

## TANZANIA Country Programme Performance Summary

The Tanzania country office tables the programme Performance summary as compliance to the Executive Board decision 2006/9, dated 26 January 2006, requested the “Administrator of UNDP and the Executive Director of UNFPA to ensure that country and regional programme results and performance data consolidated over the programme duration are made available at the end of the country and regional program cycles respectively”. The format has four sections, from A to D, providing a summary of output, outcome and goal level indicators during the country programming cycle.

<b>A. Country information</b>			
<b>Country name:</b>	TANZANIA		
<b>Category per decision 2007/42:</b> (Resource Allocation System)	Red		
Current country programme:	Programme period: 2011-2015, extension 2015/16	Cycle of assistance: Seventh	
<b>B. County Programme Outputs</b>			
<i>(Please include all the country program outputs as per the Results and Resources Framework approved by the Executive Board. Please include any update or modifications if any from the Board document)</i>			
<b>SRH CP Outputs 1:</b> Ministries of Health and Social Welfare and local government administrations’ capacity to plan, implement, monitor and evaluate the One Plan for Maternal, Newborn and Child Health is improved			
Output 1 indicators	Baseline	Target	End-line data
<b>Indicator 1.1:</b> Percentage of comprehensive council health plans with increased allocations for maternal, neonatal and child health activities	7%, (MOHSW-Comprehensive Council Health Plan Analysis Report , 2015)	25% Increase	38% increase. (9.7% of comprehensive council health plans budget allocated for maternal, neonatal and child health activities (MOHSW-Comprehensive Council Health Plan Analysis Report , 2015)
<b>Indicators 1.2:</b> Percentage of health centres providing basic emergency obstetric and new born care, and adolescent friendly health services;	22% of health canter in the programme area	40% of health centres in the programme area	75% of targeted health centres are providing basic emergency obstetric and new born care, and adolescent friendly health services in the programme area; (EmONC Assessment Report, 2015)

## Overall progress for output 1

UNFPA upstream work including engage UNFPA upstream work including engagement in the Health Sector Wide Approach (SWAp) Government and Development Partners' led dialogue structures (Health Basket Fund (HBF), Development Partners Group for Health – DPGH etc) contributed to prioritization of Reproductive Maternal and New born Child Health (RMNCH) in the national agenda by both GOT and DPs. Specifically, Human Resource for Health (HRH), Reproductive Maternal and new born Child Health (RMNCAH), Family Planning and maternal medicines/equipment has consistently received high proportions of the available national funding. Similarly, UNFPA TCO downstream work has contributed to increased access to RMNCAH information and services. Notably, availability of EmONC services strengthened in selected programme regions both in Tanzania Mainland and Zanzibar by upgrading 9 hard to reach health centres through refurbishment, provision and installation of medical equipment, supplies and capacity building of health workers through task shifting modality to provide EmONC services and strengthening referral system in selected hard to reach facilities, by supplying ambulances which contributed to increased number of patients using emergency referral system from 264 in 2011 to 811 in 2012/13. A total of 270 women successfully delivered through Caesarean Sections in selected health facilities in Shinyanga, Simiyu and Geita regions where UNFPA support in Tanzania Mainland. In addition, the TCO supported capacity of government to conduct quality supportive supervision and improvement in the management of health information system including District Health Information System (DHMIS), the revised data (DHIS2) collection tools, data audit and quality aligned with Sharpened One Plan Score Card as well as evidenced-based planning and budgeting with a focus on SRH. This includes capacity of 21 councils (LGAs) in Mwanza, Mara and Shinyanga and 70 managers from same LGAs.

UNFPA supported MOHSW develop, disseminate and implement various RMNCAH strategies and plans such as revised Adolescent Reproductive Health (ARH) and the Maternal Newborn and Child Health (MNCH) Communication Strategies. These national strategies have been important documents used in national and sub-national planning and implementation processes. For example, the MNCH Communication Strategy guided the communication interventions during the launch of the Campaign to Accelerate Reduction of Maternal Mortality in Africa (CARMMA) in June 2011 and thereafter during roll-out of the campaign as well as recently launch of the Sharpened One Plan (2014-2015) in May 2014. The country office facilitated increase in awareness and knowledge of media practitioners on SRH and nationwide coverage during SWOP launches, WPD, 7 billion campaigns and the national ARH Day as part of International Year of the Youth. UNFPA provided technical support on the midterm review of the roadmap to accelerate reduction in maternal new-born and child mortality (2008-2015) in both Mainland and Zanzibar and action plan developed to guide the implementation of the roadmap in the next two years. UNFPA advocated for and supported establishment of the joint maternal new-born and child health (MNCH) working group to guide the efforts by government and development partners to accelerate reduction of maternal and new-born deaths in Zanzibar. In addition, the CO supported development of various protocols and guidelines on health sector response to gender based violence (GBV) that has contributed in the integration of GBV into RMNCAH plans and increased responsiveness of health service providers on GBV. Moreover, knowledge and skills of 55 five service providers from selected facilities in Zanzibar enhanced on management of gender based violence (GBV).

To maximize the use of innovations and engagement of private sector to increase access to fistula services, the programme supported the e-mobile technology (through Comprehensive Community Based Rehabilitation in Tanzania (CCRBT) a CSO and Vodafone Foundation a Mobile phone company) to reach women with fistula in rural areas and bring them to the hospital for treatment and reintegration back to the community.. The innovation was documented as one the global UNFPA best practices. n. The CO supported also intensive community based and radio campaign for utilization of quality reproductive health care and access to obstetric fistula management in the coastal regions of Tanzania which likely contributed to approximately four-fold increase of women seeking fistula repair services (from 18 women per month in January 2012 to 60 by June 2012).

To increase the use of evidence, in 2014/15 the CO supported the government in generating evidence for RMNCAH planning and programming. Three large scale survey and assessments were conducted: EmONC assessment, Youth Friendly SRH assessment and a survey on Availability of Contraceptives and Life-saving Maternal Health Commodities were conducted in all 8 targeted regions in Lake and Western zones.

Findings from these assessments are guiding the finalization of the RMNCAH (One Plan – 2016-2020) II as well as guiding the forecast and quantification of the FP and RH commodities.

Among the lessons learnt from field visits to the districts, is that with regular technical supervision and mentorship, there is improvement in the quality of services and strengthening of health service delivery.

UNFPA supported MOHSW to finalize and disseminate the revised ARH and the MNCH Communication Strategies. These national strategies are important documents used in national and sub-national planning processes. The country office facilitated increase in awareness and knowledge of media practitioners on SRH and nationwide coverage during SWOP launch, WPD, 7 billion campaigns and the national ARH Day as part of International Year of the Youth. Enhanced the skills of 70 managers from Local Government authorities on evidenced-based planning and budgeting with a focus on SRH.

**SRH CP Output 2:** Tertiary and district health facilities in Zanzibar are equipped to provide quality emergency obstetric care, new born and postnatal services

	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<b>Indicators 2.1:</b> Percentage of facilities with increased facility-based deliveries;	51 %	90%	68% (HMIS 2014)
<b>Indicator 2.2:</b> percentage of service-delivery points with at least three modern methods of contraception in stock consistently;	20%	50%	27% (National Survey on Availability of contraceptives and lifesaving maternal drugs in Tanzania, 2015)

**Overall progress for Output 2:**

In an effort to reduce maternal mortality in Zanzibar, two health centres were upgraded to provide EmONC services, 100 health care providers trained on EmONC and procurement and distribution of 6 ambulances to support referral system. Number of caesarean deliveries performed within these facilities increased from 0 in 2011 to 155 in 2014 and health facility deliveries from 7,266 in 2012 to 11,351 in 2015. Increased availability and access of RMNCH lifesaving commodities in all health facilities providing delivery services in Zanzibar. Furthermore CP supported development of job aids/guidelines/protocols. Support was provided to the ministry of health (MOH) Zanzibar on national scale up of ‘Wired Mothers interventions’ – mhealth using simple SMS messages and service providers trained on tablet usage. Furthermore, knowledge and skills of MOH staff enhanced in conducting maternal, and perinatal death review, surveillance and response. The MPDSR Committee proposed, guideline developed (on draft form) and orientation of ICD 10 on maternal mortality conducted.

The programme strengthened community based FP services, IEC/BCC interventions, built capacity of service providers on long term methods including Post-Partum FP and logistics information system and procurement of contraceptives. About 183 service providers’ capacity strengthened in provision of family planning services including Post-Partum Intra Uterine Device (PPIUD), post-natal care and supportive supervision for CBDs in 2014/15. It has been noted the improved availability and accessibility of family planning services, 54% of facilities reported no stock out of FP commodities in health facilities in 2015 (at least three methods), increased FP users from 34,816 in 2012 to 45,136 in 2014. Similarly, TCO has been supporting community mobilization and awareness creation activities conducted targeting commemoration of international and national events. For example in 2012 Zanzibar during the national launch of the State of the World Population (SWOP) more than 2000 people were reached with FP messages and materials and 500 pieces of condoms were distributed.

YFS assessment was conducted to determine the scope and quality of provision of YFS/SRH services. The findings led to refurbishment and equipped 3 YFS clinics, development of ASRH strategy, accreditation tools, ASRH BCC materials, peer educators guideline, training of 40 Peer Educators and 40 service providers.. The programme strengthened south - South cooperation whereby 9 Government Officials and UNFPA programme Officers (from Mainland and Zanzibar) went for study visit to South Africa to learn effective implementation of YFS programme and established accreditation system for YFS. Towards increasing access to Youth friendly SRH services about 480 youths both women and men were reached with information and services on drug/substance abuse, teenage pregnancies, safe sex and Sexual Transmission Infections (STIs). In addition, a total of 84 female clients provided with family planning services for short term methods (depo and pills), 289 (129 males and 160 female) clients were tested for HIV. Fifteen Service providers from Micheweni and Mkoani were enhanced with knowledge and skills on provision of YF services and 40 peer educators (22 Male and 18 Female) trained on SRH/GBV/HIV using the developed peer educators’ guideline. In addition, SPs and Peer educators together were supported to conduct exchange visit to the other YFS clinics to best practices. Peer education guideline and YFS accreditation and recognition tools were also printed for use.

**SRH Output 3:** Evidence-based, integrated communication strategies for improving behavior and the uptake of services, including adolescent health and nutrition, are developed and implemented

	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<b>Indicator 3.1:</b> Percentage of health facilities providing adolescent sexual and reproductive health services;	30% (Service Availability and readiness Assessment Survey 2013)	20% increase in programme area	16% (Zanzibar MOH Report, 2014)%
<b>Indicator 3.2:</b> New family planning acceptors in targeted regions;	186,584 , HMIS 2011/12	30% increase of new FP users	Family planning users increased by 89% 352,713 (District Health Information Software 2015

**Overall progress for Output 3.**

In addition, the National Costed Implementation Programme for FP was developed aiming at attaining the national CPR target of 60%. The CO provides technical and financial support in the operationalization of these plans along with other UN agencies and partners. The country office has been supporting interventions to generate demand and increase utilization of SRH including FP in selected regions. The support has contributed to increase new family planning users from 186,583 in 2014 to 352,713 in June 2015 in supported regions in Lake and Western zones<sup>1</sup>. This has been mainly through re-launch of the ‘Green Star Campaign’, outreach services, community based services as well as through static health services. In Zanzibar, the number of FP users served by community based distributors (CBDs) increased from 7,762 to 10,664 in 2014, following monitoring and supported supervision. Similarly knowledge and skills of MOH to develop SRH/FP message was enhanced, that led to development of prototypes materials TV and radio messages. Knowledge of media enhanced through training and orientation on FP. This has contributed to proper reporting on matters relating to FP and increased public awareness on family planning. Knowledge and skills of service providers in provision of long term and permanent methods of FP enhanced through trainings and follow-up trainings. About 750 service providers in Lake and Western zone regions were trained in 2014/15.

Interventions for improved health care seeking behaviour were supported to enhance the capacity of decision makers/managers on evidence based planning with a focus on SRH. At the Sub-national level, The ASRH advocacy meetings in Shinyanga Regional and Council/District Health Management Teams in collaboration with the MOHSW provided the strategic way for raising awareness of decision makers and planners in the region in regards to young people SRH needs. As a result, in 2011/2012 Shinyanga regional health plans were of improved quality and ranked second best among the 30 regions of Tanzania. Subsequently, ward development plans and district councils prioritizing adolescent and youth activities in the ward/district council plans were formulated to enable marginalized young people reached with information and services.

Enhanced knowledge and skills of government officials, health providers and youth from Zanzibar and mainland (lake zone area) on establishment of YFSRH/HIV services and accreditation had contributed towards improved uptake of FP, SRH information and services. This led to increased number of new FP acceptors in Shinyanga region from 65,293 in 2010 to 90,000 in 2013. Furthermore the implementation of adolescent girls initiative (a comprehensive programme that reaches marginalized adolescent girls with comprehensive FP services - Packard project) in Shinyanga region had contributed to the increase of new FP users among young people aged 10-19, For instance in Msalala District Council, the data from HMIS shows an increase of FP new acceptors (10-19 yrs) from 226 in 2013 (Jan-Dec) to 596 in 2014 (Jan-June). In Zanzibar, the number of FP users served by CBDs increased from 7762 to 10664 in 2014, following monitoring and supported supervision. Similarly knowledge and skills of MOH to develop SRH/FP message was enhanced, that led to development of prototypes materials TV and radio messages.

UNFPA is the national FP2020 donor focal point and the co-chair of the FP Advocacy group. The GPRHCS has supported demand creation and capacity building of the service providers for Family Planning in the Lake and Western Zones of Tanzania. A total of 214 service providers were trained in long acting and permanent methods between January and September of 2014 only thus in the period from January to September 2014, 56,018 new clients out of 352,713 were served in long acting and permanent methods of FP as a result of this support. Trainings and provision of working tools (for CBDs) has strengthened the provision of family planning services in the lake and western zones of Tanzania.

**SRH Output 4:** Alternative approaches to health worker skills development and utilization are in place

<sup>1</sup> The programme area is lake and western zones covering 7 regions of Mwanza, Shinyanga, Geita, Simiyu, Tabora, Mara and Kigoma

	Baseline	Target	End-line data
<b>Indicator 4.1:</b> Percentage of health facilities implementing task shifting model in selected districts;	0%	100% of 12 facilities identified	100% of targeted facilities (12) implemented Task Shifting model in programme area (Country Office Annual Report, 2014)

#### **Overall progress for Output 4.**

During this 7<sup>th</sup> Country programme, UNFPA CO supported capacity building of human resources for health to provide quality maternal and new born care including basic and comprehensive emergency obstetric care, new born and post natal services. This was mainly to contribute to addressing the critical shortage of skilled health workers at all levels that is compromising the ability of the health system to deliver quality health services in Tanzania. The support includes among others implementation of task shifting models for EmONC. Some of the key achievements include:

- Increased access to EmONC through task shifting: Noted an increase trend in caesarian sections performed in UNFPA supported facilities both in Tanzania mainland and Zanzibar. For example, in Zanzibar, CS increased from 10 in 2013 to 131 in 2014 and Mkoani health facility performed 145 Caesarean deliveries by AMO who undergone task shifting training on CEmONC and in Uyovu health centre in Shinyanga, TZ mainland, number of CS in selected health facilities increased from 0 to 150 in 2014. Furthermore, normal deliveries increased in most upgraded facilities (e.g from 7,977 in 2013 to 11,219 in 2014 at Kivunge Primary Health Centre and Memweladu Maternity Hospita from 6,221 – 8,905). This achievement has been contributed by capacity building of health care workers, improvement of the facilities and procurement of equipment and supplies.
- Continued capacity development support to health care workers through workshops, distance learning, short and long in-service trainings and pre-service trainings. Five tutors enrolled for distance and eLearning at the national Open University for the Masters of Education degree programme to enhance their tutorship capacity (Candidates remained in their working stations during the period of study); more than 100 Health Care Workers trained on teaching methodologies, nursing curriculum orientation and clinical supervision techniques; 24 nurse midwives and 14 clinicians students recruited and completed 3 year competency based nursing and midwifery program (diploma) and clinical medicine programmes under bonding arrangement. Candidates have been placed in the underserved health facilities. Furthermore, 75 non-physician clinicians (Assistant Medical Officers-AMOs) and nurse midwives were through a competency-based curriculum trained on CEmONC and Anesthesia and operation theatre techniques respectively. In addition, 5 tutors from 4 nursing schools were trained on ‘Midwifery Mentorship and Teaching Skills’ that was organized by UNFPA and AMREF in Nairobi, Kenya in October 2014.
- The country office has spearheaded efforts to increased visibility of midwifery and midwives in Tanzania that has attracted attention and triggered discussion on the subject matter by high level government officials and partners. For example the *State of the World Midwifery (SOWMy) 2014 Report* was launched by Hon. Dr. Seif Rashid Minister of Health and attended by many partners and key stakeholders. The CO supported preparation of the Tanzania data, participation of the government to the global SOWMy launch in Prague and the national launch in Dar-es-salaam on 13 August 2014. Likewise, the 2015 International Day of the Midwife (IDM) was flagged by the URT Prime Minister Hon Mizengo Pinda among other dignitaries including the participation of the Chief Executive Officer of ICM. Through *evidence based advocacy*, in-country consultative and advocacy meetings have been conducted that has contributed to prioritization of skilled birth attendance (particularly midwives) in government strategic documents, such as the Health sector ‘Big Result Now’ Strategic Plan (2015-2018), the RMNCH Sharpened One (2014-2015) and the RMNCH One Plan II (2016-2020). The Health Sector ‘**Big Result Now**’ initiative is focusing on RMNCH. These key national documents are focusing on reducing the equity gap in skill birth attendants/midwives distribution and enhancing competences for quality RMNCH care.
- Towards strengthening quality of trainings particularly for nurse midwives and strengthening the nursing and midwifery services, the MOHSW was supported to develop The Nursing and Midwifery Strategic Plan (2015-2019); Clinical Instructors Policy Guidelines and Skill Laboratory Methodological Guidelines. Capacity of selected learning institutions and practical sites on MNCH enhanced through procurement of health learning materials, Skill lab improvement and procurement of equipment and supplies. UNFPA provide contribution of technical support on review of the existing Scope of Practice (SoP), mainstreaming, and incorporation of global standards by the International Confederation of Midwives (ICM) on SoP of midwifery to the Ministry of Health and Social Welfare through the national Nurse and Midwifery Councils and in collaboration with the professional associations.

In 2013 UNFPA increased local government ownership and collaborative support to the recruitment processes of midwives following central government’s inability to absorb all graduates has contributed to addressing the human resource shortage at Newala district Council. Under bonding arrangement, the District Council has absorbed 10 nurse midwives graduated from the school of nursing in the same year.

**SRH Output 5:** Medical supply systems for quantification, procurement, storage and distribution are accurate, centrally linked and computerized

<b>Indicator 5.1:</b> Percentage of districts using computerized stock management systems to forecast contraceptives;	0%	40%	100% all districts in the country are using computerised management information system (Ministry of Health Annual Report, 2014)
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**Overall progress for Output 5.**

UNFPA contributed to achieving the contraceptive commodity security at the national level through timely procurement of commodities. The CO was able to respond to requests from the Ministry of Health and Social Welfare of Mainland Tanzania, Ministry of Health of Zanzibar and several NGOs to procure commodities and to avoid potential stock-outs. Similarly, a Strategic Reserve System was established in Mwanza, Dodoma and Mbeya to hold sufficient FP stock based on national quantification for family planning commodities for NGO Partners and Private sector providing outreach services. The reserve serves as buffer stock to address the stock out issues at the regional and district levels.

Through the UN Life Saving Commodity initiatives, the country office supported implementation of the recommendations that the government committed to undertake. The government was supported to update the essential medicine list (EML), registration of products, development of guidelines and job aid to facilitate implementation of the recommendations and capacity building of health workers on integrated logistics management system (ILMS) and ILS Gateway. Expanded ILS gateway is now functional in all regions of Tanzania mainland and supervisors of RMCNH services at all levels using ILS gateway to improve availability of LSC and improved cold chain management for oxytocin.

The government was supported to conduct the national survey on availability of contraceptives and lifesaving maternal drugs in Tanzania that unfold that only 27% of service delivery points did not experienced commodity stock out in the last six months in Tanzania mainland and 54.2% of the facilities had no stock out in Zanzibar. Access and availability of RMNCH lifesaving commodities were strengthened. Data shows that 62% of deliveries were in health facilities in 2012/13 as compared to 51% in 2005 (Midterm Review HSSP III, 2013).

**SRH Output 6:** Existing monitoring and evaluation systems and sector reviews are optimized to provide strategic information to decision-makers and implementers at all levels for evidence-based planning

<b>Indicator 6.1</b> Number of studies conducted and reports disseminated to decision-makers and implementers during the country programme cycle;	Baseline: 0.	Target: 5	3 Surveys were conducted: 1. EmONC Assessment 2. YFS Assessment 3. Availability of Contraceptives and Life Saving Maternal Health Drugs (SDP) Survey. (Source: MOHSW/RCHS Progress reports; UNFPA Quarterly and Annual Report, 2015)
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**Overall progress for Output 6.**

Country office conducted national surveys and formative research on sexual reproductive health, contraceptive security and gender. National EmONC assessment (2015) was conducted in the lake and western zone with the main objective of assessing availability, utilisation and quality of EmONC services provided. Service was available in 37% of health facilities (BEmONC 31% and CEmONC 42%) in the programme area. Deliveries were occurring in 33% of fully functional EmONC facilities. The national survey on availability of contraceptives and lifesaving maternal drugs in Tanzania unfold that 27% of service delivery points did not experienced commodity stock out in the last six months in Tanzania mainland and 54.2% of the facilities had no stock out in Zanzibar. The programme conducted child married survey to understand drivers of the early marriage among teenagers in the country. The survey is still on process. The UNDAP evaluation and country office synthesis reports informed the programming for the next programme cycle as well as government and other stakeholders counterpart make informed decision in sexual reproductive health and gender

<b>SRH Output 7:</b> AIDS commissions have appropriate technical capacity to support ministries, departments and agencies, local government administrations, and non-state actors to mainstream human rights and gender considerations in the national response to HIV/AIDS			
<b>Indicator 7.1</b> percentage of social sector HIV reports documenting human rights, gender and youth-specific activities;	Baseline: 0%	Target: 100%	100% .Three planned documents (Gender Operational plan for HIV response , National Guideline on Gender and Human Right Mainstreaming HIV and AIDS and National Multisectoral Framework for HIV response) were developed (Tanzania Commission for AIDS, Annual Report, 2014)
<b>Overall progress for Output 7.</b>			
<p>In this country programme, UNFPA supported capacity building on gender mainstreaming for members of Umbrella Organization for HIV based NGOs in Zanzibar (ZANGOC) where 15 members were trained and through development of an action plan which outlined the steps to mitigate gender inequality and address gender needs in the context of HIV; training of 60 local government staff (in mainland); review and dissemination of the Gender Operational plan for HIV response. National Multisectoral Framework for HIV response and dissemination of the National Guideline on Gender and Human Right Mainstreaming of HIV and AIDS. Also, UNFPA supported community engagement to address GBV including sexual exploitation of young girl and HIV prevention using community capacity enhancement (CCE) approaches where 40 members from <i>Shehias</i> (administrative areas) were trained and development of IEC/SBCC materials to facilitate information dissemination. This community based approach involved women, men, boys, girls, PLWHA and people with disability.</p>			
<b>Output 8:</b> Selected ministries, departments, agencies, local government administrations and civil society organizations implement their HIV prevention interventions aligned with the national multisectoral prevention strategy			
<b>Indicator 8.1:</b> Number of life skills implementers for out-of-school youth utilizing the national life skills training manual;	Baseline: 0;	Target: 15 implementers	All 15 implementing partners utilized out of school life skills training manual for their programme implementation (Ministry of Information, Youth, Culture and Sports Annual Report 2015)
<b>Overall progress for Output 8.</b>			
<p>UNFPA supported to build capacity to provide life skills education for out of school youth through development of harmonized life skills manual for out of school Youth in Zanzibar, and training of 30 ToTs and 35 youth peer educators in mainland and Zanzibar respectively. Also Life skills education materials were developed and disseminated to stakeholders, 100 audio CDs and braille fact sheets - to provide access to HIV information to young people who are visually impaired. Also, UNFPA led the process of establishing the National Sub-committee on Comprehensive Condom Programming, of which UNFPA is a secretariat. Through this Sub-committee, a participatory review of the status of the implementation of the 10-step strategic approach to comprehensive condom programming was conducted leading to the following: 1)The committee is now a sub-committee of the National HIV Prevention Technical Working Committee; 2) The committee coordinated the development of a national operation plan on scaling up comprehensive condom programming; 3) Comprehensive Condom assessment has been conducted using UNFPA RNAT-tool 4) National comprehensive condom strategy has been developed – to be printed by October 2015; 5) public sector condom branding has been done- launching of the branded condom expected in December 2015.</p>			
<b>SRH Output 9:</b> Quality and coverage of behavior change communication interventions for young people are operationalized, expanded and evaluated			
<b>Indicator 9.1:</b> percentage of young people in selected high prevalence regions using a condom at their last high-risk sexual encounter;	Baseline: 30% male, 43% female;	Target: 20% increase in each category	34% Female 15-24 years 41% Male 15-24 years (Tanzania HIV and Malaria indicator Survey 2011-12)

**Overall progress for Output 9**

UNFPA supported establishment of a toll free line at a Youth friendly services provision center in Zanzibar to ensure access to quality SRH information to youth. UNFPA supported the development of the national SBCC guidelines in collaboration with UNICEF. CO also supported review and update the advocacy and communication strategy to be in line with Zanzibar National HIV and AIDS Strategic Plan II 2011-2017; capacity building of CSOs and MDAs on innovative communication approaches for HIV prevention - 25 participants (17 young men and 8 young women) mostly from NGOs and local artists were trained. The CO also supported activities to improve access to information and education on SRH, HIV and STI prevention services for KPs that include: procurement of 5 TV sets and five radios that were distributed to five sober houses and development of IEC/BCC materials for KPs - 2000 posters and 2000 brochures was developed and printed for SWs.

**SRH Output 10:** Ministries, departments and agencies, and civil society organizations provide user-friendly HIV and AIDS services to most-at-risk populations

Indicator 10.1: number of facilities providing comprehensive HIV and AIDS services for most-at-risk populations in line with standard guidelines;	Baseline: 0.	Target: 4 facilities	4 facilities in Zanzibar  (Country Office Annual Report, 2014)
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**Overall progress for Output 10**

The Country programme supported Zanzibar AIDS Commission to undertake an assessment on the linkages between SRH and HIV policies, systems, and service delivery in which the interventions recommended from the assessment were integrated into UNDP HIV/AIDS and Health and Nutrition Plan for implementation. As a result, Five Youth Friendly centres have been upgraded to provide integrated SRH/HIV services thus increased access and utilization of preventive and curative HIV/SRH services to Young people and Key populations. The CO supported activities to strengthen the capacity of youth led KPs network to be able to design IEC/BCC messages and materials, implement and monitor peer-education activities among the KPs. These include: development of IEC/BCC materials for KPs, 2000 posters and 2000 brochures were developed and printed for Sex Workers; supported Zanzibar AIDS Commission to undertake mentorship and field monitoring to KPs peer educators - 2 FMVs conducted and 5 mentorship activities implemented and peer educators and outreach activities reached 486 KPs (SWs 285, MSM 102 and IDUs 100). The outreach activities included VCT, condoms distribution and prevention education and was conducted mainly at hot spots – Hotels, bars and other recreation halls.

**SRH Output 11:** Zanzibar AIDS Commission, ministries, departments and agencies, and civil society organizations implement programmes to link most-at-risk populations to available services and reduce risk behaviour in young people

Indicator 11.1: Percentage of civil society organizations and government health facilities providing sexual and reproductive health/HIV services to young people;	Baseline: 0;	Target: 30%.	35% achieved Out of 31 CSOs, 11 are providing sexual and reproductive health/HIV services to young people
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**Overall progress for Output 11**

Capacity of CSO's to serve young people, in particular youth and key populations (sex workers, MSM and IDUs) in Zanzibar was strengthened through establishment of Five youth friendly health centres, training of youth peer educators and the installation of a toll free line for SRH and HIV/AIDS. Furthermore, support was also provided to Key population network in Zanzibar through capacity building on HIV/STIs prevention, counselling, SRH and stigma reduction and also supported to organize outreach sessions for their peers.

**SRH Output 12:** Communication and advocacy strategies to promote the utilization of HIV/AIDS services by people living with HIV, most vulnerable children and others are operationalized

Indicator 12:1 communication and advocacy strategy reflecting service utilization by people living with HIV and other vulnerable groups is available;	Baseline: 0;	Target: communication and advocacy strategy in use	National Sexual and Behaviour Change Communication Strategy developed and disseminated (Country Office Annual Report 2013)
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**Overall progress for Output 12**

Country Programme supported the finalization, printing (including in Braille form for the blind), dissemination and operationalization of the advocacy and communication strategy to promote the utilization of HIV/AIDS services by people living with HIV and most vulnerable children. An assessment on the effectiveness of HIV trainings targeting media personnel which have indicated improvement in knowledge of media and reporting on HIV prevention, VCT, and stigma reduction particularly for PLHIV conducted. In Mainland, UNFPA provided TA and FA to Tanzania Interfaith Forum – Umbrella organisation for FBOs – to develop, print and disseminate to religious networks SRH/HIV guidelines with teachings from Quran and Bible. About 16 members from FBOs were trained as ToTs who will scale up dissemination of the guidelines in their religious networks.

**SRH Output 13.** Operational framework and dialogue structure for implementation of the disaster management policies in the mainland and in Zanzibar are in place

<b>Indicator 13.1:</b> national operational guidelines for disaster management reflect reproductive health, gender and population concerns;	Baseline: concerns not reflected.	Target: concerns reflected in national guidelines	National guideline was not reviewed due to changes in structure of disaster management unit and new structure yet to be functional
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**SRH Output 14.** Ministries of Health and Social Welfare coordination mechanism for health in emergencies is functional and has enhanced response capacity

<b>Indicator 14.1:</b> percentage of emergency health stocks prepositioned to provide reproductive health services;	Baseline:0;	Target:100%	100% emergency health stocks prepositioned to provide reproductive health services. 2500 dignity kits, 500 units of emergency contraceptives and more than 25,000 units of condoms were provided during the recent influx of Burundians refugees that started in April 2015. (Country Office Programme Report 2015)
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**Overall progress for Output 14**

Capacity of the ministry of health and other key stakeholders to respond to the humanitarian needs was strengthened through trainings were more than 200 personnel from Local Government Authorities (LGAs), were trained on addressing SRH, SGBV and population data concerns in emergency humanitarian preparedness and response (out of which, 50 national partners were been trained in MISP using the MISP training curriculum). Also, UNFPA facilitated 3 national staff (1 female and 2 male) to attend the Sub-regional training of trainers on SRH in Humanitarian settings. UNFPA have continues to play a key role to respond to the reproductive health needs and sexual and gender based violence to the Congolese and Burundian refugees through provision of reproductive health kits, dignity kits - about 2500 dignity kits, 500 units of emergency contraceptives and more than 25,000 units of condoms were provided during the recent influx of Burundians refugees that started in April 2015.

**SRH Output 15:** Refugees' access to quality, gender-sensitive sexual and reproductive health and sexual gender-based violence services according to the minimum initial service package is enhanced

<b>Indicator 15.1:</b> percentage of refugees accessing sexual and reproductive health services;	Baseline: 90%.	Target: 100%	100%.The programme in collaboration with the other UN agencies provided sexual reproductive health services in two camps of Nyarugusu and Mtabila (UNHCR Report, 2014)
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**Overall progress for Output 15**

Capacity to address SRH and maternal health concerns in the refugee setting enhanced through training of thirty (30) service providers from Kasulu district Hospital and Nyarugusu Health Centre on Comprehensive Emergency obstetric and new born care (CEmONC). UNFPA also strengthened the capacity of the law enforcers and community to respond to SGBV by supporting refurbishment and to equip Kasulu district Police Gender desk with computers and office furniture. The Police station serves SGBV cases from the refugee camp and host population. About 2,000 BCC (IEC) and advocacy materials with messages that are culturally appropriate targeting sexual and gender based violence were developed and disseminated to refugee and host community.

**Gender Outputs :1** Increased response to gender-based violence by law enforcement agents

<b>Indicator 1.1:</b> Number of community gender-based violence committees competent to respond to cases;	Baseline: 4 (2 Unguja and 2 Pemba)	Target: 8 (4 Unguja and 4 Pemba)	10 Shehia GBV committees (6 in Unguja & 4 in Pemba) (Country Office Annual Report, 2014)
<p><b>Overall progress for Output 1</b></p> <p>The Multi-sectoral GBV Committees at the National, District and Shehia level strengthened to monitor and respond to GBV. For instance 10 Shehia GBV Committees from 5 Districts of Unguja and Pemba have been strengthened to better prevent and respond to GBV at village level. Multi sectoral strategy and action plan for preventing and responding to GBV in Zanzibar formulated and implemented. Public awareness on GBV, Sexual reproductive Health Rights as well as human rights were increased through Community Radios programs broadcast at their respective communities (200 programs were produced and aired in three community radios) Two national campaigns launched against Child Marriage in Mainland and against GBV in Zanzibar with high level participation and commitment from former URT President and from current President of Zanzibar respectively. Training on special court session for SGBV initiated with 2 trainings done to about 25 judiciary staff including magistrates and prosecutors in line with training to journalists and editors on reporting GBV. As a member of the Police Gender and Children Desks Coordination team TCO worked with Gender Training Institute of the Tanzania Gender Networking Programme (TGNP trained 58 Police from 5 regions on prevention and response to GBV</p>			
<p><b>Gender Outputs 2:</b> Adherence to key treaties and the universal periodic review is continuously monitored, reported on and relevant commissions' observations are followed up</p>			
<b>Indicator 2.1:</b> report on the Convention on the Elimination of All Forms of Discrimination against Women submitted on time;	Baseline: 2008 report on the Convention combines three reports into one report;	Target: 2012 single report submitted on time	The Report was submitted in March 2015, it combined the 7 <sup>th</sup> and 8 <sup>th</sup> (National CEDAW combined 7 <sup>th</sup> and 8 <sup>th</sup> Report, 2015)
<p><b>Overall progress for Output 1</b></p> <p>United Republic of Tanzania (URT) as State Party signed the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) on 17 July 1980 and ratified it five years later (20th August 1985). In line with it also ratified its Optional Protocol. In 2008 United Republic of Tanzania submitted its fourth, fifth and sixth consolidated periodic reports on the CEDAW Committee. The report was reviewed and then considered by the United Nations Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) which provided its concluding observations. As per Committees concluding observations URT was supposed to come up with consolidated seventh and eighth reports in September 2014. UNFPA Tanzania therefore supported the responsible Ministries in Tanzania Mainland and Zanzibar with wide consultations of other stakeholders to gather information, analyse the same and to prepare a consolidated report in conformity with Treaty-specific Guidelines based on the form and contents of periodic report. The combined report was submitted in March and was prepared in such a way that responded the concerns raised in concluding observations of previous report</p>			
<p><b>Gender Outputs 3:</b> An effective, gender-sensitive legal framework to address gender-based violence is in place</p>			
<b>Indicator 3.1:</b> Number of gender-based violence cases reported annually;	Baseline: 232 cases	Target: at least 10% annual increase in reported cases.	445 cases reported for clinical services in programme area in 2014 .This is 91% increase from the baseline
<p><b>Overall progress for Output 1</b></p> <p>UNFPA supported Medical Women Association of Tanzania to implement the guidelines for the One Stop Centres and the facility audit is on-going. UNFPA has also supported the police to draft the GBV (including FGM) sections for the police manual for responding to GBV. In line with strengthening the media response to GBV through collaboration with Tanzania Media Women Association and training of the media on response to GBV. Draft manual is now in place to ensure standardized training for years to come. In addition, UNFPA supported Tanzania Gender Networking Programme to conduct a human rights training to CSOs and clan leaders of FGM practicing communities in Tarime and Mara, prior to the commencement of planned mass FGM events. UNFPA continued to support ministries of gender in Mainland and Zanzibar in coordinating the stakeholders of GBV Prevention and response. In Zanzibar number of One stop Centers has increased from One two five distributed in 5 different districts to increase peoples access to reporting services. Police gender desks have been established with Standard Operating procedures and judiciary personnel trained on handling GBV cases. All of these have contributed to increased public's confidence in reporting GBV cases in both mainland and Zanzibar- hence 91% percent increase.</p>			
<p><b>P &amp; D output 1:</b> Relevant ministries, departments and agencies, higher learning institutions and other research institutions utilize population variables in developing sector policies and plans</p>			

<b>Indicator 1.1:</b> Percentage of planned surveys conducted on time	Baseline: 0%	Target: 100%	100% achieved. All the planned surveys (03) of which UNFPA supported were conducted and completed within the time frame and reports produced as planned. (NBS Reports, 2014)
<b>Indicator 1.2:</b> Percentage of survey reports with appropriately disaggregated data;	Baseline: 0%	Target: 100%	100% achieved. All planned survey reports has disaggregated data. (Tanzania Demographic and Health Survey, Household Budget Survey, and population and housing census were produced during the period as planned. (NBS Reports, 2014)
<b>Indicator 1.3:</b> Number of social sector ministries that incorporate sex, age, education, income and geographical location variables in economic and development plans.	Baseline: 1	Target: all 5 social sector ministries	5 key sector Ministries incorporated population disaggregated data in their plans on annual based during planning. Ministries are: Ministry of Education, Ministry of Health and Social Welfare, Ministry of Finance, Prime Minister's Office, Regional Administration and Local Government, Presidents Office Planning Commission (Sector Ministries Plans 2014-15 )

#### **Overall progress for Output 1**

The 2012 census was a success in terms of field operations completion and timely results and reports production. The census also attracted donors to support through provision of financing and technical knowhow. Together with census, other data generation surveys and routine data systems were strengthened through HBS, TDHS, CRVS and Community based information Systems. The already prepared avenue in the data field prompts the country office to focus more on evidence based knowledge generation and management for policy making, data utilization and research work.

Support to integration of population dynamics (including the population growth rates, shifts in age structure, urbanization and migration) into development planning processes was made. This was conducted using material developed by the Demographic Training Unit of the University of Dar es Salaam through the support of UNFPA and needs assessment exercise conducted. Using these materials, trainings of all districts planners in Zanzibar on integration of population dynamics into relevant plans was done. Between 2011 and 2013, capacity for over 270 district planners was strengthened on how to use demographic information for more appropriate and people centred planning.

UNFPA supported the Government of Zanzibar to review and set-up a system for collecting data on civil registration and Vital Statistics (CRVS) which was piloted in 2013. Trainings for data structure, capture and entry for CRVS officers at district level were conducted as part of capacity building. Piloting for shehia community based information system and the civil registration system in two districts in Zanzibar was conducted to set up the stage for scaling up of the community based information system for the whole Zanzibar.

On advocacy, UNFPA advocated on policy dialogue and involvement of young people in development issues that led to (a) Supporting a process of integration of population issues into the post MDGs 2015 country report which set the pace for future development priorities in Tanzania (b) Provided technical assistance on the chapter of ‘‘population structure, mortality and morbidity’’ of the Tanzania human development country report 2014.

## **C. Overall 7th Country Programme Summary of Findings (Evaluative Evidence from Country Programme Synthesis Report and UNDAPI evaluation)**

### **Introduction/Background**

The 7<sup>th</sup> country programme was designed to align with both the UN Development Assistance Plan (UNDAP, 2011-2015) and Government's frameworks for social and economic development; namely, Vision 2025 for Mainland Tanzania, Vision 2020 for Zanzibar, MKUKUTA and MKUZA, the Fund's participation in the 'Delivering as One' (DaO) initiative of the UN through seven working groups. The UNDAPI working groups reflected UNFPA mandate areas contributing to UNFPA goals in the multi-year funding framework, and to the ICPD PoA as well as MDGs by improving reproductive health, strengthening evidence on poverty and reproductive health monitoring systems and policies, integration population issues into policies and programmes, and promoting gender equality and women's empowerment.

The UN system in collaboration with Tanzania government conducted evaluation of the programme for the selected outcomes. In order to demonstrate its contribution UNFPA TCO decided to commission a consultant to perform desk review synthesis of the programme to ascertain programme performance as a complement to UNDAPI evaluation. Two exercises were simultaneously conducted with mutual understanding of the scope. The summary of key findings borrows from both exercises

### **Key Findings**

#### **UNFPA's specific contribution to UNDAPI outcomes and outputs**

UNFPA brought to the UNDAPI its specific set of skills and experience encapsulated in the agency Strategic Plan (2014 – 2017) emphasizing four priority thematic areas: Sexual Reproductive Health and Rights, Adolescent and youth Gender Equality and Population and Development also taking into account the cross cutting issues of mainstreaming young people's concerns, emergency preparedness and humanitarian response support.

UNFPA contribution to UNDAPI was through an integrated Common Country Programme developed by UNFPA, UNDP, WHO, UNICEF and WFP

#### **UNFPA Contribution to Achievements**

- UNFPA, with involvement of other relevant agencies provided support to National Bureau of Statistics to generate data for pro-poor evidence based policies. Ministry of Finance, Ministry of Agriculture, Food Security and Cooperative, Ministry of Labour and Employment and the Ministry of Industry and Trade receive crucial inputs. The impact of support from UNFPA and other UN partners goes beyond the updating of reliable data-sets and the NBS's capacity as the process involved a range of institutions and other UN agencies in a participatory process, and contributing to a greater understanding of the use and applicability of data in policy research, planning and monitoring, that is increasingly used by a broad range of MDA/LGA partners, academia and NGOs (*UNDAPI Evaluation Report- 2015*)
- The Health programme had significant impact on supporting national efforts to reduce maternal, infant and child deaths. These include support for the development of the One Plan (*UNDAPI Evaluation Report- 2015*). UNFPA provided support to selected high volume clients health centres in geographical focus regions contributing to large proportional of maternal mortality in the country. EMoNC services were introduced in 9 facilities (TCO Synthesis Report, 2015)
- UNFPA support on provision of youth life-skills education in the areas of sexual and reproductive health and HIV prevention. The efforts recognized and the RMNCH Plan midterm review identified sexual and reproductive health (SRH) and adolescent/youth issues as key areas for intervention adolescent was factored in the RMNCAH strategy hence (TCO Synthesis Report, 2015)
- UNFPA jointly with UNICEF accelerated implementation of strategic plan for reduction of Maternal, New-born through technical support for the RMNCH 2008-2015 Roadmap Midterm Review; formulation of the 2014-2015 RMNCH Sharpened One (TCO Synthesis Report, 2015)
- UNFPA has taken a lead role in RH Commodity Security both at policy level and in logistics and supply of commodities, including support to increased access to family planning in low contraceptive prevalence regions with a focus on the lake and western zone regions and Pemba. Commodity security was achieved at National level with 27% of service delivery points reported contraceptive security in 2015

- Adolescents and young people were reached with SRH services and information in selected wards in Kahama district. Outreach sessions targeted key population with SRH/HIV information and services. Data from the health management information system (HMIS) shows a significant increase of new FP users from 2013 to June 2014, among young people age 10-19.
- UNFPA supported review of the Gender Operational Plan for HIV and AIDS 2010-12 to incorporate updates from the National HIV/AIDS multisectoral Framework (NMSF III 2014/17)
- UNFPA has built capacities of MESWYWCD and MCDGC to coordinate, respond on discrimination and gender based violence including child marriage, female genital mutilation and commitment to international obligation including report on CEDAW. The country submitted the joint 7th and 8th CEDAW report on time in 2014.
- UNFPA delivered its support on its mandate and expertise which were in line with the national priorities. Tanzania has achieved lower levels of infant and child mortality than its East African neighbours but has significantly higher maternal mortality rates. Contraceptive prevalence rate still also low.
- UNFPA supported both upstream and downstream initiatives. It advocated for both increased budget allocations on RMNCAH as well as dedicated budget lines for contraceptives. At the national level it supported procurement of wide range of contraceptives to increase family planning choices among clients in both Tanzania Mainland and Zanzibar. UNFPA contributions provide the backbone for commodity security in the country; MOHSW is reliant upon UNFPA to ensure that there are supplies in the country.
- There is evidence of change from the health management information system (HMIS) indicating an increase of FP new acceptors countrywide from 2,738,292 FP users in 2011 to 4,266,167 in 2015. In UNFPA focused regions new users almost doubled from 186,584 in 2011 to 352,713 in 2015
- UNFPA has focused on geographic areas and populations where FGM is most widespread in the country, and had some notable successes in changing mindsets. In one locality traditional leaders from 13 clans at the end of 2014 announced their intention not to conduct FGM and declared their support against FGM. This affected the lives of some 4,000 girls in the communities, and provides some evidence that mind-sets are changing.

### **Recommendations**

- In the coming UNDAP II UNFPA focus and concentrate more on the thematic groups that most closely match its core areas of expertise which has comparative advantage. The recommendation would be that UNFPA aims to be a significant player in four of the working groups of UNDAP II (Sexual Reproductive Health and Rights, Adolescent and youth, Gender Equality and Population and Development. The health focus for the next UNDAP clearly should be to address the unfinished business of MDG5 which the country is likely not going to meet
- UNFPA should give more attention to youth as the country has a large young population, the programme should focus on the adolescent age group including trans-generational issues. HIV among youth should be given close attention particularly for young females because the group has significantly higher HIV rates (6.6%) than males(2.8%) and national average (5.1%) for a variety of reasons which should be absolutely explicit and clearly addressed
- The health focus for the next UNDAP clearly should be to address the unfinished business of MDG5 which the country is likely not going to meet
- Reliance upon key indicators will not provide the depth of insight required into issues which may critically affect the performance of the programme in its achievement of change, in making a difference. Indicators tend to be low-level simply because they are amenable to measurement e.g. number of health workers trained, but such measures do not take us very far along the results chain to investigate the change that we are looking for, and without evidence of change then we cannot judge whether or not our interventions are truly having the effect we desire, and providing a return on our investment of resources, time and effort.
- There is insufficient information to bridge the gap between activities and outputs and outcomes and preliminary indications of sustained impact. In order to bridge that gap the UNFPA Morocco model is recommended. This involves commissioning many small-scale special studies or operational research (OR) initiatives conducted over the life of the programme in order to investigate the linkages between activities that are being implemented and evidence of change resulting from interventions.

- Strengthening multi-sectoral grassroots data collection for regular statistics production (vital statistics, poverty monitoring incl. health and nutrition data and related indicators such as stunting, wasting, underweight; etc.) through a strengthened routine administrative reporting mechanism is a potential avenue for related (economic) governance-related evidence-based planning activities under the upcoming UNDAP cycle (UNDAP Evaluation Report, 2015)
- UNDAP Evaluation recommend HIV/AIDS programme should continue to be a priority area in the next plan, as the high prevalence rates still represent a threat to Tanzania, majority of HIV positive children who need HIV treatment are not receiving it, and HIV prevalence among Key Populations (Sex-workers, men who have sex with men, injecting drug users) remains high.

**D1.1: Country Program resources (1st July 2011 to 20th June 2016)**

	Regular Resources		Other Resources		Sub-Total	
	Planned*	Expenditure**	Planned*	Expenditure**	Planned*	Expenditure**
Reproductive Health	\$15,350,000	\$8,328,969	\$13,550,000	\$13,644,731	\$28,900,000	\$21,973,700
Adolescent and Youth	\$200,000	\$650,457	\$400,000	\$420,191	\$600,000	\$1,070,648
Gender	\$2,250,000	\$3,933,165	\$1,000,000	\$468,684	\$3,250,000	\$4,401,849
Population & Development	\$5,700,000	\$2,804,103	\$3,300,000	\$9,517,554	\$9,000,000	\$12,321,657
Programme C. & Assistance	\$1,100,000	\$727,715		\$0	\$1,100,000	\$727,715
Total	\$24,600,000	\$16,444,408	\$18,250,000	\$24,051,160	\$42,850,000	\$40,495,568

\*The figure include CPD one year extension 2015/16

\*\* Expenditure is actual as of today Tuesday, September 15, 2015