Executive Summary

Context
Tanzania continued to enjoy stability and did not have any humanitarian crisis in 2014. However, there were small-scale emergencies associated with inclement weather and incidences of violence including the shooting of a Catholic clergy in Zanzibar and two unexplained explosions in Arusha. Demonstrations occurred in the gas-rich Mtwara where residents sought and received assurances that the Government will invest a substantial portion of gas revenue in the region. The county had a bountiful harvest in 2014, largely due to favourable weather. The economy grew at seven per cent, but reports of corruption saw donor withholding of contributions to budget support and the resignations of a Minister and the Attorney General.

On the political front, Tanzania drafted a new Constitution. In October, the Constitutional Assembly endorsed the draft Constitution although opposition parties boycotted the debate. In December, the local government elections took place with few hitches and the results showed a net gain of seats for opposition parties. A vote on the draft Constitution, the general election and presidential elections are slated for 2015, when the term of office of President Jakaya Kikwete ends.

The United Nations Country Team (UNCT) requested and received a one year extension of the United Nations Development Assistance Plan (UNDAP) to align it with key national instruments. Accordingly, the UNICEF Executive Board approved the extension of the UNICEF Country Programme to 2016. UNICEF Tanzania conducted a strategic moment of reflection with the assistance of the UNICEF Eastern and Southern Africa Regional Office (ESARO).

Programmes
To enhance UNICEF’s strategic programming, the office devoted considerable attention to capacity building, evidence generation, partnership and collaboration, external communication, innovation, integration, service delivery, rights-based approach, gender mainstreaming and equity.

Equity-based programming in regions with high prevalence of HIV and stunting and in Zanzibar was enhanced through: i) the generation and use of new evidence across programme areas; ii) refinement of UNICEF’s work at sub-national level; iii) delineation of accountabilities of different units of the office, and; iv) investment in high impact interventions that benefit vulnerable groups.

In the UNDAP, UNICEF Tanzania played a critical role in the scale up of several national initiatives such as birth registration, and prevention and mitigation of violence against children, elimination of HIV transmission from mother to child, HIV treatment for pregnant and lactating women, maternal and newborn services, and generation of evidence revealing inequities.

Convergence of UNICEF inputs is evident in schools where the education, water, sanitation and
hygiene (WASH), child protection, health, HIV and communication programmes all targeted support. To enhance capacity, UNICEF provided technical and financial assistance to the health, HIV/AIDS, education, child protection and WASH sectors, justice and law enforcement agencies, the National Bureau of Statistics and non-government organisations (NGOs). On innovation, the office has several successful applications of mobile phones for data collection and dissemination.

UNICEF, an important player in policy advocacy, effected important advances in the field of social protection (adoption of the Arusha Declaration on Social Protection) and key adaptations within TASAF III (Tanzania Social Action Fund), Tanzania’s largest social protection programme.

Partnerships
UNICEF is an integral member of the One UN initiative. The results presented in this report are anchored on the ten UNDAP outcomes. UNICEF’s financial inputs to the UNDAP include cost-sharing arrangements in Zanzibar, UN Cares, security, and the UN Clinic. On strategic and technical matters, UNICEF staff carried out critical functions of the One UN. The Representative served as the UN Resident Coordinator for seven months, the Deputy Representative as the Chair of the Programme Working Group, and Operations, Communication, WASH and Social Policy Chiefs as chair of their respective UN Working Groups.

Beyond the UN, UNICEF collaborated with a number of actors, including: NGOs (consortiums for Child Rights Advocacy, religious institutions to combat violence); the European Union to promote child protection; the Government of the United Kingdom and Government of Ireland to scale up nutrition; Government of Canada to roll out maternal and new born care, and birth registration; the United States of America President's Emergency Plan for AIDS Relief (PEPFAR) and the Children’s Investment Fund Foundation/CIFF to help design the “Accelerating Children’s HIV/AIDS Treatment Initiative” and academic institutions to train. A plan for a systematic UNICEF engagement with the private sector is being developed, based on UNICEF’s global and regional guidelines and findings of a local mapping exercises from 2014.

Management
The office carried out initiatives that enhanced efficiency and effectiveness objectives such as the Global Shared Services Centre (GSSC) exercise, a strategic moment of reflection, and development of long term agreements (LTAs). All audit observations were closed, risk controls, reviewed and updated, donor contributions were systematically monitored, a status report on donor contributions regularly prepared, and US$75,000 was invested in staff learning and development. Vigilance was maintained, although Tanzania has no security rating and, in the design of the new UNICEF House, there are features which enhance security and environmental friendliness.

Humanitarian Assistance
Tanzania did not have a humanitarian emergency in 2014 but there were a few, localized contingencies. In January, flash floods hit central Tanzania displacing some 15,000 people and temporarily interrupting road traffic after the collapse of a bridge on the vital Dar Es Salaam-Morogoro road. UNICEF participated in the joint UN emergency assessment team and provided assistance in a timely manner by activating a pre-existing agreement with the Tanzania Red Cross and releasing a stock of emergency supplies which had been pre-positioned and stored in government warehouses. To assist affected communities, UNICEF released 1300 blankets, 1000 mosquito nets, 2000 sleeping mats, 500 buckets, 300 cooking sets and 3000 jerry cans. In
tandem, the Tanzania Red Cross Society was supported to provide WASH services to affected families including the distribution of 300 buckets, 300 jerry cans and 10 cartons of water treatment tablets. The damaged bridge hampered the response to the flood particularly the assessment of needs in a timely manner.

UNICEF continued to complement the United Nations High Commissioner for Refugees (UNHCR)’s assistance to over 63,000 Congolese refugees in Nyarugusu camp in north western Tanzania through the Tanzania Red Cross Society and the International Rescue Committee. UNICEF’s assistance benefited over 28,000 pre- and primary school children. UNICEF also funded initiatives to improve safety and security for refugee children, children’s access to safe places to play training facilitators to address protection and psychosocial needs of children. In health and nutrition, the assistance reached refugee children and women of child bearing age through UNICEF’s support to the Ministry of Health. This assistance included upgrading skills of health staff, procurement of vaccines, nutritional supplements and deworming tablets, and interventions to prevent mother to child transmission of HIV (PMTCT) at birth. A key challenge in responding to the needs and rights of refugees has been the aging of the camp infrastructures. Many temporary buildings are more than a decade old and require major upgrade at a time when donor fatigue is increasing.

In mid-2014, a small outbreak of dengue fever occurred in Dar es Salaam. UNICEF, in close collaboration with the World Health Organisation (WHO), supported Ministry of Health and Social Welfare (MoHSW) efforts to combat the outbreak which was associated with about 2,129 suspected cases, 1,018 confirmed cases and four deaths. UNICEF also supported the Ministry in development and distribution of information, education and communication materials, orientation of health workers and sensitization of the general public.

Following the global and national scare of Ebola, the MoHSW set out to develop a response plan to the disease including public awareness campaigns, screening of international travellers at country’s major airports, and development of a contingency plan for the management of suspected cases of Ebola. Perceptions that Tanzania was not prone to an Ebola outbreak slowed the prevention and response planning process; however, by year-end Tanzania had a plan in place.

Equity Case Study

STRENGTHENING REACHING EVERY CHILD (REC) APPROACH TO ENHANCE IMMUNISATION COVERAGE AND REACHING THE UNREACHED CHILDREN IN MBeya, IRINGA AND NJOMBE REGIONS

Context
Impressive progress has been made in Tanzania in the area of child health. The mortality rate of children under the age of five (U5MR) has continued to decline from 191 deaths per 1000 live births in 1990 to 81 in 2010 (Tanzania Demographic and Household Survey/TDHS 2010). UN inter-agency estimates show further decline of U5MR to 54 per 1000 live births (2013). Despite these improvements, about 390 children under five die every day largely from preventable and treatable conditions. With 117,726 unvaccinated or under vaccinated children in 2013, Tanzania was listed among the top ten poorly performing countries in Africa (WHO District Vaccine Data Management Tool). WHO /UNICEF joint report 2013 shows the coverage of DTP1 (diphtheria, tetanus, pertussis), at 100 percent and that of DTP 3 at 91 per cent for Tanzania.

One of the well-known strategies to identify and reach unreached children is the Reaching
Every Child/District (REC/D) approach, with five major components: planning and management of resources, reaching targeted populations, linking services with the community, supportive supervision and monitoring for action. Tanzania has been implementing REC/D strategy since 2009, with limited evidence of its effectiveness and challenges. To address this evidence gap, in 2014, UNICEF Tanzania commissioned an evaluation of the REC/D approach, to identify and correct inequalities related to access and utilization of immunization services.

Process
The evaluation was conducted in five of the six programme districts in Mbeya, Iringa and Njombe. REC planning workshops were conducted in three districts to observe the process, and provide technical support to the teams. Fifty seven health workers from 32 facilities attended and brought data for planning. The number of unreached children was calculated using pentavalent vaccine 1 data as the benchmark. Consultants working with Council Health Management and the participants, listed the health facilities, their target population, data of Penta 1, Penta 3 and Measles for the past twelve months per facility, and calculated the proportion of un/under vaccinated children. They prepared maps showing the location of health facilities, including features of roads and physical access. They also visited some facilities to assess the implementation of the REC plans, and to verify the findings. Health facilities were categorised as P1 to P4 based on the need for prioritized interventions. Twenty three facilities fell under category P1 indicating that more support was needed, and nine were between P2 to P4.

Key observations
In most cases the target population data provided by the district health authorities did not tally with the new census data 2012, nor with the data generated by household identification at the local level. Based on the available data, the percentage coverage of Penta 1 varied between a high of 138 per cent to a low of 25 per cent, and that of measles between 161 per cent to 30 per cent, indicating that a large number of children were unimmunized.

Also, a large number of children did not complete the full course of vaccination in all villages. For example, 199 children in Mninga dispensary did not receive Penta 3 after Penta 1, and 172 children who had Penta 1 did not come for Measles vaccination. Physical access was not the only limiting factor for under immunization. Among the facilities whose data was analysed, ten with good physical access had high dropout rates, while 10 other facilities with poor access had good immunization coverage rates.

Poor data quality and planning was identified as one of the important reasons for large number of un/under immunised children. This resulted from: new staff with inadequate knowledge of the REC/D process; wrong denominators (difference between actual head counts and the data provided to the health facility by the district teams); incomplete data; use of wrong tools for micro planning; poor understanding, analysis and use of data; facility registers not updated and included children up to the age of 5 years; incomplete micro-plans missing schedules of implementation, and; children receiving vaccines from outside the catchment area not being documented. When a facility did have micro-plans, the following were observed as barriers to access: outreach services delayed or cancelled due to shortage of funds to pay allowances and for other logistics such as the fuel, lack of vehicles; shortage of trained staff; inadequate or poor quality of vaccine supply; weak surveillance and monitoring. In addition, district facilitators had little knowledge about REC facilitation and planning leading to poor quality of training on the REC process. The link to communities, hence community support, was weak due to non-functioning or poor state of the Primary Health Management Committees, and demand for allowances by its members.
Key recommendations
Amongst the key recommendations were the following.

- Twenty three of the facilities that were showing poor performance (rated as P1) should be provided with additional support;
- Capacity building of the Council Health Management Teams and Health facility workers, including for micro-planning, and setting up defaulter tracking systems should be enhanced, with adequate supportive supervision;
- Management capacity, including for logistics, human resources and finance should be improved.
- Awareness among community members should be enhanced with well-designed communication messages through radio and local media, prioritizing hard to reach areas with large number of unreached children and low performing health facilities.
- Routes for outreach should be revised and outreach services should be strengthened. Immunization reports should be shared with Ward Development Committee as a tool to advocate for enhanced community support.

Next Steps
UNICEF Tanzania will continue to provide further support to the districts to implement REC and encourage them to apply this approach also to track pregnant women to ensure a continuum of care, from pregnancy to labour, delivery, postnatal/new-born care and immunization for children.

Summary Notes and Acronyms

ART - Anti-Retroviral Therapy
ALHIV – Adolescent Living with HIV
BCP – Business Continuity Plan
BRN - Big Results Now
CA - Children’s Agenda
CHAI - Clinton Health Access Initiative
CHRAGG - Commission for Human Rights and Good Governance
CHW – Community Health Worker
CJF - Child Justice Forum
C4D - Communication for Development
CMT – Country Management Team
CO - Country Office
CP – Child Protection
CPD - Country Programme Document
CPMIS – Child Protection Management Information System
CRC - Convention on the Rights of the Child
CSO - Civil Society Organization
DCMS - District Case Management System
DCT – Direct Cash Transfer
DFID - Department for International Development
DHS - Demographic Health Survey
DPG – Development Partners’ Group
DSW - Department of Social Welfare (within the Ministry of Health and Social Welfare)
ECD - Early Childhood Development
EFA - Education For All
EID – Early Infant Diagnosis (of HIV)
EMIS – Education Information Management System
e-MTCT – Elimination of Mother-to-Child Transmission of HIV
EPR – Emergency Preparedness and Response
EPRI - Economic Policy Research Institute
ESARO - Eastern and Southern Africa Regional Office (UNICEF)
ESIA - Environmental and Social Impact Assessments
GBV - Gender Based Violence
GIZ - Gesellschaft für Internationale Zusammenarbeit (German International Cooperation)
GSSC - Global Shared Service Centre
HMIS - Health Management Information System
HPV - Human Papilloma Virus
HRAP - Human Rights-Based Approach to Programming
HTC - HIV Testing and Counselling
HWTSS - Household Water Treatment and Safe Storage
IECD – Integrated Early Childhood Development
ILO - International Labour Organization
IMEP - Integrated Monitoring and Evaluation Plan
IMIS - Inspectorate Management Information System
INSET - National Primary In-service Education and Training
IPPE - Integrated Post Primary Education
IRCPT - Inter-Religious Council for Peace Tanzania
KPs - Key Populations
IYCF – Infant and Young Child Feeding
LLAPLA - Life Long Antiretroviral therapy for Pregnant and Lactating women
LTA - Long Term Agreement
M&E – Monitoring and Evaluation
MDA - Ministries, Departments and Agencies
MCDGC - Ministry of Community Development, Gender and Children
MDG - Millennium Development Goals
MESWYWC - Ministry of Empowerment, Social Welfare, Youth, Women and Children
MNCH – Maternal, Neonatal and Child Health
MoEVT - Ministry of Education and Vocational Training
MoHSW - Ministry of Health and Social Welfare
MORSS - Minimum Operating Residential Security Standards
MOSS - Minimum Operating Security Standards
MoU - Memorandum of Understanding
MPDSR - Maternal and Perinatal Death Surveillance and Response
MSM – Men who have Sex with Men
MTEF – Medium Term Expenditure Framework
MTR – Mid-Term Review
MVC - Most Vulnerable Children
NACP – National AIDS Control Programme
NBS - National Bureau of Statistics
NMSF - National Multi-sectoral Framework for HIV
OR – Other Resources
ORS - Oral Rehydration Solution
PAS – Performance Appraisal System
PBR – Programme and Budget Review
PEPFAR - United States of America President's Emergency Plan for AIDS Relief
PMTCT - Prevention of Mother-to-Child Transmission of HIV
UNICEF Tanzania continued to invest in capacity development of partners. In education, an innovative pedagogical training reached 1,245 teachers, benefiting 45,207 primary and 8,000 pre-primary learners. Trainings were conducted to strengthen capacity of school inspectors to monitor real time data, and Ward Education Coordinators and Head Teachers on Educational Planning and Management.
In nutrition, UNICEF Tanzania strengthened the capacity of newly appointed district Planning and Nutrition Officers. Staff from all regions and Local Government Authorities (LGAs) received training in planning and budgeting, two components of the national initiative to build support for nutrition at sub-national levels.

In water and environmental Sanitation, UNICEF Tanzania supported the development of tools, training of teams in School WASH, the National Sanitation Campaign, emergency response and water quality. In schools, UNICEF supported training teams of resource persons. Investment in these areas is critical for scaling up of implementation of Government sector interventions in WASH.


In social protection, UNICEF Tanzania assisted the Ministry of Finance to host the first international conference on Social Protection in Tanzania. The event attracted many participants including Ministers, Deputy Ministers, line ministries, districts, delegates from 13 countries, and senior UNICEF advisors from headquarters and ESARO. It created opportunities for learning as well as exchange of ideas and lessons among participants.

In disaster risk reduction and emergency preparedness, UNICEF Tanzania worked closely at national level and with disaster prone districts to develop their capacity to conduct vulnerability analyses and produce their own risk emergency preparedness and response (EPR) plans.

In communication for development (C4D), UNICEF Tanzania focused on building partner capacity to change behaviours related to bullying, corporal punishment, and hygiene education in schools. At community level, a C4D initiative that uses findings of mobile-phone based surveys is taking shape.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF Tanzania supported the production and dissemination of evidence to promote advocacy goals for children. In health, UNICEF funded research that informed the Government decision to introduce effective interventions (amoxicillin dispersible tables and co-packing zinc and oral rehydration salts/ORS) to combat diarrhoea and pneumonia. UNICEF, the Tanzania Commission for AIDS (TACAIDS) and Population Council, conducted a secondary analysis of three, large data sets - the TDHS (2010), Tanzania HIV/AIDS and Malaria Indicator Survey/THMIS (2011/12) and the 2009 Violence against Children (VAC) survey - along key dimensions of age, gender and wealth quintile providing important evidence for equity focused HIV programming for adolescents and youth. In nutrition, UNICEF helped the Prime Minister’s Office to carry out its first ever public expenditure review on nutrition and a new national survey. The Government is using the findings of these assessments to galvanize national response to malnutrition.

In education, UNICEF played an important role to ensure alignment between a sector initiative which prioritizes Reading, Writing and Arithmetic and the evidence garnered from in-service training. In WASH, UNICEF’s assistance helped the Minister of Finance and the MoHSW focal
point for WASH to attend the biennial High Level Meeting in Washington and, upon return to Tanzania, advocate for setting of new targets for sanitation, crafting a new action plan and improved budget allocation.

In social protection, UNICEF Tanzania and the United Nations Development Programme (UNDP) successfully advocated for inclusion of an adolescent module into the Social Protection evaluation tool to measure the impact of cash transfers on sexual risk behaviour and wellbeing of adolescents. The office also serves as the convener of the UNDAP Social Protection Working Group, and the technical Committee for the evaluation of Phase of the Social Protection programme, and through the 2014 Arusha Declaration on Social Protection drew attention to the bottom quintile.

UNICEF carried out advocacy for children during the national debate on the new Constitution through sensitization of members of the Constitutional Assembly on child rights and systematic briefing of a number of national leaders who have considerable influence on the debate. Although it has critics, the version of the Constitution adopted by the Assembly treats children’s issues better than the earlier one.

**Partnerships**

In health, UNICEF Tanzania supported Mosh in sharpening the national plan for reduction of maternal and new-born mortality. The plan, which promotes high impact interventions in poor performing regions, was launched as part of “A Promise Renewed” by the President in partnership with UN, the United States Agency for International Development (USAID), community service organisations (CSOs), private sector and academia.

In WASH, UNICEF and the German International Cooperation agency GIZ signed a Memorandum of Understanding (MoU) on “WASH for All schools” to support partner organizations in school WASH and essential school hygiene. This uses a ‘Fit for School Approach’ to promote healthy practices in schools through group-based activities such as hand washing with soap. UNICEF, SNV Netherlands Development Organisation and WaterAid jointly support the strengthening of the operation and maintenance aspects of the “Big Results Now/BRN” for water. This initiative supported drafting of a national sustainability strategy and identification of innovative investments into water schemes.

To mitigate violence against children, UNICEF Tanzania renewed its partnership with Inter-Religious Council for Peace Tanzania (IRCPT), a consortium of seven religious organizations and provide technical and financial support to USAID partners (PACT, Africare, Family Health International360 and World Education Inc.) engaged in most vulnerable children (MVC) programming.

In social protection, UNICEF joined with the Ministry of Finance (MoF), International Labor Organisation (ILO), the Joint UN Programme on HIV and AIDS (UNAIDS), the Economic Policy Research Institute (EPRI) and others, in organising an International Social Protection Conference. The conference ended with the adoption of a policy consensus document, ‘Towards a nationally owned Social Protection System’. The conference attracted high level of interest locally and is expected to boost the prospects of translating the principles of the Arusha Declaration on Social Protection.

Through an evolving partnership with the Prime Minister’s Office, UNICEF is exploring closer partnership with local governments which have considerable influence on development locally.
A Young Reporter’s Network Strategic Plan (2015-2016) was produced and partnership established with the Mwanza Network for capacity-building and expansion. UNICEF Tanzania, one of the pilot countries for the UNICEF partnership with the private sector, is refining its draft strategy, taking into account the findings of a mapping exercise and experiences of with three actors – Tigo, Media and Stanbic.

In education, UNICEF mobilized nine partners to reach out to 80,000 out-of-school children in Zanzibar, eliminate exclusion in primary education and address the Government’s financing gap of US$20 million.

**External Communication and Public Advocacy**

UNICEF Tanzania continued its support of institutions advocating for children such as the Children’s Agenda Group. The Children’s Agenda, a coalition of over 30 CSOs that are committed advocacy for child rights in Tanzania, seeks to influence policies through advocacy for increased resources for children, and ensure that child rights feature prominently in during the electoral debates at national and local levels. In 2014, UNICEF commissioned an independent evaluation of the Children’s Agenda to assess the effectiveness and sustainability of this initiative. Overall, the evaluation reaffirmed the relevance of objectives of the initiative but identified areas for improvement. It also provided specific recommendations to address some of the challenges particularly the governance structure of the initiative and the capacity of some stakeholder for advocacy. UNICEF is following up of the recommendations of this new evaluation.

Another communication initiative involves UNICEF Tanzania collaboration with the School of Journalism and Mass Communication, University of Dar es Salaam. The central aim of this initiative is to enable young media personnel to have the capacity to report on child rights issues through systematic discussion of child rights issues while the students are in journalism school. As a measure of commitment, the School has already adapted the ‘Child Rights Syllabus’ into the curriculum.

On the commemoration of the Day of the African Child in 2014, UNICEF Tanzania introduced two young national ambassadors for the #ENDviolence initiative - the popular ‘bongo flava’ star Ambwene Yessayah, better known as ‘AY’, and a former Miss Tanzania, Faraja Kotta Nyalandu. With these appointments, UNICEF Tanzania increased visibility to the debate about violence against children.

To mark the 25th anniversary of the Convention on the Rights of the Child (CRC), UNICEF, the European Union, Save the Children International and Plan International organised “Activate Talks”. The event brought together notable speakers from academia, donors, private sector, United Nations agencies, and children to discuss national achievements, challenges, and how Tanzania may respond to the drivers of change for children in the next 25 years. UNICEF organized a separate briefing for media editors and produced documentary video which was broadcast on national TV and social media.

**South-South Cooperation and Triangular Cooperation**

Tanzania is home to Africa’s largest sector-wide approach in WASH, a sector with a well-developed dialogue structure from which other countries can learn. To facilitate the exchange of ideas, the WASH team in UNICEF Tanzania hosted their counterparts from Ethiopia and laid the foundation for a Government-to-Government mission to exchange ideas and experiences on water and sanitation at a later date.
At the request of ESARO, UNICEF Tanzania hosted a Regional Early Childhood Education conference for 170 participants from 13 countries to share evidence and best practices. Participants of the conference agreed to establish an African network on early childhood development based on experiences of the Association for the Development of Education in Africa (ADEA) and the Asia-Pacific Regional Network for Early Childhood (ARNEC).

UNICEF supported the participation of the officials from the Tanzania Social Action Fund, the country’s largest social protection programme, to attend regional and international workshops and conferences. The exposure to other experiences created enthusiasm for forging ahead with social protection interventions and for making social protection programmes such as TASAF III more child, adolescent, gender and HIV-sensitive.

In partnership with Tanzania’s Ministry of Finance, UNICEF organised an international conference, a major south learning event for delegates from 13 different countries from Africa, and for some 140 local participants from different ministries and departments. The conference adopted a groundbreaking policy consensus document, the ‘Arusha Declaration on Social Protection in Tanzania’. Experiences were shared from across Africa, Bangladesh and Afghanistan that presented rich and comprehensive data on the effectiveness of social protection interventions. Following the conference, the Government committed that the Declaration to be used as a Guide to Action for promoting social protection and addressing inequality, inequity, discrimination, marginalization and other forms of deprivation that limit the potential of Tanzanian men, women and children.

**Identification Promotion of Innovation**

UNICEF Tanzania continued to experiment with innovative approaches using new technologies to maximise service coverage for all children and women, especially the poorest, marginalised and disadvantaged.

One of the successful experiments was the development of panel survey using mobile phones to generate evidence that informs programmatic interventions. The panel consists of 3000 sampled households (or 15,000 people) in the UNICEF Tanzania focused regions. Periodically, UNICEF runs surveys using a central office in Dar es Salaam which has been contracted to carry out surveys. To date, UNICEF has carried out seven panel surveys on topics ranging from household views on diarrhoea, to pneumonia, HIV, and violence against children. Results from the surveys were used for advocacy and development of strategic communication plans, to monitor and report on results and to identify and address bottlenecks. UNICEF will scale up coverage of the mobile-phone based survey to other parts of the country, including Zanzibar.

UNICEF has fostered a successful partnership using mobile technology among government institutions responsible for birth registration and TIGO (a mobile service provider). The application simplified the process of birth registration at locations far from the national capital. After registering a child, workers now enter the information into a mobile application which sends the data instantly to a central database. Almost 200,000 children have been registered. UNICEF is expanding coverage of this system to other regions in the near future.

Throughout the reporting period, UNICEF continued to strengthen its internal learning and efficiency by developing applications and processes that improve efficiency and effectiveness. There are seven applications currently operational in the office. Furthermore, the office is using an application, referred to as Wiki technology, to continually update the Situation Analysis of Women and Children (SitAn) in Tanzania. The first output of the Wiki-based SitAn was used...
during the Mid-term Review exercise in 2014. An important feature of this approach to preparing a SitAn is the reliance on UNICEF staff with a range of expertise to provide content for the report instead of hiring an external consultant.

**Support to Integration and cross-sectoral linkages**

UNICEF Tanzania strengthened its inter-sectoral approaches in 2014 both with its country programming as well as within the larger UNDAP. Key initiatives in this regard were the following:

1) C4D strategy: an attempt was made to aggregate messages across education (stimulation), health, HIV/AIDS, nutrition and child protection around ECD and adolescence as central planks of this strategy. Development of communication on Ebola and violence against children brought together people from various governments’ institutions, NGOs, religious institutions, private sector and the United Nations.

2) Social Protection Strategy/agenda ahead: social policy and other programme sections detailed a strategy to leverage UNICEF’s support to TASAF III for enhancing the equity agenda and reaching the poorest and the marginalized children. UNICEF worked with TASAF and TACAIDS to identify five cross-sectoral entry points for making the national social protection programme more HIV-sensitive. The UNICEF social policy team worked with the health, nutrition and WASH team to successfully advocate for mainstreaming of nutrition interventions throughout the programme area.

3) Supporting children with albinism: A cross-sectoral situation analysis, consisting of UNICEF teams from social policy, health, education and child protection, informed the development of a plan and implementation of a cross-sectoral assistance package for 28 centres for children with disability and albinism, benefitting about 1000 children.

4) Nutrition programming: Early childhood development informed the recent partnership with the United Kingdom’s Department for International Development (DFID) on accelerating reduction of stunting in Tanzania. Strong collaboration among health and water and sanitation, education and agriculture sectors has been in-built into the programme design.

5) Enhancing ECD: Education, health and nutrition, child protection, and children and AIDS programmes, with funding from the Hilton Foundation enhanced the quality of life for young children affected by HIV and AIDS through convergent early learning, PMTCT and nutrition interventions and through initiation of strategy development for positive parenting.

6) Adolescent care: In line with emerging global guidance, integrated activities were carried out by the UNICEF child protection and children and AIDS programmes to increase HIV case identification of infants, children and young key populations (with referrals for care and treatment) and to ensure children and adolescents infected and affected with HIV are protected from violence, abuse, neglect and exploitation.

**Service Delivery**

UNICEF Tanzania works at national and sub-national level to support equitable delivery of services to children.

At national level the practical experiences from sub-national level are used to influence policy reforms so that the delivery of services reaches the most vulnerable children and their families.
Policy reforms are also fed back down to community level where UNICEF supports local governments to implement sector policy through service delivery.

At sub-national level, the focus is in three regions of the southern highlands where child indicators are in the lowest quintile. In these focal regions UNICEF has supported local authorities to undertake bottleneck analyses and to establish baselines indicators that are available through most administrative management information systems. These bottlenecks have been jointly analysed and guide the approaches and interventions that were the core of the annual workplans jointly developed with district governments and NGOs.

Demand side bottlenecks drive the communication for development initiatives to ensure that families and decision-makers are aware of the behaviours they need to adapt and that they seek services that support these behaviours. UNICEF pursues C4D via a variety of channels including community radio stations, posters/other printed material, household/community visits, as well as drama clubs and other community fora. The changes in attitudes on appropriate behaviours are monitored by mobile phone panel surveys that are periodically collected and analysed. During the reporting period, seven mobile phone surveys were conducted with primary caregivers in 3000 sample households and these survey results further guided the refinement of interventions.

Supply side bottlenecks drive capacity development efforts to improve the skills of service delivery staff as well to fill strategic gaps in supplies and equipment. UNICEF monitors these aspects by reviewing reports from local authorities and NGOs who receive UNICEF funds and supplies and conducting regular monitoring visits to spot check the validity of these reports and end use of supplies. UNICEF Tanzania ensures that these investments in service delivery are sustained and owned by local/national authorities by engaging with them at the planning stage as well as through the monitoring stages mentioned above.

**Human Rights-Based Approach to Cooperation**

In 2014, UNICEF Tanzania led the UN team in the preparation of the confidential report to the Committee on the Rights of the Child and attended the Pre-Sessional Working Group meeting in Geneva. The report and statement to the CRC highlighted key areas of progress and remaining concerns relating to the fulfilment of child rights in Tanzania. In particular, attention was drawn to the growing disparities in several outcome areas, such as maternal and child health, as well as specific concerns around ensuring the right to education for adolescents who are pregnant, ensuring the right to education for children with disabilities, and combating the continuing violence against children with albinism. UNICEF also supported a coalition of non-government organisations to prepare their own report to the Committee. Following the meeting, UNICEF supported the Government to respond to the issues requested by the Committee, in preparation for their appearance in January 2015. The Government has taken the CRC reporting process seriously and UNICEF’s support provided an opportunity to discuss the substantive steps that are required in order to better fulfil the rights of children in the country.

In conjunction with other relevant UN agencies and the Office of the Resident Coordinator, UNICEF has initiated a special initiative around the protection of children with albinism. Abuses of albino children tend to increase during elections and between December 2014 and October 2015 Tanzania will be holding local government and presidential elections. Many albino children reside in centres for their own protection, however, the centres often lack basic necessities. UNICEF is working with partners to provide some essential items, as well as looking at more long-term solutions to ensure that children with albinism can live in their communities without
fear.

In line with the recommendations of the Global Evaluation of Human Rights-Based Approach to Programming (HRAP) UNICEF Tanzania encouraged staff to apply HRAP principles throughout its programming, with emphasize on analysis and generation of evidence to support equity and information programme interventions. HRAP received sufficient attention during group training on Programmes, Policies and Procedures training in 2014.

**Gender Mainstreaming and Equality**

UNICEF Tanzania revitalised its gender team and undertook a gender stocktaking exercise in 2014, with staff drawn from every section and the lead from the Children and AIDS section but does not have a dedicated gender specialist. The Gender Action Plan 2014-2017 has sharpened the gender analysis and programing across sections and will inform gender priorities in the next UNDAP.

UNICEF, TACAIDS and the Population Council conducted a secondary analysis of three large national datasets examining specific vulnerabilities for boys and girls by region and age using 40 key indicators and identified policy and programmatic recommendations at national and decentralized levels across sectors. The findings of the secondary analysis will inform programming for adolescents in reproductive health, HIV, and violence.

UNICEF, TACAIDS and Restless Development implemented the second year of the “Girls Let’s Be Leaders” a three-year pilot to reduce HIV, pregnancies and violence among out-of-school adolescent girls, with a view of national scale up. Through the pilot, 5,238 girls gained HIV, sexual and reproductive health, and violence prevention knowledge and skills, and accessed services and economic livelihoods. Over 13,000 community members and 246 local leaders were oriented on girls’ rights. (Budget: US$273,791)

UNICEF supported the development of the teacher’s code of conduct for violence prevention in schools and established TUSEME (“Let Us Speak Out”) clubs in 245 primary schools, reaching 12,000 boys and girls. An evaluation of TUSEME is planned in 2015. (Budget: US$300,000).

**Environmental Sustainability**

The WASH programme of the UN in Tanzania continued to be an important part of the multi-sectoral Climate Change Coordination Forum established in 2012. It has supported coordination of key sectors like water, health, agriculture, energy, infrastructure and mining. UNICEF’s engagement in this effort has ensured that within the wider UN family in Tanzania, environmental sustainability emerged as a key programming principle and measures are integrated within programmes. These interventions supported stronger multi-stakeholder coordination by the Ministry of Works through a specific sub-component, the Social and Environmental Safeguards. The interventions are having encouraging results. Environmental and Social Impact Assessments (ESIA) were conducted for each major water and sanitation project implemented within WSDP and district-wide ESIAAs were implemented for smaller rural water projects.

UNICEF’s engagement did not end with advocacy for environmental sustainability. It extended to translation of concepts into practice including support for the sub-national programmes to ensure that local interventions conform to environmental safeguards. For example, powered reticulated water to supply systems to several schools used renewable solar. Given the
receding water tables, this ensured preservation/protection of the catchment areas for water abstracted through boreholes or springs by conserving tree cover and vegetation.

Effective Leadership

UNICEF Tanzania made three submissions to the Programme and Budget Review (PBR), partly to accommodate the proposals of the Mid-Term Review (MTR) process, which started in 2013 and was completed in early 2014. The first submission was from the MTR proposal, the second from the GSSC review, while the third submission addressed additional structural changes combining the Planning, Monitoring and Evaluation and Field Services sections, and re-organisation of the Social Policy section.

Despite heavy demand on staff time caused by nearly half a year of continuous PBR preparations, the UNICEF Country Management Team (CMT) maintained a consultative approach in the deliberation of changes to programme and associated staffing structure. The CMT held a significant number of PBR-related meetings but also maintained its regular monthly meetings for routine activities and tracking progress on key management indicators. Notable improvements resulting from CMT initiatives and the MTR review included establishment of a dedicated national position of HACT (Harmonised Approach to Cash Transfers) Officer to support and improve HACT management among other initiatives.

The improved use of VISION reports, in particular in the areas of funds utilization and management of commitments largely contributed to improved performance in the management of funds.

The Contract Review Committee and Programme Cooperation Agreement Review Committee (PCARC) were active and conducted quality reviews of proposed contracts, further contributing to the improved oversight of the CMT.

In line with management’s strategy to maintain continuous risk assessments, the Enterprise Risk Management library was updated early in the year as part of the mid-year review process. A number of key risks previously identified as high or medium were downgraded to low. However, the risks likely to result from weak partner capacity continued to be addressed through increased assurance activities. The risk of heavy reliance on donor funding for some of the focus areas was partially addressed through the newly created position of Resource Mobilization Specialist. The risk of inability to carry out programmes transparently due to weak governance continued to be a challenge and the office made efforts, together with other UN agencies to engage the national audit office in order to improve local partner capacity to manage resources, in particular in the hard-to-reach focus areas. In 2014, the national audit office shared an audit report for one of the primary areas of focus in Mbeya and the observations of the report, together with the completed micro-assessments were agreed to be applied in partner capacity building from 2015.

By the first quarter of 2014 UNICEF Tanzania had addressed and closed all recommendations from the 2013 internal audit.

Financial Resources Management

The CMT reviewed key management indicators, which included financial implementation rates, grants monitoring and reporting, resource mobilization, utilization and Direct Cash Transfer (DCT) monitoring.
Budgetary controls were established through the delegation of financial authorities and key performance indicators were reported monthly to the CMT, and quarterly to ESARO.

UNICEF Tanzania and other UN agencies have a contract with an audit firm to carry out micro-assessments of partners expected to receive over US$100,000. Twenty one partners were assessed in previous years. In 2014, the office planned to assess 24 partners but completed 36 assessments: 24 originally planned and 12 new partners, including NGOS and government.

Twenty three spot checks were planned for 2014 and 25 were completed. Twenty four programme monitoring visits were planned and 22 were completed. The assurance activity plan and status were maintained in VISION and monitored by the HACT/DCT working group which meets weekly. HACT audits are jointly planned with UN agencies but there were none planned for 2014. HACT training was provided to all staff and 58 partners: 47 from the mainland and 11 from Zanzibar.

Outstanding DCT at the end of 2014 met the global key performance indicator of one per cent, with US$103,170 outstanding over nine months. This performance was an improvement from the four per cent (US$421,287) of the previous year.

DCT liquidation was delayed by lengthy procedure through the centralized exchequer system. UNICEF Tanzania reviewed the current process to identify an optimum mix of direct release of funds to districts and using the exchequer system.

Expenditure rates for Regular Resources (RR) was 100 per cent, Other Resources (OR) was 82 per cent and Institutional Budget was 99 per cent. The corresponding rates for 2013 were 97 per cent, 94 per cent and 99 per cent. The improved utilization rates for RR were a direct result of regular structured monitoring by CMT and other task committees within the office and the development of new work flow tracking mechanisms.

Fund-raising and Donor Relations

UNICEF Tanzania monitored donor contributions systematically and a status report of donor contributions was prepared quarterly and presented to the CMT every month. The CMT reviewed progress and deadlines to ensure that all managers were aware of the deadlines and to allow sufficient time for report drafting and quality review before submission. For the reporting period just three of the 44 donor reports due were not sent on time. Expiration dates of grants were also circulated in this same management indicator report and discussed each month by the CMT. The sections with balances remaining against grants were required to explain their strategy to spend the balance of funds before the expiry date.

By the end of 2014, approximately 75 per cent of the OR ceiling for the country programme cycle (July 2011 to June 2016) had been raised, and 82 per cent of the 2014 allocation had been spent. This estimate of OR utilization would have been higher if all the funds that were not needed for 2014 had been rephrased in a timely manner.

Evaluation

Implementation of the Integrated Monitoring and Evaluation Plan (IMEP) continued to be strengthened in 2014 with the CMT reviewing the 2013 - 2014 IMEP. Furthermore, UNICEF Tanzania established a Standard Operating Procedure and a Research Oversight Group to strengthen governance and quality assurance of IMEP. The IMEP was integrated within the
UNICEF continued updating evaluation management responses to the UNICEF Management Response Tracker on the intranet and reviewed them on a bi-annual basis.

In 2013-2014, the office completed an independent evaluation of the Children’s Agenda. Key findings from the evaluation were discussed during a dissemination workshop in April. This was further validated through an online poll. In addition, the Children’s Agenda Annual Work Plan is to be reviewed and revised based on the evaluation recommendations, looking at its structure/executive leadership, monitoring and evaluation (M&E) mechanisms, and narrowing its focus areas for a more effective child rights advocacy.

As part of the framework of the Global Thematic Evaluation on Violence Against Children, Tanzania was selected as the first country case study for analysis. This evaluation will contribute towards strengthening the evidence base for the child protection response strategies in a holistic and sustainable way. The evaluation report and management responses will be finalized within the first quarter of 2015.

UNICEF through the UNDAP Planning, Monitoring and Evaluation Working Group, was actively involved in the planning and preparation for the evaluation of the UNDAP 2011 -2015. The UNDAP evaluation seeks to promote accountability for results and learning in the context of a Delivering as One. The findings will inform the formulation of the next UNDAP in Tanzania.

**Efficiency Gains and Cost Savings**

UNICEF was able to make a saving of US$50,000 in foreign exchange gains during the year, by using more favourable locally negotiated exchange rates.

Efficiency gains and savings continued to be made through the increased use of joint LTAs for goods and services with other UN agencies. Use of LTAs eliminated the necessity for a full procurement process for each individual procurement. The estimated savings in staff time for 139 purchase orders issued against LTAs in 2014 were approximately US$33,000.

**Supply Management**

Local procurement constituted 72 per cent of the total value of supplies, primarily through printing of various publications and advocacy materials. UNICEF Tanzania does not maintain warehouses for programme supplies. All procurement is by specific request from partners, end users and consignees. The procurement profile activity was:

- Programme supplies: US$1,280,872 (72 per cent)
- Operations supplies: US$502,138 (28 per cent)
- Total: US$1,783,000

UNICEF Tanzania facilitated processing and importation of procurement services worth US$73 million for the MoHSW and procured US$21,993 in emergency supplies for UNICEF Burundi.

Capacity building support was provided to MoHSW through training, following the installation of cold chain equipment.

Efficiency gains were realized through the use of 51 LTAs for both services and supplies. Over
60 institutional contracts were processed. Challenges in the supply function included not having a head of section since mid-2013 when the Supply Officer post became vacant. Recruitment for the new upgraded position was initiated after the MTR. To mitigate this capacity gap, a retired staff was engaged as a consultant while the Senior Supply Assistant was placed in the supply section.

Other challenges included delays in completing printing projects due to lengthy procedures of approving prototypes and artwork by partners. The other major bottleneck was the bureaucratic process of customs clearance as well as the introduction of new procedures by the Customs Department, resulting in escalation of demurrage charges. UNICEF initiated discussions with the Government to resolve these bottlenecks.

### Security for Staff and Premises

UNICEF Tanzania worked closely with the local United Nations Department of Safety and Security UNDSS) and maintained an up-to-date Minimum Operational Residential Security Standards (MORSS) and Minimum Operational Security Standards (MOSS) procedures. Although Tanzania is in zero phase, the office ensured that minimum standards are observed. All staff, including those who are new, have undertaken the mandatory safety and security certification courses and compliance is closely monitored by the office Human Resources section. Newly arrived staff are oriented by UNDSS on MORSS.

New residences of International staff are inspected and cleared by UNDSS prior to their occupation. Management supported provision of staff security for residences in the form of guards and alarm systems. The approved country office MORSS procedure also provided for access and use of generators as well as generator fuel. Additionally, national staff were provided with salary advances, whenever warranted, to enhance security of their respective residences, such as the installation of electric fences.

UNICEF Tanzania regularly updated and reported on MOSS status to the ESARO advisor and relevant components were updated in the Results Assessment Module.

In 2014, ESARO provided US$22,252 for MOSS enhancement to the office. Measures were put in place to enhance access control measures to premises through installation of access card operated units on office doors, video surveillance equipment, first aid training for drivers and other staff. The office ensured that all vehicles have emergency equipment including fire extinguishers and also upgraded the fire detection system at the office premises. In addition, fire escape ladders were installed at the temporary office premises and staff were oriented on their use.

To enhance emergency preparedness, the office procured new radio communication hand-sets for focal points and installed communications equipment in field vehicles used for programme implementation.

Provision of adequate security for staff and premises is extended to the zone offices, with Zanzibar office being managed under UN Common Premises. The UN Country Team has taken security and environment friendliness as two of the important principles to inform the design and construction of a permanent UNICEF House in Oyster Bay.
### Human Resources

UNICEF Tanzania has 126 established posts: 112 in Dar es Salaam, 11 in Zanzibar, and three in the Iringa zone office. The gender profile is 55 percent female and 45 percent male. Twenty-six recruitments were undertaken during the year: 22 Fixed-Term positions and four Temporary Appointments. Of these, 23 were completed within the Key Performance Indicator timeframe. The Country Programme Management Plan was revised to accommodate restructuring of the staff capacity to fit revised programme needs and direction, through three PBR submissions including the Global Staff Service Centre review.

UNICEF was able to implement 89 per cent of its Learning and Development Plan 2014 and absorbed 94 per cent of the allotted budget. Most staff members participated in group learning activities and individual learning and e-courses at no cost was encouraged. The key learning activities implemented included Programme Planning Process, Proposal Writing, Emergency Preparedness and Response, Managing Performance for Results, HIV/AIDS in the Workplace, Harmonized Approach to Cash Transfers, Interviewing Techniques, Leave and Attendance Management in VISION, and several Orientations on the Ebola virus.

The Performance Appraisal System (PAS) cycle was observed, with objective setting at the beginning of the year, mid-year progress reviews and end year reports completed on a timely basis with a 100 per cent completion rate of the 2013 PER by June 2014. UNICEF Tanzania maintained fulltime Emergency Officer and an Emergency Focal Point in each section. A two-day training session was organized to orient staff on their roles and responsibilities in time of Emergency. UNICEF Tanzania also has local Peer Support Volunteers, as well as access to the local UN Stress Counsellor.

The 10 minimum standards of HIV/AIDS in the workplace were maintained. Twenty-eight staff participated in a session on HIV/AIDS. During the UN Week, all UN Staff were provided with opportunities for testing of Body Mass Index, diabetes, high blood pressure, breast cancer, HIV counselling and testing, and to receive general medical advice.

UNICEF Tanzania continued to address the results of the 2011 Global Staff Survey and augmented them with local surveys. During the year, UNICEF Tanzania shifted focus to cope with temporary office location while new office premises are under construction. Although no local staff survey was conducted in 2014, staff were frequently updated on progress in design of the new premises and the operations team established a hotline so staff could report any problems with the temporary space. The CMT and the staff association plan to use the results of the 2014 Global Staff Survey to inform and guide on the way forward with a staff morale work plan in 2015, starting with the design of an All Staff Retreat.

There was minimum ‘borrowing’ of RR funds for posts (3 months) with only one case in which RR was applied to bridge the gap for a C4D position that was planned to be abolished.

Inadequate funding to cover salaries of staff was the main challenge facing the Human Resources unit, and the office management is exploring ways to address this challenge.

### Effective Use of Information and Communication Technology

The office Information and Communication Technology (ICT) unit provided services that contributed to attainment of programme results. The internet connection was upgraded to meet the bandwidth for VISION. An EMC satellite network was re-established at UNICEF premises for stand-by access. To improve efficiency, all VISION users received continuous training on
various aspects of the system.

The data and telecommunications facilities in the Zanzibar and Iringa zone offices were modernized to improve Video-Audio conferencing facilities. UNICEF Tanzania provided telephony services to agencies in the shared UN common premises in Zanzibar, thereby improving efficiency through virtual meetings with mainland office and partners.

The Disaster Recovery Plan, the Business Continuity Plan (BCP) and Early Warning Early Action were updated, strengthening the emergency readiness of the ICT function. Converting to office365 also enhanced the system for backup of critical data. Measures were undertaken to improve the BCP offsite location in accordance with the recommendations of the BCP simulation exercise carried out during the year.

Several technology-based solutions were developed in response to programme needs. These included the design of a mobile panel survey. Additionally a contractor was outsourced and private sector partnership established with a local mobile service provider to enable registration of under five children, with data entered into the Government birth registration database. [Refer Innovation section]

Tools were developed to improve internal processes and access knowledge. These were: travel management system, trip reports and follow-up actions; HACT database (for profiling partners, monitor implementation of micro assessment, audit, and spot check recommendations); Intranet (for easy sharing of key documents and information; search engine (to facilitate retrieval of documents from archives); DCT database (to identify and addressing bottlenecks in processing DCT); document library of research, studies, and evaluation; activity reporting database (to organize, and provide access to MDAs & LGAs implementation reports) and; a picture library.

Programme Components from RAM

Due to alignment with the national government's plan, reporting against the UNICEF country programme is through to June 2014 (and not the end of the year) for most outcomes.

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved and equitable use of high impact maternal, neonatal and child health (MNCH) and nutrition interventions and promotion of healthy behaviours and nutrition practices.

Analytical Statement of Progress:
During 2013-2014, UNICEF supported a number of key initiatives including the Presidential launch of the Sharpened Reproductive, Maternal, Newborn and Child Health (RMNCH) Strategic Plan and scorecard under the banner of “A Promise Renewed”; roll out of Option B+ for the elimination of Mother to Child Transmission (eMTCT) programme on HIV and national assessment of the paediatric HIV services; development of a Community Based Health Care Strategy; and development of the National Nutrition Strategy.

National DTP-HepB-Hib3 vaccination coverage was maintained above 90 per cent. UNICEF continued its support in strengthening cold chain capacity for improved immunisation coverage. Other achievements included the national roll-out of the revised Maternal and Perinatal Death Surveillance and Response (MPDSR) guidelines and the registration/introduction of Amoxicillin Dispersible Tablet (DT) and Oral Rehydration Salt (ORS)/Zinc co-pack as the first line treatment.
for pneumonia and diarrhoea.

At sub-national level, UNICEF provided support to selected districts in Iringa, Mbeya and Njombe regions to implement the Emergency Obstetric and Newborn Care guidelines and integrated MNCH supportive supervision. The roll-out of phase one of the distance learning-Integrated Management of Childhood Illnesses was initiated with a total of 418 (26 per cent) health workers from 280 facilities trained on paediatric care and diarrhea/pneumonia treatment. As part of its contribution to scaling up nutrition, UNICEF supported the development of the National Nutrition Strategy for Zanzibar; and the Infant & Young Child Feeding (IYCF) Strategic Plan for the Mainland.

The stunting reduction project was initiated in Mbeya, Iringa and Njombe regions covering 46 villages. Ninety two Care Groups were established and 92 Community Health Workers (CHWs) were trained to facilitate Infant and Young child Feeding (IYCF) counselling. Ninety two farmer field schools were also established and 92 progressive farmers were trained to enhance nutrition-sensitive agricultural interventions.

Vitamin A supplementation and deworming reached 6,882,724 (>95 per cent) children six to 59 months and 5,813,198 (>90 per cent) children 12-59 months respectively, per semester.

UNICEF supported management of Severe Acute Malnutrition (SAM) in Zanzibar and scale up of SAM treatment in Mbeya, Iringa and Njombe regions. A total of 600 children with SAM were treated in Mbeya, Iringa and Njombe regions between January and June 2014 (out of 2,500 targeted for 2014), and 2,400 children were treated in Zanzibar (out of 5,000 children targeted).

OUTPUT 1 Effective national integrated supply chain and management system for medical supplies is operationalized.

Analytical Statement of Progress:
In 2013-2014, UNICEF provided refrigerators (RCW-50 EG) to 251 facilities to improve vaccine storage capacity in all regions in the Mainland, out of the 252 facilities which were identified by the cold chain inventory assessment conducted by Clinton Health Access Initiative (CHAI) in 2013.

Using the results of the Stock Management Information System Assessment conducted by UNICEF and PATH, the Ministry of Health & Social Welfare is in the process of integrating vaccines and related supplies in the electronic Logistics Management Information System with the support of John Snow Inc. and CHAI. The deployment is expected to start in July 2015.

UNICEF continued to provide technical support for training to improve the district stock management tool for improved migration from off-line to web-based system. With these collective efforts to improve the vaccine logistics management system, the vaccine stock out at facility level was less than last year (8.3 per cent as compared to 15 per cent).

Following the introduction of new freeze-sensitive vaccines, UNICEF in collaboration with CHAI provided support to the MoHSW in piloting Solar Direct Drive refrigerators for national scale up. A total of 37 Solar Direct Drive refrigerators have been procured, with 20 of them procured by UNICEF to be piloted in seven districts in the Mainland and Zanzibar.

OUTPUT 3 MOHSW and LGAs produce, quality and timely data for evidence based planning and decision making.
Analytical Statement of Progress:
To support evidence-based planning and decision-making, UNICEF provided technical and financial support to the Government to undertake a national nutrition survey based on the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology. The survey protocol was finalised, and regional nutrition officers were trained on the methodology to build national capacity to undertake similar surveys in the future. The survey was conducted between September and November, and is part of the broad plan to establish a national nutrition information system.

As part of the support to MoHSW, technical and financial assistance was provided for the development of the RMNCH scorecard, a management tool to strengthen regional/district-level monitoring and use of data for high level decision-making, and is linked with the District Health Information System.

OUTPUT 4 MOHSW, LGAs and Shehias strengthen community health structures and communication strategies for promoting health and nutrition behaviours.

Analytical Statement of Progress:
As a result of years of advocacy and technical/financial assistance, the National Community Based Health Programme guideline was developed and endorsed. A corresponding Community Based Health Programme Strategy is under development. The strategy aims to strengthen community health structures for delivery of child survival interventions and is expected to open up the opportunity for integrated community case management of childhood illnesses. The policy also includes the formalization of the CHW structure as a government cadre to President’s Office for Public Service Management and plans for its corresponding scale up.

At sub-national level, UNICEF collaborated with Local Government Authorities as well as the NGO CUAMM for capacity building of CHWs on the Integrated Community MNCH package in Iringa, Mbeya and Njombe regions as a pilot for future scale-up. Within the first phase, 226 CHW were trained and are now implementing the package in 23 wards out of total of 55 in two districts (Iringa and Mufindi District Councils), covering 113 villages (44 per cent) with two CHWs per village. The plan is to be expanded to four other districts in the next fiscal year.

Other results included the development of the “National Guideline for Health Promotion” as well as the “National Strategy for Health Promotion” to ensure standard and quality messaging for behaviour change communications related to reproductive, maternal, newborn and child health.

In preparing for the introduction of Amoxicillin DT and co-packed ORS/zinc, UNICEF conducted formative research on diarrhoea and pneumonia in Mbeya, Iringa and Njombe regions to better understand individual and collective healthy behaviours for the treatment and prevention of pneumonia and diarrhoea. As a result of this research, UNICEF supported the development of an integrated communication strategy addressing key demand-side barriers and influencers.

The National Nutrition Social Behaviour Change Communication strategy was launched during the World Breastfeeding Week 2013 and is now used as reference by all stakeholders.

OUTPUT 5 Relevant Ministries, Departments and Agencies (MDAs) and LGAs develop, implement and monitor policies, plans and budgets for effective delivery of health services

Analytical Statement of Progress:
In 2013-2014, UNICEF supported the launch of the Sharpened RMNCH Strategic Plan 2014-15 by the President, along with the scorecard and Countdown case study under the banner of “A Promise Renewed”.

To improve access to essential immunisation services, the measles second dose was launched and introduced during the African Vaccination Week in May. A Human Papilloma Virus (HPV) demonstration project was also initiated in Kilimanjaro region where 96 per cent of all eligible girls aged nine to 13 years received the first dose of HPV vaccine. Tanzania has not conducted Polio supplementary immunisation activity for many years, but has a response plan, which needs to be updated.

The MPDSR guidelines were revised to standardise reporting systems, improve timely reporting and to strengthen the use of data for actions. Training was supported for the new guideline in three out of eight zones in the country. At sub-national level, technical and financial support was provided for the conduct of quarterly MPDSR meetings and integrated MNCH supportive supervision in Iringa, Mbeya and Njombe regions.

Since pneumonia and diarrhoea continue to be the leading killers among children, UNICEF has tried to revitalize IMCI. In order to improve their case management, Amoxicillin DT was newly registered as the first line treatment and ORS/Zinc co-pack is in the process of registration. With special permission from Tanzania Food and Drug Authority, UNICEF moved ahead with procuring the initial stockpile for the country.

UNICEF provided technical and financial support to the roll-out of the distance learning IMCI training in the three regions, with 26 per cent (418) of health workers from 280 frontline facilities (health centres/dispensaries) trained on paediatric care and diarrhoea and pneumonia treatment.

Furthermore, UNICEF in collaboration with MoHSW and WHO supported the introduction of the Reaching Every Child strategy for immunization in five out of 20 districts in Mbeya, Iringa and Njombe regions. Health workers from hard to reach areas were trained to developed their microplans to improve immunisation coverage in unreached areas. This is expected to cover about 70 per cent of all unvaccinated children in the districts.

**OUTPUT 6** Relevant MDAs and LGAs integrate nutrition into policies, plans and budgets and strengthen institutional arrangements for delivery of services.

**Analytical Statement of Progress:**
UNICEF supported the development of the National Nutrition Strategy and Implementation Plan for Zanzibar and the Infant and Young Child Feeding Strategy and Implementation Plan in the Mainland. Support was provided to the orientation of Planning Officers and Nutrition Officers from 25 regions and 169 LGAs to ensure nutrition plans/budgets are incorporated into council plans. A public expenditure review (PER) on nutrition was completed, highlighting the low fund allocation with only 0.2 per cent of the total expenditure.

Terms of Reference for Steering Committees on nutrition and nutrition officers were reviewed and the in-service curriculum for nutrition officers was finalised with training planned rolled out in late 2014. At sub-national level, baseline surveys for the stunting reduction programme were completed in Mbeya, Iringa and Njombe regions. Additionally, 115 health facility workers (15 per cent of target) were trained on IYCF counselling. Community-based activities started in 46 (20 per cent) of targeted villages where 92 Care Groups were formed with 92 CHWs trained to
facilitate individual/group counselling. Ninety two farmers' field schools, each with a trained progressive farmer, are also in place to offer agriculture extension on the production of nutritious foods.

Through support to vitamin A supplementation and de-worming, 6,882,724 (>95 per cent) children aged six to 59 months and 5,813,198 (>90 per cent) children aged 12-59 months were reached respectively. Fifty eight salt producers and 100 traders are supported for salt iodisation in Pemba, with provision of equipment, rapid test kits (109,000) and iodine checker machines to strengthen district monitoring.

UNICEF assisted scale up of management of severe acute malnutrition, resulting in 600 children treated in Mbeya, Iringa and Njombe regions between January and June (out of 2,500 children under five targeted for 2014), and 2,400 children treated in Zanzibar (out of 5,000 children targeted).

OUTPUT 7 Selected ministries, departments, and agencies, Local Government Authorities, and non-state actors deliver increased quality of HIV/AIDS care and treatment services.

Analytical Statement of Progress:
Paediatric anti-retroviral therapy (ART) coverage remains very low at 26 per cent. Although a decline was noted in the proportion of HIV exposed infants receiving anti-retroviral (ARV) prophylaxis, in absolute numbers, the programme reached 38,238 children in 2013 compared to 36,047 in 2012. Possible explanations for the variance include recent updates to the spectrum model leading to a statistically larger denominator; inconsistent availability of key commodities; and changes in the reporting system used to aggregate data following the introduction of Option B+. This trend is being monitored to better understand programme impacts.

A national assessment of the paediatric ART was conducted to determine critical bottlenecks affecting identification of children living with HIV, and initiation of and adherence to treatment for HIV positive children. Based on the findings, an action plan was developed to scale up paediatric HIV services.

In order to improve providers' capacity, clinical mentorship on paediatric ART was conducted in collaboration with Baylor College (USA) with 52 healthcare providers completing a clinical attachment in 2014, out of 60 initially planned.

To enhance early identification of HIV infected infants, work was carried out with the Clinton Health Access Initiative to introduce Early Infant Diagnosis (EID) Point of Care (PoC) technology. This will enable more effective EID in settings outside of laboratories. Monitoring of CD4 PoC performance has improved as a result of PoC connectivity whereby real time data is compiled centrally on key performance indicators. To support implementation of EID, UNICEF procured dry blood spot test kits enough to cater for 4,000 HIV exposed babies.

UNICEF continued to support the linking of HIV-positive mothers and children to the continuum of care with 94 health facilities in Dar es Salaam, Iringa, Njombe and Mbeya regions implementing Mother Support Groups and Mother Mentor models for improved treatment adherence. Based on their success in increasing EID and paediatric ART uptake, PEPFAR is planning to recommend the model to their implementing partners nationwide.
OUTPUT 8 Selected MDAs, LGAs and non-state actors implement evidence-based PMTCT (HIV prevention) programmes.

Analytical Statement of Progress:
Significant progress was made in expanding coverage of quality PMTCT services. Following the new WHO guidelines released in June 2013, UNICEF in collaboration with WHO, the UN Government and other development partners supported the MoHSW to align the national treatment guidelines to the new recommendations. The guidelines for ART initiation regardless of CD4 count for HIV positive pregnant/lactating women and children under 15 years are being finalized.

The Life Long Antiretroviral therapy for Pregnant and Lactating women (LLAPLa or Option B+) was officially launched in October 2013. The preparatory activities included review of the training curriculum and reporting tools as well as capacity building of providers in PMTCT sites, which was a major shift in the delivery of ART in the country where only accredited Care and Treatment Centres provided ART.

Implementation of LLAPLa was planned in two phases. UNICEF in collaboration with the Unites States Centres for Disease Control and Prevention supported the MoHSW to conduct an early assessment of phase one in the seven high HIV burden regions in the country from January to March 2014. Lessons learned were used to improve roll out of phase two including development of the cohort report to monitor adherence. By the end of 2014, 24 per cent of PMTCT sites were providing LLAPLa.

In the context of LLAPLa, technical and financial assistance was provided to the MoHSW to integrate monitoring systems for the national PMTCT programme and the ART programme and to harmonize its reporting tools. At sub-national level, training of 320 healthcare workers on LLAPLa was supported in Mbeya, Iringa and Njombe regions. Review of the eMTCT plans was also conducted in three districts, where action plans were revised to prioritize paediatric HIV services and to improve data quality management. In Zanzibar an eMTCT action plan was finalized, which will serve as a guide towards the achievement of eMTCT targets and assessment of its progress.

OUTPUT 9 Relevant MDAs, LGAs, and non-state actors are prepared, have adequate sectoral capacity and provide an effective intra coordinated response in health and nutrition in emergencies.

Analytical Statement of Progress:
As part of health and nutrition emergency preparedness, a Programme Cooperation Agreement (PCA) was developed with Tanzania Red Cross (TRCS) as a standby partnership for disaster response.

Health in Emergencies: The MoHSW was supported to respond to the dengue fever outbreaks in Dar es Salaam in 2013 and 2014. The 2014 outbreak had a record number of cases, with 1,018 confirmed cases out of a total of 2,129 suspected cases including 4 deaths reported, plus many unreported cases. UNICEF regularly attended the Emergency Preparedness and Response technical working group meetings, and provided technical and financial assistance for the development and distribution of IEC materials, as well as sensitisation activities for the general public and healthcare workers.
OUTCOME 2 Equitable and sustainable access and use of safe water supply, improved sanitation and appropriate hygiene practices in rural and peri-urban schools and communities

Analytical Statement of Progress:
UNICEF continued to deepen its engagement as an active member of both the WASH sector’s Development Partners Group (DPG) and its hygiene and sanitation sub-group and has also funded the operations of the DPG secretariat for 2014. This enabled UNICEF, through sector-wide approach dialogue mechanisms, to contribute toward the identification of sectoral and cross sectoral issues including provision of critical inputs in the design of Water Sector Development Programme phase II (WSDP II 2014-2019). A new component and budget dedicated to sanitation and hygiene was included in the WSDP II, with an increased budget of US$150,000,000 for five years up from US$27,000,000 of WSDP I.

At global level, UNICEF supported the in-country preparations leading to the participation of Tanzania in the Sanitation and Water for All (SWA) and High Level Meeting in Washington DC. The Minister of Finance together with the SWA focal point in the MoHSW led the Tanzania delegation. Commitments on increased budget and new targets for sanitation were made and on return to Tanzania an action plan was crafted. UNICEF also supported WSDP’s National Sanitation Campaign at sub-national service delivery level. At least 3,600 new people gained access to improved sanitation in the reporting period out of the 54,000 people living in the 90 sub-villages which have been triggered and signed declaration for elimination of open defecation in five UNICEF programme districts.

To ensure the quality in the country-wide scaling up and sustainability of WASH services in schools, UNICEF supported training teams of resource people both in Mainland and Zanzibar. A total of 58,200 school children (29,700 girls and 28,500 boys) in 34 schools in Mainland and Zanzibar gained access to water, sanitation and hygiene facilities due to completion of construction activities including a special provision of a dedicated room for girl's menstrual hygiene management creating a safe learning environment.

To improve the quality of monitoring of the WASH situation in schools, UNICEF continued discussions with the M&E unit of the Ministry of Education & Vocational Training (MoEVT) influencing the inclusion of additional indicators in the education monitoring information system (EMIS) concerning the quality and functionality of school WASH facilities as per national standards and availability of hand-washing facilities. The findings from the 'Fit for school' scoping mission (an approach targeting children with objective of improving health in schools through group based activities such as hand washing with soap) were endorsed, leading to the development of an adaptation of the 'fit for school' approach for Tanzania.

The programme was constrained by low levels of funding, limited human resources and low subnational institutional capacity to deliver services. The low level of funding is being addressed through a response mobilization strategy targeting some donors and there are some positive signs of attracting modest funding. On human resources, a new international professional post was approved and recruitment of the post completed. On low subnational institutional capacity, the programme is planning to open a new window through engaging NGO partners to implement the programme as well as supporting building institutional capacity of the districts.

To address programme sustainability challenge in the WSDP, UNICEF started working with the Ministry of Water and other key sector stakeholders SNV and WaterAid, to develop a national rural water supply sustainability strategy and pilot a number of interventions in two UNICEF programme districts so as to gather evidence and lessons that will inform the national strategy.
OUTPUT 1  Government of Tanzania/Revolutionary Government of Zanzibar adopt evidence based measures to enhance decision making, equity and inclusion of women, children and vulnerable populations in WASH.

Analytical Statement of Progress:
The design and development of a National Database and a Management Information System for Sanitation and Hygiene was completed. This will provide both WASH and Health sectors with a mechanism to capture comprehensive routine data for sanitation and hygiene sub-sector, and if implemented with quality will inform national and international sector monitoring processes. The roll out will include training of relevant stakeholders at all levels on the management and use of the system, starting with a pilot in UNICEF programme districts. Consultation processes are underway to ensure that the sanitation management information system is linked to the National Health Information System and later to the WSDP monitoring and information system.

Discussions were held with the M&E unit in MoEVT leading to incorporation of more WASH indicators in EMIS for improving the quality of monitoring WASH situation in schools.

The findings from a study on equity in access and use of improved sanitation and hygiene services by marginalized groups in Tanzania was shared with stakeholders during the Joint Water Sector Review. Among the recommendations provided was for the Government and other stakeholders to institute mechanisms for equity targeting through use of sector spatial information systems. It also advocated for the Government to develop plans and budget guidelines that ensure reflection of inclusive sanitation and hygiene activities which have budget lines both at local and national levels, and that can support vulnerable households such as those headed by children.

The country action plan for Household Water Treatment and Safe Storage (HWTSS) scale up was completed and endorsed together with the research on HWTSS (2010/11-2013/14). These have provided the Government of Tanzania with evidence to guide local communities and stakeholders on the effectiveness of various HWTSS methods/products and promotional approaches. The WASH sector is still facing big challenges with its data collection instruments on one hand and very low motivation to use the little data that is available for planning and targeting interventions. This situation creates challenges in advocacy for equity as there is a need to have credible evidence to show disparity and inequity in planning and delivery of services. There are concerted efforts to kick start the GIS-based Water Mapping Tool which hopefully will be operation in the new financial year.

OUTPUT 3  Relevant Ministries Departments and Agencies provide a coordinated, harmonised response for increased coverage and improved quality of child, girl friendly and accessible school WASH.

Analytical Statement of Progress:
Construction of WASH facilities in schools (toilets, water supply, and hand washing facilities) was completed in 34 schools. This contributed to improved school water, sanitation and hygiene, including a special provision of a dedicated room for girl's menstrual hygiene management benefitting 58,200 school children (29,700 girls and 28,500 boys) in Mainland (21 schools) and Zanzibar (13 schools).

Efforts to establish a national consensus for a National School WASH Programme are
progressing. In collaboration with other partners, UNICEF facilitated school WASH Technical Working Group meetings co-chaired by MoEVT and MoHSW. Through these meetings, feedback on the draft National School WASH Programme was provided to the consultant allowing for preparation of broader stakeholder's consultation to finalize the programme document.

As efforts towards country-wide scaling up and sustainability of WASH in schools, refresher training of 50 national facilitators in the mainland was conducted. Additionally, 70 new facilitators were trained adding to a total of 120 National facilitators previously trained in school WASH. Training of regional and district WASH teams was completed in Mbeya, Iringa, and Njombe regions and six districts of Mbarali, Mbeya, Mufindi, Iringa, Makete, and Njombe.

The 'Fit for School' scoping mission (an approach targeting children aiming at improving health in schools through group based activities such as hand washing with soap) was completed with piloting to be done in selected schools before scaling it up. The approach is guided by three key principles (simple, scalability, and sustainability) and in the furtherance of meeting the rights to water, sanitation and hygiene in schools.

Development of draft School WASH guidelines designed to suit Zanzibar context, facilitated by master trainers from Mainland and involving a multi-sectoral Zanzibar national team, was completed. A team of 20 resource people were trained (8 females and 12 males) to facilitate piloting of the School WASH guidelines.

School WASH is set for rolling out on a large scale, with the necessary preparatory work completed, however, funding is the main limitation. One of the interventions that requires strengthening is the enforcement of new school licensing, to ensure that all schools meet the approved school WASH guidelines. It is also important to forge a link with the school inspectorate process, to ensure that the routine school inspection and reports cover school WASH, and that the EMIS captures School WASH data.

**OUTPUT 4** Relevant MDAs, LGAs, and non-state actors are prepared, have adequate sectoral capacity and provide an effective coordinated response in WASH in emergencies.

**Analytical Statement of Progress:**
UNICEF ensured that different WASH stakeholders remain vigilant for emergency preparedness and response by facilitating regular coordination meetings for emergency WASH and nutrition actors, better mapping and sharing information on the status of prepositioned EPR supply stocks.

Through the Tanzania Red Cross Society standby PCA and the Kilosa district WASH EPR team, approximately 1,345 people who were displaced due to floods were accommodated in two temporary camps in Morogoro region and provided with WASH facilities. Facilities included clean water supply through trucking and later two 20M³ water tanks were installed, 94 latrines segregated by sex, bathrooms and hand washing facilities constructed, as well as provision of household water storage containers and water treatment tablets. Hygiene promotion was also conducted together with regular monitoring of the WASH situation.

Training of regional and district emergency WASH focal points in two high risk regions of Lindi and Mtwara was conducted, targeting staff from the Ministry of Health, Water, Education and PMO-RALG. The training was geared towards building the capacity and strengthening of the EPR governance systems in carrying out rapid assessments, development of district emergency
plans as well as implementation of EPR activities and using standardised tools. Through the standby-PCA with Tanzania Red Cross Society (TRCS), WASH emergency non-food items were prepositioned with plans to distribute them to four strategic regional locations in the Mainland and Zanzibar, in order to ease accessibility in event of an emergency.

Tanzania remains a low level emergency country and it is challenging to keep motivation for emergency preparedness and response. The EPR structures have to be kept alert through continuous refresher training.

**OUTPUT 5 Improve sustainability of water supply interventions [Non UNDAP intervention]**

**Analytical Statement of Progress:**
In collaboration with WaterAid, SNV, the Japan International Cooperation Agency JICA, DFID and other development partners, UNICEF worked with the Ministry of Water at national and sub-national levels to develop a National Strategy to improve sustainability of rural water supplies under WSDP. This is arguably one of the biggest challenges facing the sector. The strategy will adopt strengthening of the capacity and commitment of communities and stakeholders at higher levels (national, regional, districts, and ward) to fulfil their responsibilities in ensuring sustainability of rural water supply services as well as incorporating goals of the Big Results Now (BRN) initiative which aligns resources to selected priority sectors and adopts principles of efficiency and accountability for delivering planned major results in a specified short timeframe.

Implementation of pilot interventions including piloting of effective approaches to enable rural communities in two districts of Njombe and Mufindi to regain access to improved water supply is progressing, in collaboration with SNV. Ten of the targeted 40 schemes have been brought back to operation reaching about 20,000 people, through rehabilitation and supporting the communities to sustain their water schemes through regular maintenance and repairs.

Existing protocols for water testing and disinfection both for routine surveillance and for application during the construction of new water systems on Mainland and Zanzibar were reviewed, the use of which will ensure more effective and consistent water quality monitoring and assurance. Zanzibar was also supported to develop guidelines for monitoring of small urban water supply system, which have been completed and disseminated to stakeholders for use.

Rural water supply sustainability remains a big challenge for the water sector, with an estimated 80 per cent of Tanzanians living in rural areas. A sustainability strategy is being developed, with support from development partners. While the strategy is a necessary input to sustainability, it is not in itself sufficient to ensuring a sustainable water supply. Strategy implementation has to take into account and build on to existing enabling factors that include policy, finance technology, knowledge and skills.

**OUTCOME 3 Improved and equitable use of proven HIV prevention and treatment interventions by adolescents.**

**Analytical Statement of Progress:**
Achievements to which UNICEF Tanzania contributed during this reporting period include the launch of the third National Multi-sectoral Framework for HIV (NMSF-III, 2013-2017) based on evidence, good practice and investment-oriented thinking. The Health and Education Sector Strategic Plans on HIV/AIDS were also developed in line with NMSF-III. The Zanzibar National HIV Strategic Plan II operational plan was developed and disseminated, and is being used by Government to provide strategic thematic areas for implementation through 2016.
UNICEF played a convening role in preparation for a USAID-funded multi-country Assessment of In-service Communication for Voluntary Male Medical Circumcision (VMMC) among Adolescents, under the leadership of MoHSW, as well as providing technical input into the proposal, data collection tools and ethics board application. UNICEF also played an important policy, advocacy and technical role in various coordination and planning mechanisms, including but not limited to the Development Partner Group on AIDS, the UN Programme Working Group – HIV (Mainland and Zanzibar) and Technical Working Groups for PMTCT, Paediatric HIV, ART, Adolescent Sexual Reproductive Health, HIV Prevention (including condom, STI/VMMC and key population subcommittees), Impact Mitigation, M&E, as well as active participation in Partnership for HIV-free Survival and PEPFAR implementing partner coordination meetings.

UNICEF Tanzania contributed technically to Global Fund HIV/TB concept note development for both Mainland and Zanzibar through participation in the concept note development task forces (at the request of the respective Country Coordinating Mechanisms) and writing teams. In addition, a technical review of the Regional Paediatric HIV concept note to be submitted by the African Network for Care of Children Affected by HIV/AIDS (ANNECA) at the request of the Mainland Country Coordinating Mechanism.

At subnational level, in four high HIV prevalence regions (Dar es Salaam, Mbeya, Iringa, Njombe) and in Zanzibar, UNICEF supported the implementation of high impact HIV interventions for adolescents and young people, including those living with HIV and key populations (KPs), through partnerships with NGOs Restless Development, SUMASESU, PASADA, AMREF and the Baylor College of Medicine Children’s Foundation -Tanzania, resulting in over 30,000 adolescents and youth accessing HIV testing and counselling sexual reproductive health services and 1,812 adolescent boys accessing voluntary medical male circumcision. The Shuga radio programme was implemented in Mainland with around 3.5 million young people reached with key messages on HTC and condom use.

In Zanzibar, where the HIV epidemic is concentrated in KPs, UNICEF Tanzania provided technical and financial support for the development of a package of HIV interventions for KPs in line with international guidelines, incorporating recent evidence from the Zanzibar Integrated Behavioural and Biological Surveillance Survey (IBBS 2011/12). Two NGOs in Zanzibar (ZAPHA+ and ZAYEDESA) implemented HIV interventions for children infected and affected by HIV and KPs. ZAPHA+ employed a combination approach to paediatric HIV psychosocial support, targeting 746 children infected and affected with HIV through club activities, as well as their caregivers, and community and school based interventions to reduce stigma and discrimination. ZAYEDESA used a range of approaches to reach 4,226 young KPs with HTC plus referrals, including evening HTC at hotspots, sports bonanzas and home-based testing, in order to evaluate which approach is most effective at targeting HIV+ KPs and ensuring referrals for care, treatment and support.

Following the new WHO guidelines released in June 2013, the country embarked on the process of rolling out Option B+ (Life Long ART for Pregnant and Lactating women. Early implementation of Option B+ was assessed by the National AIDS Control Programme (NACP), with technical and financial support from UNICEF Tanzania and headquarters in selected health facilities in the seven high HIV burden regions. Findings of the assessments were disseminated at national level involving key stakeholders and lessons learned were used to improve programming in the rollout phase.

Together with NACP and other partners, UNICEF designed and implemented a nationwide
One major challenge observed was weak cross-sectoral planning/coordination by TACAIDS (especially in health and education), at national and decentralized levels, which is being addressed by the development partners group. This includes technical assistance by UNICEF for the development of evidence-based regional HIV/AIDS multisectoral strategic plans and stronger, cross-sectoral MTEF plans. Another major constraint/challenge has been TACAIDS' weak capacity in adolescent programming. Technical assistance will be provided through an international consultant seconded directly to TACAIDS.

**OUTPUT 1**

MDAs and CSOs reach and mobilize most-at-risk populations (MARPs) to utilize appropriate user-friendly HIV/AIDS services.

**Analytical Statement of Progress:**

UNICEF Tanzania supported the Zanzibar AIDS Control Programme to develop and print a package of HIV interventions for KPs, which include men who have sex with men (MSM), sex workers (SWs), people who inject drugs, and prisoners/students of correctional facilities. Forty five trainers were oriented to build the capacity of health care workers and KP implementers on the continuum of HIV prevention, care, treatment and support.

UNICEF supported NGOs ZAPHA+ and ZAYEDESA to implement HIV interventions among children affected and infected by HIV and young KPs, respectively.

ZAPHA+ employs a combination approach to paediatric HIV psychosocial support, targeting children through club activities, caregivers, and community/school based interventions to reduce stigma and discrimination. ZAPHA+ has registered 746 (376 female, 370 male) children (306 infected and 440 affected by HIV), representing 28 per cent of children infected by HIV in Zanzibar. Out of 746 registered children, 303 (159 male, 144 female) are supported intensively through ten children clubs operational in Unguja and Pemba. Anti-stigma sessions reached 1,350 (999 children, 351 adults). Some 1,118 (532 male, 586 female) community members accessed HTC and 140 (100 male, 40 female) PMTCT champions were established. A tool is being developed to better measure programme impacts on psychosocial vulnerability and resilience in eight domains considered critical for child well-being (experience of stigma, discrimination, and social exclusion; social networks/connections; household violence, abuse and corporal punishment; exposure to community violence; child work and responsibilities;
emotional health seeking behaviour; risk behaviours and self-esteem/future orientation).

ZAYEDESA provided youth friendly SRH and HIV services to MSM and SWs through four youth-friendly facilities and outreach activities. To-date, 1,467 KPs (1,234 SW, 233 MSM) and 2,759 other vulnerable youth (a small proportion of whom are injecting drug users) accessed HTC and 60 HCWs were trained from eight health facilities (including within prison system) on KP-friendly services and HIV prevention. Some 1,334 community members and at-risk youth (e.g. bar maids) were reached with outreach sessions at hotspots on anti-stigma and HTC demand creation. Five hundred and forty seven youth were counselled through the Toll Free Line and 74 local leaders (e.g. community police, community and religious leaders) sensitized on SRH.

The findings of the Rapid Situational Assessment of HIV Prevalence and Related Risk Factors in Prison Settings in Mainland Tanzania” (2013) are being used to advocate for effective planning and implementation of health programs in the prison community, and have informed recent development of the NMSF-III.

OUTPUT 2 Relevant MDAs, LGAs and Non State Actors effectively operationalise the National Costed Plan of Action for most vulnerable children (MVC).

Analytical Statement of Progress:
Technical support was provided for the launch and implementation of the 2nd National Costed Plan of Action for Most Vulnerable Children (2013-2017), to ensure that MVC have access to basic social services including protection from violence, abuse and neglect, to improve the quality, availability, and accessibility of services with an increased focus on prevention and early identification of MVC vulnerabilities. Through sustained advocacy, relevant ministries (including PMO-RALG and MoF) are taking forward specific commitments to increase funding for MVC to implement NCPA-II across all relevant sectors.

UNICEF Tanzania continued to participate in the Implementing Partners Group for MVCs, chaired by the Department of Social Work (DSW) Assistant Commissioner, which has been an effective forum for national coordination of MVC programming. Support was also provided to the DSW to integrate child protection into the M&E framework of the NCPA-II, which facilitates the adoption of child protection management information system (CPMIS) as the CP component of the data management mechanism for the NCPA II. Efforts are underway to maximize linkages between the Child Protection Monitoring and Information System with the Tanzania Output Monitoring System for HIV/AIDS, the Tanzania Social Action Fund (TASAF) M&E system and the MVC database (under DSW).

As a result of continued advocacy and technical support by UNICEF Tanzania and other development partners to the scale up TASAF’s national safety-net programme (which will reach 920,000 extremely poor households (around 10 per cent of households in Mainland), TASAF will adopt an additional cash transfer amount conditional to secondary school attendance. TASAF has also agreed to incorporate an adolescent module into their impact evaluation, to measure the impact of cash transfers on sexual risk behaviours and wellbeing, to generate critical in-country evidence on impact. Based on global evidence, these cash transfers should reduce the HIV risk of adolescent members of TASAF households.

OUTPUT 3 Selected MDAs, LGAs and Non-state actors implement evidence-based HIV prevention programmes.
Analytical Statement of Progress:
UNICEF Tanzania, with Restless Development, is implementing the Mabinti Tushike Hatamu “Girls Lets Be Leaders” pilot to reduce HIV infections, unintended pregnancies and violence among out-of-school girls, in line with latest evidence (Adolescent and Violence Lancet series, 2014). Girls meet regularly in safe spaces in 27 villages of three high HIV prevalence regions (Dar es Salaam, Mbeya, Iringa) to build social, economic and health assets. To-date 4,012 adolescent girls gained knowledge and skills in SRH/HIV/violence prevention, 1,255 girls and 152 boys accessed HTC/SRH services, 512 girls received livelihoods training and engaged in income generating activities, and 273 girls received starter capital/equipment like sewing machines to build economic assets. Further, 13,536 community members and 246 local leaders were oriented on girls’ rights and 1,149 parents (560 male; 589 female) were trained on communication with adolescents on SRH/violence issues, resulting in 85 cases of VAC reported.

In Njombe, UNICEF partnered with SUMASESU, a local NGO. To-date, 1,494 (947 male; 547 female) youth acquired knowledge and skills on HIV/SRH and 1,093 (430 aged 10-24) accessed HTC. Some 1,812 adolescent boys received VMMC.

With AMREF, 24 HCWs from 12 health facilities were trained on provision of youth friendly SRH and HTC services. 14,367 (7,351 male, 7,016 female) youth aged 15-24 and 2,417 adults 25+ accessed HTC services in six districts of Iringa, Mbeya and Njombe regions.

The 12-episode Shuga radio programme was aired twice nationally on Clouds FM reaching around 3 million young people with messages to increase HTC and condom use. Mid-year, rural coverage was expanded through UNESCO through 10 community radios in nine regions, reaching a coverage area containing 500,000 youth 15-24 years. NGO partners engaged 934 youth and over 200 ALHIV through radio listening clubs using a discussion guide and qualitative feedback forms, and around 50,000 individuals were reached through social media with programme content. The impact of Shuga radio on recent HTC uptake, HTC and condom use knowledge and intentions, will be evaluated (pre-post survey by mobile phone and review of health service statistics).

Under TACAIDS leadership, age-appropriate HIV prevention behavioural change communication packages (with seven modules, including early sexual debut, condoms, VMMC, gender-based violence, multiple concurrent partners, age-disparate sex, alcohol/drug use) were pre-tested among youth/youth serving organizations in rural and urban communities. Once validated in early 2015, the package will be translated and disseminated to youth serving organizations as a guiding document to increase uptake of HIV/SRH/child protection services and encourage safe and protective behaviours.

OUTPUT 4 TACAIDS and the Zanzibar AIDS Commission provide effective guidance to the national HIV/AIDS response, based on evidence and per agreed Human Rights standards.

Analytical Statement of Progress:
With support from UNICEF, TACAIDS disseminated and oriented TACAIDS Coordinators and Regional Capacity Building Teams from Mbeya, Iringa, Njombe and Dar es Salaam regions on key national strategies/plans and surveys including NMSF-III, NCPA-II, THMIS-III, VAC, and the Situation Analysis on Adolescents Living with HIV and Available Services. The Regional Teams thereafter disseminated the documents to the district level, and supported refinement of district action plans/Medium Term Expenditure Frameworks in line with strategic priorities within the NMSF-III.
In line with emerging global guidance, several integrated HIV/child protection activities were carried out by TACAIDS and partners during the reporting period, including orientation of 222 MVC committee members on HIV (to increase paediatric HIV case identification and referrals for care and treatment) and orientation of 34 child protection team members on HIV and, in turn, members of HIV coordinating structures on child protection. Regional HIV strategic plans (see Output 3) and MTEFs will include integrated HIV/violence prevention activities.

Two new partnerships to support adolescents living with HIV were established in the reporting period between UNICEF Tanzania with Baylor Tanzania in Mbeya, Iringa and Njombe, and PASADA (a faith-based organisation) in Dar es Salaam, the region which has the largest population burden of HIV in Tanzania.

Baylor reached 456 ALHIV with life skills and support for comprehensive adolescent HIV care. A random sampling of charts undertaken in quarter four of 2014 indicated a loss to follow up rate of 1.3 per cent among teen club members (n=456) compared to 12.9 per cent of non-teen club members (n=318). Teen clubs are being scaled up through district MTEFs.

Through PASADA, 986 (437 male, 549 female) HIV infected and affected children were reached by children’s and teen clubs providing psychosocial support, SRH and life skills to reduce loss to follow up and improve adherence. PASADA used different fixed and outreach testing approaches to identify HIV+ children and adolescents (including provider-initiated testing and counselling, home-based testing, testing at children’s homes and street children drop-in centres, which are being analysed to determine best targeting practices. A total of 21,541 (9,999 male; 11,542 female) individuals accessed HTC. Among them were 4,402 children aged zero to nine (2,147 male; 2,255 female), 9,865 adolescents (4,453 male; 5412 female); 3,477 youth aged 20-24 (1,570 male; 1,897 female); and 3,993 adults 25+yrs (1,802 male; 2,201 female). Three hundred and seventeen (99 male; 218 female) children below 18 years and 331 (118 male; 213 female) adults were found HIV+ and enrolled in care and treatment. Fifty out-of-school HIV+ young people were trained on entrepreneurship and management of micro-business, and 11 young enrolled in vocational training colleges.

**OUTCOME 4** Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.

**Analytical Statement of Progress:**
In 2013-2014, the Registration, Insolvency and Trusteeship Agency (RITA) was supported to roll out the simplified and free of cost birth registration system for children under five in Mbeya Region. During the reporting period the rate of birth certification in Mbeya increased from 8.7 to 51.5 per cent (180,795 children registered and receiving certificates). Bottlenecks identified to be addressed in Mbeya as well as in rolling out to new regions included decentralization, awareness raising and capacity building. Mbeya is the first region (after the Temeke pilot) to implement the under-five Birth Registration Initiative and constraints are numerous. These include a lack of network coverage in some districts making mobile upload challenging, and although there is a parallel paper-based process, there are challenges with rapid form collection.

The Three Year Action Plan for Strengthening Police Response to GBV and Child Abuse 2013-2016 and the Five Year Strategy for Progressive Child Justice Reform 2013-2017 were launched in November and December 2013. Both plans are being regularly monitored and reported on, as are the National Plans of Action on Violence against Children and Most
Vulnerable Children.

In Zanzibar, a five-year Child Justice Reform Programme was approved within a broader legal sector reform programme.

The Department of Social Welfare in the Mainland scaled up the child protection system to six more LGAs (Makete, Mufindi, Mbeya, Kisorawe, Kibaha and Shinyanga DC) and the Ministry of Empowerment, Social Welfare, Youth, Women and Children (MESWYWC) has scaled up child protection systems in North A, North B and West districts in Zanzibar. In these districts, Child Protection Teams and Most Vulnerable Children Committees have been formed at District, Ward, and Village/Shehia levels. Referral pathways were developed and the capacity of service providers strengthened. Implementing partners are supporting additional districts in partnership with DSW. UNICEF has been building capacity of DSW to enable them to guide the NGOs as well as scale up the system to all the LGAs. Although there is demonstrable progress with systems development, a robust national level coordination structure is needed, given the number of actors and donors engaged in child protection systems strengthening work.

A total of 3,311 child victims in 16 UNICEF-supported districts were supported with case management, care, medical examination and treatment, transportation, community rehabilitation and legal aid in 13 programming districts. Of these, 1,342 children (759 girls, 583 boys) have been captured in the District Case Management System (DCMS). The rest were supported in districts not yet recording cases in the DCMS. For the reporting period, a total of 618 children (341 girls, 277 boys) were recorded in the four LGAs.

To build the capacity of the justice system, over 1,500 Police Gender and Children's Desk Officers and 24 trainers from the judiciary and social welfare have been trained on child protection. In Zanzibar, 14 trainers and 25 Police Gender and Children’s Desk Officers have been trained in the Urban West Region. A challenge faced in delivering the training was a recognition that the police response to cases of child abuse is not exclusively criminal but involves significant coordination with social welfare officers. While the content of the training primarily focuses on the police investigation and management of cases it was recommended that social welfare officers are involved in the training to increase inter-agency collaboration. Following the training of trainers, district social welfare officers participated in the roll out of the police training in each region.

The Legal Aid Programme secured the release of 630 detained children to date. One hundred and twenty children were supported in their community to avoid reoffending.

Three civil society organisations with DSW reunified 119 children living and working on streets of Dar es Salaam with their families and an additional 1,681 street children were reached with outreach services. Mechanisms are in place to link the NGO outreach and reunification work with the Government’s child protection system in Dar es Salaam.

OUTPUT 1 Decision makers and communities understand issues concerning violence and abuse against children, including available protection services.

Analytical Statement of Progress:
The Violence Against Children communication toolkit was completed addressing national and sub-national communication interventions as a programmatic prevention response to the Tanzania VAC Study. It includes three main communication packages with customized messages for children (in particular seven to 13 years), parents/caregivers, community leaders,
One hundred and ten Community Development Officers were trained as trainers on the VAC Communication toolkit. The trainers will support LGAs in training frontline workers on child protection preventive interventions. A key intervention is the rolling out the Parenting Education programme in 10 Districts which are currently supported by UNICEF to establish Child Protection systems. The target is to train 2,400 parents/caregivers per district annually.

The findings of the National Study on Violence against Children were shared with 421 senior religious leaders from seven faith-based organizations for reflection and discussion through an ongoing partnership with Inter-Religious Council for Peace Tanzania (IRCPT). The IRCPT also advocated with a total of 150 religious leaders for the establishment of Inter-Faith Forums to address violence against children in four model districts implementing the child protection system (Hai, Kasulu, Magu, and Temeke). The religious leaders made a commitment to use their religious channels to address violence against children. A religious guide on child protection to further guide religious leaders during religious activities is currently under development. The partnership has resulted in the establishment of Gender and Children Desks in the seven religious organizations.

In 2014, UNICEF commenced planning toward a knowledge, attitude and practices study on violence against children to better understand the protective environment and drivers of violence against children. The planned research is expected to provide greater depth into the social and cultural context of child rearing practices, including their gender dimensions.

OUTPUT 2 The Government of Tanzania addresses priority gaps in legislation, strategies and guidelines to protect children and women from abuse, violence and exploitation.

**Analytical Statement of Progress:**

Key national instruments to operationalize the child protection system at national and sub-national level have been developed. The guidelines and some of the gazetted regulations (Children Homes, Adoption and Foster Care Placement Regulations) are being translated into Swahili. The DSW is following up with the Attorney General in order to expedite the approval of the Child Protection Regulations.

In Zanzibar, UNICEF supported the Office of the Registrar of the High Court to develop Children’s Court Rules. The Children’s Court Rules set out the procedure and administration of the Children’s Courts to ensure that cases involving both children in conflict with the law and children in need of care and protection are dealt with effectively and efficiently and in line with international standards. An explanatory guide on the practical implication of the rules is also being produced.

Police Guidelines on the Establishment of Police Gender and Children’s Desks and standard operating procedures on dealing with cases of GBV and Child Abuse were adapted to Zanzibar and produced.

UNICEF supported RITA to roll out the simplified, free of cost and decentralized birth registration system for children under five in Mbeya Region. The initiative provides free birth certificates with registration services offered at ward level and at all the health facilities offering reproductive and child health services in the region. Manually written registration information is then uploaded to a mobile phone, sent to the RITA central database and is immediately visible on the Dashboard. During the reporting period the rate of birth certification in Mbeya increased
from 8.7 to 51.5 per cent (180,795 children registered and received birth certificates).

The Ministry of Constitutional and Legal Affairs, the Ministry of Health and Social Welfare and the Prime Minister’s Office Regional Administration and Local Governments unit signed a MoU to show commitment to work together in registering Tanzanian children.

OUTPUT 3 Local service providers respond effectively to women and child victims of abuse, violence and exploitation in select areas.

Analytical Statement of Progress:
Three CSOs (Dogodogo, KIWOHEDE and MAKINI) jointly with DSW reunified 119 children living and working on the streets of Dar es Salaam with their families in different parts of the country. An additional 1,681 street children were reached with outreach services such as life skills training, psychosocial support and health care. Round table discussions were conducted at ward and village levels to enable decision makers (including members of the Child Protection Teams and the Most vulnerable Children Committees, Ward Development Committees and community leaders) to increase their commitment to preventing children from becoming separated from their families and supporting children living and working on streets. National level meetings with representation from the regions where most of the children living on streets of Dar es Salaam come from were also held, and commitments made on how each region should address the issue.

Quarterly meetings for the Network of Civil Society Organizations Supporting Children Living and Working on Streets took place, and different approaches for supporting this particular group of children are being shared and discussed.

UNICEF also supported the Ministry of Community Development, Gender and Children to finalize a national multi-sectoral strategy for addressing the problems of children living and working on streets.

C-SEMA continued to operate the Child Helpline, a free call number - 116. Between July 2013 and June 2014, the Call Centre in C-SEMA managed more than 24,350 calls, of which 2,238 were legitimate calls (that is, seeking legitimate help rather than being silent, prank, abusive or blank). The number of calls that reported child protection cases (violence, abuse, neglect and exploitation) were 528. Actions taken on the cases included provision of guidance and counselling, signposting and referral to statutory authorities for appropriate services. Further support is required to improve the Child Helpline support and referral services.

The main challenge for the Government is limited resources. As a result, provision of appropriate services is over-reliant on non-state actors or unpredictable donor funds. Efforts are ongoing to advocate with the Government to allocate more resources to DSW and other relevant entities involved in the protection of children.

OUTPUT 4 MDAs produce, utilise and report disaggregated data on violence/ abuse/ trafficking/ exploitation of women and children according to agreed timeframes.

Analytical Statement of Progress:
The District Case Management System, a module in the Child Protection Management Information System (CPMIS), continues to capture data on all the CP cases managed by the District Child Protection Team (DCPT) members. Data for three years (July 2011 – June 2014) is available from four LGAs (Temeke, Kasulu, Hai and Magu). A total of 1,342 children victims
(759 girls, 583 boys have been recorded in the DCMS. For the current reporting period, a total of 618 children (341 girls, 277 boys) received services in the four LGAs. Data generated from the system are shared with the LGAs and the National CP Advisory Committee through Annual Review Workshops. The four LGAs used the statistics generated from the CPMIS to inform their planning and budgeting.

Three more CPMIS modules (Child Helpline, Preventive Interventions and Community Rehabilitation) have been piloted since July 2013 and initial data shared among key partners. A module for use by the Justice Sector to generate data on victims and perpetrators of violence was also finalized. The Child Helpline registered 528 calls related to violence, abuse and exploitation of children.

In Zanzibar, UNICEF supported the MESWYWC to develop a national M&E Framework for measuring the progress and impact of child justice reform. Support included the development of an M&E Plan and results framework, the identification of relevant baseline data, the development of data collection, collation and reporting tools and training of data focal points within the relevant justice institutions. A significant lesson learned in the development of the child justice M&E framework was how the process of developing a theory of change was critical for developing a common national vision for child justice reform and a framework for monitoring progress, and the impact of that reform on the lives of children in contact with the justice system.

UNICEF also supported RITA’s Birth Registration System to use mobile and scanning technology to manage registration data. The system has a dashboard that enables the Agency to generate up to date registration data. More than 140,000 under five children have been registered in the database through mobile phone applications and scanning technology in Mbeya region since July 2013.

OUTPUT 5 MDAs, LGAs, law enforcement agencies and selected CSOs have improved technical skills to prevent and respond to cases of abuse/violence / exploitation of children

Analytical Statement of Progress:
The Ministry of Health and Social Welfare, through the Department of Social Welfare and the Ministry of Empowerment, Social Welfare, Youth, Women and Children in Zanzibar were supported to develop national standard child protection training manuals. On the Mainland, the manual was used to train a core team of 15 National Facilitators from the Department of Social Welfare, who are taking responsibility to train other trainers and supervise the training at LGA level as part of the child protection system strengthening. Core trainers from DSW on the Mainland trained 30 National Facilitators using the manual. National Facilitators have in turn trained 185 members of District Child Protection Teams and other front line workers in Makete, Mufindi, Mbeya, Kisarawe, Kibaha, and Shinyanga District Councils, and are planning to use the manual to train different front line workers on child protection.

In Zanzibar, the Department of Social Welfare trained 30 National Facilitators who in turn are using the manual to train Welfare Officers and other front line workers in North A and B and West districts. The challenge has been the insufficient numbers of adequately qualified social workers in Zanzibar. Not all national facilitators who are responsible for delivering the training to frontline workers have the level of technical competency required to ensure that the highest standards are maintained throughout the roll out of the training.

Specific modules on court processes and child helpline were finalized and integrated into the
training manual. Currently CPMIS modules are being revised to align with the regulations and CP training manuals. Once finalized additional training will be carried out on the CPMIS.

The national standard child protection training manuals are being used to mainstream Child Protection into the curriculum of the State University of Zanzibar and the Institute of Social Work on the Mainland.

The Child Protection Budget Guidelines were used to train 110 members of 4 district council teams and District Child Protection Teams to ensure that decision makers on resource allocation know how to budget for child protection.

OUTPUT 6 Relevant MDAs integrate Child Protection into their national programmes.

Analytical Statement of Progress:
UNICEF continued to support the implementation of the National Costed Plan of Action for Most Vulnerable Children 2013-2017 and the Multi Sector National Plan of Action to Prevent and Respond to Violence against Children 2013-2016. Quarterly coordination meetings for both VAC and Most Vulnerable Children are monitoring the implementation of the plans.

In Zanzibar, UNICEF supported the National High Level Child Protection Committee, the Child Protection Technical Committees in Unguja and Pemba, the Multi-Sectoral VAC Response Committee of sectoral Planning Officers and technical staff, the Child Justice Working Group and the District Child Protection Committees in all 10 districts to coordinate child protection issues.

The DSW on the Mainland scaled up the child protection system from the four LGAs of Hai, Magu, Kasulu and Temeke to six more LGAs on the Mainland (Makete, Mufindi, Mbeya DC, Kisarawe, Kibaha, and Shinyanga). The MESWYWCD scaled up the CP system in North A and B and West districts in Unguja, Zanzibar. Four of the districts are with Plan and Save the Children. Baseline child protection capacity assessments were carried out in the four districts. In the nine new districts, Child Protection Teams and Most Vulnerable Children Committees have been formed at District, Ward and Village levels. Referral pathways have been developed, capacity of service providers strengthened, and community is informed on where to report and seek services.

Training took place for 320 health workers on clinical management of sexual violence; and for 20 Social Welfare Officers on psycho-social counselling and case management. A total of 618 children were supported with case management, care, medical examination and treatment, transportation, and legal aid. Out of the 12 districts trained in 2013 on the CP Budgeting Guidelines, nine have budgeted their own resources for Child Protection in the 2014-15 MTEF.

OUTPUT 7 International treaty obligations

Analytical Statement of Progress:

Technical support was provided to the Tanzania Child Rights Forum to advocate for the retention and strengthening of provisions relating to child rights in the new Constitution. With
UNICEF’s support the Tanzania Child Rights Forum developed leaflets highlighting key child rights provisions which need to be incorporated into the final Constitution. Those leaflets were used for advocacy with the Constituent Assembly members. The final draft of the Constitution provides a relatively robust provision on child rights.

The NGO alternative report and UNCT confidential report were submitted to the Committee on the Rights of the Child, presented in June 2014 at the pre session in Geneva. This report complements the information contained in the Government report that was submitted in January 2012. UNICEF is currently supporting the Government to respond to a list of key issues raised by the Committee.

OUTPUT 8 Government of Tanzania’s Justice System better protects the rights of women and children in contact/conflict with the law and is better able to respond to their needs.

Analytical Statement of Progress:
The Five Year Strategy for Progressive Child Justice Reform was launched in December 2013 and the three-year Action Plan on Strengthening Police Response to GBV and Child Abuse 2013-2016 in November 2013. Over 1,500 Police desk officers have been trained using the standardised child protection manual and child protection modules have been integrated into the police training curriculum at the Police Academy. The Juvenile Court Rules have been gazetted, and a guide and training manual developed for magistrates and court officers, 24 of whom have been trained as trainers.

100 per cent of children are now represented in the Juvenile and Temeke District Court and 100 per cent of children receive legal information in the three detention centres. The Programme secured the release of over 390 children. Assistance was provided to 292 children in police detention through the new community Child Supporters Programme. An additional 73 children were accepted on the community rehabilitation programme. Alternative care placements are now available in Temeke to reduce the unnecessary pre-trial detention. There is only one designated Juvenile Court in Tanzania mainland despite the Law of the Child Act (2009) giving mandate to the Chief Justice to designate more. As a result, children continue to be held with adults and in non-child-friendly courts. UNICEF is supporting the establishment of another Juvenile Court in Mbeya region.

In Zanzibar, a five-year Child Justice Reform Programme was adopted that sets out the national vision for the reform of the child justice system. The High Court developed Children’s Court Rules to guide the effective administration of the Courts in dealing with children’s cases. Police Guidelines, standard operating procedures, and a Training Manual on dealing with cases of GBV and Child Abuse were produced to provide instruction on the appropriate police response in dealing with children’s cases. Fourteen trainers and 25 Police Gender and Children’s Desk Officers were trained.

Pilot community rehabilitation and legal aid programmes to ensure a child friendly justice response for children in conflict with the law are being established and programme models have been adopted. UNICEF also supported the MESWYWC to develop a national M&E Framework that provides a national platform for measuring the progress and impact of child justice reform.

OUTCOME 5 Improved learning outcomes and equitable and inclusive education.

Analytical Statement of Progress:
Tanzania shifted focus from access to quality education under the “Big Results Now” agenda. There has been a general declining trend nationally and at regional level in net pre-primary (from 42.4 per cent in 2011 to 35.5 per cent in 2013) as well as net primary enrolment (from 94 per cent in 2011 to 89.7 per cent in 2013). It is understood that this may be partly due to errors in population projections and to a decline in actual expenditure in education.

Net primary completion has remained static from 54.8 per cent (52.2 per cent male, 57.8 per cent female) in 2012 to 55.3 per cent (52.3 per cent male, 58.3 per cent female). Whilst gender parity in primary enrolment has been achieved, there is a gender gap in completion, with more girls completing the primary cycle compared to boys. However, more boys than girls pass the primary school leaving exam: in 2013/2014, 55.01 per cent of boys passed, compared to 46.68 per cent girls. This is in line with recent trends.

Overall, primary education pass rates dropped to 30.7 per cent in 2012/2013 but in 2013/2014 returned to 50.6 per cent, similar to prior pass rates, but still reflecting low overall rates. Regionally disaggregated data on pass rates is not yet available for 2013/2014.

2013 saw the first national “3Rs” assessment, which demonstrated that only eight per cent of grade two children perform at benchmark in reading with comprehension, while 40 per cent had zero scores (National 3Rs assessment, 2013). Regional data is not available but an expanded 3Rs assessment that also captures life skills in UNICEF-supported regions is expected to be finalized early 2015.

Looking forward, UNICEF is strengthening high-level advocacy efforts and technical support to primary (including pre-primary) planning and roll-out, while intensifying investment in targeted key areas of comparative advantage, including early childhood and pre-primary education, teacher training and quality, evidence-based planning and management, and inclusive/equity-focused education systems. In addition in 2014/2015, UNICEF will continue to expand knowledge generation efforts to inform the sector review, development of sector plans upon the approval of the new Education and Training Policy, and the drafting of the new UNICEF Country Programme and the next UNDAP.

OUTPUT 1 MoEVT expands provision of alternative learning opportunities to include less teacher dependent learning modes, focusing on out-of-school children and illiterate adults.

Analytical Statement of Progress:
In 2013/14, UNICEF continued to provide financial and technical assistance to Government to pilot Integrated Post Primary Education (IPPE), which expanded from seven to twelve districts. The additional five districts are Mbeya rural, Mbarali, Iringa rural, Mufindi and Njombe. The identification and establishment of District training centres were established, Education officers at regional and district levels were oriented on the concept of IPPE, new skills training modules were developed, and community mobilization activities were conducted.

The inclusion of vocational skills programmes that attract female learners to courses like tailoring and cookery is contributing to girl’s participation. In addition, setting the centres at villages using existing classroom and boarding structures as well as scholarship opportunities offered by local religious organisations hold promise in local sustainability of the initiative.

Current IPPE enrolment is 1,410 adolescents (of whom 53 per cent are girls). This is a 35 per cent increase from last year due to the increased number of centres. However there was a slight decline in enrolment at each centre, which is due to declining capacity of councils to support the
programme. Girls’ enrolment also declined from 68 per cent in 2012 to 53 per cent in 2013/14: anecdotal reports suggest this may be due to concerns for safety of girls travelling long distances to the centres and to the limited availability of vocational training in areas perceived as appropriate for women.

A formative evaluation of the pilot IPPE project in conjunction with an Out of School study is expected to commence in early 2015. The IPPE evaluation will capture data and lessons learnt on relevance, effectiveness, efficiency and quality as well as the identification of the barriers to enrolment and completion. The achievements and lessons learnt from the evaluation are expected to inform a review and enhancement of the programme design. The Out of School study will establish who remains out of school, where they are, and why they are out of school. This will include an analysis of the effectiveness of existing policies and strategies, including social protection, socio-cultural factors and issues of cost and financing of education. The results of both studies will feed into the sector strategic planning process.

OUTPUT 2 MOEVT improves quality of teacher education programmes for basic education in priority subjects (maths, English, and science including literacy).

Analytical Statement of Progress:
With UNICEF support, the Government is scaling-up the school-based National Primary In-Service Education and Training (INSET) programme model in six districts to the benefit of 45,000 primary school learners (6-12 years). One hundred and thirty focus schools are rolling out the INSET programme with the support of 30 teacher college tutors, 29 Ward Education Coordinators, 130 head teachers and more than 30 cluster coordinators who have been trained on INSET programme management and implementation modalities. Five hundred and twenty school-based subject mentors were trained on INSET modules. More than 1,000 teachers were enrolled and are participating in the INSET programme to enhance the quality of teaching and learning process.

There was a general increase in the per cent of schools in UNICEF-supported regions rolling out the INSET programme from four per cent to eight per cent in Mbeya, eight to 19 per cent in Iringa, and 11 to 17 per cent in Njombe. This is expected to expand considerably in the coming years, as UNICEF is mobilising substantial resources from the Government of Canada to finance the scale up of the INSET package in all schools in three targeted regions. This is part of a broader national 3Rs programme that is currently being designed and is supported jointly by UNICEF, USAID, Canada and the LANES Global Partnership for Education Programme.

As part of the new INSET package, school reading corners/libraries, reading programmes and parenting programmes will be initiated, and the existing mobile phone surveys will be expanded to capture data on these indicators. A study to establish the percentage of teachers demonstrating minimum competencies in INSET was completed, and the report is expected in early 2015.

Efforts to expand quality advanced as nine districts were supported to launch INSET for 90 pre-primary teachers and 90 ECD centre care-givers into District MTEFs to enhance the delivery of quality early learning opportunities. A baseline survey on compliance of ECD Centres with the standards enshrined in the Law of Child Act 2009 was conducted in 16 wards from six districts followed by training of caregivers from 76 centres on minimum standards and developmentally age appropriate approaches. A follow-up survey is expected in early 2015.
OUTPUT 3 Relevant MDAs operationalise national policy on Integrated Early Childhood Development (IECD).

Analytical Statement of Progress:
In 2013, the Government decided that the Integrated Early Childhood Development (IECD) policy which was finalized in 2011 would now be integrated in the existing Child Development Policy. UNICEF led the ECD stakeholders’ review and provision of technical inputs into a new draft Childhood Care and Development Policy for children 0 -18 years to ensure the integration of ECD in this policy. The Government has initiated the review of the existing Child Development Policy as a step to finalizing the new policy.

Commitment and capacity of Local Government Authorities to integrate holistic ECD activities in district plans and budgets was secured in three regions in line with the commitments made by Ministers on IECD in 2012. UNICEF continued to support capacity building of six district ECD teams. Three regional ECD networks were established and supported to facilitate a coordinated approach to advocate for and monitor delivery of integrated ECD services benefiting approximately 3,000 vulnerable children.

UNICEF is strengthening a focus on quality pre-primary education, and plans to support the Ministry of Education to develop a national action plan for ECE, participate in a partnership with Dubai Cares and others to pilot and evaluate two models of quality pre-primary provision, and dramatically scale-up pre-primary INSET (noted above). In addition, new efforts to support parenting are proposed to strengthen family support for early learning, in coordination with other sectors.

Based on the recommendation from an ECD assessment in Zanzibar, UNICEF is supporting the Government in the promotion of recognition of the community-based ECD madrasa model for pre-school education, as it was found to be a more cost-effective model. Through partnership between the State University of Zanzibar and UNICEF, a two year Diploma course is being developed aiming at developing capacities of teachers in delivering ECE for pre-school children. The course will start effectively in the coming academic year.

UNICEF has mobilised nine partners within the framework of the Global Partnership for Education to accelerate universal access to basic education, including Better Parenting and Communication using locally mobilised resources ($6.7million) to be co-financed by the Educate a Child (Qatar) Programme. A mix of service delivery models (madrassa and Tutu radio) will be used alongside complementary strategies including home grown school feeding, violence prevention and social protection.

OUTPUT 4 Relevant MDAs undertake evidence-based planning, management and quality assurance at national, district, ward and school levels.

Analytical Statement of Progress:
Evidence based planning and management was strengthened through the development of the Inspectorate Management Information System and database application (IMIS). When fully operational as part of the sector-wide Education Management Information System, the IMIS will provide inspection data and reports needed for remedial action at school levels to enhance learning outcomes and policy level planning and resource allocation. A capacity assessment for School Inspectors, Ward Education Coordinators and Head Teachers was conducted in 140 schools in the seven learning districts, followed by a series of training workshops on data collection and data base management. Inspection tools for monitoring real time data were also
developed.

All 161 (100 per cent) Ward Education Coordinators from six districts of Mbeya, Iringa and Njombe regions were trained on application of School Supervision Guidelines to enhance close-to-school support, monitoring and supervision for improved quality assurance. The Ward Education Coordinators were also trained on basic inspection skills to enable them to monitor learning through classroom observation and monitoring of teachers lessons plans and attendance. This support will help to fill the gap due to inability of school inspectors to visit all schools and spend more time in classroom observation.

Ward Education Coordinators and Inspectors can inspect and supervise schools towards better school management, planning and quality assurance. As a consequence, 30 per cent of schools have mobilised resources to finance school plans through establishing partnerships with private agencies. The training also emphasized strengthening community engagement in identifying and implementing school priorities for improved quality education.

A certificate course and curriculum materials in Whole School Development Plan and Education Leadership, Management and Administration for Teachers, Head Teachers, Ward Education Coordinators and other education managers was developed. The modules will be used for training Head Teachers and other education functionaries on education management through Open and Long Distance Learning (ODL) to be managed by the Agency for the Development of Educational Management. A process for accreditation with the National Council for Technical Education and MoEVT is ongoing.

OUTPUT 5 Relevant MDAs, LGAs, and non-state actors are prepared, have adequate sectoral capacity and provide an effective intra coordinated response in education in emergencies.

Analytical Statement of Progress:
The Education in Emergency (EiE) priorities have now been integrated into school plans and plans to mobilize community resources to respond to emergencies such as the renovation of buildings to anticipate and address flooding during rainy seasons. District EiE teams have been formed comprising of district and ward officials and they have been primarily responsible for rolling out training at ward and school levels. This was largely in part due to UNICEF’s rolling out of the emergency preparedness training at ward and school levels in UNICEF supported districts in Mbeya, Iringa and Njombe regions targeting school communities (teachers, school committees) and some village level representatives.

One major issue is that EiE is not prioritized by school and district authorities, as Tanzania is considered to be a stable and peaceful country. Limited attention is therefore paid to the quality of emergency preparedness and response planning and their actual funding within MTEF.

OUTPUT 6 Inclusive strategies with a focus on girls and children with disabilities are strengthened at primary school level.

Analytical Statement of Progress:
To move the equity agenda forward, high level advocacy contributed to the approval of the Education and Training Policy. While still under embargo, the new Policy is reported to include a policy to ensure pregnant girls can return to school after the birth of their child.

To support teachers to handle more complex cases pertaining to physical and sexual abuse in schools, a Guidance and Counselling Manual was integrated into in-service teacher training. .
Special attention was to the heightened risks faced by girls. UNICEF also supported the review of the Teachers Code of Conduct and Professional Ethics for Teachers, including to strengthen content on violence prevention. TUSEME clubs in 177 primary schools provided opportunities for school children to speak out on issues affecting their education. In Ninja primary school, Njombe district, TUSEME club members spoke out strongly against eating on the ground and learning in dark classrooms, and succeeded in mobilising community resources complemented by UNICEF support for rehabilitation of the classroom and school environments. In Kibengu primary school in Mufindi district, through TUSEME clubs, the Kibengu community is working together with the district council and UNICEF to construct permanent latrines and a water point.

UNICEF continues to support the Government in the provision of education to children with disabilities in primary schools. Ten ODL modules were developed for Special Needs Education at certificate level. A new in-service ODL course at the Patandi Teachers College on Special Needs will increase the number of teachers with the required skills. Five District Councils have now also set up Educational Support and Resource Centres. Similarly, the Ministry of Education in partnership with Under the Same Sun and support from UNICEF developed and distributed more than 3,000 copies of Guidelines for Education for Students’ with Albinism and Low Vision to primary schools and special schools in areas with high numbers of students with albinism. Over 2,050 students with albinism or low vision are now receiving extended care and support as a result. The Ministry of Education, through UNICEF support, trained 1,230 teachers from 145 schools and educational officers on early identification, assessing and supporting pupils with special learning needs.

In Zanzibar, finalization of the sign language dictionary for children with disabilities which has been incomplete for about two years, is in its final stages. This is aimed at improving understanding and performance for children with disabilities.

**OUTCOME 6** Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data.

**Analytical Statement of Progress:**
In 2013-2014, the Tanzania Social Action Fund III was expanded to cover about 300,000 households and is set to be scaled up to reach 920,000 households by 2015. With commitments from DFID, the Swedish International Development Agency/SIDA and the Government’s own resources, the programme will constitute a critical social protection measure. UNICEF’s engagement has contributed to the broadening of donor interest and stronger emphasis on early childhood care and secondary education in terms of monitoring of the conditionality and additional allowances.

The social protection policy agenda has witnessed significant progress with the adoption of the Zanzibar Social Protection Policy providing an investment framework for key social protection measures.

On the Mainland, joint efforts are still continuing with the Poverty Eradication Division (PED) of the Ministry of Finance to revitalize the National Social Protection Framework with expectations of approval of the Framework by the end of 2014, contributing to strengthening of supply-side factors in health and education within the Conditional Cash Transfers and higher national investments in social protection.

A Public Expenditure Review for the nutrition sector was conducted for the first time in Tanzania. In comparison with the Government total budget, nutrition allocations were less than
0.20 per cent. With the allocations constituting less than a quarter of the amount estimated in the National Nutrition Strategy, there remains a huge funding gap and consequential constraints in the achievement of child nutrition indicators.

Progress was made in equity focused data collection and reporting. The second and third volumes of reports produced from the 2012 Population and Housing Census (PHC) were launched. The second volume provides population data on age and sex by region and districts while the third volume provides data on demographics and social-economic profile of Tanzania, both mainland and Zanzibar.

The analysis of 2012 population and housing census to produce mortality and disability reports has started and reports are expected to be completed by September 2014.

UNICEF supported the national statistics offices on the Mainland and in Zanzibar to update the Tanzania Socio-Economic Database (TSED). There remain challenges with use of TSED as a tool for evidence-based decision-making, however, some sector adaptations such as Transport Info being harnessed for policy-making and allocation of budgetary resources.

OUTPUT 1

Government of Tanzania coordinates a multi-sectoral social protection response to the needs of economically deprived and insecure groups.

Analytical Statement of Progress:
In Zanzibar, the social protection strategy was approved by the Cabinet and was submitted to the Parliament for approval; all the indications are that the strategy will be approved. The communication strategy and related products are pending the finalization of the social protection strategy by the Zanzibar Parliament; though the documents have been translated into Kiswahili for wider circulation.

Joint efforts are still continuing with the PED to revitalize the National Social Protection Framework, with expectations of approval of the Framework by the end of 2014.

The UN was actively engaged in the follow-up of a World Bank mission on the Productive Social Safety Net programme in September 2013, which resulted in a stronger emphasis on supply side indicators on education and health. Following this mission, UN Agencies and PED brainstormed on how to revitalize the National Social Protection Framework with UN support.

OUTPUT 2

Policies, strategies and budgets prioritize children and women.

Analytical Statement of Progress:
The Public Expenditure Review for the nutrition sector was conducted for the first time in Tanzania and was finalised in early 2014. The purpose of the Review was to provide baseline information on allocations and expenditure on nutrition against which to assess progress after the introduction of a budget line on nutrition and to enhance national investments and nutritional outcomes for children.

Nutrition sector allocations remain critically low at 0.05 per cent, 0.06 per cent and 0.06 per cent of the national GDP for the three years reviewed (from FY 2010/11 to FY 2012/13). In comparison with the Government total expenditure budget, nutrition allocations were 0.15 per cent, 0.20 per cent and 0.22 per cent respectively. This level of resource allocation is inadequate to address the nutrition challenges in the country. The actual resources allocated at the national level were only 23.1 per cent in 2011/12 and 22.9 per cent in 2012/13 of the amount
estimated for the implementation of nutrition activities in the National Nutrition Strategy.

UNICEF also led national feedback sessions on the use of Child Protection budget guidelines at district level providing important feedback on usage and budgeting practices at the district level for Child Protection.

**OUTPUT 3** National monitoring systems regularly provide quality data on children's issues.

**Analytical Statement of Progress:**
The second and third volumes of reports were launched as part of a series of reports produced from the 2012 Population and Housing Census. The second volume provides population data on age and sex by region and districts. The data depicts a young population age structure with 43.9 per cent of the population aged below 15 years and 3.9 per cent above 65 years. The child population aged 0-17 years is 22.5 million, about is 50.1 per cent of the total population while youth population aged 15-24 years are 8.5 million, about 19 per cent of the total population. Women of reproductive age (15-49 years old) amount to 10.9 million and account for 47.3 per cent of the total women population. The third volume provides data on demographics and social-economic profile. It contains a short descriptive analysis and related tables on the main thematic areas covered in the 2012 PHC on Tanzania, both mainland and Zanzibar. The data shows a young population age structure with a median age of 17.1 years. Private households are 9,276,997, out of which 6,192,303 (67 per cent) are rural and 3,084,694 (33 per cent) urban. One third (33.4 per cent) of households in both rural and urban areas are headed by females. Other topics include marital status; citizenship; birth registration; disability; survival of parents; education and literacy; economic activity; housing conditions; household assets and amenities; agriculture and livestock; fertility and mortality.

The analysis of the 2012 PHC to produce mortality and disability thematic reports has commenced and reports are expected to be completed by September 2014 with a seven-month delay.

UNICEF provided technical and financial support for the preparation and implementation of the 2013/14 Integrated Labour Force Survey. Issues concerning children have been integrated including albinism, disability, birth registration. The survey data collection started in January and will end in December 2014.

**OUTPUT 4** Decision-makers in MDAs dealing with children are periodically made aware about data pertaining to children.

**Analytical Statement of Progress:**
UNICEF provided financial and technical support for training on the Tanzania Socio-Economic Database to the National Bureau of Statistics) and the Zanzibar Office of the Chief Government Statistician, including database administrators and users from sector ministries, NGOs and other development partners. Database administrator training covered the management of data updates and maps, adding metadata for indicators and sources, while user training focused on searching for data in existing databases, generating tables, maps and graphs.

TSED was upgraded from version 6.0 to 7.0, which is web-based. In addition, the upgraded version of TSED was updated with the latest available data from the NGO BES, 2012/13 Agriculture and Health, 2013 Transport and 2011/12 Household Budget Survey key findings. TSED will continue to be updated to enhance accessibility and use of latest information.
TSED regional and districts maps were updated with revised administrative boundaries from the 2012 Census. In addition, planning commenced for the dissemination of the 2012 Census using CensusInfo (a data share and analysis platform based on Devinfo technology).

TSED has not been used to expectations as a tool for evidence-based decision-making. There are however, some sector adaptations such as Transport Info which are being used effectively to influence policy-making and allocation of budgetary resources.

**OUTPUT 5** National advocacy efforts for child rights are effective.

**Analytical Statement of Progress:**
UNICEF supported implementation of the Children’s Agenda Strategy 2012-2015, including an independent evaluation of the coalition’s efficiency, effectiveness and sustainability. The evaluation provided recommendations on the structure and governance, capacity and resources, visibility and partnerships, media presence and on promoting children’s voices. The recommendations are being implemented with the aim to strengthen child rights advocacy in the run-up to general elections.

A study tour to Mwanza was organised for 10 Members of Parliament to foster interactions with rural and urban children’s councils and promote advocacy briefs developed on each of the CA’s Top Ten Investments among LGAs. Support was provided to the Ministry of Community, Gender and Children and the CA to conduct consultations with 150 children, in the context of a Constitution Review process initiated in late 2013. Their recommendations were submitted to the Constitution Review Committee. Collaboration with a local NGO, the Tanzania Child Rights’ Forum, was also initiated to influence Constitution Review and create platforms to leverage child voices.

A partnership was established with Children’s Dignity Forum to produce a baseline on child participation in Mbeya, Njombe and Iringa. The objective was to produce an evidence base to strengthen capacities of selected Children’s Councils in those three regions. The aim was also to ensure that the Government and LGAs implement their commitment to institutionalize child participation in governance. Findings suggested that basic knowledge on child participation by LGAs, decision makers, community members is very low; child participation structures are non-existent; and the capacity to establish and manage Children’s Councils is lacking. Based on these, Children’s Dignity Forum trained 126 LGA and CSO officials in six districts in Mbeya, Njombe and Iringa on how to establish and manage Children’s Councils at village, ward, district and regional level.

The Young Reporter’s Network is progressing well with three active groups operating on the Mainland and Zanzibar. A Young Reporter’s Network Strategic Plan providing a vision for the next phase was produced. On the Day of the African Child, UNICEF appointed ‘bongo flava’ star Ambwene Yessayah, better known as ‘AY’, and former Miss Tanzania, Faraja Kotta Nyalandu, as National Ambassadors for the #ENDviolence initiative. The Communication section also produced an #ENDviolence Communication and Media Strategy, which includes a plan of action covering August 2014-July 2015. The Strategy provides guidance for advocacy and visibility, also use of a variety of channels, and leveraging of existing advocacy platforms on #ENDviolence.

**OUTCOME 7** Strengthened local Governance mechanisms for children, including in risk-prone contexts.
Analytical Statement of Progress:
In 2014 -2015 UNICEF supported regions and districts in strengthening Council Monitoring and Evaluation Teams (CMET) to improve monitoring and reporting processes in the regions and districts. A total of 75 regions and districts officials acquired skills related to planning, monitoring and reporting from Hombolo Local Government Training Institute.

UNICEF commissioned a consultant to establish the situation of district monitoring systems in terms of reporting progress of implementing UNICEF supported intervention. Results so far indicate that District Monitoring system can report progress using tracer indicators established jointly with regions and districts. The findings also provided recommendations on strengthening the monitoring tool using the Local Government Monitoring Database.

UNICEF support to the Disaster Management Department of the 2nd Vice Presidents Office in Zanzibar has strengthened capacity for preparedness and response to emergencies in the island following the rehabilitation of the warehouse and procurement of emergency supplies for Pemba. The capacity of communities in three districts of Mtwara rural, Mtwara urban and Masasi to identify hazards, risks and causes of vulnerability were improved as a result of their participation in the assessment exercise that lead to development of three Emergency Preparedness and Response Plans for the three districts.

UNICEF supported the Ministry of Health and Social Welfare to ensure communities are aware on Ebola virus disease through supporting development and distribution of assorted IEC materials. In addition, a meeting with the Tanzanian Red Cross Society, a partner having standby contingency plans, was conducted to review some preparedness plans in preparation of Ebola.

Emergency supplies strategically prepositioned with the Government warehouses in the Office of the Prime Minister were distributed in areas affected by flooding in central Tanzanian in January 2014.

UNICEF continued to complement UNHCR’s assistance to over 63,000 Congolese refugees in Nyarugusu camp in north-western Tanzania through the Tanzania Red Cross Society and the International Rescue Committee. UNICEF’s assistance benefited over 28,000 pre- and primary school children. UNICEF also funded initiatives to improve safety and security for refugee children, children’s access to safe places to play training facilitators to address protection and psychosocial needs of children. In health and nutrition, the assistance reached refugee children and women of child bearing age through UNICEF’s support to the Ministry of Health. This assistance included upgrading skills of health staff and procurement of vaccines, nutritional supplements and deworming tablets, and PMTCT interventions.

OUTPUT 1 Communities have access to improved credible emergency information to enable early action.

Analytical Statement of Progress:
The Office of the 2nd Vice President in Zanzibar was supported to raise awareness on emergency issues in schools and communities in Zanzibar through inclusion of topics on emergencies in school curriculum as well as promoting a culture of environmental conservation among school children and communities. A sensitization training was conducted to 256 teachers from five districts namely: Mjini District, Magharibi, North A, Wete and Micheweni in Zanzibar.

Positive change in community attitudes have led to improved environmental protection including
proper management of sewage systems, general cleaning and enforcement of bylaws to safeguard vegetation in the effort to combat cholera, floods and drought. This was due to community sensitization sessions in 60 Shehia’s from Pemba and Unguja.

OUTPUT 2 The Prime Minister Office and Chief Minister's Office Disaster Management Departments effectively lead Emergency Preparedness and Response, with a focus on areas most susceptible to disasters

Analytical Statement of Progress:
UNICEF supported the Ministry of Health and Social Welfare to ensure communities are aware of Ebola virus disease through supporting development and distribution of assorted IEC materials. In addition, preparations were made with the Tanzanian Red Cross Society, a partner having a standby contingency plan, to expand preparedness measures to include the threat of Ebola.

UNICEF ensured that different WASH stakeholders remain vigilant for emergency preparedness and response by facilitating regular coordination meetings for emergency WASH and nutrition actors, better mapping and sharing information on prepositioned status of emergency response supplies stocks.

Through the Tanzania Red Cross Society PCA and the Kilosa district WASH EPR team, approximately 1,345 people displaced due to floods and accommodated in two temporary camps in Morogoro region were provided with WASH facilities. Other emergency supplies that were in government warehouses in the Office of the Prime Minister were distributed in the same process, complementing the WASH work of the Red Cross.

Training of regional and district emergency WASH focal points in two high risk regions of Lindi and Mtwa was conducted, targeting government staff working on health, water, education and the PMO-RALG. The training was geared towards building the capacity and to carry out rapid assessments, development of emergency plans as well as to carry out preparedness and response activities in event of emergencies using standardised tools.

Through the standby-PCA with Tanzania Red Cross Society WASH emergency non-food items were prepositioned with plans to distribute them to strategic regional locations in the Mainland and Zanzibar.

Simulations and drills on preparedness and response were conducted in half of focus schools in Mbeya, Iringa and Njombe districts, building resilience and skills for school children on how to respond to common threats such as fires, mudslides, thunderstorms, and disease epidemics.

OUTPUT 3 The Ministry of Finance and Economic Affairs and PMO-RALG operationalize the simplified and integrated Planning, Budgeting, Monitoring and Reporting guidelines and tools in LGAs.

Analytical Statement of Progress:
UNICEF supported regions and districts in strengthening Council Monitoring and Evaluation Teams to improve monitoring and reporting processes. A total of 75 district and regional officials acquired skills related to monitoring and reporting from Hombolo Local Government Training Institute. Following the training, it was noted that the district joint planning and budgeting meeting reports were more results-oriented. This was an improvement compared to previous years. However, more follow-up is required to ensure the skills are not imparted on too few
people as CMET members need to expand and share their knowledge and skills with other officials.

One of the recommendations from the joint planning and budgeting exercise was to hold review meetings twice per year (rather than once per year) to allow stock-taking and also provide more opportunity for districts to share experiences. PMO-RALG has agreed to the recommendation and it will organise the meetings.

As a result of rolling out Monitoring of Results for Equity System (MoRES), UNICEF commissioned a consultant to establish the situation of district monitoring in terms of reporting results of implementing UNICEF-supported interventions. The report indicated that the District Monitoring system is able to report the progress using some indicators which were established jointly with regions and districts. However, a few indicators will need to find other ways of obtaining data, possibly via surveys. The report also provide recommendations on strengthening the available monitoring tool including the Local Government Monitoring Database. The tool is very useful in data management and reporting, nevertheless it is not efficiently used. Discussions with PMO-RALG are underway on how best the tool can be strengthened especially in the UNICEF-supported regions and districts.

OUTPUT 4 Refugees have access to basic services and protection in line with international norms and standards.

Analytical Statement of Progress:
UNICEF, through the Tanzania Red Cross Society and the International Rescue Committee has continued to support the Congolese refugees in Nyarugusu camp in north-western Tanzania, presently with a population of 63,555. Over 28,000 pre- and primary school children accessed quality education. The safety and security of 15,000 refugee children was ensured as a result of upgrading and equipping child friendly spaces with play structures. Facilitators were trained to address children’s protection and psychosocial needs on a daily basis. The health and nutrition services for refugee children and 24,000 women of child bearing age were supported in the areas of: integrated management of childhood illnesses, nutritional anaemia, infant and young child feeding, strengthening of acute malnutrition services, biannual supplementation of vitamin A and mass deworming. Access for PMTCT services and reproductive services was also ensured through supply and capacity building inputs.

OUTCOME 8 Effective & efficient programme management and operations support.

Analytical Statement of Progress:
UNICEF Tanzania governance structures as defined in the AMP including the CRC, PCARC, Joint Consultative Committee contributed to effective functioning of the office systems and also served as platforms for improving communication between management and staff.

The office had an internal Mid-Term Review in 2013 to take stock of progress and capture lessons learned during the first half of the country programme, allowing for a focus on improvements for the remaining period.

Issues of strategic importance, risk management and other coordination matters were discussed as part of the CMT, PMT and PCARC, resulting in improvement in programme excellence and operational efficiencies. The office managed to close three out of 12 recommendations for the office from the 2013 internal audit and is working closely on the nine open recommendations.
Office expenditure, expiring grants and outstanding DCTs were reviewed monthly during CMT meetings. The balance of outstanding DCTs over 9 months was 4 per cent (valued at US$421,287) of all outstanding DCTs. Of the US$22.9 million RR allocated, 97 per cent (US$22.3 m) was utilised. Ninety four per cent of grants were used within the original duration of the PBA life, while six grants were extended due to continuation of funding.

Staff benefited from e-learning opportunities available in the intranet and by attending presentations that were at no cost to UNICEF. The office monitored the PAS cycle and ensured objective setting at the beginning of the year. The PAS mid-year progress reviews and end-year reports are complete; with a 100 per cent completion rate of 2012 PAS by June 2013.

**OUTPUT 1 Effective and Efficient Governance and Systems.**

**Analytical Statement of Progress:**

UNICEF Tanzania governance structure mechanisms were strengthened during the year through monthly CMT meetings, performance indicators, and the Managers’ Dash Board in VISION. The targets for functional areas were reviewed by the CMT as part of the quality assurance mechanisms through feedback from Programme and Operations meetings. The Key priorities for programme, operations and management were outlined in the Annual Management Plan. A survey conducted during the staff retreat in July showed improvements in the office environment.

The office maintained its preparedness plans up-to-date in UNICEF’s on-line Early/Warning/Early Action website tool. This is the primary tool used by staff to adjust the readiness versus the context. As a medium risk country there was little change in the context during this period.

The office oversight structures were in place and all statutory advisory committees are well established and fully functional. Other statutory office committees were in place to monitor programmatic and management performance indicators and ensured that UNICEF and UN rules and regulations are followed. The office also maintained Task Forces on strategic areas such as Gender, Early Childhood Development, and Fundraising.

A Table of Authorities was maintained in line with roles assigned to staff and the VISION taskforce continued its coordinating role of VISION-related issues. The office maintained a weekly All Staff Meeting during which information and key decisions from the CMT were shared.

The CMT took major initiatives to improve operations and programme management performance. The office formed a HACT/DCT monitoring team and developed its HACT Assurance Plan.

A system was introduced to monitor the receipt, storage and issuance of supplies to the Medical Stores Department.

Management reports with key Programme and Operations performance indicator were prepared on a monthly basis and reviewed during CMT meetings. The reports are prepared with information available from the Performance Management system.

Under Governance, the Internal Auditors had some comments on the office’s involvement in Delivering as One, the staffing structure, and delays in recruitment to some posts. The office is working on implementing the audit recommendations.
Risk mitigation is an underlying feature in the operations of the various office committees which include the Country office’s Senior Management Team, Country Management Team, Programme Management Team, Programme Cooperation Agreement Review Committee, and Contract Review Committee. As these bodies meet weekly or monthly, the effect is that the office constantly monitors programmatic and management performance and responds to any risks that are identified.

**OUTPUT 2 Operational Costs**

**Analytical Statement of Progress:**
The office was audited in 2013 which covered the following Operations functions: financial management, procurement and contracting, asset management, inventory management and information and communication technology. The audit report concluded that “the controls and processes over operations support were generally established and functioning during the period under audit”.

During the reporting period UNICEF Tanzania was able to mobilize 132 per cent of planned OR for the year. Overall, the office has mobilized 65 per cent of its planned OR for the 2011-2015 Country Programme.

Assets and attractive items are appropriately recorded in VISION and a physical verification exercise was conducted to validate the list. The office engaged an external firm to review and validate assets held in a warehouse that are likely to be recommended for Property Survey Board due to damage caused from multiple relocation of premises. Although the office maintains an asset replacement strategy, the challenge of limited funding for capital items for operations has resulted in several old vehicles still in use by the office.

Standard work processes, operating procedures and delegation of financial authorities are in place and accessible by staff through the common drive.

Most of the initial bottlenecks related to VISION have been addressed and regular consultations with Subject Matter Experts and Global Help Desk are maintained as necessary.

The office continues to replenish its Tanzanian Shillings account directly from UNICEF headquarters due to favourable currency conversion rates, as well as the short lead times for replenishments. The office is still using the 2011 concession agreement with the Barclays Bank Tanzania and has recently renegotiated for better terms resulting in a cancellation of most bank charges.

The office maintained a strong contribution management system, tracking due donor reports, expiring grants, DCT and RR and OR spending into management indicators monitored on monthly basis through CMT meetings. The CMT also closely monitored bank reconciliations, accounting and liquidation of cash assistance. The office HACT/DCT committee met weekly to review the DCT status. Staff underwent an intensive training in VISION reporting resulting in a major improvement in particular in the use of monitoring reports for commitments and supplies status.

Office expenditure, expiring grants and outstanding DCTs were reviewed monthly during CMT meetings. The balance of outstanding DCTs over 9 months was 4 per cent (valued at US$421,287) of all outstanding DCTs. Of the US$22.9 million RR allocated, 97 per cent (US$22.3 m) was utilised. Ninety four per cent of PBAs were used within the original duration of
UNICEF Tanzania has been conducting micro-assessment of its implementing partners through the One UN arrangements. However, due to the delays experienced in using this system, the office carried out its own internal “pre-micro-assessment” for six implementing partners during the year. The office plans to engage consultants separately to micro-assess the remaining implementing partners that need to be micro-assessed. Five scheduled audits were completed during the year.

**OUTPUT 3** Effective and efficient management of human capacity.

**Analytical Statement of Progress:**
UNICEF Tanzania has 126 established posts: 112 in Dar es Salaam, 11 in Zanzibar, and three in the Iringa zone office. Nineteen recruitments took place during the period. 16 were for FT posts, while two were UN Volunteers and one was a Temporary Appointment.

Staff benefited from e-learning opportunities available in the intranet and by attending presentations that were at no cost for UNICEF including Rosetta Stone language, eCornell HR certificate, Decision Making, Developing Employees, Business Plan Development, Project Management, Strategic Execution, Crisis Management, Integrity Awareness, Postgraduate Certificate in Social Research Skills with Specialisms.

A number of staff also participated in study leading to the award of the Dynamic Leadership certificate from Harvard University. In-house training included sessions on the Competency Based Interviewing Training and Managing People For Results.

The Office has a functioning counselling support system through its local Peer Support Volunteers and the UN stress counsellor who is based in the office of the Resident Coordinator.

The office continued to be compliant with the 10 minimum standards on HIV and AIDS in the workplace. The UN Cares focal points participated on a two days training facilitated by the Eastern and Southern Africa Regional Coordinator. The purpose was to revitalize the UN Cares team, and develop a UN Cares implementation plan. A UN Cares all personnel survey was conducted and Tanzania had 80 per cent response from all UN Personnel.

During the UN week and the World Aids Day commemorations all UN staff were provided with the opportunity of testing for Body Mass Index, diabetes, high blood pressure, breast cancer, Voluntary Counselling and Testing, and to receive general medical advice.

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#### Evaluation

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Lessons Learned