Executive Summary

According to the 2013 report by the UN Inter-agency Group for Child Mortality, Tanzania has reached the Millennium Development Goal for under-five child mortality. The current rate of 54 deaths per 1000 live births compares to 166 in 1990. UNICEF continues to support interventions aimed at further reducing the U5MR, as well as focussing on infant and neo-natal deaths, which now form a larger percentage of young child deaths in the country. UNICEF, along with WHO and GAVI, supported the nationwide launch of new vaccines to prevent pneumonia and diarrhoea.

2013 saw the launch of the Presidential Call for Action to Scale-Up Nutrition, along with the approval of the costed implementation plan for the National Nutrition Strategy. UNICEF strongly supported the development and launch of these key initiatives, along with partners such as the WFP and Tanzania Food and Nutrition Centre. These national efforts are reflected in a scale-up of sub-national programming for nutrition in UNICEF-supported regions as well as through other partners.

Two significant national initiatives having far-reaching impact on some of the most vulnerable children in the country were launched in 2013 with UNICEF support. The second national costed Plan of Action for Most Vulnerable Children, together with the National Plan of Action to prevent and respond to Violence Against Children both provide multi-sectoral frameworks to facilitate concrete actions ranging from the community to ministerial level. UNICEF and partners are supporting the roll-out of child protection systems- strengthening initiatives in 12 districts, with further expansion planned on a year-by-year basis. The coalition of partners that has been built around the issue of violence against children in both the mainland and Zanzibar – including entities as diverse as the police, ministries and departments responsible for social welfare, health, education and justice, non-governmental groups such as the Inter-Religious Council for Peace, as well as development partners and UN agencies – is ensuring that concrete action to reduce VAC is taking place.

In Education significant public concern was expressed over the very poor examination results for both primary and secondary children that were published during the year. These results contrast with the otherwise positive progress seen in UNICEF-supported efforts to improve the quality of teaching through the in-service teacher training programme (INSET). The positive assessment of INSET through an independent evaluation led to the adoption of the model in 26 districts, supported by DfID, and in national plans (Global Partnership for Education, Primary Education Development Plan III, Big Results Now). However it is clear that other factors, beyond improving teacher skills, need to be addressed to improve the academic achievement of school children.

The adoption of a formalised national structure for Community Health Workers (CHWs) continues to be elusive, and this is constraining the roll-out of quality community-based health programmes in the country. Nevertheless UNICEF, in its sub-national areas, is supporting practical engagement with CHWs at the community level in support of appropriate social and behaviour change communication initiatives to address health, nutritional, hygiene and early childhood development (ECD) practices.

Country Situation as Affecting Children & Women

Tanzania’s economy has grown steadily for the past 10 years. Despite the high growth rate (GDP at 6.9 per cent in 2012), economic growth has not been pro-poor: rural poverty is estimated at 33.3 per cent and urban poverty at 21.7 per cent. About 75 per cent of the total population live in rural households, constituting 80 per cent of the country’s poor.

Inflation has declined since early 2012, dropping to 9.8 per cent in March 2013. However, this inflation rate is still double that of Uganda and Kenya. Furthermore, local food prices are significantly higher in Tanzania than in a sample of comparable developing countries. This specifically harms Tanzania’s poorest citizens, as basic foodstuffs constitute more than half of poor households’ consumption baskets (World Bank 2013). The 2012 Population and Housing Census report, launched in April 2013, shows that the population of Tanzania is 44.9 million. With its current, constant population growth rate of 2.7 per cent per year, Tanzania’s population is doubling every 25 years. Slightly more than half (50.1 per cent) of the total population are
children under 18. Rapid population growth implies a need to increase investments in children's health, education and nutrition.

Government domestic revenue is not adequate to finance recurrent expenditure; therefore development expenditure continues to depend on foreign grants and loans; 30–34 per cent of total expenditure in the past five fiscal years (2008/09–2012/13) was from overseas development assistance. The financial crisis at TANESCO, the state-owned electricity producer, necessitated additional expenditure by the Government this year (World Bank, 2013).

The major political development that might affect stability and governance over the next two years and beyond is the ongoing constitutional reform. In 2012 Tanzania embarked on a Constitutional review process that is expected to be finalised in 2015, ahead of general elections in October that year. The draft Constitution includes an expanded bill of rights to include: freedom of information and the media; the rights of the accused or convicted; right to education; right to a clean and safe environment; the rights of children, those living with disabilities, minorities, women and many others. The draft constitution does not include rights to health care, although it is expected that this gap will be rectified in the next draft. There is also no definition of 'the child'. The draft gives legal recognition to the rights contained in various international human rights treaties that the United Republic of Tanzania has signed and ratified.

The key proposal of the draft constitution, to establish a federal system with three governments, has generated considerable debate in the country and within the ruling party.

The country is expected to reach only two of seven MDGs by 2015. Tanzania is on track to meet the MDGs related to combating HIV/AIDS and reducing infant and under-five mortality, but is lagging in primary school completion, maternal health, poverty eradication, malnutrition and environmental sustainability. The 2013 UN Inter-agency Group for Child Mortality Estimation report suggested that Tanzania has already met the MDG target for under-five mortality, reaching 54 deaths per 1,000 live births compared to 166 in 1990. Infant mortality also decreased, from 101 to 38 per 1,000 live births, over the same period. The 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) report, launched in April 2013, confirmed that adult (15-49) HIV prevalence continues to decline; from 5.7 in 2007-08 to 5.1 per cent in 2011-12. However, prevalence among 15-19 year old boys and girls has not decreased, and gender disparities remain, with girls more vulnerable to HIV infection than boys--although there is evidence of a modest reduction in new infections among young women. Coverage of programmes for the prevention of mother-to-child transmission (PMTCT) of HIV increased to 74 per cent of HIV-positive pregnant women receiving ARV prophylaxis, and anti-retroviral treatment (ART) coverage rose to 65 per cent for adults and 48 per cent for children. The recent rapid scale-up of the PMTCT programme has significantly reduced the number of new HIV infections among children (49 per cent reduction from 2009 to 2012). However, coverage levels for treatment of children infected with HIV are still as low as 26 per cent.

Primary school enrolment rates remain relatively high, at 92 per cent, but the steady decline since 2007 (from 95.4 per cent in 2010 to 92 per cent in 2012) is worrying. The chances of primary school students making it to the end of the primary school cycle are low. Of those who sat the Primary School Leaving Examination in 2012, only 30.7 per cent passed – a significant drop from 2011, when 58.3 per cent passed. Service delivery is weak, with slow growth in the number of qualified teachers and insufficient supply of textbooks and other inputs. An estimated 2.5 million adolescents do not attend secondary school. There has been a slight decline in access to safe water, from 55 per cent in 1990 to 53 per cent in 2012. Access in rural areas stagnated, while in urban areas it declined from 94 per cent to 79 per cent over the same period. The sustainability of rural water supply is a critical challenge for the sector, as only 54 per cent of public improved water points are functional. In the design of the Rural WASH Big Results Now initiative, coverage was initially thought to be around 55 per cent, but it was discovered through water point analysis that due to degraded infrastructure, actual coverage is about 40 per cent, with 5.3 million rural residents having lost access to safe water.

Although the social protection policy context is not entirely clear on either the Mainland or Zanzibar, the Government is committed to roll out the new Productive Social Safety Net (PSSN) programme that was launched by President Kikwete in August 2012. After the UN Chief Executive Board session in April 2013, the
Government made the decision to scale up the PSSN to support 1.2 million households by December 31, 2015 in order to contribute to the achievement of MDG 1. The successful closure of Mtabila camp and repatriation of 34,052 Burundian refugees to their original homes occurred in 2012; only one camp remains in North-West Tanzania (NWTZ) with a population of 68,339, mainly Congolese refugees.

**Country Programme Analytical Overview**

UNICEF’s programme in Tanzania continues to be highly relevant in addressing the key bottlenecks and barriers to the achievement of children’s rights. Nevertheless, there have been some developments in the country that UNICEF is taking into account through adjustments in emphasis in its programming.

2012-13 saw an acceleration of the sub-national component of the Country Programme (CP). The decision to shift focus to the three regions of Mbeya, Iringa and Njombe (MIN), taken at the start of the CP in 2011, was based on a broad analysis of child development indicators. Three factors in particular led to the choice of the MIN regions: above average rates of stunting; HIV prevalence (the three regions have the highest levels in the country); very poor sanitation coverage.

Sub-national programming in MIN addresses these three issues, but also includes a broader range of child-focused interventions with particular emphasis on community capacity development and equity. Within the regions, disadvantaged and marginalised areas have been identified for more intensive support, while other interventions take place on a district- or region-wide basis. A baseline survey was carried out, together with a bottleneck analysis, including children’s consultations. This will provide a framework for subsequent monitoring, based on the Monitoring Results for Equity System (MoRES) framework. Key partnerships were developed, both with the district and regional authorities and with relevant NGOs, to support capacity development and delivery of services. A small field office was established in Iringa to facilitate the development of close relationships between UNICEF and local authorities.

The sub-national component links with, and complements, initiatives taking place at the national level, to influence national policies and strategies that can have a wide-ranging impact on children. Key initiatives during the year included: launch of the Presidential Call for Action to Scale Up Nutrition, along with a costed implementation plan for the National Nutrition Strategy and the launch of the costed National Plan of Action for Most Vulnerable Children.

In February 2013 the President launched the Big Results Now (BRN) initiative. Influenced by a similar initiative adopted in Malaysia, BRN aims to boost the country’s progress towards its desired status as a middle-income country by 2025. The initial focus is on six priority sectors: agriculture, energy, transport, education, water, resource mobilisation. The initiative is a major priority for the Government, from ministerial to local government levels. Two of the sectors – water and education – are particularly relevant to UNICEF. Whilst BRN is a major opportunity for children, several risks must be considered. Targeting quick results can be done at the expense of both sustainability and equity. The focus on six sectors, and the more specific focus within those six sectors, can lead to marginalisation of other key areas of child development. For example, attention to water supply is at the expense of sanitation. UNICEF has a clear role to play in ensuring that BRN produces significant, long-lasting results for children and that other areas are not forgotten.

**Humanitarian Assistance**

UNICEF ensured basic support to refugees in line with its Core Commitment for Children (CCC) in the two remaining refugee camps in NWTZ. Child protection services were supported through partnership with the International Rescue Committee. Health, nutrition and PMTCT services were supported through the Red Cross, and basic education for pre- and primary school through World Vision Tanzania. The two camps accommodated some 100,000 refugees from Burundi and DRC.

During this period UNICEF collaborated with other UN Agencies, NGOs and the Ministry of Home Affairs in the successful closure of Mtabila camp, in compliance with international human rights and humanitarian standards. Some 34,000 Burundian refugees were returned home, leaving around 68,000, mainly Congolese refugees, in the one remaining camp.
Effective Advocacy

Mostly met benchmarks

Over the period July 2012-June 2013, UNICEF consolidated its broad network of alliances to create a pathway to reach its advocacy objectives.

UNICEF supported the launch of a costed, multi-sectoral National Plan of Action to Prevent and Respond to Violence Against Children (2013-2016). It is expected to be funded through national budget resources, with support from development partners (DPs). Donors applauded Government efforts to translate the VAC report into a national programme.

The second National Costed Plan of Action for Most Vulnerable Children 2013-2017 was launched by the Prime Minister in 2013, with the establishment of a child protection system as one of four strategic objectives.

Supported by UNICEF, the National Elimination of Mother-to-Child Transmission of HIV (eMTCT) plan was launched by the President on World AIDS Day 2012. A national programming framework for adolescent girls was developed with Tanzania Commission for AIDS (TACAIDS) to address HIV & AIDS, unwanted pregnancies, and sexual violence. To advocate for effective planning and implementation of health programmes in the prison community, TACAIDS, MoHA, UNICEF and other partners supported a “Rapid Situational Assessment of HIV Prevalence and Related Risk Factors in Prison Settings in Mainland Tanzania” in 2013.

Successful advocacy under the UN Life-Saving Commodities led to the development of a plan for essential commodities, with mobilisation of resources for Tanzania. UNICEF supported the launch of the “Presidential Call to Action on Nutrition” in May 2013, which increased awareness of malnutrition in the country.

UNICEF facilitated the inclusion of child-sensitive indicators (albinism, disability, child labour and birth registration) in regular national surveys and routine data collection tools and analyses, such as third round of the (2012/13) National Panel Survey and the 2013/14 Integrated Labour Force Survey.

UNICEF supported the Ministry of Education and Vocational Training (MoEVT) and the Prime Minister’s Office-Regional Administration and Local Government (PMO-RALG) to finalise a national school-based teacher training (In-service Education and Training, INSET) scale-up plan. INSET has been mainstreamed into ongoing initiatives such as the Primary Education Development Plan, the Global Partnership for Education proposal and Big Results Now. The INSET model has influenced other programmes in the country, such as the Education Quality Improvement Programme.

Through the national WASH sector dialogue mechanisms and Sanitation and Water for All Partnership commitments, UNICEF continued advocacy to raise the national sanitation and hygiene profile. A new component dedicated to sanitation and hygiene is being included in the second phase of the Water Sector Development Programme. UNICEF supported a harmonised approach to sanitation, collaborating with the Ministry of Health and Social Welfare (MoHSW) in the development of a national manual for Community-Led Total Sanitation (CLTS), a Sanitation Options Manual and a Sanitation M&E Framework.

UNICEF supported development of a National Strategy for Child Participation for 2012-2015. The strategy was translated into Swahili and the national plan of action submitted for approval to the Ministry of Community Development, Gender and Children (MCDGC).

The Young Reporter’s Network increased to five groups, comprising more than 175 children, operating on the Mainland and Zanzibar. UNICEF’s Facebook page has over 5,000 fans and its Twitter account boasts over 1,500 followers. Media seminars were held to ensure that the media have the capacity to report accurately and ethically on child rights.
Capacity Development

Mostly met benchmarks

Arguably, the majority of UNICEF’s programme in Tanzania is focussed on capacity development. The following highlights demonstrate some notable areas of achievement.

UNICEF continued to strengthen the capacity of the National Bureau of Statistics (NBS) and Office of Chief Government Statistics (OCGS) in the implementation of the Tanzania Statistical Master Plan (TSMP) to ensure that issues affecting children (such as albinism, disability, child labour and birth registration) are included in national census, surveys and routine data collection tools and analysis. UNICEF provided support to various processes of the TSMP, including data collection, processing and analysis of 2012 national census (population distribution by administrative level and age and sex) and national surveys (2011/2012 Household Budget Survey and 2012/2013 National Panel Survey); dissemination of 2011/2012 Tanzania HIV/AIDS Malaria Indicator Survey; and preparation of tools and field work for the 2013/14 Integrated Labour Force Survey.

UNICEF led the 35-member strong Police Partner Coordination Group on gender-based violence (GBV) and Child Abuse to develop a standardised training manual for Police Gender and Children’s Desk officers and training of trainers (TOT) for police and NGO trainers, in order to assure the quality of standard training being delivered and to coordinate training initiatives. The manual has so far been cascaded to over 1,000 Desk officers on the Mainland and in Zanzibar. Child Protection modules have now been integrated into the Police Academy curriculum for basic, promotional and mandatory training for investigation officers.

UNICEF contributed toward building the capacity of the Department of Social Welfare to support the child protection system. During 2013 national standard child protection manuals were developed for both Tanzania Mainland and Zanzibar. The manual will be used to build capacity of Social Welfare Officers and front-line workers to prevent and respond to violence against children.

UNICEF supported capacity development at the national level (and at district and ward levels in target districts) to strengthen approaches to evidence-based planning within the education system. These efforts included: training 80 national and district-level officials on using the Inspectorate Management Information System (IMIS) data in planning; 35 school inspectors and ward education coordinators (WECs) on enhanced local accountability for strengthened school-based management (SSBM); and 180 officials and 150 WECs on Whole School Development Planning (WSDP), including the use of data to develop and use school plans to mobilise resources. This has resulted in widespread development of school plans based on available data, with promising prospects for implementation of these plans through more participatory school management.

UNICEF supported the establishment of a national WASH Emergency Resource Team and strengthened its capacity to undertake WASH emergency preparedness interventions and provide technical and back-up support to regional and district WASH emergency teams. In addition, support was provided for training 303 multi-sectoral resource persons (national, 37; regional, 50; and 216 local government authorities, LGAs) on effective community approaches for scaling-up sanitation and hygiene in Tanzania.

Communication for Development

Partially met benchmarks

In Tanzania Country Office, C4D is decentralised to the sections. The Office established a cross-cutting Community Development/C4D Working Group to review and coordinate all community-based C4D activities taking place at the sub-national level and prepare the C4D strategy. The strategy sets out the main C4D initiatives supported by the sections, organised according to four C4D approaches: advocacy, social mobilisation, social change communication and behaviour change communication. Through the process, synergies between initiatives were identified as were areas for closer collaboration. In particular, an emphasis on linking the broadcasting of radio programmes to community-based C4D activities was an effective way of achieving wide coverage and results. This initiative will be further pursued in 2014.
UNICEF supported strengthening of the MoHSW’s Health Promotion and Education section, which is mandated to oversee and coordinate communication interventions in health and nutrition programmes. The efforts include review and update of the National Health Promotion and Education Policy Guideline, and the development of an integrated national health promotion strategic framework. The two documents will guide development of various sector-specific communication strategies utilising the human rights-based approach to programming and principles of communication for development.

UNICEF supported the development of a standardised WASH package, including hand-washing with soap, use of an improved latrine and household water treatment and safe storage. UNICEF is currently implementing this package at the community level as part of its sanitation programming.

In Child Protection, UNICEF contracted an international media company to develop the National Communication Toolkit, which addresses national and sub-national communication interventions as a response to the Violence Against Children Study. The Toolkit includes three main communication packages with key messages for children, parents/caregivers and community leaders that will be disseminated through various communication channels.

UNICEF supported the development of the ‘Shuga’ radio programme; a 12-episode national radio programme for young people. The evidence-based programme promotes safe sex and HIV testing and counselling (HTC) for young people. Implementation was monitored by an advisory committee consisting of TACAIDS and key partners.

### Service Delivery

*Mostly met benchmarks*

UNICEF in Tanzania is not routinely responsible for direct service provision; rather the programme supports the development of local capacities to deliver services to the community. Nevertheless many services provided by local providers would not fully function without UNICEF’s support.

UNICEF and partners support child protection systems-strengthening in 12 districts. This approach brings together partners to enhance planning and service delivery across sectors of: social welfare, police, justice, health, community development and education. Also, 469 children received social welfare services in the model districts in 2013, an increase from 273 last year.

100 per cent of children appearing in the nation’s only juvenile court had their right to legal representation upheld. All children in two main prisons and a detention home received assistance under the new legal aid programme, resulting in the release of over 350 children from detention. Sixty-seven children benefited from the first community-based rehabilitation programme for young offenders, when they were diverted from the criminal justice system or given a non-custodial sentence. Due to its success, the Government is scaling-up this model.

Through partnership between the Government and NGOs, 155 children living and working on the streets were reintegrated with their families and 1,340 (of an estimated 2,500 target population in Dar es Salaam) received outreach services.

UNICEF supported the development and implementation of Integrated Post-Primary Education (IPPE), an alternative education model providing secondary equivalency and an integrated package of skills. This year 200 more students joined the 800 already enrolled. About 20 per cent sat for the qualifying test that will allow them to sit for the national secondary school leaving examination and 80 per cent passed – a significant increase over the estimated national average of about 50 per cent.

At the sub-national level UNICEF supported critical services through: provision of HIV test kits, review of maternal and perinatal deaths, strengthening cold chain at district/facility levels, equipment and training for emergency obstetric and New-born care (EmONC) and support to implement key nutrition activities, including
planning and budgeting for nutrition.

Outreach peer educators in Zanzibar reached 18 per cent (1,889 key population reached of 10,600 estimated) with HIV information and 9 per cent with HTC and referrals, through innovative approaches.

Also in Zanzibar, 642 children infected/affected with HIV were provided with monthly HIV services through 10 children's clubs.

Nearly 50,000 pupils were provided with: latrines (gender and disability appropriate designs), safe water supply, hand-washing facilities and promotion of appropriate hygienic practices.

About 20,000 people gained access to improved toilets and information on hygiene practices. Some 660 households in pilot districts benefitted from improved household drinking water treatment and safe storage practices.

UNICEF, in collaboration with UN agencies and NGOs, continued to support basic services to women and children in the refugee camp along the DRC and Burundi border.

Strategic emergency supplies were pre-positioned in selected locations for timely delivery in case of emergency. UNICEF has a stand-by agreement with the Tanzania Red Cross, which is activated during emergencies.

### Strategic Partnerships

*Mostly met benchmarks*

In 2013 the Government of Tanzania, UNICEF and the telecommunication company Tigo, with the support of VSO International, joined hands to implement an innovative mobile application for birth registration, to register children under five. Through this strategic public-private partnership using innovation and technology, 150,000 children were registered in less than six months.

UNICEF successfully initiated a partnership with the Inter-Religious Council for Peace Tanzania. It brings together seven faith-based organisations that made a commitment, after the launch of the Violence Against Children (VAC) survey findings in 2012, to work together collectively across their different denominations to support Government efforts to address VAC. During the reporting period, over 400 senior religious leaders were reached through advocacy meetings on VAC.

In partnership with the Program for Appropriate Technology in Health (PATH), UNICEF conducted an assessment to integrate vaccines into the electronic Logistics Management Information System. The CO's partnership with USAID was also strengthened to scale up the national Integrated Reproductive, Maternal, New-born and Child Health Package for community health workers.

UNICEF is co-Chair of the Development Partners Group on Nutrition and part of the Scaling-Up Nutrition initiative. UNICEF continued to play a critical role in mentoring the Partnership for Nutrition (PANITA), with more than 140 members. UNICEF, WFP, WHO and FAO worked together to address under-nutrition through the Renewed Efforts Against Child Hunger (REACH) approach. UNICEF engaged with the President's Office to scale up nutrition through the Presidential Advisor on Nutrition and Tanzania’s Food and Nutrition Centre. UNICEF also provided support to the High-Level Steering Committee on Nutrition chaired by the Prime Minister’s Office.

UNICEF supported the Government to carry out a situation analysis of adolescents living with HIV (ALHIV) and available services. The findings provided insights for planning and recommendations for comprehensive, age-appropriate services for ALHIV. The report also informed the development of partnerships with Baylor International to support ALHIV in the three MIN regions, and with PASADA for Dar es Salaam.
UNICEF has remained a trusted stakeholder for the Tanzania Social Action Fund’s ‘Productive Social Safety Net’ programme, highly regarded by the Government, the World Bank and DfID. UNICEF made critical contributions in relation to supply side capacity constraints, targeting approach, impact evaluations, roll-out and the costing structure of the current plan.


Key partnerships were established with local Government authorities in MIN regions to support achievement of goals in their district development plans. Strategic partnerships were similarly established with NGOs and CSOs in MIN, through UNICEF’s sub-office in Iringa, to support local Government coordination efforts and to engage in better-informed programming.

Two partnerships with the private sector were established over the reporting period: the first with the Melia hotel chain, with a focus on child protection, the second with Stanbic Bank Tanzania, a leading international bank, with a focus on school WASH.

**Knowledge Management**

*Mostly met benchmarks*

The Office introduced a rapid panel survey using mobile technology to strengthen its evidence-based programme design and monitoring. The first round was successfully completed, laying the ground for further roll out. The mobile phone panel surveys enabled the Office to fill some data gaps by collecting data at the household level on community members’ knowledge and practices regarding promoting lifesaving and protective behaviour and demand for social services. Moreover, the mobile phone panel surveys will be uniquely placed to bridge the communication gap between communities and Government at the district (LGA) and national (MDA) levels, and to ensure that information generated enables programmatic adjustments and management decisions at different levels.

The Office also introduced Wiki technology to manage and update the Situation Analysis of Women and Children for the Country Programme.

Throughout the reporting period, the Office continued to strengthen its internal learning and efficiency by developing a number tools and processes: (1) travel management systems (TMS) to manage office travel plans, trip reports and follow-up actions arising from field trips; (2) HACT database: to profile all partners and monitor implementation of micro-assessment, audit, and spot-check recommendations; (3) intranet: to facilitate easy sharing of key documents and information; (4) search Engine: to facilitate search and easy retrieval of documents using key words from shared and archive drives; (5) DCT database: to identify and address bottlenecks in disbursement and liquidation of funds to partners; (6) document library: all research, studies, and evaluation commissioned by UNICEF and partners are organised and stored in TCO’s document library for easy access; (7) activity reporting database to store, organise and provide easy access to MDA and LGA implementation reports; (8) picture library: TCO’s picture library is used to store professionally taken photos, including close to 5,000 pictures categorised and tagged with full Metadata in the library, which are also searchable using keywords.

As part of its upstream strategic support to the Government of Tanzania, UNICEF supported the development of a Sanitation Information Management System for promoting common understanding of definitions, indicators and technical terms of sanitation and, more importantly, assessing the state of sanitation in the country as the basis for planning.

In addition, UNICEF supported the Government in the finalisation and implementation of the 2013-2016 Tanzania Socio-economic Database (TSED) Strategic Plan. Furthermore, TSED was updated with data from surveys and routine systems, particularly the 2008 Tanzania Disability Survey (TDS), 2011/12 Tanzania

As part of experience-sharing and learning with other Country Offices, the Office hosted a webinar, and provided online technical support to UNICEF headquarters, the West and Central Africa Regional Office (WCARO) and three Country Offices.

### Human Rights Based Approach to Cooperation

**Mostly met benchmarks**

Following the first year of the Country Programme, during which the focus was on supporting the enabling environment (national action plans and various strategies, frameworks, policies etc.), the shift in year two was towards equipping duty-bearers at the sub-national level with greater capacity to fulfil their human rights obligations to rights-holders. Likewise, during 2012-2013 efforts were stepped up to enhance children’s and families’ access to their rights to information and decision-making.

In the health sector, alongside capacity building of duty bearers in disease treatment, prevention, control and promotion, UNICEF intensified community and social mobilisation activities with the aim of reaching unreached children.

In education, through schools clubs and safe spaces, students, particularly adolescent girls vulnerable to dropout due to early marriage or pregnancy, were empowered to discuss challenges and together find solutions. Students with disabilities benefited from teachers trained to adapt to their learning needs and have learning materials that allow them to stay on track.

In child protection, the accountability and capacity of duty bearers to strengthen prevention, care and treatment, counselling and referral services were strengthened through support to the formulation of policies, laws, regulations and guidelines and training of front-line workers on violence against children and women and trafficking. Rights-holders – ranging from street children in Dar es Salaam to victims of trafficking, adolescent girls at risk of FGM and women and children exposed to abuse and violence – now have improved access to protection and justice.

The roll-out of School WASH guidelines helped to fulfil the rights of children and teachers with disabilities and the special needs of girls through construction of improved facilities and provision of menstrual hygiene education.

In 2012-2013 UNICEF continued to support implementation of the Children’s Agenda (CA) Strategy 2012-2015 through organisation of consultative workshops with key stakeholders (media, CSOs, MPs, children, and private sector) to obtain feedback on the Agenda’s proposed Top Ten Investments for Children. Following the publication of the ‘Cities and Children: The Challenge of Urbanisation in Tanzania’ report, a series of consultations with key stakeholders were held in four urban centres, leading to the development of work plans focused on creating child-friendly cities. Alongside ongoing support to Children’s Councils, children’s consultations held as part of bottleneck analyses in the six focus districts provided a platform for strengthened participation of children in LGA planning and review processes at the sub-national level.

### Gender Equality

**Partially met benchmarks**

UNICEF supported the Government of Tanzania at the national, district and school levels to ensure that school environments promote gender equality. A gender-friendly school manual was developed to guide schools in planning for gender-responsive facilities and interaction with pupils. The manual will be printed, disseminated and integrated into District Education Officer training plans in 2013/14. A Guidance and Counselling manual was integrated into in-service training of teachers to enable them to handle more
complex cases pertaining to physical and sexual abuse in schools, with special attention to girls. UNICEF supported the review of the Code of Conduct and Professional Ethics for Teachers, with the aim of reducing violence and abuse of boys and girls in school.

In partnership with FAWE, UNICEF supported Tuseme ('Speak Out') clubs in 650 schools across the country. The clubs, comprised of boys and girls from all secondary school grades, provide an opportunity for students to come together to discuss challenges they face at school and issues in their community, using creative approaches.

UNICEF partnered with Restless Development on the “Mabinti Tushike Hatamu” (Girls, Let’s Be Leaders) project in Dar es Salaam, Iringa and Mbeya regions. The project aims to reduce vulnerability of out-of-school adolescent girls to HIV, pregnancy and violence. Around 21 mentors were trained on a range of topics such as violence, sexual health and reproductive rights (including HIV), life skills, behaviour change, non-formal education, peer education, financial education and protection. Also, 1,967 community members and 45 local leaders were oriented on girls’ rights in the selected regions.

A baseline survey of 620 out-of-school girls aged 10-19 years was conducted, along with 81 in-depth interviews, to assess knowledge, attitudes and behaviours of the target group in relation to pregnancy, GBV, HIV/AIDS and income-generating activities (covering, for example, their access to information and services for HIV prevention, family planning, and protection; community attitudes towards girls’ rights; and actions currently being taken to build a protective environment for out-of-school girls).

UNICEF successfully supported the justice sector to develop strategies, regulations, guidelines and standard operating procedures that ensure an inclusive response to the concerns of girls and boys in contact or in conflict with the law. The support for strengthening data/information systems helped the Government and partners to track different gender indicators, reinforcing the evidence base for development of advocacy and programmatic interventions and informing about whether the needs of boys and girls are being met by the programmatic responses.

UNICEF ensured that gender-based standards were met in the construction of WASH facilities. Schools are required to have a special room for girls to use for menstrual hygiene management so they do not miss school due to lack of such facilities. Moreover, school WASH clubs are expected to have equal representation of boys and girls.

Through the Office Gender Team, UNICEF programme staff are continuously mobilised to position the gender dimension/lens in studies, surveys and evaluations, as well as in NGO partnerships.

**Environmental Sustainability**

*Initiating action to meet benchmarks*

Tanzania continues to see changes in weather patterns that are ascribed to climate change. These cause difficulties to farmers, who are no longer able to follow traditional agricultural practices with confidence due to uncertainties in the timing and intensity of rainfall patterns. Climate change and increased usage are also affecting both surface and underground water levels, leading to the loss of drinking water sources. Loss of forestry continues, due to both the development of land for agriculture and continued reliance on wood and charcoal for cooking. Rapid urbanisation and environmental damage due to mining activities are also causing significant environmental challenges.

Insufficient management of wastes produced by immunisation activities (such as sharps and infectious non-sharps) can result in direct negative health impact on the personnel and community. Moreover, pollution due to inadequate treatment and disposal of these wastes can cause indirect health effects in the community and impact in the environment. To address these challenges, UNICEF has been supporting the development of training material encompassing immunisation waste management and waste management guidelines.
UNICEF also mobilised a grant from the World Bank to tackle disaster risk reduction, which looks at sustainable ways to reduce the risk of drought and thus promote environmental sustainability.

**South-South and Triangular Cooperation**

In October 2012, UNICEF supported a study visit to Rwanda by four senior officials overseeing school inspection in Zanzibar. Zanzibar inspectorate officials were welcomed by senior inspectorate officials from Rwanda, received an overview of the system in Rwanda from senior Inspectorate staff, studied inspection tools and materials and participated in inspection visits.

Important learning included: the division and linkages between provincial and national inspection, merit-based hiring of inspectors and how to best structure the inspectorate to promote quality delivery of education. The ongoing development of the inspectorate system in Zanzibar benefitted significantly from this important learning visit.

In September 2012, UNICEF supported key officials from the Government Agency responsible for Birth Registration in Tanzania (RITA) to attend the Second Conference of Ministers Responsible for Civil Registration and Vital Statistics in Durban, South Africa. The support was in line with UNICEF support for implementation of Tanzania’s new Birth Registration strategy.
**Narrative Analysis by Programme Component Results and Intermediate Results**

**United Rep. of Tanzania - 4550**

### PC 101 - Child and maternal health and nutrition

#### On-track

**PCR 4550/A0/04/101 Improved and equitable use of high-impact MNCH and nutrition interventions and promotion of healthy behaviours and nutrition practices**

**Progress:**

Major achievements during the reporting period were the dual launch of Pneumococcal and Rotavirus vaccines that will protect approximately 1.7 million Tanzanian children from diarrhoea and pneumonia; launch of Option B+ for the eMTCT programme on HIV; and adoption of a costed action plan for the national nutrition strategy.

Other achievements include: final draft of revised National Guideline on Maternal and Perinatal Death Surveillance and Response (MPDSR), improved quality of Maternal, New-born and Child Health (MNCH) services through financial support for systematic, multi-layered supportive supervision at district, regional, zonal and national levels.

UNICEF supported the strengthening of cold chain capacity, training and social mobilisation and the launch of the new Pneumococcal and rotavirus vaccines. Nationally, DTP-HebB-Hib3 vaccination coverage was maintained at 92 per cent in 2012. UNICEF provided technical and financial support to the Effective Vaccine Management Assessment and Improvement plan, enabling training for 26 Regional and 142 District Immunisation and Vaccines Officers.

At the sub-national level, UNICEF supported the implementation of MPDSR and Comprehensive Emergency Obstetric and New-born Care (CEmONC) guidelines in six UNICEF-supported districts in MIN regions. New-born resuscitation equipment was provided for 200 health facilities on the Mainland and 43 facilities in Zanzibar. UNICEF and partners also supported the training of 459 trainers for new-born resuscitation nationwide, 779 providers on new-born resuscitation in three regions, and 100 health staff on Basic Emergency Obstetric and New-born Care (BEmONC) in six districts.

As part of its efforts to address under-nutrition, a costed Implementation Plan for National Nutrition Strategy was approved by the High-Level Steering Committee on Mainland and draft costed National Nutrition Strategy and Implementation Plan was produced for Zanzibar. In addition, UNICEF facilitated the launch of the Presidential call for action to Scale Up Nutrition for stunting reduction with the President of Tanzania in May 2013.

An in-service training programme for District Nutrition Officers is under development with Sokoine University to support supply-side strengthening. Nationally, Vitamin A supplementation coverage remains high, with more than 90 per cent of children under-five reached. In Zanzibar, UNICEF continues to support the scale-up of the management of Severe Acute Malnutrition (SAM) in all hospitals and primary health care units; up to 2,000 children with SAM were treated and 331 Tanzania Red Cross Volunteers trained to screen and refer malnourished children. For Mainland Tanzania, more than 2,000 children with SAM were treated in 12 hospitals in nine regions in 2012-2013.

#### On-track

**IR 4550/A0/04/101/001 Effective National integrated supply chain and management system for medical supplies is operationalised**

**Progress:**

UNICEF continued to support the expansion of the national cold chain storage capacity with the provision of nine additional cold rooms in the regional vaccine stores. Furthermore, UNICEF procured 176 RCW-50 EG fridges to improve vaccine storage at health facilities in all regions of mainland Tanzania.

In June and July 2013 UNICEF collaborated with PATH to conduct a Stock Management Information System Requirement Assessment in which specific requirements for vaccines and related supplies inclusion into electronic Logistics Management Information System (eLMIS) were identified and incorporated.

#### Constrained

**IR 4550/A0/04/101/002 Ministry of Health and Social Welfare and Local Government Authorities and Local Government Authorities develop Human Resources for Health (HRH) policy and plans**

**Progress:**

Under the Government-led Community Health Worker (CHW) Task Force, UNICEF supported the development of a community-based health care (CBHC) policy guideline, which was at final draft stage in late 2013, to guide development of the CBHC strategic plan. Although there are several community-level workers in Tanzania working for various projects, there is no national cadre of CHWs with clear, standardised definitions of levels of qualifications, training, job description, remuneration and other related issues. Development
of the Guideline and Strategic Plan will provide a basis for stakeholders to reach consensus on the operational modality for CHWs.

Pending clarification of a formalised structure of CHWs, training through the accredited institutions following a standard national curriculum has not been operational. UNICEF, however, supported training of 14 district and ward facilitators and 14 community-owned resource persons (CORPS) in Mbarali, one of the UNICEF-supported districts. In addition, funds were disbursed to train 200 more in four districts (Mufindi, Iringa, Njombe and Mbarali) by December 2013.

**On-track**

**IR 4550/A0/04/101/003 MOHSW and LGAs produce, quality and timely data for evidence-based planning and decision-making**

**Progress:**

In 2013 UNICEF commissioned an external evaluation of the two projects implemented by D-tree International to assess the relevance, efficiency, effectiveness and sustainability of the use of mobile technologies for screening and treatment purposes in the areas of nutrition and maternal health. The evaluation contributed to accountability and learning for key stakeholders including the Tanzania Ministry of Health & Social Welfare and the Zanzibar Ministry of Health, D-tree, UNICEF, sub-national health teams and civil society. It provided recommendations on future scale-up and informed TCO programming strategies linked to the use of mobile technology for different areas of programme implementation and information systems strengthening.

Key recommendations from the evaluation guided UNICEF and its partners in relation to the need to: strengthen its processes and evidence-base to inform problem identification and programme design; improve linkages between the use of mHealth initiatives such as eNutrition and eMNH with other health systems-strengthening initiatives; and strengthen the regulatory environment and coordination of mHealth projects in Zanzibar to promote integration with national health information systems. UNICEF will use the evaluation to guide its work in supporting the Tanzania and Zanzibar MoHSW to strengthen health and nutrition information systems with the aim of making the most effective and efficient use of mobile phone applications.

**On-track**

**IR 4550/A0/04/101/004 MOHSW, LGAs and Shehias strengthen community health structures and communication strategies for promoting health and nutrition behaviours**

**Progress:**

In 2012-2013, UNICEF provided technical and financial support to the MoHSW to finalise the draft of the Health Promotion and Education Policy Guideline, through a consultative process. In addition, the National Health Promotion and Disease Prevention Strategic Framework was also developed with UNICEF support, the first draft of which was shared with key stakeholders for input before submission to MoHSW for finalisation.

As part of its cooperation with the Health Promotion and Education Section (HPES), a multimedia database is being established for archiving and easy retrieval of information, education and communication (IEC) materials. As part of this effort, UNICEF procured database equipment, and an inventory of software and IEC materials is currently underway to establish the database to be managed and maintained by HPES.

**On-track**

**IR 4550/A0/04/101/005 Relevant MDAs and LGAs develop, implement and monitor policies, plans and budgets for effective delivery of health services**

**Progress:**

UNICEF continued to be an active member of the Health Sector Wide Approach (SWAp); its contribution to the Health Basket Fund enabled District Councils to improve their planning, monitoring and oversight functions and procurement of essential medicines.

The Mainland and Zanzibar ministries of health were both supported to develop a Country Plan for the UN Commission on Life-Saving Commodities, to address critical gaps in essential medicines for women and children and to conduct a landscape analysis on the availability and use of essential child health commodities.

UNICEF and partners’ advocacy, technical and financial support enabled the Government to review and revise the national guidelines and forms for MPDSR (in the final draft stage by end-2013), as well as guidelines for CEmONC on the Mainland. In addition, supportive supervision at district, regional, zonal and national levels worked to strengthen quality assurance of health services at sub-national level.

Two significant achievements in the area of immunisation were the successful validation and declaration of the elimination of maternal and neonatal tetanus in Tanzania, and the simultaneous introduction of rotavirus and pneumococcal vaccines. To support the launch, UNICEF conducted a Knowledge, Attitudes and Practices survey in eight districts of the Mainland and Zanzibar; the recommendations will help in the development of a comprehensive advocacy, communication and social mobilisation strategy.

At the sub-national level, UNICEF provided support to the implementation of MPDSR and CEmONC guidelines in six districts in Mbeya,
Iringa and Njombe regions, procured equipment for BEmONC for over 200 health facilities on the Mainland and 43 facilities in Zanzibar, and 100 health staff were trained on BEmONC. Some 459 trainers for new-born resuscitation are now in place nationwide; 779 providers received training in UNICEF-supported regions.

**Progress:**

Political commitment in the area of nutrition was high after the Presidential call to action in May 2013. This was accompanied by the endorsement and approval of the Mainland’s National Nutrition Strategy Implementation Plan by the high-level steering committee, to be used as the basis for scaling-up nutrition interventions at regional and district levels. UNICEF supported the Zanzibar Ministry of Health to develop a costed National Nutrition Strategy and Implementation Plan for launch before the end of 2013. Civil Society partnerships on nutrition (PANITA) continued to grow, with more than 200 members.

United Nations agencies, with the Tanzania Food & Nutrition Centre (TFNC) and the REACH partnership developed a District-level nutrition gap analysis tool to facilitate planning and develop two district action plans on nutrition in MIN regions. In addition, updated council planning and budgeting guidelines on nutrition for 2013-14 were developed and disseminated to all districts.

Under the leadership of the Prime Minister’s Office, UNICEF guided and supported TFNC and nutrition stakeholders to review terms of reference for the Regional and Council Steering Committees on Nutrition and for nutrition officers. An in-service training programme for District Nutrition Officers was being developed at year’s end in partnership with Sokoine University of Agriculture, to support supply-side strengthening. In addition, UNICEF provided technical support for the finalisation of the Mainland Infant & Young Child Feeding (IYCF) strategy and implementation plan, to be used as the basis for the scale-up of IYCF services across the country.

**Progress:** During 2012-2013, UNICEF focused on both the supply and demand sides to improve the quality of HIV/AIDS care and treatment services. On the supply side UNICEF worked to increase coverage of HIV diagnosis in children, the entry point for paediatric care and treatment. Council health management teams in six districts were supported to transport dry blood samples (DBS) from health facilities to the district hospital and then to Mbeya laboratory, one of the four laboratories in Tanzania performing Early Infant Diagnosis (EID) to detect HIV in exposed children. Transport of DBS samples and feedback of results to the health facilities continues to be a challenge in Tanzania due to long distances between health facilities.

In addition UNICEF is playing a key role, in coordination with the Clinton Health Access Initiative, in the introduction of Point of Care technologies in Tanzania, a project funded by UNITAID. Point of Care is currently available for CD4 testing (PIMA machines) and will soon become available for EID and later for viral load testing.

On the demand side, linkages between 67 health facilities and communities were strengthened. UNICEF partners with two NGOs (Mothers 2 Mothers and AMREF) to conduct community-based PMTCT activities. A total of 66 mother support groups (MSGs) with 773 members (607 HIV+ women and 166 partners) have been established and ‘mother mentors’ (MM) are operating in 37 health facilities, where they support 3,261 HIV+ women. MSG and MM are made up of HIV-infected women trained on community eMTCT who: conduct follow-up for HIV-infected mothers who miss critical PMTCT or EID appointments, provide counselling on infant feeding, psychosocial support to peers and promote male partners’ involvement in their activities.

**Progress:** In 2012-2013 UNICEF, along with WHO and implementing partners, played a key role in providing technical assistance to the MoHSW in the adoption and roll-out of life-long antiretroviral treatment for all pregnant and lactating women (referred to as Option B+), supported by the Global Fund. In Zanzibar, technical assistance was provided for the development of guidelines on Option B+.

At the sub-national level, UNICEF supported seven districts (Temeke, Mbeya, Mbarali, Iringa, Mufindi, Makete, Njombe) to develop and finalise their eMTCT plans, based on a prior bottleneck analysis. The plans were reviewed quarterly to monitor progress toward overcoming bottlenecks identified, including in the area of adolescent HIV prevention. The national eMTCT plan, development of which was supported by UNICEF in 2011, was given considerable visibility at the national level with its official launch on World AIDS Day 2012 by the President of Tanzania, and subsequent dissemination to all regions.

At the national level, PMTCT achievements are the result of effective coordination between the U.S. President’s Emergency Plan (PEPFAR), the Global Fund, the UN and the Government, and are very encouraging. Uptake of ARV prophylaxis to prevent mother-to-child transmission increased from 64 per cent to 74 per cent among HIV-infected pregnant women, and from 56 per cent to 74 per cent among infants (PMTCT programme data 2012).
On-track

**IR 4550/A0/04/101/009** Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra-coordinated response in Health and Nutrition in emergencies.

**Progress:**

In the area of nutrition emergency preparedness, UNICEF, WFP and FAO jointly supported food security and nutrition assessments in September 2012 and an ad hoc assessment conducted in nine districts in January 2013. Through these assessments UNICEF supported the compilation of nutrition screening data using mid-upper arm circumference tapes, which enabled prioritisation of areas for the Government-led emergency response (including food support).

UNICEF provided technical support to the Joint UNHCR and WFP nutrition survey in Nyarugusu refugee camp and supported the distribution of micronutrient supplies (such as Vitamin A capsules, sachets of multiple micronutrient tablets and iron folate tablets) to more than 107,700 children aged 6-to-59 months and 4,200 pregnant/lactating women, in response to continued high rates of anaemia.

In addition, UNICEF procured emergency nutrition supplies for pre-positioning based on a population of 50,000 people, in line with the Nutrition Emergency Preparedness plan.

As part of its role in health emergency preparedness, UNICEF provided support for the development of a mass casualty management training manual for health workers. In addition, technical support was provided to MoHSW to respond to a Dengue fever outbreak in Dar es Salaam in June 2013 (with 20 confirmed cases among 90 suspected cases, no deaths reported), by attending EPR technical working group meetings and providing inputs in preparation of IEC materials.

**IR 4550/A0/04/101/010** Technical assistance to ensure effective and efficient delivery of programme results.

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**PC 102 - Water, sanitation and hygiene**

On-track

**PCR 4550/A0/04/102** Equitable and sustainable access and use of safe water supply, improved sanitation and appropriate hygiene practices in rural and peri-urban schools and communities

**Progress:**

Further progress was registered in the area of School WASH (SWASH) as a result of UNICEF’s stepped-up advocacy with Government and development partners’. SWASH is now an integral part of the National Sanitation Campaign and UNICEF has supported the piloting of draft guidelines, including the need for capacity building, to all LGAs in the country. Partners continue to implement SWASH in their individual programme areas using the same guidelines. Implementation of SWASH interventions covered a total of 88 schools on the Mainland and included rehabilitation of sanitation facilities. A bottleneck analysis exercise assisted the identification of key constraints that limit scaling-up of WASH in schools, an important step towards identifying priority actions for scaled-up interventions.

Through WASH sector dialogue mechanisms and commitments made for the Sanitation and Water for All Partnership, UNICEF continued its advocacy to raise the national sanitation profile. With UNICEF support, the sector has agreed to a harmonised approach to sanitation: a national manual for community-led total sanitation, a sanitation options manual, and a sanitation M&E framework were developed by the MoHWS and key stakeholders and rolled out to almost all LGAs on the Mainland as part of implementation of the National Sanitation Campaign (NSC). Incorporating lessons learnt from the evaluation of Phase I of Water Sector development Programme (WSDP), the development of WSDP Phase II (2014-2019) was under way in late 2013, and the NSC is being prioritised as a dedicated component of WSDP Phase II.

Preliminary research findings on household water treatment and safe storage (HWTS) will provide guidance on the best approaches to targeting districts, communities and households for HWTS; an equity study on access and use of improved sanitation and hygiene confirmed that marginalised groups in Tanzania do indeed fare poorly.

UNICEF, as country cluster lead for WASH and Nutrition emergency preparedness and response, also continued to facilitate stakeholder coordination meetings and supported implementation of capacity building actions to high-risk regions and districts.

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On-track

**IR 4550/A0/04/102/001** GoT/RGoZ adopts evidence based measures to enhance decision making; equity and inclusion of women, children and vulnerable populations in WASH

**Progress:**

UNICEF supported the development of the Sanitation Hygiene M&E framework for the National Sanitation Campaign; 25 regional and 112 district teams were oriented on the M&E tool. A national database and management information system for sanitation and hygiene is under preparation, and will include training of relevant stakeholders at all levels on the management and use of the system. As part of this process UNICEF also supported mapping of the WASH situation in schools and health facilities in Dodoma Region (Chamwino and Kongwa districts), which was in the process of being finalised in late 2013. Preliminary findings from the mapping point to a dire
situation for school and health facilities in both districts. In Chamwino 90 per cent of children’s wards do not have hand-washing facilities, 20 per cent lack functional toilets/latrines and 89 per cent of health facilities lack hand-washing facilities.

Preliminary research findings from the HWTS research provided guidance on the best approaches for promoting of water treatment and safe storage, optimal chlorination dosage for drinking water of different turbidity levels, performance of various water treatment products and user preferences for different water treatment methods and products. The study also strengthened WASH research capacity in Tanzania by involving PhD & MSc students from Muhimbili University of Health and Allied Sciences and led to the establishment of a WASH research unit at the National Institute for Medical Research, which is now being used by the sector for sanitation research.

UNICEF supported a study on equity in access and use of improved sanitation and hygiene services by marginalised groups in Tanzania. The groups studied included people with disabilities and people living with AIDS. The study confirmed that these marginalised groups do indeed have inadequate access to improved sanitation and hygiene services.

Progress:

UNICEF supported implementation of sanitation and hygiene interventions in seven learning districts, six MIN districts and Zanzibar, where a total of 3325 households have gained access to improved toilets and hygiene practices. Some 630 households in two research districts of Geita and Kisarawe benefitted from improved household drinking water treatment and safe storage practices and products as well as improved hygiene practices. A further 24,904 and 20,224 households in 112 districts gained access to improved toilets and hand-washing facilities, respectively, through implementation of the NSC jointly supported by The African Development Bank, DFID, Water and Sanitation Program and UNICEF. As part of the Campaign, UNICEF supported orientation and training of 303 resource persons at national (37), regional (50), and LGAs (216) levels on effective community approaches for promoting sanitation and hygiene.

UNICEF supported follow-up actions on the 2012 Sanitation and Water for All (SWA) commitments, including participatory sessions to agree on country progress and submission of reports to the SWA Secretariat. Further, a Sanitation and Hygiene M&E Framework was developed and is being implemented in 112 of 168 LGAs on the Mainland as part of NSC implementation by the MOHSW and key stakeholders. In preparation for WSDP Phase II (2014-2019), development of a national sanitation programme has begun.

The final draft of the NSP remains under consideration by the Cabinet. UNICEF provided support to harmonise sanitation and hygiene approaches. To support implementation, a national manual on CLTS was developed and a Sanitation Options manual was reviewed and translated.

UNICEF supported start-up activities for the Global Sanitation Funded Programme – the "Usafi wa Mazingira Tanzania" (UMATA), which targets 0.8 million beneficiaries in three districts of Kongwa, Bahi and Chamwino in Dodoma region.

Progress:

UNICEF supported the finalisation of the National School WASH (SWASH) strategy, approved by the Government during 2013. The approval paved the way for taking a further step of developing a National School WASH Programme and a costed action plan, which were being finalised at year’s end. Following extensive piloting in 2011 and 2012 in more than 25 districts in Tanzania covering more than 100 schools, the National School WASH guidelines and toolkits are in the approval process. UNICEF supported the piloting of SWASH interventions in five districts reaching more than 20,000 primary school children, and 185 teachers in 34 schools, including two schools hosting children with albinism.

School WASH guidelines were also developed for Zanzibar, to suit its context. Plans are underway to form and train a pool of resource people in Zanzibar for scaling-up SWASH. A bottleneck analysis, an important first step towards identifying priority actions, helped to identify key constraints and gaps that limit scaling-up of SWASH. Identified constraints included low prioritisation of SWASH, unclear institutional arrangements and sustainability gaps. UNICEF support to School WASH in programme districts has contributed to quality child-/girl-friendly school WASH services (improved toilets, safe and clean water, and hand-washing facilities), including special provisions for girl’s menstrual hygiene management at more than 63 schools, reaching about 49,000 children both on Mainland and Zanzibar.

Progress:

On-track

IR 4550/A0/04/102/002 Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra coordinated response in WASH in emergencies.

Progress:
Over 2012-2013 Tanzania did not experience any large-scale emergencies; however, UNICEF has ensured that WASH stakeholders remain vigilant for emergency preparedness and response by facilitating regular coordination meetings for emergency WASH and Nutrition actors, better mapping, sharing information on prepositioned status of emergency response supplies stocks. UNICEF also crafted and defined a capacity-building agenda.

Translation of cholera guidelines was completed, enabling training of regional and district emergency WASH teams in three high-risk regions. The districts covered were: Kilosa, Mvomero and Kilombero in Morogoro region; Korogwe, Handeni and Muheza in Tanga region; and Magu, Segerema and Geita in Mwanza region. The training was geared towards carrying out rapid assessments, development of emergency plans and preparedness and response activities in event of emergencies, using standardised tools.

The standby-agreement with Tanzania Red Cross Society (TRCS), which includes pre-positioning of emergency WASH stocks in strategic regional locations in the Mainland and Zanzibar, was implemented.

A final draft of national Emergency WASH Hygiene Promotion Guidelines was prepared and a set of emergency WASH best practice tools was developed and translated into Kiswahili, to be used by district officials and non-state actors involved in emergencies, epidemiology and disaster risk reduction.

Constrained

**IR 4550/A0/04/102/005 Improve sustainability of Water Supply interventions [Non-UNDAP intervention]**

**Progress:**

Sustaining operations and maintenance of safe water investments is arguably the greatest challenge facing the rural water sub-sector. Evidence gathered through a water point mapping baseline survey in 55 districts in Tanzania by SNV, WaterAid and a number of other international NGOs in 2007-08, showed that: i) 43 per cent of water points were not functioning; ii) 25 per cent of water schemes become non-functional within two years of construction; iii) annually, there are more water points becoming non-functional than new water points constructed. The implication is that, coupled with population growth, the proportion of rural residents with access to water is declining. Further evidence is deduced from the 2012 MoW sector report showing that despite massive investment in the sector, 20 per cent (945) of the 4,608 water points constructed under the WSDP ‘quick wins’ component are not functioning just four years after completion. Indeed, during the design lab of Big Results Now, although coverage was initially thought to be around 55 per cent, it was discovered through water point analysis that due to degraded infrastructure, the actual baseline coverage is about 40 per cent; 5.3 million rural residents have lost supply to water.

UNICEF has thus been a strong advocate for the development of a national water sustainability strategy, which was delayed as a result of changes in approach wrought by the BRN initiative. As a result, UNICEF has partnered with SNV and Water Aid to fast-track the development of a strategy that incorporates BRN approaches as well examining capacity building needs at all sub-national levels (regions, districts and communities).

**IR 4550/A0/04/102/006 Technical assistance to ensure effective and efficient delivery of programme results.**

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**PC 103 - Children and AIDS**

**On-track**

**PCR 4550/A0/04/103 Improved and equitable use of proven HIV prevention and treatment interventions by adolescents**

**Progress:**

Major achievements during this reporting period include the launch of the ‘Shuga’ radio programme, a 12-episode national programme that promotes safe sex and HIV counselling and testing among young people; the launch of the National Costed Plan of Action for Most Vulnerable Children 2013-2017, which aims to ensure that MVC have access to basic social services including protection from violence, abuse and neglect; and the development of partnerships with NGOs Restless Development and SUMASESU to reach adolescents and young people with comprehensive HIV information, education and services.

In 2012-2013 UNICEF supported the finalisation of eMTCT plans in seven districts (Temeke, Mbeya, Mbarali, Iringa, Mufindi, Makete, Njombe) as well as quarterly review meetings to monitor progress to overcome key bottlenecks identified, including in the area of adolescent HIV prevention.

UNICEF continued to play a key role in the plans to roll out Option B+, whereby all HIV+ pregnant women are provided with antiretroviral treatment, regardless of CD4 count, which is being supported by Global Fund (round 8, phase two) and PEPFAR partners.

UNICEF is also currently planning to conduct, with TACAIDS and USAID, a secondary analysis of THMIS 3, the VAC Study and DHS, to further clarify factors that make adolescents more vulnerable to HIV infection and refine targeting of our HIV prevention programmes.

As revisions have progressed, UNICEF ensured that priorities for women, children and young people, including adolescent girls, are adequately reflected in key documents under development: the National Multi-Sectoral Strategic Framework (NMSF) for HIV and AIDS
In Zanzibar, UNICEF, together with the Zanzibar AIDS Control Programme (ZACP) and Zanzibar AIDS Commission (ZAC), finalised the standard package of HIV services for key populations (sex workers, men who have sex with men and intravenous drug users, students of correctional facilities) that will guide the future planning of HIV interventions to assist this group to reduce their risk of HIV acquisition or transmission.

**IR 4550/A0/04/103/001** MDAs and CSOs reach and mobilize MARPs to utilize appropriate user-friendly HIV/AIDS services

**Progress:**

With support from UNICEF, the Ministry of Health in Zanzibar has finalised evidence-based comprehensive and minimum HIV-prevention packages, in line with international guidelines, for the KPs identified in the new Zanzibar National Strategic Plan II (ZNSP-II 2011-2016). Findings of the recently disseminated Integrated Behavioural and Biological Surveillance Survey in Zanzibar (2011-12) were incorporated and training of the health care providers on use of the KP packages will commence soon.

UNICEF, in collaboration with WHO, CDC and ZACP, finalised the development of Zanzibar’s PMTCT Guidelines; technical support to Zanzibar to conduct a bottleneck analysis for the development of an eMTCT action plan was planned for late 2013.

Two key partners in Zanzibar received financial and technical support (ZAPHA+ and ZAYEDESA) to implement HIV-related interventions among children affected and infected by HIV and KPs. In collaboration with UNAIDS, the Stigma Index Assessment was successfully completed in 2012. Ten children’s clubs under ZAPHA+ located in Unguja and Pemba islands were operational and providing a strong basis HIV referrals as well as psychosocial support services, therapy sessions and life skills.

UNICEF and ZACP assessed the impact of ZAYEDESA’s first programme cooperation agreement with UNICEF that provided youth-friendly sexual and reproductive health (SRH) and HIV services to MSM and sex workers through their four youth-friendly centres, and a new partnership cooperation agreement was developed.

UNICEF supported the ZAC and ZACP to address HIV prevention, care and treatment through financial and technical support for coordination functions, knowledge management (the website is operational) and validation of the “Packages of HIV Interventions for Key Populations”.

**IR 4550/A0/04/103/002** Relevant MDAs, LGAs and Non State Actors effectively operationalise the National Costed Plan of Action (NCPA) for MVCs

**Progress:**

With technical support from UNICEF, (as well USAID & Family Health International 360), the second national Costed Plan of Action (NCA) for most vulnerable children (MVC) was launched at a high-level advocacy event, with the Prime Minister as the guest of honour. The launch was an opportunity to advocate for increased resources for MVC programming, as well as to generate cross-sectoral commitments from relevant ministries to support the roll-out and implementation of the NCPA II, in line with their mandates.

UNICEF continues to play a key role in strengthening national-level engagement on implementation of the NCPA II, including providing support to key ministries in taking forward the commitments made during the launch. UNICEF also engaged with the Department of Social Welfare and other partners to develop an M&E framework for the NCPA II.

At the downstream level, the Plan provides an opportunity for improved access to services for MVC and for protection of children infected and affected by HIV. UNICEF continues to play a key advocacy role in ensuring the roll-out of NCPA II with key stakeholders at the sub-national level. Within MIN regions, UNICEF provided technical support to LGAs, as well as PEPFAR implementing partners, to strengthen the opportunities for implementation of NCPA II within child protection system-strengthening initiatives (in Mufindi, Makete & Mbeya Rural). Support was provided to MVC implementing partners to address protection of children infected and affected by HIV and AIDS as part of their activities.

**IR 4550/A0/04/103/003** Selected MDAs, LGAs and NSAs implement evidence-based HIV prevention programmes

**Progress:**

A comprehensive HIV/AIDS prevention intervention was established comprising life skills on HIV/AIDS, promotion of HIV counselling and testing, referrals for care and treatment services and promotion of correct and consistent condom use. The interventions targeted the hard-to-reach and most at-risk adolescents, particularly adolescent girls, to gain access to appropriate information and services regarding sexual and reproductive health and HIV/AIDS.
UNICEF has entered into partnerships with NGOs and the private sector to ensure that young people in the selected districts in Dar Es Salaam, Mbeya, Iringa and Njombe are reached with HIV information, education and services through multiple approaches, such as mass media through the Shuga radio programme, peer-to-peer education, community participatory theatre art and advocacy in communities.

A new partnership was forged with Restless Development to implement the national framework model for adolescent girls in Dar Es Salaam, Iringa and Mbeya. The model aims to reduce vulnerability to HIV/AIDS, early pregnancy and violence among adolescent girls. Young girl volunteers were recruited in 12 wards where this model is being piloted through newly established adolescent girls' clubs where young people meet learn, discuss, and share experiences on SRH, HIV/AIDS and other development issues. Also Information and Education resource centres were established in Iringa and Mbeya in four districts.

Similarly, in three wards in Makete district, UNICEF partnered with SUMASESU to support community-based behaviour change communication activities to increase risk perception, knowledge and skills on HIV prevention among adolescents.

In collaboration with TACAIDs and other partners, the Shuga 12-episode national radio programme for young people was launched in June 2013, and is being aired through the Clouds FM - National Radio Station and Kitulo - a community radio in Makete. It promotes safe sex and HIV counselling and testing for young people. Implementation is being monitored by an advisory committee consisting of TACAIDs and key partners.

**On-track**

**IR 4550/A0/04/103/004** TACAIDS and ZAC provide effective guidance to the national HIV/AIDS response, based on evidence and per agreed Human Rights standards

**Progress:**

Through the Regional AIDS Coordinators, TACAIDS was able to integrate/update district and regional HIV/AIDS prevention plans and strategies to align with the newly developed/updated national strategic documents (NMSF, Prevention, HIV Policy). With UNICEF support Mbeya, Iringa, Njombe and Dar Es Salaam regions were able to orient HIV/AIDS committees at all level on the NMSF and review district and regional preventions plans, so that 2013/14 plans take into account recommendations of the NMSF.

In addition, the Situation Analysis on Adolescents Living with HIV and AIDS (ALHIV) and Available Services served to inform the development of two new partnerships, with Baylor International to support ALHIV in Mbeya, Iringa and Njombe and with PASADA in Dar es Salaam.

**IR 4550/A0/04/103/005** Technical assistance to ensure effective and efficient delivery of programme results.

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**PC 104 - Child protection**

**On-track**

**PCR 4550/A0/04/104** Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children

**Progress:**

Major achievements during the reporting period were the launch of the National Costed Plan of Action for Most Vulnerable Children 2013-2017 in February 2013; the launch of the Multi-Sector National Plan of Action to Prevent and Respond to Violence against Children 2013-2016 in April 2013; further operationalisation of the Law of the Child Act 2009 and the Children's Act 2011, through the finalisation of rules and regulations; and successfully piloting the simplified and decentralised birth registration system, which led to a nearly 30 per cent increase in birth certificates for under-five children in Temeke district (from 15 to 44 per cent).

The national standard child protection training manuals targeting social welfare officers and frontline workers was finalised for Zanzibar and the Mainland; core trainers and national facilitators were trained. A standardised training manual was also produced for the Gender and Children’s Desks and trainers were trained.

UNICEF continued to support the Department of Social Welfare (DSW) to work jointly with KIWOHEDE, Dogodogo and MAKINI to support children living and working on the streets of Dar es Salaam, resulting in the reintegration of 155 children and provision of services to 1,340 children, of an estimated population of 2,500.

The child protection system is currently being implemented successfully in the four model districts, with the caseload increasing from 273 in the last financial year to 469 for the current reporting period, as captured in the Child Protection Management Information System (CPMIS). In the four districts, it is estimated that around 45,824 children experience physical violence and 15,346 children experience sexual violence each year. The child protection system has also expanded to North Unguja in Zanzibar.

Implementation of the Five-Year Strategy for Progressive Child Justice Reform began in 2013, overseen by the national Child Justice Forum, including the establishment of Juvenile Courts, the development of child-friendly prosecution guidelines, and the integration of child protection modules in police and prison curricula. Legal aid support was made available to 100 per cent of children in the Juvenile Court and in selected detention centres, resulting in 240 children being released from detention within 12 months and the inclusion of children as a priority group in the Legal Aid Bill. Forty-seven children were supported through the community rehabilitation scheme.
providing a diversion, bail and non-custodial sentencing option to children in conflict with the law.

On-track

IR 4550/A0/04/104/001 Decision makers and communities understand issues concerning violence and abuse against children, including available protection services

Progress:
As part of an amendment to the UNDAP for the reporting period, violence against children coordination and action plan is now reported on under IR 6.

UNICEF, together with a social mobilisation agency, is supporting the Ministry of Community Development, Gender and Children on the Mainland and the Ministry of Empowerment, Social Welfare, Youth, Women and Child Development (MESWYWCD) in Zanzibar to develop a multi-media package for us at both the national and community levels, including schools, children, parents and caregivers, community leaders and service providers.

Partnerships with Faith-Based Organizations (FBO) have been secured bringing together seven religious denominations in support of the National Plan of Action on the Prevention and Response to Violence against Children. The FBOs involved include: the National Muslim Council of Tanzania; the Christian Council of Tanzania; the Mufti's Office, Zanzibar; the National Spiritual Assembly of the Bahai's of Tanzania; the Pentecostal Churches of Tanzania; the Tanzania Episcopal Conference; and the Global Network on Religions for Children. During the reporting period 421 senior religious leaders made commitments to address violence against children following advocacy meetings where the findings of the National Study on Violence Against Children in Tanzania were presented for reflection and discussion.

The Inter-Religious Council of Peace Tanzania also visited four districts of Hai, Temeke, Magu and Kasulu to engage with religious leaders at the district level, advocating for the establishment of Inter-Faith Forums to address violence against children in their respective communities. In the four districts a total of 150 religious leaders were reached. The religious leaders made a commitment to use their channels to advocate for positive disciplinary practices among parents and through schools (Sunday schools and Madrassas) and to enhance children's understanding of violence and encourage them to speak out.

On-track

IR 4550/A0/04/104/002 GoT addresses priority gaps in legislation, strategies and guidelines to protect children and women from abuse, violence and exploitation

Progress:
During the reporting period UNICEF supported DSW to finalise the Child Protection regulations and submit them to the Attorney General's Office for adoption. Through these regulations, amendments were made to regulations governing children's homes child adoption to ensure consistency. Detailed guidelines were also developed for child protection, children's homes and foster care, providing further guidance on how to operationalise the regulations. Regulations for day care centres and creches were also finalised.

UNICEF also supported the Revolutionary Government of Zanzibar (RGoZ) to develop regulations for the 2011 Children's Act on Care and Protection of Children, foster care placement, residential establishment and day care centres, special protection measures, adoption of children, consent to medical intervention and HIV testing; and parentage, custody, guardianship access and maintenance. The seven regulations were submitted for final approval by the Attorney General's Office.

The new birth registration system was successfully field-tested in Temeke during the months of June to July, 2012, and was formally approved by the Inter-Ministerial Technical Committee for roll-out throughout Tanzania. UNICEF supported RITA to develop an operational plan, including an M&E framework, for rolling out the new birth registration system in Mbeya Region and corresponding baseline assessment. This baseline provided information on the existing infrastructure, as well as the gaps, to prepare for the roll-out. One million birth registration forms/certificates were printed for use in Mbeya and other regions.

An information management system using mobile technology was developed for RITA to enable them to collect real time data from the decentralised registration centres (health clinics and ward executive offices).

On-track

IR 4550/A0/04/104/003 Local service providers respond effectively to women and child victims of abuse, violence and exploitation in select areas

Progress:
UNICEF continued to support DSW to work jointly with local NGOs KIWOHEDE, Dogodogo and MAKINI to support children living and working on the streets of Dar es Salaam. The project has facilitated the reintegration of a total of 155 children, out of an estimated 2,500, with only eight having returned back to the streets. Sixty-six children who could not be reintegrated with their families were supported with economic strengthening activities. The project supported a total of 1,340 children with psychosocial support (including recreational activities), counselling, and life skills at the KIWOHEDE and Dogodogo centres.

A network of civil society organisations working with children living and working on the streets has been formed and was supported to conduct monthly meetings to share and discuss approaches and strategies for supporting the children. Good lessons from the initiative included engagement of Social Welfare Officers in reunification of children, referring children for different services and linking street children with the child protection system; these lessons have been adopted by member CSOs. Some of the CSOs were also selected to join the task force that is developing the national strategy for children living and working on streets, to ensure that lessons from this project are used to inform the strategy. The project has attracted more support, with FHI 360 committing to join the partnership and contribute resources.

MCDGC signed a Memorandum of Understanding with C-SEMA to operationalise a Child Helpline in January 2013. This provides a free call number (116)
for children and adults to report cases of violence, abuse, neglect and exploitation. The call centre was established in Dar es Salaam and will initially be piloted in six of the districts implementing the child protection systems strengthening approach. C-SEMA managed more than 388 calls during its first month of operation.

On-track

**IR 4550/A0/04/104/004** MDAs produce, utilise and report disaggregated data on violence/abuse/trafficking/exploitation of women and children according to agreed timeframes

**Progress:**

UNICEF continued to support the Government in the development of a comprehensive Child Protection Management Information System (CPMIS). The District Case Management System (DCMS), module in CPMIS continues to help the District Child Protection Teams (DCPTs) to keep comprehensive records of cases that they are handling. It also helps them analyse the statistics to determine patterns and effectiveness of the child protection system’s response to cases. In its second year of implementation (July 2012 - June 2013), the total number of cases managed by DCPTs and documented in the system increased by 84 per cent from 255 (162 girls, 93 boys) to 724 (418 girls, 306 boys) cases of violence, abuse, neglect and exploitation.

Three more CPMIS modules (for Child Helpline, Preventive Interventions and the Temeke Community Rehabilitation Programme) were developed and are currently being piloted in the model districts where the systems-strengthening work is being implemented. A module for Police Gender and Children Desks and another for child protection mapping were drafted; piloting is scheduled for the next financial year. A module for institutional care will also be developed next year.

UNICEF also supported the DSW to integrate child protection into the M&E framework of the second National Costed Plan of Action for the Most Vulnerable Children (NCPA MVC II). This facilitates the adoption of CPMIS as the CP component of the data management mechanisms for NCPA MVC II. UNICEF is also supporting the integration of the Police Gender and Children Desks module into the Crime Statistics MIS and the GBV/VAC data collection tools, as part of the Tanzania Health Management Information System (HMIS).

**On-track**

**IR 4550/A0/04/104/005** MDAs, LGAs, law enforcement agencies and selected CSOs have improved technical skills to prevent and respond to cases of abuse/violence/exploitation of children

**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 Development (MESWYWCD) in Zanzibar were supported to develop national standard child protection training manuals. The core packages were finalised during the reporting period, while some additional modules on care, court processes, the child helpline and the CPMIS are still being developed. On the Mainland, a core team of National Trainers from the DSW were trained to oversee training of national facilitators and the roll-out to all districts.

In Zanzibar, the MESWYWCD trained a multi-sectoral team of national facilitators, who were equipped with skills on child protection and given tools to facilitate child protection training on the island. Plans are underway to finalise the additional modules for Zanzibar and train the facilitators on the new modules.

The national standard child protection training manual will be used to mainstream Child Protection into the curriculum of three Government institutions (Institute of Social Work, Institute of Rural Development Planning and Community Development Training Institute) during the next financial year.

**On-track**

**IR 4550/A0/04/104/006** Relevant MDAs integrate Child Protection (CP) into their national programmes

**Progress:**

Two significant plans for child protection were launched during the reporting period. The National Costed Plan of Action for Most Vulnerable Children 2013-2017 was launched in February 2013, while the Multi Sector National Plan of Action to Prevent and Respond to Violence against Children 2013-2016 (NPA for VAC) was launched in April 2013. The former includes child protection systems-strengthening as a key strategic objective, while the latter includes costed, time-bound commitments of all key sectors to address violence against children. Both plans have specific coordination structures in place that meet regularly to prepare the plans and to monitor their implementation.

In Zanzibar UNICEF supported the National High-Level Child Protection Committee at the level of principal secretaries and commissioners; the Child Protection Technical Committees in Unguja and Pemba island; 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.

At the sub-national level, UNICEF continued to support DSW to strengthen the child protection system in Hai, Magu, Kasulu and Temeke. Child Protection Teams were formed at district, ward and village levels, referral pathways were developed and communities were informed on where to report to seek services. A total of 200 child victims were supported with medical examination/treatment; transportation to and from court and legal aid.

Training took place for 80 Gender and Children Desks police officers on investigation and evidence collection; as well as for 320 health workers on clinical management of sexual violence for the health workers and 20 social welfare officers on psychosocial counselling and case management.

UNICEF expanded its district support to North Unguja, Zanzibar, where coordination mechanisms have been established and a child protection plan developed.
**On-track**

**IR 4550/A0/04/007 International treaty obligations**

**Progress:**

The review of the State Report to the Committee on the Rights of the Child is now scheduled for 2015. Therefore, activities related to preparation for the session were delayed until 2013-2014.

Successful advocacy resulted in the final National Human Rights Action Plan containing specific sections on children, including a section on children in conflict with the law. Other relevant sections, such as on health, education and social protection, reflected key areas of reform for children. UNICEF provided capacity building to the inter-agency monitoring team in relation to the monitoring and evaluation of child-specific outputs and targets.

UNICEF continued to support the Tanzania Child Rights Forum to enhance the capacity of NGOs to monitor, advocate for and implement children’s rights. In particular, UNICEF supported the Forum to train 125 members on international and regional child rights standards, monitoring and advocacy. A website was developed by the Forum to provide up-to-date information on child rights and a mechanism for members to regularly upload information on child rights violations and progress on the implementation of children’s rights.

The Forum also received support to produce the first Tanzania Child Rights Status Report, providing a comprehensive overview of the implementation of international, regional and national child rights standards in Tanzania. This Report will be used as a basis for the Forum to draft an Alternative Report to the Committee on the Rights of the Child.

**On-track**

**IR 4550/A0/04/008 GoT’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**

**Progress:** Implementation of the Five-Year Strategy for Progressive Child Justice Reform began in 2013, overseen by the national Child Justice Forum. UNICEF is supporting priority activities in the Strategy, including the development of Juvenile Court Rules and the establishment of Juvenile Courts, the development of child-friendly prosecution guidelines, and the integration of child protection modules in police and prison curricula.

A comprehensive second inspection of places of detention holding children was carried out by the Commission for Human Rights and Good Governance, utilising the newly developed standardised monitoring tools.

To reduce the number of children in detention and the length of pre-trial detention, UNICEF implemented a legal aid programme targeted at three ‘hot spot’ detention centres and the one Juvenile Court in the country. As a result, 100 per cent of children were represented in Court and 100 per cent of children in detention received legal help, leading to the release of 240 child detainees over 12 months.

The community rehabilitation scheme is fully operational, providing a diversion, bail and non-custodial sentencing option to children in conflict with the law in the pilot area. To date the programme has supported 47 children.

In collaboration with UNFPA, UN Women and other development partners, UNICEF continued to support the police to establish Gender and Children’s Desks, including through the development of a standardised training manual on handling cases of GBV and child abuse. UNICEF provided TOT for 62 trainers from the police and NGOs. To date 927 officers have been trained.

In Zanzibar, a Five-Year Strategy for Child Justice Reform 2013-2017 was developed as a component of the wider legal sector reform programme, based on two studies on access to justice and juvenile justice. Implementation, monitored and coordinated by the inter-agency Child Justice Working Group, was to begin in July 2013.

**IR 4550/A0/04/009 Technical assistance to ensure effective and efficient delivery of programme results.**

**On-track**

**IR 4550/A0/04/105 Improved learning outcomes and equitable and inclusive education**

**Progress:**

Prospects for enhancing teaching quality improved as the UNICEF-supported In-Service Teacher Training (INSET) model has been mainstreamed in the Medium Term Expenditure Framework (MTEF) of six districts, in 26 districts supported by DfID, and now in national plans (Global Partnership for Education, Primary Education Development Plan III, Big Results Now). Early childhood teacher guides were developed on the Mainland, as were science/math training modules in Zanzibar, matched with a cascade training reaching 534 school-based trainers.

On the Mainland and in Zanzibar, UNICEF-supported knowledge generation, capacity building and operationalisation of integrated approaches to ECD in district plans. Meanwhile, UNICEF supported the drafting of the Integrated Early Child Development (IECD) Policy to lay the foundation for school readiness, despite delays in Government processes for policy review. This has created renewed expectations for a holistic IECD Policy for Tanzania.

Significant capacity-building efforts in evidence-based planning and management on the Mainland reached 80 national and district-level officials trained on using Inspectorate Management Information System (IMIS) data in planning; 70 district and ward-level inspectors/coordinates trained on enhanced local accountability and school-based management, and 330 officials trained on Whole School Development Planning (WSDP), including data-based-plans and resource mobilisation. New WSDP modules and mechanisms were developed, and four pilot centres designed to increase community access to IMIS data.
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were established. WSDP training was also held in four Zanzibar districts, where all schools now have functional plans and an inspectorate system assessment inspired new planning processes.

UNICEF supported positive approaches to gender and inclusion via training of 25 district officials on gender monitoring, revision of school inspection checklists to capture gender-related issues, establishment of the National Education Support and Assessment Centre for early detection of disabilities, revision of teacher training curriculum to address inclusion, and a braille machine to produce learning materials.

The UNICEF-supported peer education club model, TUSEME, to promote youth empowerment and participation in 12 districts, was adopted by the mainland Government for scale-up nationwide. With similar goals, four schools in Zanzibar established student health clubs, with more expected in the future.

The UNICEF-supported Integrated Post Primary Education (IPPE) pilot, providing secondary school equivalency and vocational training for youth without access to post-primary education, now includes 1,046 youth, including 200 new students. UNICEF also supported the development of teaching materials for alternative learning in Zanzibar.

Finally, UNICEF supported the finalization of an EiE manual, and its use in 6 focus district trainings.

**IR 4550/A0/04/105/001 MoEVT expands provision of alternative learning opportunities to include less teacher dependent learning modes, focusing on out-of-school children and illiterate adults**

**Progress:** Since 2011, the IPPE pilot, which provides secondary school equivalency with vocational skill training for youth with no access to post-primary education, has enrolled 1,046 youth, of which 553 (53 per cent) are girls, from 29 wards. This reflects an additional 200 students who joined this programme year. All students are advancing in the programme, and about 20 per cent have sat for the qualifying test (conducted after Form II equivalency completion) that will eventually allow them to sit for the national secondary school leaving examination. Eighty per cent of these students passed the qualifying exam - a significant increase over the estimated national average of about 50 per cent. Having supported the development of competency-based teaching and learning materials for Stages I and II (equivalent to IPPE orientation plus Form I and II-level education), which are currently in use, UNICEF supported MoEVT’s Institute of Adult Education to develop draft Stage III materials (equivalent to Form III and IV education), which are currently under final review.

UNICEF also supported the MoEVT pilot alternative post-primary education in Zanzibar, which enrolled 839 youth this year, four times the target of 200. Teacher guides were designed to strengthen their capacity to work effectively with a youth population and to teach content in Kiswahili, religion, maths and English. Some 98 teachers from all 54 schools offering alternative education are being trained on using the guides for quality teaching. Textbooks for the same subject areas were developed, and printing of the developed materials is under way. Both the guides and the text books are aimed at making the teaching/learning process more accurate, realistic and enjoyable.

**IR 4550/A0/04/105/002 MoEVT improves quality of teacher education programmes for Basic Education in priority subjects**

**Progress:** UNICEF continued support to in-service teacher training (INSET) in mainland Tanzania, where and evaluation was finalised in late 2012, and the initiative recommended by the Government for national scale-up. The INSET programme scale-up plan was developed and is pending approval, but in the meantime, UNICEF has supported the Government to mainstream the INSET programme in the MTEF of six districts and the INSET model has been taken up by the DIID-supported education programme (EQUIP-T), covering more than 26 districts. INSET was included in the GoT’s Primary Education Development Programme, the Global Partnership for Education-T (GPE) proposal and in Big Results Now, as part of improving quality education and learning outcomes.

Support to the MoEVT to strengthen the quality of teaching in early childhood education (the first two years of basic education) included the printing and dissemination of modules on age-appropriate teaching methodology, early identification of special needs, and minimum quality standards, to provide important tools to improve programming in early childhood education. These were distributed in 90 ECD centres and 90 pre-primary schools in seven learning districts as well as Kilaha and Maufuli districts, enabling 180 ECD care-givers and 90 pre-primary teachers to commence their learning process for improving early childhood education quality.

In Zanzibar, following the development of Science and Maths teaching modules for lower primary levels, UNICEF supported printing and roll-out linked with a Training of Trainers (TOT) for 10 national master trainers. These master trainers then trained 534 school-based trainers, drawn from the existing pool of science and maths teachers, and who will subsequently train their peers teaching science and maths at each school.

**IR 4550/A0/04/105/003 Relevant MDAs operationalise national policy on Integrated Early Childhood Development (IECD)**

**Progress:** UNICEF continued to promote the finalisation and approval of the draft IECD policy through supporting the inter-ministerial secretariat and technical committee to review and revise the draft, based on comments provided by the Cabinet secretariat. The IECD policy was re-submitted and is being reviewed by the newly-created National Policy and Strategy Review Committee prior to final submission to Cabinet. An Integrated Operational Strategy (IOS) for the IECD policy was developed, drawing up a roadmap for achievement of the policy’s goals and objectives.

UNICEF also supported the GoT to strengthen understanding of an integrated and holistic approach to planning services for early childhood at the local level via training on IECD for six districts and 16 wards. An IECD information pack was developed to support district officials in the training and subsequent development of IECD action plans. The establishment of local ECD networks with technical support from local NGO partners was initiated in the three regions that cover the six UNICEF focus districts, with the goal of improving local capacity to advocate for and monitor integrated ECD services.

In Zanzibar, UNICEF supported an assessment of the status and quality of ECD services, including early childhood education. A comprehensive report containing key findings and recommendations for the Government to expand and strengthen early childhood services, including on the need for capacity building at all levels (and national-level coordination), was completed and was under review with Government in late 2013.
On-track

IR 4550/A0/04/105/004 Relevant MDAs undertake evidence-based planning, management and quality assurance at national, district, ward and school levels

**Progress:** UNICEF supported training on evidence-based planning, including: 80 national and district-level officials on use of IMIS data in planning; 35 school inspectors and 35 ward education coordinators in the seven Learning Districts supported by UNICEF on enhanced local accountability for Strengthened School Based Management; and 180 officials and 150 WECs on Whole School Development Planning (WSDP); including using data to develop and use school plans to mobilise resources training. New WSDP modules (Planning, Leadership, and Finance) were developed with MoEVT; the development of open/long-distance learning will enable scale-up nationwide. Four Community Learning Centres were established in three Learning Districts, plus one control district, to advance community access to IMIS-generated data. In Zanzibar, an inspectorate assessment called for greater autonomy, a merit-based recruitment system and capacity building for inspectors. MoEVT adopted recommendations for immediate action. WSDP training was held in four Zanzibar districts, where all schools now have functional plans.

UNICEF supported a review of school inspection checklists to capture gender-related issues, and the training of 25 district officials on gender monitoring. The TCO also supported establishment of the National Education Support and Assessment Centre to: enhance early detection of disabilities and review teacher training curriculum to address inclusion, and purchased a braille machine to produce learning materials.

School-based empowerment peer clubs (TUSEME), supported by UNICEF in 12 districts, were expanded to five more districts by the Government, which announced its intent to scale-up nationally. Twenty-four trainers from 12 districts were trained, and in turn trained 300 teachers and 50 pupils on gender and empowerment, with many more schoolchildren benefitting through TUSEME participation. UNICEF supported four schools in Zanzibar to establish health clubs to strengthen student capacity to protect themselves from abuse and to address challenges they face on a daily basis.

On-track

IR 4550/A0/04/105/005 Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra coordinated response in Education in emergencies.

**Progress:** Two MoEVT senior Education in Emergencies (EIE) officials participated in a regional training workshop in Nairobi on building Resilience in Education in Emergencies. Two follow-up webinars were conducted for MoEVT to enhance their planning and response capacity.

UNICEF continued support for the finalisation of the manual on EIE, which was validated by MoEVT and used for orientation and training on EIE in the six focus districts, covering a total of 180 district officials and 150 WECs. Plans for the next programme year include the rolling out to the school level, targeting school committees, teachers and pupils for training on the preparation of school emergency plans and a simulation exercise on disaster preparedness.

IR 4550/A0/04/105/006 Technical assistance to ensure effective and efficient delivery of programme results
IR 4550/A0/04/105/007 Inclusive strategies with a focus on girls and children with disabilities are strengthened at primary school level

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**PC 106 - Social policy analysis and development**

On-track

PCR 4550/A0/04/106 Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data

**Progress:**

Major achievements during the reporting period were the finalisation and approval of the Zanzibar Social Protection Policy; work by the Ministry of Social Welfare, Youth, Women, and Children Development to develop a corresponding implementation plan is ongoing. The Government remains committed to rolling out the new Productive Social Safety Net (PSSN) programme launched by President Kikwete in August 2012. Following the UN Chief Executive Board Spring Session in Madrid in April 2013, the Government made the decision to scale up the PSSN to support 1.2 million households by December 31, 2015 in order to contribute to the achievement of MDG 1. In addition, the Government agreed to begin operationalising the National Social Protection Framework while waiting for its approval.

UNICEF provided support to the Ministry of Finance on the Mainland to conduct a review of public expenditure on child protection and drafted a corresponding budget guideline. District officials in 13 pilot districts received training to guide their budget projections for Child Protection in the Midterm Expenditure Framework of 2014/2015. A plan for a Public Expenditure Review for the nutrition sector in 2013/14 was also endorsed by the Ministry of Finance.

UNICEF continued its support to the National Bureau of Statistics (to support data collection for the 2011/12 Household Budget Survey (HBS), print and share the final report of the 2010/11 National Panel Survey (NPS), disseminate malaria data from 2011/12 and the full Tanzania HIV/AIDS Malaria Indicator Survey (THMIS), as well as conduct the 2012 Population and Housing Census (PHC) for which data processing is compete and population distribution by administrative units finalised and shared in March 2013.

The Tanzania Socio-Economic Database, built on a DevInfo platform is managed and maintained by the NBS. In 2012-2013, UNICEF provided technical input to the finalisation of the TSED strategic plan. Initial updates of 2012 TSED on the data were completed in January 2013. An updated 2012 TSED version 6 was uploaded to TSED website (www.tsed.org ) with technical support from the DevInfo Support Group. Also, TSED underwent further data updates incorporating the 2008 Tanzania Disability Survey (TDS), 2011/12 Tanzania HIV/AIDs and Malaria Indicator Survey (THMIS), NPS year 1 and 2; Basic Education Statistics in Tanzania (BEST) 2012, 2011 and the 2012 Economic survey.
Constrained

**IR 4550/A0/04/106/001** GoT coordinates a multi-sectoral social protection response to the needs of economically deprived and insecure groups

**Progress:** Progress was achieved in the development and adoption of key policies and regulations. UNICEF worked with Ministry of Social Welfare, Youth, Women and Children Development (MSWYWCD) to draft the Zanzibar Social Protection Policy (ZSPP), which will facilitate setting priorities for channeling resources towards programmes and services targeting vulnerable groups. ZSPP was developed based on a mapping of poverty and vulnerability in Zanzibar, with extensive consultations by all relevant MDAs and members of Parliament, ensuring consensus and ownership by stakeholders. The policy is ready for adoption, putting Zanzibar ahead of the Mainland in having an overarching policy framework for priority setting and coordination of social protection interventions.

UNICEF has remained a trusted stakeholder for the PSSN social safety net programme, which is highly regarded by the Government, the World Bank and DfID. UNICEF made critical contributions to several WB missions on the supply side capacity constraint, the targeting approach of the programme, impact evaluations, realism of the roll-out and the costing structure of the current plan.

The future of the National Social Protection Fund is still unclear, but UNICEF is working with the Government to develop an action plan to operationalise the draft National Social Protection Framework prior to cabinet approval.

On-track

**IR 4550/A0/04/106/002** [Governance WG UNDAP Output] Policies, strategies and budgets prioritize children and women

**Progress:** UNICEF provided support to the Ministry of Finance on the Mainland to conduct a review of public expenditure on child protection and drafted a corresponding budget guideline. District officials in 13 pilot districts received training to guide their budget projections for Child Protection in the Midterm Expenditure Framework of 2014/2015. A plan for a Public Expenditure Review of the nutrition sector in 2013/14 was also endorsed by the Ministry of Finance.

On-track

**IR 4550/A0/04/106/003** Quality of data on children, provides quality data on children's issues

**Progress:** In 2012-2013, UNICEF continued its support to the NBS to provide quality data on children's issues. As part of this cooperation, technical assistance was provided to review implementation progress of the 2012/13 annual plan finalise the 2013/14 annual TSMP work plan, to strengthen NBS capacity to produce quality data for decision-makers in an objective, timely and cost-effective manner. As part of this effort, technical support was provided to assure quality data collection for the 2011/12 HBS and financial and technical support was provided for printing of the final 2010/11 NPS report, including preparation and printing of survey tools for the 2012/13 NPS. NBS was supported in disseminating malaria data from the 2011/12 THMIS and data processing of the 2012 Population and Housing Census.

On-track

**IR 4550/A0/04/106/004** Awareness on data on children in MDAs dealing with children are periodically made aware on data pertaining to children


Initial updates of the 2012 TSED were completed in January 2013 and uploaded to the TSED website (www.tsed.org), with technical support from the Devinfo Support Group. CDs were shared with different stakeholders for comments during the user needs assessment. An update of TSED maps to align with new administrative boundaries is pending the release of new shape files by the NBS cartographic unit.

A Situation Analysis on Children with Disabilities was developed through a consultative process. The final report will be shared and will continue to be used to support advocacy for the well-being of children with disability.

On-track

**IR 4550/A0/04/106/005** National advocacy efforts for child rights are effective [Linked to UNDAP Governance Outcome - per Key Action 3.6.2, Includes UNICEF corporate communication budget (USD 0.7m not in the UNDAP)]

**Progress:** In 2012-2013, UNICEF supported implementation of the Children’s Agenda (CA) Strategy 2012-2015, including the printing and dissemination of ‘Budgeting for Children in Tanzania’ and an ‘Advocacy Toolkit’ targeting civil society organisations, media and Members of Parliament. The guide on ‘Budgeting for Children in Tanzania’ was complemented with a workshop with key stakeholders including CSOs and media personnel. Consultative workshops with key stakeholders (media, CSOs, MPs, children, and private sector) were organised to gather feedback on the draft advocacy briefs on each of the CA’s Top Ten Investments. In collaboration with the NGO Children’s Dignity Forum (CDF), consultations were organised with children to gather their feedback and recommendations on the progress of the Top Ten Investment areas; their input was captured in the ‘Children’s Voices Report’, which was...
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UNICEF entered into a new partnership with CDF to organise a series of post-consultations with key stakeholders in four urban centres to highlight the outcomes of the ‘Cities and Children: The Challenge of Urbanisation in Tanzania’ report. Subsequently, work-plans focusing on creating child-friendly cities were developed by each of the four municipalities (Ilala and Kinondoni Districts, Mbeya City and Mwanza City).

The Young Reporter’s Network (YRN) is progressing well, with five active groups operating on the Mainland and Zanzibar. A concept note submitted on behalf of Mwanya Youth and Children Network resulted in an award for US$30,000 to implement the YRN in Mwanza.

IR 4550/A0/04/106/006 Technical assistance to ensure effective and efficient delivery of programme results

PC 107 - Emergency preparedness and response / Field Coordination

On-track

PCR 4550/A0/04/107 Strengthened local governance mechanisms for children, including in risk-prone contexts

Progress:

In 2012-2013, UNICEF commissioned an assessment of its support to Planning, Budgeting, Monitoring and Reporting (PBMR) over the period of the last Country Programme, going some way to validate the relevance of UNICEF’s engagement in this area. Moving forward, as part of the current Country Programme, UNICEF support to PBMR in its new focus districts will be with a view to promoting greater institutionalisation of PBMR processes within Government systems. In addition, it will entail strengthening the regions to support quality assurance and Council Monitoring and Evaluation Teams (CMET) to undertake the role of facilitation, especially in relation to monitoring and reporting.

Using the opportunity of the commencement of UNICEF’s sub-national programme of work, TCO has rolled out its approach for implementing the Monitoring Results for Equity System, having initiated a multi-sector baseline assessment and completed bottleneck analyses with district partners and through children’s consultations in its new focus districts in Mbeya, Iringa and Njombe regions. The process identified priority bottlenecks to be addressed through district-level interventions and tracer indicators for regular monitoring.

In 2012-2013 UNICEF continued its support to the Disaster Management Department of the Prime Minister’s Office, and the Second Vice Presidents Office has been organising regular zonal and shehia Disaster Emergency coordination meetings. These meetings have served to increase stakeholder participation in disaster preparedness and response activities coordinated under the leadership of the Government. UNICEF and the Prime Minister’s Office successfully mobilised resources from the World Bank to address disaster risk reduction in drought-prone areas.

To enhance the participation of communities, a baseline survey was conducted in Tanzania Mainland and Zanzibar to determine community perceptions with regard to emergency information, which provided useful insight into the best means for information flow to prepare for and respond effectively to disasters as they occur. The baseline report provided substantial inputs to the development of an emergency communications strategy and tool kit to ensure appropriate emergency messages are disseminated prior to impact.

With UNICEF support, 22,462 refugee children accessed quality basic education in 12 primary schools; 14,070 youth were oriented on different issues concerning adolescent SRH, sexually transmitted infections, prevention of HIV/AIDS and early marriage; and 26,000 refugee women of reproductive age accessed health, reproductive and PMTCT services. A total of 34,000 Burundian refugees were assisted by UNICEF and the UN to return home from the refugee camps in Tanzania.

IR 4550/A0/04/107/001 Communities have access to improved credible emergency information to enable early action

Progress: UNICEF supported the Disaster Management Departments of the Prime Minister’s Office (Mainland) and Second Vice Presidents Office (Zanzibar) to conduct a Baseline Survey on Communities’ Perception and Understanding of Emergency Communication in relation to three common hazards (drought, floods and cholera) both on the Mainland and Zanzibar. The survey revealed that repeated experience of various disasters in all the six surveyed districts had increased public awareness on the magnitude, vulnerability and risk of hazards and how to cope with them. Some behaviour and cultural practices were, however, found to increase risk vulnerability, most notably due to poor sanitation practices. The baseline survey contributed toward development and roll-out of an Emergency Communication Strategy and Emergency toolkit to enhance capacity for communities at risk to prepare for and ensure timely and effective response during emergencies.

IR 4550/A0/04/107/002 Prime Minister Office (PMO) and Chief Minister’s Office (CMO) - Disaster Management Departments (DMDs) effectively lead Emergency Preparedness and Response (EPR) with a focus on areas most susceptible to disasters

Progress: To support pre-positioning of key emergency supplies, UNICEF supported the procurement of therapeutic nutrition supplies in late 2012, whilst other emergency nutrition supplies remain pre-positioned at the Medical Stores Department and World Food Programme warehouses (mainly high-energy biscuits). Six sets of health emergency kits procured for five regions (Mbeya, Morogoro, Mwanza, Kilimanjaro and Dodoma) with referral hospitals that receive patients from all neighbouring health facilities.

A partnership was established with the TRCS for capacity development and pre-positioning for emergency supplies for WASH, health and nutrition to ensure timely and effective response during emergencies.
UNICEF support to PBMR focused on capacity development, including the preparation of PBMR tools and establishment of a National Facilitation Team to meet district training needs in this area. Availability of national facilitators to support LGAs, however, was not consistent and some setbacks were experienced in institutionalising PBMR processes. The ‘Opportunities & Obstacles to Development’ methodology contributed toward raising community participation and ownership of development interventions, but this was weakened by districts’ inability to meet community priorities in terms of implementation. Although PBMR tools have the objective of streamlining reporting requirements, the proliferation of donor-led planning tools, guidelines and formats has affected the focus of the PBMR process as a harmonised approach. Moving forward as part of the current Country Programme, UNICEF support to PBMR in its new focus districts will be with a view to promoting greater institutionalisation of PBMR processes within government systems. In addition, it will entail strengthening the regions to support quality assurance and CMET to undertake the role of facilitation, especially for monitoring and reporting.

Using the opportunity of the commencement of its sub-national programme of work, TCO rolled out its approach to the implementation of the MoRES, having initiated a multi-sectoral baseline assessment and completed bottleneck analyses with district partners and through children’s consultations in its new focus districts in the MIN regions. The process identified priority bottlenecks to be addressed through district-level interventions and tracer indicators for regular monitoring.

### On-track

**IR 4550/A0/04/107/003 MoEA and PMC-RALG operationalize the simplified and integrated Planning, Budgeting, Monitoring and Reporting (PBMR) guidelines and tools in LGAs**

**Progress:** In 2012-2013, UNICEF commissioned an assessment of its support to PBMR over the period of the last Country Programme, going some way to validating the relevance of UNICEF’s engagement in the area of PBMR support.

UNICEF support to PBMR focused on capacity development, including the preparation of PBMR tools and establishment of a National Facilitation Team to meet district training needs in this area. Availability of national facilitators to support LGAs, however, was not consistent and some setbacks were experienced in institutionalising PBMR processes. The ‘Opportunities & Obstacles to Development’ methodology contributed toward raising community participation and ownership of development interventions, but this was weakened by districts’ inability to meet community priorities in terms of implementation. Although PBMR tools have the objective of streamlining reporting requirements, the proliferation of donor-led planning tools, guidelines and formats has affected the focus of the PBMR process as a harmonised approach. Moving forward as part of the current Country Programme, UNICEF support to PBMR in its new focus districts will be with a view to promoting greater institutionalisation of PBMR processes within government systems. In addition, it will entail strengthening the regions to support quality assurance and CMET to undertake the role of facilitation, especially for monitoring and reporting.

Using the opportunity of the commencement of its sub-national programme of work, TCO rolled out its approach to the implementation of the MoRES, having initiated a multi-sectoral baseline assessment and completed bottleneck analyses with district partners and through children’s consultations in its new focus districts in the MIN regions. The process identified priority bottlenecks to be addressed through district-level interventions and tracer indicators for regular monitoring.

### On-track

**IR 4550/A0/04/107/004 Refugees have access to basic services and protection in line with international norms and standards**

**Progress:** UNICEF ensured basic support to refugees in line with its Core Commitments for Children (CCC) by providing support for child protection services through the International Rescue Committee; health, nutrition and prevention of mother-to-child transmission of HIV through the Red Cross, and basic education for pre- and primary schools through World Vision Tanzania.

With UNICEF support, 22,462 refugee children accessed quality basic education in 12 primary schools; 14,070 youth were oriented on different issues concerning adolescent SRH, sexually transmitted infections, prevention of HIV/AIDS and early marriage; and 26,000 refugee women of reproductive age accessed health, reproductive and PMTCT services. In addition, training was provided for 432 teachers in 12 primary schools and 104 health staff to improve service delivery in Nyarugusu camp. Key supply items were provided for refugee women and children including books, stationary, games, sporting equipment, clothing items, sanitary kits and health supplies, including vaccines and HIV test kits. In addition, the safety and security of 38,190 refugee children was increased following the upgrading of child-friendly service centres in the camp.

In partnership with the International Rescue Committee and Red Cross, UNICEF, in collaboration with other UN agencies, supported the successful closure of Mtabila Burundian camp in North West Tanzania in full compliance with international human rights and humanitarian standards. The closure was characterised by the Government of Tanzania, as “one of the historical milestone achievements by the international community in the quest for durable solutions for refugees.”

**IR 4550/A0/04/107/005 Technical assistance to ensure effective and efficient delivery of programme results**

### Cross-sectoral costs

**PCR 4550/A0/04/110 Improved management of financial and human resources in pursuit of results**

**IR 4550/A0/04/110/001 Programme implementation in Mainland is supported by efficient operational services**

**IR 4550/A0/04/110/002 Programme implementation in Zanzibar is supported by efficient programme and operational support services**

**On-track**

**IR 4550/A0/04/110/003 Technical services in Planning, Monitoring, Evaluation, Knowledge Management and Reporting in place for evidence based programme management and national capacity development**

**Progress:**

A total of 10 studies, surveys and evaluations (six studies, one survey and three evaluations) were completed in 2012-2013. PME led the implementation of
a baseline survey for the sub-national programme in Mbeya, Iringa and Njombe, encompassing a bottleneck analysis and children's consultations across the six districts, as well as baseline data collection. Three evaluations were completed in education, health and nutrition and cross-cutting sectors, covering project pilots and/or high-spending intervention areas.

In 2013, UNICEF supported the Government of Tanzania to implement a new birth registration system using a combination of mobile and computer technology. Since the launch of the project in one of the biggest region in Tanzania, a total of 121,000 children (close to 30 per cent increase) were registered in just four months.

Furthermore, UNICEF supported the MOHSW in developing a national Sanitation MIS. UNICEF also implemented a mobile phone panel survey referred to as T-Watoto, to collect frequent data on community members’ knowledge and practices. Data collected through mobile phones will be used to make timely adjustments to programme strategies at the sub-national level.

A number of internal Knowledge Management tools (Intranet, document library, photo library, and search engine, TMS, DCT monitoring database, HACT database, PCA database, and activity report database,) were developed and implemented for knowledge-sharing and programme excellence.

Since the beginning of the Country Programme the Office has mobilised 65 per cent of its OR ceiling in the CPD. Donor conditions, utilisation of funds and expiring grants are closely monitored through a set of indicator reports reviewed during monthly Country Management Team (CMT) meetings. This mechanism helps to avoid unnecessary extensions of grants and unspent balances and ensures a high level of expenditure (at 95-98 per cent when submitting donor reports).

On-track

IR 4550/A0/04/110/004 UN coherence is effective and efficient and work for children

Progress:

PME Working Group: In 2012 UNICEF entered into a new cooperation agreement with the Tanzania Evaluation Association (TanEA) to strengthen national evaluation systems and capacities. As part of this strategy, one conference was held on “Evaluation and Policy Influence” in Dar es Salaam, bringing together approximately 40 participants from Government, UN, academia and civil society. Due to challenges with TanEA’s internal capacity and governance structure, further work on expanding its reach could not be pursued.

HACT Working Group: UNICEF contributed toward the One UN HACTWG; in 2012-2013, audits were completed of implementing partners that constitute a vital risk management component and a corporate requirement for many agencies. Training UN agencies on the application of HACT contributed to harmonised financial management. A common assurance plan was drafted to meet challenges identified in the assessments and audit. About 120 IPs participated in a workshop to address challenges in allocation and reporting of funds, audit, procurement and project management. Further, a micro-assessment of 80 partners across the UN system was undertaken and the 2011 HACT was completed, ensuring a coherent approach to improved risk management. Cumulatively, these process ensured that the funds allocated to partners were effectively utilised to achieve improved development outcomes.

TOPT Working Group: UNICEF contributed toward the Tanzania One Procurement Team (TOPT) making great progress toward harmonising and increasing common procurement within the UN in Tanzania. As of 19 of June, 47 long-term agreements (LTAs) had been developed as common UN LTAs, and contracts had been signed with a range of suppliers. Additionally, 26 agency-specific LTAs are available for piggy-backing by other agencies that can benefit from the solicitation process already undertaken. The increase in commonly procured goods and use of LTAs is important to achieving cost-savings for procurement. The increased knowledge among agencies on LTAs available has contributed to cost savings in regard to staff time allocated to perform individual procurement activities.

IR 4550/A0/04/110/005 Iringa Programme & Operations costs

On-track

PCR 4550/A0/04/800 Effective & efficient programme management and operations support

Progress:

TCO governance structures defined in the AMP such as CRC, PCARC, JCC, etc. contributed to effective functioning of 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 two-and-a-half years of the Country Programme, to focus on improvements for the remaining period.

Issues of strategic importance, risk management and other coordination matters were discussed as part of the CMT and other management committees, resulting in improved programme excellence and operational efficiencies. The Office managed to close three out of 12 recommendations from the OIAI 2013 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 nine 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 million) had been utilised. Also, 94 per cent of PBAs 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 on the intranet and by attending presentations that were at no cost for the Office. The Office monitors PAS cycle and ensures objective-setting at the beginning of the year; mid-year progress reviews and end-year reports had a 100 per cent completion rate of 2012 PAS by June 2013.
**On-track**

**IR 4550/A0/04/800/001 Effective and efficient Governance and Systems**

**Progress:**

TCO 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 are reviewed by CMT as part of the CO quality assurance mechanisms through feedback from Programme and Operations meetings. The key priorities for programme, operations and management are 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 our readiness versus the context. As a medium-risk country, there was little change in the context during this period.

Office oversight structures are in place and all statutory advisory committees are well established and fully functional. Other statutory office committees are in place to monitor programmatic and management performance indicators and ensure UNICEF and UN rules and regulations are followed. The Office also maintains 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 in Vision and the VISION taskforce continues 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 has taken 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 indicators are prepared on a monthly basis and reviewed during CMT meetings. The reports are prepared with information available from the Performance Management system.

In relation to governance, the internal auditors made some comments on the Office's involvement in Delivering as One, the staffing structure and delays in recruitment for 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, Contract Review committee etc. 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.

**On-track**

**IR 4550/A0/04/800/002 Operational Costs**

**Progress:**

The Office was audited in 2013 in relation to several 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 mobilise 132 per cent of planned OR for the year. Overall the Office has mobilised 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 PSB 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 being used.

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 continued to replenish its Tanzanian Shillings account directly from NYHQ 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 recently renegotiated better terms, resulting in a cancellation of most bank charges.

The CO maintained a strong contribution management system, tracking due donor reports, expiring grants, DCT and RR & ORR spending into management indicators monitored monthly at CMT meetings. The CMT also closely monitors bank reconciliations, accounting and liquidation of cash assistance. The Office has a HACT/DCT committee that meets 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.

As part of the HACT implementation plan, programme visits were regularly conducted, and four joint spot-checks of financial and programmatic activities were conducted successfully during the first semester of 2013.

Office expenditure, expiring grants and outstanding DCTs are reviewed monthly during CMT meetings. The balance of outstanding DCTs over nine 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. Also, 94 per cent of PBAs were used within the original duration of the PBA life, while six grants were extended due to continuation of funding.

The Office 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 assess the remaining implementing partners. Five scheduled audits were completed during the year.

**Effective and efficient management of Human Capacity**

**Progress:** The Office has 125 established posts: 114 in Dar es Salaam, plus nine and two in the Zanzibar and Iringa sub-offices, respectively. Nineteen recruitments took place during the period: 16 were for fixed-term posts, while two were UN volunteers and one was a temporary appointment.

Staff benefited from e-learning opportunities available on the intranet and by attending presentations that were at no cost for the Office, such as 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.

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

The Office monitors PAS cycle and ensures objective-setting at the beginning of the year, mid-year progress reviews and end-year reports were completed (with a 100 per cent completion rate of 2012 PAS) by June 2013.

The Office has a fulltime emergency officer and emergency focal points in each section. With many new staff in place due to turnover, it was determined that training in EPR was required so that new staff have the necessary knowledge and competencies in preparing and responding to emergencies. The EPR training will take place in 2014.

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

The Office continues to be compliant with the 10 minimum standards on HIV and AIDS in the workplace. The UN Cares focal points participated in a two-day training facilitated by the Eastern and Southern Africa Regional Coordinator. The purposes were to revitalise 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 UN week and World AIDS Day commemorations all UN staff were provided with opportunity to test for Body Mass Index (BMI), diabetes, high blood pressure, breast cancer and receive voluntary counselling and testing or medical advice.

The Office continued to work on the recommendations from the GSS and 2012 internal survey. Out of 29 recommendations, 24 were fully or partially addressed and five were not yet addressed – the majority of those addressed related to information-sharing, trust in management and team building. A follow-up survey in 2013 revealed that most staff were satisfied with the changes made in information-sharing and trust in management, which were rated as among the top five things that were working well.

In 2013 new areas that required improvement shifted from concerns with management and teams towards concern over space, as the Office moved to temporary premises while securing land for the new premises.

**Operational Costs**

**IR 4550/A0/04/800/888**
**Effective Governance Structure**

TCO 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 are reviewed by CMT as part of the CO quality assurance mechanisms through feedback from Programme and Operations meetings. The key priorities for programme, operations and management are outlined in the Annual Management Plan (AMP). 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 our readiness to local realities. As a medium-risk country, there was little change in the context during this period.

Office oversight structures are in place and all statutory advisory committees are well established and fully functional. Other statutory Office committees are in place to monitor programmatic and management performance indicators and ensure UNICEF and UN rules and regulations are followed. The Office also maintains task forces on strategic areas such as: Gender, Early Childhood Development, Fundraising etc.

A Table of Authorities (ToA) is maintained in line with roles assigned to staff in Vision and the VISION taskforce continues its coordinating role of VISION-related issues. The Office held weekly All Staff Meetings during which information and key decisions from the CMT were shared.

The CMT undertook 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 indicators 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 for some posts. The Office is working on implementing the audit recommendations.

Risk mitigation is an underlying feature in the operation 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, Contract Review Committee etc. As these bodies meet weekly or monthly, the Office is constantly monitoring programmatic and management performance and responding to any risks that are identified.

**Strategic Risk Management**


Within the context of the United Nations Development Assistance Plan (UNDAP), UNICEF actively participated in the UN Country Management team, the UN Programme and Operations Management Team, the UN Operations Management Team, various programme and sector working groups, coordination bodies with the Government of Tanzania, and is able to constantly monitor changes in the internal and external operating environment and identify appropriate responses.

The Office addressed the increased vulnerability of its Upanga premises (proximity to a power plant, a new
construction site, main busy road with very short stand-off distance), by moving to a temporary location while it begins the process of constructing new premises.

The effectiveness of the controls in place to mitigate risks were regularly assessed by various Office committees, including: the Country Office’s Senior Management Team, Country Management Team, Programme Management Team, Programme Cooperation Agreement Review Committee, Contract Review committee etc.

The Office has a dedicated Emergency Officer in the Field Services section. Each section also has an emergency focal point. The Emergency Officer ensures that focal points routinely update the relevant sections of UNICEF’s Early Warning/Early Action website, thus keeping preparedness measures and threats up to date. The level of alert is consistent with Tanzania's ranking as a country with medium risk for emergencies and disasters.

The BCP was reviewed and updated in February 2013. The designated off-site recovery location has been equipped with the necessary ICT hardware to enable critical operations recovery teams to function while normal business operations are restored. A simulation exercise is planned for early 2014.

**Evaluation**

The Integrated Monitoring & Evaluation Plan (IMEP) is institutionalised in the Country Office to ensure coordination of studies, surveys, evaluations and national M&E support. The priorities are integrated within UNDAP programme working group annual work plans, and are monitored and reviewed throughout the course of the year as the basis for assessing progress, constraints and resourcing. To strengthen the governance and quality assurance of the research function, a Peer Review Group was established in 2013 to replace the previous virtual Studies and Evaluation Group with a more comprehensive mandate for the review and clearance of research products.

In 2012-2013, evaluations were completed, in education, health and nutrition, and cross-cutting sectors, focusing on pilot and/or high-spending intervention areas. In the former category, this included a review of the school-based INSET pilot programme; an evaluation of the development and implementation of mobile decision support applications for maternal health in Bagamoyo and the management of acute malnutrition in Zanzibar; and in the latter category, an assessment of Government planning, budgeting, monitoring and reporting (PBMR) over the duration of the previous Country Programme. All evaluations completed throughout the year have an approved management response in place, although further steps are required to ensure this process is completed in a timely manner, to facilitate decision-making and strategic learning.

The evaluation of the pilot INSET programme contributed toward programme management, showing improvements in the capacity of participating teachers with the introduction and development of lessons, use of teacher questioning and feedback and management of classes. INSET-trained teachers were significantly more likely to involve the pupils in group work and pupil demonstration, and to spend less time on class management issues. Based on the evaluation findings, UNICEF worked with the Ministry of Education and Vocational Training to develop a three-year action plan with a corresponding budget for roll-out.

The evaluation of mobile decision support applications found improvements in the accuracy and comprehensiveness of antenatal care services and the management of children with severe acute malnutrition. Although not assessed as a cost-efficient project, health workers acceptance and usability were found to be high. The external evaluation contributed to CO programming strategies linked with the use of mobile technology.

The assessment of PBMR processes provided important learning on UNICEF’s engagement in this field. Although PBMR tools have the objective of streamlining reporting requirements, the proliferation of donor-led planning tools, guidelines and formats has affected the focus of the PBMR process as a harmonised approach. Moving forward as part of the current Country Programme, UNICEF support to PBMR in its new focus districts will be with a view to promoting greater institutionalisation within Government systems.
To strengthen national evaluation systems and capacities, UNICEF collaborated with the Tanzania Evaluation Association (TanEA), holding one conference during the year on “Evaluation and Policy Influence” in Dar es Salaam that brought together some 40 participants from Government, UN, academia and civil society.

**Effective Use of Information and Communication Technology**

The ICT unit provided solutions and services contributing to the achievement of programme results. The multi-phased relocation of the Office resulted in several challenges in maintaining satisfactory performances of Office ICT systems and functions during this period.

For the first half of the year the Office in Dar es Salaam was operating from two locations, however ICT was successful in maintaining a high degree of service availability and providing usual user support to both sites, which enabled the staff to carry out their routine functions with minimal disruption throughout.

The primary data connection through EMC satellite network remained unchanged to facilitate faster VISION traffic flow between user desktops to global SAP servers. ICT managed to carry out a seamless transition of the VSAT Dish from the old Office to the new plot where the basic infrastructure for planned permanent UNICEF Office will be constructed.

ICT took several initiatives to conduct VISION trainings covering key areas such as raising and monitoring commitments, managing funds, handling open balances, and DCT liquidations. It also took the lead in providing local SME (Subject Matter Expert) support on VISION-related issues across all the sectors: travel, HR, finance, admin, programme, supplies, DCTs and funds management. In addition, the unit played the leading role in interfacing helpdesk (Service manager) for RO/HQ support on critical issues. VISION accounts, roles, workflow management and administration were other significant contributions made by the ICT section during the period under review to assure effective, efficient use of VISION transactions in-house.

The Office managed to set up a new radio repeater station as a recovery measure to replace the ONE-UN radio station destroyed by fire around July 2013. This step ensured Office compliance with MOSS (Minimum Operating Security Standards) communication requirements.

The Office also maintained the ICT inventory up to date and phased out expired items through the Property Survey Board. The ICT inventory was reviewed and reconciled to reflect the latest updates and status of the Office’s ICT assets, which helped the Office to plan realistic ICT needs and place orders on time to fill the gaps created due to underperforming or end-of-life-cycle items.

The field offices in Iringa and Zanzibar were provided with adequate ICT facilities, including video/audio conferencing facilities.

The emergency readiness of the ICT functions in the Office was also strengthened, and the data backup system was revised to ensure disaster recovery readiness of critical data.

ICT service delivery and system administration, including successful implementation of global rollouts were carried out within the deadlines. ICT also took necessary steps to host the local SharePoint server in collaboration with the knowledge management team, which improved content sharing and collaboration activities among both internal and external parties.

ICT governance, revision of work processes, ICT for development, Knowledge Management, UN Coherence, and Staff training are some of key priorities in the coming year.

**Fund-raising and Donor Relations**

The Office continued to place significant importance on timely reporting to donors, with 33 of 34 donor reports submitted on time during the reporting period. A structured mechanism is in place for the timely submission and quality assurance of donor reports, which includes standardised templates and a checklist for
reviewing the quality of donor reports.

The fund-raising environment remains challenging, particularly in certain sectors, such as Education and HIV/AIDS. Nevertheless, the Office mobilised US$29 million of Other Resources (OR), which is 132 per cent of the planned amount of US$22 million for the reporting period. Since the beginning of the Country Programme the Office has mobilised 65 per cent of its OR ceiling in the CPD. Funding from government donors (Canada, Irish AID, USAID, CDC etc..) has continued to increase, representing 46 per cent (US$14 million) of all OR. National Committees contributed 11 per cent (US$2.7 million) of OR; inter-organisational arrangements (including One Fund, UNAIDS, UNOPS) 29 per cent (US$8.3 million); thematic funds 11 per cent (US$2.8 million) and inter-governmental organisations (including World Bank, OPEC, Unitaid etc.) at 2 per cent (US$0.7 million).

Donor conditions, utilisation of funds and expiring grants are closely monitored through a set of Office indicator reports reviewed during monthly CMT meetings. This mechanism helps to avoid unnecessary extensions of grants and unspent balances, and ensures a high level of expenditure (at 95-98 per cent when submitting donor reports). Six grant extension requests were submitted on time and agreed upon by the donor. The main reason for extensions was additional funding received late in the validity period of the original grant.

The Office continued to monitor the implementation of its Resource Mobilisation Strategy during CMT meetings. The Office has been proactive, through funding proposals and technical meetings, in engaging with new bilateral and multilateral donors represented at local level, including the European Union, World Bank, DFID and KOICA, and maintaining relationships with long-term donors such Irish AID, Canada, Centres for Disease Control and USAID. The Office secured two new Contribution Agreements with the European Union: US$1.9 million to support Violence Against Children in Mainland and Zanzibar and US$1.5 million for child justice in Zanzibar, as part of an EU-funded Legal Sector Reform Programme led by UNDP.

In addition, the Office continued to actively seek National Committee support through participation in the thematic toolkits (Child Survival, Education, HIV and Child Protection). The US Fund and Italian, Japanese and Dutch Natcoms were the main supporters of UNICEF Tanzania. During the year, the Office hosted four donor visits; two National Committees (Swedish and Lithuanian), a delegation from Results UK and DFTAD (Canada). Advocacy and fundraising briefs were systematically prepared for each visit.

The CO continues to maintain good donor relations and stewardship with current and new donors through professional documentation and visibility activities (photos, videos, human interest stories), social media etc.

The Office has started a more proactive and strategic engagement with the Private sector. Contributions were received from Stanbic Bank (US$50,000) to support School WASH and Melia Hotel (US$10,000) for Child Protection (see section on Strategic Partnerships for more information).

### Management of Financial and Other Assets

The Office was audited in 2013, covering several 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 mobilise 132 per cent of planned OR for the year. Overall the Office has mobilised 65 per cent of it 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 PSB 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 being used.
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 (SME) and Global Help Desk (GHD) are maintained as necessary.

The Office continues to replenish its Tanzanian Shillings account directly from NYHQ 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 recently renegotiated better terms, resulting in a cancellation of most bank charges.

The CO maintained a strong contribution management system, tracking due donor reports, expiring grants, DCT and RR & ORR spending into management indicators monitored monthly at CMT meetings. The CMT also closely monitors bank reconciliations, accounting and liquidation of cash assistance. The Office has a HACT/DCT committee, which meets weekly to review DCT status. Staff underwent intensive training in VISION reporting, resulting in a major improvement, in particular in the use of monitoring reports for commitments and supplies status.

As part of the HACT implementation plan, programme visits were regularly conducted, and four joint spot-checks of financial and programmatic activities were conducted successfully during the first semester of 2013.

Office expenditure, expiring grants and outstanding DCTs are reviewed monthly during CMT meetings. The balance of outstanding DCTs over nine 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 million) had been utilised. Also, 94 per cent of PBAs were used within the original duration of the PBA life, while six grants were extended due to continuation of funding.

The Office has conducted micro-assessments 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. Five scheduled audits were completed during the year.

The risk assurance activity plan was concluded and uploaded into Vision.

### Supply Management

During 2013 the value of programme supplies in TCO increased to US$38.9 million, as compared to US$20.9 million in 2012, the bulk of which was procurement services for GAVI. Programme orders also increased three-fold over 2012.

<table>
<thead>
<tr>
<th>Type of Procurement</th>
<th>Programme Services</th>
<th>GAVI</th>
<th>Procurement Services</th>
<th>Administration</th>
<th>Assets</th>
<th>Grand Total</th>
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<tbody>
<tr>
<td>Direct Order</td>
<td>451,157</td>
<td></td>
<td></td>
<td>84,125</td>
<td>169,594</td>
<td>704,876</td>
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<tr>
<td>International</td>
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<td>30,501,198</td>
<td>5,004,645</td>
<td>0</td>
<td>0</td>
<td>36,567,063</td>
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<tr>
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<td>1,580,796</td>
<td></td>
<td></td>
<td>25,960</td>
<td>71,537</td>
<td>1,678,293</td>
</tr>
</tbody>
</table>

The most critical supply items procured were vaccines, immunisation devices, cold rooms, refrigerators, nutritional supplies, hospital equipment, printed materials and ICT equipment. There was no emergency supply intervention during the year.
There was no major issue regarding the quality and timeliness of supplies, although a few orders for general goods were delayed either by the supplier and/or import requirements for certain items, e.g., communication equipment. Supply performance was shared with the CMT on a monthly basis.

Offshore items were procured through Supply Division. TCO continued to facilitate the procurement of textbooks from Tanzania by Burundi Country Office.

Vitamin A capsules were requisitioned as donation-in-kind, with the freight cost covered by the TCO.

UNICEF actively participated in the UN Tanzania One Procurement Team in supply and logistics aspects, and took the lead in arranging a market survey. In order to rapidly respond to emergencies and to reduce the process and delivery time of normal orders, TOPT considered LTAs as the best strategy. Of 87 LTAs for supplies and services, UNICEF managed 53.

Counterparts are responsible for the clearance, warehousing and inland transportation of programme supplies, although some local orders were delivered directly to beneficiaries. The cold rooms supplied to MOH were cleared by UNICEF because of the urgency in installation/commissioning.

Health supplies are stored at the Medical Store Department (MSD) of Ministry of Health and Social Welfare. While the Receipt of Goods is signed by the MSD, UNICEF closely monitors the movement of supplies to beneficiaries. The stock value at MSD as of June 2013 was US$88,997. A physical inventory of MSD was completed in July 2013.

UNICEF is responsible for the clearance of emergency supplies for refugees and office supplies. A small volume of emergency supplies are maintained at the MSD warehouse and are managed by the Prime Minister’s Office. In addition, emergency food rations valued at US$54,067.52 were also stocked at WFP/Isaka district. As TCO closed its support to the refugees programme in that area, this item is being transferred to an NGO for distribution.

The supply function had only one medium priority recommendation in the 2013 Internal Audit Report.

The Supply Manager (posted with H&N Section) and Supply/Logistics Officer both left TCO after mid-2013; the gap was filled through an interim arrangement.

Efforts continued to build the capacity of the MOHSW by assigning Supply Manager to the Health and Nutrition Section on a full time basis. The capacity of partners to handle nutritional supplies in Zanzibar was enhanced through several training courses. Capacity building of relevant UNICEF staff and partners was also undertaken, especially for handling Procurement Services and GAVI-funded supplies.

UNICEF continued to provide technical assistance during the meetings organised by development partners by supporting the Health Basket Fund to review the special audit report of the MSD.

As part of a Joint Programme with the MOHSW, UNICEF provided technical assistance for the distribution, installation, and facility layout, aiming to support Hospital and Health Centres at the regional and district levels to improve their cold chain capacity. This successful effort was greatly appreciated by the Government.

**Human Resources**

**Staffing**
The Office has 125 established posts: 114 are in Dar es Salaam, while nine and two are in the Zanzibar and Iringa sub-offices, respectively. Nineteen recruitments took place during the period; 16 were for FT posts, while two were UN Volunteers and one was a temporary appointment.

**Learning**
Staff benefited from e-learning opportunities available on the intranet and by attending presentations that
were at no cost for the Office such as 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. A number of staff also participated in study leading to the award of the Dynamic Leadership certificate from Harvard university. In-house trainings included sessions on Competency Based Interviewing Training and Managing People For Results.

**Performance Management**
The Office monitors PAS cycle and ensures objective-setting at the beginning of the year. Mid-year progress reviews and end-year reports were completed with a 100 per cent completion rate of 2012 PAS by June 2013.

**Emergency Risk Management**
The Office has a fulltime Emergency Officer and emergency focal points in each section. With many new staff in place due to turnover, it was determined that training in EPR was required so that new staff have the necessary knowledge and competencies in preparing and responding to emergencies. The EPR training will take place in 2014.

**Staff counselling**
The Office has a functioning counselling support system through its local Peer Support Volunteers (PSV) and the UN stress counsellor, who is based in the Office of the Resident Coordinator.

**UN Cares**
The Office continues to be compliant with the 10 minimum standards on HIV and AIDS in the workplace. The UN Cares focal points participated on a two-day training facilitated by the Eastern and Southern Africa Regional Coordinator. The purposes were to revitalise 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 UN Week and the World AIDS Day commemorations all UN staff were provided with opportunity to test for Body Mass Index (BMI), diabetes, high blood pressure, breast cancer, ad receive voluntary counselling and testing and medical advice.

**Global Staff Survey**
The Office continued to work on the recommendations from the GSS and 2012 internal survey. Out of 29 recommendations, 24 were fully or partially addressed and five were not yet addressed – the majority of those addressed related to information-sharing, trust in management and team building. A follow-up survey in 2013 revealed that most staff were satisfied with the changes made in information-sharing and trust in management, which were rated as among the top five things that were working well.

**Efficiency Gains and Cost Savings**
The Office has installed IP telephones over the Internet in the Zanzibar and Iringa sub-offices, which has resulted in savings on telephone usage.

For the first six months of the year, the Office operated from two sites with 67 per cent of the staff located at the Oysterbay office. The remaining staff at the Upanga office were finally relocated to Oysterbay in July 2013. This consolidation resulted in reductions in the cost associated with operating two locations (e.g.; rent, security, cleaning and other administration costs and utilities, in addition to the cost of regular shuttles between the two offices.

The Office uses Value for Money principles in a number of ways; this is one of the areas considered by the Contract Review Committee and the Project Cooperation Agreement Review Committee, when reviewing cases. A recent example is the review of the previous initiative to procure stationery in bulk to obtain favourable prices. Subsequent experience showed that various items deteriorated in storage (eg. pens and toner drying up, photocopy paper fading etc.), which convinced the Office to revise its procurement policy.
The Office plans to construct its new premises on a plot of land that it purchased this year. While the process for finding design consultants and contractors is underway, the Office is using the plot as a storage facility for vehicles and office assets and material that it would otherwise be storing at a contracted warehouse.

### Changes in AMP & CPMP

No significant changes are envisaged in 2014’s Annual Management Plan.

The CMT, which already includes a staff member representing GS staff, will be made more inclusive by including a staff member to represent the National Professional category.

The Office is carrying out an MTR exercise, expected to be completed by the end of January 2014. The process is purely internal, due to the constraints of working in a Delivering as One country and the decision by the UNCT not to carry out a MTR of the UNDAP. The internal MTR process is likely to result in some suggested changes to the CPMP, which will be submitted to a PBR in early 2014.

The UNCT decided to extend the duration of the UNDAP by one year, though June 2016. The Government of Tanzania has approved this decision, as has the UN Regional Directors Team in Nairobi. A request for a one-year extension of the UNICEF programme will be submitted for the approval of the Executive Director in February 2014.

### Summary Notes and Acronyms

#### Acronyms

- ALHIV – Adolescents living with HIV
- BEmONC – Basic Emergency Obstetric and New-born Care
- BRN - Big Results Now
- C4D - Communication for Development
- CCC- Core Commitments for Children
- CDC - Centre for Disease Control
- CEmONC - Comprehensive Emergency Obstetric and New-born Care
- CO - Country Office
- CP - Country Programme
- CPMIS - Child Protection Management Information System
- DCPTs - District Child Protection Teams
- DFID - Department for International Development
- DPs - Development Partners
- DPG - Development Partners Group
- DSW - Department of Social Welfare (within the Ministry of Health and Social Welfare)
- ECD - Early Childhood Development
- eMTCT - Elimination of Maternal to Child Transmission of HIV
- GDP - Gross Domestic Product
- GoT - Government of Tanzania
- HACT - Harmonised Approach to Cash Transfer
- HBS - Household Budget Survey
- HWTS - Household water treatment and safe storage
- IECD - Integrated Early Childhood Development
- IMEP - Integrated Monitoring and Evaluation Plan
- IMIS – Inspectorate Management Information System
- INSET - National Primary In-service Education and Training
- IPPE - Integrated Post Primary Education
- LGA - Local Government Authority
- MDAs - Ministries, Departments and Agencies
- MCDGC - Ministry of Community Development, Gender and Children
- MM – Mother mentors
- MSG - Mother support group
- MSWYWCD - Ministry of Social Welfare, Youth and Children Development (Zanzibar)
- MNCH – Maternal, New-born and Child Health
MoEVT - Ministry of Education and Vocational Training
MoHSW - Ministry of Health and Social Welfare
MoRES - Monitoring Results for Equity System
MVC - Most vulnerable children
NBS - National Bureau of Statistics
NCPA - National Costed Plan of Action
NGO - Non-governmental organisation
NMSF - National Multi-Sectoral Strategic Framework for HIV and AIDS
NSC - National Sanitation Campaign
ODA - Official Development Assistance
PANITA - Partnership for Nutrition
PER - Public Expenditure Review
PMTCT - Prevention of Mother-to-Child Transmission of HIV
PMO-RALG - Prime Minister's Office-Regional Administration and Local Government
PSSN - Tanzania Productive Social Safety Net
RITA - Registration, Insolvency and Trusteeship Agency
TACAIDS - Tanzania Commission for AIDS
TASAF - Tanzania Social Action Fund
TDHS - Tanzania Demographic and Health Survey
TOPT - Tanzania One Procurement Team
TOT - Training of trainers
TSED - Tanzania Socio-Economic Database
TSMP - Tanzania’s Statistical Master Plan
TRCS - Tanzania Red Cross Society
TUSEM - [Let Us Speak Out] empowerment programme which uses theatre-for-development techniques to address concerns that hinder girls' social and academic development.
UNDAP - United Nations Development Assistance Plan
VAC - Violence against Children
VISION - Virtual Integrated System of Information
WASH - Water, Sanitation and Hygiene
YRN - Young Reporters Network
## Document Centre

### Evaluation

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
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<tr>
<td>Assessment of Planning, Budgeting, Monitoring and Reporting (PBMR)</td>
<td>2013/001</td>
<td>Evaluation</td>
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<tr>
<td>HIV Prevalence and Related Risk Factors in Prison Settings in Mainland Tanzania</td>
<td>2013/002</td>
<td>Study</td>
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<td>Situation Analysis on Children with Disabilities in Tanzania</td>
<td>2013/003</td>
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<td>Stunting and Social Protection in Tanzania</td>
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<td>Evaluation of Mobile Decision Support Applications in Tanzania</td>
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<td>Equity Report on Sanitation and Hygiene</td>
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### Other Publications

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<tr>
<td>1 The Children's Agenda Advocacy Toolkit</td>
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<tr>
<td>2 Budgeting for Children in Tanzania</td>
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<tr>
<td>3 Why Invest in Children</td>
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### Lessons Learned

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<td>1 Using Mobile Technology to Ensure Tanzania’s Next Generation Gets Counted</td>
<td>Innovation</td>
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<td>2 Improve the capacities of frontline health workers through innovative mobile solution</td>
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