

The Government of Tanzania developed a comprehensive NPA-VAWC that consolidates eight prior plans. The NPA-VAWC, developed with support from UNICEF, UN Women, UNFPA and NGO partners, aims to build well-coordinated and inclusive systems that prevent violence against women and children in all its forms and respond to the needs of victims and survivors. The NPA-VAWC prioritizes actions to improve social norms and values, safe environments, parenting, enforcement of laws, provision of care and support for victims/survivors, safety in schools and household economy.

UNICEF supported the costing of the NPA-VAWC, which aligns with the Government's medium-term expenditure framework and identifies resource requirements for the implementation of activities. While verbal commitment is present at the national level, including by the Minister of Finance at the launch, budget figures were not yet available to determine actual commitments. Most LGAs have budgeted their own resources for implementation of some elements of the NPA.

The number of LGAs generating data through the child protection management information system (CPMIS) increased from 10 to 12 during the reporting period. In partnership with the University of Dar es Salaam, based on piloting of the CPMIS, a child protection module was being developed and tested for integration into the district health management information system. Once finalized during 2017, this will be rolled out to all LGAs.

Parallel to the process on the mainland, UNICEF supported the Government of Zanzibar to develop a five-year national plan of action to address violence against women and children. The draft adopts, for the first time, an integrated approach to addressing violence against women and children in Zanzibar. The plan is structured around three outcome areas: the enabling environment, prevention and response, and support services. The national plan of action will be finalized and launched in 2017. In 2016 UNICEF also supported the Government of Zanzibar to develop regulations to enhance the effective operationalization of the Children's Act 2011. Care and protection, foster care and guardianship and residential care regulations were finalized and sent to the Attorney General's Office, pending official gazetting.

Challenges with this output area are largely due to resource constraints. The NPA-VAWC is costed, but will require commitments from both Government and donors for the implementation of activities. UNICEF is building an investment case based on results coming out districts with child protection systems and replicability in new districts – based on evidence of the prevalence of violence and the cost of inaction –to ensure sustained advocacy with the Government of Tanzania at all levels. Additional challenges included significant delays with the printing of regulations under the

Law of the Child Act, which in turn delayed their dissemination. The printing was near completion, with dissemination a priority for 2017. In addition, data demand and use remains low for decision-makers at all levels.

OUTPUT 2 Increased birth registration in 10 more regions using simplified birth registration system on mainland Tanzania

Analytical Statement of Progress:

During 2016 the decentralized birth registration system for children under five was rolled out in Iringa and Njombe regions, covering 11 district councils. Within six weeks of the September 22 launch, the percentage of children under five registered in these two regions reached 90 per cent. As of December 14, 98 per cent of children under five had been registered (226,383 out of 231,367). As per the 2012 census, the baseline figure for registered children for these regions stood at 10 per cent. There was no notable gender differential for birth registration. This success was made possible by active involvement of all partners, especially the LGAs responsible for implementing the project at the local level.

UNICEF also supported the Registration Insolvency and Trusteeship Agency (RITA) to undertake a one-week visit to Mbeya and Songwe regions to identify bottlenecks and revitalize the system in these two regions so that they also reach universal birth registration. To facilitate the process, UNICEF started involving the LGAs in implementation, following the Iringa and Njombe model.

The decentralized system of birth registration brings registration closer to the community, makes registration more efficient, waives the fee for registration and certification, and uses mobile phone technology to ensure immediate transfer of data to facilitate a real-time tracking of progress. The project was funded by Global Affairs Canada and jointly implemented by UNICEF and the Government, with support from TIGO and Voluntary Services Overseas. With Canadian funds, UNICEF will support the Government to rollout the system in four more regions in 2017 and an additional four regions in 2018, reaching 12 of 25 regions (excluding Zanzibar). However, the ultimate plan is to replicate the simplified, decentralized birth registration system in all 25 regions on the mainland, both for children under five and the backlog of children aged five-to-17.

Amending the Birth and Death Registration Act through the Law Reform Commission also received UNICEF support. The draft bill is likely to be ready in the first half of 2017. The national civil registration and vital statistics (CRVS) strategy was approved by the inter-ministerial technical committee and awaits final approval. The Government also agreed to waive the fee for birth registration of children aged five-to-18 years to promote birth registration for that cohort. This decision will go a long way toward improving birth registration in the country. UNICEF is supporting RITA to develop an appropriate strategy to register children over five years of age.

A main challenge was the sustainability of the simplified and decentralized birth registration system. UNICEF continued to advocate for Government resource allocation through joint planning at the LGA level and through high-level advocacy meetings and support for the legal reform. Another challenge was ensuring that demand is sustained over time to reach all new-borns and the most marginalized children. This is being addressed through increased support for communication at the LGA level.

OUTCOME 6 Child poverty in all its forms is reduced through quality, evidence-based policies, programmes and budgets for all children, especially the most marginalized, at national and subnational levels

Analytical Statement of Progress:

To advance the social protection agenda, in the mainland the Prime Minister's Office is implementing a road map for the development of the National Social Protection Framework (NSPF) Operational Plan for 2016-2021. The costed plan will translate the policy statements of the NSPF into concrete actions, help overcome existing policy and programme fragmentation and lay the foundation for an integrated and child-sensitive social protection system that is effective in protecting the poor and vulnerable, promoting inclusive growth and providing a minimum acceptable standard of living to all Tanzanians.

In Zanzibar, the costed implementation plan of the Zanzibar Social Protection Policy was finalized and ready for implementation in the first quarter of 2017. UNICEF's leading role in providing technical support and facilitating cross-sectorial dialogue in both processes, as well as its role as co-chair of the national social protection working group, strengthened UNICEF's strategic position and policy steering role in the social protection arena in Tanzania.

The TASAF III productive social safety net, which provides a comprehensive package of cash transfers, public works and livelihood enhancement support to escape poverty along a sustainable trajectory, met its target of reaching Tanzania's extremely poor and food insecure population, amounting to about 1.1 million households (5.2 million people, of which about 2.6 million are children) and representing more than 10 per cent of the total population. With the objective of contributing to the establishment of an integrated social protection system, UNICEF played a leading role in bringing together TASAF and the TFNC, under the leadership of Prime Minister's Office to develop an operational note for integrating PSSN and large-scale stunting reduction programmes, utilizing the existing strong synergies between social protection and nutrition.

UNICEF also supported TASAF to enhance its community sessions to further reinforce messaging on IYCF among its beneficiaries. Further, to ensure that the needs of adolescents are addressed, a 'cash plus' pilot was being designed to ensure that the most vulnerable adolescents and youth are offered a holistic package to ensure their safe transition to adulthood. The almost complete reliance of the PSSN on donor funding, however, poses sustainability concerns.

Further progress toward prioritizing children in national and sub-national planning and budgeting processes was ensured via the ongoing development of an integrated child policy in Zanzibar that will: reinforce synergy and avoid duplication among different sectors addressing key child-related issues; produce district profiles to inform local planning in Zanzibar; prepare and disseminate budget briefs, presenting sharp and concise information on social sector spending aimed at triggering debate about the adequacy and effectiveness of state expenditure for the benefit of children; and prepare a fiscal space and political economy profile of the country with a specific focus on child protection and nutrition, in close synergy with the recently developed five-year plans in these areas.

Although child poverty is still not regularly reported on or monitored by the Government, the process of developing a multi-dimensional child poverty analysis generated interest and attention to this topic, as manifested by a report launched at ministerial level. The analysis was undertaken through collaboration between the NBS and UNICEF, with involvement by a wide range of stakeholders. The timing of the study is very strategic given the introduction of SDGs, which for the first time include a target related to reducing child poverty, for which the child poverty analysis can serve as a baseline. This paved the way for further research and analysis on child poverty, with a chapter on child poverty included in the Zanzibar HBS report and both the NBS and the Office of Chief Government Statistician Zanzibar expressing interest in further capacity building on measuring child poverty.

UNICEF's engagement in developing and piloting a new e-population register, in collaboration with the NBS and the President's Office for Regional Administration and Local Government (PO-RALG), reinforced UNICEF's position as a key partner to the Government in national statistical system strengthening, and at the same time ensured the inclusion of key information on parental care of children in the household register. The register is a potential planning tool for local government and will be essential in strengthening the availability and use of population data at a local level. Government interest in the system is strong, as manifested by its presentation to the vice president. Piloting was completed in one district, and there is now need to leverage Government resources for rolling out the system to a larger part of the country.

The process of SDG localization has moved ahead in tandem with the development of the monitoring and evaluation (M&E) framework of the Government's Five-Year Development Plan. The process was somewhat constrained by challenges of coordinating the various actors involved, but synergies between SDG monitoring and the plan have the potential to enable a strengthened focus on human development and poverty reduction in the development plan. In Zanzibar, the process of localizing the SDGs, linked to the development of the M&E framework for the Zanzibar Strategy for Economic and Social Transformation, is well advanced.

OUTPUT 1 The situation of children, with focus on disparities and vulnerabilities is defined, analysed and used within strengthened national and subnational data systems

Analytical Statement of Progress:

Important steps towards institutionalizing measurement and reporting of child poverty were taken with the launch of the child poverty report developed by NBS and UNICEF. The analysis was timely, producing national baseline estimates for SDG monitoring and key national development plans. As a further step, multidimensional poverty was mapped in regions and districts, revealing considerable geographical disparities in children's wellbeing and highlighting the large number of children affected by urban poverty.

The Government began to include child poverty in national household surveys. Most prominently, Zanzibar, with technical assistance from UNICEF, included a chapter on child poverty in its 2015 HBS report. UNICEF further assisted the NBS to develop the questionnaire for its 2017 HBS, to facilitate measuring multidimensional child poverty using the survey. To ensure continuity of child poverty reporting, an ongoing priority will be strengthening the presence of child poverty-related indicators in national household surveys and M&E frameworks of national policies, as well as continued capacity building on child poverty analysis.

In 2016 UNICEF engaged strategically with the NBS, in collaboration with the Eastern Africa Statistical Training Centre and the PO-RALG to develop an electronic population register for LGAs. The system has potential as a planning tool for social service delivery at the local level and will also provide local government with updated population figures in real time, which is essential for decentralized SDG monitoring. UNICEF's engagement in the initial development and piloting of the system ensured that key information relating to parental care of children is included. Piloting of the register was completed in one district, and planning is underway for piloting in Zanzibar. Next steps are to begin roll-out in Songwe Region and finalize the add-on education module, while testing linkages with other sectoral interventions, before drawing up a strategy for national scale-up.

Engagement with Government on SDG localization in both the mainland and Zanzibar moved forward in 2016. The process of SDG localization is closely integrated with the development of M&E frameworks for the five-year development plan in mainland Tanzania and Zanzibar's strategy for economic and social transformation. In mainland Tanzania, coordination among actors posed a challenge; however, UNICEF gained access to the national SDG data steering group and, through this forum, will continue to push for adequate attention to key child indicators. In Zanzibar, the Government will begin to set baselines in early 2017.

In response to identified weaknesses in national evaluation capacity, UNICEF supported the Tanzania Evaluation Association to revise and update its strategic plan for 2017-2021. Although the association has limited technical capacity, it is considered a strategic partner for creating dialogue around the importance of strengthening evaluation, and the process has revealed interest among Government stakeholders. Strategic entry points for strengthening national evaluation capacity within Government will be explored in collaboration with other UN agencies.

OUTPUT 2 Children, particularly the most vulnerable, are prioritised in national and sub-national policies, plans and budgets

Analytical Statement of Progress:

In Zanzibar, with technical support from UNICEF, the Ministry of Health, Social Welfare, Gender, Elderly and Children started preparing an integrated child policy, which will ensure coordination of child-related issues, reinforce synergies and avoid duplication. The policy will include an M&E framework to enable tracking of progress toward key child outcomes. Ownership, participation and context-relevancy have been ensured via the establishment of 'coalitions' gathering all relevant stakeholders, including children, which are actively engaged at various stages of policy preparation. To enhance the financing capacity of the Government of Zanzibar, the policy is also being costed.

UNICEF and ministries of finance from both the mainland and Zanzibar have jointly developed equity-focused budget briefs for 2011/12–2015/16 – concise, reader-friendly analyses of Government budgets and expenditures. The briefs cover key social areas that impact the well-being of children and women (education, health, nutrition, water & sanitation), providing a baseline as the country embarks on new five-year development plans and SDG implementation and financing. These briefs were disseminated as important information and advocacy tools for the Government, Parliament, the development community, CSOs and the public, expanding the debate around the social sector budget in order to achieve more pro-poor, participatory and equitable public spending across regions and districts. In a context where strong emphasis is put on industrialization and social budgets are under increasing pressure, these efforts will be enhanced in 2017 with the definition of a child-focused public expenditure measurement that will allow tracking of child-specific spending over time.

Within UNICEF's broader 'public finance for children' portfolio, a fiscal space and political analysis profiling mainland Tanzania is ongoing, in partnership with the Ministry of Finance and Planning, with a specific focus on child protection and nutrition. This exercise – which will map past, current and likely future financing sources – projects comparative scenarios and analyses linkages between fiscal and political economy factors. The findings will support operationalization of the NMNAP and the NPA-VAWC.

With a view to strengthening evidence-based local planning in Zanzibar, UNICEF supported six districts to review and update their district profiles, with Zanzibar's Government taking

responsibility for the profiles of remaining districts. Officials at the central and district levels were involved in a participatory process revolving around not only reviewing and collecting additional data for the profiles, but also providing comprehensive capacity building to district officials with the objective of ensuring institutionalization of the process. The district profiles will feed into district strategic plans' discussions are ongoing with other UN agencies on how to further strengthen the capacity of district officials throughout Zanzibar in relation to monitoring and evidence-based planning.

OUTPUT 3 Children access an inclusive and integrated social protection system at both national and sub-national level

Analytical Statement of Progress:

UNICEF provided technical support to the Prime Minister's Office to finalize the NSPF and submit it to the Cabinet for approval. At year-end, UNICEF, DfID and the Prime Minister's Office were forming a team to prepare a five-year costed implementation plan for the NSPF, based on a roadmap approved by the NSPF task force. The implementation plan will identify concrete actions that the Government will undertake to establish an institutional framework for social protection and strengthening national and sub-national capacities to translate policies into concrete, medium-term guidelines and programmes. Progress toward establishing a comprehensive and child-sensitive social protection system was also ensured in Zanzibar, with finalization of the social protection policy's costed implementation plan, which will start in the first quarter of 2017.

Under the umbrella of the UN Joint Programme in support of TASAF and the productive social safety net,, further progress was made in integrating the PSSN with stunting reduction efforts, based on the strong complementarities and synergies between social protection and nutrition. In this regard, communication tools were developed and pre-tested to enhance PSSN community sessions by engaging women beneficiaries on IYCF issues through club activities conducted on bi-monthly cash transfer days.

To enhance impact, these efforts will be complemented by the so-called 'equity nexus'. Specifically, under the leadership of the Prime Minister's Office and with the support of UNICEF, TASAF and the TFNC developed an joint operational note to guide integration between TASAF/PSSN and large-scale stunting reduction programmes in the area of social and BCC, with an initial focus on Mbeya, Iringa, Songwe, Njombe and Zanzibar (UNICEF convergence areas). Related stakeholder consultations were held in July 2016 and a kick-off meeting chaired by the PO-RALG was held in December, followed by implementation. With minimum investment of extra resources, the PSSN and nutrition programmes will gain in terms of equity, inclusion and effective coverage of target beneficiaries, enhancing beneficiary health and well-being.

Further, TASAF enhanced its capacity to meet the specific needs of adolescents with the finalization of the baseline PSSN impact evaluation module on youth/adolescent wellbeing, whose findings were launched in October. The baseline informs the ongoing design of a 'cash plus' pilot that will link the poorest adolescents/youth to livelihood interventions and sexual and reproductive health messaging and services, with the aim of ensuring a safer transition to adulthood.

Evaluation and Research

Title	Sequence Number	Type of Report
Child Poverty in Tanzania	2016/001	Study

Other Publication

Title
Child Poverty in Tanzania

Lessons Learned

Document Type/Category	Title
Innovation	Decentralized Birth Registration System
Innovation	To be deleted

Programme Documents

Document Type	Title	Name
CPD	Country programme document United Republic of Tanzania 2016 to 2021	tanzaniaCPD2016to20121.pdf
CPD	Tanzania_CCPD 2011-2015	Tanzania_CCPD 2011-2015.pdf