Executive Summary

A new Country Programme (CP) commenced in July 2011 that will run through June 2015. The CP is fully integrated into the United Nations Development Assistance Plan (UNDAP), which, in turn, is aligned with the planning cycle of the Government of Tanzania. The Tanzania Country Office Annual Report for 2012 is therefore also aligned with this cycle and is thus reporting on progress between July 2011 and June 2012.

The launch of the UNICEF-supported Violence against Children (VAC) Survey Report in August 2011 and the accompanying set of Priority Response commitments delivered by seven sectoral ministries represented a landmark event for child protection in Tanzania. This resulted in the development of three-year national Plan for Action to Prevent and Respond to Violence against Children (2012-2015) and established a stronger foundation for a child protection system in the country. A child protection system model has been successfully piloted in four districts.

In the Water, Sanitation and Hygiene (WASH) sector, UNICEF successfully advocated for the Government to join the Sanitation and Water for All Partnership and to make significant commitments for achievements in sanitation.

UNICEF advocated at the highest levels for the Government of Tanzania to commit to investing more in young children aged 0-8 years. Five ministries signed an Early Childhood Development (ECD) Declaration at the first ever biennial ECD forum.

UNICEF played a critical role in improving immunization coverage and in strengthening capacities for vaccine storage. Successful immunization campaigns were conducted, leading to 90 per cent coverage in some districts. In nutrition, UNICEF advocacy led to government introduction of a new budget line and allocation for human resources and the recruitment of Nutrition Officers in 99 out of 133 districts.

The design of the new CP included the decision to refocus subnational work on disadvantaged populations in three neighbouring regions of the country. The start-up of work in these regions has been slower than anticipated, due to delays in finalizing the evaluation of the previous phase of subnational work, as well as obtaining the necessary local data to guide the community component.

The primary partnership for UNICEF remains with the key government ministries, departments and local authorities. ‘This partnership is now shaped by the Delivering as One process and the UNDAP, and a single business plan for 20 UN agencies, funds and programmes which replaces the previous joint UN programmes and the multiple UN-supported initiatives.’

In nutrition, UNICEF continued working with the World Food Programme (WFP), the World Health Organization (WHO) and the Food and Agricultural Organization (FAO) through the Renewed Efforts to End Childhood Hunger and Undernutrition (REACH) initiative, and engaged with USAID, Irish Aid and the World Bank to support the Prime Minister's Office (PMO) in coordinating the national response to undernutrition as part of the Scaling Up Nutrition (SUN) movement. UNICEF also supported the strengthening of the civil society-led Partnership for Nutrition in Tanzania (PANITA).

Through UNICEF support, the Multi-Sector Task Force on Violence against Children was created under the Ministry of Community Development, Gender and Children (MCDGC) and comprises five sectoral ministries, as well as PMO and the Tanzania Child Rights Forum. The Task Force guided the VAC survey and oversees implementation of the national response against violence.

Country Situation as Affecting Children & Women

During 2012 the Tanzanian economy continued to perform strongly, with Gross Domestic Product (GDP) growth projected at 6.5 to 7 per cent. Inflation has gradually come down from its peak of almost 20 per cent at the end of 2011, though it is still in the double digit range. At 5 per cent of GDP, the budget deficit for 2011-2012 was lower than programmed. Revenue collection was strong and government spending was well-
contained. While economic growth is projected to remain buoyant in 2013, risks remain. In particular, there are challenges related to the need to preserve ample and reliable electricity supply while ensuring the financial viability of the national power utility, where sizeable outstanding payment arrears have built up vis-à-vis suppliers following the emergency power plan introduced in late 2011. The outlook for the medium to long term is promising, with large offshore natural gas discoveries that have raised the estimated monetary value of Tanzania’s reserves to between USD 150 and USD 400 billion. World Bank and International Monetary Fund (IMF) projections indicate that, at the peak of production, the country could generate an additional USD 3 billion to USD 3.5 billion in annual revenues from gas exports. If managed well, these windfall revenues can help Tanzania eliminate its budget deficit and fully fund its social sectors. A natural gas policy and strategic plan are being developed to identify options seeking to maximize the economic, social and environmental returns for Tanzania from this sector.

The government budget continued its expansion, from 22.8 per cent in 2007/2008 to 28.1 per cent of GDP in 2012/2013. At 73.2 per cent, the share of sectors prioritized in the National Strategy for Growth and Reduction of Poverty (known as MKUKUTA in Swahili) in the approved budget for 2012/2013 is high, but many of the major MKUKUTA-spending central ministries and local authorities reported relatively low budget execution rates compared to non-MKUKUTA sectors in 2011/2012. Budget allocation for education has maintained a strong momentum in recent years and is projected to increase to 7.7 per cent in 2011/2012 to 7.4 per cent in 2012/2013. However, the health budget continued to decrease from 7.7 per cent in 2011/2012 to 7.4 per cent in 2012/2013.

Tanzania is among the most politically stable nations of sub-Saharan Africa. In 2010, the incumbent President Mr. Jakaya Kikwete was re-elected to his second and last term, while a national unity government based on a power-sharing agreement between the two main parties came into being in Zanzibar. In March 2012, the ruling party (Chama cha Mapinduzi—CCM) lost a regional election in the Arusha region. This result was a reflection of the growing public dissatisfaction in Tanzania over rising consumer prices and poor services. A major reshuffling of the Cabinet took place in May 2012, following a protracted strike by doctors with complaints about pay and working conditions. The Cabinet shake-up, which involved 15 ministers and 16 deputy ministers, could be interpreted as a signal that the Kikwete administration is becoming more attentive to lingering concerns over persistent corruption and weak accountability.

The appointment of a new National Executive Committee of the CCM garnered considerable attention during the latter part of 2012, suggesting that time and energy are already being spent in laying the groundwork for the next presidential elections, scheduled for 2015. This could foretell a relatively long period of uncertainty in the lead-up to the elections, which could potentially distract governmental attention from the implementation of key programmes and the delivery of critical services. Another potential source of instability over the next two years is the Constitutional Review process, launched by President Kikwete shortly after his re-election in 2010. During 2012, a commission of 30 experts appointed by the Union President started a highly consultative process of collecting public views from around the country, which will inform the drafting of a new constitution to be submitted to a 600-member Constituent Assembly by the end 2013. The constitutional reform process could provide an opportunity for further embedding child rights principles in the new text, but also carries the risk of triggering or exacerbating long-standing, contentious issues, notably the future status of the Union between mainland Tanzania and Zanzibar.

The Union Government presented its consolidated 3rd, 4th and 5th report on the implementation of the Convention on the Rights of the Child in January 2012. The report was prepared following wide consultations with state and non-state actors, including children. Concluding Observations are not expected to be issued by the Committee until 2014.

On the policy front, the Long-Term Perspective Plan, approved in 2011, was circulated in 2012. The Plan seeks to turn Tanzania into a middle-income country by 2025; it has a strong focus on infrastructure and energy, which could divert attention away from much-needed social sector investments. Operationally, the Plan will be implemented through three successive Five-Year Development Plans (FYDP), the current one spanning 2011-2015. It is unclear if there will be a successor National Poverty Reduction Strategy once the current MKUKUTA (mainland) and MKUZA (Zanzibar) run their course by mid-2015, or if they will simply be replaced by the next FYDP 2015-2020.
The last Demographic Health Survey in Tanzania was conducted in 2010. Please refer to the 2011 Annual Report for the most up-to-date analysis of the Situation of Children and Women in Tanzania.

**Country Programme Analytical Overview**

During 2011-2012, the office pursued efforts to address barriers and bottlenecks for disadvantaged children and women in sectors of intervention. The CP remains relevant and major shifts are not anticipated for 2012-2013, though there are some gaps (urban / rural, disabilities) that will require longer-term strategic shifts to be addressed.

Despite progress in reducing child mortality, neonatal mortality accounts for 30 per cent of under-5 deaths and is largely associated with poor maternal and neonatal care during pregnancy and delivery. Progress in the reduction of maternal mortality is lagging behind due to supply-side barriers (skilled attendants, availability of supplies and human resource capacity), barriers related to effective health-care financing, and demand-side barriers (uptake and use of services). UNICEF advocated with the Revolutionary Government of Zanzibar for the abolition of user fees for maternal care. On the mainland, the focus was on strengthening regional and district capacity for planning, service delivery and supervision for Maternal, Newborn and Child Health (MNCH).

In nutrition, the focus has been on addressing barriers in institutional arrangements and financing, providing guidance to PMO for the establishment of the High-Level Steering Committee on Nutrition and the introduction of a new budget line on nutrition.

Despite continued economic growth, progress in poverty reduction has been slow and marked by significant geographical disparities. UNICEF participated in the start-up of the Tanzania Social Action Fund (TASAFIII) in an effort to operationalize the national social protection agenda for the next 5-10 years and played a key role in the development of the Zanzibar Social Protection Policy.

In WASH, the National Sanitation Campaign has become embedded in a larger ambition to attain universal access to improved sanitation under the national sanitation programme. School WASH Guidelines and Toolkits were developed and piloted. On the demand side, focus was on strengthening the implementation capacity of partners operating at the community level for addressing social norms barriers.

To address bottlenecks in the low rate of Birth Registration (BR), UNICEF supported the Government to pilot a new strategy, which brings the service closer to the community, decentralizes BR authority and simplifies the process.

In education, while progress has been achieved in net enrolment, learning outcomes continue to be poor due to the lack of qualified teachers and quality education. UNICEF continued to improve teacher’s competencies through In-Service Teacher Education and Training (INSET) and to strengthen quality assurance at the school level. UNICEF played a key role in the development of an Integrated Early Childhood development (IECD) policy, with five ministers publically signing a declaration to expand ECD.

Following the launch of the UNICEF-supported National Survey on Violence against Children, a set of priority response commitments were delivered by seven sectors at the ministerial level forming the three-year national Plan of Action to Prevent and Respond to VAC. UNICEF supported the implementation of a child protection system model in four districts.

UNICEF continued to support national efforts to achieve zero new HIV infections by 2015 through supporting development of the elimination of Mother-to-Child Transmission of HIV (eMTCT) plan. Focus has been on young girls, among whom disparities are greatest in terms of access and use of services.
**Humanitarian Assistance**

Tanzania did not experience any significant emergencies that required external or UNICEF support during the reporting period. Following heavy rainfall, Dar Es Salaam experienced severe flooding in late December 2011. Around 50,000 people were affected with 23 people losing their lives. Over 6,000 people were temporarily sheltered in schools around Dar Es Salaam. Many of them lost their homes and belongings. The floods also damaged UNDP/UN premises. Relief items stockpiled by UNICEF with the Tanzanian Red Cross and PMO were released to displaced families located in schools. Items included jerry cans, buckets, soap, blankets, and biscuits. Water was trucked to the sites and sanitation items were provided.

UNICEF provided relief supplies to over 600 people during the accident involving a capsized ferry in Zanzibar.

Regarding chronic emergencies, UNICEF continued to provide humanitarian assistance to around 100,000 refugees from the Democratic Republic of the Congo (DRC) and Burundi under the overall coordination of the United Nations High Commissioner for Refugees (UNHCR).

**Effective Advocacy**

*Mostly met benchmarks*

UNICEF identified its advocacy priorities to provide a focused context for advocacy across the CP and for promoting sustainability and ensuring successful results for child rights.

In parallel to the 2012 State of the World’s Children (SOWC) report, UNICEF produced a report on the challenges of urbanization in Tanzania. The main report was accompanied by a version written for adolescents, which also includes questions for feedback to be shared through social and traditional media. The report was produced using an interactive and participatory study of urban childhood, with consultations in five major urban centres involving children, civil society organizations (CSOs), local government officials and professionals.

UNICEF successfully advocated for the inclusion of child protection in the new National Costed Plan of Action for Most Vulnerable Children and the development of a new system for BR.

With UNICEF support, Tanzania has become a member of the Sanitation and Water for All Partnership and made firm commitments towards achieving the national and MDG sanitation and water supply targets.

UNICEF continues to advocate with key ministries for approval of the IECD policy.

The Children’s Agenda (CA) Strategy (2012-2015) was finalized. Key activities included the production of a guide on Budgeting for Children in Tanzania and an Advocacy Toolkit. The CA also launched a series of media seminars/field visits on selected Top Ten Investments. MCDGC (Chair of the CA) signed a letter of commitment requesting district authorities to assist in implementing activities across the country.

The Young Reporter’s Network (YRN) continues to expand, illustrating increased recognition of CSOs, confidence in the young reporters, and their listenership on the radio stations, which led all the stations increasing the amount of airtime for YRNs at no extra cost.

The number of fans of the UNICEF Tanzania Facebook page has grown to 4,000. UNICEF Tanzania also established Twitter and YouTube accounts that have gained strong national and global followings. The office recently launched its country website. Several media seminars were held to ensure the media has knowledge of key social policy and child rights issues and the capacity to accurately, effectively and ethically report on them.
Capacity Development

*Mostly met benchmarks*

Equity-focused capacity development at the subnational level is a key objective of the CP. UNICEF worked closely with central and local government authorities to use national and local data to select six districts for subnational collaboration. UNICEF planning milestones were aligned to those of the local government authorities to ensure that issues of children are built into subnational plans for implementation through UNICEF funds and funds from local government budgets. In the second half of the year, UNICEF will work with districts to rank wards that require special attention due to poor indicators in WASH, education and health/nutrition.

UNICEF supported the Ministry of Health and Social Welfare (MoHSW) to equip, with skills and materials on newborn resuscitation, about 900 district-level trainings of trainers (TOTs) in 11 regions of Tanzania.

UNICEF worked with the relevant line ministries and local government authorities to strengthen capacity on planning and budgeting for nutrition. Guidelines were prepared to assist districts in understanding the essential nutrition-relevant interventions and services that should be delivered in the six key sectors (health, agriculture, WASH, education, community development and planning), and the activities that the respective districts can undertake to scale up access to these services and interventions. All regional and district officials in planning and nutrition were oriented on the guidelines.

UNICEF partnered with WaterAid and the United Kingdom’s Department for International Development (DFID)-funded Sanitation and Hygiene Applied Research for Equity (SHARE) consortium to conduct a Study to Review Current Human Resource Capacity and Costs of Scaling Up Sanitation and Hygiene in Tanzania. This study will provide important information for the finalization of the National Sanitation and Hygiene Programme.

UNICEF built the capacity of personnel in the Commission for Human Rights and Good Governance to inspect places of detention holding children and to undertake advocacy for change based on the findings of their inspections, as part of their core mandate.

UNICEF supported training for key Social Welfare Officers (SWO) at national and district levels to improve their understanding and skills with regard to planning and budgeting. In the four child protection systems model districts, UNICEF built the capacity of members of the Child Protection Teams.

Communication for Development

*Mostly met benchmarks*

UNICEF Tanzania Communication for Development (C4D) employs a mix of social mobilization, advocacy and behaviour and social change strategies on issues related to WASH, Health and Nutrition, Child Protection, Education, and the Prevention of HIV and AIDS for sustainable and long-term behavioural and social change. For this CP the office has decentralized the C4D capacity in each individual section.

UNICEF supported the development of a standardized WASH package seeking to address the key behaviours necessary for preventing diarrhoea, a major cause of under-5 child mortality. This includes hand washing with soap, the use of an improved latrine and household water treatment and safe storage of drinking water. UNICEF is currently implementing this package at the community level as part of its sanitation programming. About 800,000 people were reached with hygiene, sanitation and household water treatment messages in 550 villages.

Through the Inter-Religious Council of Peace of Tanzania, UNICEF supported the mobilization of religious leaders to promote positive parenting as well as report on, respond to and prevent violence against and the abuse, neglect and exploitation of children. UNICEF worked with an NGO (Caucus for Children’s Rights) to develop a multimedia programme, including appropriate messages based on the VAC Survey for community
engagement through radio, TV and community theatre.

UNICEF helped to improve public awareness of the benefits of couple testing, male partner involvement during pregnancy, and the use of antiretroviral therapy (ART), as well as the importance of early HIV testing among children. Through support to MoHSW, billboards and branded wall messages were placed in 18 strategic locations in seven districts. Support groups of HIV-positive mothers have been established in six districts to provide information to pregnant women and families on the Prevention of Mother-to-Child Transmission of HIV (PMTCT).

UNICEF supported MoHSW to train 150 district focal points from 16 high-risk districts in emergency and outbreak communication preparedness and response plans, as well as to initiate the drafting and review of the national health promotion strategic framework, in collaboration with WHO, the World Bank and the Swiss Development Cooperation. The framework will guide the planning and implementation of health promotion interventions in Tanzania.

**Service Delivery**

*Mostly met benchmarks*

Service delivery, including the development of tools and protocols, training, and the distribution of strategic supplies, is a focus of UNICEF Tanzania's work at the national and subnational levels. Successes and lessons learned about service delivery at the local government level are brought up during policy dialogue with central line ministries. These policy discussions include leveraging of funds, exploring policy and capacity gaps, and how to take things to scale.

Building on the support provided to train a pool of 40 master trainers on neonatal resuscitation at the national level, UNICEF supported the training of 468 district trainers in 12 regions. This will contribute to the national roll out (eventually reaching all 16 regions) of the "helping babies breathe programme", planned by MoHSW.

UNICEF strengthened cold chain capacity by ensuring that all regions of the country have one walk-in cold room for the introduction of two vaccines—the Pneumococcal and Rotavirus—which will be rolled out from January 2013.

In four local government authorities, the key sectors of health, social welfare, judiciary, prosecution, education, police, and community development have come together as part of the District Child Protection Teams to ensure incidences of violence against children are appropriately handled (from prevention to reporting and service provision). A Child Protection Management Information System (CPMIS) has been developed with the aim of building comprehensive data and analysis to help coordinate the child protection teams more efficiently to avoid overlap and time delays in providing essential services to children.

UNICEF also supported the local government authorities to set up Gender and Children’s Desks at the police stations.

UNICEF is supporting the delivery of School WASH services in 24 schools as part of a larger package that includes C4D and capacity-strengthening. This component includes the construction of toilets, water supplies, hand-washing facilities and other WASH-related work.

UNICEF, in collaboration with UN agencies and NGOs, continued to support the provision of basic services to women and children in two camps with around 100,000 refugees along the DRC and Burundi border.
Strategic Partnerships

Mostly met benchmarks

UNICEF Tanzania continues to strategically support and participate in several sectoral and multi-sectoral forums/partnerships—with the aim of building capacity and consensus while advocating for child rights and promoting local ownership and leadership.

UNICEF mobilized WASH sector partners towards a synergistic approach for WASH. All partners are currently utilizing the UNICEF-supported School WASH Guidelines, and are collaborating in the Tanzania Approach to Total Sanitation and the National Sanitation Programme.

The Multi-Sector Task Force on Violence against Children under MCDGC guided the VAC survey and is the forum for overseeing implementation of the national response.

UNICEF is working with WFP, WHO and FAO through the REACH initiative and is engaging with USAID, Irish Aid and the World Bank to jointly support PMO in coordinating the national response to undernutrition as part of the SUN movement. UNICEF continues to support the civil-society led PANITA, now with over 200 member organizations.

UNICEF worked closely with the Forum for African Women Educationists (FAWE-TZ) to implement a joint workplan for fostering gender equity in education, with a focus on the retention and performance of girls in primary schools.

UNICEF, in collaboration with the Tanzania Commission for AIDS and other key stakeholders including the President’s Emergency Plan For AIDS Relief (PEPFAR)/USAID, supported the development of the national programming framework for adolescent girls with a focus on the prevention of HIV, unintended pregnancies and violence.

In partnership with BRAC, UNICEF supported the establishment of 80 teen clubs.

Through the CA, a plan has been devised to engage with Members of Parliament for increased resources and budget allocation for children.

In partnership with CSOs and community radio stations, the YRN is expanding across the country; there are currently more than 150 children producing quality children’s media programmes.

UNICEF’s private sector partnerships include telecommunications companies such as Tigo (on mobile BR), Airtel (on the training of schoolgirls on menstruation and hygiene) and Vodacom (SMS campaign on hand washing with soap in association with Global Handwashing Day). Discussions are ongoing with Stanbic Bank Tanzania and Melia Hotels.

Knowledge Management

Fully met benchmarks

To address knowledge gaps in the country and strengthen the overall equity focus of the CP, UNICEF completed three important studies: an analysis of the situation of children living in cities and the challenge of urbanization in Tanzania; a situation analysis of children in institutional care in Tanzania; and situation analysis of adolescents living with HIV and available services. Furthermore, the office developed a Portal of Knowledge on Children (Wiki ya watoto) as a primary tool for operationalizing the rolling Situation Analyses (SitAn). The web-based portal, based on the 2010 Situation Analysis, facilitates rapid updating, thus assisting the preparation of the next CP.

As part of its upstream strategic support to Government of Tanzania (GoT), UNICEF supported the development of Management Information Systems in Education (Inspectorate MIS), the Birth Registration...
Information System, and the Vaccine Stock Management Information System.

The Office supported the development and deployment of mobile-based services that provide cost effective and innovative solutions for achieving programme results in partnership with a Mobile Service Provider (Millicom). Two programmes have benefited from this technical support: the Birth Registration Information System (please see innovation section) and the Inspectorate Management Information Systems. Mobile phones and innovative applications have proved to be useful tools for collecting data and overcoming delays in data gathering, transmission and data entry. They provided access to reliable data in real-time for planning and decision-making.

Throughout the reporting period, the office continued strengthening its internal learning and information-sharing by continuously updating its local intranet and internal knowledge base with up-to-date research findings, studies, and evaluations on issues regarding women and children. Weekly TV programmes that are educational, informative and focused on innovations were shown every afternoon in UNICEF corridors.

The office has developed knowledge management (KM) accountability and standards to institute a culture of learning and institutionalize KM into day-to-day work. As part of its wider efforts in experience-sharing and learning, the office engaged with two country offices in providing online technical support and hosting one staff exchange programme and a Webinar.

Furthermore, UNICEF led the development of the One UN KM strategy on behalf of the United Nations Country Team (UNCT).

Human Rights-Based Approach to Cooperation

Mostly met benchmarks

In preparation of the UNDAP 2011-2015, the country office (CO) used a Human Rights-Based Approach to Programming process. The Situation Analysis of Children and Women helped in identifying the unmet child rights, and engaged in a participatory causality and role and capacity gap analysis. This helped the CO agree on the key priorities UNICEF is pursuing in the new CP.

The 2011-2012 period was pivotal for the Tanzania CO's strategic shift from supporting eleven districts spread over eight different regions to prioritizing three regions (Iringa, Mbeya, Njombe), where the achievement of some critical MDG targets is lagging behind: stunting rates; HIV prevalence among females 15-24 years of age; and access to basic sanitation facilities. Within these three regions, six districts were selected following consultations with Local Government Authorities. Interventions in the Temeke district in the Dar-es-Salaam region were maintained with a focus on addressing barriers and bottlenecks in the access and use of services by disadvantaged populations in urban areas. The objective is to maximize the impact of UNICEF’s contribution in these disadvantaged areas by strengthening the integration of sectors and services for better delivery of results for children and women, while at the same time building evidence from the use of successful models to feed into national policy formulation for scaling up purposes.

Within the Delivering as One framework, UNICEF is member of the Human Rights Working Group. During 2011-2012, the Working Group supported the Government, the Commission for Human Rights and Good Governance (CHRAGG), media and civil society in the preparatory and review stages of the Universal Periodic Review, and in providing substantive inputs to the drafting of the National Human Rights Plan. In collaboration with the Inter-Agency Gender Group and Planning and Monitoring Evaluation Working Group, the Working Group also formulated the cross-cutting checklist for subsequent integration into the Year One Annual Review and Year Two Annual Work Plan formulation process.

During 2011-2012, the CO continued efforts to build evidence on particularly disadvantaged populations. This included the Report on Children and Urbanization, the Assessment Report on Children Living with Albinism, and the Poverty and Vulnerability Analysis in Zanzibar.
Gender Equality

*Fully met benchmarks*

The Violence Against Children report launched in August 2011 showed that girls (27.8 per cent) are more vulnerable to sexual abuse than boys (13.4 per cent). Approximately one in 10 girls reported that the perpetrator of at least one incident of sexual violence was a teacher. UNICEF supported the review of a code of conduct for teachers and the establishment of child abuse complaint reporting and referral mechanisms in schools.

The office Gender Team continued to follow up on the gender considerations outlined in the 2011/2012 Annual Work Plan.

UNICEF supported the Tanzania Commission for AIDS to launch *Mabinti Tushike Hatamu* (Girls Let’s Lead) programme, which aims at empowering girls and young women in HIV prevention and income generation. UNICEF also supported MoHSW in mobilizing men to attend Reproductive and Child Health services with their spouses for antenatal care and voluntary counselling and testing for HIV. This is done through community radio programmes, village meetings and one-to-one interactions with men through trained Community Volunteers (CORPS).

UNICEF continued to work with the Forum for African Women Educationalists, Tanzania Chapter (FAWE Tanzania) to advance gender responsive pedagogy (GRP) and programming for gender in education through trainings and follow up with district education officials, head teachers, teachers, and ward education coordinators. FAWE Tanzania has trained teachers and pupils on the establishment of TUSEME (Speak Out) groups for gender empowerment and life skills-building for boys and girls. FAWE Tanzania and the Ministry of Education and Vocational Training (MoEVT) have signed a Memorandum of Understanding to replicate these initiatives in five more districts, reaching a total of 20 districts.

UNICEF continued to be an active participant in the Inter-Agency Gender Group (IAGG) and the Development Partners Group on Gender. UNICEF was the lead agency in education, providing strategic technical assistance in key areas: empowerment and life skills-building, particularly against early marriage; gender-based violence, including female genital mutilation/cutting; and early pregnancy, especially schoolgirl pregnancies.

Environmental Sustainability

*Partially met benchmarks*

Tanzania did not undertake a Mid-Term Review (MTR) in 2012, so a major reflection on this topic was not undertaken. However, during the course of the year UNICEF, in collaboration with the PMO-Disaster Management Department, responded to an EU/World Bank call for a proposal on disaster risk reduction. This created an opportunity to discuss this topic with the Government, augment support to better assess and reduce risk, and respond to the slow onset of droughts occurring as a result of climate change.

Another component of the Emergency Preparedness and Response (EPR) effort was to improve communication during disasters. With both slow and sudden disasters increasing in frequency, there is a critical gap related to how the public gathers information and reacts during a disaster. A survey of families’ understanding of messages and channels of communication in disaster prone areas was conducted, and a toolkit to guide the channels and messages for delivery in future disasters was developed based on this survey.

South-South and Triangular Cooperation

In April 2012, UNICEF supported MCDGC to host a delegation of 11 high-level Government of Cambodia officials undertaking a study tour to Tanzania.
The purpose of the study tour was to learn about Tanzania’s experience in planning and implementing a population-based survey to measure violence against children, including best practices and any challenges and constraints that were faced along the way, as well as how those challenges were overcome. The delegation also wanted to learn about Tanzania’s experiences with regard to the different roles and responsibilities for line ministries and partner organizations/institutions, and to learn about the multi-sectoral collaboration and coordination of the survey in Tanzania.

The participants consisted of members of the Steering Committee for Cambodia’s study on violence against children, and representatives from the Ministry of Women’s Affairs, the Ministry of Social Affairs, Veterans and Youth Rehabilitation, the Ministry of Health, the Ministry of the Interior, the Ministry of Justice, the Ministry of Planning and Statistics, and UNICEF Cambodia. The study tour went well and the Cambodian delegation returned home with renewed commitment and clear strategies for implementing a VAC study in Cambodia.
Narrative Analysis by Programme Component Results and Intermediate Results
United Rep. of Tanzania – 4550

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

**PCR 4550/A0/04/101** Health and Nutrition services; maternal and newborn care, community-based health care and early childhood development, PMTCT, paediatric AIDS, as well as nutrition, for scaled up delivery of health and nutrition services, to accelerate child survival development gains and improve maternal health

**Progress:** During 2011-2012, UNICEF continued to strengthen the regional and district capacity for planning, service delivery and supervision for MNCH. Training of 732 district trainers and provision of equipment for over 1,800 health facilities in 12 out of 26 regions improved the management of newborn asphyxia.

In Zanzibar, effective joint advocacy efforts with the Government led to the abolition of user fees for maternal care.

Support to immunization campaigns led to over 90% coverage of immunization in 78% of the districts (including Zanzibar). Capacity-building for immunization continued through the installation of 23 (out of 33 procured) walk-in cold rooms, and training support. WHO certified that Tanzania had eliminated Maternal and Neonatal Tetanus.

Following the High-Level Steering Committee on Nutrition and the launch of the National Nutrition Strategy, UNICEF supported the mapping of certain policies in nutrition-specific and sensitive sectors to assess the extent to which nutrition concerns are reflected. UNICEF also conducted mapping to identify the existing number of nutritionists. The results were used to advocate for the recruitment of nutrition officers in 11/25 regions and 99/133 districts in the mainland. Mandatory legislation for salt iodization was passed in Zanzibar. The 2011-2012 period was an important one for innovations in health and nutrition, with the piloting of mobile technology applications in one district to improve the demand and quality of MNCH care provided (mainland), and in another to enhance nutrition surveillance and case management (Zanzibar).

The Tanzania PMTCT programme has been aligned to the global eMTCT plan, and targets have been revised towards elimination. UNICEF provided technical and financial support for the bottleneck analysis and development of the eMTCT plan. UNICEF has also supported the training of 35 trainers to facilitate the roll-out of decentralized eMTCT planning and implementation. Establishing mother support groups and networks were the key elements of success at the subnational level. This contributed to reducing the loss to follow-up and improved adherence to treatment, improved infant feeding practices through counselling, and encouraging the involvement of male partners.

Consensus on the modalities for implementation of a strategy for Community Health Workers has not yet been reached, which has resulted in delaying the achievement of results in this area.

Other key constraints were the delay in the disbursement of One UN funds and difficulties in transferring cash due to delayed reporting by partners on previous disbursements.

**IR 4550/A0/04/101/001** Supply Chain and Management Systems; supply chain and management system for medical supplies is operationalized

**Progress:** With funding from the Canadian International Development Agency (CIDA), UNICEF procured 33 new walk-in cold rooms (WICRs) to expand the national capacity to store vaccines for immunization. To date, 23 out of 33 WICRs, generators and stabilizers have been successfully installed. Once completed, all 27 regions in the country will have one WICR and there will be six at the central level. This will increase the national cold storage space by 1,110 cubic metres. These WICRs will provide safer and increased capacity to store the regular inventory of vaccines for the national Expanded Programme on Immunization (EPI) programme. Additional space requirements will also be availed to accommodate new vaccines—the
Pneumococcal and Rotavirus—which will be added to the routine vaccination programme in January 2013.

To ensure sustainability and optimal functioning of equipment, local technicians in each location are receiving on-the-job training in installation, temperature control and preventative maintenance. In order to ensure there is sufficient transport capacity to deliver the increased volume of vaccines, nationally, CIDA has also provided funds to UNICEF to procure two refrigerated trucks, which have been handed over to the Medical Stores Department.

A national assessment of the effectiveness of health-related supply delivery and supply chain management has led to USAID funding for the development of an Electronic Logistics Management Information System (ELMIS). UNICEF has been invited to provide technical advice and guidance on developing the ELMIS concept document and identifying expertise for the development of an ELMIS-compatible supply chain management system for vaccines and related supplies. This is an ongoing project targeted for completion in mid-2013.

**IR 4550/A0/04/101/002 MoHSW and Local Government Authorities (LGAs) develop Human Resources for Health (HRH) policy and plans**

**Progress:** Consensus on the modalities for implementation of a strategy for Community Health Workers (CHWs) has not as yet been reached. UNICEF’s mapping of CHW Initiatives in Tanzania and formation of recommendations on the way forward led to the establishment of a government-led task force to facilitate a stakeholder’s agreement. This is an important step in ensuring consensus is built on how to bridge the gap between facility-based providers and users, as this is critical to ensuring community-based approaches tackle inequities and gaps in access and utilization.

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

**Progress:** UNICEF has supported the development of two mobile phone applications to improve the quality of health care and service uptake, and to generate service data to assess programme performance.

In Zanzibar, a mobile phone application is being piloted in six health facilities to assist health service providers to correctly identify and manage severe acute malnutrition (SAM) at the outpatient level. The feasibility of a phone-based reminder system for caretakers has been developed and tested to increase the retention rate of children in the programme. Programme data on the integrated management of acute malnutrition is now integrated into the Health Management Information System (HMIS) in Zanzibar, with quarterly reports generated at the district and national levels. Although there are some issues on the quality of data, the integration into HMIS greatly facilitates the monitoring of programme performance by facility, district and national levels. The first m-health coordination meeting was held in January 2012 to strengthen coordination among partners in Zanzibar.

The use of mobile phones for improving the demand and quality of care provided in the context of maternal and newborn health services continued to be piloted in two health facilities and surrounding communities in one district (Bagamoyo). SMS reminders to the community change agents if the client misses an antenatal care appointment was integrated into the application.

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

**Progress:** In an effort to strengthen the Health Promotion and Education Section (HPES), the National Health Promotion and Education Policy Guidelines were reviewed and updated with the involvement of relevant stakeholders to align them with the changing environment and needs for sustaining behaviour change at all levels. This policy guideline will be used to inform the Integrated National Health Promotion Strategic Framework, which is currently under development with UNICEF support.

Linkages of HPES with other partners such as the Manoff Group- Africare were strengthened and technical
support was provided in developing a National Nutrition Social Behaviour Change Communication strategy.

**On-track**

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

**Progress:** During 2011-2012, the strengthening of regional and district capacities for planning, service delivery and supervision for MNCH continued to be a major focus. UNICEF supported the training of 732 district trainers for newborn resuscitation and provided key supplies and equipment to over 1,800 health facilities in 12 out of 26 regions, which increased the country’s capacity to handle newborn asphyxia. UNICEF played a key role in supporting MoHSW to develop a proposal for the Essential Medicine Initiative for children.

UNICEF supported the organization of a multi-country meeting of the Global Commission on Information and Accountability for Women’s and Children’s Health (February 2012), from which Tanzania identified maternal and perinatal death surveillance and response, BR, advocacy, and accountability as priority areas. Recognizing that more than 90% of children are brought to health facilities for immunization, UNICEF supported a policy decision for BR through the health facilities and local government structures and its successful piloting in Temeke district.

UNICEF is an active member of the Health Basket Fund and SWAp Committees, actively involved in audit reviews to identify and monitor bottlenecks within the Ministry of Health and identify areas where further capacity-building is required.

Successful subnational polio and national integrated measles campaigns were conducted in October and November 2011, respectively. UNICEF provided technical and financial support in planning, procuring and distributing vaccines, and in social mobilization and monitoring activities. UNICEF provided technical and financial support to MoHSW for new vaccines introduction (Pneumococcal and Rotavirus), including support to effective vaccine management, procurement, cold chain strengthening, the training of technicians, and BCC.

In Zanzibar, joint advocacy efforts with UNFPA and WHO resulted in the establishment of an MNCH Technical Working Group and the abolition of user fees for maternal care.

**On-track**

**IR 4550/A0/04/101/006** Relevant MDAs and LGAs integrate nutrition into policies, plans and budgets and strengthen institutional arrangements for delivery of services

**Progress:** A High-Level Steering Committee on Nutrition (HSCN) was established under the leadership of PMO following Tanzania’s joining of the SUN Movement in June 2011. It comprises the permanent secretaries of nine ministries, UNICEF, development partners, academia, civil society and the private sector. UNICEF together with USAID and Irish Aid influenced actions to align national-level coordinating structures for nutrition beneath the HSCN; to establish Council Steering Committees on Nutrition; and to designate nutrition focal persons in all line ministries, with clearly defined roles and responsibilities.

The National Nutrition Strategy for mainland Tanzania was launched in September 2011, and the implementation plan is under development with technical support from UNICEF, WHO, WFP, FAO, USAID and others. There have been challenges in ensuring the active engagement of all key sectors, which has delayed its finalization. UNICEF supported a policy mapping exercise for nutrition in nutrition-relevant sectors (health, agriculture, education, HIV, water, etc.) to assess the extent to which nutrition concerns are reflected. Mandatory legislation for salt iodization in Zanzibar was passed.

In preparation for the introduction of a new budget line on nutrition, UNICEF provided technical support to PMO to integrate nutrition as a priority in the Ministry of Finance’s planning and budgeting guidelines, and to develop and roll out a specific guideline for councils on how to plan and budget for nutrition in six sectors (health, agriculture, WASH, education, community development and planning).
UNICEF supported a mapping exercise to identify existing nutritionists at the regional and district levels. The results were used to advocate for the recruitment of nutrition officers. As of June 2012, nutrition officers have been recruited for 11 regions and 99 districts.

Vitamin A supplementation and deworming was conducted twice and achieved >95% coverage. Services for the treatment of SAM were scaled up to be available at all health facilities.

**On-track**

IR 4550/A0/04/101/007 Selected MDAs, LGAs and NSAs deliver increased quality of HIV/AIDS care and treatment services

**Progress:** During 2011-2012, UNICEF efforts focused on strengthening follow up and support to HIV-infected mothers and their children to address low antiretroviral (ARV) uptake (59%) for prevention by mothers and their babies and low HIV testing (25%) in exposed children. Thirty-four Mother Support Groups (MSGs) with 268 mother mentors were established in seven districts around 35 health facilities.

MSGs are led by HIV-infected women who have been trained on community eMTCT. They follow up on HIV-infected mothers who miss appointments, provide counselling on infant feeding and psychosocial support to peers, and they involve male partners in their activities.

Strong linkages between 24 health facilities and MSGs have led to an increased number of children getting tested for HIV in the supported districts. The mentor mothers (leaders of the MSGs) have reached 2,479 pregnant women with HIV counselling and followed up with 577 women to access PMTCT and Early Infant Diagnosis services. Couple testing and counselling as well as male participation in community sensitization activities have also increased. These community eMTCT activities are implemented by two NGOs (mothers2mothers—M2M and the African Medical Research Foundation—AMREF) with UNICEF support. Both NGOs work closely with the Ministry of Health to ensure sustainability of the programme.

One constraint faced during implementation is the delay in getting the results of HIV tests on children, which leads to missed opportunities to initiate the early treatment of HIV-infected children. This is due to the lack of a functional feedback system between health facilities, districts and reference laboratories located over 400 km from the districts. UNICEF supported the council health management teams to establish a functional referral and feedback system in seven districts and to use innovations like mobile phone communications to facilitate the provision of results to mothers. This effort is being complemented by PEPFAR partners.

**On-track**

IR 4550/A0/04/101/008 Selected MDAs, LGAs and NSAs implement evidence-based PMTCT (HIV prevention) programmes

**Progress:** The Tanzania PMTCT programme has been aligned to the global eMTCT plan, and targets have been revised towards elimination. This has been incorporated into the national eMTCT plan that has been developed based on a bottleneck analysis conducted at the national level. The national plan is being translated into a district-level eMTCT action plan to further address bottlenecks. UNICEF has provided technical and financial support for the bottleneck analysis and development of the eMTCT plan at both the national and subnational level. UNICEF has also supported the training of 35 trainers who will facilitate the roll-out of decentralized eMTCT planning and implementation in line with the eMTCT targets.

PMTCT services have also been scaled up in Tanzania, which has led to an increase in the uptake of more efficacious drugs by HIV-infected pregnant women (from 59% to 64%. Support to the scaling up has come from PEPFAR, the Global Fund, the UN and the Government. UNICEF, with support from UNITAID, has provided HIV test kits for about 700,000 pregnant women and 90,000 HIV-exposed infants. These supplies were distributed nationally to all PMTCT sites. UNICEF also supported training for health workers in PMTCT and Early Infant Diagnosis in six UNICEF-supported districts.

In addition, in all seven of its focus districts, UNICEF supported the development and distribution of PMTCT Behaviour Change Communication materials in the form of billboards and wall murals.
IR 4550/A0/04/101/009 Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra-coordinated response to Health and Nutrition in emergencies

**Progress:** UNICEF is playing a lead role in developing the capacity of the Government and partners in preparing for and responding to emergencies that threaten the nutritional status of children and women. A national Emergency Preparedness and Response Plan on Nutrition in Emergencies (NiE) was finalized and coordination meetings of the Nutrition in Emergencies Working Group were convened as part of preparedness for the onset of an emergency and to review the status of other NiE preparedness activities, such as NiE capacity-strengthening and the procurement of emergency supplies, among others.

The NiE capacity development plan has been developed and is under implementation. UNICEF supported training on NiE and a team of NiE resource people was identified from among the training participants to support emergency response activities and further the capacity strengthening and preparedness actions. Additional nutrition supplies were procured and pre-positioned to meet the needs of at least 50,000 people. A set of NiE job aids were developed to guide service providers involved in response activities.

UNICEF, WFP and FAO jointly supported food security and nutrition assessments in August 2011 and February/March 2012 leading to the identification of priority districts for government food support and disaster risk reduction interventions.

During the Zanzibar ferry disaster in July 2012, UNICEF responded by providing emergency supplies including tents, blankets, water and biscuits.

UNICEF participated in a joint rapid assessment (PMO-Disaster Management Department, UNICEF, UNHCR, WFP, UNFPA and the Tanzania Red Cross Society—TRCS) in December 2011 to assess the situation and determine the needs of 6,000 flood-affected people in 12 camps/schools. Through TRCS, UNICEF supported the improvement of the hygiene and sanitation situation in the camps, as well as the distribution of other key emergency supplies (51 cartons of High Energy Biscuits, 3,100 blankets and 1,725 buckets).

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

**On-track**

**PCR 4550/A0/04/102** Focus on School WASH, household sanitation and hygiene, and emergency WASH for scaled up and coordinated delivery of evidence-based WASH interventions to accelerate child survival, education and development

**Progress:** UNICEF has been instrumental in moving towards a harmonized approach to sanitation and hygiene in Tanzania. Agreement has been reached among key stakeholders that the Tanzanian Approach to Total Sanitation is the way forward. The National Sanitation Campaign has become embedded in a larger ambition to (ultimately) reach universal access to improved sanitation that will be worked out under the National Sanitation Programme, to be developed with technical assistance from UNICEF. With active support from UNICEF, Tanzania has become a member of the Sanitation and Water for All Partnership and made firm commitments towards achieving the national and MDG sanitation and water supply targets.

For School WASH, UNICEF supported the piloting of draft National School WASH Guidelines and Toolkits, which has been completed and feedback from the piloting is being used to finalize the package. Though the National Guidelines and its Toolkits are still in its draft form, they have started to be widely used by government and non-government agencies, contributing to a more harmonized approach by the various stakeholders and adding quality to School WASH interventions by addressing School WASH in a holistic manner (access to appropriate facilities, hygiene education and sustainable management of WASH facilities). Work on the development of a National School WASH Programme and costed action plan has started.

To support the strengthening of the evidence base for WASH programming, the following are some key initiatives supported by UNICEF: assessment of human resources capacities and the costs of scaling up
sanitation and hygiene; a national workshop for reconciliation of data on access to WASH services; and Action Research to establish user preferences for Household Water Treatment and Safe Storage methods and willingness to pay.

UNICEF played an important facilitating role in convening regular emergency preparedness/coordination meetings and in building partner capacities for emergency preparedness and response. During the floods in Dar es Salaam (December 2011) UNICEF reached more than 6,000 people with drinking water and sanitation and hygiene supplies.

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

**Progress:** Jointly with the MoHSW and WaterAid, and with support from the DFID-funded SHARE research consortium, a study was conducted to assess the human resource capacities and costs of scaling up sanitation and hygiene. UNICEF is currently supporting the MoHSW in developing the National Sanitation and Hygiene Programme; findings from the study provide key information that will help in shaping the design of the programme.

In collaboration with WHO and WaterAid, UNICEF facilitated a national workshop for data reconciliation that aimed at reviewing national WASH statistics with the aim of streamlining future data collection and monitoring systems to allow comparison of data over time and with other countries.

IR 4550/A0/04/102/002 GoT/RGoZ implements a coordinated, scaled up national response for improved Sanitation and Hygiene (S&H)

**Progress:** The draft National Sanitation and Hygiene Policy has been submitted to the Cabinet for approval. UNICEF has been instrumental in fostering the movement towards a harmonized approach to sanitation and hygiene in Tanzania. Agreement has been reached among key stakeholders to implement the Total Sanitation Approach in Tanzania. The National Sanitation Campaign has become embedded within a larger ambition to (ultimately) reach universal access to improved sanitation that will be worked out under the National Sanitation Programme, to be developed with technical assistance from UNICEF.

With active support from UNICEF, Tanzania has become a member of the Sanitation and Water for All Partnership and made firm commitments towards achieving the national and MDG sanitation and water supply targets. At the subnational level, UNICEF work focuses on supporting the roll-out of a package of three behaviours: use of improved toilets, washing hands with soap, and Household Water Treatment and Safe Storage (HWTS). The package is still under development, but in its current form it has been rolled out in one district and aims at addressing both the demand and supply sides. At the same time, sanitation and hygiene promotion was undertaken as part of the phase-out strategy from the seven learning districts from the previous CP. As a result, 790,278 people (410,945 children, 197,253 women and 182,080 men) were reached with hygiene, sanitation and household water treatment promotion messages in 550 villages.

Nearly 2,000 primary school children (approximately 1,040 girls and 960 boys) were reached with hygiene messages with a focus on hand washing with soap during celebrations of Global Handwashing Day.

To strengthen HWTS in Tanzania, UNICEF is supporting an Action Research project, implemented by the National Institute of Medical Research with the support of renowned international advisers, which will establish user preferences for HWTS methods and willingness to pay.

IR 4550/A0/04/102/003 Relevant MDAs provide a coordinated, harmonized response for increased coverage and improved quality of child- and girl-friendly accessible School WASH

**Progress:** UNICEF has supported the Ministry of Education in the following areas: a National School WASH
Strategy has been submitted to the ministry’s senior management for approval; regular School WASH coordination meetings were conducted, involving the four key ministries, development partners and international/local NGOs; and the piloting of draft National School WASH Guidelines and Toolkits has been completed and feedback from the piloting is being used to finalize the package in mainland Tanzania. Important steps have been taken in the development of a National School WASH Programme and costed action plan.

Though the National Guidelines and its Toolkits are still in draft form, they have been widely used by government and non-government agencies in the mainland, contributing to a more harmonized approach by the various stakeholders and adding quality to School WASH interventions by addressing School WASH in a holistic manner (access to appropriate facilities, hygiene education, and sustainable management of WASH facilities). While the piloting of the Guidelines was an effort by multiple partners involving more than 100 schools, UNICEF directly supported the work in 24 schools, benefiting more than 16,000 children. UNICEF is gradually scaling up its support to School WASH, with programmes in progress in two districts, reaching an additional 31 schools.

In Zanzibar, a version of the Guidelines adapted to the local context is underway.

IR 4550/A0/04/102/004 Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra-coordinated WASH response in emergencies

**Progress:** UNICEF played an important facilitating role in convening regular emergency preparedness/coordination meetings that are chaired by the MoHSW and attended by both governmental and non-governmental organizations. Through UNICEF support, revision of the National Cholera Guidelines has been completed and translation into Kiswahili is underway. An emergency preparedness and response training was completed in Tanga, a region that has experienced cholera outbreaks in the past. Following the floods in Dar es Salaam (December 2011), UNICEF reached more than 6,000 people with drinking water and sanitation and hygiene supplies. An important multi-year and multi-sectoral standby arrangement is being developed with the Tanzanian Red Cross. This partnership will ensure a rapid response capacity that can be immediately activated if an emergency happens.

IR 4550/A0/04/102/005 Improved sustainability of past Water Supply interventions (Non-UNDAP intervention)

**Progress:** The capacity development of Community User Groups for water facilities in Pemba and Magu that had been supported in the previous CP was concluded in the form of an additional/refresher’s training, which included instruction on well-disinfection by the communities themselves. At the national level, UNICEF is working with the Ministry of Water and SNV (Netherlands Development Organisation) to develop a national strategy to guide on sustainability issues. In addition, UNICEF is strengthening the capacity of the Community-Owned Water Supply Organizations and LGAs on sustainability principles and practices in WASH projects in two selected districts.

PC 103 - Children and AIDS

PCR 4550/A0/04/103 Support scale up of an evidence-based and comprehensive national HIV and AIDS response on HIV prevention and care, and support for Orphans and Vulnerably Children (OVC), with a clear focus on children, adolescents and young people, and other vulnerable groups

**Progress:** UNICEF supported the bottleneck analysis that informed the development of the eMTCT plan at the national and subnational levels, and provided technical support that enabled the country to make a decision to move from option A to B+, which will ensure access to ART treatment for life for all HIV-positive pregnant women. Furthermore, UNICEF advocated for the inclusion of option B+ in Global Fund Round 8, Phase 2.
UNICEF advocacy efforts ensured the visibility of adolescents within the national development agenda. Key achievements include the development of a national programming framework for adolescent girls that seeks to address three key challenges: HIV/AIDS, unwanted pregnancy, and sexual violence. A Situation Analysis on Adolescents Living with HIV and AIDS and Available Services was completed and will inform the development of comprehensive programmes for adolescents living with HIV.

The 2nd National Costed Plan of Action for Most Vulnerable Children was drafted and addresses the needs of children both infected and affected, with linkages to prevention, care and treatment services for children.

Joint efforts by UNICEF and UNFPA have resulted in the revitalization of the condom programming subcommittee, with two national-level stakeholder meetings held and key actions identified towards comprehensive condom programming.

UNICEF supported the development of key national strategic documents, ensuring alignment of national strategies to global commitments and priorities, including the Global Plan Towards the Elimination of New HIV infections among Children by 2015 and Keeping their Mothers Alive, the UNAIDS Getting to Zero strategy and the investment framework. UNICEF ensured that priorities for women, children and young people are adequately reflected in key documents under development: the National Multi-Sectoral Strategic Framework for HIV and AIDS (2013-2017), the Health Sector HIV Strategic Plan (2013-2017), and the National Plan of Action for Most Vulnerable Children (2013-2017).

In Zanzibar, UNICEF supported the development of a standard package of HIV services for key groups that will guide the future planning of HIV interventions to assist these groups to reduce their risk of HIV acquisition or transmission.

The cancellation of Global Fund Round 11 and the failure of the transitional funding mechanism (TFM) has major implications for the HIV and AIDS programme in Tanzania, as supplies, including ARVs and test kits, are procured through these resources. With the elimination plan, revised targets and the shift to option B+, more resources will be required to achieve the 2015 targets. It is expected that Phase 2, Round 8, if approved, will be able to cover supplies.

**On-track**

**IR 4550/A0/04/103/001** MDAs and CSOs reach and mobilize most-at-risk populations (MARPs) to utilize appropriate user-friendly HIV/AIDS services

**Progress:** UNICEF supported Zanzibar to initiate the process of developing a minimum package of HIV interventions for key populations, which include men having sex with other men (MSM), sex workers, intravenous drug users (IDUs), and prisoners.

UNICEF, in collaboration with WHO, the United States Centers for Disease Control and Prevention (CDC), and the Zanzibar AIDS Control Programme supported the development of Zanzibar National PMTCT Guidelines. UNICEF provided further technical support to Zanzibar to conduct a PMTCT bottleneck analysis for the development of a PMCT action plan.

UNICEF supported the two key non-governmental organizations (ZAPHA+ and ZAYEDESA) to provide HIV services to those affected and infected by HIV. Stigma and discrimination were addressed through sustained advocacy efforts with government and religious leaders and through community mobilization events. Resilience of children and young people infected and affected by HIV was strengthened through regular psychosocial support services and therapy sessions. A total of 642 children (324 males and 318 females) are provided with these services on a monthly basis through 10 children’s clubs located on the Unguja and Pemba Islands.

UNICEF supported ZAYEDESA to provide youth-friendly services and reproductive health and HIV services to MSM and sex workers through their four clinics. To date, 108 peer educators have been trained in the provision of services to key populations, with 6,764 reached through the four clinics and 1,587 sex workers and MSM provided with HIV services through community outreach.
Key challenges still exist in Zanzibar that affect the implementation and scale up of programmes targeting key populations. These include the legal and policy environment, which is not conducive for programming for key populations, high stigma and discrimination, poor coordination, fragmented activities, and limited access to services for key populations. UNICEF is supporting the Zanzibar AIDS Commission and Zanzibar AIDS Control Programme to address these issues through supporting the coordination of key population interventions and the development of standards and guidelines for the delivery of effective HIV services.

**IR 4550/A0/04/103/002 Relevant MDAs, LGAs and non-state actors effectively operationalize the National Costed Plan of Action (NCPA) for Most Vulnerable Children (MVC)**

**Progress:** UNICEF provided technical support to the development of the 2nd National Costed Plan of Action for Most Vulnerable Children (2013-2017). The new NCPA aims to ensure that MVC have access to basic social services, including protection from violence, abuse and neglect. This will include efforts to improve the quality, availability, and accessibility of services with an increased focus on prevention and early identification of MVC vulnerabilities. Efforts will also be made to improve access to HIV prevention, care and treatment services for MVC that are infected and affected by HIV. The new NCPA will be community-driven, and owned and managed by LGAs based on policies and standards set by central government. Strengthening and empowering the household and community will be at the core of the plan.

However, significant challenges exists in terms of meeting the needs of MVC in Tanzania, including orphans, with social welfare services in the country poorly resourced both financially and with regard to human resources, as the Department of Social Welfare receives 1% of the MoHSW budget and one Social Welfare Officer for over 100,000 children (refer to Child Protection Section for ongoing efforts to address these challenges).

As a result of strong advocacy efforts by UNICEF, relevant ministries, including the PMO-Regional Administration and Local Government (RALG) and the Ministry of Finance (MoF), have prepared specific commitments on how they are going to promote increased funding for MVC to implement NCPA across all relevant sectors.

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

**Progress:** UNICEF supported the Tanzania Commission for AIDS (TACAIDS) in collaboration with other key stakeholders, to develop a national programming framework for adolescent girls with a focus on building girls’ agency. UNICEF, together with TACAIDS, LGAs and the NGO Restless Development, have developed an adolescent girls intervention model following the national programming framework.

UNICEF strengthened the districts’ capacity for planning, coordination, monitoring and reporting on HIV and AIDS activities by building capacity at the regional level to provide supportive supervision, quality assurance, coaching and mentoring to districts. District HIV/AIDS Coordinators have been empowered and are effectively carrying out their duties. Capacities of council, ward and village-level Multi-Sectoral AIDS Committees have been strengthened for monitoring and reporting.

Through partnerships with NGOs and LGAs, UNICEF supported the establishment of 80 teen clubs in the Mbeya and Dar es Salaam regions, where approximately 3,000 girls have been empowered to protect themselves from HIV through peer education, life skills and livelihood education sessions. Some 448 girls were provided with livelihood training and income-generating activities.

Despite this progress, the coordination, prioritization and funding for prevention programmes, particularly those focusing on adolescents and young people, continues to be a challenge. Through the Development Partner’s Group on AIDS and the Technical Working Committees, UNICEF continues to advocate for adolescents and the allocation of resources.
IR 4550/A0/04/103/004 TACAIDS and the Zanzibar AIDS Commission (ZAC) provide effective guidance to the national HIV/AIDS response, based on evidence and as per agreed Human Rights standards

**Progress:** Given the emerging increase of adolescent survivors of HIV, with clinics reporting challenges faced by adolescents ranging from disclosure, adherence to treatment, psychosocial and reproductive health issues, and the fact that there are no special services, systems, strategies or policies in place that guide the support for Adolescents Living with HIV (ALHIV) in Tanzania, UNICEF supported the GoT to carry out a Situation Analysis of ALHIV and the services available to them. Findings from this analysis will provide insights for comprehensive programming for ALHIV, as well as baseline data and recommendations for providing age appropriate services for ALHIV.

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**PC 104 - Child protection**

**PCR 4550/A0/04/104 Focus on child justice, child protection systems strengthening and BR, to protect children from abuse, exploitation and violence in line with government commitments within frameworks of the Law of the Child Act (2009) and the national Poverty Reduction Strategy (PRS)**

**Progress:** A major achievement was the launch in August 2011 of the UNICEF-supported National Survey on Violence Against Children (VAC), accompanied by a set of Priority Response commitments delivered by seven sectors at the ministerial level. This was a landmark event: for the first time all key ministries publically acknowledged the extent of child protection concerns in Tanzania and made concrete commitments to tackle the problem. These priority responses would form the three-year National Plan of Action to Prevent and Respond to Violence against Children (2012–2015).

A set of seven regulations on the Law of the Child Act (LCA) 2009 were completed and have been gazetted by the Attorney General. The first draft of the Child Protection regulations was shared with key stakeholders for input. A new National Plan of Action for Most Vulnerable Children has been drafted, with a strong focus on child protection. Four districts have successfully implemented child protection system models, bringing together all key sectors to provide an effective response to violations. A Child Protection Management Information System (CPMIS) is currently being developed and piloted in the four districts. The district child protection model is also being costed and can be used to advocate for improved resourcing for child protection. With the Department of Social Welfare, UNICEF also developed partnerships with NGOs in Dar es Salaam to model permanent care solutions for street children.

UNICEF continued to support the Government to develop a long-term framework for legal reform, including developing a five-year strategy for progressive child justice reform, and strengthening systems to address children’s access to justice and juvenile justice and meet obligations for reporting on child rights. UNICEF supported the development and testing of the new under-5 BR strategy.

The Social Welfare Workforce ratio is one Social Welfare Officer (SWO) for approximately 45,000 children, while the Department of Social Welfare (DSW) receives only 1% of the MoHSW total budget. Duplications and overlaps between the Department’s mandate and those of the MCDGC have slowed progress. UNICEF is supporting DSW to address these challenges through the development of a draft child protection vision document to guide the development of the child protection regulations and clarify roles and responsibilities within the system. UNICEF also supported MoF, MoHSW and MCDGC to undertake a Public Expenditure Identification Survey, which exposed that only 0.1% of the budgets of the key line ministries for children is allocated for child protection.

**IR 4550/A0/04/104/001 Decision makers and communities understand issues concerning violence and abuse against children, including available protection services**
Progress: Following the launch of the VAC survey, moving from research into action, the national Multi-Sector Task Force on Violence against Children agreed to implement the key “Priority Responses” across a number of sectors: the Police, Justice, Education, Health and Social Welfare, HIV and AIDS, Local Government, and Community Development, including Civil Society and Religious Communities. These priority responses formed the three-year National Plan of Action to Prevent and Respond to Violence against Children (2012–2015). The objectives and specific targets of the National Plan of Action support and expand upon existing national efforts across sectors to prevent and respond to violence against children through building a national child protection system. The Plan is complemented by a Communication Strategy on VAC which aims to help decision makers and communities understand issues concerning the violence and abuse against children, including available protection services.

UNICEF continues to build broad-based partnerships with community-based networks, media, children and youth, and faith-based organizations in its communication interventions, to influence change in social norms that perpetuate violence and abuse against children. The efforts are empowering children from an early age with knowledge and skills for self-protection according to their evolving capacities. This is critical for enhancing their understanding of risks and their ability to take action, including by speaking out and reporting on incidents of violations. Communities are encouraged through the networks to adapt new social norms on caring for and protecting children. Starting with the four pilot districts, UNICEF is rolling out this communication model at the subnational level, with established District Child Protection Teams, to ensure linkages between community responses and the child protection services.

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

Progress: UNICEF is supporting the MoHSW-Department of Social Welfare in the development and approval processes of a set of regulations for the operationalization of the LCA. A set of seven regulations (on adoption, apprenticeship, approved schools, child labour, children’s homes, foster care placement and retention homes) have been gazetted and are ready for printing. The overarching Child Protection regulations and regulations for day care and crèches are under development. The regulations are key instruments in the implementation of work on child protection system strengthening at the LGA level. They will spell out the roles of SWOs, as mandated by the LCA, including the management (referral, investigation and care orders) of child protection incidents in collaboration with other relevant sectors in the Local Government. The remaining regulations are expected to be finalized by end of December 2012, before they are submitted for the Attorney General’s approval.

UNICEF's support to the Registration, Insolvency and Trusteeship Agency (RITA), responsible for BR in mainland Tanzania, enabled RITA to successfully field-test a new system that will significantly increase the BR of children under 5. The new system decentralizes BR and certification services closer to people’s homes through the LGA and health facilities; combines the initial two-way certification process into one; and makes data transfer and uploading more effective and efficient through the use of a mobile phone application in partnership with Tigo. Through its Under-5 Birth Registration Initiative (U5BRI), RITA is determined to institutionalize the new system, including making certificates for children under 5 free of charge, and it will progressively roll out the new system countrywide, starting with five regions. The initiative aims to increase the rate of birth certification from the current 6% in the mainland to 80% by 2016.

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

Progress: UNICEF, in conjunction with three NGOs (KIWOHEDE, Dogodogo and MAKINI), supported the MoHSW-Department of Social Welfare (DSW) to develop and pilot a care and protection model targeting children living and working on the streets of Dar es Salaam. This partnership focuses on emergency, short-term and long-term care (family reunification, kinship care, foster care and supervised independent living) and protection arrangements with family/community support solutions, rather than street life or long-term institutionalization. The model sets up a system of identification, case management, referrals, development and implementation of care plans, which involves rehabilitation, care arrangements and monitoring. The
intervention’s key elements include: coordination and collaboration, advocacy, awareness-raising, capacity-building of service providers, and service provision by different actors.

Lessons from the model will be scaled up. CSOs have been supported to network, meet regularly and ensure effective coordination and coherence in the delivered services.

Fifty girls and boys living/working on the streets trained as peer educators, along with sensitized community members, have been identifying eligible children and linking them to the services. The four satellites for children living and working on the streets, referred to as hot spot areas, are an innovation highly regarded by the children themselves and the community leaders as appropriate drop-in centres for children in need. A total of 20 girls and 10 boys have been reunified into their families/communities using methods such as family and community conferencing and linkages to community support systems for the families.

UNICEF also successfully advocated for the inclusion of children living and working on the streets into the 2nd National Costed Plan of Action for Most Vulnerable Children, as well as for ensuring that the PEPFAR implementing partners also address the needs of this group into their programming.

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

Progress: UNICEF supported DSW to carry out an assessment of existing data and systems on child protection and juvenile justice. The assessment helped to identify information gaps at both national and subnational levels.

UNICEF is supporting DSW to develop a comprehensive Child Protection Management Information System (CPMIS) that is linked with the new Child Protection Regulations of the LCA. The CPMIS will provide data related to Case Management, Juvenile Justice, Alternative Care, Institutional Care and other interventions such as awareness creation, sensitization and training activities.

The initial focus of the development of the CPMIS is on the District Case Management System (DCMS), which is helping District Child Protection Teams (DCPTs), especially the SWOs, to manage information on reported incidents, response plans and outcomes of the cases. The DCMS has an Analytical System that is designed to generate customized statistical reports on selected indicators. The system is currently being piloted in four districts where there is a functional child protection system. A preliminary report showed that the four districts had input 255 cases into the system. Of these, 162 were girls and 93 were boys. For 7% of the cases the perpetrators were prosecuted and found guilty. Twenty-seven per cent of the cases resulted in a child being reunified with his or her family. Forty-two per cent were linked to matrimonial dispute cases and resulted in the conflict being mediated, while 15% resulted in the family being able to take care of the child.

Efforts are also ongoing to harmonize the CPMIS to include monitoring of other plans that incorporate child protection interventions, including the 2nd National Costed Plan of Action for the Most Vulnerable Children. This will entail further consultations to ensure consistency with measurement criteria, definitions and formats.

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

Progress: The three government institutions (Institute of Social Work, Institute of Rural Development Planning, and Community Development Training Institute) have been oriented on Child Protection as a way to prepare them to mainstream child protection into their curriculums. All three institutions have agreed on the need to integrate child protection in their curriculums. They have also been facilitated to work together and agree on the steps required, under the coordination of the Institute of Social Work.

The MoHSW through the DSW, and the Ministry of Social Welfare Youth, Women and Children Development (MSWYWCD) in Zanzibar are being supported to develop national Child Protection Training Packages and
Facilitation Guides for their respective areas. Both Zanzibar and the mainland have agreed to update the available training packages in line with the national standards, including the child protection regulations, with support from both international and national consultants. Terms of reference for the consultants to develop the two manuals and train two teams of national facilitators from Zanzibar and the mainland have been drawn, and the process for recruiting the consultants is ongoing.

**On-track**

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

**Progress:** UNICEF supported MoEVT and MoHSW to integrate Child Protection into their national strategies, plans and programmes to ensure accountability for violence prevention and response in the education and health sectors, in line with the National Plan of Action to Prevent and Respond to VAC. The education and health interventions will be implemented across a number of programmes and through implementing partners in the Child Protection System Strengthening districts, as well as in districts where partners are implementing the 2nd National Plan of Action for the Most Vulnerable Children.

UNICEF supported the DSW to integrate Child Protection in the second National Costed Plan of Action (NCPA) for MVC (2012-2016).

In collaboration with MoF, DSW was supported to carry out a Public Expenditure Identification Survey aiming to demonstrate the proportion of budget allocated for child protection interventions in the country. This key first step will assist UNICEF and DSW in the costing of the child protection system model. The report will inform the Government’s key ministries on priority responses and provide guidance in the development of respective budget guidelines.

At the subnational level, UNICEF provided technical assistance to the four pilot districts through partnerships with two organizations, Save the Children and International Rescue Committee (IRC), to establish referral pathways to respond to cases of child violence, abuse, neglect and exploitation. The technical capacities of the District Child Protection Teams and collaborative community-based structures were strengthened to effectively identify, prevent and respond to the cases. The districts have strong commitments to child protection, reflected in their plans and Mid-Term Expenditure Frameworks (MTEFs). The model has been adopted and replicated by another NGO (Pact) in an additional two districts.

**On-track**

**IR 4550/A0/04/104/007 International treaty obligations on CRC, CEDAW and Optional protocols – reporting and follow-up.**

**Progress:** UNICEF provided technical and financial support to MCDGC—the lead Ministry responsible for reporting to the Committee on the Rights of the Child—to prepare its consolidated 3rd, 4th and 5th report on the Convention on the Rights of the Child. Support enabled MCDGC to bring on board key ministries for the drafting process and to consult with a wide range of government agencies, CSOs and children. Funding was also provided to MSWYWCD in Zanzibar to ensure that the situation for children in both territories was reflected in the State report. The report was submitted by the Government within the deadline (January 2012).

UNICEF advocated for the specific situation of children to be addressed in the National Human Rights Action Plan. The final draft plan has two distinct sections for children that address awareness on child rights, child protection and children in conflict with the law. The commitments of key ministries in the plan reflect reform steps that are essential for the establishment of child rights-compliant child protection and child justice systems.

With the establishment of the Tanzania Child Rights Forum—a coordinated network of child rights NGOs—engagement at the national and local levels will be pursued for the purpose of promoting implementation of the LCA and international standards. UNICEF supported a core group of NGOs to develop the mandate, structure and strategy for the forum, which was officially registered as an NGO in May 2012. UNICEF will continue to supporting the forum to build the capacity of its members on child rights advocacy, to establish a web-based mechanism to monitor children’s rights, and to draft the alternative report for the Committee on
the Rights of the Child.

**IR 4550/A0/04/104/008 GoT Justice System better protects the rights of women and children in contact/conflict with the law and is better able to respond to their needs**

**Progress:** UNICEF supported the Ministry of Constitutional and Legal Affairs to undertake an analysis of the situation of children in conflict with the law and an assessment of access to the justice system for under 18s. UNICEF supported the ministry to convene the Child Justice Forum to develop a vision for the child justice system and a Five-Year Strategy for Progressive Child Justice Reform (awaiting high level adoption). The Ministry of Home Affairs (Police and Prisons), Department for Public Prosecutions, and Commission for Human Rights and Good Governance have included child justice activities into their annual workplans.

UNICEF supported the Commission for Human Rights and Good Governance to undertake an inspection of places of detention holding children. The report was launched in August 2011, at which time key ministries made commitments to implement the recommendations. UNICEF supported the development of child protection policies and procedures for juvenile detention centres and prisons, the building of the capacity of detention centre personnel and prison staff to implement these procedures, and the development of a rehabilitation programme for the one juvenile detention centre in the country.

UNICEF also supported the development and piloting of monitoring tools for inspection bodies and a centralized database for the effective tracking of progress.

A community rehabilitation programme that will provide an effective community alternative to custodial sentences and pretrial detention for 10-17 year olds, as well as a legal assistance programme targeting children in detention and children coming before the Juvenile Court, were launched.

Working with UN Women, UNICEF supported the police in establishing Gender and Children’s Desks in three districts. It did so by assisting with the development of standard operating procedures on the handling of cases of gender-based violence (GBV) and child abuse, and guidelines on the establishment and operation of the Gender and Children’s Desks. Ninety desk officers were trained. UNICEF also supported the development of a child protection module for police.

In Zanzibar, the MSWYWCD was supported in conducting an assessment of the juvenile justice system and the development of a vision for reform.

**PC 105 - Education equity and quality**

**PCR 4550/A0/04/105 Contribute to the realization of MDGs 2 and 3, the United Nations Girls Education Initiative, and Education for All through education systems capacity development, by enhancing learning and the school environment and by focusing on equity, gender and skills**

**Progress:** During 2011-2012, UNICEF maintained a focus on improving the quality of learning in primary schools. To improve teachers’ competencies, 2,052 teachers (20% of teachers in the seven Learning Districts (LDs) of the previous CP) were equipped with improved general teaching in English and maths through the pilot school-based In-Service Teacher Education and Training (INSET) programme. This will benefit an estimated 90,000 primary school children. Quality assurance at the school level was strengthened through the deployment of Ward Education Coordinators (WECs) to all schools in the seven LDs.

Significant momentum was achieved in ECD: five ministers publically signed a declaration on ECD, signalling a government commitment to expand and improve ECD services. This will impact all children aged 0-8 years in Tanzania (approximately 9 million). Despite this progress, the ECD Policy is yet to be approved.

To expand alternative learning opportunities to young people who missed out on formal education. UNICEF
supported the roll-out of the Integrated Post Primary Education (IPPE) programme in the seven LDs and three centres in Mwanza district. Twenty-eight wards took part in the programme (21% of wards in the seven LDs) and 843 students were equipped with key academic and vocational skills.

To improve capacity to respond to the need for Education in Emergencies (EiE), an EiE facilitation cadre was put in place at the national and subnational levels. As a result, 30% of schools in the seven LDs included emergency response activities in their school plans.

During the first year of implementation of the CP there were three main constraints. First, there were delays in funds disbursement to key national and subnational implementing partners—namely, the Ministry of Education and the District Councils of the seven LDs caused by the use of the Government’s Exchequer system. UNICEF followed up closely with its partners at the national and subnational levels to identify blockages within the system. Second, there was a lack of government resources to support some of the interventions highlighted above, such as the scaling up of the INSET programme by District Councils. UNICEF continued to call for additional funding for this programme in key sector dialogue forums.

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

**Progress:** UNICEF supported the roll-out of Integrated Post Primary Education (IPPE) reaching 843 students in 28 wards of the seven LDs (21% of the wards were covered). Specifically, support was provided for: the review and printing of training materials; the training of facilitators; and the establishment of a district training pool. UNICEF contributed to high-level advocacy for increased budgetary allocations through support to the National IPPE Steering Team, which is chaired by an influential Director and Directorate within MoEVT. As a result, the Government elected to fund several activities, including the development of training modules. The programme gained wide recognition—UNESCO has decided to use the IPPE modules in its work to support the skills development of girls who have dropped out of school due to pregnancy.

The teacher guidelines on care and support for children with albinism was also completed.

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

**Progress:** UNICEF supported MoEVT to implement the school-based INSET programme in seven districts. The pilot programme ended in June 2012 and is due to be evaluated next year. Twenty-one per cent of teachers (2,052) in those districts were trained on general pedagogy, mathematics and English. An estimated 90,000 children from 141 schools benefited from improved teaching and learning practices in the classroom. At a high-level meeting supported by UNICEF, the Government committed to scaling up the programme nationally. Other development partners active within the teacher education area (DFID and USAID) approached MoEVT and UNICEF to explore ways in which they could support the scaling up and strengthening of the programme.

The pilot phase of the INSET programme for pre-primary teachers and ECD centre care-givers also began. Ninety heads of day care centres, 90 heads of primary schools, 90 pre-primary teachers and 90 ECD centre care-givers commenced their training on the use of age-appropriate methodologies and modules and on the early identification of special needs. The pilot is covering approximately 10% of pre-primary and ECD centres in the seven LDs and the additional districts of Kibaha and Monduli. Though the pilot is due to end next year, these carers and teachers are already reaching at least 8,000 children aged between 3 and 6.

In Zanzibar the INSET module in science and technology was developed together with teacher training colleges.

**IR 4550/A0/04/105/003 Relevant MDAs operationalize national policy on Integrated Early Childhood Development (IECD)**
Progress: UNICEF, in partnership with other agencies, supported the Government to host a high-level IECD forum. As a result of the forum, five ministers from the Ministries of Finance; Community Development, Gender and Children; Education and Vocational Training; Health and Social Welfare; and Local Government signed a Declaration signalling the Government’s commitment to IECD. Despite this commitment, the IECD Policy is still not approved. As the ECD Sector lead, UNICEF is supporting re-establishment of the ECD Technical Steering Committee meetings through the MCDGC, which would build awareness and capacity at the ministerial level to influence and speed up approval of the policy.

UNICEF also supported the training of a National ECD Resource Team in Zanzibar to build capacity for the planning and management of ECD in Zanzibar. In addition, through its advocacy, UNICEF secured the agreement of the lead ECD Ministry—the Ministry for Social Welfare, Youth, Women and Child Development—to include ECD within the new Child Development Policy that is currently under review.

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

Progress: With UNICEF support, the functionality of the Inspectorate Department at the Ministry of Education and Vocational Training was improved through the review and adaption of the inspectors’ tools, including an updated school inspection checklist. A digitalization of the system is ongoing and aims to simplify the collection and consolidation of school inspection reports through an Inspectorate Management Information System (IMIS) online database. The database will enable remedial actions to be taken at the school, community and district levels and make information easily available for the public and for decision makers. The IMIS database will be integrated with other systems, including the Basic Education Management Information system (BEMIS), which forms a ‘sister’ database comprising of consolidated school performance reports.

Capacity activities were conducted on whole school development planning. In six of the seven LDs (excluding Bagamoyo) all District Education Officials (90), Ward Education Coordinators (280), Head Teachers and School Committee Chairpersons (680) were trained on how to develop school plans and mobilize resources from various stakeholders, including the private sector. UNICEF supported school-based peer education clubs (TUSEME) on gender and empowerment in 10 districts. Approximately 10% of boys and girls from those districts (27,150 pupils) were supported by their teachers (1,446) to speak out on the issues that concern them and to advocate for improved education provision.

In Zanzibar, technical assistance was provided to initiate a process to reform the school inspectorate system with a view to making it a more effective quality assurance body.

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

Progress: A draft manual on EiE was developed. Capacity-building through the training of a National EiE Facilitation team, as well as District Education Officers, Ward Coordinators, Head Teachers and School Committee Members in seven districts also took place.

Specifically, in the seven learning districts, all Ward Coordinators (about 240); District Officials (300); Head Teachers (840) and School Committee Chairpersons (840) have been trained on how to plan and respond to emergencies. As a result, 30% of the districts’ schools have emergency response activities included in their school plans. In addition, all officials of a disaster-prone district were supported in improving their capacity for emergency preparedness.
**PC 106 - Social policy analysis and development**

**PCR 4550/A0/04/106**

Influence the design of policy, legislative and budgetary frameworks geared towards the realization of children’s rights, including in the area of social protection, in an equitable manner.

**Progress:** Progress continues to be made around social protection, although only slowly and irregularly. The long design phase of the new Tanzania Productive Social Safety Net (PSSN) programme concluded with the launch by President Kikwete of its first five-year implementation phase. The PSSN seemed to be attracting attention and support from a number of donors and development partners, but as it moves towards roll-out it remains an initiative supported largely by the World Bank alone.

In Zanzibar, concrete steps were taken during 2011-2012 towards the conclusion of the Zanzibar Social Protection Policy (ZSPP); once approved, the ZSPP could provide an overarching framework to promote better coordination of the currently fragmented small-scale interventions, something which is still missing on the mainland with the lack of progress on approving the long dormant National Social Protection Framework.

Important achievements of the reporting period to which UNICEF contributed also include:

- The finalization of the national population and housing census 2012 tools.
- The implementation of national surveys, such as the Household Budget Survey and the Tanzania HIV and Malaria Indicator Survey.
- The Public Expenditure Identification Study (PEIS) on Child Protection, which provides benchmarks on the allocations of MDAs and LGAs to activities aiming to prevent and/or respond to abuse, violence and exploitation against children.
- A review of public expenditures on nutrition, which will provide a baseline for monitoring future allocations in coming years (in progress).

**IR 4550/A0/04/106/001**

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

**Progress:** Despite the absence of a national policy framework or overarching strategy in social protection, UNICEF has made several contributions including engagement with the Tanzania Social Action Fund (TASAF) and donors on the design and roll-out of the Productive Social Safety Net (PSSN) programme, which is expected to provide sustained support to about 250,000 households over five years. The conditions for accessing PSSN benefits imposed on households have been significantly reduced, enabling all participating households to receive an unconditional benefit. In addition, UNICEF led efforts to assist TASAF in conducting a supply-side capacity assessment to assess the effect of conditionality on targeted households.

In collaboration with the International Labour Organization (ILO) and national partners led by MSWYWCD, UNICEF has played a lead role in the development of the Zanzibar Social Protection Policy. A critical enabling factor has been the strong leadership by the Revolutionary Government of Zanzibar, supported by a multi-sector Technical and Steering Committee comprised of Permanent Secretaries and technical staff from various ministries. The policy is expected to be drafted by the end of 2012.

Key constraints include the absence of an approved policy framework governing social protection interventions in the country. Also, the draft National Social Protection Framework (NSPF), revised in early 2011, is still not endorsed by the Cabinet. Plans to revisit the framework in its current form remain unclear; efforts will need to be pursued in the forthcoming year to understand the way forward and the role of the UN in this process. Since the approval of the World Bank loan for implementation of the PSSN, the attention of TASAF has shifted towards laying the groundwork for its start-up.

Due to competing priorities within TASAF, the supply-side capacity assessment was delayed.
IR 4550/A0/04/106/002 (Governance, WG, UNDAP Outputs) Policies, strategies and budgets prioritize children and women

Progress: UNICEF’s support was pivotal to ensuring social sector budgeting, both in Zanzibar and the mainland, includes more spending for children. To this end, actions included:

- Completion of a report on the Prioritization of Children in National Budgets for Tanzania and dissemination of the results among key stakeholders.
- Together with other Development Partners (DPs), the production of Sectoral Briefs on the prioritization of children in health and education and their inclusion in the Rapid Budget Analysis 2011-2012.
- Sensitization of 60 key stakeholders from the Budget Guideline Committee to the Ministry of Finance (MoF) in the mainland; and, from Zanzibar, the Public Expenditure Review Group on Children, the Children’s Agenda Forum, key stakeholders on sectoral analysis (health, education and emerging policy priorities as per the LGA) and Children’s Act; and the inclusion of child-related priorities in the Budget Guidelines 2012-2013 for Zanzibar.
- Final report on the Public Expenditure identification study on child protection for the mainland.
- Capacity of key stakeholders from MSWYWCD, the President’s Office and other key ministries in Zanzibar built in the areas of planning and budgeting for children.
- Strategic planning on the implementation of the Children’s Act completed, including the establishment of a policy and budget coordination mechanism for children in Zanzibar.
- Public Expenditure Review of Nutrition in the Tanzania mainland is undergoing preparation.

National fiscal space for children remains limited and externally-funded. Inequities in budget allocations for the different sectors persist, partly caused by the slow reform of the Decentralization by Devolution (D by D) policy for Tanzania, as well as the pending adoption of the Devolution policy for Zanzibar. The national policy dialogue structure in Zanzibar does not allow for the systematic and comprehensive review of policies and budgets for children and new priorities are mostly donor-funded.

IR 4550/A0/04/106/003 Quality data on children provided to support improved monitoring and analysis of women and children’s status and programmes.

Progress: In support of the Tanzania Statistical Master Plan (TSMP), UNICEF provided technical advice in the process of reviewing progress on implementing the 2011/2012 TSMP annual plan and finalizing the 2012/2013 annual TSMP workplan. UNICEF also supported the process of finalizing the ten years national census and survey calendar 2012-2022, and provided technical advice and financial support in the preparation and implementation of the 2011/2012 Household Budget Survey (HBS), the 2010/2011 National Panel Survey (NPS), the 2011/2012 Tanzania HIV/AIDS Malaria Indicator Survey (THMIS), and the 2012 Population and Housing Census (PHC). Data collection tools for all these surveys and censuses were reviewed and children issues such as albinism, disability and BR were included. The various types of water and sanitation categories in the censuses were harmonized to align with those used in national surveys.

It took a long time to set up the TSMP funding mechanism, i.e., the basket and parallel funding. Procurement processes for equipment and hiring a consultant were generating significant delays due to a lack of capacity in the National Bureau of Statistics. However, the recruitment of a procurement consultant has been planned.

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

Progress: UNICEF supported the evaluation of the Tanzania Socio-Economic Database (TSED), a data repository system of social and economic indicators hosted by National Bureau of Statistics (NBS) and designed as a tool for monitoring MDG progress. Recommendations were given on how to improve the tool to
facilitate access and utilization of data by decision makers and key findings have been integrated into the preparations of the 2012/2013 Tanzania Socio-Economic Database and Tanzania Statistical Master Plan 2012/2013 workplans.

Routine TSED activities were conducted by National Bureau of Statistics (TSED Unit) in updating the database and providing support to focal points in sector ministries.

The Cities and Children report was completed and distributed to stakeholders (NGOs, CSOs, private companies, research and academic institutions, the media, and children groups) who will use it to facilitate debates on issues of urbanization and its impact in Tanzania.

Key issues continue to impede the widespread utilization of data among key decision makers. In the case of TSED, critical bottlenecks include the low frequency of updates of the database and a lack of sufficient capacity of the National Bureau of Statistics/Office of the Chief Government Statistician and Zanzibar ICT infrastructure to host the TSED web version. Statistical literacy and use of the data are also limited.

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

**Progress:** UNICEF has continued to advocate for children’s rights in partnership with the Children’s Agenda (CA). Building on the outcome of the CA strategic planning meeting in 2011, the Children’s Agenda Strategy 2012-2015 was finalized. Key activities included the production of a guide on Budgeting for Children in Tanzania and an Advocacy Toolkit. These tools will support CA members in planning and implementing effective advocacy to advance and protect children’s rights, more specifically in regards to the Top Ten Investment areas. The CA also launched a series of media seminars/field visits on selected Top Ten Investments to share information on key achievements and challenges as well as to build capacity among media practitioners to produce ethical and quality programmes and features for/about children. Advocacy Briefs for the Top Ten Investments for children have been drafted and will be presented to different stakeholders in early 2013. The Ministry of Community Development, Gender and Children (Chair of the CA) signed a letter of commitment expressing its support to the CA and requesting district authorities to support the implementation of activities across the country.

In parallel to the 2012 State of the World’s Children (SOWC) report, UNICEF Tanzania drew attention to the challenges of urbanization and its impact on children by producing the report ‘Cities and Children: The Challenge of Urbanisation in Tanzania’. The main report was accompanied by a version for adolescents, which includes questions for feedback to be shared through social and traditional media—it was distributed through the Government, CA members and district offices.

The Young Reporter’s Network (YRN) expanded, with 150 young reporters having been trained. A CA partner, Mwanza Youth and Children Network, negotiated the YRN’s first TV programme. One free hour of airtime per week will be produced by the young reporters, who are also members of the local Junior Council.

**PC 107 - Emergency preparedness and response/Field coordination**

**On-track**

**PCR 4550/A0/04/107** Subnational management capacity to effectively lead national Emergency Preparedness and Response (EPR), with a focus on areas most susceptible to disasters, and provide support to refugee programmes in north-western Tanzania

**Progress:** Overall, UNICEF contributed to actions which ensured that children’s issues were better reflected in national and subnational actions in planning, emergency preparedness/response, and response to refugee situations. On the policy side, progress was made to revise national EPR guidance and procedures so that issues of children are better reflected. At the subnational level, the first group of disaster-prone districts
developed EPR plans with consideration of issues affecting children and these plans are in place to ensure an earlier and more holistic response to disasters in the future.

Linked to EPR planning, work commenced to develop tools and a procedure for better communication at the national and local levels during emergency situations, as poor communication or miscommunication in past emergencies has been identified as a key challenge.

In actual response to disasters, UNICEF supported the response to a ferry accident off the coast of Zanzibar and a flood in Dar es Salaam, ensuring basic supplies reached around 1,000 families within 48 hours. Support was also provided to ensure that basic services reached refugee children along the Burundi and Democratic Republic of Congo borders where 100,000 refugees are encamped. In the area of development planning at the subnational level, UNICEF worked closely with government authorities to select regions with lagging child indicators. The first annual workplans were completed and UNICEF funds and technical assistance began to be disbursed to six districts in three regions. At the same time, work commenced to evaluate the effectiveness of the system for local government planning, budgeting, monitoring and reporting, and these findings will inform the review and revision of these systems.

Aside from some delays in the disbursement of funds and the need for more consultation before starting some work. While the two emergencies that occurred revealed the value of having some supplies stockpiled, coordination gaps were revealed between the local and national governments. These lessons learned were discussed and were expected to inform preparedness for future emergencies.

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

**Progress:** A baseline survey on communities’ perception on emergency information flow, key messages and relevance of information was kick-started, with completion of the inception report after a desk review and meetings with stakeholders.

This activity was delayed due to the review of the selection process for the consultancy work. The office decided to contract an institution rather than an individual, due to the nature of the work.

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

**Progress:** UNICEF provided technical assistance to the cross-sectoral coordination mechanism for emergency assessments, planning, and information-sharing in both governments—mainland and Zanzibar. Emergency Focal Points from five districts were oriented on emergency rapid assessment tools and emergency reporting templates to ensure a timely and effective response during emergencies. In five disaster-prone regions on the mainland and in Zanzibar, risk, vulnerability and capacity assessments have been completed, leading to the development of five Emergency Preparedness and Response Plans (EPRPs).

Knowledge and skills on Nutrition in Emergencies have been increased following Masters Trainings conducted for 32 participants from the Government, NGOs and UN agencies.

The revision of the guidelines on Cholera was finalized and translation of the guidelines into Kiswahili was completed. Sensitization and orientation for WASH in emergencies, including practical cholera guidelines for LGAs, was done in Tanga region. The training of sanitation artisans was conducted in two districts most affected by cholera.

The response to the Dar es Salaam floods in December 2011 was undertaken in collaboration with the Tanzania Red Cross, with 1,000 families who lost their homes being moved to temporary shelters in schools and UNICEF supporting them with relief items (blankets, jerry cans, soap) as well as temporary latrines. UNICEF also responded to a ferry accident near Zanzibar.
There were some delays in the release of funds using the national exchequer system, as well as some delays from partners in clearing previous disbursements. While a formal agreement was not yet in place (but was under discussion) to respond to the flood, close partnership with the Red Cross meant that UNICEF supplies in stores were released within 48 hours after the flood by arrangements via e-mail and phone call instructions. The draft agreement for future emergencies was finalized after the flood.

**PC 110 - Cross-sectoral costs**

**PCR 4550/A0/04/110** Cross-Sectoral National Support for the implementation of the Country Programme and for Delivering as One UN

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

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IR 4550/A0/04/107/003 Ministry of Finance and Economic Affairs (MoFEA) and PMO-RALG operationalize the simplified and integrated Planning, Budgeting, Monitoring and Reporting (PBMR) guidelines and tools in LGAs

**Progress:** There was a delay in achieving the intended result due to the prolonged consultation process with the Government on the best way to undertake the assessment of Planning, Budgeting, Monitoring and Reporting (PBMR). Nevertheless, all the basic groundwork has been completed to enable the assessment of PBMR to take place in November 2012.

As stated above, more consultation with the Government was needed before this work could begin, but the delayed start ensured a clearer common understanding of what the outcome will be.

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

**Progress:** UNICEF continued to ensure access to basic services to around 100,000 refugees from DRC and Burundi still living in the refugee camps in north-western Tanzania.

In Nyarugusu camp, early pregnancy dropped from 78 to 63 cases between 2011 and 2012. There have been no changes in the primary school dropout rate (3%), net enrolment rates (98%), attendance rate (98%) and gender parity ratio (1:1).

Mid-upper arm circumference (MUAC) screening was conducted in Nyarugusu camp covering 11,057 (93%) children aged 6-59 months. Two trainings for health staff on the management of acute malnutrition and essential nutrition actions were conducted. Vitamin A supplementation, deworming and micronutrient supplementation interventions were supported. The screening of women for syphilis, HIV and PMTCT services was done at the first antenatal care visit. Thirty-five health staff from the Mtabila and Nyarugusu camps were trained on family planning and oriented on Kangaroo methods for the better care of preterm babies. A total of 40 health staff members from Mtabila and Nyarugusu were trained on neonatal resuscitation. A total of 10,000 reproductive child health cards were printed and Tetanus Toxoid vaccines procured. No maternal deaths were reporting during deliveries.

A total of 246 cases, mainly on child disability, GBV, neglect and exploitation, child abuse and sexual violence, have been reported in the two camps, and 242 referral cases, mainly on sexual and gender-based violence (SGBV), have been dealt with by the community members and church leaders. Children and youth have a better understanding about where and how to report child rights violations, including abuse and neglect. A functional case management system and referral system for both Mtabila and Nyarugusu camps has been established, and key service providers mapped.

The prolonged closure in Mtabila camp required ongoing revisions of support and staffing requirements.
IR 4550/A0/04/110/002 Programme implementation in Zanzibar is supported by efficient programme and operational support services

On-track

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

**Progress:** Technical support provided to the implementation of IMEP 2012-2013, including coordination of the evaluation of UNICEF cooperation in the seven learning districts and support to the evaluation of the Tanzania Socio-Economic Database (TSED). Contributions to sector M&E work has been provided on an ongoing basis, including support to the development of an M&E plan for the National Plan of Action for Violence Against Children and the review and adaptation of inspectorate tools for the Education Sector Management Information System (ESMIS) architecture.

The office continued strengthening its internal learning and sharing systems by continually updating its knowledge management (KM) tools with relevant resources. The CO also developed and implemented an office-wide KM accountability framework and minimum standards for sharing.

To support dynamic knowledge exchanges with development stakeholders and government counterparts, the office developed and deployed a Portal of Knowledge on Children. The portal has five different components: Wiki, Discussion Board, Digital library, Indicator Database, and Expertise Rosters addressing different sets of knowledge.

As part of the overall resource mobilization strategy, the CO has developed sector-specific fundraising strategies for Child Protection, Health and Nutrition, HIV and AIDS and Water and Sanitation, with action plans to meet fundraising goals.

In addition, the Tanzania CO is actively seeking National Committee (NatCom) support through participation in thematic donor toolkits and strategic donor visits. In April 2012, the office developed and launched four Natcom Donor Toolkits for each of the Focus Areas (Young Child Survival and Development—YCSD, Education, Child Protection, and Children and AIDS).

The office has continued to maintain timely and quality donor reports.

On-track

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

**Progress:**

PMEWG: UNICEF drafted the One UN knowledge management strategy accompanied by a two and a half years workplan. Consultations with different working groups and final approval of the strategy will take place the workplan for UNICEF support to national evaluation capacity development is ongoing, including collaboration with the Tanzania Evaluation Association (TanEA) for supply-side strengthening.
Effective Governance Structure

The CO held an all-staff retreat in February 2012 to discuss office objectives and priorities for the first year of implementation (July 2011-June 2012) of the new CP. The CO also held a Country Management Team retreat to define the strategies of UNICEF engagement at subnational level.

CO objectives and priorities are defined in the Annual Management Plan, oversight structures are in place and functioning, and the CO Field and Coordination section is responsible for the office’s emergency risk management.

The Country Management Team (CMT), which meets monthly, is the main management advisory committee to the Representative on the overall CP implementation and UN Coherence. Management reports with key Programme and Operations performance indicators are prepared on a monthly basis and monitored during CMT meetings. The reports are prepared with information available from the Performance Management System.

The CMT has taken major initiatives to improve Operations and Programme Management performance, including Harmonized Approach to Cash Transfer (HACT) implementation, and it is in the process of reviewing several office Standard Operating Procedures (SOPs). Various presentations and workshops have been carried out with staff at all levels on the HACT modalities and assurance activities, as well as on the new SOPs.

Other statutory office committees are in place to monitor programmatic and management performance indicators and ensure that UNICEF and UN rules and regulations are followed. The CO also maintains Task Forces on strategic areas such as Gender, ECD, Fundraising, etc.

The last internal audit for the Tanzania CO was conducted in 2007, before the introduction of the ‘governance’ element in the audits. The next audit will take place in February 2013.

Risk mitigation is an underlying feature in the operations of the various office committees, which include the country office’s Senior Management Team, Country Management Team, Programme Management Team, Programme Cooperation Agreement Review Committee, Contract Review Committee, etc.

The CO continued to pursue the identification of new office premises, due to the increased vulnerability (proximity to a power plant, a new construction site, located on a busy main road with very short stand-off distance) of the current premises. The office is expected to move to a temporary location by the end of December 2012.

Within the context of the United Nations Development Assistance Plan (UNDAP), UNICEF actively participated in the UN Country Management team, UN Operations Management Team and in various programme working groups.

Strategic Risk Management

The CO reviewed and updated its Risk Control Library, Risk Profile and Action Plan for Risk Management, with the full participation of all staff, and it will continue to review them on an annual basis.

The office emergency preparedness plan was updated in June 2012 and several key actions online were updated throughout the year as required—updating is coordinated by an emergency focal point but is done by each section in their relevant technical area. The early warning online system was also update periodically based on feedback from the Regional Office and HQ. The UN contingency plan was update in December 2011 and this was approved by the UN heads of agencies. A key component of preparedness is contingency relief items that are procured by UNICEF and stored in government warehouses in various locations on the mainland and in Zanzibar. These were drawn on during the year for floods and for the response to the ferry accident. A contingency partnership cooperation agreement with the Red Cross is in place and outlines the thresholds for action and the first critical steps to be taken when a crisis hits in order to save time in the first
48-72 hours of crisis.

All parts of the CP contribute to regular updates of the Early Warning Early Action system. The primary business continuity recovery site for the office used to be the UNDP offices in Kinondoni. Due to heavy flooding in December 2011, the UNDP offices were displaced and they are still located in temporary accommodations while a site for the new permanent offices is sought. An update is thus underway to accommodate the implications of these events.

The CO is represented on all major committees and task forces within and among the Government and development partners and the other UN bodies. Changes in the internal and external operating environment are identified and the appropriate responses put in place.

**Evaluation**

The CO maintains an Integrated Monitoring and Evaluation Plan (IMEP) to ensure coordination of its workplan of studies, surveys, evaluations and national M&E support activities. Ongoing work within the IMEP is discussed within the IMEP Office Committee and the office maintains a peer reference mechanism for the review of draft Terms of Reference (TORs), inception and final reports. Completed evaluations undergo a management response to facilitate accountability and the tracking of actions against recommendations. To enhance management’s demand for evaluations, the CO is seeking to balance project evaluations with key evaluations with the potential for influencing programme strategy. A forthcoming evaluation of two mobile health pilot projects will support the CO’s positioning on the use of technology as part of its programming, and a planned evaluation of the CO’s advocacy function will seek to strengthen the intervention logic guiding UNICEF’s advocacy work in Tanzania and how different strategies influence target audiences.

In 2012, two key evaluations were completed reviewing UN support to the implementation of the Tanzania Socio-Economic Database (TSED), the DevInfo-based platform supporting the monitoring of human development indicators, as well as UNICEF’s support to the seven Learning Districts (7LDs), and the area-based programming approach under the previous CP. Key findings from the evaluation of the TSED emphasized the database’s position as the most comprehensive repository of human development indicators in Tanzania, but underscored that the need for a more systematic process to gauge user needs and improved strategies for its coordination and maintenance. Working together with the National Bureau of Statistics (NBS), UNICEF and UNDP have utilized the evaluation’s findings to scope its support for TSED over 2012-2013, with a focus on improving the timeliness of the database’s updates and usability.

In addition, UNICEF concluded an evaluation of its support to the seven LDs to assess the effectiveness of the area-based programming approach. This appraisal, providing many positive findings on the role of UNICEF assistance at subnational level, also highlighted the dispersed nature of the programme’s impact in terms of scale, coverage and coherence. Key findings from the evaluation, as well as UNICEF’s renewed focus on equity, have informed the scope of a new strategy for subnational support; one that broadens the geographic scope beyond the district-level support to also include community-based programming at the community level, greater integration of NGO partnerships with district planning processes, and improved monitoring and evaluation systems linked with the roll-out of the Monitoring of Results for Equity System (MoRES) at subnational level.

UNICEF initiated discussions with the Tanzania Evaluation Association (TanEA) to strengthen national evaluation systems and capacities through improved professional capacity and information exchange. Support to TanEA will be focus on diversifying and expanding the TanEA membership base through key conference events with emphasis on methodological, thematic and emerging issues, and facilitating linkages with key line ministries, development partners, NGOs and the private sector to promote the role of evaluation within the managing for development results agenda.
Effective Use of Information and Communications Technology

Mobile phone-based solutions were piloted to improve the quality of health care and service uptake, and to generate service data to assess programme performance. Furthermore, UNICEF supported the development of a Birth Registration Information System (BRIS) to facilitate real-time capturing, transferring, and presentation of birth registration information using mobile technology and a web-based Manager’s Dashboard.

Office ICT infrastructure and applications have been further strengthened to provide more efficient and reliable services and user support. Also, ICT maintained a high degree of service availability and data security in the system by improving a virtualized cooperative server set-up with a central storage system.

In adherence to the latest global standards, efficient workstations were provided to all staff. This has been done in partial fulfilment of VISION access facilitation. The primary data connection through an EMC satellite network remained unchanged to facilitate faster VISION traffic flow between user desktops and global SAP servers. A spare Internet connection as well as alternate access methods were arranged to cater for anticipated bandwidth demand that could result from the allocation of VSAT bandwidth for VISION transactions.

ICT was able to take necessary measures to facilitate VISION training and took the lead in providing service manager orientations to the super-user group. Throughout the year, ICT took the lead in providing VISION user support and troubleshooting assistance to staff, covering all areas such as Travel, Human Resources, Finance/Administration, Programming, Supplies, and Funds Monitoring and Management.

In responding to the increasing global UN staff security concerns, the office improved the radio coverage of its VHF network to ensure that the requirements of the Minimum Operating Security Standards (MOSS) for communications are met.

The office maintained an up-to-date ICT inventory and dealt with the phase out of expired items through the Property Survey Board. ICT inventory has been reviewed and reconciled to reflect the latest updates and status of ICT assets.

The Business Continuity Plan, Disaster Recovery Plan and Early Warning Early Action plans were updated and new arrangements have been made to strengthen the emergency readiness of the ICT functions in the office. The data backup system was revised and strengthened to ensure disaster recovery readiness with regard to critical data.

Fundraising and Donor Relations

The office continued to place significant importance on reporting to donors in a timely fashion, with all 32 (100 per cent) donor reports submitted on time during the reporting period. A structured mechanism is in place for the timely submission and quality assurance of donor reports, which includes a standardized template and a checklist for donor reporting. Field visits were regularly undertaken to collect human interest materials to be included in all donor reports sent to National Committees.

The office has mobilized 85 per cent (USD 14 million) of its planned Other Resources (USD 17 million) during the reporting period. About USD 1.5 million in OR was rolled over from the previous CP. Although bilateral contributions have slightly decreased compared to the previous year, contributions from National Committees have increased fourfold. As part of the United Nations Development Assistance Plan (2011-2015), UNICEF received USD 3.8 million from the One UN Fund.

Utilization of funds and expiring grants are closely monitored through a set of office indicator reports reviewed during monthly Country Management Team meetings. This mechanism helps to avoid unnecessary extensions of grants and unspent balances, and ensures a high level of expenditure (at 95-98 per cent when submitting donor reports). Three grant extension requests were submitted on time and agreed upon by the donor.
As part of the overall Resource Mobilization Strategy, the office has developed sector-specific fundraising strategies for Child Protection, Health and Nutrition, HIV and AIDS, and Water and Sanitation with concrete action plans to meet fundraising goals. Fundraising activities are monitored on a monthly basis through the Country Management Team meetings. The office has been proactive, through funding proposals and technical meetings, in engaging with new bilateral and multilateral donors represented at the local level, including the European Union, World Bank, Canadian International Development Agency, DFID, and in maintaining relationships with long-term donors such Irish AID, the Centers for Disease Control and Prevention, and USAID.

In addition, the Tanzania CO is actively seeking National Committee support through participation in the thematic donor toolkits and strategic donor visits. The office has developed and launched, in April 2012, four NatCom Donor Toolkits for each Focus Area (Young Child Survival and Development, Education, Child Protection, and Children and AIDS). During the year, the office hosted seven donor visits, including two with Goodwill Ambassadors, of which four have resulted in contributions/pledges from the US Fund for UNICEF, and the Italian, Dutch and New Zealand National Committees. Advocacy and fundraising briefs were systematically prepared for each visit, including briefing books with key information on specific programmes.

The office has recruited a Partnerships Specialist to strengthen its engagement with the private sector on critical issues facing Tanzania’s children. Strategic collaborations have been initiated with Melia Hotels and Stanbic Bank Tanzania (see Strategic Partnerships section). The use of social media for fundraising is being explored and will be further strengthened next year.

**Management of Financial and Other Assets**

The last internal audit was conducted in 2007. Of the operations functions audited, namely Finance, Administration and Supply assistance, all were rated as satisfactory. The next internal audit is expected in February 2013. In preparation, the office conducted a pre-audit self-assessment. In addition, a consultant was hired to support the office with the audit preparations and a pre-audit report was shared with relevant staff, highlighting the areas where action was required by the office.

Despite the challenges experienced at the beginning of the year in implementing the new Financial and Program Management System (VISION), the office maintained effective financial and administrative systems throughout the year. All bank reconciliations were completed, uploaded and approved in VISION. A monthly financial closure and review of accounts is performed.

The list of assets and attractive items was migrated to VISION and an asset physical verification exercise was conducted to validate the list.

Implementation of VISION required the review of existing work processes and standard operating procedures. Most of the issues related to the new system have been addressed. However, the partial liquidation of Direct Cash Transfers (DCTs), the creation of travel authorizations, and the migration of the Non-Expendable Property database from Lotus Notes to VISION remain a challenge.

The office continues to replenish its Tanzanian Shillings account directly from NYHQ due to more convenient currency conversion rates, and because it offers a reduction in the amount of time it takes for cash to arrive in the office bank accounts. The office is still making use of a concession agreement with Barclays Bank Tanzania that was signed in August 2011. However, together with other UN agencies, a tender invitation was launched during the year to identify a ‘One UN bank’. The results of the analysis of the submissions were shared with the United Nations Development Group for review.

Contribution management, utilization of Regular Resources (RR), expiring Programme-Based Approaches (PBAs) and outstanding DCTs are key Office Management Indicators and closely monitored through reports presented during CMT meetings.
As of June 2012, 77 per cent of RR and 75 per cent Other Resources (OR) had been utilized. Ninety-four per cent of PBAs had been used within the original duration of the PBA life; while three were extended (donor approval was requested within three months of the expiry date). Total outstanding Direct Cash Transfer (DCT) over 9 months was 2 per cent.

**Supply Management**

The value of programme supply in the Tanzania CO increased during 2012 to a total of USD 20.9 million. Procurement Services remained a key strategy to leverage resources for children; with a total value of USD 19.9 million (USD 7.1 million for the Ministry of Health and USD 12.8 million for GAVI-supported projects). UNICEF orders for UNICEF programming amounted to USD 1 million.

The most critical supply items procured for both the mainland and Zanzibar were vaccines, syringes, walk-in cold rooms, generators, vaccines refrigerators for the new vaccines (Rotavirus, Pneumococcal), emergency supplies for pre-positioning, mosquito bed nets, and therapeutic and nutrition supplies.

These supplies were vital in the implementation and achievement of the country programme objectives, as summarized in the supply plans prepared at the beginning of the year.

The office has established a Long-Term Agreement (LTA) with local printers, also being used by other UN agencies.

The office pre-positioned emergency supplies in strategic locations to help ensure a timely response to emergencies. These included water buckets, jerry cans, blankets, soap, mosquito bed nets, exercise books for refugee children, vaccines, etc. Due to the upcoming elections in Kenya, a contingency plan is being prepared in close collaboration with the Regional Office and the Supply Division Emergency Department in anticipation of any disruption of supply operations from Kenya to countries such as the DRC, Uganda, Rwanda, Burundi, and Somalia.

Training sessions on nutritional product supply chain management were held for district-level commodity Managers in Zanzibar. The aim was to reduce stock-outs and product expiry. The registration of four therapeutic feeding products has been initiated with the Tanzania Food and Drugs Authority (TFDA) in order to mainstream them into the National Nutrition Supply Chain and to improve commodity tracking management, accountability and reporting.

A technical training on the EPI Cold Rooms is being organized. An outline for a technical video manual for cold chain technicians featuring the step-by-step process of cold room installation has been prepared. The manual will build internal capacity and reduce the need for external technical support.

UNICEF provided technical assistance during the meetings organized by the development partners supporting the Health Basket Fund to review the Ministry of Health finance and supply chain audit recommendations.

As part of a Joint Programme with the Ministry of Health, UNICEF, by providing technical assistance on distribution, installation, and facility layout, supported the improved infrastructure of hospitals and health centres. The Government confirmed the success of this project and expressed the need to replicate the initiative in other regions.

UNICEF continued to participate in the Tanzania One UN Procurement Team (TOPT), which meets on a weekly basis to deliberate on procurement matters of common interest to all UN agencies in Tanzania. The TOPT has a total of 48 LTAs in place. UNICEF has been managing 28 LTAs.
Human Resources

Staffing
To meet the human resources requirements for the new CP, 25 posts were recruited as per the approved Country Programme Management Plan. Fifteen posts remain vacant. Several challenges continue to affect timely recruitment: finding suitable candidates (for both international and national positions), and a lack of funding for posts under OR.

The gender distribution is 46 per cent males and 54 per cent females. Most international staff members are from European countries. Other geographic areas, such as Africa, Asia, America and Latin America are also represented.

Learning
The Office completed 87 per cent of the trainings planned in its Learning and Development plan. Training on topics such as VISION, Programme Policy and Procedures, Basic Security in the Field, Managing Performance for Results, and Kiswahili courses for newly hired international professionals were organized during year. Competency-Based Interview training was postponed due to competing priorities. The completion of mandatory trainings was regularly monitored.

Although funds for learning were a challenge, staff benefited from e-learning opportunities available via the intranet and by attending presentations that were at no cost for the office, such as sessions on the One Time Considerations, Complaint Procedures, Harassment and Abuse of Authority, Vanbreda, Special Post Allowance, Pension Fund, and Ethics and Frauds. The CO allocated over USD 61,000 on learning in 2012 (31 per cent higher than the previous year).

Performance Management
Four sessions were organized in the office on the Performance Appraisal System to achieve set targets and identify/address individual learning gaps. As a result, 97 per cent and 88 per cent of staff have completed Phase 1 and 2 of the PAS 2012, respectively.

The CO completion rate for 2011 PAS was 45 per cent by 28 February 2012; by June 2012 the completion rate was 99 per cent.

Staff Counselling
The CO has a functioning counselling support system through its local Peer Support Volunteers (PSV) and stress counsellor.

UN Cares
The office continues to be compliant with the 10 Minimum Standards on HIV and AIDS in the workplace. Two additional orientation sessions were organized for staff. The CO has developed a workplan which focuses on: [1] Learning and Transfer; [2] Inclusion; and [3] Acknowledgement and Recognition.

An all-UN staff meeting was organized to promote good health; receive medical advice; test for Body Mass Index (BMI), diabetes, high blood pressure, and breast cancer; and receive Voluntary Counselling and Testing for HIV.

The Global Staff Survey identified the following concerns for the office: staff security, work/life balance, supervisor interaction, and career advancement. In addition, the CO conducted an internal anonymous survey for staff to provide their feedback in three areas—things that are working, things that are not going well, and things that need improvement. The response rate was high at about 80 per cent of the office. Some areas of concern included: leadership, team-building, trust, transparency/communication, and work processes.

The office organized an all-staff retreat to review and discuss the findings from the Global Staff Survey and the internal survey. An action plan was developed with key measures for improving the office working environment. The plan is monitored during Country Management Team meetings, with feedback on staff issues reported by the Staff Association.
Efficiency Gains and Cost Savings

An analysis of expenditure in 2010-2011 was carried out in order to identify the key areas of expenditure that should be targeted for more intensive cost-saving measures to produce the biggest impact. The results indicate that since the vast majority of expenditure is being made in supporting programme activities (cash to government, NGO partners, supplies, UNICEF staff, field travel, etc.), maximizing efficiencies in these areas is likely to be the best way of maximizing results for children within the available funding envelope.

Although cost savings continue to be pursued in operating costs, this will be complicated due to the expenditure that the office will have to incur with the relocation of the office premises planned by the end of 2012.

The most cost-effective solutions with regard to operational costs will be more readily achieved when a permanent solution to UNICEF’s office location is achieved.

The areas for cost savings identified in the 2011 plan continue to be pursued. Areas where cost savings have been achieved include: combining mission travel to reduce transport costs; reduction of daily newspapers from 56 to 23; and the increased use of Skype and VOIP for conference calls and virtual meetings. A smaller office will lead to more sharing of printers and photocopies, which would also produce some savings. The introduction of a new travel management system will facilitate greater efficiencies in the use of office transport in 2013.

The office participates in all the joint UN operations but has had mixed results in terms of achieving efficiency gains and cost savings. The office has not as yet joined the One ICT Platform, as the associated costs exceed UNICEF’s current costs, and yet the service is at a lower standard than the one UNICEF currently enjoys.

One UN LTAs have been raised and their management shared amongst the agencies. However, a number of those managed by other agencies have expired and not been renewed. In order not to have contractors on site without contracts, UNICEF has had to raise side contracts directly with the LTA holders, while it waits for the LTAs to be renewed. The One UN telephony and Internet service in Zanzibar has also not been very successful, with the office having to put additional contracts in place parallel to the unreliable ones providing the One UN services.

Changes in AMP & CPMP

The office does not envisage major changes in the 2013 Annual Management Plan. It is, however, planning to hold its Mid-Term Review for the current CP (2011-2015) in the third and fourth quarters of 2013. Any significant changes agreed will be reflected in the 2014 AMP.

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ALHIV</td>
<td>Adolescents Living with HIV and AIDS</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<td>AWP</td>
<td>Annual Work Plan</td>
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<td>BCC</td>
<td>Behaviour Change Communication</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>D by D</td>
<td>Decentralization by Devolution</td>
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<tr>
<td>CPMIS</td>
<td>Child Protection Management Information System</td>
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DCPTs  District Child Protection Teams
DFID  Department for International Development
DMD  Disaster Management Department (in the Prime Minister’s Office)
DPs  Development Partners
DPG  Development Partners Group
DSW  Department of Social Welfare (within the Ministry of Health and Social Welfare)
ECD  Early Childhood Development
EiE  Education in Emergencies
EID  Early Infant Diagnosis
eMTCT  Elimination of Mother-to-Child Transmission of HIV
EPRP  Emergency Preparedness and Response Plan
ELMIS  Electronic Logistics Management Information System
EMIS  Education Management Information System
EWEA  Early Warning Early Action
FAWE  Forum for African Women Educationalists
GDP  Gross Domestic Product
GoT  Government of Tanzania
HACT  Harmonised Approach to Cash Transfer
HBS  Household Budget Survey
HPES  Health Promotion and Education Section
HSCN  High Level Steering Committee for Nutrition
HWTS  Household Water Treatment and Storage
IEC  Information, Education and Communication
IECD  Integrated Early Childhood Development
IMEP  Integrated Monitoring and Evaluation Plan
INSET  National Primary In-Service Education and Training
IPPE  Integrated Post Primary Education
LD  Learning Districts
LCA  Law of the Child Act
LGA  Local Government Authority
MDA  Ministries, Departments and Agencies
MCDGC  Ministry of Community Development, Gender and Children
MSG  Mother Support Group
M2M  Mothers2Mothers
MSWYWCD  Ministry of Social Welfare, Youth and Children Development (Zanzibar)
MKUKUTA  Kiswahili acronym for the revised National Strategy for Growth and Reduction of Poverty—Tanzania Mainland
MKUZA  Kiswahili acronym for Zanzibar’s Poverty Reduction Strategy
MNCH  Maternal, Newborn and Child Health
MoEVT  Ministry of Education and Vocational Training
MoHSW  Ministry of Health and Social Welfare
MSTF  Multi-Sector Task Force
MTEF  Medium-Term Expenditure Framework
MVC  Most Vulnerable Children
NBS  National Bureau of Statistics
NCPA  National Costed Plan of Action
NGO  Non-Governmental Organization
NSPF  National Social Protection Framework
OCGS  Office of Chief Statistician
PER  Public Expenditure Review
PMTCT  Prevention of Mother-to-Child Transmission of HIV
PMO-RALG  Prime Minister’s Office-Regional Administration and Local Government
PSSN  Tanzania Productive Social Safety Net
REACH  Renewed Efforts to End Childhood Hunger
RITA  Registration, Insolvency and Trusteeship Agency
SOPs  Standard Operating Procedures
[Let Us Speak Out] empowerment programme which uses theatre-for-development techniques to address concerns that hinder girls’ social and academic development.

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<td>2012/002</td>
<td>Study</td>
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<td>3. Assessment of the situation of adolescents and young people living with HIV</td>
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<td>SitAn</td>
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<tr>
<td>4. Cities and Children</td>
<td>2012/002</td>
<td>SitAn</td>
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<tr>
<td>5. Public Expenditure Tracking Survey (PETS) for Child Protection</td>
<td>2012/003</td>
<td>Survey</td>
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| Other Publications |

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<tr>
<td>1. Cities and Children: Challenges of urbanization in Tanzania</td>
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<td>2. Cities and Children: Challenges of urbanization in Tanzania (adolescents version)</td>
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<td>3. Young Reporters Network training manual for facilitators</td>
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<td>4. Young Reporters Network training manual for youth</td>
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<td>5. Cities and Children - advocacy briefs for: Arusha, Mbeya, Mwanza, Ilala, Kinondoni and Stonetown</td>
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<td>6. Info sheets for all TCO programme areas (7 in total)</td>
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<tr>
<td>7. Cities and Children: Challenges of urbanization in Tanzania (academic version)</td>
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| Lessons Learned |

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<tr>
<th>Title</th>
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<tr>
<td>1. Getting Results for Children through Innovations, Knowledge Management and Public-Private Partnerships</td>
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Lessons Learned

1 Getting Results for Children through Innovations, Knowledge Management and Public-private Partnerships

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<td>Child Protection (FA4)</td>
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<td>Evance Mori, Child Protection Specialist (Field Monitoring) <a href="mailto:emori@unicef.org">emori@unicef.org</a> and Hawi Bedasa, KM Specialist, <a href="mailto:hbedasa@unicef.org">hbedasa@unicef.org</a></td>
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Abstract

This innovation presents a new and exciting approach to Birth Registration in Tanzania. The key elements include: 1) a streamlined procedure that unifies the registration and certification into a single procedure; 2) decentralization of the registration authority to health centers and local government offices which are much closer to where people live; 3) public – private sector partnership with a mobile phone service provider to develop and deploy an innovative mobile solution to collect and transmit birth registration information into a central database; 4) real-time reporting and monitoring using a web-based Manager’s Dashboard; 5) negotiation with Ministry of Finance and others for abolishment of registration fee for children under five.

The new approach has been piloted in one district and has shown an increase in Birth Registration from 15% to 45% in only six weeks. The new approach is now to be scaled up in more districts in 2013.

Innovation or Lesson Learned

Part of the new strategy is the development of a Birth Registration Information System (BRIS). The BRIS comprises of different applications and uses a mobile technology to capture and transmit birth registration information; and a web based Manager’s Dashboard to present information in real-time. The mobile application was developed in partnership with a mobile service provider Millicom, which is UNICEF global partner. The application guides the users through the form and once all fields are completed, Birth Registration information is transmitted through SMS to the central database. The application is designed to work on all mobile apparatuses, mobile operating systems, and it does not require internet connection.

The public-private sector partnership provided RITA with access to technical expertise of Millicom that enabled to develop and deploy the mobile solution in very short time through Millicom’s network for free. Millicom is going to continue to support the scale up of the mobile solution by providing 2000 mobile phones and provide its services free of charge for the coming two years.

Other components of BRIS include: a web based database to manage birth registration information; a form tracking system to support supply and logistics activities related to birth registration; a mobile application to print certificate without computers at district level.

Capacity of RITA was strengthened to maintain Birth Registration Information System through procurement of ICT equipment, training, and onsite technical assistance and coaching.

Lessons:
- The private sector partnership with Millicom was mainly technical in nature and this provided access to the much needed technical expertise and infrastructure to test a number of technologies and deploy a suitable application for birth registration.
- Placing technical expert within the government as part of capacity building effort has proven to be effective and reinforce relationship with the government.
- How birth registration and immunization complement as part of free services at the health facilities.
- Importance of providing capacity strengthening support to the lead organization to lead the process, with the oversight support from the inter-sectoral technical structure.
- Remaining a trusted partner when developing and implementing new innovations within government-led institution
- The benefit of regular learning and adjusting

**Potential Application**

Following the successful field testing of the new strategy, the plan is to fully roll-out the system throughout the country progressively. UNICEF will support rollout in the first five regions out of 24 regions in Tanzania Mainland.

**Issue**

Birth registration rates in Tanzania have stagnated for more than five years (TDHS 2005, 2010), and the rates are even lower for those who receive birth certificates (7% and 8%, respectively). The disparities between urban and rural areas are much higher. Registration in urban areas is almost five times the rate of rural areas, and almost seven times for birth certification, respectively.

Reasons for the low rates are varied and complex including low awareness on the value of a birth certificate; the (direct and related) cost of obtaining a certificate; highly centralized and generally inaccessible registration services; and high rates (more than 50%) of home births. Moreover, the existing policies and legislations do not adequately address barriers and disincentives related to birth and civil registration.

**Strategy and Implementation**

The Government of Tanzania is implementing a new Birth Registration Strategy (2011-2016). The strategy aims to increase registration rate to 80% and, it’s implemented through the following strategic components that introduce a new birth registration system in the country:
- Transformation of the processes by reducing the dual steps (registration and certification) into one and simplifying the record formats.
- Decentralization of registration authority by bringing the services closer to where people live.
- Institutional capacity strengthening for effective leadership and improved management and control of national standards, procedures and methods, in the context of decentralized birth registration system.
- Strengthening capacity of data management, monitoring, evaluation and oversight systems of birth registration, ensuring birth records are available, accessible and secure.
- Partnerships with other government sectors, development partners, including the UN and private sector to facilitate interoperability, coordination and complementarity of efforts and utilization of technologies for data transfer, upload and sharing.

Advocacy and sensitization at relevant national and subnational levels in the review of policies and legislations that affect birth registration and certification, beginning with the Health sector for mainstreaming into immunization efforts; with Prime Minister’s office for use of local government structures, and the Ministry of Finance for free U5 birth certificates.

**Progress and Results**

Supported by UNICEF, the Government piloted the U5 Birth Registration Strategy in 2012 in one district named Temeke. A total of 171 officials from health facilities and Local Government Authorities were trained as Registration Assistants to deliver services in 138 registration centres established in 14 out of 30 Wards in Temeke; and 390 stakeholders from national, regional and district levels were sensitized on the initiative and the new system and processes.

Although the purpose was to test the new strategy, the government was able to register 30% of 53,000 U5 children in the 14 Wards. In just six weeks, the pilot increased the rate of registration from 15% to 45%. Furthermore, a Birth Registration Information System (BRIS) is being deployed in support of the new strategy. The BRIS facilitates real-time capturing, transferring, and presentation of birth registration information using a mobile technology and a web based Manager’s Dashboard.

The Ministry of Finance has authorized to issue birth certificates to children U5 free of charge. This is as a
result of advocacy and sensitization efforts with the relevant ministries, drawing the attention of high profile officials at all levels, including the Prime Minister. This paves a smooth way for planned efforts to review relevant policies and legislations in favour of the new system.

The limited resources, both human and financial, vis-à-vis the magnitude of the birth registration and certification backlog is a threat to the achievement of the set targets in the strategy.

**Next Steps**

The full roll-out progressively to the rest of the country is the next step for RITA. Collaboration with other partners will ensure the roll-out covers children under five and above.

Institutional and organizational capacity strengthening around birth and broader Civil Registration systems and processes will be UNICEF’s agenda to push with other like-minded partners on the subject.

Partnership and advocacy with the government and other development partners, including the private sectors is the area that UNICEF looks to strengthen while rolling out the system. These include mobilization of resources for birth registration and certification; review, amendment and harmonization of relevant policies and legislations.