

Tanzania, United Republic of

Executive Summary

In 2015 the UNICEF Programme in Tanzania was substantially affected by two major emergencies that required a significant reorientation in focus in order to respond. Between May and December 2015 over 122,000 refugees from Burundi crossed into Tanzania. UNICEF responded with life-saving interventions in health, nutrition and WASH, addressed critical child protection issues and set up child-friendly spaces and schools to help the refugee children experience a sense of normalcy. The second emergency was a major outbreak of cholera which spread from Dar es Salaam to 19 of the 22 regions on the mainland as well as the islands of Zanzibar. Between July and December 2015 over 12,000 cases were reported, with 202 deaths. UNICEF responded with supplies for treatment of cholera cases, water treatment chemicals, and behaviour-change communication activities to provide vital information to households to help them protect themselves from the outbreak.

UNICEF contributed to key health sector strategic plans that set the national agenda for the next five years, ensuring that an equity focus and tackling maternal and neonatal mortality are given priority. Dissemination of the National Nutrition Survey, supported by UNICEF, helped galvanize further political support for the agenda. Although the prevalence of stunting had decreased from 42 per cent in 2010 to 35 per cent in 2015, the level remains high. A UNICEF-supported study on the poor state of water supply and sanitation facilities in health centres set a baseline for future investment. To improve coverage, UNICEF worked with the Ministry of Health to implement a monitoring dashboard and scorecard for prevention of mother-to-child transmission of HIV (PMTCT) and pilot a mother-baby cohort monitoring system for potential scale-up.

UNICEF's engagement with national social protection efforts, including through partnership in the joint UN programme, yielded important results for reaching the poorest children. The Office was successful in advocating for the inclusion of support to adolescents, a strategy that will help address the specific vulnerabilities of adolescent girls, including vulnerability to HIV and AIDS. Collaboration with the UNICEF Office of Research and the National Bureau of Statistics supported an analysis of the multiple deprivations experienced by children, leading to a new understanding of child poverty that will be addressed through the social protection and other programmes.

UNICEF supported a ground-breaking study on out of school children that showed that almost 3.5 million children aged 7-to-17 are missing out on education, with those from poorest families most affected. The findings substantiate the overall trend of declining primary school enrolment. Government's new education policy has redefined free basic education to include six years of primary and four years of secondary, with one year of pre-primary. To address the issue of poor quality of education, UNICEF supported the training of some 4,000 standard 1 and 2 teachers in the new 3Rs (reading, writing, arithmetic) curriculum that aims to improve achievements at primary school.

Whilst the birth registration initiative was expanded to an additional region of the country, the progress is disappointingly slower than expected, due to challenges in getting approval for the

decentralised approach. Similarly, despite UNICEF's advocacy and policy efforts, progress in sanitation remains slow and could be a factor behind the recent significant cholera outbreak.

A partnership with a mobile phone service provider, Push Mobile, has supported the widespread dissemination of life-saving text messages to combat cholera and a potential outbreak of the Ebola virus. Partnership with the mobile phone operator Tigo supported efforts in birth registration, the National Child Helpline and provision of HIV testing services, as well the innovative monitoring platforms T-watoto and T-Mwalimu,

UNICEF contributed to the preparation of the 2016-2021 United Nations Development Assistance Plan (UNDAP), while simultaneously preparing the UNICEF Country Programme Document (CPD) for the same period. The new CPD is well aligned with the UNICEF Strategic Plan, committing to key achievements across all seven outcome areas. The programme was strengthened particularly in the areas of nutrition, social protection and results for adolescents. Key bottlenecks constraining the adoption of caring family practices and the delivery of quality services to disadvantaged populations are addressed.

Preparation of the UNDAP and CPD took place against the background of the country's presidential and parliamentary election campaign. The October 2015 elections resulted in victory for the ruling party and their presidential candidate. Significant changes in the set-up of the ministries for health, social welfare, community development gender and children will impact the way in which UNICEF does business in 2016. Meanwhile the elections in Zanzibar were annulled, leading to a political stalemate that had not been resolved by year-end.

Humanitarian Assistance

In 2015 the Country Office responded to two major rapid onset emergencies: the influx of refugees from neighbouring Burundi and an outbreak of cholera in Dar es Salaam, which had spread to many parts of the country by the year end. Some smaller-scale events also occurred, requiring a more limited response from the Country Office.

Political events in neighbouring Burundi precipitated protests that led to clashes between security forces and opposition groups. During the month of May the first wave of refugees poured into Tanzania at the alarming rate of over 1,000 arrivals per day. They sought refuge in border villages and lakeshore fishing communities that were ill-prepared and difficult to access. Soon after the influx a cholera outbreak affected over 4,000 refugees and local residents, many of whom were only reachable by boat. All refugees were relocated to an existing camp which tripled in size over a four-month period. By October a previously closed refugee camp was reopened and a group of refugees were moved from the overcrowded camp to the new location. All new arrivals are now brought to the new camp. Options for providing additional camps are being explored, but some constraints particularly around water supply, are delaying progress.

UNICEF Tanzania was already assisting an older caseload of 65,000 refugees prior to the influx from Burundi. Supplies and cash support to NGO partners of UNICEF were shifted from ongoing long-term support to meet the immediate needs from the rapid influx. UNICEF re-deployed staff and re-established a field presence to respond to the crisis. The initial response focused on stemming the cholera outbreak among refugees and host population through intensive behaviour-change messaging, improvement of hygiene and sanitation measures and early treatment and case management. UNICEF supplies and staff were among the first to arrive at the epicentre of the outbreak on the lake shore. Once refugees were moved to the camp other key response actions by UNICEF focused on vaccination; basic maternal child

health services; nutritional screening and intervention; water, sanitation and hygiene (WASH); identification of unaccompanied and separated children; and establishing some form of temporary learning and recreation for children. The flow of refugees continued unabated through the end of 2015, but with fewer arrivals per day. Nevertheless, by the year end over 122,000 refugees, including 70,000 children, had crossed into Tanzania, adding to the 65,000 existing case load. With no immediate political solution in sight UNICEF and partners are preparing for the possibility of accelerated influxes from Burundi in 2016.

Shortly after the refugee-related cholera outbreak subsided in July, a much larger outbreak of cholera began in the country's economic centre, Dar es Salaam. By the year-end it had spread to 19 of the 23 regions of Tanzania mainland as well as the islands of Zanzibar. Over 12,000 cases occurred in the last four months of 2015 resulting in 202 deaths. The outbreak had not yet stabilised by the end of year, with new cases continuing and case fatality rates higher than expected. UNICEF response focused on behaviour change communication, water treatment at household and source level, and supplies for medical treatment. Messages were disseminated by flipcharts, brochures and posters; an animated TV spot was broadcast and 1,392,719 text messages were sent by mobile phone to 21,511 mobile phone users through a private sector partnership with Push Mobile.

In March the north-western district of Kahama was hit by high winds and a severe hailstorm that damaged property and affected over 5,000 people. Prepositioned buckets, blankets, and jerry cans provided by UNICEF to the Government were quickly mobilised and distributed to the most vulnerable people. A standby agreement with the Tanzanian Red Cross Society was also triggered, including cash and supplies for response related to WASH for over 500 affected households.

A major overall constraint in humanitarian response for refugees and cholera has been lack of resources. Globally there are more crises of larger scale and duration that are attracting media and donor attention, meaning resources are stretched thin. The crises in Tanzania, while locally significant, have attracted only brief media coverage and have also attracted very low levels of funding compared to the needs. UNICEF and other partners have had to cope by re-programming existing budgets, thus limiting the scope of response. Efforts to attract media coverage of child rights in emergencies and to mobilise resources will be re-doubled in 2016 to ensure that the response is keeping up with the needs.

Mid-term Review of the Strategic Plan

The health outcome of the UNICEF Strategic Plan continues to be relevant to the priorities for children in Tanzania, a country where the Millennium Development Goal target for under-five child mortality was achieved but further progress is needed. The mid-term review of the five-year national strategic plan to improve reproductive, maternal, new-born, child and adolescent health, carried out with support from UNICEF, has led to a sharpened focus on the reduction of maternal and new-born mortality and targeting of low-performing regions. The emphasis is on access to high-impact interventions such as family planning, skilled birth attendants and behaviour change communication through community health workers. The sharpened plan places greater emphasis on accountability through the monitoring of key performance indicators.

The prominence of the nutrition outcome in the UNICEF Strategic Plan has been mirrored by increasing attention by the Government and donor agencies. This has enhanced UNICEF's capacity to influence the nutrition agenda in the country, sharpening the focus on the key areas

of stunting and severe acute malnutrition (SAM), and to present evidence – such as that obtained through the nutrition public expenditure review and national nutrition survey – to leverage resources and achieve targeting of high-burden regions. One area needing strengthening is the multi-sectoral approach to tackling stunting, particularly the links between nutrition and WASH.

In child protection, the experience in Tanzania validates the Strategic Plan's emphasis on a multi-sectoral systems approach. Since piloting the child protection systems strengthening initiative in four districts in 2011, UNICEF Tanzania has spearheaded expansion to 19 districts, emphasising the development of capacities for district-level service providers to better respond to cases of child protection violations. With the systems in place the focus is shifting to awareness and prevention of violence, abuse, neglect and exploitation in the community, including schools. The recent global evaluation of programming to address violence against children (VAC) included Tanzania as a case study. The evaluation highlighted the importance of the multi-sectoral approach, including the role of education and health systems. The generation and management of data were found to be critical for successful engagement of the Government. Greater emphasis on child participation in both prevention and response was proposed.

Experience in Tanzania suggests that birth registration should not necessarily be thought of as constituting a core component of the child protection system. Birth registration is a core child right as well as an essential part of a functioning civil registration and vital statistics system. However the birth registration system does not relate to the systems involved in the prevention and response services for children experiencing violence, abuse, neglect and exploitation. The successful implementation of birth registration in Tanzania will be largely dependent on the engagement of the health system, together with the authorities responsible for civil registration. Thus the positioning of birth registration in the UNICEF Strategic Plan should reflect this cross-cutting nature and allow for flexibility in terms of responsibilities within the UNICEF office.

In education, preliminary findings from the ongoing out-of-school children study point to the need to expand access to secondary education. The findings, which provide new insights on sociocultural and context-specific barriers to access to school, particularly for adolescent girls, are contributing to the education sector analysis and preparation of the five-year education sector development plan. Since the Government's new education policy now defines free compulsory basic education to include one year of pre-primary, six years of primary and four years of secondary, the experience in Tanzania would suggest that the Strategic Plan should increase emphasis on secondary education, particularly for girls. Similarly, the Strategic Plan could benefit from bringing issues around early childhood development together in a more cohesive manner.

The Strategic Plan's emphasis on generating knowledge and evidence has been validated by the Country Office's use of evidence on the poor status of learning outcomes at grade two to successfully advocate for investment of Government funds to improve learning outcomes and strengthen learning assessment at pre-primary and early primary levels. Similarly, a parenting study brought new attention to the importance of parental engagement in early learning and education, and secured political commitment to incorporate parental engagement as part of pre-primary and early primary strategies. A study on disability data in the education management information system resulted in revisions to ensure that quality disability data are captured.

Summary Notes and Acronyms

AIDS - Acquired immune deficiency syndrome
BRN - Big Results Now
C4D - Communication for Development
CLHIV – Children living with HIV
CMT – Country Management Team
CO - Country Office
COWSO – community owned water supply organizations
CPD - Country Programme Document
CRC - Convention on the Rights of the Child
CSO - Civil society organisation
DCT – Direct Cash Transfer
DFID - Department for International Development (UK)
DHS - Demographic Health Survey
DPG – Development Partners’ Group
DRC – Democratic Republic of Congo
ECE – Early childhood education
ECHO - European Commission Humanitarian Aid and Civil Protection
EmONC - Emergency obstetric and neonatal care
ESARO - Eastern and Southern Africa Regional Office (UNICEF)
F4S – Fit for school
GBV – Gender-based violence
GCD - Gender and children’s desk
GIZ - Gesellschaft für Internationale Zusammenarbeit (German International Cooperation)
HACT – Harmonised approach to cash transfers
HIV - Human immunodeficiency virus
HR – Human resources
IEC – Information, education and communication materials
ILO - International Labour Organisation
IPPE - Integrated Post-Primary Education
IYCF - infant and young child feeding
LGA(s) - Local government authority(ies)
LTA – Long-term agreement
M&E – Monitoring and evaluation
MCDGC - Ministry of Community Development, Gender and Children
MIN – Mbeya, Iringa, Njombe (areas of intervention)
MoEVT - Ministry of Education and Vocational Training
MoF – Ministry of Finance
MoHSW - Ministry of Health and Social Welfare
MORSS - Minimum operating residential security standards
MOSS - Minimum operating security standards
MoU - Memorandum of Understanding
MTR – Mid-term review
MVC - Most vulnerable children
NBS - National Bureau of Statistics
NGO – Non-governmental organisation
NSC - National Sanitation Campaign
OR – Other Resources
PEPFAR - United States of America President's Emergency Plan for AIDS Relief
PCA - Programme Cooperation Agreement

PMORALG – Prime Minister’s Office on Regional Administration and Local Government
PMTCT – Prevention of mother-to-child transmission (of HIV)
PRS - Procurement services
RMNCH - Reproductive, maternal, new-born, and child health package
RR - Regular Resources
SAM – Severe acute malnutrition
SitAn – Situation analysis
SMS – Short message service
TACAIDS - Tanzania Commission for AIDS
TASAF - Tanzania Social Action Fund
TOR – Terms of reference
TRCS - Tanzania Red Cross Society
TUSEME – Swahili acronym, meaning Let Us Speak Out
UN - United Nations
UNAIDS - Joint United Nations Programme on HIV/AIDS
UNDAP - United Nations Development Assistance Plan
UNDP – United Nations Development Programme
UNDSS - United Nation Department of Safety and Security
UNESCO – United Nations Educational, Scientific and Cultural Organisation
UNFAP- United Nations Population Fund
UNICEF - United Nations Children’s Fund
UPR - Universal Periodic Review
USAID - United States Agency for International Development
VAC - Violence against children
WB - World Bank
WASH - Water, Sanitation and Hygiene
WFP - World Food Programme
WHO – World Health Organisation
WSDP - Water and Sanitation Development Plan

Capacity Development

UNICEF Tanzania supported head teachers in 20 of 23 regions to complete a Certificate in Education Leadership, Management and Administration, resulting in improved management in schools attended by 4.5 million children. A total of 4,162 teachers of grades one and two received training to enhance their teaching skills in reading, writing and arithmetic, benefitting over 290,000 children.

In six priority regions, 395 social welfare officers (57 per cent of the workforce) were trained to improve their capacity to carry out case management and referrals for child victims of violence, abuse, neglect and exploitation. Nearly 500 police officers (69 per cent of the workforce) were trained to address gender-based violence and child abuse and to improve community outreach, survivor response and reporting.

UNICEF supported the Tanzania Commission for AIDS (TACAIDS) to establish a national, multi-sectoral Adolescent and Young Adult Stakeholder Committee, improving coordination and collaboration on issues affecting HIV risk among adolescents and youth.

In the area of public financial management, national planning and budgeting facilitators were trained on budgeting for child protection and nutrition, so they can subsequently support such budgeting at the district level.

UNICEF supported capacity building for 87 per cent of all district nutrition officers and 60 per cent of regional nutrition officers, resulting in the establishment of district and regional level nutrition steering committees. This has improved coordination and doubled government spending on nutrition at the sub-national level. Anthropometric equipment was provided to all health facilities in Mbeya, Iringa and Njombe regions.

A national resource team of 25 people was trained to support regions and districts in the use of management information systems for hygiene and sanitation to ensure better collection, analysis and use of data for decision-making. The piloting of the Fit for School (F4S) initiative has helped children in those schools develop lasting hygiene habits.

Evidence Generation, Policy Dialogue and Advocacy

The Government commissioned UNICEF to lead a secondary analysis of the Demographic Health Survey (2010), HIV and Malaria Indicator Survey (2011) and Violence Against Children Study (2009) to better understand the vulnerabilities of young people in Tanzania and guide further interventions. This exercise involved a review of about 40 indicators and enabled the identification of trends across surveys as well as geographic hotspots of vulnerability for girls and boys. Large variations across regions were observed, which highlighted the need to adapt national strategies and plans to the subnational context. The analysis provided baseline data for the development of five-year sub-national HIV/AIDS strategic plans, and supported continued advocacy for policy change around child marriage, school re-entry after dropout and age of consent for HIV testing and counselling. The report informed the development of UNICEF Tanzania's new Country Programme, DFID's Youth Strategy and PEPFAR's adolescent HIV programming in Tanzania.

UNICEF supported the rollout of a child protection information management system in six additional districts (bringing the total to 10). The data on reported cases and case management supports planning, budgeting and advocacy by local government authorities.

UNICEF contributed to the development of profiles presenting new data on the numbers, characteristics and status of children who are out of school. These profiles informed strategies to reduce exclusion of children from school. UNICEF also piloted the use of disability-sensitive data collection tools, as well as innovative SMS-based information systems for impact assessment that guided government to revise the routine data collection tools and indicators to better collect disability-sensitive education data annually.

A study was conducted to assess access to water, sanitation and hygiene in health facilities, informing policy dialogue as well as programmatic interventions both in the health and WASH sectors in seven focal districts known for very poor sanitation coverage.

Partnerships

A partnership with the Department of Social Welfare allowed UNICEF to facilitate the deployment of 30 government social workers to support emergency child protection services related to the influx of refugees from Burundi. This innovative initiative provided a model for future rapid deployment of national capacity in similar emergencies. The initiative was funded by the U.S. Agency for International Development (USAID), linked to an on-going partnership with UNICEF on child protection.

A critical partnership emerged with the launch of the first UN Joint Programme supporting the Tanzanian Social Action Fund (TASAF) to strengthen the national social protection system.

UNICEF joined hands with the UN Development Programme (UNDP), International Labour Organization (ILO) and UN Population Fund (UNFPA) in this initiative co-funded by the Spanish Government. To strengthen national capacity on social protection research, UNICEF reinforced ties with two leading local research institutions through a long-term agreement.

UNICEF partnered with the Global Partnership for Education, USAID and the UK Department for International Development (DFID) to support a national initiative to improve learning outcomes in standards 1 and 2. UNICEF partnered with the German international cooperation agency (GIZ) to pilot the 'Fit for School' initiative (promoting mass hand-washing in selected schools). The initiative will be scaled up countrywide and extended to include hygiene for trachoma prevention. UNICEF also set up three consortia to implement the stunting-reduction programme for children under-five years of age in Mbeya, Iringa and Njombe regions.

A partnership with mobile phone service provider Push Mobile was established to send life-saving text messages to Tanzanian audiences on the symptoms, prevention measures and management of Ebola and cholera. UNICEF partnered with Telecommunication operator Tigo for mobile phone services supporting under-five birth registration, the national child helpline (NCL) and improved efficiency of HIV testing. Building on 'Children's Rights and Business Principles', a scoping study was conducted in Zanzibar to explore possible engagement with the tourism industry.

External Communication and Public Advocacy

A major communication priority was ensuring visibility of UNICEF's response to the Burundian refugee crisis. This was done primarily through interviews with international media at the onset of the emergency (Al Jazeera, BBC 4, Sky News, Swedish News Agency, Radio France International, Le Nouvel Observateur, France Info, France Culture) either directly or through the regional office and UNICEF national committees.

The #ENDviolence initiative gained momentum with the development of powerful 'first person narrative' videos with potential for viral growth on social media. The campaign was further supported at the community level by the weekly broadcasting by 14 FM radio stations of a programme addressing violence against children and discussing practical protective measures.

Ahead of the presidential election, UNICEF supported the Children's Agenda, a multi-stakeholder coalition, to run a #Vote4Children multi-platform campaign. In the pre-election month, TV and radio programmes were aired on the most influential stations. Productions by members of the Young Reporters Network were broadcast on community radios. When all media are included, the total reach of the campaign was over 8 million people. During children's consultations with political leaders to review party manifestos, party leaders committed to include provisions for free education for children aged between 5 and 17 years (to become effective as of 1st January 2016).

Under countrywide cholera social mobilisation, UNICEF supported the Ministry of Health to launch a mass electronic media package on radio, TV and cell phones. National Sanitation Week (November) was another opportunity to raise mass awareness about the cholera epidemic.

South-South Cooperation and Triangular Cooperation

UNICEF and the Government of Tanzania co-hosted a sub-regional conference on Early Childhood Education (ECE) that brought together 20 countries. This effort put early childhood

education on the policy agenda, motivating the Government to elaborate and implement an action plan to generate evidence and develop and finance a sub-sector strategy with scalable models for early childhood education.

UNICEF also facilitated South-South cooperation between TASAF and the Ministry of Social Development of Lesotho, whereby Tanzania's successful experience on community-based targeting was adapted and replicated in Lesotho's cash transfers programme.

In the context of UNICEF efforts to prevent mother-to-child HIV transmission, a team including the Ministry of Health visited Malawi, which has developed a robust monitoring and evaluation system. The experience will be duplicated in Tanzania as it develops cohort reporting for mother/baby pairs to monitor their retention in HIV prevention programmes. Tanzania was interested in a bar coded patient identification tool, while Malawi learned from Tanzania's approach to cohort monitoring.

UNICEF, together with GIZ and the World Bank Water and Sanitation Programme, supported a learning visit to Zambia focusing on rural and urban sanitation, as well as monitoring/evaluation systems for sanitation. The mission informed the review of implementation guidelines and Open Defecation Free certification protocols to be used in the implementation of the second phase of the National Sanitation Campaign (Water Sector Development Programme). The same partners supported a Tanzanian delegation led by the deputy Minister of Health to Dakar, Senegal, for the Fourth AfricaSan conference held in May 2015. Tanzania shared its experience, especially the implementation of the National Sanitation Campaign (NSC). The delegation presented national plans to attain an open defecation-free nation, as well as national strategies for reducing inequalities in access to sanitation and hygiene services.

Identification and Promotion of Innovation

Based on recent experience, UNICEF Tanzania completed a strategy that identified four areas of innovation: information accessibility, real-time actionable data, improving service delivery, and knowledge management and efficiency. This strategy has guided the Office's innovation work in a more focussed way.

Several innovations involving mobile phone technology continued this year. A new version of the mobile birth registration app was developed and deployed in Mwanza region, registering an additional 140,000 children. To-date 50 per cent of the target population has been reached in the two regions of Mwanza and Mbeya. The mobile phone panel survey was scaled up to sample 7,000 households. Seven surveys were completed in 2015: two each on WASH and Education, as well as Nutrition, Birth Registration, and HIV (Adolescents). The youth surveys focussed on behavioural issues around HIV testing and condom use, reaching over 5,300 self-subscribed respondents. A biannual survey of about 2,000 head-teachers was also implemented during the year. These surveys provide key monitoring information for programme reviews, planning and advocacy.

In emergency settings mobile phones were used to save lives as well as to protect children at risk. To support the family tracing efforts for separated Burundian refugee children, a mobile-based tracing application was launched to support a transition from paper files to more real-time use of data in a refugee camp setting. The needs of more than 3,300 separated and unaccompanied Burundian children were recorded via this app for further case management. Mobile-based content was deployed to make life-saving information available at no cost. Topics

included health, WASH, Ebola, Cholera, HIV and sexual health, Internet safety and positive parenting techniques. Over 580,000 users accessed the content in 2015.

Support to Integration and cross-sectoral linkages

An integrated, multi-sectoral approach was increasingly adopted in UNICEF's programming in Tanzania, ensuring complementary interventions at each stage of a child's life. This is particularly apparent in the convergence of communication for development (C4D) initiatives that support behaviour change, including an initiative on parenting to help families acquire the skills and knowledge they need for child rearing. The Country Office conducted a mapping exercise leading to the first national parenting conference and a resolution to develop a national parenting strategy.

Cooperation between the health and child protection sectors supported the scale-up of birth registration services, using the effective reach of existing immunisation services and thus increasing birth registration capacity at health facilities to 248 in 2015 – none of which had this capacity before this intervention.

Efforts to combat violence against children continued with the scale-up of the multi-sectoral child protection systems approach. A training package was developed to sensitise teachers and students on violence against children. UNICEF initiated a three-year pilot programme to reduce HIV, pregnancy and violence among out of school adolescent girls. These efforts were complemented by elaboration of the Child Development Policy and Re-Entry Policy on School Girls Pregnancies.

The school WASH programme was extended to enhance access to sanitation and hygiene, facilitating access to education, particularly for girls and children with disabilities. Evidence on the causal link between poor hygiene and sanitation and malnutrition supported advocacy for greater integration between national and sub-national programmes for WASH and nutrition.

UNICEF's engagement with the UN joint programme on social protection has supported a cross-sectoral approach to addressing the needs of some of the poorest children in the country. UNICEF successfully led advocacy for adolescents to be prioritised in national social protection initiatives, a strategy proven to reduce vulnerability of adolescent girls to HIV and AIDS.

Service Delivery

UNICEF partnered with the Netherlands Development Organisation to support 29,000 people to regain access to safe water through rehabilitation of non-functional rural water supply schemes in two districts. The lessons learned informed the development of the national sustainability strategy for rural water supply, which was approved for roll-out in 2016. The school WASH programme provided WASH services for 59,000 children in 47 schools, responding to the specific needs of girls and children with disabilities.

UNICEF supported the establishment and functioning of multi-sectoral coordination structures for child protection in 19 districts. Support continued for the NCL, and its performance improved.

UNICEF deployed educational supplies and equipment to 215 children with albinism and 75 teachers were trained to care for their needs. Another 180 teachers were trained to teach refugee children and ensure continuity in their education. Anticipating the threat of a cholera outbreak, UNICEF conducted an oral cholera vaccine campaign targeting both the refugee and the host communities in June and July 2015, in four districts (54,853 people were reached

during the first round, and 54,110 for the second).

In order to improve the quality of treatment of severe acute malnutrition, a bottleneck analysis was carried out using UNICEF's approach to equity-focused planning, programming and monitoring. The exercise was carried out between September and October, covering 88 per cent of districts of Tanzania Mainland and Zanzibar. The results of this bottlenecks analysis were used to develop a scale-up plan to improve nutrition services.

In four high HIV prevalence regions (Dar es Salaam, Mbeya, Iringa, Njombe) and in Zanzibar, UNICEF supported partners to implement high-impact HIV interventions for adolescents and young people, resulting in 62,982 adolescents and youth accessing HIV testing/counselling and sexual reproductive health services and 2,076 adolescent boys accessing voluntary medical male circumcision.

Human Rights-Based Approach to Cooperation

The Children's Act (Zanzibar) won the World Future Councils' 2015 Future Policy Award for its promotion and protection of child rights and its inclusion of children in the drafting process.

The Government of Tanzania appeared before the Committee on the Rights of the Child in Geneva in January 2015. UNICEF sent representatives to the meeting to assist the delegation in preparing for the session and responding to the questions raised. UNICEF contributed to Tanzania's preparation for its second Universal Periodic Review (UPR) to be held in Geneva in 2016.

A major issue highlighted in the UPR was the plight of people with albinism, who have been the targets of violence and abuse in recent years. UNICEF is working with the Department of Social Welfare to strengthen case management for children with albinism, who are staying at special schools for children with disabilities. This included a partnership with the Regional Dermatology Training Centre to prevent, identify and care for skin cancer.

2015 saw the preparation of the United Nations Development Assistance Plan II (UNDAP II) for the period 2016-2021, along with the preparation of the UNICEF Country Programme Document (CPD) for the same period, which will be reviewed by the UNICEF Executive Board in February 2016. A situation analysis for the UNDAP II was prepared and adopted a human rights-based approach including causality and capacity gap analysis. The rights-based approach was continued in the development of the theories of change underpinning the development of the UNICEF CPD. An analysis was done of key child development indicators in the regions of Tanzania to identify locations of low performance and inform UNICEF's future equity-based programming and advocacy strategies.

UNICEF's engaged closely with the productive social safety net programme managed by TASAF. This programme targets the poorest 10 per cent of the population. In collaboration with the Office of Research, UNICEF supported a multiple overlapping deprivation analysis (MODA) using available national data. This study will support better identification of the most marginalised children in the country, leading to improved targeting of social protection programmes.

Gender Mainstreaming and Equality

The Tanzania Country Office promoted gender-responsive adolescent health and advancing girls' secondary education as the two targeted gender priorities. A gender task force was set up

and a gender review conducted in May 2015 to contribute to the development of a gender strategy.

Under the leadership of the HIV/AIDS section, and in collaboration with child protection and education sections, UNICEF partnered with TACAIDS and the NGO Restless Development on the Mabinti Tushike Hatamu (Girls, let's be leaders!) initiative, to reduce HIV, pregnancy and violence among out-of-school adolescent girls. A girl-led participatory action research study was carried out, with technical support from the Population Council. Findings revealed that there were few safe spaces for girls to socialise, and livelihood strategies for out-of-school girls were dominated by petty trading and dependence on male sexual partners. The research findings will be used to influence adolescent girl-focused programmes, such as through TACAIDS and an initiative supported by PEPFAR. The three-year pilot was supported by UNICEF with an annual budget of US\$75,410 in 2015. To-date over 8,500 adolescent girls have gained knowledge and skills on HIV and SRH; 1,847 girls accessed HIV, SRH and child protection services; and 961 were trained in entrepreneurship skills and supported to launch income-generating projects.

The evaluation of the TUSEME "Lets Speak Out" (girls' empowerment) approach in 12 districts revealed that 552 schools (40 per cent) now have TUSEME Clubs in which 19,936 boys and girls are participating, with 979 teachers (6 per cent) trained as TUSEME supervisors. The evaluation showed that comprehensive HIV and AIDS knowledge among TUSEME Club members was higher (58 per cent) than in the general population (44 per cent). They demonstrated high levels of self-esteem, could speak out, take action against challenges and have formed positive gender relations. The budget supporting TUSEME activities was US\$109,000 in 2015. The project has been receiving support from UNICEF since 2007, with three staff from the Education section providing technical support.

Environmental Sustainability

The Office explored ways to reduce its impact on the environment, as well as pursuing programming that built resilience in areas affected by climate change.

UNICEF Tanzania, with the support of staff from UNICEF Zimbabwe, carried out an environmental footprint assessment of the UNICEF office in Tanzania using the prescribed tools. The assessment established the annual greenhouse gas emission per staff member at an average of 4.1 Tonnes CO₂E. The three biggest contributors to emissions were: use of vehicles (total 181.3 Tonnes CO₂E per annum), air travel (174.2 Tonnes CO₂E per annum) and electricity (91.2 Tonnes CO₂E per annum). The office prepared a plan to improve efficiency in the use of vehicles through improved trip planning and vehicle pooling and to examine the relative efficiencies of air vs. road transport when planning travel. The office also installed solar powered security lights the premises. Overall the Country Office was assessed as performing 'average' in terms of greenhouse gas emissions compared to five comparable offices,

The pilot disaster risk reduction initiative in two drought-prone districts was completed, with support from the World Bank/EU. The initiative focussed on women's groups and school gardens to showcase drought-resistant gardening techniques as well as capacity building of local authorities and youth groups in the areas of early warning, awareness of the impact of climate change and measures to increase resilience.

Guidelines of Good Environmental and Social Practices for water and sanitation were developed by the sector and all UNICEF WASH interventions are aligned to them. UNICEF, under its school WASH programme, introduced the use of solar-powered pumps for school

water supply systems. In addition, UNICEF supported WASH and environment clubs in primary schools to work together to create awareness about the environmental sustainability of school WASH interventions.

Effective Leadership

The Country Management Team (CMT) is the Representative's main advisory committee on the implementation of the Country Programme and UN Coherence.

The CMT has taken major initiatives to improve operations and programme management performance. A number of tools were developed in-house to make internal administrative tasks more efficient, including the e-HACT SharePoint app to profile all partners and monitor implementation of micro-assessment, audit and spot-check recommendations, the Travel Management System, the DCT Database to manage DCT and the Wiki Ya Watoto, which updates the Situation Analysis. Various trainings, presentations and workshops were provided to staff on the new e-Tools, HACT modalities, assurance activities and new SOPs. Some challenges in implementation, such as travel planning, will be addressed in 2016.

Oversight structures, including all statutory office committees, are in place. Risk mitigation is an underlying feature in the operations of the various office committees, which include the Senior Management, Country Management and Programme Management Teams, Programme Cooperation Agreement and Contract Review Committees.

Management reports with standard key Programme and Operations performance indicators, mostly from the Performance Management system, are discussed during the monthly CMT meetings. Reports are prepared with information available

The Office revised its Risk Control Library, Risk Profile and Risk Management Action Plan at an all-staff ERM workshop facilitated by the Regional office, and will continue to review this on an annual basis.

The Office's Business Continuity recovery site is kept operational on a continuous basis. All sections have external hard drives with instructions to save all important Business Continuity documents on these and store them at their homes. Key staff all have citrix loaded on their laptops and internet modems and can operate the main UNICEF systems remotely.

The Office regularly reviews the February 2013 internal audit action plan, to ensure that actions are sustained.

Financial Resources Management

The CMT reviewed key management indicators, including implementation rates, grants monitoring and reporting, resource mobilisation and DCT.

Delegated budgetary and financial controls were monitored and compliance reviewed at the monthly CMT meetings, which also reviewed performance indicators for completed bank reconciliations, fund utilisation, grants' expiration and reporting.

The HACT team, chaired by the deputy representative with representation from programme sections and Finance, met weekly to review DCT. Twenty-seven micro-assessments, 21 spot-checks and 50 programmatic visits were conducted. An audit firm carried out an additional 22 micro-assessments. A major improvement in DCT management was the development of a

HACT Assurance Plan and an associated template to report on implementation of assurance activities.

The Office extended the concession agreement with a local bank for free local transaction costs, thereby achieving efficiency gains through negotiated foreign currency conversion rates. Foreign currency conversion rates were consistently negotiated prior to requesting replenishment from NY Treasury.

Outstanding DCT met the global key performance indicator of less than 1 per cent (at 0.13 per cent) with a value of US\$ 24,992 over nine months, compared to US\$103,170 at the end of 2014.

Causes of delay in liquidating DCTs included the lengthy procedures for forwarding payments to partners through the centralised exchequer system. The country held national presidential elections during the year, resulting in delayed completion of activities. In 2015 the Office improved efficiencies in its DCT process through use of the direct payment modality to implementing partners.

Expenditure rates for RR were 100 per cent in 2015 and 99 per cent for the institutional budget. OR utilisation was 89 per cent in 2015 compared to 82 per cent in 2014. The improved utilisation rates, in particular for RR, were a direct result of regular structured monitoring by the CMT and other task teams.

The last audit was in 2013. UNICEF Tanzania updated its enterprise risk management matrix with facilitation by the Regional Office.

Fund-raising and Donor Relations

The Country Office's fundraising and donor relations are aligned with UNICEF's Integrated Resource Mobilisation Strategy for 2014-2017, paying close attention to pipeline management and quality reporting for results. Fundraising efforts were also framed by Tanzania's UNDAP and country-based guidelines aiming at enhanced coordination amongst UN agencies. A Resource Mobilisation Specialist was recruited in March 2015 to enhance the quality of donor results reporting and to step up resource mobilisation efforts during the transition to a new Country Programme in July 2016. A resource mobilisation strategy was being developed in late 2015, pending broader guidance at the level of the UN Country Team.

UNICEF Tanzania has maintained a range of partnerships with traditional donors and engaged with new donors, such as Republic of Korea, Qatar (Educate a Child) and Dubai Cares. The Office developed new funding arrangements with Canada, receiving support for maternal and new-born health, birth registration and in-service training of teachers. Support from the governments of Ireland and the United Kingdom was important for the nutrition programme.

Resources were sought for the two major emergencies faced by the office (Burundi refugees and the cholera outbreak). Central Emergency Response Funds were received for both, along with funds from DFID and Norway, however significant funding gaps remain. The absence of development partners engaged in humanitarian assistance was also a challenge.

New partnerships with communication companies included the mobilisation of over US\$600,000 through in-kind contributions from Push Mobile, TIGO, Vodacom and Airtel.

Overall, the Office has mobilised US\$ 84.9 million for the current country programme (2011-2016), which represents 83 per cent of its target. This includes an income of US\$ 28.5 million received in 2015. Ninety-three per cent of resources allocated to the Country Programme in Tanzania in 2015 were utilised.

Evaluation

UNICEF Tanzania made active use of its integrated monitoring and evaluation plan for management and planning of evaluations. Moving into the last year of the Country Programme, the 2015-2016 plan is focused on completing activities planned under the current Country Programme. Quality assurance was undertaken by a Research Oversight Group that reviewed all terms of reference, inception reports, evaluation tools and draft reports. The Office has, however, identified the need to strengthen the capacity of programme staff to better manage evaluations.

UNICEF Tanzania has struggled to identify in-country consultants with the required technical expertise to carry out quality evaluations. This caused some delays in implementation of evaluations in 2015, and the quality of some deliverables was not to the expected standard. In future the Office will engage evaluation teams that combine international expertise with national consultants, to ensure a quality product and to build national capacity.

In 2015 four evaluations were completed and management responses prepared for each.

1. Protecting Children from Violence: A Comprehensive Evaluation of UNICEF's Strategies and Programme Performance, Tanzania Country Case Study
2. Tanzania UNDAF 2011-2016
3. TUSEME Programme in Tanzania
4. Integrated Post-Primary Education (IPPE) pilot project in Tanzania

The evaluation of UNDAF 2011-2016 has informed the development of the next UNDAF. In line with recommendations from the Tanzania country case study on "Protecting Children from Violence", a new coordination structure for child protection, most vulnerable children (MVC), gender-based violence (GBV) and child labour was drafted and presented to the national technical committee.

Two evaluations in the education sector (TUSEME and the IPPE pilot), provided evidence to confirm the continued relevance of programme objectives. The recommendations are being used to guide the further implementation and scale-up of these programmes.

Efficiency Gains and Cost Savings

UNICEF Tanzania developed a number of tools in-house to make internal administrative tasks more efficient. These included: the travel management system to manage office travel, trip reports and follow-up actions arising from field trips; the DCT Database to monitor, identify and address bottlenecks in the process for direct cash transfer and liquidation of funds from UNICEF partners; the Wiki Ya Watoto (Children's Wiki), which enables staff to contribute content updates to the Situation Analysis of Women and Children in their respective sectors on a rolling basis; the e-HACT system to help the office manage its harmonised approach to cash transfers (HACT) activities by profiling all partners, monitoring implementation of micro-assessments, audit and spot-check recommendations and storing related documents.

The Country Office achieved significant savings by installing solar-powered security lights both around its office compound and also at the plot of land where the new office is being built. The

savings in electricity costs are estimated at about US\$300 per month, which means the cost of the lights will be fully recovered in two years through reduced electricity usage. Other opportunities for replacing electricity consumption with solar power are being explored.

Supply Management

The supply unit focused on four strategies: service delivery, systems strengthening and pipeline monitoring through leveraging partnerships and influencing local markets. The supply unit served UNICEF programmes and supported procurement services for Government. The supply role expanded in 2015 due to the emergency response in support of Burundian refugees.

Procurement in 2015 was as follows:

UNICEF Tanzania 2015	Value in US\$
Programme supplies	6,545,717
Operational supplies	76,266
Services	3,092,416
Total	9,714,399

Procurement services were as follows (in US\$).

Procurement Services – GAVI channel	41,810,894
Procurement Services – Regular channels	6,572,574

Procurement services included processing cost estimates, managing communications between Supply Division and local partners, and supporting customs clearance procedures. The 34 per cent drop in the value of procurement services (at US\$73,510,179 in 2014) was due mainly to the reduction in GAVI financing for vaccines.

Procurement was mainly through long-term agreements (LTAs) and direct orders. The Office held 26 Contracts Review Committee (CRC) meetings and awarded 43 contracts. Fifty-seven LTAs were established and managed for goods and services used by UNICEF Tanzania, other UN agencies and the UNICEF offices in Burundi and the Democratic Republic of Congo. UNICEF led a countrywide supply market survey resulting in the registration or re-registration of 310 suppliers for goods, and 273 suppliers for commodities. The benefits realised from LTAs included reduced transaction time, lead-time/delivery period, uniform quality and improved relationship with suppliers.

UNICEF Tanzania has no warehouses, but directly delivers – including customs clearance, transit storage and physical delivery – to partners. The main challenge was outbound supply chain visibility and end-user monitoring, which needs strengthening. Delays in customs clearance by the Government medical stores department has been a challenge, resulting in increased expenditure on demurrage and port storage charges. The Country Office has met with the Ministry to explore options for improvement.

Security for Staff and Premises

The Country Office works closely with the UN Department of Safety and Security (UNDSS) to maintain up-to-date minimum standards and procedures. All staff, including new staff, have undertaken the mandatory safety and security certification courses, and compliance is closely monitored by the Human Resources section. Newly arrived staff are oriented by UN security

officers. Security briefings and notices by UNDSS and actions decided on by the UN Security Management Team are regularly disseminated to staff.

Residences of newly arrived international staff are inspected and cleared by UNDSS prior to their occupation. The security standard provides for 24-hour guards and alarm systems at staff residences. Due to the erratic supply of electricity, assistance is provided for the purchase of generators and generator fuel. Additionally, national staff were provided with salary advances, whenever warranted, to enhance the security of their residences.

In November UNICEF Tanzania relocated to an improved building. The Office maintains a 24-hour guard service, electric fencing on the perimeter wall, and an access control system that only allows authorised personnel into the offices. A CCTV system records all activities outside the office building and at strategic outside locations. Only official vehicles are allowed into the compound and must be checked before they enter.

Provision of adequate security for staff and premises is extended to the zonal offices. The Zanzibar office is under the security of the UN common premises, but has been provided with three hand-held radios and one satellite phone. The Iringa office has two handheld radios and a satellite phone, while the emergency office in Kigoma has five hand-held radios, three satellite phones and a backup satellite internet connection. All field vehicles have VHF and UHF radios.

Human Resources

In December 2015 the Office had 124 established posts in three locations: Dar es Salaam, Zanzibar and Iringa, and gender balance was 50 per cent female/50 per cent male.

Twenty-four recruitments were undertaken, for 15 fixed-term positions and nine temporary appointments. The human resource demands related to the refugee and cholera emergency responses on top of the regular workload stretched the capacity of the HR unit to the limit.

The Office implemented 53 per cent of its Learning and Development Plan 2015. The low completion rate was partly due to non-availability of staff who were deployed to the refugee emergency. Nonetheless staff members participated in group learning activities, individual learning and e-courses. Learning activities included: theory of change, HACT, programme planning process, writing skills, competency-based interviewing for supervisors and interviewees, dynamic leadership, media spokesperson training, HIV/AIDS in the Workplace, leave and attendance management, pension fund and health insurance schemes, salary advance, flexi-work, cholera prevention and using the financial utilisation analysis cube. Preparation of the new Country Programme provided a learning opportunity to all staff engaged in the process.

The performance assessment system cycle was observed, with a 100 per cent completion rate of the 2014 assessments by June 2015.

The Office maintained a fulltime Emergency Officer and an Emergency Focal Point in each Section. The Office also has local Peer Support Volunteers and subscribes to the local UN Stress Counsellor.

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

The Office continued to address issues arising from the 2014 Global Staff Survey. A two-day all-

staff retreat was devoted to reviewing the findings and preparing an action plan. Implementation is monitored by the JCC each quarter.

The relocation of the Office has provided an improved working environment for staff.

Effective Use of Information and Communication Technology

UNICEF Tanzania shifted to new locations in Dar es Salaam and Iringa this year. During the move, configuration of the gateway to global standard for connectivity infrastructure was set up in Iringa. During the office move in Dar es Salaam the business continuity plan was put to test and staff were able to function in both the old and new locations as well as from home, thus minimising interruption of work. The BGAN service (satellite internet connectivity) was re-activated in a remote refugee camp setting where there was little-to-no cell phone or Internet service in order to support use of a new web-based tool for collection and management of data on unaccompanied children.

The ICT unit actively participated in resolving local VISION problems by liaising with the help desk in the region/HQ and attending meetings through Lync/Skype for Business Conferencing, Skype and webinar sessions.

The ICT unit upgraded the Windows Update server to Windows Server 2012 in Dar es Salaam and also in the Zanzibar sub-office. Gateway devices in Dar es Salaam were upgraded as part of the overall security infrastructure upgrade.

The UNICEF Tanzania Facebook page continues to enjoy a solid fan base with the number of fans increasing from 7,000 in January 2015 to 10,000 by December, and its Twitter page currently has over 4,000 followers. UNICEF Tanzania has promoted the #ENDviolence hashtag in the context of the #ENDviolence advocacy initiative in Tanzania, with specific efforts to end violence against children with albinism. In the context of the presidential election advocacy campaign, the #Vote4Children hashtag was seen by over 20,000 Twitter users.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved and equitable use of high impact MNCH and nutrition interventions and promotion of healthy behaviours and nutrition practices

Analytical Statement of Progress:

Major achievements this year were the development of national strategies: the Health Sector Strategic Plan IV and Reproductive, Maternal, New-born and Child Health Strategic Plan (called One Plan II), both for the next five years. Bold initiatives such as Big Results Now (BRN) that focus on the reduction of maternal and new-born deaths, improving accountabilities and performance management were launched. UNICEF provided technical and financial support for this national policy level work, which was further complemented by improved planning capacity at the sub-national level, as demonstrated by the improved quality of comprehensive council health plans. Capacity building was undertaken for some critical programme components, such as immunisation, new-born health and community health, including in the areas of procurement and distribution of 135 additional cold chain refrigerators that can be operated either by electricity or gas, 202 cold boxes and 900 vaccine carriers. UNICEF continued collaboration with local government authorities (LGAs) in three regions and six district councils and two NGOs (CUAMM Doctors with Africa and AMREF Health Africa), and implemented the national

integrated community reproductive, maternal, new-born, and child health (RMNCH) package. A total of 466 community health workers from 233 villages were trained and supported with tools. They contribute to strengthening community health structures, improving referrals and providing community awareness on key maternal and child health issues. Ten ambulances were distributed to Mbeya region for improving the capacity of emergency referrals. Despite these efforts, some targets for effective coverage of emergency obstetric and neonatal care (EmONC) and delivery by skilled birth attendants are unlikely to be reached.

Most key health service coverage indicators have improved or remained high. Tanzania was declared polio-free and overall immunisation coverage was above 90 per cent, mostly due to expanding the 'reach every child' strategy, reduced vaccine stock-out and improved monitoring. The development of an electronic Vaccine Information Management System (VIMS) will further strengthen vaccine logistics management. A case of suspected paralysis was detected in Lindi in December 2015, which was confirmed not to be polio but rather due to a vaccine-derived virus with some mutation (Sabin 2). Although this does not change the country's polio free status, Tanzania intensified routine immunisation in all districts in the region and remains polio-free. Introduction and distribution of a new formulation of Amoxicillin dispersible tablets for pneumonia and co-packed oral rehydration solution and zinc for diarrhoea, intensive communication campaign and training of health workers with distance learning d-IMCI training this year led to the revitalisation of the integrated management of childhood illnesses (IMCI) Programme. The prevention of mother-to-child transmission of HIV (PMTCT) programme has increased coverage of Option B+ to 92 per cent, since its introduction in 2013, reaching 90 per cent of HIV+ pregnant and lactating women. Overall, under-five mortality has further declined to 49/1000 live births, but maternal and new-born mortality reduction continues to be slow. More attention and improvements are needed to emergency obstetric care services and quality; a recent nationwide assessment revealed that only 10.4 per cent of facilities can deliver these services.

Important progress was made towards cross-sectoral and integration efforts, including the integration of birth registration with immunisation, nutrition with HIV and PMTCT with antenatal care. Following the influx of Burundian refugees in Kigoma, UNICEF rapidly responded to the cholera outbreak through the provision of drugs, treatment kits, cholera beds, health worker training and information, education and communication (IEC) materials. UNICEF, the World Health Organisation (WHO) and World Food Programme (WFP) conducted an oral cholera vaccine campaign in the refugee camp and in 10 villages from host communities affected by cholera. Ninety-two per cent of the eligible refugee population (WHO guideline) and 86 per cent of the eligible population in host communities were reached. More than 30,000 under-five children were vaccinated, with UNICEF's support, and continue to follow Tanzania's immunisation schedule for all children. In response to increased malaria morbidity and mortality, UNICEF, in collaboration with partners, developed and implemented the comprehensive malaria response plan, featuring five key activity areas. Other maternal and child health services were provided to refugees in collaboration with partners such as the Tanzania Red Cross and Medecins sans Frontières.

Major achievements were also made in nutrition. Stunting prevalence in Tanzania decreased from 42 per cent in 2010 to 35 per cent in 2015, according to the Demographic and Health Survey (TDHS) and National Nutrition survey (TNNS), respectively. During the same period, underweight and global acute malnutrition also decreased, from 16.2 per cent to 13.4 per cent, and from 4.9 per cent to 3.8 per cent, respectively. In the UNICEF focus regions of Mbeya, Iringa and Njombe coverage of promotional services for stunting reduction increased to 5 per cent of the total target population, reaching 20,000 pregnant women and mothers /caregivers of

children under two years of age. Despite significant progress, more enhanced efforts will be needed to accelerate progress toward some indicators.

Vitamin A supplementation coverage increased from 61 per cent in 2010 (TDHS) to 72 per cent in 2014 (TNNS). In 2015, according to routine data, 92 per cent of children aged 6-to-59 months received Vitamin A supplementation and deworming.

A bottleneck analysis on integrated management of severe acute malnutrition showed that 23 per cent of children under five with SAM were admitted for treatment in 2014/15. In UNICEF-supported regions, this figure increased from less than 10 per cent in 2012 to 40 per cent in 2015; 4,500 children were treated in Mbeya, Iringa and Njombe regions and Zanzibar in 2015. UNICEF also contributed to ensuring treatment of children with SAM in refugee camps; 780 Burundian children were treated between May and December 2015.

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

Analytical Statement of Progress:

A total of 135 additional cold chain refrigerators (RCW50EG type, which can be operated either electricity or gas), 202 cold boxes (RCW25 type) and 900 vaccine carriers were procured and distributed. As a result, the latest report from the immunisation and vaccine development (IVD) programme shows that 97.4 per cent of health facilities have functioning refrigerators. A recently concluded Effective Vaccine Management Assessment also indicated that there is sufficient cold chain storage capacity to accommodate introduction of other new vaccines including Inactivated Poliomyelitis Vaccine, which is planned for April 2016.

However, due to construction of new facilities and aging of existing cold chain equipment a gap remains, especially at the facility level. The IVD programme, in collaboration with partners, is now developing a cold chain expansion and sustainability plan to ensure delivery of quality and potent vaccines to children.

Efforts to establish a web-based data management system for vaccine management continued in 2015. The Ministry of Health and Social Welfare (MoHSW), in collaboration with UNICEF, and other partners developed a management system (VIMS) that will improve visibility of data for informed and quick decision-making for IVD. The system will be linked to the existing Electronic Logistic Information System and other electronic systems in the MoHSW. The pilot of VIMS will start in January, 2016. UNICEF will support its roll-out in UNICEF-supported districts in Mbeya, Iringa and Njombe regions.

Generally there has been significant improvement in vaccines stock management, with vaccine stock-outs at health facilities dropping to 1.4 per cent from 8.3 per cent last year.

A mid-term assessment of the installed solar direct drive (SDD) refrigerators for the immunisation programme was conducted in March 2015 in collaboration with the Clinton Health Access Initiative (CHAI). Fifteen of the 35 installed SDDs were monitored, revealing that none had temperature excursion that could damage the vaccines; all respondents praised the ease of use as opposed to managing a fuel system of an absorption unit. Based on the above results, the IVD Programme is procuring an additional 100 refrigerators to install in more regions and continue monitoring before embarking on national scale-up.

OUTPUT 2 MOHSW and LGAs produce, quality and timely data for evidence based planning and decision making

Analytical Statement of Progress:

For the first time in Tanzania, a National Nutrition Survey (TNNS) using ‘SMART’ methodology was carried out by the Tanzania Food and Nutrition Centre, with UNICEF’s technical and financial support. The survey shows trends in the prevalence of all forms of malnutrition, as well as infant and young child feeding (IYCF) indicators, hand-washing and the coverage of key nutrition interventions (Vitamin A supplementation, salt iodisation). The survey was adopted by the Government of Tanzania during the High Level Nutrition Steering Committee in March 2015. The Survey was used to orient new donors (such as DFID and Children's Investment Fund Foundation) to identify the priority regions for their interventions in accordance with the burden of malnutrition, and is currently being used for evidence-based planning during the preparation of the National Multisectoral Nutrition Action Plan (2016/17 – 2020/21). The Government of Tanzania has decided to carry out the TNNS every two years (in between the DHS) to track progress on nutrition and identify gaps for planning and investing in nutrition.

OUTPUT 3 MOHSW, LGAs and Shehias strengthen community health structures and communication strategies for promoting health and nutrition behaviours

Analytical Statement of Progress:

The National Community-Based Health Programme guideline and strategy were implemented in Mbeya, Iringa and Njombe through orientation and training of regional and district health management teams. Twenty-two districts in the three regions developed community health plans that will be integrated into their respective council comprehensive health plans for 2016/2017. The plans will facilitate the delivery of child survival interventions at the community (village) level.

The Government of Tanzania expanded the scope of the existing health facility-based medical attendant cadre to include a community health worker (CHW), social welfare aide and medical attendant. UNICEF provided technical and financial support for the development of the national curriculum for health aides to operationalise the training of community health workers. The first one-year training for the new cadre began in December 2015.

UNICEF continued collaboration with LGAs in three regions and six district councils, as well as two NGOs (CUAMM Doctors with Africa and AMREF Health Africa), in the implementation of the national integrated community RMNCH package. A total of 466 CHWs from 233 villages in 45 wards were trained and are now operational. The CHWs were supported with working tools (job aids, registers, referral slips, weighing scales) and personal equipment (bicycles, raincoats, gum boots and bags) to facilitate their work. The CHWs contributed to strengthening community health structures, improving referrals and providing community awareness through the use of these job aids.

Furthermore, the national guideline and costed strategy for health promotion (NGHP and NSHP) were endorsed by the Government, and UNICEF supported their implementation in its three focus regions through regional and district health management teams. District health promotion plans were subsequently developed in six districts in the three regions.

OUTPUT 4 Relevant MDAs and LGAs develop, implement and monitor policies, plans and budgets for effective delivery of health services

Analytical Statement of Progress:

The Government initiated a presidential initiative called “Big Results Now” in the health sector. The thorough review and analysis of the situation through a six-week long “lab” resulted in four priority areas for quick and tangible results, namely: performance management, human resources for health distribution, improving accessibility to health commodities and RMNCH. UNICEF advocated strongly and was successful in making RMNCH one of the special focus areas of BRN, and particularly targeting the most disadvantaged regions around the lake zone in the western part of Tanzania.

Under BRN, UNICEF supported the “star-rating” performance assessment for accreditation of health facilities. In collaboration with WHO and UNFPA, a nationwide EmONC assessment was conducted, which established that only 10.4 per cent and 5.4 per cent of delivery facilities have the capacity to deliver basic and/or comprehensive EmONC services, respectively. A proposal to the RMNCH Trust Fund, developed with UNFPA and WHO, was successful in accessing the fund, which is now supporting implementation of the sharpened National RMNCH Plan. UNICEF also conducted new-born care assessment in Zanzibar, which contributed to the design of the annual plan for 2015/2016. With the support of UNICEF headquarters and the Regional Office, a series of consultations and workshops were conducted to agree on standards for maternal and new-born care. These consultations, also involving WHO local and global teams, have contributed in the ongoing development of a global standard for new-born care.

Under this output, UNICEF utilised immunisation support to strengthen equity-sensitive health service delivery through the ‘reaching every child’ (REC) approach. Technical and financial support was provided for the revision of REC guideline as well as its implementation in the six UNICEF-supported districts in the mainland and Zanzibar. The total number of under-vaccinated children in the country declined from 145,140 in 2013 to 47,013 in 2014. The integrated measles and rubella vaccination campaign in October 2014 was successfully conducted with 97 per cent coverage; the vaccine is now part of the routine immunisation programme.

As part of the Polio end-game strategy, Tanzania conducted a ‘dry run’ for the switch from trivalent oral polio vaccine to bivalent oral polio vaccine. A pioneering draft “switch plan” was developed and shared with WHO and UNICEF regional offices for review, and became an example for other countries. This plan will guide the country in the preparation and implementation of the switch, planned for April 2016.

Finally, technical support was provided to the process of formulating the Health Sector Strategic Plan IV as well as the Reproductive, Maternal, New-born, Child and Adolescent Health Strategic Plan II (One Plan II), which will guide national priorities in the next five years. A strong focus is placed on the quality of care.

OUTPUT 5 Relevant MDAs and LGAs integrate nutrition into policies, plans and budgets and strengthen institutional arrangements for delivery of services

Analytical Statement of Progress:

UNICEF contributed to the significant reduction of national stunting prevalence among children under five; from 42 per cent in 2010 to 35 per cent in 2014. In UNICEF-supported areas the coverage of nutrition interventions increased during the reporting period. Community services for promotion of optimal IYCF practices among pregnant and lactating women increased from zero in 2013 to 5 per cent in 2015. Coverage of treatment of SAM among children under five years old increased from less than 5 per cent in 2013 to 40 per cent in

2015. Vitamin A supplementation and deworming coverage increased from 61 per cent and 50 per cent in 2010 to 72 per cent and 71 per cent in 2014, respectively, and the consumption of iodised salt in Zanzibar increased from 70 to 77 per cent.

UNICEF supported capacity building of 87 per cent of district nutrition officers and 60 per cent of regional nutrition officers by supporting national in-service training programmes. This resulted in the establishment of district and regional nutrition steering committees, which improved coordination for nutrition, and led to the near-doubling of district spending on nutrition (US\$29,688 in the financial year 2011/12 to US\$58,463 in the financial year 2014/15).

The national nutrition information system was strengthened through the implementation of the National Nutrition Survey, which will now take place on a bi-annual basis. A multi-sectoral nutrition scorecard for tracking key nutrition indicators in regions was developed and will be completed quarterly. The routine nutrition information and surveillance system was also strengthened through a review and incorporation of nutrition indicators into the district health and health management information systems to regularly track progress.

UNICEF's technical support to the Government on policy and strategy resulted in a revised Roadmap for the preparation of the National Multi-sectoral Nutrition Action Plan 2016/17 – 2020/21.

OUTPUT 6 Selected ministries, departments, and agencies, local government authorities, and non-state actors deliver increased quality of HIV/AIDS care and treatment services

Analytical Statement of Progress:

As compared to the high coverage of interventions for prevention of mother-to-child transmission of HIV for mothers, the coverage of antiretroviral treatment (ART) for HIV-infected children is still limited. According to the latest estimate by UNAIDS Global Progress Report, the proportion of children <15 years living with HIV who are on antiretroviral treatment was only 29 per cent in 2014. (The 2015 figure will only be available after revised estimates). The increase from 26 per cent in 2012 is very limited and all partners are making efforts to accelerate progress. Government also introduced a policy to treat all children with HIV.

Assessment conducted earlier by UNICEF showed that the key bottleneck of this low treatment coverage is the poor access to diagnosis of HIV among children born to HIV-positive mothers. Therefore UNICEF has strongly advocated to all stakeholders, especially to PEPFAR and its implementing partners, to improve the coverage of early infant testing. As the result, of the children born to HIV-positive mothers, 61 percent were tested for HIV within two months after birth in 2014. Although this is still low, it represents an increase from 34 per cent in 2013.

To strengthen retention in care for mothers living with HIV and their HIV-exposed infants, UNICEF supported a community-based approach for three years through the Mother Support Group (MSG) and Mother Mentor (MM) programmes, implemented in Iringa, Mbeya, and Dar es Salaam and Ruvuma regions. It was implemented in 107 health facilities and provided key HIV information to 3,297 HIV + pregnant women, resulting in improved retention in care.

The MM programme successfully traced 98 per cent of the 239 mother-baby pairs reported as 'lost' and reconnected them with the health facility. The MSG successfully traced and brought back 93 per cent (871/927) of mother-baby pairs. Ninety-five per cent of HIV-exposed infants in the MM and MSG project sites had received a virologic HIV test by the age of two months compared to the national average of 60 per cent. These lessons are contributing to the

development of national guidance. UNICEF is currently evaluating these two community-based programmes.

In partnership with CHAI, UNICEF supported country efforts to adapting point of care (POC) technology for early infant HIV diagnosis and viral load monitoring. POC for early infant HIV diagnosis reduces the turn-around time between collection of dried blood spots samples and the return of results, and ensures that HIV-infected children are started on ART in a timely manner. POC for viral load testing will improve patient care, leading to improved health outcomes among people living with HIV. One key achievement in this work was the development of a POC testing implementation guideline. POC is a new technology and the device procured by UNICEF/CHAI has to be evaluated for registration by the Government prior to roll-out. The evaluation work for the POC devices is underway.

OUTPUT 7 Selected MDAs, LGAs and NSAs implement evidence-based PMTCT (HIV prevention) programmes

Analytical Statement of Progress:

During the reporting period, the expansion of life-long antiretroviral therapy for pregnant and lactating women (Option B+) was continued. The number of facilities providing this treatment rose from 4,914 in 2013 to 4,943 in 2014 (national 2015 data will be available only in March 2016, after triangulation and validation). This year 88 per cent of all pregnant women attending antenatal care services received HIV testing and counselling and 90 percent of HIV-positive pregnant and lactating women received antiretroviral therapy.

UNICEF supported the national PMTCT programme to strengthen programme monitoring, using a PMTCT scorecard system, implemented at both the national and regional levels. The system provides key information for managers at facility, district, regional and national levels, enabling them to assess programme performance and target support and supervision for poorly performing facilities.

The mother-baby cohort follow-up system that UNICEF is supporting the Government to establish is expected to address the challenges with high levels of women's dropout from treatment and low coverage of HIV testing among HIV-exposed infants within two months of birth and at the end of the breastfeeding period. Working with partners, UNICEF continued to provide technical and financial support to the Ministry of Health to develop the mother-baby cohort monitoring system. This support is in the form of organising stakeholder consultations, technical consultations with global inter-agency task team (IATT) and printing of tools. The next phase will involve pilot testing of the system to inform countrywide scale-up of the mother-baby cohort monitoring system, which is expected to make significant contributions toward achieving the goal of eliminating mother-to-child transmission of HIV.

OUTPUT 8 Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra coordinated response in Health and Nutrition in emergencies.

Analytical Statement of Progress:

UNICEF contributed to ensure treatment of children with severe acute malnutrition in camps for Burundian refugees; 780 were treated between May and December 2015.

Following the influx of Burundian refugees in Kigoma, about 32,000 doses of measles and rubella and 32,000 doses of oral polio vaccines were procured and more than 30,000 under-five

children were vaccinated. Additional vaccines were supplied to provide routine vaccination for all children below two years, in accordance with the Tanzanian immunisation schedule.

Soon after the first influx of Burundian refugees, a cholera outbreak occurred in several locations hosting refugees, including Kagunga village, the temporary holding centre in Lake Tanganyika stadium, the Nyarugusu refugee camp and surrounding host communities. In response, UNICEF provided medicines including six diarrhoea disease kits; 5,000 sachets of ORS; 1,500 doses of antibiotics; 20 cholera beds; and IEC materials in Kiswahili and Kirundi languages. With support from the United Nations and partners, a total of 80 hygiene promoters, 135 health information team members, and 30 sanitation and hygiene information team members were trained and supported to conduct community sensitisation and mobilisation for prevention and control of cholera. Vigilant communication and social mobilisation activities were implemented. The outbreak was successfully controlled within a short time

UN agencies (UNICEF, WHO and WFP), in collaboration with partners, also conducted a comprehensive oral cholera vaccine campaign in Nyarugusu refugee camp and 10 neighbouring villages affected by cholera during the refugee influx. The vaccine was given to 131,000 refugees (92 per cent coverage) and 44,410 people from host communities (86 per cent coverage).

In response to increased malaria morbidity and mortality in Nyarugusu camp, UNICEF and partners developed and implemented a malaria response plan which included the blanket distribution of long lasting insecticide treated nets (LLINs), case identification and management, intermittent preventive treatment to pregnant women (IPTp), community sensitisation and mobilisation for malaria prevention and control. UNICEF contributed 20,000 LLINs into a pool of 59,770 LLINs donated by various agencies; distribution is ongoing. In addition, UNICEF collaborated with the national malaria control programme to train 241 health information team members and supported them to conduct a three-day comprehensive malaria control campaign. UNICEF is also procuring an additional 32,000 LLINs needed by Burundi and Congolese refugees.

Despite the challenging conditions in the camp, no major disease outbreaks have occurred since the initial cholera outbreak, and no increase in mortality has been observed.

OUTCOME 2 Equitable and sustainable access and use of safe water supply, improved sanitation and appropriate hygiene practices in rural and peri-urban schools and communities

Analytical Statement of Progress:

Given Tanzania's poor sanitation statistics (34.1 per cent of households with access to improved facilities), UNICEF has been working upstream to increase the pace of advocacy for higher prioritisation of sanitation and hygiene. Together with partners, UNICEF supported Tanzania's participation at the 'African' conference in Dakar, Senegal, as well as South to South learning through a study visit to Zambia, where community approaches to sanitation have registered great success. Through sector dialogue mechanisms, UNICEF's focus continues to be on supporting the Government to reactivate sanitation policy development, redesign and strengthen institutional structures and initiate consultations for the development of community behaviour- change interventions for household sanitation and hygiene promotion.

At the sub-national level, UNICEF accelerated the delivery of a package of household sanitation and hygiene interventions in selected districts through engagement of NGO partners. The target is for 600 sub-villages to be declared Open Defecation Free. The interventions also sought to

improve institutional capacity in districts to deliver a sanitation and hygiene package and to gather and document experiences and lessons learnt and escalate, producing evidence for national advocacy to inform policy and guidelines development as well as national scale-up.

As part of the acceleration efforts, 157 local artisans in villages were trained in the construction of low-cost, improved sanitation facilities. These trained artisans will ensure availability, in close proximity to beneficiaries, of knowledge and skills, leading to improvement and sustainability of quality services.

Sustainability has been a key consideration in the design and implementation of UNICEF's school WASH programme. UNICEF has taken concrete steps to support the development of capacities and engagement of key stakeholders, particularly those directly involved in school WASH interventions. As a result, school management committee members, community leaders, parents and other community members in 47 schools have been mobilised, oriented and trained on school WASH governance, planning and budgeting, including establishment of operation and maintenance funds as a necessary measure for ensuring that facilities are properly managed and services are sustained. The training enabled the imparting and acquisition of practical skills and knowledge to provide safe, child-friendly WASH services to school pupils.

Following the preparatory work done in 2013/14 on 'Fit for school', a second mission was conducted from which a plan for a pilot was proposed for implementation in at least 40 schools on group hand-washing. The pilot was to test the feasibility of behaviour change on hand-washing among school children. To support implementation, a resource team of 30 persons, drawn from government and civil society organisations at the national and sub-national levels was trained. Results and lessons from the pilot will inform the design of implementation details for scaling-up the approach. 'Fit for school' is implemented in partnership with GIZ under the leadership of the Ministry of Education and Vocational Training.

At the start of 2015, UNICEF responded to a cholera outbreak in Kigoma by activating the Programme Cooperation Agreement (PCA) with the Tanzania Red Cross Society (TRCS). Early response managed to contain the outbreak.

Following political volatility in Burundi in April 2015, the contingency PCA with TRCS was amended to include WASH emergency preparedness and response to counter the consequences of the Burundi refugee influx, initially estimated at 30,000. By 4th June 2015 the Regional Health Office reported 4,500 cumulative cases of cholera, including 60 in the host population. In the early stages of the crisis, the main focus was on responding to the needs of the refugees; at the main entry point in Kagunga village, the transit station at Lake Tanganyika Stadium, and in the designated camp. UNICEF, through TRCS, supported the refugees with emergency supplies (plastic slabs, collapsible jerry cans, buckets and soap) for emergency latrine construction and supplies for promotion of safe household water handling, including handwashing at critical times. A total of 20 TRCS volunteers were trained on hygiene promotion and the volunteer network was utilised to sensitise the refugees on improved hygiene behaviours in order to interrupt cholera transmission.

A third cholera outbreak was sparked in Dar es Salaam in September and by the end of 2015 had spread to 19 of 23 regions, with over 12,000 cases and 200 deaths. UNICEF led the WASH response, which focussed on water treatment at the source and household level as well as intensive behaviour-change communication via mass media, SMS and inter-personal communication.

OUTPUT 1 GoT/RGoZ adopts evidence based measures to enhance decision making; equity and inclusion of women, children and vulnerable populations in WASH

Analytical Statement of Progress:

The Ebola outbreak in West Africa brought into focus the important role of WASH in health care facilities (HCF). The WASH programme participated in a global meeting in Geneva organised by WHO and UNICEF to receive reports on evidence and craft a plan of action to tackle WASH in HCF. The WASH programme partnered with the Government National Institute for Medical Research to conduct a study on the WASH situation in HCF in seven UNICEF Programme Districts in a bid to generate evidence to inform programming and advocacy that will inform policy and design of interventions. The study focused on peripheral HCF in vulnerable communities. WASH in health facilities has been flagged as a new area of intervention for the 2016-2021 Country Programme.

In order to strengthen institutional capacity, especially at sub-national level, UNICEF facilitated 60 sub-national level WASH practitioners from six programme districts to participate in a workshop on the WASH bottleneck analysis tool (BAT), which enabled them to acquire knowledge and skills in the application of the tool. The tool assesses the enabling environment of WASH delivery by tracking the removal of barriers to sustainable and efficient service delivery at the national, regional, service provider and community levels. The process further enables prioritisation of key activities and strategies designed for removal of the identified bottlenecks. Some of the immediate outcomes from the WASH BAT workshop were used as inputs to improve the National Rural Water Supply Sustainability Strategy, rural sanitation and hygiene promotion interventions and sub-national institutional strengthening, which are the main bottlenecks faced by the sector.

The MoHSW was facilitated to roll out the Sanitation and Hygiene Management Information System (MIS), including supporting a delegation of Government and development partner officials to a learning visit in Zambia to inform this process.

To facilitate gathering of evidence to inform the finalisation of school WASH guidelines in Zanzibar, UNICEF partnered with Cooperazione Rurale in Africa e America Latina to pilot the applicability of the draft School WASH guidelines in six selected schools. Feedback from the pilot was used to inform the finalisation of the Guidelines.

OUTPUT 2 GoT/RGoZ implements a co-ordinated, scaled up national response for improved Sanitation and Hygiene (S&H)

Analytical Statement of Progress:

Efforts to ensure higher prioritisation of sanitation in the WASH sector continued with support provided to the MoHSW to revise and update a number of guiding documents in preparation for the implementation of the National Sanitation Campaign, phase two, under the Water Sector Development Programme (WSDP 2015-2019), in view of a dedicated sanitation and hygiene component with increased budget. The revised guidelines include: village sanitation register; sanitation options manual and training guide; community-led total sanitation manual (modified into separate volumes for triggering in rural, urban and school settings), the open defecation-free verification and certification protocol; and the national sanitation campaign Implementation guide. The guidelines and manuals offers comprehensive guidance on technical issues and recommend effective approaches for promotion of sanitation, hygiene, and household water treatment and safe storage at all levels.

In addition UNICEF and partners supported a delegation from Tanzania, led by the Minister of Health, to the 4th Ministerial AfricaSan meeting held in Dakar, Senegal from 25th – 27th May 2017. The governments committed, among other things, to focus on the poorest, most marginalised and underserved, to mobilise resources to reach a minimum of 0.5 per cent GDP by 2020 and to strong leadership and coordination at all levels. In the push towards addressing the prevailing low access to improved toilets and hygienic practices, UNICEF stepped up its support for community-level interventions through community-led approaches to sanitation by partnering with NGOs to support accelerated implementation in nine programme districts with the target of driving 600 sub-village towards ODF status.

Under the national sanitation campaign programme, UNICEF supported and strengthened the capacity of LGAs, including district water and sanitation teams, to acquire knowledge and skills on community-led approaches. Team members' acquisition of skills will lead to support for effective, community-led action to eliminate open defecation, building and use of improved toilets and promotion of appropriate hygiene behaviours. To scale-up adoption of improved sanitation, local artisans and entrepreneurs at village level were trained in the construction of low-cost improved facilities. As a result 7,489 households (an estimated 37,400 people) in six UNICEF programme districts gained access to improved toilets.

In partnership with other key WASH stakeholders, UNICEF supported the MoHSW to attain greater effectiveness in its advocacy work to promote the national sanitation and hygiene programme. Support included making use of key WASH events, such as Global Hand- Washing Day, World Toilet Day, National Sanitation Week and World Water Day, where members of the public had opportunities to learn more about WASH activities, and inspiring them to make positive changes in their lives through; social media, press releases and hosting of exhibitions. Approximately 1 million people were reached with hygiene and sanitation messages during Global Hand-Washing Day.

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

Analytical Statement of Progress:

To ensure sustainable implementation of the school WASH programme, UNICEF continued to promote universal use of the National school WASH guidelines by working closely with implementing partners and engaging key stakeholders, particularly those directly involved in the implementation of interventions and management of school WASH services. This has largely involved taking concrete steps to support development of their capacities to ensure that interventions are aligned to the National School WASH guidelines.

UNICEF supported the construction of WASH facilities (toilets, water supply, and hand washing) in 47 schools over the reporting period. This has enabled more than 59,000 school children (30,690 girls and 28,310 boys) to gain access to improved services that provide an enjoyable and healthy learning environment for children, especially the girl child who benefits from separate facilities for each sex with a special room in the girl's block for menstrual hygiene management. All toilet facilities have a room to cater for children with disabilities.

Promoting hygiene is another core component of UNICEF's interventions in schools, which include the formation and training of School WASH clubs. UNICEF has supported the training of 141 teachers in 47 schools, providing them with practical skills to facilitate the formation of school WASH clubs. Following the training, 47 school WASH clubs with 940 members (527 girls

and 413 boys) were formed and members trained on proper hygiene practices. The club members began to actively deliver hygiene messages to their peers with the intention of facilitating and influencing behaviour change.

Sustainability has been a key consideration in the design and implementation of UNICEF's school WASH programme. To this end, UNICEF has taken concrete steps to support the development of capacities and engagement of key stakeholders, particularly those directly involved in the implementation of interventions. School management committee members, community government leaders, parents and other community members in 47 schools were mobilised, oriented and trained on school WASH governance, planning, and budgeting, including establishment of operations and maintenance funds, needed to ensure that completed facilities are properly managed and services sustained.

Under the leadership of the Ministry of Education in Zanzibar, important progress was made toward finalising school WASH guidelines in Zanzibar, which included partnering with NGOs to pilot the applicability of the draft guidelines in selected schools. Evidence generated from the pilot provided important feedback that informed finalisation of the guidelines, as an important step towards final adoption and approval by the Government to guide scale-up.

With facilitation from UNICEF Tanzania, and in collaboration with Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation) (GIZ), piloting of the Fit for School initiative commenced in 2015 in 50 schools (UNICEF is supporting 30 and GIZ 20), benefiting more than 20,000 school children. The initiative helped to provide a strong platform for scale-up of mass hand-washing that will enable children to create lasting hygiene habits. Experience from the pilot phase will contribute to crafting scale-up strategies to more schools.

OUTPUT 4 Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra coordinated response in WASH in emergencies.

Analytical Statement of Progress:

Although Tanzania falls into the category of “small-to-medium scale emergencies”, mainly cholera and flooding, UNICEF continued to lead coordination efforts for WASH emergency preparedness and response at the national level by supporting regular coordination meetings of WASH actors and close monitoring of stocks for pre-positioned emergency response supplies. Over the reporting period, Tanzania experienced twin large scale emergencies: a countrywide cholera outbreak and the Burundi refugee crisis.

As a response measure to the influx of nearly 122,000 Burundi Refugees to Tanzania due to political instability in Burundi, the existing PCA with TRCS was activated and amended to include WASH emergency action to respond to the crisis through provision of WASH services. The initial response focused more on containing the cholera outbreak at transit centres at Kagunga village and Lake Tanganyika stadium, which later spread to the camp. Through its partnership with TRCS, UNICEF provided support through provision of emergency WASH supplies (plastic slabs, collapsible jerry cans, buckets, soaps, water treatment tablets, and IEC materials). Support was also provided for emergency latrine construction and promotion of safe household water handling, including handwashing at critical times. A total of 20 TRCS volunteers were trained on hygiene promotion and the network was utilised to sensitise the refugees on improved hygiene behaviours for interrupting cholera transmission.

To facilitate settling in of the refugees at Nyarugusu camp, UNICEF supported installation of

water storage facilities, construction of latrines segregated by sex, bathrooms and hand-washing facilities. In addition UNICEF WASH partnered with Water Mission International to improve water supply in Nyarugusu camp, which contributed to adding an additional 390 cubic meters per day of water to the camp's water supply. This not only increased water access per capita to about 17liters/person/ per day, but also ended the resource-intensive water trucking, which was a drain on resources. To ensure safe spaces for learning, UNICEF also supported provision of WASH services in learning/child friendly spaces, contributing to an improved learning environment.

Following a second cholera outbreak that started in Dar es Salaam and later progressively affected almost all regions in Tanzania a comprehensive national emergency response (prevention and control) plan was developed focusing on strengthening coordination at the national and district levels; improving water, sanitation and hygiene; intensive community education and hygiene promotion; and strengthening surveillance and case management in districts. Under the country-wide cholera social mobilisation response, UNICEF supported the MoHSW to design and launch a mass electronic media C4D package on radio, TV and cell phones through SMS.

OUTPUT 5 Improve sustainability of Water Supply interventions [Non UNDAP intervention]

Analytical Statement of Progress:

UNICEF, in collaboration with key sector stakeholders, supported the Ministry of Water to conduct a stakeholders' field learning visit and two consultative technical work-sessions to update and finalise the draft National Rural Water Supply Sustainability Strategy. The strategy is a single, overall framework that will guide stakeholders at all levels to overcome, arguably, the biggest challenge faced by the rural water sub-sector; which is sustaining services.

UNICEF support for piloting effective approaches to improve sustainability of existing rural water schemes in Njombe and Mufindi districts is now completed. The project was aimed at generating evidence and lessons to inform national policy and operational guidelines. The design of the national rural water supply sustainability strategy benefited from evidence generated from the pilot, which entailed strengthening of the institutional arrangements for managing rural water projects.

To accelerate initiatives on sustainable management of community-managed water projects, UNICEF supported orientation and coaching of 20 village executive officers, 17 ward executive officers, 17 ward councillors and 20 members of district council WASH teams from the two project districts. The knowledge gained enabled them to become proactive in supporting entities managing community water supply projects, including introduction and signing of a memorandum of understanding between community owned water supply organisations (COWSOs), the district council water and sanitation teams and respective village governments. This has greatly improved ownership and capacity of community leaders and COWSOs for sustainable management of community water projects. The involved parties are now able to fulfil their roles and responsibilities, including follow-up and reporting, allocating some funds for O&M, resulting in improved functionality of water supply schemes in those communities. Following this intervention, more than 120,000 rural people are accessing better services as a result of improved functionality of their water supply schemes.

With UNICEF support, national steering meetings were initiated as an important mechanism for discussing issues hampering functionality and sustainability of community water projects. The forums brought together key stakeholders from relevant ministries (MoW, PMO-RALG), local

government authorities, civil society organisations (CSOs) and development partners. The outcomes of these discussions have helped to influence relevant ministries to make long-awaited decisions, such as providing LGAs with some funds to support sustainability activities. From the water sector development programme budget, each local government has been allocated approximately US\$ 5,000 annually to support O&M of rural water supply.

UNICEF continued to play an important role in ensuring that water supply services reach the most marginalised communities. In collaboration with the Zanzibar Water Authority, UNICEF supported extension of the pipeline distribution network to unserved and vulnerable communities in four villages in Pemba. Technical and performance assessments of 95 hand-pumped wells were conducted that led to identification of requirements for rehabilitation to restore services. The interventions have enabled more than 2,000 people regain access to a reliable and safe water supply.

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

Analytical Statement of Progress:

Given global recognition that biomedical HIV prevention and treatment (through the health sector) must be complemented by efforts to address structural drivers of HIV through social protection, child protection and education, in 2015 UNICEF Tanzania again played a critical policy, advocacy and technical role in various HIV coordination and planning mechanisms across sectors. These include the development partner group (DPG)-AIDS, the UN Programme Working Group – HIV (Mainland and Zanzibar) and technical working groups (TWGs) for PMTCT, paediatric HIV, ART, adolescent sexual reproductive health, HIV prevention (including condom, STI/VMMC and key population subcommittees), impact mitigation, M&E and social protection, as well as active participation in the Partnership for HIV-Free Survival and PEPFAR implementing partner coordination meetings. Also, through active participation in various technical advisory groups and task teams, UNICEF Tanzania successfully led advocacy for an adolescent-sensitive Investment case analysis, and contributed to advocacy for: 1) carrying out an age-disaggregated antiretroviral treatment cohort analysis by the National AIDS Control Programme (NACP); 2) reducing the age of inclusion in the 2016 Zanzibar integrated behavioural and biological surveillance survey of young people (age 15+); and 3) including an early adolescent module in the 2016 Tanzania HIV impact assessment. These actions filled critical information gaps about paediatric and adolescent HIV, which will in turn be used to guide future efforts to reach children and adolescents and young key populations with HIV prevention, care, treatment and support interventions.

UNICEF Tanzania's participation in the concept note development task forces (at the request of the respective country coordinating mechanisms) and writing teams contributed to the successful submission of HIV/TB concept notes to the Global Fund for AIDS, TB, and Malaria, leveraging resources for HIV/TB commodities and high-impact activities in the amount of US\$228.7 million for the mainland and US\$10.8 million for Zanzibar.

Also of note in 2015 was UNICEF Tanzania's support to TACAIDS for the establishment of a strong and functional national multi-sectoral Adolescent and Young Adult Stakeholder (AYAS) Committee, chaired by director-level cadres in the ministries of health and education. AYAS fills an important gap in partner coordination and sharing of best practices in cross-sectoral issues that affect HIV risk among adolescents and youth. AYAS also provides much-needed oversight for key global, regional and national adolescent initiatives, including ESA commitments, DREAMS (an initiative to help girls develop into determined, resilient, empowered, AIDS-free,

mentored, and safe women, funded by PEPFAR, the Bill & Melinda Gates Foundation and Girl Effect) and 'All In' (launched by TACAIDS in late 2015).

In 2015 UNICEF Tanzania successfully led advocacy to ensure that adolescents are prioritised in social protection efforts and, together with the Innocenti Research Centre and a local research organisation, supported the fielding of a baseline questionnaire to assess outcomes related to school attendance, aspirations, mental health, physical and sexual violence, early sexual debut, pregnancy, marriage, risk behaviours and future expectations among adolescent beneficiaries of the national social protection programme.

In line with policy, the national PMTCT program provides ART to all pregnant and breastfeeding mothers living with HIV, and these services are available in over 90 per cent of all reproductive, maternal, child and adolescent health facilities countrywide. To strengthen programme monitoring, UNICEF Tanzania provided technical and financial support to the MoHSW's PMTCT programme in the development of a PMTCT dashboard and scorecard within the health management information system that allows for visualisation of programme performance. This approach provided pertinent information to the managers at facility, district, regional and national levels on programme performance, to ensure achievement of targets for the nationwide elimination of mother-to-child transmission of HIV, as well as benchmarks for targeted, supportive supervision and improvement of poorly performing indicators. The current rate of mother-to-child transmission of HIV is estimated at 3 per cent at four-to-six weeks after birth, but increases to 9 per cent at the end of the breastfeeding period, hence the need to monitor programme performance and take correction actions as needed.

Of the estimated 181,403 Tanzanian children aged 0-14 years living with HIV, only 29 per cent are receiving lifesaving ART. UNICEF Tanzania provided technical and financial support to the NACP to work with regional health teams and stakeholders to develop region-specific paediatric HIV service scale-up plans based on gaps identified during the 2014 paediatric HIV services assessment. These plans provide a platform for the regional and district health teams and stakeholders to undertake targeted interventions for increasing the diagnosis of HIV among children and their enrolment and retention in HIV care and treatment services, thereby contributing to improved survival, growth and development among these children.

In Zanzibar, the Zanzibar Association of People Living with HIV (ZAPHA+) employed a combination approach to paediatric HIV psychosocial support to reach 39 per cent of estimated children living with HIV (CLHIV) through children's club activities, as well as their caregivers, and conducted community- and school-based interventions to reduce stigma and discrimination. In part because of these anti-stigma activities, the Ministry of Education indicated that all schools have waived the requirement of school contributions from CLHIV, suggesting a more supportive environment.

OUTPUT 1 MDAs and CSOs reach and mobilize MARPs to utilize appropriate user-friendly HIV/AIDS services

Analytical Statement of Progress:

With support from UNICEF, ZAPHA+ scaled up initiatives to build resilience among CLHIV and reduce stigma and discrimination in their families and communities. As of September 2015, the 16 children's clubs located in all districts of Zanzibar had reached 545 (245 male, 300 female) children affected by HIV, of whom 370 (167 male, 203 female) are affected, representing an estimated 39 per cent of all CLHIV in Zanzibar. Psychosocial support and life skills are provided by trained facilitators through children's clubs that meet regularly in safe spaces, helping CLHIV

to develop self-assertiveness that allows them to live confidently in their communities. Together with ZAPHA+, the children clubs conduct anti-stigma meetings in schools, *madrassas*, and communities.

Furthermore, 23 CLHIV (6 male, 17 female) are members of a Young Reporters' Network (YRN). Through the YRN, issues affecting the lives of children infected or affected by HIV/AIDS are raised and communicated to children, decision-makers and the community at large through consultative meetings, conferences, media and particularly through radio broadcasts.

The results of ZAPHA+ programming were presented in poster form at the International Conference for AIDS and Sexually Transmitted Infections in Africa 2015.

With UNICEF Tanzania support, the Zanzibar Integrated HIV, TB and Leprosy Programme) trained 158 health care workers on stigma reduction at the health facility level for people living with HIV and key populations.

With oversight by the Zanzibar AIDS Commission, 2,306 (23 per cent) of key populations (of the estimated 10,060 in Zanzibar) were tested for HIV; 96 were HIV-positive, and 63 were enrolled into care and treatment (to date, through UN and PEPFAR-supported programming).

OUTPUT 2 Relevant MDAs, LGAs and non-state actors effectively operationalise the National Costed Plan of Action (NCPA) for MVCs

Analytical Statement of Progress:

In partnership with TACAIDS, TASAF, the Innocenti Research Centre and the local research organisation REPOA, UNICEF supported the implementation of an adolescent youth questionnaire as part of a TASAF household sample. The objective of the questionnaire is to understand how conditional cash transfer programmes targeted to poor households can improve outcomes related to adolescent/youth wellbeing, HIV risk behaviours, violence and the safe transition to adulthood. This information will equip the Government of Tanzania with in-country evidence to advocate for co-financing of social protection adolescent/youth wellbeing and the safe transition to adulthood, and will add to the growing evidence base of the impact of government-run cash transfer programmes on adolescent/youth wellbeing in Africa. A dissemination of the baseline survey is expected in the first quarter of 2016, and the end-line survey will take place in early 2017.

OUTPUT 3 Selected MDAs, LGAs and NSAs implement evidence-based HIV prevention programmes

Analytical Statement of Progress:

UNICEF Tanzania, with the NGO Restless Development, is finalising implementation of the Mabinti Tushike Hatamu "Girls Lets Be Leaders" pilot to reduce HIV infections, unintended pregnancies and violence among out-of-school girls. To date, 8,524 adolescent girls gained knowledge and skills on HIV and SRH; 1,847 girls accessed HIV, SRH and child protection services; 27 girls' groups were established, with 961 girls provided with entrepreneurship skills and accessing livelihood saving and resources for income-generating activities and, 16,293 community members and 246 local leaders oriented on girls' rights.

UNICEF Tanzania, with partners, sensitised and reached over 10,857 community members with key HIV educational messages, including on the significance of voluntary male circumcision, resulting this service being provided to 2,076 male clients.

Tanzania adapted the Shuga radio programme, a multi-country 12-episode drama that promotes HIV testing and counselling (HTC) and condom use among youth and broadcasted in late 2014 and early 2015 through national and community radios, with special focus on the regions with high HIV prevalence. With UNICEF Tanzania support, mobile phone panel surveys were conducted to measure HTC awareness and uptake among youth aged 15–24 before and after broadcasting the programme. The surveys demonstrated that HTC awareness and uptake increased from baseline to end-line, with radio confirmed as an important source of information about HTC. Results were disseminated globally, including through the Communication Initiative's website and Drum Beat and Soul Beat e-magazines, and will be presented as a poster at the upcoming Social Behaviour Change Communication Summit in Addis Ababa in February 2016.

Production of Shuga radio drama series phase two was completed, with a final draft script of 12 new episodes, a discussion guide for listeners clubs, a social media plan and Facebook content available, for broadcast early in 2016.

Under TACAIDS leadership, the National Behaviour-Change Communication Information Package for HIV Prevention for Young People (comprised of seven modules, including early sexual debut, condoms, VMMC, gender-based violence, multiple concurrent partners, age-disparate sex, alcohol/drug use) were validated and printed, and regional and district teams were oriented on its use.

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

Analytical Statement of Progress:

With leadership from UNICEF Tanzania, the secondary analysis of three large national surveys that was commissioned by TACAIDS and ZAC in 2014 to better understand the vulnerabilities of young people in Tanzania and guide the actions of policymakers and programme implementers in HIV, health, nutrition, education, child protection and social protection, was disseminated and used by Government, implementing partners and development partners in 2015. The analysis provided baseline data for development of five-year regional HIV/AIDS strategic plans, identified geographic hotspots of vulnerability for young females and males, and provided data to continue advocacy for policy/guideline change around child marriage, school re-entry after dropout and age of consent for HTC. The report informed the development of UNICEF Tanzania's new Country Programme (2016-2021), DFID's youth strategy and PEPFAR's adolescent HIV programming in Tanzania.

Informed in part by the secondary analysis described above, a UNICEF Tanzania Adolescent Strategy was developed, to guide programming within the Mainland and Zanzibar in the upcoming Tanzania Country Programme. It incorporates strategic information, programme experience and recommendations from UNICEF Tanzania sections on the most promising opportunities to advance the well-being of adolescents, across sectors.

To better capture the richness of ongoing out-of-school adolescent girl programme activities and girls' experiences in communities, adolescent girl-led participatory action research was carried out in 2015 in the context of the Mabinti Tushike Hatamu (Girls let's be leaders! Pilot, with technical support from the Population Council. Girls reported having few safe spaces to meet; few livelihood options; little access to social protection, individual and group savings schemes or financial/vocational education; and limited access to adolescent-friendly SRH/HIV care. Findings

and recommendations will guide TACAIDS and other partners to scale-up programmes for out-of-school adolescent girls, including through DREAMS.

Given the extraordinary opportunity for the education sector to reach youth with high-quality, large-scale, and sustainable SRH education programs (through the trained staff in 106 teacher training colleges, 15,000 primary schools and 6,000 secondary schools) TACAIDS undertook, with UNICEF Tanzania support, a review of HIV/AIDS, SRH, and life-skills education policies, guidelines and resources in the Tanzanian education sector. This review found that existing policies, guidelines and SRH carrier subject syllabi are strong at the primary and secondary level, but worryingly, that no SRH education content is required within national teacher training curricula and programmes, and the only two SRH education resources disseminated to teacher training colleges nationally are out-of-date and/or of poor quality. The review's findings will need to be discussed in more depth in early 2016 with education sector colleagues to generate recommendations and actions.

Lessons learnt have informed the establishment of sustainable models for provision of care, treatment and support through government structures, with technical support from NGOs. Fifty teen clubs were established at government-run care and treatment centres, providing psychosocial support, SRH and life skills education to 5,044 HIV-positive adolescents (ALHIV), contributing to improved adherence and retention in care among ALHIV, representing almost one-third (31 per cent) of adolescents living with HIV in UNICEF's areas of programme operation.

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

Analytical Statement of Progress:

UNICEF support for regulations and guidelines for operationalising the Law of the Child Act 2009 and the Children's Act 2011 (Zanzibar), ensued that the child protection system is largely defined within Tanzania's regulatory framework. The Government's commitment is grounded in two key national plans of action, one on most vulnerable children (2013-2017) supported by PEPFAR, and one on VAC (2013-2014) supported by UNICEF. The latter is monitored regularly through multi-sectoral coordination structures, with key sectors being held accountable. After consistent lobbying from UNICEF, the Prime Minister's Office agreed to oversee a streamlined coordination structure for vulnerable children.

UNICEF continued to support capacity building of social welfare officers, police, justice actors and other members of district, ward and village child protection teams and most vulnerable children committees, while PEPFAR supports the capacity building of health workers. This has resulted in increased confidence and capacity of service providers to carry out case management for children in need of care and protection. It has also resulted in a much better understanding among local government management of the roles and responsibilities of child protection actors. This is particularly critical for social welfare, as they are in general severely understaffed, underfunded, unrecognised and under-utilised in the government structure. UNICEF advocacy has resulted in increased recruitment of social welfare officers, allocation of social welfare offices, and some (albeit limited) access to government resources, including transport. The Government of Zanzibar recruited one qualified social welfare officer for each of the five UNICEF-supported districts, substantially increasing staff capacity. UNICEF aims to train all social welfare officers in the country, as well as all police at Gender and Children Desks, selected justice actors and all members of child protection teams and most vulnerable children

committees in UNICEF-supported districts by the end of June 2016.

Government regulation on what constitutes the child protection system has resulted in other partners, including Plan International, Save the Children, PACT, World Vision, and Terre des Hommes, supporting child protection systems in additional districts using a consistent approach, standard training packages. There are currently 35 LGAs implementing child protection systems, of which 19 are directly supported by UNICEF. UNICEF provides technical and advocacy support to the implementing partners and is continuing to explore additional strategic partnerships to further roll out the system.

UNICEF worked closely with PMORALG on child protection system-sensitive budgeting, supporting LGAs to accommodate the necessary human and financial resources to support coordination and service delivery. Government funding for the child protection system is the most critical bottleneck to the system's successful roll-out. Engaging with the Government on funding for the child protection system is a strategic priority for UNICEF moving forward, including through budget analysis, evidence-generation and sustained advocacy.

The child protection management information system (CPMIS) is being rolled out with UNICEF support across the system's districts. Information generated from 10 districts with active database entry indicates that the child protection systems strengthening work is resulting in increased reporting and improved case management of children subject to violence, abuse, neglect and exploitation. Creating a culture of data generation and utilisation takes time. This remains a challenging area but progress was seen in availability and use of data, in particular in the districts where UNICEF has had the longest sustained presence.

As an integrated part of the child protection system, UNICEF also seeks to ensure a comprehensive child justice system, including juvenile justice in line with the Law of the Child Act, the Children's Act and international standards. The support to children through the police-station-based child supporters programme, the legal aid programme, and community rehabilitation have alleviated court dockets and what used to be for many children lengthy stays in pre- and post- trial detention. In addition, the community rehabilitation programme has been accepted by child protection stakeholders and the communities of Temeke, Mbeya, and is currently expanding to Zanzibar, as an effective means of handling children in conflict with the law and children at risk of offending. Although there is still only one dedicated Juvenile Court operating in Dar es Salaam (Kisutu) and one Children's Court in Zanzibar, there are now a number of child-friendly courts, judges and social workers that can support children as they work their way through the justice system.

Significant progress was made during the reporting period in community engagement, at various levels, to prevent violence, abuse, neglect and exploitation of children and to increase reporting of cases. This included rolling out a community radio programme, engaging with children and teachers at schools, with parents and caregivers on positive parenting techniques, and with religious leaders to prevent violence against children. New data from Tanzania confirms that child rearing practices are a key contributor to physical and emotional violence against children, as well as a bottleneck to reporting and following through on cases of sexual violence, reconfirming UNICEF's commitment to engaging with parents and caregivers on positive parenting.

The simplified birth registration initiative was rolled out in Mwanza Region. Although progress was constrained, lessons learned on how to improve roll-out have been garnered. Planning is

currently underway for the next two regions (Iringa and Njombe) through decentralisation to LGAs, in line with the draft Civil Registration Vital Statistics (CRVS) Strategy.

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

Analytical Statement of Progress:

To improve capacity of parents and caregivers, UNICEF supported cascade training from national, district, ward and village levels using the communication toolkit on preventing violence against children and changing social norms. The trained facilitators conducted group sessions with parents and caregivers exploring community caring practices and sharing positive parenting tools promoting non-violent child rearing practices, breaking the silence on reporting sexual violence and promoting community engagement to improve child protection, including strengthening linkages with the formal child protection system.

During the reporting period, 5,142 parents and caregivers (1,098 men and 4,044 women) were engaged in parenting education sessions in 10 districts. Field reports show that disciplining children is a heated topic with diverse views on non-violent discipline practices. Other child rearing practices addressed included involvement of fathers, especially with regard to providing love and care for their children; parents' closeness to older children to ensure family cohesion; community reporting mechanisms and follow-up on violence and abuse cases. UNICEF supported the training of 756 community/social welfare facilitators who are supporting community engagement.

To enhance public awareness, UNICEF initiated a public education radio programme on Child Protection. The radio programme, popularly known in Kiswahili as Walinde Watoto, is broadcast weekly across 14 FM stations in an interactive format that allows listeners to call in and engage the broadcasters on child protection issues from their local perspective. The radio programme has enhanced community understanding of child protection and generated online discussion through a social media page and through community listening groups. The initiative is also using social media to expand the outreach of the discussion, including posting all the programmes on the website. Social media interest is growing, with 14,159 "likes" so far of people engaged in discussions or listening to the weekly radio programme.

In collaboration with Tanzania's Inter-Religious Council of Peace, the "Inter-faith Guide to Child Protection" was released, after approval by the National Muslim Council of Tanzania, the Christian Council of Tanzania, the Council of Pentecostal Churches of Tanzania and the Tanzania Episcopal Conference. The guide promotes positive child protection practices including non-violent ways of disciplining children. It is being rolled out to 150 religious leaders through district inter-faith forums in Hai, Kasulu, Magu and Temeke.

The final results of knowledge, attitudes and practices Action Research on drivers of violence against children, commissioned in 2014 will be available in January 2016. The findings will inform the development of the new national plan of action on preventing and responding to violence against children to be launched by December 2016, as well as the new UNICEF Country Programme with an increased focus on prevention. The research has actively engaged stakeholders as research partners to explore and critically reflect on the factors underlying violence against children. Highlights from the findings show that socio-cultural norms, gender norms, alcoholism and poverty are significant contributing factors.

OUTPUT 2 GoT addresses priority gaps in legislation, strategies and guidelines to protect children and women from abuse, violence and exploitation

Analytical Statement of Progress:

UNICEF's efforts to operationalise key pieces of legislation forming the foundation of the child protection system continued during the reporting period. In 2015, the Government gazetted the child protection regulations of the Law of the Child Act 2009 and the Adoption of Children Regulations. In Zanzibar, The Ministry of Empowerment, Social Welfare, Youth, Women and Children finalised draft care and protection regulations, residential care regulations and foster care and guardianship regulations. The final draft regulations will be sent to the Attorney General's Office for approval in 2016. These are key regulations that guide protection of children from violence, abuse, neglect and exploitation. With the completion of these regulations and their guidelines, the child protection regulatory framework is more or less complete.

During the reporting period UNICEF also supported the Registration, Insolvency, and Trusteeship Agency (RITA) in the roll-out of a simplified birth registration initiative in Mwanza region. Census data from 2012 estimates Mwanza's population of under-fives as 499,039, of which 60,526 (12 per cent) have a birth certificate. Since the roll-out of the initiative in June 2015, the number of under-fives with birth certificates has risen by 137,951, bringing the percentage of under-fives with birth certificates closer to 40 per cent. The RITA Dashboard shows that the cumulative increase in Mbeya since the initiative was rolled out in 2013 is 60 per cent coverage of under-fives (365,572 birth certificates issued).

There are constraints with regard to rolling out the simplified and decentralised birth registration system needed to overcome obstacles for parents and caregivers to access birth certificates. The constraints are largely tied to a centralised government system and are being addressed through greater engagement of LGAs, and in particular the health system. A new grant from Canada covering 10 regions is currently being implemented, with expansion to Iringa, Njombe, Geita and Shinyanga regions planned for 2016-2017.

Lessons learned from Mbeya and Mwanza show that decentralisation of birth registration and certification to LGAs is necessary to increase demand and to ensure oversight of registration points, whether health facility or LGA office. This approach is commensurate with that contained in the newly drafted Civil Registration Vital Statistics Strategy currently under discussion at the national level, and will govern the expansion of the simplified system. The simplified system captured in the CRVS Strategy will further be captured in an amended Birth and Death Registration Act.

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

Analytical Statement of Progress:

Intrinsic to ensuring a functioning child protection system is ensuring that front-line service providers are able to respond to and refer cases. The Child Helpline (CHL) continues to provide toll-free services to various parts of the country under the management of C-SEMA, an NGO entrusted by the Government to provide this service. Since CHL began taking calls, of the 6,000 legitimate calls received since 2013, approximately 50 per cent (3,017) are related to a child protection concern (i.e. physical violence, neglect, child labour, rape or missing children). CHL has only been able to follow up on 26 per cent (800) of reported cases, a challenge attributed to available human resources and the need to strengthen referral pathways. CHL was

launched in Zanzibar this year, where C-Sema and the Child Protection Unit of the Ministry of Empowerment, Social Welfare, Youth, Women and Children are collaborating on its implementation. C-Sema is providing technical support, which will ensure the quality of services.

District child protection teams (DCPT) also worked in close collaboration with children's institutions (children homes) to provide alternative care for children in instances where home-based care is not an option. To de-institutionalise care for children, UNICEF is working with LGAs to create "fit person schemes" to provide emergency foster care services for children. Thus far, 80 Fit Families were recruited and trained on child protection, and provided emergency care services to 32 children.

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

Analytical Statement of Progress:

The district case management system, a module of the child protection management information system, was rolled out to six more systems' districts; by end-year 10 districts were able to generate data on the number of children assisted with protective services by DCPTs. A total of 3,179 children (1,876 girls and 1,303 boys) were registered as receiving protective services, of which 1,492 children (881 girls and 611 boys) were registered in 2015.

In partnership with PEPFAR implementing partners, UNICEF has supported the introduction of a new register that enables child protection data to be captured through the Health Management Information System. This tool will be used by all districts that are implementing the second national costed plan of action for most vulnerable children (NCPA MVC II) and have most vulnerable children's committees (MVCC) in place. This in turn means that data on child protection will be available from nearly 80 per cent of the districts in Tanzania in the coming years. Opportunities for data sharing and use for decision-making has also been part and parcel of this process. Plans are also underway to replicate the CPMIS and the DCMS in Zanzibar.

Police Headquarters developed new registers for information management by its Gender and Children Desks. Three registers were in use by end-2015: one captures data of child victims of violence, abuse, neglect and exploitation; another captures data on children in conflict with the law; and the third captures data on adult victims of gender-based violence. UNICEF-supported training for national facilitators in the police force on the use of the registers has increased the confidence of police officers to fill in the registers. The registers will increase the availability of disaggregated data from the police and significantly enhance data on victims and child perpetrators of violence (police data is generally not disaggregated by sex or age).

Improving generation, quality and use of data requires sustained support and coaching to the relevant officers. Assisting officers to analyse the findings of the data they generated and use that analysis for planning and budgeting has been an effective means of increasing their commitment to data management. Producing reliable administrative data as a basis for generating evidence on the importance of the child protection system remains a priority moving into the new Country Programme.

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

Analytical Statement of Progress:

UNICEF continues to build the capacity of national, district, ward and frontline workers to prevent and respond to child protection concerns. The various regulations and guidelines operationalising the Law of the Child Act and the Children's Act clearly spell out the roles and responsibilities of social welfare officers and other frontline workers. The national standard child protection training shares the information and skills needed with the relevant service providers. Through rolling out the standardised child protection training at different levels, there has been an increase in professionalism in how child protection cases are managed. Social welfare officers are more competent at carrying out case management, resulting in better support and care for children. This in turn has contributed to an increase in the number of children supported by the child protection system.

At the national level, 45 national facilitators (which also include 26 regional supervisors) from the Department of Social Welfare were trained on the national standard child protection training manual being rolled out at national and sub-national levels. The facilitators provided training to 299 members of DCPTs from 13 LGAs, 274 social welfare officers (with a plan to target all 650), 819 members of ward child protection teams and 240 guidance counsellors from schools. In Zanzibar, the national facilitators trained 51 members of the district child protection committees and 120 members from eight shehia most vulnerable children committees.

The Institute of Social Work (ISW) and the State University of Zanzibar were supported to mainstream child protection in their curricula to ensure that graduating social workers have both theoretical and practical skills, as per the Law of Child Act (2009), the Zanzibar Children's Act (2011), and their respective regulations and guidelines. The ISW is currently working through the Association of Schools of Social Work in Tanzania to support 11 institutions with social work programmes to mainstream child protection in their curricula.

In the area of justice for children, the advanced training manual on child protection and gender-based violence for police gender and children desk officers was finalised in 2015 and a team of 15 trainers cascaded the training to 95 police officers in Mbeya and Iringa. A training manual for judicial officers on handling children's cases was also developed and 20 judicial officers, of whom three were social welfare officers, took part in a training of trainers on the manual. These 20 trainers have in turn delivered training to justice actors in six regions.

Given the introduction of new processes and procedures, training of key protection officers is not a one-off effort. Training and coaching needs to be sustained over time to ensure that the responsible officers fully understand and have the capacity to carry out their responsibilities.

OUTPUT 6 Relevant MDAs integrate Child Protection into their national programmes

Analytical Statement of Progress:

Government's commitment to preventing and responding to child protection cases is captured in two national plans of actions (NPAs); one on vulnerable children and one on violence against children (VAC). These two NPAs are regularly monitored and responsible sectors are held accountable. The multi-sector task force for the NPA VAC met quarterly and carried out its second annual review of the NPA VAC, which is coming to an end in 2016. An evaluation will be carried out by the second quarter of 2016 to capture best practices and lessons learned. UNICEF is working with UN Women and UNFPA to support the Government to develop a new NPA, most likely on violence against children and women, expected to be approved by December 2016.

With UNICEF support, the Prime Minister's Office is providing high-level leadership, with

support from relevant line ministries (local government, social welfare and community development, in particular), to merge all vulnerable children's coordination structures into one coordination structure from national to village level. The proposed structure has been approved and recommended to the National Steering Committee by the National Technical Committee. The engagement of the Prime Minister's Office is a significant achievement as it raises the level of oversight and accountability.

With support from UNICEF, PEPFAR, Save the Children, Plan International and other partners, a national Most Vulnerable Children Conference was held in February 2015, organised jointly by the Department of Social Welfare and the Ministry of Community Development, Gender and Children (MCDGC). The conference, which was attended by 65 LGAs, brought together both systems and non-systems districts focusing on child protection budgeting and planning and the roll-out of the child protection system.

High-level discussions were held with the MoF on building national and sub-national capacity to budget for child protection. In November UNICEF trained and supported MCDGC to draft a comprehensive child-sensitive budget. On December 30 national facilitators from the MoF and 27 regional planning and budgeting teams (304 officers) were trained on how to budget for child protection at the district level. To date 35 LGAs have been trained on child protection budgeting, of which 19 reflected child protection in their medium-term expenditure frameworks using government sources.

Zanzibar's Department of Social Welfare recruited six more district social welfare officers and assigned five national social welfare officers as district focal points, a significant increase in staffing capacity and evidence of government commitment to address child protection.

UNICEF reached its target of 19 LGAs with child protection systems by the end of the Country Programme, and the Government has exceeded its target of 30 LGAs by 2016, having reached 35 by December 2015. Lack of government funding to the child protection system remains the most significant bottleneck to the roll-out of the system.

OUTPUT 7 Government of Tanzania advances fulfilment of its international treaty obligations

Analytical Statement of Progress:

The Law of the Child Act 2009 (Mainland) and the Children's Act 2011 (Zanzibar) remain the most important pieces of legislation for the protection of the rights of children, with the Zanzibar Act winning the World Future Councils' 2015 Future Policy Award for its promotion and protection of child rights and its inclusion of children in the drafting process.

During the reporting period, UNICEF contributed information to Tanzania's second Universal Periodic Review (UPR), to be held in Geneva in 2016. Many of the issues highlighted in the UPR were also highlighted by the Committee on the Rights of the Child in their observations of Tanzania's submission to the CRC in October 2014 (Tanzania's combined 3rd to 5th periodic reports). UNICEF supported the Government in creating a response to the list of issues and presenting those responses in Geneva in January 2015. Although delayed, the consolidated 2nd, 3rd and 4th report on the implementation of the ACRWC was submitted to the African Committee of Expert on children's rights in October 2015.

Tanzania's Child Rights Forum was supported to coordinate CSOs working on and for child rights to participate in the Constitutional review process, which to a large extent resulted in the

inclusion of a specific provision on children rights, Article 53, in the proposed Constitution of the United Republic of Tanzania.

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

Analytical Statement of Progress:

Implementation of the Five-Year Strategy for Progressive Child Justice Reform underwent its third year annual review in mainland Tanzania and its second year review in Zanzibar. Despite challenges with respect to developing enough juvenile courts and child-friendly courts (there is still only one official dedicated Juvenile Court on the Mainland and one in Zanzibar), progress has taken place in both the mainland and Zanzibar in the areas of capacity building and legal aid/diversion measures. With the introduction of adult supporters, legal aid, and community rehabilitation in Dar es Salaam, 50 per cent of children are now released within one month of their arrest (as opposed to long detentions in adult prisons) and 95 per cent of children arrested and brought into the three police stations in Temeke have been diverted from the courts, resulting in fewer children being held in pre-trial detention. In Zanzibar, construction of a new Children's Court is underway in North Region, and there are plans to build another Children's Court in South Region (Pemba) in 2016. By the end of 2016, three out of five regions in Zanzibar will have Children's Courts.

By end-2015, some 368 children held in detention had benefitted from the Women's Legal Aid Centre legal aid program, and 218 appearing before the courts benefitted from representation. In Mbeya the Tanganyika Law Society, with UNICEF financial support, provided legal aid to 66 children (all with court cases at the District Court and Resident Magistrates' Court). A legal aid programme was also established in Zanzibar to provide legal aid to girls and boys in conflict with the law. Since the programme became operational in August 2015 legal aid has been provided to 48 children in conflict with the law.

In Dar es Salaam, child supporters assisted 381 children during 2015, bringing the total since the initiative began in 2014 to 652. The child supporters' programme in Mbeya reached 42 children since its start in February 2015. Child supporters provide critical support to un-accompanied children who are detained by police and have no adult to whom they can turn to for support.

A total of 199 children (178 graduates) have benefitted from the community rehabilitation programme in Temeke since its inception in August 2012. A total of 44 (24 graduates) children have benefitted from the programme in Mbeya. A newly established community rehabilitation programme in Zanzibar started receiving its first referral cases in November 2015.

OUTCOME 5 Improved learning outcomes and equitable and inclusive education

Analytical Statement of Progress:

In February 2015 the new Education and Training Policy (ETP 2014) was launched, and is now guiding the new education sector strategic planning. The implementation of fee-free basic education was initiated with the disbursement of capitation grants to all primary and secondary schools.

Net enrolment in pre-primary education was stagnant at 35.5 per cent in 2014; and continued to decline in primary from 89.7 per cent in 2013 to 84.4 per cent in 2014. The drop in net primary enrolment for girls is particularly alarming (from 90.3 per cent in 2013 to 80.4 per cent in 2014, in comparison to 89.1 per cent in 2013 and 88.3 per cent in 2014 for boys). The out-of-school children (OOSC) study commissioned by UNICEF shows that close to 3.5 million children and adolescents 7-17 years are not in school (1,703,800 male, 1,787,790 female). The out-of-school rate for 7-13 year olds is 28 per cent in the poorest households, 14 per cent among middle income and 11 per cent among the richest households. The rate of OOSC at secondary age (14-17 years) rises as the level of poverty increases, from 34 per cent in the richest to 49 per cent in the poorest.

Net primary completion increased from 50 per cent in 2013/14 to 56.3 per cent in 2014/15 while net and gross completion in secondary appears to have decreased (from 11.9 per cent to 8.7 per cent and 42.4 per cent to 27.5 per cent). From age 14 the drop-out rate is more than 15 per cent, with more girls dropping out than boys. Children with a disability are more likely to drop out in lower grades but once they transit into secondary they are less likely to drop out.

In 2015, all 4,000 teachers of standards 1 and 2 underwent a UNICEF-supported intensive 10-day training on the new 3Rs curriculum and methodologies for early grade teaching and learning - the three Rs are a widely used abbreviation for the basic elements of a primary school curriculum: reading, 'riting (writing), and 'rithmetic (arithmetic). The repeat national 3Rs learning assessment at grade 2 was not done in 2015, but is scheduled for January 2016 for progress reporting by June 2016. UNICEF monitoring visits indicate significant improvements in reading with comprehension among Standard 2 learners. Following the UNICEF-commissioned School Quality Assessment for Education and WASH in 2015, using the standardized Early Grade Reading and Math Assessment methodology in the three targeted regions, at UNICEF's request USAID agreed to support regionally disaggregated national 3Rs assessments so that it would be possible to track regional disparities in performance in 3Rs at Standard 2. UNICEF will contribute funds to reinforce the improvement of the standardised tools for assessment of life skills (academic grit, problem solving, communication) acquisition, with support from RTI International. With resources mobilised from the Government of Canada and leveraged from the Global Partnership for Education (GPE), UNICEF, Government and other partners are developing the school-based continuous quality improvement package to improve early learning outcomes at pre-primary and primary grades 1 and 2. This also includes the integration of cross-cutting issues on disability, gender and violence prevention. The 2015 end of primary school examination pass rates for boys and girls increased from 60.9 per cent for boys and 53.6 per cent for girls to 72 per cent and 65 per cent, respectively. Regional differences are significant, with 50.5 per cent passing in Tabora compared to 85 per cent in Katavi in 2015. Within regions there are also significant gender differences; more than 20 per cent fewer girls passed in Kigoma and Simiyu. Improvements are being ascribed to the organisation of remedial classes by schools for learners lagging behind and the effects of improved methodologies for teachers and improved school management training for school heads.

Through the Agency for the Development of Education Management (ADEM), UNICEF strengthened school management capacities in eight districts in Mbeya, Iringa and Njombe through certified training (Education Leadership, Management and Administration training - CELMA) of 881 head teachers in June and October 2015. A further 1,359 district, ward and village level officials in six districts of three UNICEF- targeted regions were trained in 2015 on Whole School Development Planning and resource mobilisation for improved school management and governance. Use of the CELMA modules was scaled-up to reach 10,601 head teachers and 2,588 ward education coordinators in 17 regions of mainland Tanzania

through open and distance learning, and 80 others through residential courses in Bagamoyo and Mwanza.

The strengthening of the Education Management Information System (EMIS) continued in 2015 through support from UNESCO's Institute of Statistics. Monitoring the programme at output level was improved in 2015 with the completion of the piloting of T-Mwalimu, an SMS-based system that enables collection of data needed to track output level indicators in real time every six months. New EMIS tools that cover data on disability were successfully pilot tested and reviewed. Advocacy for their application within EMIS is underway and will continue into 2016, in advance of the scheduled March 2016 EMIS data collection.

Following the onset of the Burundian refugee crisis in May 2015, UNICEF supported the recruitment and training of 180 volunteer teachers and procured and delivered classroom tents and education supplies. As a result, 29,000 refugee children were able to continue their schooling, using the Burundian curriculum, at the Nyarugusu camp. UNICEF continued to procure additional education supplies for refugee children in Nyarugusu and the new camps of Nduta and Mtendeli. A Refugee Education strategy was developed with UNICEF's leadership for the delivery of quality education in the refugee camps.

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

Analytical Statement of Progress:

In 2015, as part of the UN and sector-wide reviews and new strategic planning, the UNDP evaluation called for greater attention to equity and inclusive growth. This led to an evaluation of the pilot Integrated Post Primary Education and a new study on the situation of out-of-school children and adolescents to gather evidence for the new programme design. The evaluation of the pilot showed the need to address the direct costs of alternative learning, review the strategy to make it more relevant and scale it up, especially to provide flexible pathways to learning for excluded children and adolescents, including strengthening vocational training.

Preliminary findings from the out-of-school study indicate that over 3.5 million school-aged children were not in school, of whom 1,968,910 were 7-13 year olds (921,480 girls; 1,047,430 boys) and 1,522,680 were aged between 14-17 years (782,320 girls; 740,360 boys).

The findings of these two education efforts conducted by UNICEF are being fed into the education sector analysis and strategic planning for the new Education Sector Development Plans. The inclusive education strategy will be updated to ensure a comprehensive response for equity and inclusiveness in the education system.

In late 2015, the plan was to set up 24 IPPE centres (four centres in each of the six targeted district of Mbeya rural, Mbarali, Iringa rural, Mufindi, Makete and Njombe). However, 40 centres were established (eight per district in four districts and four centres each in Mbarali and Mbeya rural districts). Over 240 local technicians and teachers were trained to support IPPE. A total of 2,441 learners enrolled to learn a variety of vocational skills; mainly carpentry, sewing, motor mechanics, electricity, secretarial and masonry, as well as secondary school subjects, exceeding the planned number of 2,115 learners.

The inclusion of tailoring and cookery attracted more female learners compared to boys. Evidence from field visits also pointed to enrolment of girls in trades traditionally considered to

be for men, for example motor vehicle mechanics and electricians. In addition, establishing the centres in villages and the availability of boarding facilities for girls (provided by other partners like religious organisations) enhanced girls' participation in the programme.

UNICEF also supported the Government to print and distribute 20,000 copies of learning materials (module III) covering academic, pre-vocational and generic skills developed by the Institute of Adult Education.

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

Analytical Statement of Progress:

The 2012/2014 school-based, in-service teacher training (INSET) supported by UNICEF continued to benefit 90,300 primary school pupils in 255 focus schools in six districts of three regions, following the participation of 2,260 teachers in the INSET programme, which improves pedagogical skills and promotes interactive teaching for delivery of quality education. During monitoring visits teachers continued to use the INSET modules to enhance their pedagogical skills. Pupils also reported that teachers were engaging them in the learning process and that they were friendly.

In 2014/15, UNICEF fully aligned its programme to the national Big Results Now priorities, focusing on improving reading, writing and arithmetic (3Rs) skills for lower primary (Standards I and II) pupils.

To establish baseline data and improve the knowledge base on the quality of teaching and learning in the three targeted regions, a school quality assessment in education and WASH using standardized EGRA/EGMA methodology was completed in early 2015.

In June and July 2015, UNICEF supported the training of 4,162 grades 1 and 2 teachers on the new national 3Rs curriculum in the three focus regions, benefitting 293,516 standard I and II pupils in all 2,081 primary schools. UNICEF leveraged Global Partnership of Education/Literacy and Numeracy Education Support resources, which provided all the training materials and oriented all head teachers and ward education coordinators on the new 3Rs curriculum and its delivery and supervision requirements. The training is part of the national 3Rs programme funded jointly by GPE, UNICEF, DFID and USAID nationally to improve learning outcomes in the early primary grades. The pre and post tests revealed remarkable differences in performance of teachers before and after the training, and both the Regional Secretariat and LGAs expressed their commitment to sustain the national 3Rs programme. Classroom observations during programme monitoring visits in selected schools in December 2015 indicated that children are reading fluently and demonstrating comprehension. Schools visited have started to construct disability-sensitive sanitation facilities, but not learning materials. Lack of access to learning materials, which are currently being developed by the Tanzania Institute of Education, may jeopardize further improvements.

UNICEF and its partners have proceeded to implement the scale-up plan designed to improve quality early learning for pre-school and grades 1 and 2 through a comprehensive school-based continuous professional development strategy in advance of expected new funding from Canada.

OUTPUT 3 Relevant MDAs operationalise national policy on Integrated Early Childhood Development (IECD)

Analytical Statement of Progress:

The new Education and Training Policy calls for one year of compulsory pre-primary as part of basic education. The Ministry of Education and Vocational Training (MoEVT) is actively implementing and overseeing partner contributions to the Short-term Action Plan for Pre-Primary education in 2015/16. The draft National Child Care, Growth and Development Policy was finalised by the MCDGC, with an aim to strengthen multi-sectoral coordination for child development, with special attention to early child development and parenting. UNICEF supported an analysis and mapping of Parenting and Family Care Practices in Mainland and Zanzibar, being finalised at year-end. A Parent Task Force was appointed in Mainland to build on the study and develop a national parenting strategy.

UNICEF, together with the World Bank, is supporting planning and preparation for a national assessment of pre-primary learning outcomes and quality, including Government-led planning and technical engagement on tool adaptation and study design for the Tanzania context (Mainland and Zanzibar)

In 2015, UNICEF supported MoEVT to design and evaluate a satellite centre model to improve access to quality pre-primary education in hard-to-reach rural areas. This builds on learning from UNICEF support to local governments to develop and implement ECD plans in six districts. In 2016, the satellite model will be pilot tested in 30 communities to guide scale-up to a total of 500 satellite schools with funds leveraged from the GPE's Literacy and Numeracy Education Support programme. Satellite guidelines, action plans and training packages were developed for piloting in 2016. An impact evaluation is planned.

In Zanzibar, UNICEF supported the TuTu radio-based programme, which has expanded to a total of 260 centres in all five targeted districts. UNICEF also supported the School of Education of the State University of Zanzibar to develop a two-year diploma course in early childhood education, the first in Zanzibar. Course development was completed and enrolment opened in November 2015, with 22 students already enrolled (enrolment still open for current term).

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

Analytical Statement of Progress:

Through the Agency for the Development of Educational Management, UNICEF continued to support strengthened school management capacities in eight districts in Mbeya, Iringa and Njombe. In 2015, all 881 head teachers were enrolled in CELMA. In Zanzibar CELMA training was rolled out in December for the first batch of 300 head teachers and 300 assistant head teachers.

UNICEF supported the review of elements of a results-based strategic plan for strengthened data management and use in Tanzania's education sector. The review process provided inputs for the Education Sector Analysis (ESA)/Education Sector Development Plan process, specifically in terms of the data management component of ESA. The main output was a draft list of challenges, recommended responses (outcome/output level results) for a strengthened Education Sector Management Information System (EMIS), which would serve as a first step towards a strategic capacity building plan for data management, analysis and use.

UNICEF continued to support the development of the EMIS system and in 2015, the Government decided to officially adopt the UNICEF/UNESCO-supported open source data system Stateduc. The MoEVT/PMO-RALG proceeded to review the EMIS indicators and school questionnaires, and UNICEF provided technical support and successfully advocated for the inclusion of key indicators related to quality, pre-primary, satellite schools, equity, disability and other more for data collection in March 2016.

OUTPUT 5 Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra coordinated response in Education in emergencies.

Analytical Statement of Progress:

In 2015 UNICEF supported the Ministry of Education to review the Education in Emergency orientation manual to include community disaster risk reduction and diseases, including viral haemorrhagic fever (Ebola). Preparedness and response capacity strengthening for 60 key stakeholders, including senior officials from the MoEVT and PMO-RALG, chief zonal inspectors of schools, regional education officers, educational institutions and NGOs.

Following the onset of a Burundian political crisis in May 2015 UNICEF acted quickly to create learning opportunities for over 29,000 children in Nyarugusu camp through the recruitment of 180 volunteer teachers and their training and placement, the procurement of tents and tarpaulins and construction of temporary learning spaces (TLS), procurement and distribution of key education supplies (Education in a box, ECD kits). Two thousand children and their families were located to Nduta camp, where UNICEF negotiated with UNHCR and the Ministry of Education of Burundi to allow refugee children to sit for grade six examinations; this effort did not succeed for protection reasons. As the lead education agency UNICEF supported the elaboration of a refugee education strategy and has been facilitating coordination of the various education partners in the camps. A contingency plan was drafted in anticipation of an increased influx of at least 50,000 Burundian children in the coming year.

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

Analytical Statement of Progress:

UNICEF continued to support MOEVT at the national, district and school levels to promote gender equality in education. In October 2015 the Ministry approved policy guidelines on re-entry for pregnant school girls into school. This was achieved as a result of persistent advocacy, participatory development of the guidelines and frequent follow-up by key stakeholders, especially the health development organisation AMREF and other CSOs, UN agencies and government education and legal experts. The operationalisation and dissemination of the policy guidelines will commence in 2016.

In 2015 the newly revised Code of Conduct and Professional Ethics for Teachers that aims to reduce violence and abuse of girls and boys in primary schools were finalised, with UNICEF support, and approved by the MOEVT. Recent monitoring visits indicate that schools are documenting and following up on cases, as well as beginning to provide private spaces for guidance and counselling sessions. However, many schools still do not have separate rooms for counselling sessions. In December 2015, a suggestion box was noted as the most recent addition to schools visited during a monitoring visit. At the same time, it is evident that teachers need further support on appropriate referral processes.

UNICEF established school-based girls' and boys' empowerment clubs (TUSEME) in an additional 90 schools during 2014-2015. To assess the effectiveness of the TUSEME /"Lets Speak Out" approach, the UN contracted the University of Dar es Salaam to undertake an evaluation in the 12 districts where it has been implemented. The evaluation revealed that 552 schools (40 per cent) now have TUSEME Clubs with a total of 19,936 boys and girls participating and 979 teachers (6 per cent) trained as TUSEME supervisors. The evaluation showed that comprehensive HIV and AIDS knowledge among TUSEME Club members was higher (58 per cent) than in the general population (44.4 per cent). Participants demonstrated high levels of self-efficacy and self-esteem, could speak out, take action against challenges, and have formed positive gender relations

With the support of UNICEF headquarters, the Tanzanian Country Office completed the pilot testing and review of new disability-sensitive EMIS data collection tools. The EMIS forms were hitherto not capturing quality data on children with disability and required improvement. The new data collection tables were pilot tested and the new disability-sensitive EMIS tools were developed. The tools were shared with Ministry of Education for integration into the national statistical system, to provide data needed to enhance the inclusion of disability-related issues in educational policies and strategies.

UNICEF provided 715 children with albinism with hand lenses, hats, vitamin E lotion and sun screen lotion. In addition over 2,000 children from 25 centres of children with special needs were supported with a variety of supplies (mattresses, bedsheets, dining tables, shoes, soaps and recreational equipment).

More than 75 special needs teachers, head teachers and education officers from districts, the Ministry of Education and PMO-RALG completed UNICEF supported training on management and support of children with special needs.

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

Analytical Statement of Progress:

As part of the operationalisation of the Arusha Declaration on Social Protection, a Prime Minister Office-led inter-ministerial task force finalised the National Social Protection Framework (NSPF) with the intent to overcome the current policy and programme fragmentation and lay out the foundations of an integrated, child-sensitive social protection system that is effective in protecting the poor and vulnerable, promoting inclusive growth, and providing a minimum acceptable standard of living to all Tanzanians. The NSPF is evidence-informed, includes a financing strategy that builds on the UNICEF-supported Fiscal Space Analysis on Social Protection, and details the key elements of a solid monitoring and evaluation plan aimed at tracking both monetary and non-monetary poverty. UNICEF's role in leading technical support and facilitating cross-sectorial dialogue in the NSPF finalisation, and in the ongoing preparation of the implementation plan for Zanzibar's Social Protection Policy, strengthened UNICEF's strategic position and policy role in the social protection arena in Tanzania.

Ongoing technical support to the Ministry of Finance in preparing the Five-Year Development Plan (FYDP) for 2016-21 will provide a critical opportunity to ensure that the needs of vulnerable children and human development remain high on the agenda.

The Ministry and UNICEF joined up to strengthen coordination of the National Social Protection Working Group (SPWG), leading to improvements in policy environment and systems for poor

and deprived children. As a result, government capacity to ensure integration of cross-sectorial policies and programme and provide a platform for evidence-informed strategic dialogue was enhanced.

In 2015 the TASAF III's Productive Social Safety Net (PSSN) programme met its target, reaching about 1.1 million of the country's poorest households (5.2 million people; about 2.6 million children), accounting for around 15 per cent of the total population in both Mainland and Zanzibar. Drawing on commitments from the World Bank, British and Swedish development agencies, the UN (including UNICEF) and the Government's own resources, the programme constitutes a critical social protection measure to ensure that disadvantaged and excluded children and their families receive protection and opportunities to escape poverty. UNICEF's engagement has contributed to the broadening of donor interest; enhanced equity agenda and mainstreaming of key child issues, particularly via its support to community education and impact evaluation on youth/adolescents within the new UN Joint Programme on Social Protection, shifting the debate from 'quantity'-related progress to 'quality' enhancement of the programme.

Progress in ensuring child-sensitive public spending was made via the mainstreaming of child protection and nutrition in national and sub-national budget preparations, as part of the implementation of recommendations from the recently completed Child Protection Public Expenditure Identification Survey and Public Expenditure Review on Nutrition. Building on this, further efforts will be made to ensure that in-depth knowledge on spending for all key priority sectors is available and a common strategy to overcome weak levels of public investments in children is identified to ensure a coherent and systematic approach for UNICEF Tanzania.

Although child poverty is still not regularly reported on and monitored by the Government, the process of developing a multidimensional child poverty analysis has generated interest and attention to this topic. The analysis was undertaken in collaboration between the National Bureau of Statistics (NBS) and UNICEF, with support from the Innocenti Office of Research and involvement of a wide range of stakeholders. The timing of the study is very strategic given the introduction of SDGs, which for the first time include a target related to child poverty reduction, for which the child poverty analysis can serve as baseline. This has paved the way for further research and analysis on child poverty, with both NBS and the Office of Chief Government Statistician, Zanzibar expressing interest in further capacity building on measuring child poverty. Collaboration with the MoF to assess the performance of social protection programmes – for drawing lessons and identifying new evidence-informed and child-sensitive interventions for integrating in the FYDP II – presents a strategic opportunity to strengthen the focus on child poverty in the Plan.

OUTPUT 1 GoT coordinates a multi-sectoral social protection response to the needs of economically deprived and insecure groups

Analytical Statement of Progress:

Significant progress has been made towards the development and operationalisation of an integrated, inclusive and child sensitive policy and programmatic framework for social protection in Tanzania, which is responsive to the needs of the poor and vulnerable.

On a policy level, with the technical support of UNICEF, the Prime Minister's Office led the inter-ministerial taskforce for the finalisation of the National Social Protection Framework (NSPF), now awaiting approval by the new Government. The NSPF guides the integration of Tanzania's

relevant programmes and policies into a comprehensive and child-sensitive social protection system, which is effective in protecting the poor and vulnerable, promoting inclusive growth and providing a minimum acceptable standard of living to all Tanzanians.

Finalisation of the NSPF, which the Government has been struggling to achieve for almost a decade, was driven in part thanks to the momentum created by the approval of the Arusha Declaration on Social Protection in Tanzania (key outcome of the UNICEF-supported International Conference on Social Protection), defined as a Guide to Action for promoting social protection and addressing inequity and deprivations that limit the potential of Tanzanians. Its key components were incorporated into the NSPF. With the Declaration, the Government has also committed to reporting development outcomes for the bottom quintile, serving as a boost to the equity agenda.

Government capacity to ensure an integrated and effective multi-sector social protection response was also boosted by the revival of the National Social Protection Working Group (SPWG), led by the MoF and co-chaired by UNICEF, as the sector-level coordination mechanism between Government, donors, development partners and civil society involved in social protection. The National SPWG meets quarterly to: enhance the coordination of social protection-related policies and programmes cutting across various sectors; share best practice and analysis to strengthen the evidence base for social protection; and ensure systematic and high-level involvement of a broad group of stakeholders in stimulating a better informed debate around social protection. Among development partners, coordination was enhanced via the Social Protection Development Partners Group (and its UN sub-group), chaired by UNICEF.

The capacity of the Government of Zanzibar to implement social protection policies was strengthened via technical support provided for the ongoing preparation of the Implementation Plan of the Zanzibar Social Protection Policy (finalised in 2014 with UNICEF support). The Plan will define key time-bound priorities, clear coordination arrangements and a solid M&E framework that will support Zanzibar in building an effective social protection system.

A UN Joint Programme was launched by UNICEF, UNDP, ILO and UNFPA to enhance the TASAF Productive Social Safety Net programme, as well as the overall social protection system. UNICEF will build on the support provided this year, which resulted in an enhanced equity agenda and mainstreaming of key children's issues, particularly via its support to community education and impact evaluation, which now includes measurement of the effects of cash transfers on adolescents, with a focus on sexual risk behaviour and wellbeing. Further strengthening of cross-sectoral linkages will be critical.

OUTPUT 2 Policies, strategies and budgets prioritize children and women

Analytical Statement of Progress:

A critical investment was made in 2015 to support the implementation of sector Public Expenditure Reviews (PERs) and budgeting guidelines nationwide to confront weak levels of public investment in children. In this regard, a partnership with the MoF's Budget Department proved critical to further engage national and local government authorities to mainstream child protection and nutrition in budget preparations at both the national and sub-national levels (thereby operationalising the recently completed Child Protection Public Expenditure Identification Survey and Public Expenditure Review on Nutrition). This was achieved in part by including child protection and nutrition in the annual MoF-led cascade training of national planning and budgeting facilitators, involving all LGAs; supporting the MCDGC's 2016-17 budget submission preparation (ongoing); and developing guidance for LGAs to progressively

increase budget allocations for nutrition, based on the PER findings.

Further, agreement with MoF was reached to establish a steering committee that will oversee the production of Budget Briefs for key social sectors in the first quarter of 2016, which will be used as important information and advocacy tools aimed at expanding the debate around social sector budget and thereby influencing a more pro-poor, transparent, participatory and equitable public spending in the country across regions and districts. This will also provide an important opportunity to inform and seek synergies with PFM-related work carried out by various UNICEF programmes, with the objective of identifying a common strategy moving ahead.

A Fiscal Space Analysis on Social Protection was undertaken with the support of the MoF, and in consultation with the NSPF taskforce, to review prospects for fiscal expansion in Tanzania and model scenarios for investing those resources into key social protection programmes – namely the TASAF III's Productive Social Safety Net, a universal non-contributory pension and a secondary school scholarships scheme for poor students. This strategic piece of analysis was utilised by the Government as a basis for the NSFP's social protection financing strategy.

In order to ensure that the new Five-Year Development Plan currently being developed by the Government responds to the needs of children and women (particularly the most vulnerable) and human development remains high on the agenda, UNICEF initiated a close collaboration with the MoF's Poverty Eradication Department (a key player in the development of the Plan) to strengthen the Government's capacity to assess progress towards the current development plan's (MKUKUTA II 2011-2016) social protection-related operational targets and cluster strategies, and evaluate performance of current social protection programmes, with the view to drawing lessons and identifying new evidence-informed and child-sensitive interventions for integration into the FYDP II.

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

Analytical Statement of Progress:

In 2015, UNICEF continued to supporting the National Bureau of Statistics and Office of Chief Government Statistician Zanzibar (OCGS) to strengthen their capacity to provide quality data on children's rights in an objective, timely and cost-effective manner. Responding to NBS/OCGS desire to expand their analytical capacity, UNICEF introduced new approaches and tools for data analysis, most prominently child poverty analysis.

In 2015 a child poverty analysis was undertaken in collaboration between NBS and UNICEF supported by the UNICEF Innocenti Office of Research. The process successfully involved a range of stakeholders in the design of the analysis, which ensured a sense of national ownership. The analysis was very timely in producing estimates that can serve as a national baseline for SDG monitoring. In order to ensure continuity of child poverty reporting, a priority for next year will be to strengthen the presence of child poverty-related indicators in national household surveys and M&E frameworks of key national policies, and continue capacity building on poverty analysis.

UNICEF continued to provide technical assistance under the umbrella of the Tanzania Statistical Master Plan with a view to strengthening the measurement of key child indicators. As a result of UNICEF advocacy and technical support, the 2015-2016 DHS includes questions on birth registration and violence against children, which will contribute to reducing data gaps. UNICEF also provided technical oversight and quality assurance to the data collection to ensure

quality of data.

With a dual emphasis on strengthening availability and quality of data on core child indicators, as well as institutionalising capacity for technical analysis within the government, two strategic documents – the 2012 Population and Housing Census monographs on mortality and health and on disability – were prepared with UNICEF technical and financial support. The support to NBS in producing these reports contributed to the capacity building of NBS/OCGS on data analysis with a view to greater sustainability in evidence generation. At the same time the monographs provided key data for monitoring, sector programme planning and policy formulation. The two reports include updated estimates on maternal, infant, child and under-five mortality rates and incidence of disability among adults and children.

In the same vein, NBS was trained, with ILO/UNICEF support, to use the new “Manual for child labour data analysis and statistical reports”, which resulted in the production of the child work and labour report using 2014 International Labour Force Survey data; a draft report is available. The 2014 child work and labour report provides data on the extent to which children are denied their rights, such as education, due to involvement in work-related activities, and will represent an important contribution to policy development and sector planning, particularly since this was the first such report since 2006.

Priorities for next year will be to strengthen the evidence base on child poverty through strategic research and analysis, and continue engaging with Government, particularly the NBS and OCGS, to ensure a strong national system for SDG monitoring.

OUTPUT 4 Decision-makers in MDAs dealing with children are periodically made aware on the data pertaining to children

Analytical Statement of Progress:

In 2015 UNICEF continued to support data dissemination with the objective of increasing awareness and use of data. Most prominently, UNICEF continued its support to the Tanzania Socio-Economic Database (TSED), which contains all the most recent updates on key indicators related to child wellbeing. The database is fully managed and continuously updated by the NBS and OCGS.

The 2013/14 – 2015/16 strategic plan for TSED, informed by a UNICEF-supported evaluation in 2012, has continued to guide the reorganisation of the database to make it more strategic. The change to a web-enabled tool has increased accessibility and provides the potential for increased awareness and outreach to new audiences. As an online portal with links from the NBS and OCGS websites, TSED is a tool with strong potential to support current Government initiatives on open data.

TSED has been customised to fit the requirements of different sector indicator and monitoring frameworks. In 2015 it was updated with the latest available data from the 2011/12 Household Budget Survey (HBS), 2012/13 National Panel Survey, 2014 Tanzania Nutrition Survey and routine sector data on education, health, agriculture, water, environment and natural resources. Data for children are available in one integrated database. A separate database, censusinfo, was created using the TSED technology to facilitate accessibility of census data through a dashboard.

Noted challenges in data dissemination relate to high turnover of staff at NBS and OCGS, which

affects continuity of management of the TSED database. This is particularly the case since the DevInfo technology can be challenging and requires some amount of training before new staff become confident users. Changes to DevInfo technology has added challenges for the NBS and OCGS TSED teams, increasing the complexity of its use, while at the same time strengthening its reach to new audiences as an online tool.

Strategic priorities for next year will include strengthening synergies with the open data initiative and the Local Government Monitoring Database, as well as strengthening awareness of TSED by reaching out to new users through a range of channels.

OUTPUT 5 National advocacy efforts for child rights are effective [Linked to UNDAF Governance Outcome - per Key Action 3.6.2, Includes UNICEF corporate communication budget (US\$ 700,000 not in the UNDAF)]

Analytical Statement of Progress:

Ahead of the 2015 presidential election, UNICEF supported the Children's Agenda child rights advocacy coalition to launch a #Vote4Children multi-platform campaign to place child rights at the forefront of political leaders' agendas. Over a month, creative TV and radio programmes were aired daily on the most influential TV and radio stations. Young reporter's productions were broadcasted on community radios, which, combined with billboards and newspaper ads, reached over 8 million people. During children's consultations organised with leaders to review party manifestoes, ruling party leaders committed to include provisions to free education for children aged between five and 17 years.

In partnership with the NGO Children's Dignity Forum, 18 children's councils were established in Mbeya, Iringa and Njombe regions and 126 local officials trained in child participation. UNICEF also partnered with Excellence in Journalism Awards Tanzania to help promote reporting on child rights and ethical media.

UNICEF entered into collaboration with the School of Journalism and Mass Communication to adapt a 'Child Rights Syllabus'. The project aims to create capacity among media personnel to report on child rights issues – embedding the knowledge and skills from early on, while they are still journalism students. As of November 2015, the course was offered to journalism students as of the 2014/2015 new University of Dar es Salaam undergraduate prospectus - pending the upgrading of the status of the course to 'core' with approval from the Senate for the 2016/2017 academic year.

The Young Reporters network initiative is progressing well, with six groups and over 175 reporters across Tanzania. Three young reporters from Tanzania participated in the 2015 World Association of Community Radio Broadcasters conference in Ghana, which brought together different community radio stakeholders from around the world. On International Youth Day, the young reporters from Tanzania led a plenary session on youth participation in broadcasting.

In the context of the Burundian refugee crisis, UNICEF kept key stakeholders informed, raising the profile of its response to the emergency. This was accomplished primarily through interviews with international media at the onset of the emergency (e.g. Al Jazeera, BBC 4, Sky News, Swedish News Agency, France Info) either directly or through the Regional Office and National Committees.

The #ENDviolence initiative gained momentum with the development of powerful 'first person narrative' videos. A video about a Tanzanian girl with albinism attacked for her body parts

became one of UNICEF's most-watched productions in 2015 on social media.

The Country Office produced a Private Sector Engagement Strategy 2015-2021. A partnership with mobile phone service provider Push Mobile was established to send life-saving text messages to Tanzanian audiences on the symptoms, prevention measures and management of Ebola and cholera. UNICEF partnered with Telecommunication operator Tigo for mobile phone services supporting under-five birth registration, the NCL and improved efficiency of HIV testing. Building on Children's Rights and Business Principles, a scoping study was conducted in Zanzibar to explore possible engagement with the tourism industry.

OUTCOME 7 Strengthened local Governance mechanisms for children, including in risk prone contexts

Analytical Statement of Progress:

In 2015 UNICEF support to the three focal regions in the southern highlands expanded from the original six pilot districts to all 22 districts and municipal councils—and area with a total population of almost 4.5 million people where HIV and stunting are among the highest in the country. Each district has clear annual targets for addressing children's issues in their strategic plans, and the targets are translated into annual budgets. This has empowered districts to report progress toward improving the situation of children against their targets. Evidence-based reports were produced by the majority of the districts and the quality of their reports has gradually improved. Regular technical support and training by government institutes, along with systematic field visits by UNICEF and PMORALG have ensured oversight and monitoring of results for children.

Some key challenges at sub-national level still exists including: weak monitoring systems, availability of quality data, uncoordinated databases and capacity of districts to manage and disseminate data. UNICEF, in collaboration with PMORALG and the World Bank, continued to work with districts to improve monitoring processes.

Progress was made in improving access to important information on emergencies. Government capacity at the national and sub-national levels to prepare for and communicate about El Nino was strengthened via a national level review of El Nino scenarios and preparedness measures. An outbreak of cholera hit the economic capital, Dar es Salaam, in September and by the end of year 12,000 cases with over 200 deaths had occurred in 19 of the 23 regions of Tanzania Mainland and the islands of Zanzibar. The outbreak had not yet stabilised by year's end, with new cases on the increase and case fatality rates higher than expected. UNICEF response focused on behaviour change communication, water treatment at household and source level, and supplies for medical treatment. In addition to flipcharts, brochures and posters, the approach also included innovative use of mass mobile phone text messaging and the broadcast of an animated TV spot.

Events in neighbouring Burundi leading up to elections precipitated protests and clashes between security forces and opposition groups. From April to end-2015 over 230,000 Burundians fled for asylum in neighbouring countries—of these over 122,000 refugees crossed into Tanzania. With a pre-influx refugee population of over 65,000, the total number of refugees in Tanzania swelled to over 187,000 in 2015. UNICEF focused on vaccination, basic maternal child health services, nutritional screening and intervention, WASH, identification of unaccompanied and separated children and establishing some form of temporary learning and recreation for children.

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

Analytical Statement of Progress:

Awareness and understanding of the importance of preparedness and communication about El Nino was raised in regions at risk. The Office of the Prime Minister's disaster management department sent a circular to all LGAs to activate disaster management committees and ensure that preparedness measures were instituted. UNICEF, in collaboration with the Resident Coordinators Office and WFP, organised discussions with partners from Government ministries and departments, the UN and NGOs to discuss the implications of El Nino and share preparedness plans.

Communication on knowledge and understanding of cholera, including signs/symptoms, prevention and treatment increased among communities as a result of social mobilisation activities conducted by community mobilisers. Hygiene promotion (including use of safe water, hand-washing with running water and soap and environmental sanitation) in 19 regions in mainland and Zanzibar affected by cholera, to enable positive behaviours and seek timely treatment, were intensified.

OUTPUT 2 Prime Minister Office (PMO) and Chief Minister's Office (CMO) - Disaster Management Departments (DMDs) effectively lead Emergency Preparedness and Response (EPR) with a focus on areas most susceptible to disasters

Analytical Statement of Progress:

UNICEF continued to support national and local level preparedness and response to natural disasters and epidemics in 2015.

In March the north-western district of Kahama was hit by high winds coupled with a severe hailstorm that damaged property and affected over 5,000 people. Pre-positioned buckets, blankets and jerry cans provided by UNICEF to the Government were quickly mobilised and distributed to the most vulnerable people. A standby agreement with the Tanzanian Red Cross Society was also triggered, including cash and supplies for response related to WASH for over 500 affected households.

Separate cholera outbreaks in January, May and in the final quarter of the year hit different parts of the country. UNICEF supported the response in each case via pre-positioned WASH supplies, standby agreements with the Red Cross and support to local and national government for assessment and behaviour-change communication.

In three UNICEF focal regions in the southern highlands education in emergency measures were rolled out. Some 370 officials from local education committees, head teachers, and school committee chairs were trained on coordination and planning to enhance understanding of emergency issues in schools. An additional 669 teachers were trained on education and emergencies, and they used these skills with school clubs to discuss hazards and response in schools. This included mapping of hazards in and around the schools and developing school response plans and conducting simulations and response drills to enhance readiness.

OUTPUT 3 MoFEA and PMO-RALG operationalize the simplified and integrated Planning, Budgeting, Monitoring and Reporting (PBMR) guidelines and tools in LGAs

Analytical Statement of Progress:

UNICEF investment in the areas of planning, budgeting, monitoring and reporting enabled focal districts in Mbeya, Njombe and Iringa to have clear annual targets for addressing children's issues and empowered districts to report progress against the targets. Evidence-based reports were produced by a majority of the districts. The quality of reports has been gradually improving as a result of a series of training sessions by government institutions and regular field visits by UNICEF and PMORALG, which provided technical support in many areas.

There was noticeable improvement in the area of planning, as communities are able to identify key issues, including those concerning children, through participatory planning process called the 'Opportunity and Obstacle to Development' approach. However, a key challenge has been how to mobilise resources to implement community plans. At the district level improvement was noted in linking strategic plans and budgets, especially in relation to concerns of children. Since the strategic plan is a product of many stakeholders in the district, linking it with budget shows that the budget is addressing the real priorities.

UNICEF, PMORALG and the World Bank continued to work with districts to improve district monitoring processes in order to address the challenges observed during implementation. The main challenges identified were: weak monitoring systems, lack of quality data on children, uncoordinated databases and capacity of districts to manage and disseminate data.

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

Analytical Statement of Progress:

Political instability and insecurity in Burundi pushed over 230,000 Burundians to seek asylum in neighbouring countries—of these over 122,000 refugees crossed into Tanzania. With a pre-influx refugee population of over 65,000 the total number of refugees in Tanzania swelled to more than 187,000 in 2015.

During the month of May the first wave of refugees poured over the border at the alarming rate of over 1,000 arrivals per day, seeking refuge in border villages and lakeshore fishing villages that were ill-prepared and difficult to access. A major complication during the influx was a cholera outbreak that affected over 4,000 refugees and local residents, many of whom were only reachable by boat. All refugees were relocated to an existing camp which tripled in size over a four-month period.

UNICEF's initial response focused on stemming the cholera outbreak among refugees and host population through intensive behaviour-change messaging, improvement of hygiene and sanitation measures and early treatment and case management. UNICEF supplies and staff were among the first to arrive at the epicentre of the outbreak on the lake shore. Once refugees were moved to the camp other key response actions by UNICEF focused on vaccination, basic maternal child health services, nutritional screening and intervention, WASH, identification of unaccompanied and separated children and establishing some form of temporary learning and recreation for children. The flow of refugees continued unabated as of the end of 2015, but with fewer arrivals per day. However, with no immediate political solution in sight UNICEF and partners are preparing for the possibility of accelerated influxes from Burundi in 2016.

Evaluation and Research

Title	Sequence Number	Type of Report
Evaluation of Integrated Post-Primary Education (IPPE) pilot project in Tanzania	2015/009	Evaluation
Evaluation of TUSEME Programme in Tanzania	2015/008	Evaluation
Final Report. Evaluation of Tanzania UNDAF 2011-2016	2015/007	Evaluation
Tanzania National Nutrition Survey 2014	2015/006	Survey
School Quality Assessment for Education and WASH in Mbeya, Iringa and Njombe	2015/005	Research
Assessment of service providers and caregivers' perceptions on multiple injections for immunisation in Tanzania	2015/004	Research
NEONATAL HEALTH AND SURVIVAL IN ZANZIBAR; Stock-taking review and recommendations	2015/003	Study
The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People, Tanzania 2009-2012	2015/002	Study
Protecting Children from Violence: A Comprehensive Evaluation of UNICEF's Strategies and Programme Performance, Tanzania Country Case Study	2015/001	Evaluation

Other Publication

Title
Adolescent Experience in Depth: Using Data to Identify and Reach the Most Vulnerable Young People, Tanzania 2009–2012

Lessons Learned

Document Type/Category	Title
Innovation	Innovative strategic approaches to providing human resource capacity to respond to rapid onset emergency