

Tanzania, United Republic of

Executive summary

UNICEF Tanzania's work in 2017 ranged from generating strategic data and information for policy advocacy and for sharpening programmes to strengthening systems for delivering services to Tanzania's most disadvantaged children.

Key results achieved in 2017 included the following.

- Improved service delivery systems, especially for the most disadvantaged children in the country. UNICEF Tanzania, in partnership with the Government of Canada and the telecommunications company, Tigo, supported the Government in registering the births of more than 1.1 million children in four regions in 2017. This increased the overall birth certification rate in these regions from 11 per cent to 82 per cent, bringing the Tanzania mainland rate from 13 per cent to 28 per cent.
- More than 100,000 caregivers were supported to provide improved care for their young children through the work of over 1,000 community health workers (CHWs) who were trained with UNICEF Tanzania's support on the Care for Child Development package. The workers are now covering 20 per cent of villages in UNICEF focus regions, out of a target of 75 per cent to be reached by 2021.
- UNICEF Tanzania continued to use innovation to generate important opportunities to advance progress towards results for children. U-report was launched in Tanzania in early 2017, capturing the voices of more than 116,000 young people from all regions of the country. Information gathered through U-report, including the need to focus more on training and entrepreneurship opportunities for young people, was used in the design of the new youth policy. A 'Youth for Children Innovation Hub' was established at the University of Dar es Salaam) where students taking the human-centred design course started to develop innovative projects aimed at supporting the most vulnerable children in Tanzania.
- Evidence and knowledge generation for policy action was used by UNICEF Tanzania to improve the lives of children in the country. The Out-Of-School Children Study estimated that about 3.5 million school-aged children and adolescents were not in school. This information was used in the development of the new National Strategy for Inclusive Education. The National Multi-Sectoral Nutrition Action Plan 2016–2021, which was developed with UNICEF Tanzania's strong support in results-based planning, was officially launched in 2017. UNICEF's nationwide support to systematically use data for monitoring contributed to the annual joint review of first year of implementation of the plan. In social protection, UNICEF supported an impact evaluation of the youth well-being component of the Tanzania Productive Social Safety Net (PSSN) programme. Preliminary findings confirmed the relevance of specific complementary support for adolescents and youth and will be used to inform the second phase of Tanzania's flagship social protection programme. In Zanzibar, UNICEF supported the preparation and national roll-out of school water,

sanitation and hygiene (WASH) guidelines and the development and launch of an evidence-based five-year National Plan of Action to End Violence Against Women and Children.

Two significant shortfalls were experienced during the year.

- There are insufficient human resources to support delivery of key services for children. As a result of the fee-free education policy, demand for pre-primary education has increased sharply. An estimated 53,000 new pre-primary teachers are needed to cover all eligible children and only 4,029 certified pre-primary teachers are available at present. In health, 24,886 community health workers are needed for the entire country, but there are only 7,000 trained and none yet officially appointed. UNICEF is supporting the Government with options on the overall issue of human resources for children's services and advocating for increased resource allocations, improved distribution and exploring interim solutions such as deployment of para-professionals in pre-primary schools.
- Limited availability of complete budget datasets providing information about the investment of local government authorities in human development, remains a challenge. UNICEF Tanzania's expanding work around public finance for children and decentralization and the forthcoming Nutrition Public Expenditure Review will aim to address these issues.

Key collaborative partnerships established in 2017 were:

- A United Nations (UN) Joint Programme to improve human security in the Kigoma Region, host to the refugee population, was launched in 2017. It involves 16 UN agencies and focuses on five results areas. UNICEF is leading the WASH and violence against women and children results areas and is contributing to the education result area.
- UNICEF Tanzania formed new partnerships with influencers, including faith leaders, media, civil society and the Tanzania Private Sector Foundation and leveraged these to advocate for the rights of children, especially focusing on early childhood development (ECD) and ending violence against children.

Humanitarian assistance

Tanzania hosts the largest number of Burundian refugees in the eastern and southern Africa region; with over 300,000 refugees from Burundi and Congo in three camps in the north-western part of the country. Fifty-seven per cent of the refugee population are children aged under eighteen years, and more than 5,000 children are unaccompanied or separated.

UNICEF Tanzania worked closely with partners to ensure protection and access to basic services for 171,000 child refugees in Kigoma. More than 30,000 children were vaccinated against measles and polio, over 60,000 provided with vitamin A supplements, and 1,800 under-five children with severe acute malnutrition were admitted to therapeutic services. About 10,000 people in cholera spots within the hosting districts were provided with water purification kits, as well as hygiene promotion education. In response to malaria outbreaks in the camps, 14,000 treated mosquito nets and anti-malarial medication were distributed to about 65,000 refugees. Through capacity building of teachers and the provision of over 3,000 textbooks and basic school supplies, UNICEF Tanzania helped provide quality education to 70,235 children (out of a target of 90,000) between the ages of three and 18 years living in the camps. UNICEF's advocacy, technical and financial supported also enabled 1,317 Burundian students to sit for exams, with 59 per cent passing and receiving official certificates. UNICEF Tanzania procured

118 recreational kits and 110 early childhood development kits that have reached over 10,000 children in child-friendly spaces.

UNICEF and the United Nations High Commissioner for Refugees (UNHCR) collaborated to bridge the humanitarian development gap in the refugee-hosting region of Kigoma. The Government of Tanzania and non-governmental organization (NGO) counterparts were invited to identify areas in which the host communities' child protection system could better integrate refugee children. A concrete outcome of this process was the deployment of government-trained social welfare officers in the camps to support case management, which was supported by UNICEF. Other initiatives such as the Fit Persons scheme to provide emergency care for unaccompanied minors who cross the border (instead of detaining them) and incorporating refugee child protection issues into the National Standard Training Manual for Child Protection are awaiting Government approval. UNICEF Tanzania was also engaged in areas of health, nutrition and WASH in refugee-hosting districts as part of the UN efforts to pilot the Comprehensive Refugee Response Framework. The Framework aims to integrate humanitarian and development work in order to fill gaps in host community development, as well as long and short-term requirements of refugees by strengthening national service delivery systems rather than parallel humanitarian services.

UNICEF Tanzania provided technical and financial support, equipment and essential medicines to respond to a cholera outbreak in Zanzibar between March and July. A total of 346 cases with four deaths were reported and supported during the outbreak. The case fatality rate decreased from 1.6 per cent in 2016/17 to 1.2 per cent in 2017. Social mobilization, especially using interpersonal communication means such as flip charts and CDs on cholera, was crucial in containing the epidemic. Community sensitization interventions reached 196,800 households and included distribution of waterguard and aquatabs for treating drinking water. Supplies, including 40 cholera beds, were provided to improve case management.

At the policy level, UNICEF Tanzania supported the revision of the Disaster Management Policy and Implementation Strategy for Mainland Tanzania. These now have a strong focus on resilience and risk reduction rather than disaster management alone. The findings of the assessment of the implementation of the Zanzibar Disaster Management Policy were submitted to the Disaster Management Commission. They will reinforce mainstreaming of the Disaster Management Act, the Disaster Management Policy and the Emergency Preparedness and Response Plans into sector plans, to enhance the creation of resilient communities in Zanzibar. UNICEF Tanzania also provided significant technical support to the Ministry of Health and partners to develop and promote a comprehensive cholera elimination plan for Zanzibar.

Equity in practice

Over the past seven years, UNICEF Tanzania has contributed in many ways to promoting equity and reducing multi-dimensional child deprivation.

At the start of the 2011–2016 country programme cycle, UNICEF Tanzania used national survey data from the Demographic and Household Survey to rank all 21 regions on four basic indices to understand inequities. These were new HIV prevalence rates among teenage girls, infant mortality rate and stunting, sanitation coverage, and girls' scores in the primary school leaving exam. Of the 21 regions on the Mainland Tanzania, Mbeya and Iringa were ranked in the bottom quintile in at least three of the four indices used. Thus, the sub-national focus of the new country programme used these equity criteria to make the case with the Government to select

these as focal regions where children were falling behind across multiple indicators. Within these two new regions, six districts were the initial focus.

With the start of the 2016–2021 cycle, UNICEF support was scaled-up to cover all 22 districts in these focus regions. With the availability of new data and the addition of more indicators, UNICEF continued to refine its equity focus for Mainland Tanzania and Zanzibar. Early childhood development programmes became a priority for UNICEF Tanzania. The country programme is supporting a deliberate convergence of all key actions required to deliver effective programmes for ECD and adolescents. This is being done by leveraging a combination of resources from local and central governments and other development partners to sustain and further scale-up approaches that have produced tangible results for children.

Equity aspects also strongly featured in UNICEF’s support to programming at a decentralized level. UNICEF supported the President’s Office for Regional Affairs and Local Government (the entity responsible for decentralization) on Mainland Tanzania and Zanzibar to enhance effective implementation of Government’s commitment to equity, focusing particularly on filling equity gaps in social and economic development through strengthening of local governance systems and capacities. As the Government is now embarking on a review of its Local Government Reform Programme II and aims to develop a Decentralization by Devolution Policy, UNICEF was approached to provide both financial and technical support.

In addition, UNICEF is part of the team working on revamping the Local Government Monitoring Database and is also supporting the President’s Office for Regional Affairs and Local Government to develop a child rights monitoring report card. These tools will help to highlight major equity dimensions of human development issues. For Zanzibar, UNICEF is supporting the development of district socio-economic profiles and strategic plans as one of the prerequisites for decentralization. Internally, UNICEF is now developing a decentralization and local governance support strategy that will guide support to the Government in the coming years.

Under the Delivering as One umbrella in Tanzania, UNICEF strongly advocated for the use of an equity approach through initiatives such as the development and launch of the UN Joint Programme in Kigoma region. Kigoma is one of the poorest regions in Tanzania, in addition to being home to over 300,000 refugees from Burundi and the Democratic Republic of Congo. The UN Joint Programme is an area-based cross-sectoral programme to improve human security in Kigoma region, with a specific emphasis on the most vulnerable populations, including children with albinism and those who are out of school. It involves 16 UN agencies focusing on five results areas, with UNICEF leading the WASH and violence against women and children result areas and contributing to the education result area.

Another important dimension of UNICEF Tanzania’s equity focus is the work done around the reduction of multidimensional child deprivation. Results of a child poverty study released in 2016 showed that 74 per cent of children in Tanzania are affected by multidimensional poverty and 29 per cent of children live in households below the monetary poverty line. This data has informed social protection programmes such as the Productive Social Safety Net, which has a strong potential to reduce multidimensional child poverty amongst vulnerable households, especially if linked to social services. The child poverty report also triggered the creation of linkages between the Protective Social Safety Net (PSSN) and stunting reduction programmes. As a follow-up to the research started in 2016, UNICEF Tanzania commenced a detailed analysis of what poverty means for children in urban and peri-urban contexts. The findings of the research will be released in 2018 and are expected to improve the quality and relevance of programming in urban contexts.

From a programming perspective, UNICEF Tanzania will utilize the promotion of synergies across multiple goal areas in the new Strategic Plan 2018–2021 to address early childhood development and adolescent development. Regarding early childhood development, UNICEF Tanzania will utilize the composite nature of Goal Area 1 (Every child survives and thrives), which incorporates health, nutrition, early childhood development and HIV/AIDS, by prioritizing integrated approaches to child survival and development and through the support for the implementation of a comprehensive package of early childhood development interventions. This will also include aspects of pre-school learning, early stimulation and responsive care, water, sanitation and hygiene and gender socialization.

UNICEF Tanzania programming will continue to emphasize adolescent girls and boys, especially with regard to their health (Goal Area 1), gender equality and learning and skills development (Goal Area 2 - Every child learns), prevention of violence and abuse (Goal Area 3 - Every child protected from violence and exploitation) and adolescent empowerment (Goal Area 5 - Every child has an equitable chance in life). More specifically, UNICEF Tanzania will support the provision of accessible and quality comprehensive sexual and reproductive health (SRH) and nutrition services which are responsive to the needs of adolescent girls and boys by training providers and procuring supplies. UNICEF Tanzania will also enhance the equitable use of comprehensive sexual and reproductive health and nutrition services by empowering adolescents and by promoting enhanced knowledge and increased participation of, and innovation by, adolescent girls and boys in programmes. UNICEF will complement these activities by generating evidence on the financing, policies and accountability by government institutions at the national level and in the districts.

Under Goal Area 1, UNICEF Tanzania will continue to prioritize early childhood nutrition by increasing the coverage of community services for stunting reduction with a link to WASH. It is intended that these will reach 75 per cent of the target population by 2021 in the UNICEF Tanzania focus regions that have high stunting prevalence. Priority will be given to social and behaviour change communication activities aimed at improving dietary diversity for children aged six to 23 months. Under Goal 2, increased emphasis will be given to the nutrition of school-aged children, adolescents and women. There will be a greater focus on anaemia prevention among adolescent girls and women. This will include supporting the development of national guidelines and training materials, and initiation and scale-up of community and facility level interventions for reduction of anaemia. Interventions will include community- and facility-level nutrition counselling, and iron folic acid supplementation. UNICEF Tanzania will maintain its focus on maternal and child nutrition in humanitarian crises and knowledge, partnerships, and governance for nutrition. The latter will entail a cross-cutting approach to support evidence-based planning and monitoring at the decentralized level by using bottleneck analysis for scaling-up nutrition interventions.

Programming for at-scale results to improve the delivery of essential services and to support behaviour change and community engagement will continue to be prioritized. UNICEF will enhance its advocacy and communication for children through the use of existing platforms (with editors, youth and faith leaders) and the creation and use of new ones. UNICEF will continue to strengthen its partnership with the Government of Tanzania, civil society partners and the private sector to leverage their influence to improve the lives of children. As a Delivering as One country, UNICEF will continue to work with United Nations entities to strengthen system coherence and to introduce more integrated approaches aligned with the 2030 Agenda, to

achieve better results for children. UNICEF Tanzania will also bolster its approaches to foster innovation for children through optimized use of technologies to better engage communities and enhance social accountability, while supporting partners to adopt, adapt and scale-up the most successful approaches.

Emerging areas of importance

Accelerate integrated early childhood development (ECD). UNICEF Tanzania made progress in taking forward integrated early childhood development programming at scale, especially through strengthening ECD capacities at a decentralized level. A village-level mapping of key ECD interventions in the Mbeya, Iringa, Njombe and Songwe regions was conducted. This revealed a number of opportunities for greater geographic convergence and integrated programming for ECD interventions which can be supported by UNICEF. The information from the mapping was also shared with district-level authorities at key strategic planning and review meetings to enhance their understanding of early childhood development. The meetings were also used to advocate for greater investment by district-level authorities in interventions aimed at improving the lives of children.

At the national level, UNICEF supported the Government in the adoption of the international Care for Childhood Development package, and its adaptation for use in communities. At the community level, UNICEF supported the training of over 1,000 community health workers to use the package. They provided regular counselling to at least 100,000 female and male caregivers in over 20 per cent of villages (out of a target of 75 per cent of villages to be reached by 2021) in four UNICEF-supported regions of Mbeya, Iringa, Njombe and Songwe. An existing platform of over 4,000 trained community health workers supported by UNICEF currently reaches 50 per cent of caregivers of children under two years of age in the four regions and in Zanzibar. The community health workers focus on regular social behaviour change communication on optimal nutrition, health, WASH and early stimulation practices.

UNICEF Tanzania supported the piloting of a pre-primary satellite model through which almost 4,000 pre-primary and standard I and II pupils in very remote areas in Mbeya and Iringa gained access to early grade education. As part of the pilot, a number of paraprofessionals, mentors and management committees were trained. A review of the implementation experience resulted in the identification of good practices and key policy issues, which will be used to advocate for the scale up of the pre-primary satellite model to benefit other remote areas in Tanzania. UNICEF used different platforms for intensified advocacy and communication on ECD. These included orienting editors, training community radio broadcasters, and interacting with interfaith groups for social change. Linkages between the Tanzania Social Action Fund and other ECD interventions were strengthened, to ensure that the poorest families who benefit from cash transfers also receive parenting education on optimal caregiving practices.

Increased focus on the second decade of life. A theory of change to enhance adolescent development was developed by UNICEF Tanzania. This focuses on the development of education, health, social and economic assets of adolescent girls and boys through changes in systems and services, behaviours, policies and financing.

UNICEF Tanzania was instrumental in the launch and implementation of Cash Plus, an adolescent-tailored social protection initiative. Cash Plus combines social cash transfers with capacity building around livelihoods and sexual and reproductive health and HIV, and access to services for adolescents as part of the national protective social safety net programme. It supports the Ministry of Health with a national training package for health workers on

adolescence and HIV, as well as sexual and reproductive health. Substantive support was provided to the Government of Tanzania in leveraging new funding for the second decade of life; in particular, the development of the successful Adolescent Girls and Young Women application to the Global Fund to fight AIDS, TB and Malaria (GFATM) which will invest US\$16 million.

UNICEF Tanzania supported over 1,700 schools, benefitting 135,702 girls and 129,351 boys, with interventions around adolescent participation and voice. This included support to TUSEME (Let's Speak Out) Clubs, Sara Radio and guidance and counselling services with the aim to generate discussion and enhance the knowledge and skills of adolescent girls and boys to prevent violence against children and to improve their overall health and learning. The teachers' code of conduct and violence against children communication tools were developed, printed and disseminated to 2,332 schools, aimed at reducing violence and abuse of children, especially girls aged 10-14 years. These policy instruments and targeted interventions will help to improve school safety and completion.

However, greater government investments are needed in the education, health, child protection and social protection sectors for the prevention of pregnancies among school-age adolescent girls, and to ensure their continued access to learning opportunities. In Zanzibar, UNICEF support to government to strengthen overall capacity has led to Zanzibar's first Adolescent and HIV plan and the establishment of an adolescent technical working group coordinated by the Zanzibar AIDS Commission with participation from other government departments, UN agencies and NGOs.

Summary notes and acronyms

CHW - community health worker
CMT - country management team
DCT - direct cash transfer
DfID – Department for International Development (United Kingdom)
DHIS - District Health Information Software
ECD - early childhood development
e-MTCT – elimination of mother-to-child transmission of HIV
GFATM – Global Fund to fight AIDS, Tuberculosis and Malaria
HACT - harmonized approach to cash transfer
LGA – local government authority
MIS - Management Information System
MNCH – maternal newborn and child health
MoHCDGEC – Ministry of Health, Community Development, Gender, Elderly and Children
NBS - National Bureau of Statistics
NGO – non-governmental organization
NMNAP – National Multi-Sectoral Nutrition Action Plan
NPA-VAWC - National Plan of Action to End Violence Against Women and Children
PMTCT – prevention of mother-to-child transmission (of HIV)
PSSN - Productive Social Safety Net
RMNCAH - reproductive, maternal, neonatal, child and adolescent health
SDG - Sustainable Development Goal
SRH – sexual and reproductive health
TanEA - Tanzania Evaluation Association
UN – United Nations
UNDAP - United Nations Development Assistance Plan

UNDSS – United Nations Department for Safety and Security
UNFPA – United Nations Population Fund
USAID – United States Agency for International Development
WASH – water, sanitation and hygiene

Capacity development

UNICEF Tanzania supported the Ministry of Finance to conduct a Multidimensional Child Poverty analysis and a capacity enhancement of the Statistics Office staff for future routine monitoring on multidimensional child poverty. UNICEF worked closely with the President's Office for Regional Affairs and Local Government to develop the Decentralization by Devolution policy framework and initiated the planning process for the development of a child rights monitoring report card at regional and district (and possibly village or ward) level. This will help to enhance quality planning, implementation and monitoring processes at decentralized level.

Extensive capacity building for the supervisors and key frontline service providers at both regional and district levels was supported by UNICEF. This included results-based management training for officers in the Ministry of Education with an emphasis on reporting and planning. Other examples included the training of frontline health workers in mentorship and monitoring of key indicators for children. UNICEF also helped the government and civil society organisations develop a cholera prevention strategy in Zanzibar, by strengthening their skills to build problem and solutions trees which led to a more logical theory of change in the strategy.

UNICEF Tanzania supported the implementation of the programme on positive parenting and violence prevention. This engaged over 16,933 parents and caregivers in 801 parenting groups spread over 72 (40 per cent) of all local government authorities in Tanzania mainland. UNICEF Tanzania also worked with the National Parenting Taskforce led by Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in the development of a comprehensive National Parenting and Family Care Strategy and implementation plan which is expected to be launched by April 2018. This will create a strategic opportunity for UNICEF to support parents and care-givers nationwide, with leadership and coordination provided by the Ministry.

Evidence generation, policy dialogue and advocacy

Throughout 2017, ending violence against children was a prominent theme in UNICEF Tanzania's policy advocacy efforts. A national study on the drivers of violence was completed, highlighting the need for more positive parenting practices. In Zanzibar, findings from a UNICEF-supported mobile phone survey on attitudes to violence against children were discussed with the President and his Cabinet, who confirmed their strong commitment to act to prevent violence against children.

In social protection, UNICEF Tanzania supported an impact evaluation of the youth well-being component of the Tanzania Productive Social Safety Net. Findings confirmed the relevance of complementary livelihood support for adolescents and youth, which is currently being experimented under the PSSN with UNICEF support. UNICEF is supporting the Government to embed the PSSN in the new social protection policy, including through an expenditure review done in collaboration with the World Bank.

The UNICEF-supported Tanzania HIV Impact Survey revealed that 1.4 million people between the ages of 15 and 64 years are living with HIV. Infection rates are more than twice as high in women (0.4) as compared to men (0.17), pointing to the continued urgency for a strong

gendered HIV response. The survey results have important implications for UNICEF in strengthening the gender and children's lenses in HIV policies, programmes and interventions.

A UNICEF Tanzania-supported bottleneck analysis of nutrition-specific interventions, including iron and folic acid supplementation, revealed poor microplanning and supply chain management as well as inadequate training on counselling for anaemia prevention. The data will be used to advocate for enhanced Government investment in anaemia prevention among children, adolescents, and women in the reproductive age group.

UNICEF Tanzania supported the government in the process of developing the baseline work for the monitoring of SGD 6, to "Ensure availability and sustainable management of water and sanitation for all"

Partnerships

UNICEF Tanzania sustained year-long advocacy efforts around priority issues by leveraging its partnerships with faith leaders, media, civil society, and the private sector. Under the overall umbrella of the #Changemaker4Children theme, UNICEF reached over 200 influencers and leaders on children's issues through its 10 partnerships, including with interfaith forums and the Editors' Champions Group for Child Rights on Mainland Tanzania and Zanzibar, the Commission of Human Rights and Good Governance, and the Tanzania Private Sector Foundation.

These partnerships helped generate greater momentum around children's issues in the country, especially on ECD and ending violence. UNICEF Tanzania's engagement with the private sector also evolved in 2017, with a focus on the need for a policy framework for governance of the private sector to become child-friendly and to support individual companies and industries to operationalize the Child Rights and Business Principles.

UNICEF provided support to the Tanzania Commission for AIDS and the National AIDS Control Programme in developing the successful GFATM funding request for Mainland Tanzania, in particular the adolescent girls and young women module (US\$16 million). This module was informed by UNICEF's Cash Plus concept, which promotes layering of social cash transfers with additional skills building for vulnerable adolescents. UNICEF was also a key partner to the Zanzibar AIDS Commission for their GFATM funding continuation application (US\$5 million).

Under the leadership of UNICEF Tanzania, the UN Network for Scaling-Up Nutrition implemented the 2017/18 joint work plan, contributing to the United Nations Development Assistance Plan II (UNDAP) nutrition outcome objectives and the National Multi-Sectoral Nutrition Action 2016–2021. UNICEF led the UN Network to jointly support the annual Multi-Sectoral Nutrition Review 2017, where progress towards year one results and expenditure of the National Multi-Sectoral Nutrition Action Plan were reviewed and priority actions for the second year were outlined.

External communication and public advocacy

UNICEF Tanzania established partnerships with key influencer groups in the country and achieved results from high-level leader-to-leader advocacy. It continued to generate awareness about children in Tanzania, with a specific focus on early childhood development in line with the global cause framework. UNICEF Tanzania's strategic advocacy with the media resulted in over 2,000 media reports on priority issues nationally. Twenty-one evidence-based knowledge products (brochures, briefing notes and factsheets) were produced to contribute to public and

policy advocacy endeavours. These included a meeting with chief executive officers of a number of companies in the CEOs on Child Rights and Business Principles and a three-day workshop with radio broadcasters on ECD. Some of the products were also used by faith leaders during religious festivals and general meetings.

Advocacy through online platforms generated conversations on priority areas including violence against children and early childhood development. UNICEF implemented 15 social media campaigns which contributed to an increase in its voice and brand visibility. A month-long campaign called #KuchezanaKujifunza on early stimulation, nutrition and protection issues was launched on the sideline of the launch of the Early Moments Matter report. It reached over 490,000 people and had 1.5 million impressions on Twitter. UNICEF Tanzania has 16,503 supporters on Twitter and 19,132 followers on Facebook (200 per cent and 47 per cent increase respectively as compared to the end of 2016) with 1,287,000 impressions from Twitter and a reach of 206,916 on Facebook.

In Zanzibar, UNICEF supported the development and launch of a five-year National Plan of Action to End Violence Against Women and Children. The Plan of Action adopts an integrated approach in addressing violence against women and children and sets out the key results to be achieved, along with costed actions to be implemented by a range of ministries, departments and agencies.

South-South cooperation and triangular cooperation

In collaboration with the United Nations Population Fund (UNFPA), UNICEF facilitated an exchange between Ethiopia and Zanzibar to share knowledge, experience and technical know-how for improving maternal and perinatal death surveillance and review systems. Based upon this visit, the Ministry of Health in Zanzibar developed a 2018 action plan aimed at positioning the review system as a tool to improve identification, notification, investigation and reporting of community deaths.

UNICEF Tanzania supported the participation of two officials of the Ministry of Finance and Planning in the Fifth International Seminar on Social Investment in Buenos Aires, Argentina. Through this learning opportunity the officials gained more knowledge and understanding about advanced experiences on child-focused investment and social protection programmes in Latin American countries. It also laid a strong foundation for expanding the scope of partnership between UNICEF and the Ministry of Finance and Planning on public finance for children. In 2018, a major focus will be on increasing the role and participation of the Ministry in expanding fiscal space for children through enhanced inter-governmental transfers and increased public spending on social protection programmes for children.

With support from UNICEF, a team from Tanzania, including representatives from the Government, the United States Agency for International Development (USAID), four NGOs and UNICEF, participated in a child protection case management learning event that took place in Zimbabwe involving 13 countries from east and southern Africa. The aim of the event was to share experiences on the vital role of evidence-based programming in child protection. As a result of this south-south exchange, the Government committed itself to conduct a social welfare workforce capacity assessment in 2018 with support from UNICEF, to strengthen links between the Most Vulnerable Children Programme and the Tanzania Social Action Fund, and to enhance coordination among key clinical and social actors responsible for HIV-sensitive case management.

Identification and promotion of innovation

U-report was launched in Tanzania in early 2017, providing a platform for 116,000 youth to discuss and capture the opinions of their peers. This is an important tool to ensure programmes and policies are developed that are responsive to the needs of young people. U-report is coordinated by the Youth Department at the Prime Minister's office, Ministry of Labour, Employment, Youth and Disability with technical support provided from UNICEF. Topics researched through U-report in 2017 included economic empowerment, access to sexual and reproductive health and HIV/AIDS services, and education, training and skills development.

Findings of the U-report surveys highlighted the lack of practical and entrepreneurial training in the formal education system in Tanzania and the limited education and training opportunities for children with disabilities and children and youth in rural areas. The Government used the information generated in the consultation process to develop the new youth policy, which will be released in 2018. This new policy will focus on clearing blockages that limit youth empowerment and development, facilitation of youth engagement platforms, enhancing quality education and addressing unemployment among others.

The 'Youth for Children Innovation Hub', established at the University of Dar es Salaam with support from UNICEF Tanzania, saw 17 students taking a human-centred design course in 2017, with 100 more students enrolled for 2018. A theme throughout the course is reaching the unreached children and communities. Amongst the ideas that emerged from the course were the creation of a diagnostic tool for malnutrition, ways to enhance creativity in children at school and at home, and the design of a cashless water payment system. Students from the course will be exposed to a composite view of international development, on-the-ground realities and be equipped with knowledge and skills to utilize in international development and for social good.

Support to integration and cross-sectoral linkages

To further strengthen the links between the Productive Social Safety Net (PSSN) cash transfer programme and nutrition services, UNICEF Tanzania supported the Stawisha Maisha initiative in two districts. Stawisha Maisha is a behaviour change tool to enhance PSSN community sessions by engaging beneficiary women and caregivers who have children and grandchildren. It conducts group activities for beneficiaries on bimonthly cash transfer days with the aim of promoting their knowledge and skills for the uptake of nutritious feeding practices for women who are pregnant or lactating, infants and young children. It is expected that nutrition learning and main feeding practices will be promoted through dietary diversity from pregnancy until a child is 24 months of age. The programme also builds beneficiaries' agency and promotes the spirit of distinctiveness and common group identity among members. This reinforces their capacity, knowledge and experience, through pedagogical methods for adult group learning, such as the use of metaphors, constructivist learning-centred activities, flipchart with visual aids and character story-based components. A comprehensive monitoring system was established to capture both qualitative and quantitative information around group formation and participation, beneficiary knowledge, agency and self-efficacy.

UNICEF Tanzania strengthened collaboration between the child protection and education sectors to prevent and respond to violence against children in schools. This was done by providing teacher training on positive discipline, guidance and counselling for students affected by violence; life skills sessions on how to prevent and respond to violence; and a communication toolkit to support children in identifying violence. Through these activities more than 1,700 schools were reached in the UNICEF intervention areas.

Service delivery

UNICEF Tanzania provided technical and financial assistance to strengthen routine integrated supportive supervision for health services in 18 of the 22 district councils of the Mbeya, Iringa, Njombe and Songwe regions. The integrated supportive supervision visits resulted in improved service delivery. For example, in Busokelo and Mbeya districts, the use of partographs to monitor progress of delivery increased by 70 per cent because of the visits.

In collaboration with the Bill & Melinda Gates Foundation and the White Ribbon Alliance, UNICEF trained young reporters to create radio episodes around maternal and child health. These were aired by BBC Media Action through its popular weekly radio programme 'Niambie' and reached 3.8 million young people across the country. The information was also used by the Parliamentarian Group for Safe Motherhood to advocate for more awareness and action around maternal, neonatal and child health issues.

In nutrition, UNICEF Tanzania supported the Government to adopt and institutionalize semi-annual district-level bottleneck analysis of specific nutrition interventions. Nutrition officers in all districts of Mainland Tanzania and Zanzibar were trained, coached and provided with feedback on the reports. As a result, the quality of the data generated improved considerably.

With support from UNICEF Tanzania, severe acute malnutrition treatment coverage increased in the Mbeya, Iringa, Njombe and Songwe regions from 38 per cent to 72 per cent and Zanzibar from 17 per cent to 32 per cent. This contributed to the increase in national treatment coverage from nine per cent in 2015/16 to 14 per cent in 2016/17.

UNICEF strengthened the capacity of governments and local partners to plan, implement, monitor and deliver equitable WASH services. Continuing from previous years, in 2017, as a result of UNICEF Tanzania's support, 169 villages in focus districts with a combined population of 75,225 people, achieved Open Defecation Free status, and 38,717 students benefitted from school WASH facilities which met national guidelines.

Human rights-based approach to cooperation

The Law of the Child Act 2009, (Mainland) and the Children's Act 2011, (Zanzibar) remained the most important legislative instruments for the protection of children's rights in Tanzania.

Areas of continued advocacy included efforts for the amendment of the Law of Marriage Act, together with UNFPA, UN Women and NGOs, to raise the minimum age of marriage for girls from 14 years (with parental permission) to 18 years and supporting programming for people living with albinism.

Work started on the development of the Child Protection Management Information System to generate routine administrative data on the welfare of children. This will be an important accountability mechanism and will be the first routine system in the child protection sector to manage cases and generate data. Pilot testing in four districts showed promising results.

In education, UNICEF Tanzania supported the Government in the creation of a new inclusive education strategy to address the education needs of children currently excluded from primary and secondary school. The strategy is expected to be launched in early 2018. It is broader than its predecessor, in that it looks not only at disability, but also considers a number of other exclusionary variables, such as poverty, geographic proximity, and experiences with violence at home and in school.

Child Rights and Business Principles was among the key advocacy themes for UNICEF Tanzania in 2017. It resulted in the creation of a new platform of Chief Executive Officers and business leaders in partnership with the Association of Tanzania Employers.

Gender equality

Advancing girls' secondary education and sexual and reproductive health and rights remained key gender priorities for UNICEF Tanzania. A comprehensive gender analysis of the situation of adolescent girls informed the development of a proposal for improving the realization of their rights to sexual and reproductive health services and information. The National AIDS Control programme was supported to develop a national training package for health workers on adolescent HIV. Sixty health care workers were trained on adolescent-friendly sexual and reproductive health, and 6,595 girls and 3,511 boys accessed services in UNICEF-supported regions.

A gender review of the education sector identified strengths such as gender parity in primary enrolment, separate WASH facilities for boys and girls, increased disaggregation of education data, and the establishment of a Diversity Unit within the Ministry of Education which is responsible for gender issues in education. Challenges included the low overall performance of girls as compared to boys, particularly in science, technology and mathematics. The review also noted that too many girls drop out of school due to pregnancy, early marriage and female genital mutilation/cutting. The results of the review informed the development of the Education Sector Inclusion Strategy.

A gender review of a UNICEF-supported child protection programme provided guidance on responses to bottlenecks and barriers and methods to improve gender-related indicators. One of the key recommendations was to increase the involvement of men and boys through dialogue on positive masculinity and boyhood. UNICEF Tanzania supported the Government of Zanzibar to develop and launch the National Plan of Action to End Violence against Women and Children.

To accelerate reduction of stunting among children under five years of age in Tanzania, UNICEF supported efforts to target men through social and behaviour change communication and promote their role as caregivers. Men were reached either together with women during counselling facilitated by trained healthcare workers and community health workers, or separately by local authorities and religious leaders, who have a greater influence on their behaviours.

A total of US\$933,997 was planned for gender-related activities in 2017 and US\$825,028 was spent. UNICEF Tanzania launched an internal gender equality survey to focus management priorities in 2018.

Environmental sustainability

In 2017, UNICEF supported the Disaster Management Department in the Prime Minister's Office to revise the Disaster Management Policy to ensure mainstreaming of climate change and risk reduction measures in government policies and guidelines. An assessment of shocks, stresses and vulnerabilities was conducted for a flood-prone pilot district and led to the development of a district Emergency Preparedness and Response Plan, which is considered a model for Mainland Tanzania.

In Zanzibar, 50 local government authorities were supported through the Second Vice President's Office to assess and analyse shocks, stresses and underlying vulnerabilities. The findings of this assessment were used in the development of a training package for 300 stakeholders from communities frequently affected by climate-related emergencies such as floods, drought and epidemics. The training package will help them in building skills to recognize potential risks and to plan preparedness and response actions to enhance their resilience.

In line with the UNICEF greening initiative, the UNICEF Tanzania office continued to take steps to minimize its carbon footprint by using solar security lights, video conferencing and Skype to minimize air travel, and reducing paper usage through uploading of documents onto VISION. Eco-friendly air-conditioners with 70 per cent energy saving inverter systems were installed in the new office premises. The move to the new premises will offer further opportunities for improvements in energy efficiency and environmental sustainability in 2018.

Effective leadership

The final audit report of UNICEF Tanzania identified five high and three medium priority actions for follow up by the UNICEF Country Office, and four medium priority audit actions for follow-up by the UN Resident Coordinator. By end 2017, all eight audit observations for UNICEF were closed. The Resident Coordinator's office had closed one observation with the remaining three expected to be closed in 2018.

UNICEF finalized 26 standard operating procedures and conducted training for all staff on their use. Programmatic and financial stewardship was monitored through quarterly tracking of programme milestones, bi-annual annual management plan reviews, monthly meetings, and weekly section chief's meetings.

An enterprise risk management assessment was conducted in March which identified eight risk areas. In response to the risks related to the move of all government functions to Dodoma, UNICEF took the lead in establishing a joint UN office in Dodoma, which was opened in December. Remedial actions to address other high-risk areas included the strengthening of office-wide systems to follow-up on recommendations emerging from programme monitoring visits.

UNICEF Tanzania held an all staff retreat which provided insights into the diverse working styles of the office. The post-retreat action plan was implemented with a focus on strengthening internal accountabilities and enhancing a positive work atmosphere. In response to the results of the Global Staff Survey, UNICEF Tanzania implemented actions to enhance staff's work-life balance and career development, address the gender gap, empower staff to speak up and enhance office efficiency. The team coaching workshop in 2017 produced a shared vision and approach for the leadership team, the application of which is being regularly followed-up.

Financial resources management

Key management indicators were monitored during monthly programme management team and country management team (CMT) meetings. The UNICEF Eastern and Southern Africa regional monitoring compact was reviewed quarterly, including audit status, enterprise risk management, the harmonized approach to cash transfers (HACT) assurance, supplies monitoring, and delegated financial controls compliance. Remedial actions were identified and followed up by senior management.

The direct cash transfer team representing programme sections and finance met weekly to

review status and identify detailed follow-up actions. While periodically throughout the year the office met the key performance indicator of less than one per cent of funds unliquidated for more than nine months, the year ended with US\$148,712 over nine months, compared to US\$69,717 at the end of 2016. This is an area for improvement and increased vigilance in 2018.

HACT assurance coverage improved by using external contractors and through improved internal staff capacity. UNICEF Tanzania completed 209 out of a 173 planned programme monitoring visits (121 per cent), all 91 planned spot checks, and eight out of six planned audits (133 per cent). Capacity building was provided to all six planned programme implementing partners, based on key issues that emerged from completed spot-checks.

In the focus regions, all 22 government partners and all 12 partnership cooperation agreement partners received HACT capacity building training. Similarly, in Zanzibar, all 12 government partners and all three partnership cooperation agreements received HACT capacity building training.

Expenditure rates in 2017 were 99 per cent for Regular Resources, 100 per cent for the Institutional Budget and 97 per cent for planned Other Resources. The improved utilization rates, particularly for Regular Resources, were a direct result of structured monitoring by the country management team.

Fundraising and donor relations

Fundraising efforts in 2017 focused on securing multi-year commitments from existing donors. UNICEF also accelerated efforts to improve communication with donors. In 2017, 10 field visits for donors were coordinated, and UNICEF staff engaged in more than 100 formal and informal meetings with donors. Twenty-five new donor proposals were submitted, and UNICEF Tanzania has secured US\$58.5 million in funding, which is 47 per cent of the target for the 2016-2021 country programme.

A lack of funding hampered the achievement of results in WASH, with only 51 per cent of the fund-raising target for WASH achieved in 2017. This is partly as a result of a significant reduction in contributions to the One UN Fund in Tanzania which previously was a steady source of funds for this area, and also increased direct sector support.

Major resource mobilization efforts were geared towards emergencies in 2017, particularly regarding the influx of refugees from Burundi and cholera outbreaks. However, a large funding gap remains: US\$4.2 million or 61 per cent of the emergency appeal for 2017. UNICEF Tanzania also stepped up its engagement with the private sector, aiming to progressively create a more conducive environment for their contributions.

Within the UN system, UNICEF Tanzania contributed to the development of a new area-based joint UN programme in the Kigoma region which will provide an opportunity to develop and implement a more consistent approach towards humanitarian and development challenges. UNICEF Tanzania led the United Nations Development Assistance Plan (UNDAP) Healthy Nation Thematic Results Group and was Outcome Group Lead for Nutrition, WASH, Social Protection and Violence against Women and Children Outcome Group. The role includes advocacy and donor relations on behalf of the United Nations system in the country.

Evaluation and research

The standard operating procedure for management of research, studies and evaluations was revised in early 2017 to provide clear guidance and strengthen the quality assurance role of the Research Oversight Group. The 2017/18 Plan for Research, Impact Monitoring and Evaluation (known as PRIME) was developed, updated regularly and reported during country management team meetings. The preparation of the Plan was consultative and took into consideration the usefulness and timeliness of proposed activities in creating knowledge for learning, accountability and improvement of the country programme. In 2017, five planned evaluations were on track at different stages and will be completed in 2018. Progress was made on management response to evaluations completed in the previous two years. Out of 28 actions recommended to be taken, 21 are complete, six are underway, and one has not yet started.

The internal capacity to manage research was improved through the office-wide training supported by the UNICEF Office of Research. This was anchored concretely through the quality assurance of all the planned research, impact monitoring and evaluation activities by the Research Oversight Group.

UNICEF continued to support the development of national evaluation capacity, particularly of Tanzania Evaluation Association (TanEA) through the technical and financial assistance to the formulation of its Strategic Plan 2017–2021 that was launched in September. TanEA has improved its networking and technical expertise through participation in the 8th African Evaluation Association regional conference and the peer-to-peer learning exchange with counterparts in Kenya and Uganda. UNICEF Tanzania also contributed to global knowledge exchange and discussion through the sharing of experience and lessons learned from the partnership with TanEA in the “EvalSDGs” meeting in August. In the context of Delivering as One in Tanzania, UNICEF Tanzania proactively participated in the planning, development of terms of reference, and recruitment of evaluators for the UN Joint Programme to Support Tanzania’s PSSN.

Efficiency gains and cost savings

Major efficiency gains were made through the adoption and use of 26 standard operating procedures, the issuing of guidelines on the use of standard unit costs for UNICEF-supported activities, the use of the 102 joint UN long-term arrangements, the operation of shared UN office premises in Zanzibar, and the establishment of an joint UN office in Dodoma.

The UNICEF sub-office in Mbeya was opened in early 2017 for improved coordination of programme activities and control of operating expenses in the western region. The move to the new office provided an opportunity to implement open plan seating arrangements, which helped in the rationalization of the use of equipment, energy and other resources.

A cost-benefit analysis on the most efficient system of providing transport to staff was completed. The recommendations from the analysis were implemented, resulting in decreased use of outsourced transport services and savings of approximately US\$47,000. Duplication of effort and elimination of redundant steps in travel processing resulted in the reduction of approximately eight working hours per week and reduction in paper usage. Travel costs were also minimized by reducing the number of overnight stays during trips whenever possible. Video conferencing and Skype for Business were used extensively between the Dar es Salaam office, sub-offices, and other UNICEF offices, thereby reducing the cost of travel and daily subsistence allowance. To simplify processes in finance and obtain savings in staff time, UNICEF Tanzania

commenced the process of implementing Business Communication Method/Electronic Funds Transfer.

Supply management

The focus of the supply function in UNICEF Tanzania in 2017 was on closing performance gaps identified during the 2016 internal audit in areas of supply planning, end-user monitoring and supplier performance evaluation. To improve the performance of the procurement and contracting system, a consolidated supply plan was completed in the first quarter and implemented throughout the year. The implementation of major supply contracts, including construction projects for UNICEF offices, were completed in a timely manner and without litigation through regular monitoring of all institutional contracts and purchase orders.

UNICEF Tanzania supported the Government in forecasting needs, preparation and submission of health systems strengthening and cold chain equipment optimization platform proposals, in-country transactions and customs clearance and in securing loans for pre-financing procurement of essential vaccines. Funds were also secured for a consultant to conduct an assessment for the Vaccines Independence Initiative.

End-user monitoring of supplies and equipment delivered to partners was supported through regular programme monitoring visits. A mapping of supply heavy partners was completed and five monitoring visits were carried out by the supply team. The monitoring of the supply pipeline continued, and all shipments were customs cleared and delivered in a timely manner.

UNICEF chaired the common UN procurement working group and provided technical guidance to UN Operations Management Team on all matters pertaining to common procurement, supply chain and logistics management. This included the review of terms of reference and preparation of annual work plans and their approval by the operations management team. Supply market surveys were also carried out in Mbeya, Dar es Salaam and Dodoma under the UN umbrella. UNICEF also managed 54 of the 102 UN long-term arrangements (53 per cent). The contracts review committee held 28 meetings to review 44 submissions and awarded 62 contracts, ensuring compliance with procurement procedures as well as value for money.

Table 1: Total value of UNICEF Tanzania procurement in 2017 (as on 28 December 2017)

Type of Procurement	Value
Programmatic supplies via UNICEF Tanzania	US\$2,074,128.94
Operational supplies via UNICEF Tanzania	US\$1,155,665.76
Services via UNICEF Tanzania	US\$3,694,995.97
Programme via supply division	US\$1,874,952.12
International freight	US\$658,277.88
Sub-Total	US\$9,458,020.67
	US\$7,643,688.84

Channelled via regular procurement services	
Channelled via GAVI funding	US\$39,046,573.48
Sub-Total	US\$46,690,262.32
TOTAL	US\$56,148,282.99

Table 2: Value of renovations/construction done through partners via Direct Cash Transfer EQUAL Mgeza Primary School	US\$195,803.06
Health Facilities	US\$799,757.30
TOTAL	US\$995,560.36

Security for staff and premises

Staff safety and security were significantly enhanced by the move to a new UNICEF-owned office facility. Access control systems were improved, including a new biometric/proximity card system securing main offices, a digital CCTV network monitoring the perimeter, as well as bag and walk-through x-ray scanners. Emergency medical response equipment was upgraded to include trauma bags, spinal boards and automated external defibrillator machines. A new professional guard service was engaged at the main country office in Dar es Salaam. A security specialist was employed on temporary assignment to provide advice on safety and security systems for the new main office building, as well as to ensure continuing compliance with Minimum Operating Security Standards requirements at field offices around the country.

Improvements in equipment were complemented by new standard operating procedures and additional staff training. The women's security awareness training course was attended by the majority of female staff and dependents. First aid, fire awareness and fire warden training were also completed. Contracted facility guards were trained in access control procedures, emergency response actions and hostile-surveillance detection. All staff joining UNICEF Tanzania completed the UN Basic and Advanced Security field courses.

Field safety and security surveys were conducted for the new office, the sub-office in Mbeya and the joint office in Dodoma, where UNICEF led the establishment of operations. UNICEF also guided implementation of recommendations from the United Nations Department for Safety and Security (UNDSS) at the new office in Mbeya the new joint office in Dodoma. All personal residences of international staff, and local staff upon request, were assessed by UNDSS for compliance with appropriate residential security measures.

A new country-level Minimum Operating Security Standards was approved by the UN Security Management Team in November. With the addition of a few small items of equipment, UNICEF Tanzania will comply with new standards.

Human resources

UNICEF Tanzania staffing consisted of 139 established posts (45 per cent female, 55 per cent male). The vacancy rate was reduced from 26 per cent to three per cent in 2017 with 37 recruitment processes completed.

Ninety-one per cent of the learning and development plan was completed, including sessions on standard operating procedures, ethics, emergencies, staff mobility and rotation, performance management system, and career conversations. Two sessions on women's security in the field were offered for female staff and spouses. All mandatory learning courses were completed by all staff.

UNICEF Tanzania implemented components of the organization's human resources reform, including sessions on performance management. The performance appraisal system cycle was observed with 100 per cent completion rate of the 2016 performance evaluation reports by March 2017. UNICEF Tanzania made use of a variety of assessment methodologies in recruitment including use of talent groups, direct selection, and blended interviews. UNICEF partnered with the University of Dar es Salaam to ensure an equal mix of male and female interns were engaged to work on projects in innovation and technology, in order to build confidence and skills of female students in this male-dominated field.

The results of the 2017 Global Staff Survey were analysed, presented and discussed at an All Staff Retreat. An office work plan was developed, and progress monitored by the Joint Consultative Committee and presented to staff on a quarterly basis.

During the commemoration of World AIDS Day, through UN CARES, all UN staff were provided with opportunities for various free medical screening tests and advice to improve lifestyles. All staff members have completed the mandatory online course HIV/AIDS in the Workplace and local peer support volunteers were made accessible to all staff members.

Effective use of information and communication technology

UNICEF streamlined its information technology operational services and reduced its footprint in a number of ways. Four training sessions were held for staff on the use of cloud-based office automation tools. Skype for Business and Team Viewer were used for communication and remote support for staff based in field offices. The UNICEF Tanzania SharePoint site was used regularly to update leave and travel plans and share and edit files and information. With the move to the new office premises, and the adoption of an open office seating plan) the number of printers was reduced from 19 to 12 and the number of file servers was reduced from eight to six.

UNICEF Tanzania contributed to strengthening existing digital government systems through implementing new open-source and mobile modules. The University of Dar es Salaam was supported in the development of an open-source android app to facilitate reporting into the health information system. The mobile app will help to improve the timeliness and quality of reporting and data used at health facility level. UNICEF also supported the development of a data validation module for information submitted for under-five decentralized birth registration platform, in collaboration with the University of Dar es Salaam and the Registration Insolvency and Trusteeship Agency. The data validation module allowed the Agency to validate the decentralized birth registration information submitted from the regions where the initiative is operational. Overall, at least one technology innovation is in use across all programmes in the office.

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

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

Analytical statement of progress

UNICEF Tanzania, in coordination with the Government, the Health Basket Fund contributed by bilateral donors and partners such as the World Bank and the Governments of Canada, Denmark, Korea, Norway and the United States were focused on accelerating health gains as outlined in the “One Plan II”, the National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health in Tanzania (2016- 2020).

On the supply side, UNICEF contributed to the Health Basket Fund, a multi-donor funding, advocacy and policy forum aligned to the health sector strategic plan. Although UNICEF’s contribution is small (US\$300,000 out of US\$90 million - 0.3 percent), this money was used to influence the focus at local government level. The Health Basket Fund is now going to be disbursed to the facility level. This is to reduce inefficiencies in the use of funds on non-health priorities when funds are disbursed at local government level. The decision was supported by the Government and other partners in the Health Basket Fund initiative. This is what is now called disburse directly to health facilities financing, and implementation will start in 2018.

UNICEF continued advocating for strengthening of the capacity for data analysis and use. For example, the distribution of the health block grants is highly unequal and geographic variations in expenditure are also quite different. This demonstrates capacity limitations for budgeting and planning in some districts. Issues of equity and efficiency of health spending call for better monitoring and tracking of budget execution, especially at the local government authority level. UNICEF gave technical assistance and training to use data and evidence for health planning and budgeting in all regional and council teams in Mbeya, Iringa, Njombe, and Songwe regions to more than 160 health professionals, including planners and water engineers.

For facilities, to improve the availability of emergency obstetric and newborn care services, UNICEF supported renovation of hospitals, health centres and dispensaries, along with the provision of equipment. UNICEF also built capacities of health workers and supported 44 strategic health facilities in Mbeya, Songwe and Njombe to demonstrate maternal and newborn healthcare quality improvement interventions. As a result, 92 per cent of target health facilities showed 92 per cent overall improvement in knowledge and skills and 93 per cent of facilities have functional quality improvement teams. Similar support was also provided by USAID and the Germany development agency, GIZ, in strategic health facilities in Mbeya, Iringa, Njombe and Songwe regions. Staff in the UNICEF-supported facilities was trained to regularly conduct maternal and perinatal death surveillance and response reviews and use the evidence to improve care and address any shortcomings found. UNICEF will use these lessons to advocate for uptake of these programmes on a national scale.

In communities, UNICEF and partners are advocating with the Government to formally initiate and expand the community health worker cadre, which is included in many policies, but has not yet been rolled out. In addition, formalization is still pending in the government’s scheme of service. No community health workers can be formally hired by the Government until the scheme of service is agreed. Due partly to UNICEF and partners advocacy efforts, the

Government is in the process of formalization and expansion of the cadre. In the meantime, UNICEF has leveraged GAVI health system support to build the community platform for immunization including vaccine management, the coverage of which was maintained above 95 per cent.

On the demand side of the health system, following UNICEF advocacy with the Ministry of Health, scorecards for reproductive, maternal, newborn, child and adolescent health were reintroduced and shared with local government authorities and health partners in June. UNICEF Tanzania worked to increase accountability of the Government towards citizens and to give the public the tools to provide feedback, especially by women and children. This also empowers women by giving them a voice in health care. UNICEF also piloted a mobile-based client information and feedback system (Mama Na Mwana) for pregnant women and mothers which promotes positive health behaviours and gives them more say in the services they receive.

UNICEF supported the design, development, pilot and scale-up of a mother-baby cohort monitoring system. The system has been rolled out to about 50 per cent of health facilities countrywide, and 75 per cent of facilities in UNICEF-supported regions. In HIV treatment, a major challenge is retention of mother-baby pairs in care, reported in 2016 at 83 per cent at 12 months after initiation of antiretroviral treatment; however, the retention was only 70 per cent among adolescents and young mothers. To respond to this challenge, UNICEF worked with the Ministry of Health to strengthen post-test counselling and early defaulter tracing, focusing on adolescents and young mothers.

Despite the progress, challenges remain in improving maternal and newborn survival and community health, requiring continuing UNICEF's efforts at both the facility and community levels. More work is needed in 2018 to scale up the number of community health workers, promote community engagement and strengthen local governance and accountability structures, as well as improving quality of care, newborn care and other facility-based programmes. The quality and use of data is still a major hurdle, and in 2018 UNICEF aims to support the use of evidence at multiple levels: among district planners, in facilities and at the national level.

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

Analytical statement of progress

UNICEF supported Tanzania through its central and local governments in health systems strengthening on both the demand and supply sides of health care. The primary aim was to promote increased efficiency of health service provision, accountability of the government towards citizens, and to give the public the tools to provide feedback to decision makers to ensure that policies and services reflect their needs, especially women and children.

On the supply side, to ensure that the health system remains strong and focused on providing care equitably, UNICEF contributed to the Health Basket Fund, a multi-donor funding, advocacy and policy forum. The Fund focuses on strengthening the health sector coordination, avoiding overlap and providing oversight. The Health Basket Fund side agreement is significant because funds will be allocated for improving access to and coverage of health services for women and children by allocating special funds for basic and comprehensive emergency obstetric and neonatal care in line with the One Plan II, for which UNICEF actively advocated.

In addition, technical and financial assistance to the Ministry of Health for the development of a project proposal on Resilience and Sustainable Systems for Health is expected to leverage US\$43,460,000 in 2018 from the GFATM. The proposal includes an allocation of resources to comprehensive emergency obstetric and neonatal care (US\$12.8 million), addressing human resources for health for hard-to-reach areas and for increasing the number of community health workers (US\$9 million) and supply and logistics management (US\$9 million).

Twenty-three local government authorities in Mbeya, Iringa, Njombe and Songwe produced and reviewed the scorecards, leading to prioritization of activities and shifting resource allocation toward mentoring and supportive supervision of health workers and information officers. This was as a result of the support given by UNICEF to the local government authorities to develop and review reproductive, maternal, newborn, child and adolescent health (RMNCAH) scorecards for accountability and tracking of selected health indicators. The information gathered from these scorecards will then be used by UNICEF for advocacy with parliamentarians for systems improvement.

To ensure that mothers and babies have improved health seeking behaviours and the services are responsive to their needs, the mobile-based client information and feedback system (Mama na Mwana) was rolled out in all health facilities in Mbeya, Njombe and Songwe regions. This followed the orientation of 1,449 health workers. About 33,200 pregnant women and mothers with babies up to one year old have been registered in the programme at the end of the reporting period.

Around 24,136 refugee children were vaccinated against measles and polio through UNICEF support, with overall coverage above 95 per cent. This contributed to no reported outbreak of vaccine preventable disease. UNICEF distributed 14,000 insecticide-treated mosquito nets reaching 28,000 people and antimalarial medication reaching 64,350 people in the camps. The population of refugees and asylum seekers was 315,681 by the end of October 2017.

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

Analytical statement of progress

UNICEF supported the local government authorities to build quality improvement systems in health facilities and remove bottlenecks to improve quality health services. In addition to the renovation of infrastructure and provision of needed equipment (see output 3), all 44 health facilities supported by UNICEF are regularly using the quality improvement process to improve maternal and newborn services and reduce mortality. To date, all 44 facilities have a functional quality improvement team, quality review process and follow-up action plan. Because of this effort, quality improvement can be seen in most of the facilities. For example, many facilities are using partograph in monitoring high risks pregnancy during labour and delivery.

Similarly, many of the facilities now have antibiotics and available medicines for third stage of labour and sepsis management. Of 23 districts in Mbeya, Iringa, Njombe and Songwe regions, 18 have the functional quality improvement teams which integrate maternal and perinatal death surveillance and response reviews. These reviews help the team to analyse the cause of deaths and make evidence-informed decision to improve care. An example of such evidence-informed decision is an introduction of community blood donation initiatives in Mbeya to ensure adequate supplies are available for transfusions during caesarean section surgeries.

UNICEF's planned activity on annual district health system review reporting through use of ScoreCard app was constrained due to the lack of resources. UNICEF will collaborate with the Ministry of Health to provide technical assistance and funds in 2018 to make sure this activity is implemented in UNICEF supported districts. The recurrent grant system for districts, a formula-based system which allocates funds based on population and their needs was introduced in 2004. However, these formulas are seldom applied and many districts are lacking the resources to adequately fund all activities making the efficient management of funds critical. In response, UNICEF will advocate to improve the budget allocation and disbursement mechanisms (for RMNCAH in Comprehensive Council Health Plans) and health facilities and use of annual district health system reviews.

As a part of the Development Partner Health Group, UNICEF led in one out of four key priorities, on strengthening capacity for analysis and use of data for bottleneck analysis. This was aimed at strengthening the capacity of hospital management information system, the District Health Information Software (DHIS2), survey and administrative data for planning purpose. Similarly, UNICEF continued its support to community health management information system in Zanzibar, with all 200 shahias being digitalized and linked to the DHIS2.

For the first time, the four UNICEF focus regions submitted their regional comprehensive health plan for 2018-2019 fiscal year that used data to identify bottlenecks analysis and strategies for their annual planning and monitoring of implementation. All 11 districts of Zanzibar are implementing district plans for the financial year 2017-2018 which were developed based on a bottleneck analysis. Along with the capacity building of the local government authorities in the Mainland and Zanzibar on evidence-based planning and budgeting, UNICEF will focus on quality of health facilities which are subject to receive direct facility funding from the World Bank in 2018.

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

Analytical statement of progress

In 2016, the immunization coverage in Tanzania was maintained at 97 per cent. However, there was a slight decrease from 98 per cent in 2015 to 97 per cent in 2016, which has led to the increased number of unvaccinated children from 38,047 to 57,000. This was largely attributed to the inaccuracy of the denominator of the target populations. UNICEF continued to procure the services for the routine childhood vaccines, cold chain equipment and related supplies. In Zanzibar, the Reach Every Child approach and intensification of routine immunization activities in all districts resulted in the increased immunization performance, where DTP3 coverage was maintained above 90 per cent. The supply of new and underused vaccines supported by GAVI was optimal, with no stock-outs experienced. However, a shortage of traditional vaccines was experienced due to a delay in funds disbursement by the government.

Kangaroo mother care was effectively rolled out in higher level hospitals and referral facilities. Capacity building of 200 health workers (100 per cent of planned target) was undertaken on this approach. Twelve hospitals and six health centres in Mbeya and Njombe regions (exceeding the total of 14 planned facilities) now provide essential newborn services to pre-term and low birth weight babies. The facilities in each region cover approximately 70 per cent (100,500) of the deliveries annually.

The mobile-based client information and feedback system (Mama na Mwana) was rolled out in all health facilities in Mbeya, Njombe and Songwe regions, following the orientation of 1,449 health workers. A total of 35,143 pregnant mothers were registered, however, only 1,273 have provided feedback from 12 target districts as of December 2017. A combination of measures to increase feedback were undertaken, including conducting an evaluation study which pointed out some areas for improvement such as making clearer messages clear. In 2018, UNICEF plans to advocate for ownership of the programme with government and develop a memorandum of understanding with the US Centres for Disease Control's Wazazi nipendeni programme to make it a more robust intervention.

Technical assistance was provided to scale up a mother-baby cohort monitoring system which intends to track retention in the prevention of mother-to-child transmission of HIV (PMTCT) programme. Seventy-five per cent of the health facilities in Mbeya, Iringa, Njombe and Songwe regions and 50 per cent of all regions are implementing the system.

UNICEF Tanzania supported new techniques of the PMTCT cascade analysis to improve data presentation and analysis of the programme which now is part of an annual PMTCT report. Some of the findings included the retention of women in PMTCT programme at 95 per cent, 91 per cent, 83 per cent and 69 per cent at three, six, 12 and 24 months since the start of antenatal care, respectively. Twenty-nine per cent of the pregnant women were adolescent girls, and their retention rate was poor (62 per cent) compared to that of the adult females. The regional paediatric and adolescent antiretroviral therapy scale-up plans in all zones were reviewed and showed improved testing coverage, with Mbeya region reaching over 100 per cent of their testing target for children. However, a key gap identified across all regions is the low use of viral load monitoring.

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

Analytical statement of progress

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

The preliminary results from the Tanzania HIV Impact Survey released in December 2017 suggest a national HIV prevalence among adults aged 15 to 49 years of 4.7 percent, slightly reduced from 5.1 in 2011-2012. HIV prevalence among children 0-14 years was 0.4 percent. However, there were marked geographical variations with three regions having higher than nine percent HIV prevalence. HIV infection rates were more than twice as high in women (0.4) as compared to men (0.17) and HIV prevalence were double in girls and women of various ages compared to men, pointing to the urgency for a stronger gendered HIV response. Viral load monitoring was low across all regions and particularly for children calling for further improvements in the HIV treatment programme.

As a result of the collective efforts of Government, UNICEF and partners, good progress was made towards elimination of mother-to-child transmission. Tanzania provided ARVs to more than 98 per cent of HIV-infected pregnant and lactating women for prevention of mother-to-child transmission. HIV data analysis, as well as the review of the 2012-2015 National Plan to Eliminate Mother to Child Transmission (eMTCT), was completed. The key findings included antenatal care HIV positivity declining from 4.9 percent in 2015 to 3.6 percent in 2016, and a declining trend of early infant diagnosis positivity rates from 12 percent in 2011 to 4.9 percent in 2016. The HIV testing rate amongst pregnant women at antenatal care was 91 percent.

A major achievement was the development and endorsement of the 2018-2021 eMTCT plan which will guide implementation of the last mile of elimination of mother to child transmission. UNICEF, in collaboration with the Clinton Health Access Initiative supported the National AIDS Control Programme and the National Laboratory with the evaluation of new HIV point-of-care testing technologies to increase capacity and access to HIV viral load testing and early infant diagnosis in lower level facilities.

With 23 per cent of Tanzania's population in their adolescent years, the second decade of life for children continues to be a priority for UNICEF. UNICEF advanced the generation of adolescent-disaggregated impact level HIV data through the Tanzania HIV Impact survey as well as the launch and implementation of the adolescent tailored social protection initiative ('Cash Plus'). This initiative combines social cash transfers with livelihood, SRH/HIV and access to health services. The Cash Plus is part of the Government's Productive Social Safety Net programme and offers a package of adolescent-focused interventions to strengthen resilience, well-being and empowerment of adolescents from the poorest households in the country. A rigorous evaluation accompanies the implementation to provide evidence and inform scale up.

In addition, the Ministry of Health was supported to develop a national training package for health workers on adolescence and HIV, sexual and reproductive health. Through partnerships with NGOs and government, UNICEF supported the expansion of facility-based HIV treatment support programmes from 40 to 80 facilities (covering 17 per cent of comprehensive care clinics in the target regions) and established 'teen clubs' to support adolescents living with HIV. As part of these efforts, 4,357 adolescents were supported through the clubs, 240 health care workers trained, 18,852 children and adolescents tested, 461 found positive and 95 per cent enrolled in care and treatment programmes. In Zanzibar, 35 percent of all children and adolescents living with HIV received psychosocial support and life skills education. The psychosocial support and life skills provided by trained facilitators through children's and adolescent clubs helped to

develop assertiveness and acceptance that assist children and adolescents to stay on treatment and live more confidently in their communities. However, HIV testing, enrolment and retention in HIV treatment amongst young children and adolescents continue to be a challenge in the country. Further efforts are needed to scale up and improve quality of services, adolescent participation and community and family-based support.

UNICEF provided substantive support to the Tanzania Commission for AIDS and the National AIDS Control Programme in developing the successful GFATM funding request for Mainland, in particular the adolescent girls and young women module (US\$16 million). The module was informed by UNICEF's Cash Plus concept which promotes layering of social cash transfers with skills building on sexual and reproductive health, HIV and livelihood training and access to health services for the most vulnerable adolescents. UNICEF was also a key partner to the Zanzibar Ministry of Health for their GFATM funding continuation application (US\$5 million). UNICEF is a respected partner in PEPFAR's Country Operational Planning processes, the national Development Partners' Group on HIV and the UN Joint Team on HIV. UNICEF convened the first development partners' consultation on paediatric and adolescent HIV to provide a collaborative platform for exchange among development partners.

Key challenges included the fact that illness associated with HIV is not included in the national health insurance and the continued over-reliance on external resources for the HIV response. The age of consent for HIV testing continued to be 18 years, and prevailing stigma and negative gender norms continue to pose challenges as well.

OUTPUT 1 Strengthened national and subnational capacity for qualitative and quantitative data collection on adolescents, disaggregation (age & sex), analysis and use, across sectors and in selected local government authorities.

Analytical statement of progress

UNICEF's support to Dar es Salaam, Mbeya, Iringa and Njombe regions led to scale up of psychosocial support and antiretroviral therapy retention interventions for children and adolescents living with HIV.. Through partnerships with Baylor University and the NGO Pastoral Activities and Services for people with AIDS Dar es Salaam Archdiocese (PASADA) and government, support expanded from 40 to 80 facilities, covering 17 per cent of comprehensive care clinics in the target regions, and established linked 'teen clubs' to support adolescents living with HIV. A total of 4,357 (72 per cent of the target) adolescents attended the clubs and 240 health care workers were trained on psychosocial support. An initial group of 40 health care workers were trained on HIV disclosure, which contributed to a 75 percent disclosure rate among enrolled adolescents. The 80 teen clubs provide psychosocial support and opportunities for broader health discussions.

UNICEF supported partners in conducting community and school-based outreach to increase early identification of HIV-positive children, with 18,852 children and adolescents tested for HIV, 461 found positive and 95 per cent enrolled into treatment. Access to services for adolescents, however, is still a challenge due to long distances, poor attitudes among health care workers and limited quality of care. Additionally, adolescents living with HIV attending boarding schools may have lower access to health services. Further research is required to better understand the challenges and causes related to adolescents living with HIV in the education system.

UNICEF and partners supported the Zanzibar Integrated HIV, Tuberculosis and Leprosy Programme to develop new guidelines for health workers on key populations, including young

key populations, which are particularly important to target in the HIV response in Zanzibar.

The Tanzania Social Action Fund was supported to commence implementation of the Cash Plus programme, which builds on the Government's nationwide cash transfer programme and adds livelihood, HIV and sexual and reproductive health education and mentorship as well as access to services for adolescents 14-19 years. An impact evaluation baseline report was completed, and livelihood and sexual and reproductive health training manuals developed. Twenty master trainers (50 per cent female), 130 peer educators (50 per cent female) and 130 mentors (50 per cent female) were trained, and micro-planning completed in the two selected districts. By year-end, 1,549 adolescent girls and boys have been enrolled. A rigorous evaluation accompanies the implementation to provide evidence and inform scale-up.

To improve HIV and sexual and reproductive health outcomes in adolescents through communication, UNICEF and partners completed the review of the Shuga radio drama phase 2, which was aired in mainland Tanzania and Zanzibar through community and national radio. The review indicated positive behavioural results among adolescents. It found increases of adolescents reporting they had even been tested for HIV from 39.8 per cent (40.9 per cent males and 37.7 per cent females) at baseline to 57.7 per cent (61.0 per cent males and 52.9 per cent females) at endline. The report findings were used to inform the concept for a new communication for social and behaviour change initiative, SHUGA 3, to be launched in 2018.

The National Behaviour Change Communication Information Package for HIV prevention among young people in mainland was translated into Swahili. The Zanzibar AIDS Commission was supported to develop behaviour change communication materials and organize media briefings to increase uptake of HIV services among adolescents and young people.

OUTPUT 2 Adolescents and key populations have increased access to quality HIV prevention, care, treatment and support services, in selected local government authorities

Analytical statement of progress

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

Analytical statement of progress

The WASH programme is fully aligned to the Sustainable Development Goals (SDGs) and is geared to contribute and support Tanzania to achieve SDG 6. Upstream, UNICEF continued with its support to strengthen the evidence base for advocacy aiming to leverage resources for children. This led to increased sector financing for sanitation in phase II of the Water Sector Development Programme, and to a new partnership with WaterAid to jointly support the Government in developing national guidelines for WASH in health care facilities.

As part of its preparatory work for the new country programme, a study on WASH in health care facilities had been conducted in partnership with the National Institute for Medical Research, to in Mbeya, Iringa, Njombe, and Dar es Salaam. A sample of 96 facilities out of 414 facilities (23 per cent) in the seven districts was selected to participate in the assessment. The study found that 42 per cent of the facilities surveyed did not have functional handwashing facilities. Such statistics indicate a compromised quality of health care services, including maternal and newborn care. Improving WASH in health care facilities is therefore included as an important intervention for reducing maternal and newborn mortality and morbidity.

Dissemination of the findings occurred through Africa Water Week (Dar es Salaam, 18-22 July 2016), international centres including the London School of Hygiene and Tropical Medicine and

North Carolina University, and locally through both health and WASH sector dialogue mechanisms, including technical working groups.

The development of national guidelines and tools to provide guidance to stakeholders on the design, implementation, monitoring and evaluation of interventions that aim to improve WASH in health care facilities were finalized and approved by the Government. UNICEF is working closely with the Government and partners to draw out plans for their roll-out.

UNICEF continued with its commitment of strengthening the capacity of governments and local partners to deliver equitable services for all by identifying and addressing bottlenecks in the WASH sector and employing innovative approaches. These include promoting daily group handwashing in schools, with a focus on reaching the most marginalized.

In addition, UNICEF in collaboration with sector partners, worked closely to redesign the sanitation sub-component strategy to focus on behaviour change communication as a means through which households will be supported, in line with the SDGs, to progressively yield incremental results in sanitation. The approach starts from no service (open defecation) through to safely-managed sanitation, including the promotion of appropriate hygiene behaviours to encourage good practices, particularly handwashing with soap and household water treatment and storage. The behaviour change communication strategy was launched in December and UNICEF will support its roll-out in Mbeya, Iringa and Njombe regions in 2018.

UNICEF supported the Ministry of Water and Irrigation to conduct training for national and regional level government staff and hold a roundtable consultation and orientation session for non-governmental organization partners. This was in preparation for nationwide roll-out of the National Rural Water Supply Sustainability Strategy. Support was also provided to the Ministry to update and finalize the national guideline for monitoring drinking water quality. Approval of the updated guideline was done and awareness raising on the use of safe water as addressed in the guidelines has started in the UNICEF WASH intervention areas.

UNICEF supported the sector Ministers of Water and Health to participate in the 2016 Ministerial High Level Meeting organized by Sanitation and Water for All partnership. Sanitation and Water for All is a global partnership of governments, external support agencies, civil support organizations and other development partners working together to catalyse political leadership and action towards a common vision of universal access to safe water and adequate sanitation. The purpose of the meeting was to enable ministers responsible for water and sanitation to understand both the ambition and scope of the new SDGs, WASH targets, as well as the implications for the planning and resources needed to achieve the targets. The meeting was useful for UNICEF Tanzania in terms of laying the political foundation to facilitate better planning for the SDGs, understanding what resources are available, and also helped external support agencies to target and align their support.

UNICEF continued promoting universal use of the National School WASH guidelines through advocacy and by working closely with implementing partners and engagement of key stakeholders, particularly those who are directly involved in the implementation of interventions and management of school WASH services. This has served as an important guidance for a coordinated scale up and sustainable implementation of school WASH that is aligned to the national guidelines.

T-Watoto, a UNICEF initiative that makes use of cell phones at household level to conduct surveys, was employed in Zanzibar to gather information to support a more effective and better

targeted cholera emergency response. As a result of analysing information, cholera hot spots and their key characteristics were identified. The information was used to sharpen and better target the cholera response.

OUTPUT 1 Select Ministries, Departments and Agencies (MDAs) are better able to formulate policies, plans and guidelines for the sustainable management of water, sanitation and hygiene.

Analytical statement of progress

The dissemination of a study conducted in partnership with the National Institute for Medical Research on WASH in health care facilities in Mbeya, Iringa, Njombe, and Dar es Salaam regions, provided an opportunity for validation of the study findings and recommendations. This increased awareness of the magnitude of the problem, raised government and partners' commitment to support improvement, and served as an important input in developing the National WASH in Health Care Facilities Guidelines. As one of the major recommendations, UNICEF in partnership with WaterAid supported the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) to develop the national guidelines. UNICEF supported nationwide consultations in five zonal consultative meetings across 26 regions of Tanzania mainland (that included health care workers as the guidelines' stakeholder) as part of process to elaborate the guidelines. The guidelines were finalized and approved by the government. UNICEF Tanzania is working closely with the Government and partners to plan for their roll-out.

UNICEF, in collaboration with development partners, supported the national WASH sector in transitioning to the SDGs. Both rural water and sanitation and hygiene results frameworks now reflect SDG targets and indicators for Tanzania. UNICEF led preparatory work for Tanzania's participation in the Sanitation and Water for All High Level Ministerial Meeting. This was the single most important catalyst for the successful transition. Challenges remain in ensuring equitable and sustainable results. UNICEF supported the Ministry of Water and Irrigation to review and update national guidelines for monitoring drinking water quality.

UNICEF continued with its drive in fulfilling the rights of every school child to enjoy appropriate WASH services in schools. To achieve this, UNICEF supported the review and printing of 3,500 copies (Mainland) and 1,000 copies (Zanzibar) of the national guidelines and tool kits which were distributed among key stakeholders. UNICEF supported the launch of the guidelines in Zanzibar by the Second Vice President and obtained government and other partners' commitment for their adoption and scaling-up of school WASH services in Zanzibar.

UNICEF, in collaboration with the Water Supply and Sanitation Collaborative Council, supported the training of a national resource team of trainers of 73 people (53 female and 20 male) of whom seven were Members of Parliament. This was a part of efforts to address bottlenecks on gender disparities for adolescents, including inaction on menstrual hygiene management. The training equipped participants from government ministries, departments and NGOs across the country with knowledge and appropriate tools to meet this purpose. A plan for rolling-out the training to sub-national level was developed.

UNICEF provided technical support to the Ministry of Health, Community Development, Gender, Elderly and Children for the development of the National Sanitation Campaign. The support included participation in high level meetings and the development of a creative brief for the Ministry that informed the strategic direction for behaviour change communication. The national

campaign was launched in December and UNICEF will support its implementation in all UNICEF-supported districts from 2018.

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

Analytical statement of progress

UNICEF directly supported school WASH services through the provision of facilities (toilets, water supply, and hand washing) in 53 schools out of 50 planned. This provided 28,637 pupils (14,421 girls and 14,216 boys) with improved WASH services. UNICEF supported the training of 279 teachers (147 female and 132 male) in the 53 schools on hygiene promotion and also on the formation and mentoring of School WASH clubs in their schools. All 53 schools established WASH clubs, and their 1,484 members (815 girls and 669 boys) were trained. The club members actively deliver hygiene messages to their peers to facilitate and influence the adoption of appropriate hygiene practices. The 53 school management committees comprising 359 members (122 male and 237 female) were trained to ensure sustainability and effective management of school WASH services. The trained members have applied the acquired skills in planning, implementation, and operation and maintenance of school WASH services. Forty-five of the 53 school committees have established operation and maintenance funds for the WASH facilities.

UNICEF strengthened the capacity of governments and local partners to plan, implement, monitor and deliver equitable school WASH services with an emphasis on economy, efficiency and effectiveness. Seven district's WASH team members were trained on innovative approaches like 'fit for school' that promote daily group handwashing with soap.

A total of 828 communities were triggered for action to become open defecation free in six districts of the mainland and in Zanzibar through community approaches to total sanitation (known in the sector as CATS). This enabled 36 sub-villages (3,240 households containing 16,200 people) to be declared open defecation free. Another 133 sub-villages (11,805 households with 59,025 people) achieved self-reported open defecation free status. Njombe district, one of UNICEF's supported districts, made impressive progress towards the use of improved sanitation recording a notable achievement of 39 out of 45 villages (86 per cent) certified open defecation free, with 98 per cent of households gaining access to improved toilets and 65 per cent installing handwashing facilities.

Four communities of 27,721 people (14,692 females and 13,029 males) were supported to access safe drinking water within 400 metres. To ensure sustainability, appropriate community management models were institutionalized through the formation, registration and training of water user entities.

In response to the earthquake in Kagera, UNICEF provided WASH facilities meeting national guidelines to 17 schools hosting 10,080 pupils. A new water supply for a school with 756 children with special needs was installed. The water system also serves 1,600 community members around the school who have formed a community owned water supply organization.

With respect to cholera, UNICEF supported ministries, regions and local government authorities to develop and implement response plans. Social mobilization using inter-personal communication support aids such as flipcharts, CDs/DVDs on cholera along with appropriate prevention messages delivered through SMS were key in containment.

In refugee camps, UNICEF supported improvements to the water supply and met the SHERE standards in all, with the exception of Mtendeli camp.

Convergence with other sectors continued to be strengthened. Workplans were developed with three civil society organizations clearly stipulating areas of convergence with nutrition, and activities in support of ECD and adolescents. These were based on a mapping of WASH, nutrition and ECD interventions in UNICEF-supported districts.

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

Analytical statement of progress

After playing a crucial role in 2016 supporting the Government to develop the National Multisectoral Nutrition Action Plan 2016-2021 (NMNAP), UNICEF then strongly contributed to achieving key results planned for 2017.

UNICEF contributed to the NMNAP target of increasing the proportion of caregivers receiving counselling on infant and young child feeding. Through partnerships with NGOs in Mbeya, Iringa, Njombe and Songwe regions and in Zanzibar, the proportion of villages with community health workers trained on infant and young child feeding increased from 15 per cent (460 villages) in 2016 to 64 per cent (1,958 villages) in 2017. The proportion of caregivers reached by IYCF services was increased from 20 per cent in 2016 to 45 per cent in 2017 in Mbeya, Iringa, Njombe and Songwe regions and in Zanzibar, which strongly contributed to a national increase from 15 per cent in 2015/16 to 18 per cent in 2016/17.

To maximize impact, UNICEF supported the integration of growth monitoring and promotion, care for child development, health/HIV and WASH interventions into infant and young child feeding programming. Male involvement was also improved, with increased participation in monthly infant and young child feeding counselling, and an increased number of men reached by trained local leaders. Equity in infant and young child feeding services was also improved through the partnership with the Tanzania Social Action Fund, as beneficiaries of cash transfers were systematically enrolled in the services.

UNICEF contributed to the NMNAP target of increasing the proportion of children aged six to 59 months receiving vitamin A supplementation, which was increased from 89 per cent in 2016 to 92 per cent in 2017. In support of the Tanzania Food and Nutrition Centre, UNICEF provided vitamin A capsules and deworming tablets to all districts, supported operational costs in Zanzibar, and provided additional support on microplanning to low-performing districts. This contributed to reducing the equity gap between the mainland and Zanzibar in term of access to vitamin A supplementation and deworming services. Boys and girls were reached equally.

UNICEF also strongly contributed to NMNAP target on anaemia reduction, which is also a key result in the UNICEF Gender Action Plan. The proportion of pregnant women in Tanzania who received any iron folic acid at antenatal care clinics increased from 20 per cent in 2016 to 26 per cent in 2017. UNICEF also contributed to NMNAP target on universal salt iodization. By supporting the Government to increase the number of salt producers trained on salt iodization techniques in Lindi, Mtwara and Pemba from 159 (61 per cent) in 2016 to 200 (100 per cent) in 2017, another NMNAP target.

In partnership with NGOs, UNICEF was a strong supporter of initiatives aimed at achieving the NMNAP target on the management of severe acute malnutrition. The treatment coverage was significantly increased in the four UNICEF-focus regions (Mbeya, Iringa, Njombe and Songwe) from 38 per cent to 72 per cent, and in Zanzibar from 17 per cent to 32 per cent. This strongly contributed to increase national severe acute malnutrition treatment coverage from nine per cent in 2015/16 to 14 per cent in 2016/17. Boys and girls were reached equally. However, the Tanzania Demographic and Health Survey 2015/16 found that the proportion of boys (5.2 per cent) with acute malnutrition is higher than girls (3.8 per cent).

UNICEF also contributed to NMNAP target on effective nutrition governance, as the proportion of councils holding at least two meetings of the council nutrition steering committee per year was increased from less than 10 per cent in 2015/16 to 17 per cent in 2016/17. Additionally, to improve overall coordination, monitoring and implementation of the NMNAP, UNICEF supported the Government to review the terms of reference of the main coordination structures of the NMNAP at the central, regional and council level.

The average spending on nutrition at council level was increased from approximately US\$55,500 in 2015/16 to around US\$65,000 in 2016/17, due in part of the work of UNICEF. This was achieved through leveraging funding from international donors and by supporting the implementation of a minimum budget allocation for nutrition. However, only six per cent of local government authorities implemented the minimum budget allocation of US\$0.22 (500 Tanzanian Shillings) per child under five years for 2016/17 using domestic resources.

The second Public Expenditure Review of Nutrition in Tanzania was initiated, with support from UNICEF. The findings will be used to identify new approaches to increase domestic spending for nutrition.

UNICEF strongly contributed to NMNAP target of strengthening multisectoral nutrition information system. The proportion of councils producing annual bottleneck analysis of specific nutrition interventions increased from 79 per cent in 2016 to 98 per cent in 2017. The proportion of regions producing a multisectoral nutrition scorecard increased from 12 per cent in 2016 to 73 per cent in 2017, and the proportion of local government authorities producing an annual review of nutrition workplans increased from 91 per cent in 2016 to 92 per cent in 2017.

The information generated by studies was used to support all regions and councils to conduct evidence-based planning and budgeting for nutrition for 2018/19. This process was implemented by the President's Office for Regional Affairs and Local Government with strong support from UNICEF, WFP and USAID.

UNICEF, as lead of the UN Network, and other development partners strongly supported the 2017 Joint Multisectoral Nutrition Review. Progress towards implementation of the NMNAP was tracked using indicators and financial commitments agreed in the Common Results, Resources and Accountability Framework of the NMNAP. Some 48 per cent indicators for 2016/17 across the seven NMNAP results areas were met, while only four per cent were highly delayed.

UNICEF is also currently supporting other key studies including an evaluation of the in-service national training programme for nutrition officers, a gender review of the NMNAP, and an assessment on the causes of reduction in stunting prevalence between 2010 and 2015. The findings will generate additional evidence to further improve the overall nutrition programme in Tanzania.

Looking forward to 2018 and beyond, UNICEF support to the Government of Tanzania will continue focusing on the operationalization of the NMNAP, especially at the decentralized level, using the evidence generated and addressing the bottlenecks identified.

OUTPUT 1 Improved Infant and Young Child Feeding services available

Analytical statement of progress

In UNICEF supported regions (Mbeya, Iringa, Njombe and Songwe regions and Zanzibar), over 4,000 community health workers (50 per cent females) were trained and enabled to provide IYCF counselling services in over 2,000 villages. This increased the proportion of villages with community health workers providing counselling from 15 per cent in 2016 to 64 per cent in 2017, which represents significant progress towards an overall target of 75 per cent village coverage by 2021. Trained community health workers reached over 300,000 pregnant women and caregivers of young children, representing almost 50 per cent beneficiaries' coverage. Male participation as primary caregivers to infant and young child feeding counselling groups was also increased. This result was achieved by UNICEF in partnership with Canada, IrishAid and the United Kingdom's Department for International Development (DFID), while implementation was ensured by seven partner NGOs (three national, four international).

In order to maximize nutrition impact on stunting reduction, growth monitoring and promotion, care for child development, health and WASH interventions were integrated into IYCF programming. This was achieved through supporting the Tanzania Food and Nutrition Centre to review the integrated social and behaviour change communication (SBCC) package for stunting reduction. As part of this process, UNICEF is strengthening the capacities of all target community health workers through specific Care of Child Development and GMP training and refresher training on the overall SBCC package: Over 1,000 (15 per cent) community health workers have been trained to date.

The proportion of health facilities with health staff trained on IYCF was increased from 35 per cent in 2016 to 75 per cent in 2017, which represents significant progress towards an overall target of reaching 100 per cent of health facilities by 2021. A cumulative total of 1,550 health facility staff (70 per cent females) were trained on IYCF and enabled to provide counselling to pregnant women and caregivers of young children during antenatal and postnatal care visits.

To reinforce positive social norms and create an enabling environment for behaviour change, local leaders and influential people were also reached through social mobilization events. The number of local leaders and influential people reached with IYCF messages by UNICEF-supported NGOs increased from 4,600 in 2016 to over 20,000 in 2017. Trained and sensitized local leaders were enabled to reach and influence men with IYCF messages. To ensure equity, UNICEF through the partnership with Tanzania Social Action Fund and NGOs, continued to enrol beneficiaries of conditional cash transfer in IYCF counselling services delivered by community health workers in focus regions. Up to date, more than 50 per cent of cash transfer beneficiaries in Mbeya, Iringa, Njombe and Songwe regions attend nutrition services every month, of whom 90 per cent are females. A bottleneck analysis supported by UNICEF on community health workers interventions in 2016/17 conducted by district nutrition officers revealed that there was inadequate capacities among service providers (community and health facility workers) and communication materials such as flipcharts).

In the next period, UNICEF will continue to support scaling up the delivery of IYCF services in partnership with the government and NGOs. A focus will be on fostering synergies between

various programmes to ensure equity, increasing male parents' participation in IYCF group counselling sessions and leveraging funds to scale-up interventions in other neglected regions.

OUTPUT 2 Improved micronutrient supplementation and fortification services available.

Analytical statement of progress

Between 2016 and 2017 the proportion of districts with enough supplies to provide two annual doses of vitamin A to all girls and boys aged 6-59 months was maintained at 99 per cent in the mainland, and 100 per cent in UNICEF focus regions of Mbeya, Iringa, Njombe, and Songwe and in Zanzibar.

During the same period, UNICEF and partners - Tanzania Food and Nutrition Centre, Zanzibar Ministry of Health and local government authorities - with financial support from Canada, increased vitamin A supplementation coverage from 89 per cent to 92 per cent nationally (89 per cent to 91 per cent in mainland, 87 per cent to 96 per cent in Zanzibar). Across the UNICEF focus regions of Mbeya, Iringa, Njombe and Songwe the coverage rose from 88 per cent to 91 per cent. This contributed to reducing the equity gap between the mainland and Zanzibar in terms of access to vitamin A supplementation services.

UNICEF and partners also contributed to improving the performance of the deworming programme, which aims at reducing worm infestation and prevent anaemia. Between 2016 and 2017, national coverage increased from 89 per cent to 91 per cent. In mainland, the coverage increased from 89 per cent to 91 per cent, in Zanzibar from 82 per cent to 96 per cent, and in Mbeya, Iringa, Njombe and Songwe regions from 87 per cent to 90 per cent.

In UNICEF focus regions, with financial support from DFID and IrishAid, the proportion of villages with community health workers trained on counselling on anaemia prevention among pregnant women increased from 15 per cent (460 villages) in 2016 to 64 per cent (1,958 villages) in 2017. As a result, over 4,000 community health workers provided counselling to women or were pregnant or lactating on anaemia prevention. The coverage of pregnant women, including adolescents, who received any iron folic acid at antenatal care clinics nationally increased from 20 per cent in 2016 to 26 per cent in 2017. Anaemia reduction is a priority within UNICEF Gender Action Plan.

UNICEF contributed to these achievements by supporting nutrition planning in all districts and assisting the Zanzibar Ministry of Health, Tanzania Food and Nutrition Centre and local government authorities on supportive supervision in low performing districts, to address the equity gap. UNICEF also supported the bottleneck analysis of vitamin A and iron folic acid supplementation in 2016/17. The analysis showed that the bottlenecks in vitamin A supplementation coverage are poor microplanning at the district level, inadequate supply chain management in some low performing districts and an insufficient number of health service trained on vitamin A supplementation and counselling for anaemia prevention. To address these barriers, UNICEF will support 18 low performing districts in mainland and 10 districts in Zanzibar to develop quality micro plans for the preparation of vitamin A supplementation. In liaison with Nutrition International, UNICEF will develop national anaemia prevention and control guidelines, training manuals job aids for training health service providers.

To contribute to achieving universal salt iodization in Tanzania, UNICEF, in partnership with USAID supported training of 200 (100 per cent) salt producers in Lindi, Mtwara and Pemba on salt iodization technique. The main bottlenecks towards the achievement of universal salt

iodization include poor capacities and technology of salt producers. The current salt iodization methods (knapsack sprayer) are not adequate. To address these barriers, in the next period, UNICEF will support mobile iodization machines for salt producers and train them on adequately salt iodization.

OUTPUT 3 Improved Integrated Management of Severe Acute Malnutrition services available.

Analytical statement of progress

In UNICEF-supported regions, with financial support from IrishAid, the proportion of health facilities providing treatment of severe acute malnutrition increased from 19 per cent in 2015/16 to 26 per cent in 2016/17. This resulted in an increase in the coverage of severe acute malnutrition treatment from 29 per cent of expected cases in 2015/16 to 56 per cent in 2016/17.

Specifically, coverage of severe acute malnutrition treatment increased from 38 per cent to 72 per cent in Mbeya, Iringa, Njombe, and Songwe regions and from 17 to 32 per cent in Zanzibar. This significantly contributed to increasing the national coverage from nine per cent in 2015/16 to 14 per cent in 2016/17.

To improve the quality of integrated management of acute malnutrition services and adherence by health care providers to the national protocol, UNICEF supported implementing partners (NGOs and local government authorities) to conduct on-the-job mentoring and joint supportive supervision. This led to improved quality of recording and reporting of nutrition data in health facilities in the Mbeya, Iringa, Njombe and Songwe regions.

Having been identified as a need, UNICEF supported the Government to review and update the national guidelines and training materials on the integrated management of acute malnutrition. The revised guidelines are in line with the 2013 World Health Organization global updates, which were adapted to the context of Tanzania. The updated national guidelines are a key step towards improving the management of severe acute malnutrition in children under five years of age. The next steps will be to revise the job aids and reporting tools, to print and distribute the guidelines, and then train the healthcare providers at facility and community level, thereby scaling up quality services in more regions.

A bottleneck analysis of services for the integrated management of severe acute malnutrition was supported by UNICEF. The results revealed that the availability of supplies and trained service providers are the main bottlenecks resulting in the low treatment. The analysis also revealed bottlenecks in the demand for, and the quality of, services. While mainly focusing on reducing supply bottlenecks, UNICEF and partners will make extra efforts to increase uptake and demand for the integrated management of acute malnutrition as well as address bottlenecks related to the quality of services. However, the challenge remains the mobilization of enough predictable funding for effective scaling up of integrated management of acute malnutrition services. UNICEF will continue to support resource mobilization for scaling up of services in all regions.

With respect to nutrition response in emergencies, UNICEF continued to support nutrition interventions in the Burundian and Congolese refugee camps in Kigoma region. During the first half of the year, 1,366 children with severe acute malnutrition were admitted into the programme. The performance of the programme was within the SPHERE norms where the cure rate is above 95 per cent and the death rate is below five per cent. In addition to treatment, more than 100 per cent of targeted children were reached with vitamin A supplementation,

deworming and screening for acute malnutrition during the implementation of the first round of campaign in 2017.

OUTPUT 4 Improved capacities of relevant Ministries, Departments, Agencies and select local government authorities to implement a multi-sectoral nutrition response at national, regional and district level.

Analytical statement of progress

UNICEF support to nutrition governance, in partnership with DFID, IrishAid and USAID, resulted in improved performance of the system. The proportion of councils that held at least two nutrition steering committee meetings increased from 15 per cent 2015/16 to 17 per cent in 2016/17 in Tanzania mainland. This represented good progress towards the target of 60 per cent by 2021.

Through UNICEF support, terms of reference for the High-Level Steering Committee on Nutrition, the Multisectoral Nutrition Technical Working Group, eight thematic technical working groups and regional and council steering committees on nutrition were reviewed. These were based on the new nutrition architecture established within the National Multi-Sectoral Nutrition Action Plan. The reformed coordination structures are expected to contribute to improved coordination, monitoring and review of the seven key results areas of the Action Plan. In addition, UNICEF supported the President's Office for Regional Affairs and Local Government to develop a comprehensive nutrition supervision tool for national, regional and council levels, in order to improve focus and efficiency of supportive supervision to support the implementation of the Action Plan.

UNICEF Tanzania, DFID, IrishAid, and USAID continued support to evidence-based planning resulted in increased average nutrition spending per council from approximately US\$55,500 in 2015/16 to around US\$65,000 in 2016/17. This was good progress towards the target of around US\$177,500 (400 million Tanzanian Shillings) by 2021.

All 26 regions and 185 councils of Tanzania mainland were also supported on evidence-based nutrition planning and budgeting for 2018/19 Medium Term Expenditure Frameworks. The evidence used included a review of previous annual workplan and a bottleneck analysis of specific nutrition interventions.

UNICEF in collaboration with USAID supported the President's Office Regional Administration and Local Government to include nutrition services outputs in the redesigned local government authorities. Planning and Reporting tool prior to the planning and budgeting exercise. The use of the redesigned tool will ensure nutrition interventions are increasingly planned and budgeted in councils.

The bottlenecks found on nutrition governance related to inadequately trained nutrition staff and on enabling environment involving budget, expenditure, management, coordination and supervision. To address the staff capacity bottleneck, in 2017/18 UNICEF is supporting the government to evaluate the effectiveness and efficiency of the nutrition officers training programme. The evaluation will help identify capacity gaps and will recommend appropriate knowledge and skills that are needed by local government authority nutrition officers to perform their roles and responsibilities. The results of the evaluation will inform the design of a second training programme for nutrition officers.

A UNICEF-supported analysis of the implementation of councils' annual work plans showed that despite improvement in nutrition expenditure in 2016/17, 94 per cent of councils spent less than Government-mandated US\$0.22 (500 Tanzanian Shillings) per child under five years using domestic resources. In response, UNICEF will continue to collaborate with other development partners to support the government to progressively improve councils' plans, budgets and expenditure for priority interventions targeting children under-five years and men and women of childbearing age.

OUTPUT 5 Operationalised multi-sectoral nutrition information and surveillance systems.

Analytical statement of progress

As a result of UNICEF and partners (Children's Investment Fund Foundation/CIFF, DFID, and IrishAid) support, the proportion of regions that produced multisectoral nutrition scorecards in Tanzania mainland increased from 12 per cent in 2015/16 to 73 per cent in 2016/17.

UNICEF supported the government to roll out the scorecard by training national facilitators, who in turn carried out training workshops for all local government authorities in all councils in Tanzania mainland and Zanzibar. A total of 578 sub-national officers in Tanzania mainland and 33 in Zanzibar were trained on the scorecard, including Regional Nutrition Officers, District Nutrition Officers, District Planning Officers, and District and Regional Health Management Information System Coordinators. In collaboration with African Leader Malaria Alliance, the national scorecard was consolidated centrally to inform quarterly multi-sectoral nutrition reviews at the council and regional levels, annual local government authority planning and budgeting, the High-Level Steering Committee on Nutrition and the Annual Joint Multisectoral Nutrition Review.

UNICEF, DFID and IrishAid, in collaboration with NGOs (especially Catholic Relief Services, Doctors with Africa/CUAMM, Pact, and IMA World Health) supported councils to carry out bottleneck analysis of specific nutrition interventions. Some 98 per cent of councils completed the analysis, compared to 79 per cent in 2015/16. Furthermore, UNICEF supported the government to analyse the data gathered from the councils and interpret the results. As in the previous years, the results of the analysis informed regional planning and budgeting sessions, helping councils to address identified bottlenecks through setting priorities in the annual plans and budgets for 2018/19.

With UNICEF support, the proportion of regional secretariats and local government authorities producing an annual review of nutrition annual workplans also increased from 91 per cent in 2015/16 to 92 per cent in 2016/17. The results from the review of the implementation of annual work plans were used to identify funding gaps and informed the evidence-based planning and budgeting process for nutrition, where annual workplans for 2018/19 were prepared. The results of the annual work plan reviews, the bottleneck analysis of specific nutrition interventions and the Multisectoral Nutrition Scorecards were presented during the Joint Multisectoral Nutrition Review, which was strongly supported by UNICEF and partners (DFID, IrishAid and USAID). All the information generated contributed to tracking progress towards the Common Results, Resources and Accountability Framework of the National Multi-Sectoral Nutrition Action Plan and enhanced nutrition accountability.

Lack of capacity of local government authority staff on data management and the unavailability of key nutrition data disaggregated by sex in most of the local government authorities are bottlenecks to the implementation of the bottleneck analysis and the scorecard. Through training

and regular data collection, analysis, interpretation and implementation, UNICEF and development partners will continue to improve the capacity of local government nutrition officers and thereby support the government to implement the bottleneck analysis and scorecard.

UNICEF is also supporting a Public Expenditure Review on Nutrition covering the period of 2013-16. The Review, led by the Prime Minister Office and implemented through the Ministry of Finance and Planning, is assessing public spending in achieving targets set forth in the recently completed National Nutrition Strategy (2011-16). Review recommendations will support decisions about future spending for successful implementation of the NMNAP (2016-21).

OUTCOME 5 Improved and equitable access to and completion of quality, inclusive basic education.

Analytical statement of progress

The Education Sector Development Plan 2017-2021 for Mainland and the Zanzibar Education Sector Development Plan II were finalized and approved. The national education priorities outlined in Plans are aligned with SDG4 targets and indicative strategies, following technical support in consultative and technical working group meetings, including on monitoring and evaluation.

UNICEF coordinated with a broad range of education development partners and other stakeholders to provide technical support to the Ministry of Education, Science and Technology and the Ministry of Education and Vocational Training-Zanzibar, within the framework of the UNDAP and the education sector dialogue structure. Additionally, a Global Partnership for Education grant of US\$5.76 million was approved to cover the scale-up of pre-primary education and inclusive education in Zanzibar. UNICEF as Coordinating Agency and Sweden as Grant Agent, played a key role in this second grant submission for Zanzibar.

Preliminary 2017 Basic Education Statistics data showed an increase in pre-primary net enrolment from 35.5 per cent in 2013 to 44.6 per cent in 2017 (43.9 per cent male; 45.3 per cent female). The gross enrolment ratio increased from 37.3 per cent in 2013 (37 per cent male; 37.5 per cent female) to 95.8 per cent in 2017 (95.5 per cent male; 96.1 per cent female). This was due to the fee-free education policy and the inclusion of pre-primary in basic, compulsory education. In Zanzibar, pre-primary gross enrolment also increased from 33.0 per cent in 2013 (31.4 per cent boys, 34.7 per cent girls) to 66.1 per cent in 2017 (64.5 per cent boys; 67.8 per cent girls).

Although access has improved, the trends suggest that many children in pre-primary are not of the appropriate age for that level. Available basic education statistics data and emerging new evidence show that quality continued to be a challenge for pre-primary education. Through support from UNICEF, Tanzania conducted one of the world's first Measuring Early Learning Quality and Outcomes (known as MELQO) studies of pre-primary quality and learning outcomes, with representative samples in both Mainland Tanzania and Zanzibar. Evidence from this study showed that children who attend pre-primary school may not be getting the quality education they need to be ready for school entry, and they enter Standard I without many competencies outlined in the pre-primary curriculum. The study is set to improve access to data for planning for early learning programmes. In this context, UNICEF's ongoing support to define a cost-effective model to expand pre-primary whilst enhancing quality of pre-primary at scale (ensuring child-centred and age-appropriate pedagogic methods are used by qualified pre-primary school teachers), continue to be critical.

Investments in enhancing the quality of early primary grade teaching and learning environments yielded results through improved learning outcomes. The national achievement in reading with comprehension at Standard 2 improved from 8 per cent in 2013 to 12 per cent at the end of the 2015 school year. Results of the 2017 Standard II learning assessment are expected by early 2018. Ongoing improvement is being propelled by a collaborative effort of UNICEF, USAID, DFID and the Global Partnership on Education-funded Literacy and Numeracy Education Support to assist government in scaling up early grade literacy and numeracy. Initiatives included the development of a new curriculum, the procurement of textbooks and other learning materials, and the ongoing training of Standard 1 and 2 teachers. Additionally, national examination pass rates at the end of primary education were maintained above 70 per cent, with an overall marginal increase from 70.4 per cent in 2016 (67.6 per cent; 73.5 per cent) to 72.8 per cent in 2017 (70.9 per cent girls; 74.8 per cent boys).

The 2016 school census data and preliminary analysis of 2017 data suggest an improvement in primary school completion from 75.4 per cent in 2016 (70.9 per cent boys, 79.9 per cent girls) to 80.4 per cent in 2017 (76.1 per cent boys, 84.6 per cent girls). This improvement followed the implementation of fee-free primary education policy, reinforced by girls' and boys' participation, violence against children prevention interventions supported by UNICEF, and conditional grants (Education Performance for Results) funded by DFID, Sweden and the World Bank. However, secondary school retention and completion remain a challenge for both girls and boys. Secondary completion rates decreased from 42.5 per cent in 2013 (46.5 per cent boys, 38.5 per cent girls) to 38.6 per cent in 2016 (38.5 per cent boys, 38.7 per cent girls).

Through UNICEF support, the 2015/2016 national study on out-of-school children report for mainland Tanzania was approved by the Government. It was used in the development of the new five-year Education Sector Development Plan and the National Inclusive Education Strategy, which includes special attention to gender issues. A similar study on the capacity of schools to absorb out-of-school children is being conducted in Zanzibar and the final report is expected to be available in February 2018.

While there was progress towards achievement of results, some challenges also constrained the equitable and inclusive access to basic education for children in Tanzania. Inadequate school infrastructure, insufficient qualified teachers and low level of teacher motivation all militated against the achievement of education for all, especially in remote and deprived communities. UNICEF continued to support innovative strategies such as in-service teacher training and satellite centres to address these constraints while advocating for evidence-based policy and programme action at national level.

Whilst the fee-free education policy has reduced economic barriers to access and led to increased enrolment, many children still cannot access to pre-primary and primary education, especially in remote rural communities. This is largely due to the poor infrastructure, an uneven distribution of schools, and long distances to travel complicated by geographical barriers (such as mountains, rivers, and forests). UNICEF will continue to support satellite centres where appropriate, while advocating for the construction of new schools in both Mainland and Zanzibar.

OUTPUT 1 Relevant Ministries, Departments, Agencies and select local government authorities and communities have enhanced capacities to deliver quality and relevant formal basic education.

Analytical statement of progress

Tanzania now has evidence and experience in implementing satellite centres, an innovative model to expand access to early learning in remote, rural areas. This is due to UNICEF support for a pilot involving 60 planned pilot satellite centres (40 in Mbeya, 20 in Iringa) with funding from Dubai Cares. In 2017, the satellites reached 2,453 pre-primary pupils (1,264 boys, 1,189 girls), and an additional 1,429 Standard I and II pupils children. Sixty-five paraprofessionals (against the target of 50) and 65 mentors and management committees were trained on supporting and managing quality pre-primary in the satellites, increasing the capacity of schools and communities to ensure inclusive access to early education for the most vulnerable children. The National Satellite Guidelines are currently being revised and finalized, based on good practices, lessons learnt, and key policy issues identified through the satellite pilot experience. They are expected to be finalized and approved in 2018, to orient expansion of the model to improve equitable access to pre-primary and early primary learning opportunities in remote areas nationwide.

The quality of early-grade teaching and learning was strengthened in every school across three regions, and 262,382 pupils (50 per cent girls) are now learning in stimulating and child-friendly classroom environments. This is a result of 379 resource teachers being trained on the transformation of classrooms to stimulating learning environments. This included the use of locally-available materials to develop teaching and learning aids, and the establishment of classroom library/reading corners. The resource teachers trained 2,787 Standard I and Standard II teachers, for a total of 3,166 teachers trained on classroom transformation, all of whom were provided with locally-developed storybooks. So far, 3,122 Standard I and II classrooms have been transformed into stimulating learning environments. A total of 381 Ward Education Coordinators, 1,583 head teachers and 1,583 school-based mentors were also oriented on how to support and facilitate in-service training to ensure these improvements are supported and sustained.

A series of district and regional reading competitions and teacher recognition events further motivated teachers and pupils to demonstrate and improve their competencies and promote a culture of quality teaching and learning in their classrooms, schools and communities. Communities were actively engaged as school committees supported classroom renovation (such as plastering walls so that visual aids could be hung, fixing doors/windows, and filling holes to improve safety), which led to significantly enhanced learning environments. Field monitoring visits observed pupils actively engage and participate in the learning process while interacting with the materials, while teachers were observed to effectively use the materials to facilitate teaching and learning. This effort was made possible by UNICEF, with support from Canada.

At the national level, UNICEF also supported development of the National School-based Continuous Professional Development) Framework, which aims to improve teaching quality by guiding and strengthening effective national implementation of in-service teacher training. Coordinating with partners such as DFID and USAID, UNICEF also supported the development of a full set of pre-primary and primary in-service training modules, which are currently being finalized for implementation nationwide in 2018.

OUTPUT 2 Relevant Ministries, Departments, Agencies, select local government authorities, schools and communities have increased capacities to ensure inclusive access and completion

of basic education, especially for the most vulnerable children and adolescents, in a safe and protective environment.

Analytical statement of progress

In 2017, the Ministry of Education, Science and Technology verified and approved the 2016 out-of-school children study report, which estimated that about 3.5 million school-aged children and adolescents were not in school. The study provided important new evidence on the scale of the problem of children being unable to access school. It pointed to inadequate family/parent support systems, early marriage and pregnancies, unsafe distances, the poor quality of learning environments and socio-cultural norms as key barriers. The Government then conducted a gender review with support from UNICEF and Plan International. Both studies contributed to the development of the new National Inclusive Education Strategy, supported by UNICEF in partnership with DFID, focusing on combating the barriers to the education of girls, children with disability and other vulnerable children in and out of school.

UNICEF supported overcoming multiple barriers to inclusive education. Twenty-three local government authorities created community awareness on the importance of inclusive education for most vulnerable children who are out of school. As a result, 4,198 out-of-school children out-of-school children with disabilities were identified, of whom 2,151 enrolled in inclusive schools. UNICEF is supporting the training of at least 200 teachers on inclusive education.

In UNICEF-targeted regions, 4,592 out-of-school children and adolescents are accessing formal or non-formal education. An additional 7,970 out-of-school adolescents have been registered for enrolment in the integrated programme for out-of-school adolescents, to start January 2018; and a skills development curriculum for adolescents who are not in school was developed by the Institute of Adult Education, both with UNICEF support.

At least 135,702 girls and 129,351 boys have benefitted from UNICEF support to 1,773 schools with at least one intervention specifically targeting girls' empowerment. These interventions include TUSEME clubs, Sara Radio, guidance and counselling, and violence against children communication tools. These girls and boys were empowered to participate in decision-making on matters affecting their learning, health and protection. Over 600 teachers were trained on the TUSEME approach. In partnership with the French UNICEF National Committee and the Chanel Foundation, all primary schools in Iringa district implemented implementing the Sara Communication initiative, reaching 29,173 girls and 28,358 boys. The teachers' code of conduct and violence against children communication tools were developed, printed and disseminated to 2,332 schools, aiming to reduce violence and abuse of children, especially girls, in primary schools.

While these policy instruments and interventions will improve school safety and completion, greater investment by Government is needed in the education and health sectors to contribute to the prevention of pregnancies among school-age adolescent girls and ensure their access to learning opportunities. Key constraints included the Government decision not to approve the re-entry policy for pregnant girls, insufficient Government investment in non-formal alternative learning opportunities, and inadequate multisectoral synergies and coordination on programming for adolescents. UNICEF will continue supporting interventions that aim at girls' empowerment and preventing school girls' pregnancies and will focus on advocacy for greater Government investment in education for out-of-school children. A new multisectoral adolescence strategy was developed to guide UNICEF's programming. The strategy will advance a stronger multisectoral focus and partnerships in adolescent education, protection, reproductive health and life skills.

OUTPUT 3 Relevant Ministries, Departments, Agencies, select local government authorities and civil-society organizations have improved capacities to formulate, implement and monitor evidence-based policies, strategies and plans.

Analytical statement of progress

The Ministry of Education, Science and Technology developed and approved the Education Sector Development Plan 2016-2021 through the support of UNICEF together with the United Nations Educational, Scientific and Cultural Organization (UNESCO), DFID, USAID, the Swedish International Development Agency (SIDA), Canada and other partners.

The Zanzibar Education Development Plan II 2017/18-2021/22 received a boost through a Global Partnership for Education grant of US\$5.76 million. This was secured with support from UNICEF as Coordinating Agency in collaboration with Sweden as Grant Agent, and other partners.

Both the Mainland Tanzania and Zanzibar sector plans address inclusiveness and completion of quality basic education for marginalized and excluded children and adolescents; with the Zanzibar Global Partnership for Education budget focused specifically on pre-primary and inclusive education.

UNICEF and partners supported both Mainland Tanzania and Zanzibar to develop monitoring and evaluation frameworks and plans. To strengthen education officials' capacity in education planning and implementation, UNICEF supported results-based management training, with 95 government and civil-society organizations officials from Mainland and Zanzibar. The training proved beneficial, with 55 per cent of participants showing adequate levels of results-based management knowledge after the training, against 29 per cent before the training.

UNICEF supported the strengthening of learning assessment data and systems to improve quality of teaching and learning on several fronts. Tanzania now has national data on pre-primary quality and learning outcomes data from the national Measuring Early Learning Quality and Outcomes studies. These were conducted with technical and financial support from UNICEF in partnership with the World Bank, and with support from Dubai Cares. The preliminary findings have been shared, highlighting strengths as well as key challenges for pre-primary quality and learning, and the final report will be launched by early 2018. UNICEF also partnered with Canada and USAID to support a national Standard II assessment, including life skills, in late 2017. Results will be available in mid-2018. Finally, the effort to develop a classroom assessment system is underway, with a concept and work plan already developed by National Exams Council of Tanzania with UNICEF support. This is set to ensure that teachers develop skills in classroom assessment and use assessment formatively to diagnose and resolve challenges in teaching and learning.

Approximately 624,000 pupils are now learning in better-managed schools: over 100 per cent (1,565) of the targeted 1,500 schools have head teachers certified and/or enrolled in Certificate in Education Leadership Management and Administration courses. These are developed and implemented by the Government's Agency for Development of Educational Management, with support from UNICEF. The third and final cohort of 486 school heads is expected to start in February 2018. Plans for national scale-up are underway by the Agency, in collaboration with other partners.

Thanks to USAID and Sweden's financial support, out of 108,200 Burundian school-aged children (3-18 years) living in Nyarugusu, Mtendeli and Nduta refugee camps, 72,235 (35,057 girls; 37,178 boys) are enrolled in school. In 2017, 1,317 children sat their final examinations and 780 (59 per cent) passed. Challenges remain in the delivery of education for refugee children, with some children not attending school due to a shortage of more than 1,200 classrooms in the camps. In response, UNICEF plans to construct 120 semi-permanent classrooms.

OUTCOME 6 Girls and boys have access to and are better served by a national child protection system that prevents and responds to physical, sexual, and emotional violence, abuse, neglect, exploitation, harmful social practices and ensures access to adequate adult care across the life cycle (young child, early adolescent, late adolescent).

Analytical statement of progress

Child protection in the 2016-2021 country programme is focused on going to scale with the child protection and birth registration systems. With the launching of the National Plans of Action to End Violence against Women and Children (NPA-VAWC) on both the mainland (December 2016) and Zanzibar (August 2017), the Government has shown its commitment to ending violence against children through rolling out the child protection system in the whole country by 2022.

In the national plans of action, a new paradigm was provided for the child protection system's work. They recognize the impact that violence has throughout the lifespan of the survivor and that the dichotomy between the girls/children and women in addressing violence is in many cases artificial. The NPAs address duplication, overlap and inefficiencies in coordination, and calls for capacity building for front-line service providers (including investment in human resources) and substantial investment in violence prevention.

As a first step towards activating the NPA-VAWC on the mainland, National Coordination Guidelines were finalized for all levels of government, both at the national and sub-national levels. A myriad of protection-related committees will be consolidated into one committee at each level, creating a coordination structure that facilitates efficient reporting and information flow. The data generated by the Child Protection Management Information System will be analysed to inform policy and programmes. Critical to implementation of the NPA-VAWC is a monitoring and evaluation framework for which development commenced this year.

While there is considerable donor interest in both NPA-VACs, the Government continues to rely on external funding, thus compromising system sustainability and scalability. Twenty-one local government authorities have budgeted for some child protection interventions in their mid-term expenditure frameworks; the same as last year. Therefore, an advocacy priority for UNICEF in 2018 will be a demonstrable showing by Government of financial support to the child protection system.

The Law of the Child Act 2009 (Mainland) and the Children's Act 2011 (Zanzibar) remain the principal legislative instruments for children. Although UNICEF is still advocating for change in some areas, including an increase in the minimum age of marriage for girls to 18, the explanatory guidance and regulatory framework for children is well-defined and captured in critical training materials for frontline service providers. Both on the Mainland and in Zanzibar, a National Standard Training Manual for Child Protection was developed and training of social welfare officers is well underway. The manuals provide frontline service providers with the

requisite skills and knowledge needed to respond to children with protection concerns. A major challenge in frontline service provision remains the insufficient number of social welfare officers allocated to the districts on the mainland and Zanzibar.

In the area of violence prevention and socio-behavioural change, work with the Government has begun on the NPA-VAWC communications strategy and campaign. Programmatically, UNICEF continued its work with children, families, communities, and schools to influence perceptions of violence through school-based TUSEME clubs, positive parenting groups, radio, and TV. The draft study on Drivers of Violence against Children revealed that violence is widely accepted in every type of relationship in the family, community, and within institutions, and that socio-cultural practices and gender norms are perpetuating the violence. In Zanzibar, UNICEF conducted a T-Watoto Survey (a mobile phone-based survey platform) on community attitudes to violence against children, which revealed similar results. The findings will inform the communication strategy and engagement with communities on violence.

In the area of strengthening access to justice for children on mainland, in December 2016 the Judiciary designated 130 primary courts as Juvenile Courts and in March 2017 passed the Legal Aid Act. Juvenile Courts have jurisdiction to hear cases concerning children in conflict with the law and civil matters relating to parentage, custody, maintenance, and child care. In the last half of 2017, UNICEF began working with the Institute of Judicial Administration to review the training curriculum and commenced training of 638 newly-assigned court personnel. The provision of legal representation for children in conflict with the law has been a major challenge and the new Legal Aid Act addresses this by requiring prisons, police stations, and courts to ensure legal assistance to this group. In Zanzibar, UNICEF supported the roll out of a legal aid programme ensuring the provision of legal representation to all children in conflict with the law. This programme contributed to reduction in the number of children in detention.

To assist the Tanzanian Government to create a viable system of civil registration and vital statistics, UNICEF continued its support in rolling-out the one-stop simplified birth registration process for children under-five. The approach is operational in nine regions, with four added during 2017. More than 1.1 million children under-five received birth certificates in 2017, increasing the overall birth certification rate in these regions from 10.5 per cent to 82 per cent and bringing the Tanzania mainland rate from 12.7 per cent to 28.3 per cent. UNICEF's advocacy efforts contributed to the Government's declaration that birth registration for children under 18 should be free. UNICEF supported the Government in making substantive revisions to the Births and Deaths Registration Act, which will ultimately codify this commitment. An important UNICEF advocacy priority for 2018 will be aimed at the Government assuming the costs of maintaining the birth registration system, once rolled out.

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

Analytical statement of progress

The Government of Zanzibar finalized, costed, and launched in August 2017 a five-year National Plan of Action to Address Violence Against Women and Children, with technical and financial assistance provided by UNICEF, UN Women, and UNFPA. UNICEF is supporting Government to implement the Plan. On the mainland, UNICEF supported development of the National Coordination Guidelines which were endorsed in July, and training materials for the operationalization of the NPA-VAWC's coordination structures. The Guidelines harmonize pre-existing fragmented coordination structures into one streamlined hierarchy.

As a result of UNICEF, UNFPA, and UN Women's advocacy, Government ministries committed over USD\$6 million to NPA-VAWC activities for first-year implementation. This is 46 per cent of the first-year budget; however, most of the funds are allocated to women's empowerment.

Twenty-one local government authorities out of a total of 23 included child protection interventions and budgets in their mid-term expenditure frameworks, the same as last year. The lack of expansion is mainly due to a change of fiscal policy that recentralized most local financial resources. Moreover, child protection continued to rank low among local government authority priorities, making planning and budgeting difficult. UNICEF will continue supporting lead ministries in their engagement with the Ministry of Finance to ensure NPA-VAWC interventions are integrated into the National Planning and Budgeting Guidelines. Continued support will go to the local government authorities to advocate with council management teams and political platforms to prioritize child protection.

The development of the comprehensive Child Protection Management Information System for generation of routine administrative data reached an advanced stage as a result of UNICEF's support. Three key components of the system are the District Case Management Monitoring System which includes information on other sectors' contribution to case management, the Police Gender and Children System, and the National Child Helpline Management Information System. With technical support from the University of Dar es Salaam, in the first half of the year UNICEF focused on finalizing the integration of the District Case Management Monitoring System into the District Health Information Software (DHIS2). The DHIS2 health modules have performed well: the data is entered, released in a timely manner, and used to inform policy and planning. The DHIS2 therefore provides a viable platform to facilitate the operation of the District Case Management Monitoring System. Reviews of the pilot testing in four local government authorities in November showed promising results, marking the first time that the child protection sector in Tanzania will have a routine data system to manage cases and generate data. Pilot testing of police registers is ongoing and will be finalized in June 2018. The Child Helpline Management Information System development is being harmonized with a UNICEF regional initiative to strengthen management information systems for helplines. A universal system was developed and consultation for customization will be completed early 2018.

In Zanzibar, UNICEF supported the Ministry of Labour, Empowerment, Elders, Youth, Women and Children to conduct an institutional capacity assessment. The assessment identified technical, financial, and human resources gaps of the Ministry in the delivery of social welfare services, including child protection. The assessment is informing the development of a capacity building plan for the delivery of social welfare services.

OUTPUT 2 Communities have the capacity to effectively prevent and respond to practices and behaviours harmful to children.

Analytical statement of progress

UNICEF continued its violence prevention work in communities and schools by: (1) training families and caregivers on parenting skills; (2) empowering children with information, knowledge, and skills to protect themselves, and; (3) engaging communities on changing attitudes and social norms that condone violence against children.

A total of 1,494 front-line workers (933 females; 559 males) were trained to mobilize communities, set up and support parenting groups, engage with traditional and religious

leaders, and create referral pathways to prevent violence against children. UNICEF supported the capacity building of community development officers, social welfare officers and gender officers from 14 districts in the UNICEF focus regions.

The parenting programme reached 16,933 parents/caregivers (63 per cent women), and 801 parenting groups were established and meet regularly to discuss the actions and challenges in preventing violence against children. Parents/caregivers are acquiring new knowledge on positive parenting, which is impacting positively on their attitudes and practices towards their own children and the wider community. Through the Ministry of Health, Community Development, Gender, Elderly and Children, 72 of 182 local government authorities were reached with parenting education, including 20 districts where UNICEF is supporting child protection system strengthening programmes. In Mufindi district, UNICEF extended the parenting education to the UNILEVER Company, where 48 social/community workers and 48 technical managers were trained on prevention of violence against children and positive parenting. The social/community workers will provide community-based parenting education reaching about 15,000 families living in company settlements.

To establish safer schools for children, UNICEF supported 1,773 (out of 2,332) schools in Mbeya, Iringa, Njombe, and Songwe regions, and Temeke district, to establish TUSEME clubs, train teachers on guidance and counselling, and disseminate communication materials on protection towards violence. This training supports children to acquire life-skills to identify and prevent violence and what services are available when at risk or suffering from violence.

In Zanzibar, messages on prevention of violence against children were broadcast for the last six months of the year on television and two radio stations. An advertising campaign was implemented across the islands of Unguja and Pemba with messages on prevention and reporting. A violence prevention school package was completed, including a children's story book, children's game, posters, wall chart, and a teachers' guide. The package will be rolled out in 2018.

UNICEF is supporting the government to develop a communication strategy for the new NPA-VAWC with a view towards changing social norms towards violence. The findings from the study on Drivers of Violence against Children and Positive Change (draft), revealed that violence is widely accepted in every type of relationship in the family, community, and in institutions. Social-cultural practices and gender norms are perpetuating the violence. In Zanzibar, UNICEF conducted a T-Watoto Survey (a mobile phone-based survey platform) on community attitudes to violence against children. The survey findings will inform interventions with communities on prevention of and responding to violence against children.

OUTPUT 3 National duty bearers are able to deliver resourced, functional, comprehensive & coordinated child protection prevention and response services for children at risk or in need of care and protection.

Analytical statement of progress

Following the designation in December 2016 of 130 primary courts as Juvenile Courts, support to the judiciary focused on operationalizing the courts and updating the training materials for the Juvenile Court Rules to reflect new procedures for appointing guardian ad litem for children appearing there. Through the Institute of Judicial Administration, UNICEF supported the training of judicial officers in two of the fourteen zones in which the courts are located.

On the mainland, UNICEF provided support to the Ministry of Constitutional and Legal Affairs in developing the action plan to implement the Legal Aid Act, 2017, which includes drafting the Act's regulations. In Zanzibar, three of the five regions now have Children Courts, and the provision of legal aid was scaled up to all regions. Continued support was provided to the police station-based child supporter's programme, legal aid, and community rehabilitation programmes – with 552 children benefitting from diversion) – and for a comprehensive package of services in three districts on the mainland and in Zanzibar. The interventions work together to prevent, or mitigate, time spent in detention and ensure that children in conflict with the law are afforded a voice and a due process.

Another critical conduit for children in contact or conflict with the law are the Police Gender and Children's Desks. The Tanzania Police Force has designated all 417 of its primary police stations on the mainland as Gender and Children's Desks, of which 34 have been refurbished, 19 with UNICEF support. With the increase in the number of operational Gender and Children's Desks there was an increase in incident reporting of violence against children. A total of 14,400 cases (4,807 children cases) were reported in 2017 compared to 9,541 in 2016, 2,488 in 2014 and 549 in 2013.

UNICEF continued to support training Social Welfare Officers on case management using the National Standard Training Manual, reaching 67 per cent of them (517 of 766 personnel) on the mainland. In Zanzibar, the Government recruited 15 new Social Welfare Officers following UNICEF advocacy, 13 working at the district and two at the national level, making it possible to have three in each of Zanzibar's 11 districts. In furtherance of UNICEF's support to the pre-service training of Social Welfare Officers, seven high level institutions on the mainland and two in Zanzibar offering social work programmes have been supported to mainstream child protection into their curriculum. The Fit Person programme a family-based interim care mechanism for children in need of emergency care, is now functional in 33 districts; 18 of which are supported by UNICEF. So far, social welfare officers from 58 local government authorities out of 185 have been trained on how to establish the Fit Persons programme.

UNICEF's support to Burundian refugee children continued to centre on case management to handle acute protection concerns, particularly related to the 5,612 children (2,435 girls; 3,177 boys) who are separated and unaccompanied. UNICEF also commenced working with child protection partners on transitioning to a new cloud-based Child Protection Management Information System.

OUTPUT 4 Increased birth registration in 10 more regions using simplified birth registration system on mainland Tanzania.

Analytical statement of progress

In September, the decentralized birth registration system for children under-five was rolled out in Lindi and Mtwara regions, bringing the total number of regions covered to nine (Mbeya, Songwe, Mwanza, Iringa, Njombe, Geita, Shinyanga, Lindi, and Mtwara.) As of November 23, the certification rates reached 100 per cent in Lindi and 98 per cent in Mtwara from the baseline figures of 11.4 per cent and 9.4 per cent respectively. The total number of children under-five who benefitted from the new system is 1.95 million across the nine regions.

The project is funded by Global Affairs Canada and jointly implemented by UNICEF and the Government with support from the telecommunications company, Tigo. With the Canadian funds, in 2018 UNICEF will support the Government to roll-out the system in Mara, Simiyu and

two more regions to be decided in consultation with the Government, reaching a total of 13 out of 26 regions in Tanzania mainland.

The decentralized system of birth registration sets up a new system for registering the births of newborns and clears the backlog of children aged from one to four years. The new system brings registration closer to the community, makes registration more efficient by making it a 'one step, one visit' process, waives the fee for registration and certification, and uses mobile phone technology to ensure immediate transfer of data to facilitate a real-time tracking of progress. UNICEF and the government envision replicating the simplified, decentralized birth registration system in all the 26 regions on the mainland, both for children under-five as well as covering the backlog of children aged five to 17 years.

The process of amending the Birth and Death Registration Act through the Law Reform Commission is in an advanced stage. The draft Bill, along with a report summarizing the recommendation, was submitted to Government in October 2017. The Law Reform Commission and the Registration, Insolvency, and Trusteeship Agency are working on the suggestions received from the government and will submit the revised Bill by December 2017. The National Civil Registration and Vital Statistics strategy is awaiting approval from the Group of Ministers after which implementation will begin. In the interim, World Bank and UNICEF established a Donor Partners Group to streamline development partners' efforts to support the government with civil registration and vital statistics implementation.

The operationalization of the decentralized birth registration system remains donor dependent, as the Government has yet to start allocating resources to ensure sustainability. To enhance and sustain the demand, the Government is in the nascent stages of linking birth certificates to other services such as school enrolment, sitting examinations at critical classes, and at the time of availing education loans,. UNICEF continues to advocate with the government in setting up a well-functioning system which is not only sustainable and but also helps in establishing an identification ecosystem in the country.

OUTCOME 7 Child poverty in all its forms is reduced through quality, evidence-based policies, programmes and budgets for all children, especially the most marginalized, at national and subnational levels.

Analytical statement of progress

Although child poverty is still not regularly reported on and monitored by the Government, the process of developing a multidimensional child poverty analysis which was released in 2016 generated continued attention.

The capacity of the Statistics Offices of Tanzania Mainland and Zanzibar for routine reporting on multidimensional child poverty in household survey reports and for monitoring of the national development plan was strengthened. Alongside the capacity development, updated evidence on monetary and multidimensional child poverty was generated with improved methodologies. As a complement to household survey data analysis, a holistic picture of the poverty situation in Tanzania is being produced through an in-depth qualitative study on child poverty. This research project covers boys' and girls' own perceptions of poverty, poverty dynamics, urbanization, and the impact of mobility and migration on child poverty. The findings will be released in early 2018, with evidence-based recommendations for addressing child poverty. In 2017, the national statistical system's capacity to collect, manage and disseminate socio-economic data at the national and sub-national level was strengthened through the pilot

implementation of an electronic population register. The electronic register is expected to greatly support SDG implementation and monitoring efforts, by providing a comprehensive database of the population in a village.

The Government's decision to start the consultation and drafting process for a new National Social Protection Policy represents a critical step towards the establishment of a coherent and well-coordinated social protection policy framework and system, which addresses risk and vulnerability of children. This remains a critical missing piece in the Government's socio-economic development policy mix. Following the first series of consultations, a draft policy was made available in December and the final version is expected to be submitted to Cabinet by mid-2018. The policy development process will be informed by findings and recommendations from the on-going social protection Public Expenditure Review for Tanzania Mainland and for Zanzibar.

At the same time, and representing one of the main building blocks of the new social protection policy, the Government is designing the new phase of the Productive Social Safety Net programme. This is currently Tanzania's main social assistance intervention and reaches 1.1 million households and 2.7 million children with its cash transfer component. No further households were enrolled in 2017, leaving about 30 per cent of villages not covered. The PSSN also delivers public works and a livelihood support intervention, which are both meant to scale up as well. A Cash Plus model focused on adolescent girls and boys was introduced under the livelihood support component. It provides age-specific livelihood support to adolescents who live in households that receive a PSSN cash transfer, to ensure a healthy and productive transition into adulthood. It is accompanied by a rigorous impact evaluation to facilitate evidence-based scale up. The preliminary findings of the youth well-being component of the PSSN impact evaluation, made available in December 2017, confirmed the relevance of specific complementary support for adolescents and youth to consolidate and build upon the impact of the cash transfer. This evaluation provides important lessons for the design of PSSN Phase II, confirming the relevance of the integrated design (cash transfer plus livelihood support). Apart from Cash Plus, the nutrition-sensitive nature of PSSN was enhanced through the launch of the Stawisha Maisha pilot, which uses the cash transfer payment session to provide information and dialogue on infant and young child feeding to its beneficiaries.

Further progress in prioritizing children in national and sub-national planning and budgeting processes was reflected in the completion of the Zanzibar Child Policy, which is expected to be launched in early 2018. The Policy has the potential to reinforce synergies and coordination among different sectors addressing key child issues. Together with the Zanzibar Social Protection Policy and the National Plan of Action to End Violence against Women and Children, the Child Policy is coordinated and partially implemented by the Ministry of Labour and Children. An assessment of the capacity of this Ministry, taking the three policy frameworks as a benchmark, was completed in December 2017. It laid the foundation for the development of a comprehensive capacity development plan for the Ministry, which is scheduled to be discussed in early 2018.

In the field of public finance for children, in collaboration with the Ministries of Finance of Tanzania and Zanzibar, eight Budget Briefs were developed with an accessible analysis of social sector public spending aimed at raising awareness amongst a broad audience. The five budget briefs for Mainland focused on national and sector spending for education, health, WASH, and HIV/AIDS. The three budget briefs for Zanzibar aimed at reviewing the national fiscal landscape and public expenditure on education and health. The release and dissemination of the Budget Briefs are scheduled in February 2018.

The Government further commissioned Public Expenditure Reviews for Nutrition and Social Protection (Zanzibar and Mainland). The Reviews will provide an in-depth understanding of public spending in these sectors which are critical for children, along with specific policy and financial governance recommendations that can be followed up by relevant Government institutions. These institutions include the Ministry of Finance, the Prime Minister's Office, the Tanzania Social Action Fund, and the Tanzania Food and Nutrition Commission. Both reviews are planned to be completed by mid-2018. A preliminary analysis revealed that domestic spending in both areas continues to lag behind donor funding, and that budget credibility and execution face significant bottlenecks.

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

Analytical statement of progress

In 2017, the capacity of the Statistics Offices of Tanzania Mainland and Zanzibar were strengthened for routine reporting on multidimensional child poverty in household survey reports and for monitoring of the national development plans and SDGs, including through the United Nations Development Programme/UNDP-supported Poverty Monitoring Master Plan. UNICEF contributed to this capacity enhancement through training on the measurement of multidimensional child poverty, using available national household survey datasets. Alongside the capacity development, updated evidence on monetary and multidimensional child poverty was generated with improved methodologies. The first Zanzibar child poverty report and the updated Tanzania Mainland child poverty report are being finalized, facilitating policy dialogues and actions for better results for children and laying a strong foundation for continued routine reporting on child poverty in coming years.

In addition to child poverty measurement using household survey data, a holistic picture of the poverty situation in Tanzania including boys' and girls' own perception of poverty, poverty dynamics, urbanization, and the impact of mobility and migration is being produced through an in-depth qualitative study. In 2017, UNICEF, in partnership with the Overseas Development Institute (ODI), supported the Ministry of Finance in Tanzania Mainland and the Government of Zanzibar with the design and preparatory stages of this study. The study is expected to make evidence-based recommendations on policy and programmes including sector, multi-sector or geographically specific responses. The fieldwork for the study was completed and report writing is on-going.

In 2017, the national statistical system's capacity to collect, manage and disseminate socio-economic data at the national and sub-national level was strengthened. This was through the pilot implementation of an electronic population register and the updating of the Tanzania Socio-Economic database and Census info database with improved data disaggregation. The electronic population register is expected to greatly support SDG implementation and monitoring efforts by providing a comprehensive database of the population in a village and strengthening the linkage between data producer and user. UNICEF worked closely with the Statistics Office, the Eastern Africa Statistical Training Centre and the President's Office for Regional Affairs and Local Government (responsible for decentralization) to support both the pilot implementation in two districts of Coast region and five districts of Songwe region and the preparation for the review and development of roll-out plan. In addition, UNICEF is advocating the President's Office for Regional Affairs and Local Government for the development of child rights report cards at region and district levels, as a tool to support evidence-based policy-making and policy

advocacy.

Tanzania Evaluation Association is a key strategic partner for the national evaluation capacity development and UNICEF is supported it to develop and launch of the TanEA Strategic Plan 2017-2021. The September launch was attended by high-level government officials, non-governmental organisations, academia, and development partners. TanEA is expected to initiate a consultative dialogue with key Government decision-makers for a National Evaluation Policy, to build evaluation management capacity of government officials, and to raise awareness and knowledge on evaluation with an equity and gender lens in the context of SDG monitoring and evaluation.

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

Analytical statement of progress

2017 was a critical year for UNICEF to expand public finance for children interventions by improving the partnership with the Ministry of Finance and Planning and exploring additional areas for further collaboration. In collaboration with the Ministries of Finance of Tanzania and Zanzibar, eight Budget Briefs were drafted, each containing specific messages about budget allocation, execution, and process in a specific sector and with a link to overall spending.

The draft budget briefs for Mainland contain an overall budget analysis plus an assessment of sector spending for education, health, WASH, and HIV/AIDS. The three budget briefs for Zanzibar aimed at reviewing the national fiscal landscape and public expenditure on education and health. The publication and dissemination of the Budget Briefs are scheduled for February 2018. Furthermore, an Impact Strategy was developed for better utilization of the Budget Briefs in budgeting processes and as a broader advocacy framework. The process of developing the Budget Briefs provided a great opportunity to expand UNICEF partnership with different stakeholders and build better synergy around public finance for children interventions.

The public finance for children agenda was further expanded with the commissioning of Public Expenditure Reviews for Nutrition and Social Protection (Zanzibar). The Reviews analyse public spending in these sectors. They will provide specific policy and financial governance recommendations that can be followed up by relevant Government institutions involved in these exercises, notably the Ministry of Finance and Planning, the Prime Minister's Office (given its coordination mandate and the cross-cutting nature of nutrition and social protection) and technical agencies such as the Tanzania Social Action Fund and the Tanzania Food and Nutrition Commission. Both reviews are planned to be completed by mid-2018. A preliminary analysis revealed that domestic spending in both areas continues to lag behind donor funding, and that budget credibility and execution face significant bottlenecks.

In Zanzibar, UNICEF supported the finalization of the Integrated Child Policy focusing on facilitating coordination in policy, programme and service delivery for children, relevant capacity development and systems strengthening in the Ministry of Labour which has the core mandate on children's issues. It also promotes stronger consistency and attention to integrated planning and centrality of children in relevant policies, programmes and plans.

To strengthen evidence-based local planning and decentralization, UNICEF supported six districts in Zanzibar to develop an updated district profile, with the Government taking responsibility for the profiles of remaining districts. The district profiles will feed into district

strategic plans, which are expected to become more central to child-focused planning now that the Government has decided to move ahead with decentralization in health and education. In addition, a road map was developed to come up with a UNICEF decentralization and local governance support strategy.

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

Analytical statement of progress

During 2017, the Prime Minister's Office, with support from UNICEF and in collaboration with the International Labour Organization and DFID, decided to develop a National Social Protection Policy. The Government technical team, of which UNICEF was a part, reviewed the existing Social Security Policy and the draft National Social Protection Framework. A consultation workshop with a range of governmental stakeholders and development partners took place in November and agreed on a comprehensive policy outline that lays the foundation for a coherent and coordinated social protection system. The workshop also agreed on a roadmap for further consultations and drafting arrangements for the new Policy and implementation strategy to be submitted to Cabinet by mid-2018.

UNICEF supported alignment of the policy development process with the ongoing design of phase II of Tanzania's Productive Social Safety Net. UNICEF also supported the ongoing social protection Public Expenditure Review for Tanzania Mainland and for Zanzibar, jointly with the World Bank. The findings will inform the financing options discussed in relation to the new policy. The development of a National Social Protection Policy is critical for Tanzania to address poverty, vulnerability, and risk in general and for children. It will further facilitate coherence, coordination, and linkages between different social protection interventions, as well as between social protection and basic social services for children.

The Productive Social Safety Net is the cornerstone of Tanzania's social protection system and reaches 1.1 million households and 2.7 million children with a cash transfer. UNICEF led the implementation of the youth well-being component of the on-going PSSN impact evaluation. The end-line report is available in the advanced draft, in time to inform the design of PSSN phase II. UNICEF also supported the design and roll-out of an adolescent-focused livelihood support intervention under PSSN, called Cash Plus. The baseline survey was completed in 2017 and implementation has started. Within UNICEF Tanzania, this initiative is jointly supported by the Social Policy and Children and HIV/AIDS teams.

Also in 2017, UNICEF further supported the Tanzania Social Action Fund and PSSN to link its beneficiaries to stunting reduction programmes. Materials for dedicated sessions on infant and young child feeding for mothers and grandmothers from PSSN-beneficiary households were completed and will be tested in the coming months. The pilot is being conducted in two districts with sessions taking place on bi-monthly cash transfer days (six sessions per year) for approximately 10,000 beneficiaries.

In Zanzibar, UNICEF supported the Ministry of Labour to start the implementation of the Zanzibar Social Protection Policy costed implementation plan. This included an assessment of the Ministry's capacities to implement its tasks in relation to the main policies it is responsible for. These are the Social Protection Policy, the National Action Plan to End Violence Against Children and Women, and the upcoming Child Policy. The Ministry established a Social Protection Unit and UNICEF supported the hiring of two staff members who will be transferred

to the Government payroll after two years. The new Social Protection Unit in the Ministry will start implementing critical cross-cutting coordination and monitoring and evaluation functions.

OUTCOME 8 Premises and Security

Analytical statement of progress

New resources and training strengthened staff security awareness and behaviours, and advanced technical security systems mean that the likelihood of unauthorized entry of persons or equipment into the compound is significantly reduced. Medical and fire-suppression assets were upgraded to enhance safety, and training activities reminded staff of the importance of remaining attentive to safety and security practices.

OUTPUT 1 Premises and Security

Analytical statement of progress

Technical access-control systems were supplemented with new equipment, including a biometric/proximity card system securing main offices, bag and walk-through x-ray scanners at the pedestrian entry point, and a digital, infrared CCTV network monitoring the grounds. Complemented by a professional 24-hour guard service, these systems provide full access-control coverage. Emergency medical response equipment was upgraded to include Emergency Trauma Bags, spinal boards and automated external defibrillator machines. A Security Specialist was employed on Temporary Assignment to provide support in ensuring facility Minimum Operational Security Standards compliance, conduct training and update standard operating procedures.

Document centre

Evaluation and research

Title	Sequence Number	Type of Report
Measuring Early Learning Quality and Outcomes (MELQO) in Mainland Tanzania and Zanzibar	2017/001	Research
T-Watoto Survey on Violence Against Children in Zanzibar	2017/006	Study
Tanzania Child Protection Programme Gender Review	2017/005	Review
Water, Sanitation and Hygiene Situation in Health Care Facilities in Tanzania Mainland	2017/004	Study
Fiscal Space Analysis of Tanzania Mainland	2017/002	Study

Other publications

Title
Adolescent sexual and reproductive health training manual and participants' handbook
Adolescent livelihoods training manual and participants' handbook
Policy Brief: Adolescent and Young People SRH and HIV health care policy brief
CASH Plus brochure
Early Childhood: A window of opportunity
Gertrude – Access to #sanitation is a basic condition for quality learning
CASH Plus
Father's Day – Young Reporters (ECD)
World Immunization week – Baba Amara
Zanzibar National Plan of Action on Violence against Women and Children
Zanzibar National Plan of Action on Violence against Women and Children summary
Report on Violence against Children in Zanzibar
T-Watoto Survey on Violence against Children in Zanzibar
Advocacy flier on Ending Cholera in Zanzibar
Cholera Control brochures for Zanzibar
Zanzibar School WASH Guidelines
Child Rights and Business Principles brochure
Toolkits with investment cases on WASH, Health and Child Protection
Children of Zanzibar (info-graphic)
Children of Tanzania (info-graphic)
The Country Programme Toolkit

Lessons learned

Document Type/Category	Title
Innovation	Enhancing innovation capacity through human-centred design

Programme documents

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