

**Evaluation of the
Government of the United
Republic of Tanzania and
UNICEF Country
Programme 2016 – 2022**

Final Report - Annexes

EVALUATION OF THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA AND UNICEF COUNTRY PROGRAMME 2016 – 2022

Final Report - Annexes

ESARO
September 2021

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**Evaluation of the Government of the United Republic of Tanzania and UNICEF Country Programme 2016 – 2022
Final Report**

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Annex 1 Terms of Reference

Country Programme Evaluation of the Government of the United Republic of Tanzania and UNICEF Country Programme of Cooperation 2016-2022

Summary

Type of Contract	Institutional Contract
Title of the Evaluation	Evaluation of Tanzania-UNICEF Country Programme of Cooperation (2016 – 2022) ¹
Purpose	<ul style="list-style-type: none">• Identify key lessons from the ongoing Country Programme to inform the development of the next Tanzania Country Programme Document (TPD)• Reinforce accountability of UNICEF to national and international stakeholders• Reinforce accountability of UNICEF to the Executive Board
Objectives	<ul style="list-style-type: none">• To assess the relevance, effectiveness, efficiency, coherence and sustainability of the Tanzania Country Programme from its inception to the present, with particular focus on equity, gender equality, convergence of programme components around the two key areas of ECD and Adolescents and achieving results at scale, as well as UNICEF's strategic positioning in relation to its child rights mandate.• To identify and document key lessons learned, good practices and innovations in implementing the current (2016-2022) Country Programme that can inform and support advocacy efforts for scale-up and replication.• To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the design of the next Tanzania Country Programme, taking into consideration national development priorities, such as the Tanzania Development Vision 2025, the next five-year development plan and the 2030 Agenda for Sustainable Development in the country.
Location	Dar es Salaam, Dodoma, with travel to selected districts if possible
Duration	9 months
Start Date	August 2020
Reporting to	UNICEF Eastern and Southern Africa Regional Office (ESARO)
Grant reference	Non-Grant – GC
Activity and WBS details	WBS 4550/A0/05/207/004/004

¹¹ The Country Programme was extended by one year to mid-2022

1. Introduction

In accordance with the coverage norms of UNICEF's Evaluation Policy 2018, every UNICEF Country Programme must be evaluated at least once every two country programme cycles. Such Country Programme Evaluations (CPEs) are conducted by the Evaluation Section of the respective UNICEF Regional Office.

CPEs intend to capture and demonstrate evaluative evidence of UNICEF's contributions to development results at the country level, as well as the effectiveness of UNICEF's strategy in facilitating and leveraging national efforts for achieving development results. Their purpose is to:

- Identify key lessons from the ongoing Country Programme to inform the development of the next UNICEF Country Programme Document (CPD)
- Strengthen accountability of UNICEF to national and international stakeholders
- Strengthen accountability of UNICEF to the Executive Board

The CPE will be managed by the Evaluation Section of UNICEF's East and Southern Africa Regional Office, under the overall oversight of the ESARO Regional Director, and in close collaboration with the UNICEF Tanzania Country Office (TCO), Government of Tanzania and development partners. Quality assurance will be provided by UNICEF's Evaluation Office, which reports directly to UNICEF's Executive Director, and is functionally independent within the Organization. The CPE will be conducted in accordance with the provisions of UNICEF's 2018 Evaluation Policy and the norms and standards of the United Nations Development Group (UNEG).

The terms of reference present a brief description of the Country Programme; the scope, objectives and key questions of the evaluation; evaluation methodology; stakeholder involvement; roles and responsibilities; evaluation process; deliverables; and evaluators' qualifications.

2. National Context

Situation of Children in Tanzania

Half of Tanzania's 55.9 million population are children under the age of 18 years, making Tanzania one of the youngest countries in the world. With the rapid urbanization as one of key demographic changes, the number and share of children living in urban areas continued to be on the rise.

Since the CPD was developed, important new data and strategic information related to the situation of children and women has been published, including the 2018 National Nutrition Survey, 2017/18 Household Budget Survey, 2017 Malaria Indicator Survey, 2016/17 Tanzania HIV Impact Survey, 2015/16 Tanzania Demographic and Health Survey, the Out of School Children Study published in 2016, and Child Poverty reports in 2016 and 2019. These, and previous data, reveal that, despite considerable achievements, there are significant remaining deprivations for children in Tanzania. According to the Household Budget Survey (HBS), Tanzania is not on track to achieve the Sustainable Development Goals (SDG) target on poverty. While poverty rates slightly decreased from 28.2 percent to 26.4 percent between 2012/13 and 2017/18, the number of poor people increased by more than 1 million and the income inequality widened, particularly in Dar es Salaam. Child poverty stands at 30.1 per cent according to the same survey. There were large differences of poverty rates between urban and rural areas and among regions. Basic needs poverty in rural areas was 34.5 percent, much higher than in urban areas (11.0 percent). At the regional level, Rukwa recorded the highest proportion of children living in basic needs poverty (47.6 percent) and Dar es Salaam had the lowest proportion of 9.6 percent. However, Mwanza region, ranking the 5th in terms of poverty rate, had the largest number of poor children (nearly 700,000).

Tanzania has achieved near universal immunization coverage and the number of children who die before their 5th birthday has declined by almost 70 per cent since 1990. HIV prevalence declined by half since the mid-1990s and the proportion of chronically malnourished children reduced by nearly 40 per cent since 1990. The primary school enrolment rate almost doubled since 1990 and birth registration rates have rapidly increased over the past 7 years.

However, children in Tanzania are still facing many challenges. Tanzania is among 10 countries globally that roughly account for more than 60 percent of the world's new-born deaths and the proportion of children who died in their first month of life risen by 15 percentage points. Despite the considerable reduction in mortality rate, up to 300 children under five died every day. There was a slow decline in new HIV infections from 82,787 in 2010 to 72,201 in 2018 and children under five and young people 15-24 years accounted for a large portion (12 percent and 35 percent, respectively). In 2019 the Tanzania Parliament passed amendments lowering the age of HIV testing without parental consent to 15 years, which will help to prevent HIV amongst adolescents.

Despite the gradual reduction of stunting prevalence, one in three children under the age of five still suffered from stunting, with rates as high as one in two in disadvantaged regions such as Njombe, Rukwa and Iringa. However, when it comes to number of stunted children, these regions were not in the top list. Kagera, Kigoma and Mwanza were regions with largest number of stunted children, accounting for 21 percent of the total.

Between 1991 and 2017, the population's access to improved drinking water source slowly increased from 51.1 percent to 60.4 percent whilst the improved sanitation coverage changed significantly from 1.3 percent to 23.4 percent. A large share of population (nearly 80 percent) including children was deprived of their right to clean sanitation which can have strong influence on their health and nutrition status as well as learning performance.

After a sharp increase in 2016 after the introduction of the free fee education policy, the pre-primary education net enrolment rate slightly declined to about 40 percent in 2018, far from the 2020 national target of 50 percent. While the primary school net enrolment rate was 91.1 per cent, the lower secondary net enrolment rate was much lower, at 43.7 per cent, indicating a poor transition to secondary school. There were large disparities in the quality of education, namely in terms of human resources and facilities among and within regions. While pupil-to-qualified teacher ratio in Mainland's pre-primary schools stood at 250, the Mara region had the ratio of 803.

In 2019, there was a big improvement in birth registration for children under five, particularly in 13 regions that were operationalizing the decentralized birth registration system supported by UNICEF. As of July 2019, nearly 4 million children under five had their birth certificates.

Early marriage was still at a high level since 1990s with almost one in three girls age 20-24 years married or in union before the age of 18 but with the recent highest court appeal that upheld a decision to raise the minimum age of marriage for girls to 18, there were more opportunities to prevent many girls from getting married during their childhood.

The Government continued to prioritize investments in infrastructure (especially railways and hydropower), including through the national budget. Relative budget shares for education and health continued a downward trend. While tax collection has significantly improved over the past years, the difficulty of meeting ambitious tax revenue targets presents a challenge for budget credibility and puts pressure on the budget deficit and debt levels. The economy continued to grow but the pace of growth is subject to varying projections.

Dialogue between the Government and development partners continued on issues such as girls' education, statistics regulations, respect for minorities, new regulations on the operation of non-governmental organizations (NGOs) and space for media.

Though there has not been any confirmed case of Ebola Virus Disease (EVD) in Tanzania, the risk of EVD spread from the Democratic Republic of the Congo continued in 2019 and 2020. UNICEF and partners supported government-led EVD preparedness activities focusing on risk communication and community engagement, as well as case management.

The most recent cholera cases in Tanzania were reported in July 2019, bringing the total number in 2019 to 421, including seven fatalities. UNICEF continues to support the Government in the areas of communication and essential supplies. In Zanzibar, UNICEF supported the development and presidential launch of a Comprehensive Cholera Elimination Plan, linking humanitarian and development initiatives.

The situation of refugees from Burundi and the Democratic Republic of the Congo remains a concern. The number of refugees reduced from 330,775 in 2018 to 278,275 by the end of 2019 as a result of voluntary repatriations, which resumed in 2019. Chronic underfunding has led to significant gaps in the provision of humanitarian assistance. In the three refugee camps in Kigoma Region, UNICEF continued to focus on the protection of children, including registration of more than 3,000 unregistered refugee children, provision of school supplies, treatment of malnutrition, water and sanitation services, and psychosocial support.

Governance, Policy and Contextual Changes Relating to Children

At the same time, the period has also seen significant changes in the political context and social policy environment. These have included:

- The General Election (Presidential and Parliamentary) in late 2015 and the installation of a new Government led by President John Magufuli, who took office in November 2015, and subsequent finalisation of new development sector plans, policies and operating modalities.
- The launching in June 2016 of a National Five-Year Development Plan covering 2016/17 – 2020/21.
- The finalisation of a number of key sectoral/multisectoral strategies and frameworks, including the Education Sector Development Plans 2016 - 20/21 for Mainland and for Zanzibar, National Plans of Action to End Violence Against Women and Children in Mainland (2016) and in Zanzibar (2017), National Health Sector HIV and AIDS Strategic Plan 2017-2022, the National Multisectoral Nutrition Action Plan 2016-2021.
- Implementation of several policy measures aimed at curbing corruption, enhancing systems of accountability and achievement of results.
- Adoption of a Decentralisation by Devolution Strategy and Roadmap, and decision to develop a new decentralisation policy and local government reform programme for key Government sectors (such as education, health, nutrition, WASH and child protection), through the President's Office for Regional Administration and Local Government (PO-RALG).
- The data environment underwent a positive change after the amendment of the Statistics Act in June 2019, which relaxed stringent regulations on statistics approval and release. However, given 2020 is the election year, there are still constraints in access to data and data sharing, which could affect efforts to strengthen national routine information systems.
- Articulation of a new dialogue structure between the development partners and Government with a draft Development Cooperation Framework expected to be soon finalized. Donor engagement modalities continue to evolve with some being consolidated such as the basket fund in the health sector or around sector-wide policy priorities and plans such as the education sector development committee while others as seeing more differentiation (e.g. water and sanitation where direct budget support is dwindling).
- The Government decision in March 2017 to relocate central Government authorities from Dar es Salaam to the capital city of Dodoma in four distinct phases until February 2019. In response, a large number of Government officials (including Ministers, Deputy Ministers and Directors) moved their offices from Dar es Salaam to Dodoma in 2017. Several UN agencies (UNICEF, UNFPA, WHO, FAO, IOM, UN Women and UNDP) came together in a process led by UNICEF and identified a joint UN office in Dodoma, which was opened by the Prime Minister in December 2017.
- Development of a large UN Joint Programme in the Kigoma Region, which is one of the most disadvantaged in the country and hosts over 300,000 refugees, with UNICEF leading in two of the five results areas. This has created an opportunity to enhance the linkages between development and emergency programming.
- The ongoing process of the UN Reform Agenda, and the increasing attention on development agencies focusing on their core mandate and ensuring strengthened cooperation and reducing duplication and overlap.

- The finalisation of the UNICEF Strategic Plan 2018-2021 with five clearly articulated Goal Areas and an emphasis on promoting synergies across multiple goal areas and programming for results at scale. This provides an opportunity for UNICEF Tanzania to advance its cross-sectoral convergence and integrated gender responsive programming around ECD and adolescents and sharpen the strategies for accelerating the scaling up of a number of proven high impact interventions.

COVID-19 in Tanzania

Tanzania registered its first case of COVID-19 on 16 March 2020 and last reported a total of 509 cases with 21 deaths on 7 May 2020. The cases have been confirmed in 24 out of 26 regions in Mainland Tanzania and both Unguja and Pemba islands in Zanzibar. The Government imposed a 30-day ban on public gatherings (except for worship), schools were closed, and suspended all international commercial flights. Those restrictions were then eased in late May and June, with schools re-opening on 29 June. With the recent declaration by top political leadership that COVID-19 cases have significantly reduced in Tanzania, UNICEF Tanzania is re-strategizing its response across all programmes and operations to ensure continuation of essential services for children and women in health, nutrition, WASH, HIV, education, child protection and social protection. The Risk Communication and Community Engagement (RCCE) pillar which UNICEF and MOHCDGEC are leading is repackaging messages that emphasize “Corona is still here, and people should continue taking preventive measures.”

3. UNICEF Programme in Tanzania

UNICEF, a United Nation’s agency dedicated to the rights of children and women, works in a particular UN member state in concert with and at the invitation of the Government. A multi-year programme of cooperation— called a Country Programme (CP)-- is agreed upon and is jointly executed together with a range of other national partners drawn from the private and NGO sectors. This programme of cooperation sets goals aligned with national priorities (Tanzania Development Vision 2025, Zanzibar Development Vision 2020, Second Five-Year Development Plan 2016/17-2020/21 (FYDP II) and Zanzibar’s Strategy for Growth and Reduction of Poverty 20162020 (MKUZA III) where UNICEF has strengths to support the national efforts.

Consistent with the UNICEF Strategic Plans of the concluding MDG era (UNICEF 2014-2017 strategic plan) and the two UNICEF Gender Action Plans (2014-)2017, and 2018-2021), the UNICEF Tanzania Country Programme for 2016-2021, and extended to 2022, aims to address key barriers and bottlenecks that prevent children, particularly those who are marginalized, from enjoying their full rights. The CP recognises that damaging social gender norms and unequal gender power dynamics, poverty and limited support for parents and families, hinder the full adoption of caring family practices around health, nutrition, education and protection of children from before birth through adolescence onwards.

Change is prioritized at three levels:

- (a) by promoting family care and protective practices that will nurture all aspects of child and adolescent development;
- (b) by strengthening the availability of quality equitable services for children, adolescents and families; and
- (c) by supporting policy and budgeting changes to create an enabling environment in each of the programme areas.

The UNICEF Tanzania Country Programme 2016–2022 is structured around the seven outcome areas of the UNICEF Strategic Plan 2014–2017. The programme components are: (a) Health; (b) HIV and AIDS; (c) Water, sanitation and hygiene (WASH); (d) Nutrition; (e) Education; (f) Child protection; (g) Social inclusion; and (h) Programme effectiveness. Each programme component has identified an outcome:

- **Health:** Effective coverage of high-impact reproductive, maternal, neonatal, child and adolescent health (RMNCAH) interventions.

- **HIV and AIDS:** Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions.
- **WASH:** Vulnerable children are born, stay and live in improved hygienic environments with adequate safe water supply and sanitation facilities at home, schools and health facilities.
- **Nutrition:** Increased coverage of equitable, quality and effective nutrition services among children under 5 years old.
- **Education:** Improved and equitable access to and completion of quality, inclusive basic education with a focus on improving learning outcomes.
- **Child protection:** Girls and boys have access to and are better served by a national child protection system that prevents and responds to physical, sexual, and emotional violence, abuse, neglect, exploitation, and harmful social practices, and ensures children have adequate adult care.
- **Social Inclusion:** Child poverty (monetary and multidimensional) is reduced through quality, evidence-based policies, programmes and budgets for all children, especially the most marginalized, at national and subnational levels.
- **Programme Effectiveness:** Improved efficiency and effectiveness of UNICEF and partners across all outcome areas.

The seven implementation strategies of the UNICEF Strategic Plan 2014–2017 and Gender Action Plan 2014-2017 underpin the achievement of the programme outcomes.¹ Capacity development of families and communities to adopt appropriate childcare and protective practices and to demand quality services is central to the programme, as is working to strengthen national capacity to deliver and manage quality services at scale and in a sustainable way. Data and evidence were to be used to enhance strategic engagement in policy development and to leverage resources for children. Cross-sectoral linkages were to be promoted at family, community, local and national government levels, through supporting improved childcare practices and promoting a systems approach to child-centred protection, health, nutrition and education services. Innovative approaches using new technologies, were to be promoted and UNICEF was to foster cooperation with other countries in the region to share learning and scale up effective solutions.

The Programme was developed concurrently with the United Nations Development Assistance Plan (UNDAP) under the United Nations Delivering as One approach. UNICEF programme priorities fit within, and contribute to, UNDAP outcomes. The UNDAP is informed by, and framed within, the Government's Long-Term Perspective Plan (LTPP) and the Sustainable Development Goals. It has four outcome themes: (a) inclusive growth; (b) democratic governance, human rights and gender equality; (c) healthy nation; and (d) resilience. These themes are the result of a consultation process involving the Government, United Nations and development partners, including national consultations on the incorporation of the Sustainable Development Goals into the national agenda.

The Programme was estimated as requiring USD 227,685,000, 129 million of which were to be Other Resources Regular (ORR)². There are a total number of 156 staff at the Country Office in Dar Es Salaam and 3 field offices in Zanzibar, Mbeya, and Kibondo.

In 2018, a Mid-Term Review of the Tanzania Country Programme was undertaken. Key findings included the following:

¹ Whilst the country programme structure was developed with the seven programmatic components/outcomes exactly as per the seven outcomes of the UNICEF Strategic Plan 2014-2017, it remains in line with the higher-level structure of the new 2018-2021 Strategic Plan.

² Regular Resources (RR) or Core Resources are funds with no restrictions on use. Other Resources (OR) contributions are those earmarked by donors for specific purposes, including a country, geographic area, theme, project, sector, emergency, or any other category agreed upon between UNICEF and its donors. OR include ORR which are funds for specific, nonemergency programme purposes and strategic priorities.

- While the Country Programme is contributing to new national development priorities and plans, there is some difference in prioritization (e.g. the Government's priority on infrastructure). The Country Programme is clearly contributing to the UNDP, and is aligned with the SDGs, the new UNICEF Strategic Plan and Regional Priorities.
- The current Country Programme is implemented in a challenging political economy environment. The MTR helped position UNICEF in that context, which will also facilitate the transition into the next Country Programme cycle.
- The MTR found that more attention needs to be paid to sustainability, scale, and institutionalisation. Greater focus on budget advocacy and influencing will be required across all sectors, especially in view of the challenging political economy environment.
- Whilst the key Country Programme components remain relevant, the overarching strategies on "promoting family care and protective practices" and on "strengthening child and community engagement" have not been systematically applied across all programmes.
- Whilst the CPD does not define the specific regions of the country where the programme will focus or prioritise, the CPMP highlighted that targeted programme coverage would be in Mbeya, Iringa, Njombe and Songwe (MINS) in the Southern Highlands, Kigoma and Zanzibar, plus selected regions/districts based on specific deprivations or opportunities. However, there are additional districts/regions where activities have been supported for long periods that do not fall under the additional 'deprivation/manifestation-specific' targeting criteria, primarily due to a lack of a phase-out or transition plan.
- All seven of the outcomes were on-track to be achieved by June 2021. Of the 29 outputs, 27 were on-track at the mid-term; with two outputs in the health outcome deemed constrained.
- Whilst the overall funding picture for the Country Programme appeared positive - with 53.9 per cent of the planned ORR funding mobilized several funds were mobilized under the previous Country Programme. The resource mobilization environment in Tanzania has changed significantly as Tanzania is becoming less reliant on ODA for its development. Donors are shifting priorities and also their modalities of support.

The MTR concluded with the following key programmatic recommendations:

- Move from 'doing' to 'influencing'. Acceleration across some programmes in moving from 'doing at small-scale' to 'influencing action and budgets at scale', based on evidence and data.
- Strengthen the capacity of the field offices in Mbeya (responsible for the Mbeya, Iringa, Njombe and Songwe Regions), Kibondo, Zanzibar and the UN joint office in Dodoma to have a strong influence at the local level to deliver results for children.
- Enhance capacities in the office to build on and accelerate life-cycle based programming especially around Early Childhood Development and Adolescents.

For more information on the context and the Country Programme in Tanzania, please connect via the following link: <https://www.unicef.org/tanzania/>. The Country Programme Results Framework is included in Annex 5.

4. Evaluation Objectives

The overall objectives of the CPE are:

- To assess the relevance, effectiveness, efficiency, coherence and sustainability of the Tanzania Country Programme from its inception to the present, with particular focus on equity, gender equality, convergence of programme components around the two key areas of ECD and Adolescents and achieving results at scale, as well as UNICEF's strategic positioning in relation to its child rights mandate.

- To identify and document key lessons learned, good practices and innovations in implementing the current (2016-2022) Country Programme that can inform and support advocacy efforts for scale-up and replication.
- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the design of the next Tanzania Country Programme, taking into consideration national development priorities, such as the Tanzania Development Vision 2025, the next five-year development plan and the 2030 Agenda for Sustainable Development in the country.

5. Scope of the Evaluation

The proposed CPE will cover the Tanzania Country Programme (TCP) from 2016–2022, capturing and demonstrating evaluative evidence of the effectiveness of UNICEF in both leveraging of national efforts and the organisation’s direct contributions in achieving development results for children at the country level. It is anticipated to begin in August 2020 with the inception phase and take 18 weeks over a span of 9 months to complete. As a country-level evaluation of UNICEF, the CPE will focus on the formal UNICEF CPD approved by the Executive Board but also consider any changes/revisions from the initial CPD during the period under review. Subject to specific areas of focus identified below, the scope of the CPE includes the entirety of UNICEF’s engagement in the country, and therefore covers interventions funded by all sources. The CPE will also cover any humanitarian or emergency response supported by UNICEF Tanzania during the period under evaluation.

The CPE should have a particular focus on UNICEF’s positioning within the development community and national partners in relation to its child rights mandate. The CPE will also examine the following areas of concern:

- Equity;
- Gender Equality;
- Convergence of programme components (at the sub-national level and thematically with Early Childhood Development (ECD) and adolescent development).

While the unit of analysis will be the TCP as a whole, each of the components making up UNICEF’s programme will be assessed with a focus on how equity, gender and programme convergence have been approached. The CPE will also have a strong focus on gender as a cross-cutting theme across evaluation criteria and evaluation questions. It will also specifically examine the coherence of the TCP with the Core Commitments for Children in Humanitarian Action and the Gender Action Plans (GAP) (2014 – 2017 and 2018 – 2021) and its emphasis on elimination of child marriage and empowerment of adolescent girls due to the persistent disadvantages faced by adolescent girls in the country.

The TCP is entering year 4 of a now 6-year cycle. It is not expected that programmatic results will manifest sufficiently to draw conclusions about the impact of the present TCP. Many parts of the TCP related to specific programme outcomes are being or have been evaluated and will constitute key inputs to the CPE. They may also allow impact conclusions to be drawn at a later stage. The CPE aims to foster learning of what has worked, what has not and why in the current TCP with a view to designing the next TCP.

6. Evaluation Criteria and Preliminary Evaluation Questions

The CPE will be guided by key evaluation criteria and aim to answer the following evaluation questions:

Relevance: The CPE will seek to assess the extent to which the objectives of the Country Programme and its design were and remain appropriate within the country context, as well as whether UNICEF’s approach towards addressing them was the most suitable considering its mandate, resource base, comparative advantages, and operational structures. It will assess both whether UNICEF has identified the most relevant goals or strategies to solve the programme challenges posed and whether these are equity focused and gender responsive.

1. To what extent is the Country Programme guided by national priorities, clear programme theories and relevant programme strategies appropriate to the changing context and emerging issues, and has the capacity to respond and adjust as necessary?
2. To what extent has UNICEF been able to position itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other UN agencies and development partners - and how were these harnessed to help achieve the results?

Coherence: The CPE will assess policy consistency with key UNICEF strategies and international commitments including gender equality and women's empowerment, equity for children, and the human rights-based approach; and UNICEF's coordination and convening role, within the UN, with government sectors and donors in Tanzania.

3. To what extent have TCP strategies to address gender equality and equity, particularly the alignment of the TCP with the Core Commitments for Children in Humanitarian Action and UNICEF's Gender Action Plans (2014-2017 and 2018–2021), been consistently integrated in all aspects of programming and implementation, including policy and advocacy? Did the Country Office's strategic approach to address the challenges of equity and gender equality play a complementary role to that of Government and other development actors?
4. To what extent is the Country Programme linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies, such as Ebola and COVID-19?

Effectiveness: The CPE will assess the extent to which the Country Programme results were achieved and whether the adopted strategies by UNICEF, particularly the convergence of programme components, were gender responsive/transformational and demonstrated a reasonable contribution at the outcome level, including any differential results across groups.

5. To what extent has the Country Programme achieved its outcomes, or is likely to achieve them, including any differential results across gender, income, ethnicities, etc.? What results have been achieved through convergence, and what are the other major factors influencing the achievement (or not) of Country Programme outcomes?
6. Did the country programme contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality? To what extent are programmes, communications and advocacy efforts gender responsive/transformational, and, relatedly, are UNICEF TCO staff capacitated to integrate and implement gender responsive/transformational programmes?

Efficiency: The CPE will measure how resources/inputs (funds, expertise, time, etc.) were converted into and affected results. It is also understood as the way in which UNICEF manages its partnerships, to operationalize its strategies, implement activities and deliver outputs.

7. Were resources (funds, human resources, time, expertise etc.) allocated and utilized strategically to track and achieve results, including equity and gender-related objectives?
8. To what extent have the convergence strategy, the programme structure, and the office structure supported the delivery of the Country Programme? Were the chosen strategies and approaches the most cost effective and efficient? Were there alternatives that would have worked better and what are those?

Sustainability: The CPE will assess the extent to which continuation of benefits from Country Programme interventions was ensured, including the likelihood of and risks to continued long-term benefits, and its potential for scale-up and/or replication.

9. To what extent are the positive changes and effects of the Country Programme sustainable at the relevant levels (e.g. community, provincial/state, national)? To what extent have the programme strategies adopted by UNICEF contributed to or were designed in a way that they will contribute to sustainability of results, especially equity and gender-related results?
10. To what extent have the programme strategies, plans, and tools, particularly those with an equity and gender focus, been institutionalised in systems, policies, mechanisms and strategies among

government, NGO/civil society, and other partners and stakeholders? Will the strategies/plans/tools be more widely replicated or adapted? Is it likely that they will go to scale?

To answer these overarching questions, the evaluation team will be expected to develop sub questions as part of the evaluation matrix to further focus the evaluation, not expand the scope, during the inception phase and will be reviewed with all stakeholders during the inception period.

7. Evaluation Approach and Methods

The evaluation methodology will adhere to the United Nations Evaluation Group (UNEG) Norms & Standards³. The detailed evaluation design will be developed by the external evaluators or evaluation consultancy firm to be contracted to conduct the evaluation during the inception phase, in close consultation with the ESARO Evaluation Section managing the evaluation and key evaluation stakeholders. The design should specify how data collection and analysis methods integrate gender considerations throughout the evaluation process, including to the extent possible, inclusion of girls and boys, women and men, as well as a range of Country Programme stakeholders.

The CPE will be conducted at the outcome level. A Theory of Change (ToC) approach (including reconstructing a theory of change for the entire Country Programme) will be used in consultation with stakeholders, as appropriate, to better understand how and under what conditions UNICEF's interventions are expected to lead to improved wellbeing of children in Tanzania. Discussions of the ToC will focus on mapping the assumptions behind the programme's desired change(s) and the causal linkages between the intervention(s) and the intended Country Programme outcomes. As part of this analysis, the implementation of the Country Programme over the evaluation period will also be examined, covering UNICEF's capacity to adapt to the changing context in Tanzania and responsiveness to changing needs and priorities will also be looked at. Where possible and appropriate, the evaluation should seek to obtain evidence as to what may or may not have occurred in the absence of UNICEF's programme.

The effectiveness of UNICEF's Country Programme will be analysed to understand the extent to which the Country Programme achieved (or is likely to achieve) its intended objectives. This will include an assessment of the achieved results and the extent to which these results have contributed to the intended CPD objectives. In this process, both positive and negative, direct and indirect, and unintended results will be identified, as well as the contribution of programme strategies to the development of these results.

To better understand UNICEF's performance, the specific factors that influenced performance - positively or negatively - and the sustainability of results in Tanzania will be examined. In addition to country-specific factors that may explain UNICEF's performance, the utilization of resources to deliver results (including managerial practices), the extent to which TCO fostered partnerships and synergies with other actors, and the integration of equity and gender in design and implementation of the CPD are some of the aspects that will be assessed.

It is expected that the CPE apply a strong equity and gender focus by: i) including equity and gender in evaluation criteria and evaluation questions; ii) making evaluation methodology and data collection and analysis methods equity and gender-responsive; and iii) reflecting equity and gender analysis in evaluation findings, conclusions and concrete recommendations and action points that can be addressed in the design of the next CPD both for a better integration of equity and gender in the office and programming efforts, and for strengthened results for children.

The CPE should rely on a mix of quantitative and qualitative information that will need to be triangulated. The design should specify how data collection and analysis methods will integrate equity and gender considerations throughout the evaluation process, including to the extent possible, inclusion of girls and boys, women and men, as well as a range of Country Programme stakeholders. Primary data gathering from implementing partners via key informant interviews and/or focus group discussions is highly advisable. Participatory methods, especially those involving adolescents and children, should be considered along with any potential ethical issues and approaches (see section 10 below).

³ <http://www.unevaluation.org/document/detail/1914>

The stakeholders for this evaluation are relevant Government partners, NGO partners implementing programmes with UNICEF through cooperation agreements and rights holders who are targeted by UNICEF programmes. A stakeholder analysis that goes beyond government and NGO implementing partners to ensure the views of all relevant stakeholders are incorporated in the evaluation and the reconstructed TOC will be part of the approach and undertaken during the inception phase.

In view of the COVID-19 pandemic, the evaluation approach will have to be adaptive to the evolving situation⁴. For now, it is expected that the inception phase will likely need to be conducted remotely, and how to proceed with data collection will be assessed during the inception phase.

7.1 Assessment of data availability and data constraints

As part of the inception phase, the evaluation team will conduct an assessment to ascertain the available information, identify data constraints, and determine the data collection needs and methods. The methodology should be aware of and prepared to take advantage of the accumulated and in-process evidence generated through research, studies, surveys and evaluations conducted within the UNICEF-Tanzania Country Programme. There are already completed or ongoing important sectoral level evaluations.

With respect to indicators, the CPD results framework is updated annually during the annual reporting to show progress towards outputs. A Country Office Annual Report (COAR) is produced annually, covering all the programme components and implementation strategies and their status. Other relevant programmatic surveys and studies will be availed to the evaluation team.

The following secondary data will be reviewed, among others: background documents on the national context, documents prepared by international partners during the period under review and documents prepared by UN system agencies; programme plans and frameworks; progress reports; monitoring self-assessments such as the UNICEF Country Office Annual Reports; national surveys (e.g. national nutrition surveys in 2014 and 2018, the TDHS, etc.); national reports (e.g. BNA reports); and evaluations conducted by the country office and partners. Sex-disaggregated data will be collected, where available, and assessed against programme outcomes.

This evaluation will take place during the global COVID-19 pandemic. The data-collection plan should be reviewed and adjusted on bi-monthly basis to address new developments in the pandemic and country's response. The evaluation team will maintain continuous consultations with the country office and UNSS for the preparation of the in-country mission to determine the feasibility of accessing project sites and in-person meetings with key stakeholders during the data collection phase. UNICEF will facilitate, wherever feasible, the contact of the evaluation team with staff that transferred from the Tanzania Country Office for other duty stations or employers.

7.2 Data collection methods

The evaluation will use data from primary and secondary sources, including desk review of documentation and information as well as interviews with key informants. A multi-stakeholder approach will be followed, and interviews will include Government representatives, civil-society organizations, private-sector representatives, UN agencies, multilateral organizations, bilateral donors, and rights holders under the programme. Focus group discussions may be used to consult different groups of rights holders and duty bearers as appropriate.

At the time of commissioning, it is uncertain when, or if at all, face-to-face data collection will take place. Sufficient flexibility has been built into the ToR to allow for adjustment and immediate feedback during the course of the evaluation. While face-to-face contact may not be possible, the evaluation may rely on remote data collection through remote meetings and remote interviews (phone calls and online conferencing calls). This may be supplemented by online/email questionnaires and surveys or computer-assisted telephone interviewing (CATI) according to the necessity. Given the current and likely ongoing international travel

⁴ For UNICEF guidance on undertaking evaluations during the COVID-19 pandemic, please see the [UNICEF Technical Note on Evaluation and the COVID-19 response](#).

restrictions and quarantine, emphasis should be placed on locally-based team members who could engage in field visits, if and when allowed.

It is expected that programme sites in two to three select districts where UNICEF has a concentration of initiatives (in several programme areas), as well as those where critical projects are being implemented, will be considered for field visits, if allowed. Coverage should include a sample, as relevant, of both successful initiatives and those reporting difficulties where lessons can be learned, both larger and smaller initiatives, as well as both completed and on-going initiatives. The evaluation team should propose alternative working modalities should international travel and/or domestic travel not be permitted.

Validation. The evaluation will use triangulation of information collected from different sources and/or by different methods to ensure that the data is valid.

Stakeholder Involvement. A participatory and transparent process will be followed to engage with multiple stakeholders at all stages of the evaluation process. During the inception phase a stakeholder analysis will be conducted to identify all relevant UNICEF partners, including those that may have not worked with UNICEF but play a key role in the outcomes to which UNICEF contributes. This stakeholder analysis will play a key part in informing the reconstructed TOC, serve to identify key informants for interviews during the main data collection phase of the evaluation, and will examine any potential partnerships that could further improve UNICEF's contribution to the country.

8. Specific Tasks, Deliverables and Timeline

The CPE is anticipated to begin in August 2020 with the inception phase and take 18 weeks over a span of 9 months to complete.

Timeline Activity		Deliverable	Other elements to be aware of or link to
2 weeks	<p><u>Preparatory phase</u></p> <ul style="list-style-type: none"> Secondary data collection and desk review Preliminary stakeholder analysis Preparation for the inception phase 	<p>1. Plan for inception phase</p> <p>Recipients: members of the evaluation reference group</p>	<p>Evaluation Reference Group is formed.</p> <p>UNICEF and other stakeholders are informed to secure cooperation for the effort.</p> <p>Documentation and data are assembled by UNICEF for use by the evaluation team.</p>
4 weeks	<p><u>Inception phase</u></p> <ul style="list-style-type: none"> May include a 1-week inception mission including visiting one district outside of Dar Es Salaam (Re)Construction of Theory of Change Preparation of draft inception report (see Annex 6 for the indicative table of contents) and data collection tools Engagement with stakeholders on inception report Ethical approval process 	<p>2. Draft inception report</p> <p>Recipients: members of the evaluation reference group</p> <p>3. Presentation of the draft inception report and instruments – in person or via video link – to the Evaluation Reference Group;</p> <p>4. Final inception report (plus completed audit trail addressing all comments)</p> <p>Recipients: members of the evaluation reference group</p>	

Timeline Activity	Deliverable	Other elements to be aware of or link to
<ul style="list-style-type: none"> Finalization of inception report 		
<p>6 weeks</p> <p><u>Data collection phase</u></p> <ul style="list-style-type: none"> Preparation for data collection, including piloting of instruments 	<p>5. Country Mission Debrief with key TCO staff at the end of the in-country mission</p>	
<ul style="list-style-type: none"> Mission in Tanzania to collect data and meet with stakeholders Preparation of interview reports Population of evaluation matrix Preparation and delivery of Country Mission Debrief 		
<p>6 weeks</p> <p><u>Drafting, validation and completion phase</u></p> <p>Data analysis and drafting</p> <ul style="list-style-type: none"> Preparation of a PowerPoint presentation on emerging findings, conclusions and recommendations Engagement with stakeholders on draft report Finalization of report and summary PowerPoint presentation 	<p>6. Presentation of Preliminary Findings – in person or via video link – on emerging findings, conclusions and recommendations, with key evaluation stakeholders, including the Evaluation Reference Group.</p> <p>Recipients: members of the evaluation reference group</p> <p>7. A complete first draft evaluation report</p> <p>Recipients: members of the evaluation reference group</p> <p>8. Presentation of the findings, conclusions and recommendations at the TCO Strategic Moment of Reflection;</p> <p>9. A final evaluation report (plus completed audit trail</p>	<p>Presentations of key findings and recommendations need to be ready for the UNICEF Tanzania Strategic Moment of Reflection (preparation of the next CP) and other identified events in Q1 of 2021.</p> <p>The report structure, format and quality should adhere to the UNICEF Evaluation Report standards and the GEROS Quality Assessment System.</p> <p>Dissemination and use strategy commences as deliverables are received.</p>

Timeline Activity		Deliverable	Other elements to be aware of or link to
		<p>addressing all comments). The final report should be illustrated with data and infographics. Detailed recommendations on each theme should be presented in a separate concluding chapter. Equity and gender should also be included as cross-cutting themes throughout the findings.</p> <p>Recipients: members of the evaluation reference group</p> <p>10. Final PowerPoint presentation that summarizes the evaluation findings.</p> <p>Recipients: members of the evaluation reference group</p> <p>11. Other agreed dissemination products including: evaluation brief, two or three thematic evaluation briefs, evaluation poster etc. are completed.</p> <p>12. Review of the Programme Strategy Notes against the evaluation's recommendations.</p>	
18 weeks	TOTAL		

Important notes:

- Data archive: Data gathered in the exercise is transferred in an organized archive that will permit follow-on users to replicate or extend the analysis. Suitable care to be taken in assuring the anonymity of respondents and documented in inception and final reports.
- Monitoring work progress on deliverables which are not listed in the TOR will be periodically required.
- The format of and page limits for the final deliverables will be decided in the inception period. A high value will be placed on products that are concise and communicate well with different audiences. Thus, the final products should be edited and produced to include infographics and print layout in an easy to read format.

9. Management Arrangements and Quality Assurance

The evaluation consulting firm will be recruited by and report to the ESARO Evaluation Section under the overall oversight of the ESARO Regional Director. For the day-to-day management of the CPE, the Evaluation Section will appoint an Evaluation Manager who will be accountable to the Regional Evaluation Adviser. Quality assurance will be provided by UNICEF's Evaluation Office.

TCO will appoint an Evaluation Focal Point who will act as the primary liaison with the Evaluation Manager and will facilitate the data collection and evaluation process at the country level.

The Evaluation Manager will work with TCO to constitute an Evaluation Reference Group (ERG), comprising key stakeholders of the CPE, including Government counterparts; several senior TCO and ESARO staff members; select development, civil society and private sector partners; and, if possible, adolescents. The ERG's responsibilities are described in the ERG terms of reference. The ERG has an advisory capacity whose primary role is to review evaluation milestones (terms of reference, inception report, draft evaluation report) and to provide comments. The ERG Secretariat will maintain a written record, as part of an audit trail, of all ERG comments, which the evaluation team is expected to respond to in writing (agree – actions taken; disagree – justification).

The ERG will, by default, be chaired by the Evaluation Manager. Upon the request of the TCO Representative, the ERG may be chaired by the Regional Evaluation Adviser or the Regional Director.

The evaluation consulting firm will provide monthly updates on the progress of the evaluation. Reports are also required at each payment schedule. Inception report and draft final report will be subject to a satisfactory rating by an external quality assurance facility, using quality assurance checklists provided in Annexes 7 and 8, before payment can be made.

10. Ethical Considerations

The evaluation consulting firm should adhere to the following UN and UNICEF norms and standards and is expected to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Copies of all these documents will be provided upon request:

- United Nations Evaluation Group (UNEG) Standards for Evaluation in the UN System
- United Nations Evaluation Group (UNEG) Norms for Evaluation in the UN System, including impartiality, independence, quality, transparency, consultative process
- Ethical Guidelines for UN Evaluations and the UNICEF procedure for ethical standards in research, evaluation, data collection and analysis will guide the overall process
- UNICEF adapted evaluation report standards and GEROS
- The evaluation should incorporate the human rights-based and gender perspective and be based on results-based management principles and logical framework analysis.

The evaluation team is required to clearly identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. Owing to the envisaged participation of human subjects in the evaluation, the evaluation team should seek ethical review board approval either from a recognized Institutional Review Board in Tanzania or via UNICEF's LTA for ethical approval.

11. Expected Background and Experience of the Evaluation Firm

Institutions with strong background in evaluation of development effectiveness are encouraged to submit a proposal. The evaluation team should be gender balanced, culturally diverse and composed of a team leader and additional team members, both national and international.

Specific requirements include:

1. Expertise in conducting similar or related strategic programme evaluations, including proven track record of evaluation of similar large multisectoral and multi-stakeholder country programmes supported by UN or UNICEF;
2. Demonstrated expertise in evaluating institutional support systems including operations and the human resource function;
3. Knowledge of programming theories and strategies employed in each of the programme outcome components;
4. A work record in East Africa and with experience in Tanzania;

5. Excellent command of English, with a proven ability to prepare high-quality reports; Swahili language skills strongly recommended.
6. Strong quantitative and qualitative analytical skills;
7. A team lead who has held a lead role in evaluations of similar scope/complexity, and at least two national experts in the team to ensure continuity of work in light of current travel restrictions;
8. The team must consist of experts specializing in child rights and participation, equity, gender equality, health, nutrition, water, sanitation and hygiene, social policy, child protection, education, adolescent development and participation, early childhood development, C4D/SBCC/Community engagement, local government systems strengthening;
9. Competent evaluation specialists, gender and development specialists, researchers, and data specialists;
10. Demonstration of capacity to carry out the evaluation and complete deliverables under possible travel restrictions and social distancing measures;
11. The firm must submit samples (at least three) of similar work they have conducted.

Significant advantages

- ❖ Proven ability to develop attractive evidence products that present complex information via Infographics and other communication means;
- ❖ Knowledge of the social, economic, and political context of Tanzania;
- ❖ Record of top ranked evaluation reports by GEROS.

Annexes

- Annex 1. Proposal assessment process and methods
- Annex 2. General conditions: Procedures and logistics
- Annex 3. Policy both parties should be aware of
- Annex 4. Intellectual property rights
- Annex 5. Tanzania Country Programme Document results and resources framework
- Annex 6. Inception report outline
- Annex 7. UNICEF quality review checklists for inception reports
- Annex 8. UNICEF quality review checklist for draft evaluation reports
- Annex 9. Recommended reference documents

Annex 2 Evaluation Timeline

Table 1 Evaluation Timeline

Phase	Key Activities	Timing
Preparatory	Mobilization	2 – 29 Oct
	Data gathering	7 Oct - March
	Briefing evaluation managers	7 Oct
Inception	Launch meeting	30 Oct
	Remote inception mission	2 – 13 Nov 2020
	TOC workshop	12 Nov 2020
	Inception Interviews	12 Nov – 8 Dec 2020
	Drafting inception report	7 Oct – 18 Dec 2020
	Ethical Review	8 – 20 Jan 2021
	Submission of draft Inception Report	8 Jan 2021
	Presentation of draft Inception Report to ERG	21 and 28 Jan 2021
	Submission of requests for data collection – research permits	5 and 16 Feb 2021
	UNICEF/ERG feedback on Inception report	24 Jan 2021
	Submission of final Inception report	29 Jan 2021 Re-submitted on 1 Feb 2021
Data Collection & Analysis	Desk Review and Online Survey	February 2021
	Key Informant Interviews	Mid Feb – Mid Mar 2021

Phase	Key Activities	Timing
	Appreciative Inquiry Workshops	April 2021
	Preliminary Findings Workshop	19 May 2021
Preparation of 1 st draft Evaluation Report	Analysis, drafting	Mid Apr – Mid June 2021
	Workshop on Co-Generation of Conclusions, Lessons Learned and Recommendations	27 May 2021
	Presentation of Draft 0 Evaluation to TCO staff	30 June 2021
	Submission of first Draft Evaluation report	11 August 2021
	Presentation to ERG	24 August 2021
	Presentation at Strategic Moment of Reflection	28 September 2021
	Programme Strategy Note Review	15-29 September
	Final Evaluation Report	16 September
	Evaluation Brief and Final PowerPoint Presentation	September 2021

Annex 3 Success Stories

Preamble

The Independent Evaluation of the Government of the United Republic of Tanzania and UNICEF Country Programme 2016-2022 (**CPE**) aims to: 1) Provide evidence from past performance and results of UNICEF's portfolio in Tanzania as a whole; and 2) Provide evaluative insights to inform and guide future strategic and operational decision-making to address unmet needs of children, adolescents, and their caregivers.

To ensure that the CPE is an inclusive and constructive exercise, the CPE applies an **Appreciative Inquiry approach** to data collection.⁵ The approach is premised on the belief that by focusing on positive results, the evaluation becomes a more constructive and inclusive exercise, promoting ownership of the evaluation's findings, conclusions, and recommendations. The world of evaluation approaches and methods is large and confusing, with many overlapping definitions. For instance, 'Appreciative Inquiry' is referred to as a 'data collection method' in the UNICEF RBM Handbook⁶ while the United Nations Evaluation Group (UNEG) refers to it as an 'evaluation methodology.'⁷ **For the CPE, the Appreciative Inquiry is used as a qualitative data collection approach** focusing on learning from successful experiences, exploring the Country Programme's (CP's) results and impacts, and identifying perceived key contributing factors to the identified successes. By focusing on strengths and opportunities identified through narratives or perceptions, the CPE provides a positive outlook for future programming. This does not mean that challenges and problems are ignored rather, they are addressed from a positive and learning perspective in line with the overall objective of the CPE in terms of learning.

The success stories were identified through four data collection tools applied in the CPE: one collecting secondary data (desk review) and three collecting primary data (interviews, perception survey, and appreciative inquiry workshops). The participants or informants in the primary data collection included internal stakeholders (UNICEF staff members) and external stakeholders (government representatives from Ministries, Departments, and Agencies, international and national NGOs, Donors, United Nations organizations, and research-academics). More specifically the four data collection tools were applied through:

1. **A desk study** with review of around 300 background documents, including studies and evaluations prepared under the CP, of which some are based on an appreciative inquiry approach.
2. Individual remote semi-structured **interviews** with 58 informants, primarily from UNICEF, other United Nations agencies, donors, CSOs, and INGOs. The individuals participating in the interviews were purposively selected, based on their roles and positions related to the CP and United Nations Development Action Programme (UNDAP) 2016-2022.
3. An online **perception survey** among key CP partners assessing their appreciation of the CP as well as UNICEF's strategic position and role in promoting children's rights and protection in

⁵ Appreciative Inquiry was developed in the 1980s by D. Cooperrider and colleagues at the Case Western Reserve University in Ohio as a research tool to organizational change with focus on strengths rather than weaknesses. It is based on the belief that people and organizations will be drawn towards constructive actions in the future by affirming positive moments of their past (Michael, S. (2005) "The Promise of Appreciative Inquiry as an Interview Tool for Field Research" *Development in Practice*, Vol. 15, No. 2 (Apr., 2005), pp. 222-230). Cooperrider has identified five principles of Appreciative Inquiry: Constructionist, Simultaneity, Anticipatory, Poetic, and Positive stressing the importance of perceptions. Over the years, Appreciative Inquiry has developed and been adapted to different contexts, including development evaluations (see for instance www.betterevaluations.com).

⁶ UNICEF (2017) "Results-Based Management Handbook."

⁷ [UNEG \(2015\) "UNEG Handbook for Conducting Evaluations of Normative Work in the UN System."](#)

Tanzania. The perception survey received 56 responses from a wide range of stakeholders.⁸ The participants for the online perception survey were selected based on a long list of CP partners prepared by UNICEF Tanzania Country Office (TCO) and additional partners identified by the CPE team.

4. Three **appreciative inquiry workshops** conducted remotely: 1) UNICEF national staff, with participation of 13 persons; 2) Ministries, Departments, and Government Agencies (MDAs), with participation of five representatives from national authorities in Tanzania and Zanzibar; and 3) CSOs with participation of representatives of seven national and international NGOs operating in Zanzibar and Mainland. The structure of the online appreciative inquiry workshops was simple in that participants were asked to identify the following: 1) UNICEF success stories in Tanzania (at any level process or result wise); 2) key factors leading to success; and 3) positive and negative expected and unexpected impacts. The participants were selected with support from TCO and CPE team local knowledge.

For data analysis, the appreciative inquiry has been complemented by a **Realist Evaluation approach and mapping of causal paths**.^{9, 10} The realist evaluation approach sets out to explain what works, how, why, for whom, to what extent, and **in what circumstances**, which has been identified in the four main data collection tools. Key to Realist Evaluations is the assumption that nothing works everywhere or for everyone, and that **context is critical for programme results**. This requires a good understanding of the context, which has been provided through participatory and inclusive data collection obtained through the three primary data collection tools (interviews, perception survey, and appreciative inquiry workshops) as well as the secondary data collection (document review). The mapping of causal paths is based on an analysis of the theory of change of the CP.

The preliminary analysis of the information obtained through the three primary data collection tools identified various success stories, which were mainly different projects. A characteristic of many of the identified success stories is that they cut across several thematic programmes. Still, organizationally they are located within one thematic programme unit but with input from the other programmes. The following describes the key success stories that were identified in the context of the thematic areas where they are placed organizationally. As such, these thematic areas of intervention are not necessarily the successes in themselves, but they allow the successes to develop. The areas of intervention in which the success stories are explained are: Water, Sanitation, and Hygiene (WASH), HIV-AIDS, Child Protection, Nutrition, Adolescent Programming, and Emergency and Humanitarian Responses.

Water, Sanitation and Hygiene (WASH)

Problem overview

According to the CPD “progress in access to water and sanitation has been slow. An estimated 57.3 per cent of people have access to an improved water source. In rural areas, only 15 per cent of the population use improved sanitation.” A 2016 study found that:

The water and sanitation situation in Tanzania mirrors the growing urban-rural divide and underscores the increasing concern about equitable development in the country. Access to safe drinking water remains a major challenge for many Tanzanians, particularly those in rural communities. According to one recent study, it has declined from 55% to 53% for rural people over the last two decades – despite high levels of development funding for the sector.

⁸ 9 CSOs, 24 MDAs, 3 LGAs, 1 Donors, 7 UN, 12 Other including Research Institutions. The online survey was administered to 198 stakeholders.

⁹ For introduction to the principles of Realist Evaluations see [Better Evaluation “Realist Evaluation.” Accessed 28 December 2020.](#)

¹⁰ For introduction of principles of mapping of causal paths see Copestake, J. et al (2019) “Attributing Development Impact - The Qualitative Impact Protocol (QuIP) Case Book.” Practical Action Publishing, Warwickshire.

Between 1995 and 2005, “Tanzania received USD 57 per beneficiary in aid flows earmarked for water but coverage fell by 1%” (Twaweza, 2014: 2, 3).¹¹

The same study found that:

Open defecation is comparatively rare. In 2015, 75% of the rural population were estimated to use shared or other unimproved sanitation facilities, while 17% practised open defecation - up from 10% in 1990 (UNICEF and WHO, 2015: 74).¹¹

A 2013 review of sanitation and hygiene in Tanzania reported that “The health burden due to poor sanitation and hygiene is significant.” A 2018 school WASH survey found that 55 per cent of schools in Tanzania had basic drinking water services, although there was significant variance among Regions with only 30 per cent of schools in Songwe providing these basic services. School sanitation services were found to be inadequate, with 58 per cent of schools providing only limited services.¹²

According to the WASH briefing paper prepared for the 2018 Mid-term Review (MTR) of the CP, these challenges convert to a “non-realisation of children’s rights to water and sanitation in Tanzania.” The briefing paper noted that if the UNICEF WASH programme “were to locate on a purely equity-focused platform, the programme would be in north-Western and Central Tanzania where the deprivations are greatest.”

Description of activities

Implementation of the WASH component of the CP initially focused on WASH in communities, WASH in institutions, and upstream work at the national level, with service delivery through the Government and implementing partners.¹³ The geographic focus was the MINS (Mbeya, Iringa, Njombe, and Songwe) and Kigoma Regions along with Zanzibar. By 2018, the focus of the WASH programme was the construction of school WASH facilities and improving community coverage of household sanitation, using the community-led total sanitation (CLTS) approach.¹⁴ According to informants, UNICEF made a series of contributions to school WASH policy and facilities in Zanzibar, including the promotion of improved facilities for menstrual health and hygiene and for children with disabilities.

According to the MTR there was modest progress towards the target indicator levels reflecting the overall outcome: “vulnerable groups have increased access to safe and affordable water supply, sanitation and hygiene.” Its assessment was that the CLTS approach that UNICEF was demonstrating in the selected Regions was “scalable” – the Government would be likely to adopt and apply it nationwide – but that the high-cost, high-quality school WASH intervention was unlikely to be taken to scale. The MTR recommended that UNICEF should stop construction of school WASH facilities and complement its open defecation-free CLTS approach with programming that would move the 63 per cent of households then using unimproved toilets to a basic sanitation standard. It planned that “all other aspects of the current programme will be continued including water safety, MHM, and WASH in health care facilities, and advocacy to address the lack of financing for sanitation among others.”¹⁵

The Sara radio programme that UNICEF implemented from 2016-2018 was targeted at school children aged 10-14, with a particular focus on Iringa Region. It included messaging on WASH.

The CP result framework for 2019 described progress to accelerate the enhancement of rural WASH services in Tanzania as “slow” and explained by several factors including inadequate financing, lack of capacity in certain areas, weak planning, and demand outstripping supply of WASH services.” The result framework noted that the Government was revising the National Water Policy to provide a policy

¹¹ Mdadila, K. and Turner, S.D., 2016. *Impact evaluation of the Rural Water Supply and Sanitation Programme, United Republic of Tanzania*. Tunis: African Development Bank Independent Development Evaluation: pp. 1-2.

¹² Government of Tanzania, 2020. *2018 school water, sanitation and hygiene assessment. Main report*. Dar es Salaam: National Bureau of Statistics, Office of the Chief Government Statistician Zanzibar and UNICEF: p. xiv.

¹³ MTR WASH briefing paper: 2.

¹⁴ MTR WASH briefing paper: 2.

¹⁵ MTR WASH briefing paper: 10.

framework that fully domesticates the SDG agenda for the sector. It was also noted that UNICEF had broadened its levels of engagement around WASH in its focus Regions to include more non-government actors, such as faith leaders, in order to build stronger social consensus about making improved WASH standards a priority. UNICEF worked to strengthen the awareness and ability of selected LGAs to plan and manage WASH interventions and facilitated the declaration of 136 villages in the Mainland and 69 villages in Zanzibar as Open Defecation Free (ODF). Despite the recommendation of the MTR, construction of school WASH facilities continued in MINS (39 schools) and Zanzibar in 2019 and 2020.

In 2020, much of UNICEF's effort in the WASH sector was linked to the COVID-19 response. The Annual Work Plan was reviewed in April to focus on appropriate support in this regard. While the initial national COVID-19 response plan had no WASH elements, UNICEF efforts with the Government and partners led to the preparation of a WASH response plan that was appended to the overall national plan. UNICEF's revised WASH programme included enhancing the WASH readiness of COVID-19 isolation centres in the MINS and Kigoma Regions and strengthening the capacity of health workers in 15 Regions to apply appropriate WASH infection, prevention, and control measures. As the 2020 Country Office Annual Report noted, "The COVID-19 pandemic has opened the space for a renewed focus on innovative solutions to scale up hand washing with soap."¹⁶ "Meanwhile, with UNICEF support, important enabling policies and strategies for the WASH sector were developed, including the National Water Policy, the National Environmental Health and Sanitation Strategy and the Last Mile Open Defecation Free Strategy."¹⁷ It should also be noted that, UNICEF chairs the WASH outcome group for the UNDP II, and has made useful contributions on WASH aspects of cholera control efforts in Tanzania.

In 2020-2021, UNICEF has continued its direct engagement in the implementation of enhanced water supply systems in Kigoma where it assisted the Government in the installation of 51 new climate-resilient systems in Iringa and Mufindi Regions. In the Njombe District Council, four years of UNICEF support contributed to the declaration of the district as ODF, with special arrangements made for communities to monitor the situation and retain fines that their local authorities impose on those not complying with ODF regulations. In recent months, the senior leadership of Songwe Region asked UNICEF to facilitate a learning visit to Njombe and to advise on the development and implementation of an ODF strategy for Songwe. Community-Led Total Sanitation (CLTS) committees are to be set up in all villages; new funding for the programme has been negotiated, to take effect in July 2021; and a two-year compact has been signed, committing all parties (including UNICEF) to the programme of action. The Songwe regional leadership is highly enthusiastic about achieving ODF, and sees UNICEF as playing a central advisory role.

Identification of success

During the review period, 11 of 56 respondents to the CPE perception survey mentioned WASH in their identification of UNICEF's most important success stories in Tanzania. One of these respondents outlined the full spectrum of UNICEF policy and practical support in the sector. Four referred to the improvement of water supply, sanitation, and hygiene at community level; two specifically mentioned these interventions in the context of refugee camps and host communities. Two respondents focused on UNICEF's contribution to improved WASH at schools and health facilities, and one referred to its policy and information systems work on sanitation and hygiene. One respondent referred to the concept of beneficiary counselling groups as beneficial in stimulating community engagement in WASH initiatives.

Explaining why they identified success in UNICEF's work in the WASH sector, the respondents pointed to several external factors. These included UNICEF's good relations with the Government; Government commitment through, for example, its National Sanitation Campaign; and UNICEF's use of implementing partners for community-level interventions, expanding the scale of benefits substantially. Turning to internal factors, respondents again emphasised the partnerships through which UNICEF works, and the technical expertise that it deploys: UNICEF staff and consultants are described as working hand in hand with Government colleagues. Working in partnership with Government, civil society, other development partners and beneficiaries is seen as the central strength of UNICEF's approach in the WASH sector.

¹⁶ CP Result framework 2019.

¹⁷ CP Result framework 2020.

Some participants in the three appreciative workshops of the CPE mentioned UNICEF's WASH activities when asked to identify success stories in the organisation's work, including school WASH guidelines, assessment, and facility construction, progress in combating cholera in Zanzibar, and the development of an evidence based Social Behaviour Change Communication strategy to promote enhanced WASH practices that could prevent cholera and other waterborne diseases. WASH was identified as one of UNICEF's successful contributions in the United Nations Kigoma Joint Programme (KJP). The CP also promoted integrated WASH approaches at community level: in Mbeya, health care workers (HCWs) support nutrition, health, and WASH.

Informants did not give a full explanation of why they considered UNICEF's interventions in WASH to be a 'success story.' From what they did say, and from other sources, the following success factors can be identified:

- UNICEF has technical credibility in the WASH sector, after many years' support for policy enhancements and enhanced practice at community level. It is a well-regarded national partner in the sector.
- UNICEF has a well-established and positive relationship with national authorities and with selected LGAs with regard to WASH. It is a trusted partner in this sector, at all levels, achieving a significant degree of vertical integration across its interventions.
- Taken together, these factors have enhanced the prospects of successful interaction with the Government and communities at the policy and operational levels.

The identified success stories in the area of WASH were further developed in the CPE interviews with key internal and external stakeholders, particularly hygiene responses during cholera and COVID-19 responses and in the multi-sector initiatives such as Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT).

Results, outcomes, and impacts

The indicators in UNICEF's results framework do not provide sufficient data to assess the overall extent of the identified WASH success stories. It is not possible to directly show what improvement in WASH outcomes, such as access to clean water or reduced open defecation, are attributable to UNICEF's efforts. More information at outcome level will be available after the next demographic and health survey; UNICEF has been supporting the National WASH Data Technical Working Group in ensuring the inclusion of key WASH indicators in the forthcoming (but delayed) DHS. The CP's recent achievements at community level were more in the field of sanitation than of safe water supply. Overall, the 2020 result framework describes the achievement of enhanced LGA capacity in the WASH sector as "constrained", with various detailed indicators shown as "partially achieved."

It is debatable how far school WASH work should be considered a success, given that the MTR advised against further construction of facilities that were of too high a standard and cost to be replicable. However, the 2020 RAM does show targets partially or wholly met with regard to institutional WASH (including menstrual hygiene management) at a limited number of schools and health facilities. School WASH initiatives in Zanzibar certainly had beneficial effects in encouraging girls to come to school and to stay at school even when menstruating.¹⁸

According to an evaluation, the Sara radio programme's messaging on WASH was reflected in sampled children's awareness of critical points of hand washing.¹⁹

UNICEF certainly achieved successes at the policy level by facilitating the development of the National Strategy for the Elimination of Open Defecation, the National Water Policy and the National Environmental Health and Sanitation Strategy. The bigger challenge is to achieve the effective implementation of these policies and strategies so that national WASH outcome indicator values improve.

¹⁸ UNICEF Tanzania (2021) "Gender Equality Promising Programming Practices."

¹⁹ CSR Group Africa (2019) "Formative evaluation of the Sara radio programme (SRP) in Iringa DC, Iringa MC, Kilolo DC and Mufindi DC." Final report. Dar es Salaam: CSR Group Africa Ltd: x.

However, there is little doubt that the sanitation approach that UNICEF has supported is scalable, given commitment by national government and by LGAs.

The recent strong commitment of Songwe Region to achieving adequate sanitation standards, including ODF status, is a significant success for UNICEF, not least because it opens up opportunities for broader profiling and advocacy around community-led strategies for achieving acceptable sanitation standards in rural Tanzania. It is part of a potential brightening of WASH prospects in Tanzania, as new commitments are made at the highest level to the provision of clean water across the country and demands for better performance are made to the Ministry of Water and the rural water programme.

All the progress in WASH that UNICEF has supported has important gender benefits and potential, given the burden that unimproved water and sanitation arrangements place on women and girls within the household and the strong roles that women typically play in community-level water management structures. Despite the need for more realistically costed school WASH models, the emphasis on menstrual hygiene management at schools can be sustained equally well in cheaper facilities and offers major gender benefits in keeping adolescent girls in school throughout the month.

The fundamental obstacle to success for UNICEF in the WASH sector has been the unwillingness or inability of the Government to provide adequate budgetary and human resources to support the programme at scale through the LGAs. UNICEF and others demonstrated long ago what the appropriate approaches and methods were. But there has been widespread failure to maintain community-managed water supply systems, and the spread of adequate sanitation provision has been slow. In mid-2021, there are encouraging signs from the local level (in Songwe) of a strong commitment to the necessary action. There are encouraging signs from national leadership, too, that Tanzania must do much better in the WASH sector. These are important opportunities for UNICEF to seize: intensified advisory support, and intensified advocacy, at local and national levels.

Summary

UNICEF has achieved success in the Tanzania WASH sector through constructive engagement at the policy level and through supporting enhancement of WASH practices, including the control of waterborne diseases, at the operational or community level. Full data on the impact of these successes on national WASH indicators during the evaluation period are not available, and the extent of UNICEF's WASH successes is constrained by their limited spatial scale and limited government commitment to the sector, slowing the spread of sustainable WASH systems and practices. In 2020, operations and results were largely diverted to WASH measures intended to support the national COVID-19 response. But there are signs in 2021 of fresh new commitment to meaningful improvements in WASH performance in one Region (Songwe) and at a national level, with the new leadership demanding stronger action. These are important new opportunities for UNICEF.

HIV-AIDS

Problem Overview

An estimated 1.6 million people lived with HIV/AIDS in 2016. The number has been steadily increasing since 1990 when it was 0.5 million. In 2019, the total number reached 1.7 million, which is 2.9 per cent of the total population. The HIV prevalence rate for adults aged 15 to 49 years was 4.8 per cent in 2019 but with important differences according to region, socio-economic status, age, and sex.²⁰ The HIV prevalence rate among women was 6.0 per cent, while it was 3.6 per cent among men. Zanzibar has lower prevalence rates, at around 1.1 per cent for women and 0.9 per cent for men.²¹

Girls and young women are among those in Tanzania as being identified as highly vulnerable to HIV.²² An estimated 93,000 children aged 14 years and younger lived with HIV in 2019, with 8,600 new infections

²⁰ [Tanzania Commission for AIDS \(2019\) "TACAIDS Annual Report 2017/2018"](#)

²¹ [United Republic of Tanzania \(2019\) "Country Report on the Review And Progress Made in Implementation Of The Beijing Declaration And Platform For Action - BEIJING +25 based on data from the combined Demographic and Health and Malaria survey from 2011/12."](#)

²² [Tanzania Commission for AIDS \(2019\) "TACAIDS Annual Report 2017/2018."](#)

reported.²³ Nearly 90 per cent of all pregnant women are now tested for HIV during antenatal care visits, according to the United Nations AIDS programme in Tanzania. Improving retention in care and preventing infection during pregnancy are new challenges. Coverage of antiretroviral therapy (ART) to enhance prevention of mother-to-child transmission of HIV (PMTCT) has increased. However, a recent study on development of ART services between 2013 and 2016 in rural Tanzania showed decreases in the quality and quantity of services despite a national policy and ART plan, although the study also notes an increasing number of patients and better coverage.²⁴

The prevalence of HIV in Tanzania is not geographically uniform either, as shown in the 2016-2017 HIV impact assessment. According to the study, the MINS Regions had the highest HIV prevalence rates, ranging from 9.3 to 11.4 per cent of adults 15 years or older, while Zanzibar had prevalence rates under 0.5 per cent.²⁵ The survey further showed the challenge of relatively low awareness of HIV among people living with HIV (PLHIV) with 65 per cent of HIV-positive females and 52 per cent of HIV-positive males self-reporting their status.²⁶

Description of activities

Recognizing that “HIV children and adolescents continue to be left behind in the global and national HIV response, with only 24 per cent of all HIV positive children receiving life-saving HIV treatment... HIV prevalence among 15-19-year-old adolescent boys and girls in Tanzania has been stable – but has not decreased – since 2008”, the TCO 2015 HIV strategy note suggests a life-cycle approach focusing on the first and second decades. The main target groups are infants and children, pregnant women/mothers and adolescents, and the main activity areas focus on systems strengthening through knowledge management, advocacy, capacity development, improved monitoring and evaluation capacity, C4D, and strengthening identification and referral of children and adolescents living with HIV through case management integrating health, nutrition, HIV, child protection, and education.²⁷

The 2018 MTR HIV brief noted that “the main deprivations are related to low uptake and limited quality of HIV services” and outlines some of the key challenges: communication that does not reach the most vulnerable, low capacity of health workers, low testing rates, and the adverse institutional framework including the marriage act.²⁸ To address the challenges, the updated HIV responses presented in the MTR suggests three major changes:

- Increase programme focus on combination HIV prevention among adolescents and young women, mainly through partnerships and knowledge management.
- Enhance UNICEF’s sub-national engagement on HIV and Children in MINS regions, mainly through scale up²⁹ in selected districts and multi-sector support.
- More programmatic focus on supporting the Government to scale up strategies to identify, enrol, and retain children and adolescents living with HIV into treatment and care, particularly through partnerships and multi-sector support.

The TCO has established a constructive partnership with the national AIDS commissions in both Mainland (TACAIDS) and Zanzibar (ZAC). These multi-actor and multi-sector platforms have been

²³ [UNAIDS \(2020\) "Country Factsheet – United Republic of Tanzania."](#)

²⁴ [Jones, Harriet, et al. \(2019\) "Implementing prevention policies for mother-to-child transmission of HIV in rural Malawi, South Africa and United Republic of Tanzania, 2013–2016." Bulletin of the World Health Organization 97.3: 200.](#)

²⁵ [National Bureau of Statistics \(2019\) "Tanzania HIV Impact Study – A population-based HIV Impact Assessment 2016-2017."](#)

²⁶ [National Bureau of Statistics \(2019\) "Tanzania HIV Impact Study – A population-based HIV Impact Assessment 2016-2017."](#)

²⁷ UNICEF Tanzania (2015) “Country Programme Development 2016-2021 Strategy Note: HIV.”

²⁸ UNICEF Tanzania (2018) “MTR HIV and AIDS Briefing Paper”

²⁹ The strategy for scale up is not indicated although three initiatives that are ready to go to scale are mentioned: Adolescents Peer Led Networks, Shuga radio program with a multi-sector focus, and use of RapidPro technology for surveys.

established so they respond directly to the Prime Minister's Office, elevating their leadership capacity on coordinated and harmonized HIV-AIDS responses. To use convergence terminology, AIDS commissions have been effective thanks to their multi-sector horizontal convergence nature as well as vertical convergence with integration from village committees through district and regional level to national level. TCO's support includes continuous technical and financial support, including support to organizational structures such as youth participation.

Identification of success

CPE primary data collection has highlighted several initiatives that are perceived as successful in addressing HIV-AIDS in Tanzania:

- The Cash Plus programme, with the full title “An Adolescent Livelihood, Health and Well-being Intervention as part of Tanzania’s Productive Social Safety Net Programme” was launched in 2017 in a collaboration with UNICEF Office of Research – Innocenti and within a national partnership with the Tanzania Social Action Fund (TASAF), the Tanzania Commission for AIDS (TACAIDS) and funding from Irish Aid. As such, Cash Plus builds on existing nation-wide structures such as cash transfer and TACAIDS. The multi-sector programme integrates social protection, child protection, life skills, HIV and AIDS, gender transformation, and livelihoods support and was implemented as a pilot to test the model to contribute to “adolescent boys and girls 14 to 19 years from poor households transitioning safely into a productive and healthy adulthood in Tanzania.” Cash Plus was first piloted in four rural districts in the Southern Highlands and has now been implemented in 10 districts in Iringa and Mbeya Regions and four districts in Kigoma. As a pilot, the programme has been evaluated carefully with both a midline and an endline evaluation.
- The GRREAT initiative, with the full title “Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania” is a five-year initiative (April 2019 to March 2024)³⁰ implemented as a joint programme by the Government, UNICEF, and UNFPA, with financial support from Global Affairs Canada (GAC), and in partnership with other United Nations agencies and NGOs. The multi-sector programme integrates health, nutrition, HIV-AIDS, and education and aims at “improved sexual and reproductive health, rights and well-being among vulnerable adolescent girls in all 22 districts in Mbeya and Songwe regions and Zanzibar” through system strengthening, demand generation, and nutrition services. To strengthen adolescents’ awareness of HIV-AIDS, the programme includes various targeted HIV-AIDS activities for adolescents, including knowledge management, youth peer educators, working with female and male champions, and mass communication through radio drama series developed and implemented by adolescents with messages on HIV and other sexually transmitted infections. Some of these activities are tested in districts before being scaled up. The overall notion was to use the lessons learned from GRREAT from the 22 districts to accelerate scaling up, and according to the programme document a midline evaluation will assess scalability issues. These still need to be defined in terms of criteria and exit strategies. The programme was informed by a gender analysis, which is a donor requirement, but there are no plans for future structured gender analysis.
- ONGEA – or talk in Kiswahili – is a communication-focused initiative to support targeted communication, including HIV information for greater awareness and increased demand for HIV services. ONGEA uses several communication outlets, such as local radio edutainment through drama series, listenership clubs, and social media platforms with support from the CP for capacity development of local radio stations and support to involvement of adolescents in communication production. ONGEA was launched in May 2019, starting in eight districts within MINS. In 2020,

³⁰ GRREAT was originally programmed to be launched in April 2018.

the programme was expanded to the full coverage area of 27 districts.³¹ ONGEA is broadcast weekly by 17 community and private radio stations in MINS for free.³²

Other success stories identified during the CPE primary data collection related to the HIV-AIDS response and, in line with MTR suggestions, include knowledge management and evidence generation to inform future modelling of HIV responses. This has, for instance, included a study on HIV testing among adolescent students to inform the national HIV programming for in-school adolescents³³ and a study on testing among HIV-exposed infants and to help identify response models to increase the testing rates.³⁴ The study was prepared under the TCO partnership with the School of Public Health and Social Sciences, MUHAS and supports UNICEF cooperation with the Government, the Global Fund, and other international partners working on a roll-out of optimized paediatric regimens and supported HIV point of care testing technology for early infant diagnosis (EID). With the increased number of sites, it is expected that the turnaround time for early infant diagnosis will be reduced.

Results, outcomes, and impacts

According to the CP result framework, the HIV-AIDS outcome defined in terms of “Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions” was achieved or on-track to achievement by the end of 2020. However, it is noted that older adolescents’ awareness and knowledge about HIV-AIDS is still very low, and in fact there seems to be a negative development from 40 per cent knowledge rate at the baseline in 2012, to 32 per cent in 2020. However, it is noted that with the coverage rate of ONGEA for instance, almost 50 per cent of older adolescents (15-19 years) are covered in principle. There is no additional information on how many benefit directly from ONGEA communication and how many change behaviour as a result of the programme.

Other results reported in the CP 2020 result framework include:

- The multi-sector HIV prevention interventions for adolescent boys and girls and young women were scaled up from 24 districts in 2019 to 33 districts in 2020, surpassing the planned target of 21 districts by 2020 and increase from 12.4 per cent to 19.5 per cent of all districts in the country.
- Around 50 per cent of sexually active older adolescents (15-19 years) were tested for HIV between July 2019 and June 2020 according to the Ministry of Health. 50 per cent was the target for this outcome indicator, which should be compared with the 2016 baseline value of 17 per cent. The result framework notes that the impact from COVID-19 might reduce this rate.

The Cash Plus endline study from 2020 showed increase in knowledge and awareness of HIV exposure and responses among older adolescents of 5.2 percentage points,³⁵ while the probability of HIV testing increased by 6.2 percentage points. The study further shows that behaviour changes have not been observed yet. The challenges of sustaining the results are highlighted in a peer reviewed study, which focuses on gender attitudes among young males.³⁶ According to the study, there were no effects of the intervention on marriage/cohabitation, pregnancy, forced first sex, the likelihood that adolescents had a girlfriend or boyfriend at the time of interview, age-disparate relationships, transactional sex, or perceived HIV risk.

³¹ CP Result Framework.

³² Edutainment Radio Programme Breaks Cultural Taboos to Address Risky Sexual Behaviour, HIV and Teenage Pregnancies amongst Adolescents in Tanzania in UNICEF Tanzania (2021) “Gender Equality Promising Programming Practices.”

³³ UNICEF Tanzania (2019) “Factors impacting on HIV testing, treatment and retention of adolescents in schools in Tanzania: A cross sectional study.”

³⁴ Ezekiel, M. J. (2019) “Factors affecting uptake of HIV early infant diagnosis (EID) testing among HIV exposed infants in Morogoro and Mbeya Regions.

³⁵ TASAF, TACAIDS, UNICEF Tanzania, and EDI Group (Aug 2020) “A cash plus model for safe transitions to a healthy and productive adulthood: round 3 report.”

³⁶ Chzhen, Yekaterina, et al. "Impacts of a cash plus intervention on gender attitudes among Tanzanian adolescents." *Journal of Adolescent Health* 68.5 (2021): 899-905.

Summary

The CP has contributed to improved HIV awareness, testing, and treatment through target interventions in cooperation with the national HIV-AIDS multi-stakeholder and multi-sector TACAIDS and ZAC. The cooperation has further strengthened the representativeness and effectiveness of the platforms. New approaches have been tested and modelled for scale up at regional level, while exact plans for national scale up with clear indications of how, when, and with what resources have yet to be developed. According to both internal and external stakeholders who have informed the CPE, multi-sector joint programming is a key component of the success.

Child Protection

Problem overview

A sector analysis of child protection challenges was prepared to support drafting of the current CPD. It referred to a 2009 survey that had found “very high levels of sexual, physical and emotional violence against girls and boys in Tanzania... nearly 28 per cent of girls and over 13 per cent of boys have experienced sexual violence before the age of 18, over 70 per cent of girls and boys experienced physical violence and more than a quarter experienced emotional violence... Most children face multiple risks. The overlap and linkages between the three forms of violence highlight the multiple risks faced by Tanzania's children. More than 8 out of 10 girls and boys, who experienced childhood sexual violence, also experienced physical violence, while 4 out of 10 girls and 5 out of 10 boys also experienced emotional violence.” Children's relatives or teachers were the large majority of perpetrators of physical abuse. Many incidents of violence against children go unreported. These problems occur in the context of high rates of gender-based violence in Tanzania.³⁷

The 2016 sector analysis also reported that Tanzania had one of the highest rates of child marriage in the world, with almost two out of five girls married before their 18th birthday.³⁸

Children with albinism are at special risk in Tanzania, and in recent years there have been more frequent reports of such children being murdered for the purposes of traditional medicine that purports to bring good fortune to the purchaser. According to informants, these risks are particularly high during election periods.

The 2016 sector analysis reported that the Tanzanian justice system made little separate provision for children in conflict with the law, with the majority of cases being heard in the regular courts and the majority of children detained being kept in adult prisons, where they are highly vulnerable to abuse. Furthermore, children in Tanzania were said to have very limited access to justice, with low levels of reporting. “Police, prosecutors, magistrates and judges have not received adequate training in working with child victims and few concessions are made for children during the process and during trial.”³⁹

Birth registration is universally recognised as an essential foundation for the affirmation of children's rights. Children whose birth is not formally registered are disadvantaged and vulnerable in many ways.⁴⁰ Tanzania introduced a reinforced, streamlined system of birth registration in 2013. Three years later, at the start of the review period, only 12 per cent of births in the country were registered.

In 2018, the MTR briefing paper painted a still bleak picture:

Violence, abuse neglect and exploitation is a reality for significant numbers of children in Tanzania. Almost one in three girls and more than one in ten boys experience sexual violence before the age of 18. Over three quarters of children in Tanzania experience physical violence in childhood and one quarter of children experience emotional violence. Violence against children occurs most frequently in homes, neighbourhoods and schools and children most

³⁷ Sectoral SITAN on child protection, 2016, pp 1, 3, 4, 8.

³⁸ Sectoral SITAN on child protection, 2016, p 9.

³⁹ Sectoral SITAN on child protection, 2016, pp 12-13.

⁴⁰ UNICEF, 2021. *What is birth registration and why does it matter?* <https://www.unicef.org/stories/what-birth-registration-and-why-does-it-matter> [accessed 25 April 2021]

often experience violence at the hands of people known to them including parents, relatives and teachers. Social norms and gender inequalities underpin violence against children. More than half of both men and women believe that wife beating by a husband is justified in certain circumstances. Corporal punishment is legally sanctioned and widely adopted as form of punishment in schools. Early marriage represents a significant challenge in Tanzania: with 30 per cent of women (aged 20 to 24 years) married before the age of 18.⁴¹

Various improvements were outlined in the briefing paper, some of which were quoted above. In addition, it was significant that there was increased access to information via mobile phone platforms. However, the political climate was inimical to some of the progress that UNICEF aimed to support, for example regarding the return of girls to school after giving birth; the acceptable age of marriage for girls; and, as noted above, the legitimacy of corporal punishment.

Description of activities

The CPD intended that the child protection programme “will contribute to nationwide scale-up of the child protection systems approach established during the 2011–2015 country programme.”⁴² In practice, this meant a focus on three components. The **Enabling Environment** component was concerned with developing the rules and regulations needed for implementation of national child protection legislation on the Mainland and in Zanzibar; budgeting for children; data and evidence generation (Child Protection Management Information Systems); and support for community co-ordination and protection reporting mechanisms. The **Response** component was concerned with strengthening the capacity of front-line service providers, such as district social welfare officers, teachers and health workers: “supporting development of and capacity building on case management, referral and coordination is key.” This component also aimed to strengthen approaches and systems dealing with children in conflict with the law. The **Prevention** component aimed to change the social norms that, even if they did not directly legitimise violence against women and children, tended to allow these issues to be ignored or treated lightly. It was thus intended to promote behaviour change within households, communities, and schools.⁴³ Further strengthening the decentralised **birth registration** system was a fourth intended output.

At the time of the 2018 MTR, UNICEF was reported to have worked with the Government to put the basic elements of this three-part system in place in 19 districts on the Mainland, spanning six Regions (including the Southern Highlands) and in seven of the 11 districts in Zanzibar, with the intention to cover all of them. The Mainland and Zanzibar governments had launched five-year National Plans of Action to End Violence Against Women and Children in 2016 and 2017 respectively. With UNICEF support, the Registration, Insolvency and Trusteeship Agency (RITA) had launched a simplified birth registration system in 11 Regions, with fees waived by the Government for children under five years of age.⁴⁴ According to the MTR briefing paper, the enhanced systems that had been introduced with UNICEF support were scalable, but there were “some common obstacles. Although the leadership and regulatory space are generally in good shape, fiscal space is basically not available, and there is need for considerable improvement in the organisational and learning space, and the vision for scale up.”⁴⁵

The 2018 MTR did not recommend any major changes to the child protection programme. It did call for emphasis on two key strategic actions: “Firstly, generating evidence on the functionality, sustainability and costing of the current child protection system model, and secondly, accelerating catalytic actions to forge social awareness and action to stop violence against children and women.”⁴⁶ The MTR pointed out that there was insufficient evidence about how to make an effective child protection system work through LGA structures and services; that the current concept of child protection had not been evaluated, and nor had programmes aimed at preventing harm to children; and that the fiscal sustainability of child protection approaches was unclear, as they continued to rely heavily on donor funding. Against this background of

⁴¹ MTR briefing paper: 1.

⁴² CPD: 6.

⁴³ MTR briefing paper: 1.

⁴⁴ MTR briefing paper: 1-2.

⁴⁵ MTR briefing paper: 6.

⁴⁶ UNICEF, 2018. UNICEF Tanzania country programme of co-operation 2016-2021: mid-term review report. Dar es Salaam: UNICEF: 41.

analysis and evaluation, the MTR recognised that levels of violence against women and children remained high and largely unchallenged and emphasised that intensified action was needed to combat the problem: “accelerating action to change behaviours and societal acceptance of violence requires office-wide prioritisation and investment.”⁴⁷

Identification of success

Fourteen of 56 respondents to the evaluation’s perception survey mentioned child protection in their identification of UNICEF’s most important success stories in Tanzania during the CP. Five of them referred to various aspects of UNICEF’s work in support of stronger measures to combat VAWC. Four noted UNICEF achievements with regard to child justice reform; four referred to UNICEF’s contributions to the expanding birth registration programme; and four referred in more general terms to child protection as an area of successful UNICEF achievement.

Respondents’ explanation of factors supporting these success stories frequently mentioned the conducive policy environment and a degree of political will that underscored progress. Although some elements of the child protection portfolio were inhibited by the social attitudes prevailing at high levels in Tanzania during most of the evaluation period, it is clear that the specific programmes mentioned above did have a degree of political traction. The most obvious of these was the enhanced birth registration programme; but it was also possible to make progress in provision for children in conflict with the law, and in official systems and structures of support for children and women who suffer violence – although shifting the social attitudes of the nation to delegitimize VAWC is a major task that is far from complete. Respondents noted that some of the key foundations for success in these areas were already in place: the Children’s Act of 2011, for example, and some existing children’s and gender facilities in police stations; the established role of RITA in birth registration; and, significantly, the established profile and reputation of UNICEF as a committed and competent technical adviser with regard to child protection, and willing and able to work in partnership with government agencies and civil society.

During the three appreciative inquiry workshops of the CPE with staff from UNICEF, Government, and CSIs, various success stories in the area of child protection were identified, including birth registration, child protection system strengthen at local, regional, and national levels, including police gender and children desks and juvenile court; access to basic social services, birth registration, the national institutional framework such as the National Action Plan to end Violence Against Children and Women, Child rehabilitation for children who have come into conflict with the law; and TUSEME (“let’s speak out” in Kiswahili) clubs for girls.

Finally, the CPE interviews with both internal and external stakeholders further highlighted the mentioned success stories in the areas of child protection.

Results, outcomes, and impacts

Two years into implementation of the Country Programme, some progress was reported in the MTR, stating that “more children are accessing child protection services:”

The number of children receiving child protection services in the country increased from 3,615 in 2015 to 10,879 in 2017. A significant increase in the number of courts has provided more conduits through which to access justice. The number of children in detention in Zanzibar was reduced considerably from 72 children in 2013 to 9 children in 2017, all of whom were provided with legal aid (up from 0 per cent at the start of the country programme in 2016).⁴⁸

The headlines of the TCO’s 2020 annual report regarding child protection concerned the response to COVID-19, with UNICEF supporting the Government in establishment of mental health and psychosocial

⁴⁷ UNICEF, 2018. UNICEF Tanzania country programme of co-operation 2016-2021: mid-term review report. Dar es Salaam: UNICEF: 42.

⁴⁸ UNICEF, 2018. UNICEF Tanzania country programme of co-operation 2016-2021: mid-term review report. Dar es Salaam: UNICEF: 6.

support teams to help children and families affected by the pandemic.⁴⁹ These services reached 66 out of 184 LGAs in ten Regions on the Mainland. UNICEF also continued its work on the three components of its child protection strategy. Overall, most of the output targets were shown by the 2020 CP result framework to have been achieved, although the number of children in detention per 100,000 of the child population rose substantially that year and the parenting programmes did not reach target coverage, presumably due to the pandemic.

With regard to the **enabling environment**, achievements included support for the endorsement and distribution of Tanzania's second five-year Strategy for Progressive Child Justice Reform, 2020/21-2024/25. Good progress has been made with the introduction of child-friendly courts, benefiting from the proactive and constructive attitude of the judiciary to strengthening and enhancing the child justice system. This work should be scalable without imposing an unrealistic burden on the Government budget. An evaluation of the preceding strategy, 2013-2017, highlighted the support role that UNICEF played.⁵⁰ There was also progress in strengthening data management and information systems, including UNICEF support for the national District Case Management System.

Under the **prevention** component, UNICEF worked with LGAs to extend communication programmes on VAWC to Iringa and Njombe Regions, with Mbeya and Kigoma covered in 2019. There was a programme of engagement with religious leaders in Mbeya, Njombe, Iringa, and Kigoma Regions to lead community-based dialogue on VAWC. There have been promising results in Zanzibar primary schools, where a violence against children (VAC) communications package was introduced with UNICEF support, along with training for male and female Guidance Teachers.⁵¹ Internally, the TCO ensured that all staff took a training course in protection from sexual exploitation and abuse (PSEA).⁵² UNICEF co-chairs the Tanzania UN PSEA Network under the auspices of the Inter-Agency Standing Committee.⁵³

The **response** component included the COVID-19 initiatives mentioned above, as well as continued support for the scaling up of essential protection services, including social welfare case management services and support for unaccompanied and separated children in refugee camps. UNICEF support for the strengthening and training of Gender and Children's Desks in police stations is regarded as a successful – including the community outreach work that the police staffing these desks undertake.⁵⁴ The work of these facilities has clear gender implications and should be scalable without imposing a major burden on the government budget.

The TCO's 2020 annual report also highlighted further progress with the simplified **birth registration** system, which was expanded to three additional Regions. Introduction of the system, from Wards and local health facilities through District Councils and Regional authorities (under the authority of PORALG) is a detailed and complex process involving multiple levels of training and awareness-raising, all co-ordinated by RITA. The overall birth certification rate on the Mainland rose from 12.7 per cent in 2012 to 58 per cent in 2020. By April 2021, 18 Regions had been covered by the new system, and RITA plans to cover all Mainland Regions by 2022. The birth registration programme has important gender dimensions, helping to combat child marriage and stimulating more open discussion of topics like sexual and reproductive health and sexual debut. It also enhances the national sex- and gender-disaggregated database that is needed for planning and policy making by the Government of Tanzania.⁵⁵ The system's real-time provision of birth registration data, through the mobile telecommunications platform to which it is now linked, will help to redress Tanzania's lack of such disaggregated information. The African Union has launched a 'No Name Campaign' with UNICEF to promote birth registration and has recognised the

⁴⁹ UNICEF, 2021. 2020 end of year results summary extended narrative: United Rep. of Tanzania. Dar es Salaam: UNICEF: 5.

⁵⁰ Mashamba, J.C. (2019) "Reforming and strengthening child justice in Tanzania. An evaluation report of the five-year Strategy for Progressive Child Justice Reform." Dar es Salaam: Child Justice Forum.

⁵¹ UNICEF Tanzania (2021) "Gender Equality Promising Programming Practices."

⁵² UNICEF, 2020. RAM combined outcomes and end of year summary narratives report 2019. Dar es Salaam: UNICEF: p 108.

⁵³ <https://psea.interagencystandingcommittee.org/location/southern-and-eastern-africa/tanzania-united-republic> [accessed 9 September 2021]

⁵⁴ UNICEF Tanzania (2021) "Gender Equality Promising Programming Practices."

⁵⁵ UNICEF Tanzania (2021) "Gender Equality Promising Programming Practices."

progress that Tanzania has made.⁵⁶ Overall, the birth registration programme that UNICEF supports makes an important contribution to equity and inclusiveness, by greatly improving access to the process, and to the child rights that flow from legal identity, throughout the country – even to remote communities and marginalised households. As a low-cost process, the birth registration approach that UNICEF has helped to introduce is also scalable.

UNICEF has achieved a number of successes in the field of child protection during the review period. An ongoing challenge is to make the enhanced child protection services and facilities sustainable with domestic resources. To date, donor funding has played an important role in the progress made. Bringing the child protection achievements fully to scale and on budget will be necessary to consolidate the successes that have been achieved. There are indications that this may be possible for the birth registration system, which is increasingly mainstreamed in LGA budgets, from 2022.

Summary

Tanzania continues to face major challenges with regard to child protection. During the current CP period, UNICEF has continued to recognize these challenges and to help the Government and society to address them. Good progress has been made on several fronts. Expansion of the streamlined birth registration system has been the most obvious success, due to the technical skills and commitment that UNICEF, RITA and other government partners were able to apply together. Other factors in this success were the relatively low-cost, uncontroversial nature of a programme with obvious benefits for children and society. There has been good progress, too, in strengthening the enabling environment for child protection and in reinforcing response mechanisms. While UNICEF also made important contributions to the prevention component of the national child protection effort, this is where the task is greatest and will take longest to achieve. C4D does not change the social attitudes of a nation in the space of a few years, and efforts in this area were not a high priority for the national leadership during most of the review period. A further qualification of the real successes achieved through this CP is that much progress in this sector continues to depend heavily on external funding. Sustainable results depend on the deployment of domestic budgetary resources at a scale sufficient for the full implementation of child protection policies and programmes throughout Tanzania.

Nutrition

Problem overview

Tanzania's National Multi-sectoral Nutrition Action Plan (NMNAP) 2016-2021 describes the levels of malnutrition in the country as “unacceptably high.”⁵⁷ Levels of malnutrition have declined significantly in Tanzania since the 1960s, but not far enough according to the NMNAP. A Public Expenditure Review of the Nutrition Sector in the Mainland was prepared in 2014 by the Ministry of Finance in cooperation with UNICEF and with funds from Irish Aid showed that government spending on nutrition, which mainly consists of nutrition-sensitive interventions, was inadequate, and that budget execution was a significant constraint to nutrition public expenditures.⁵⁸ At that time, mainland nutrition spending was still heavily financed by development partners. Although the review identified a comprehensive institutional architecture for nutrition at the national level, it described arrangements at local level as “patchy” and found that nutrition budgets were not prioritized at local level because of resource constraints and a lack of awareness among councillors.⁵⁹

In absolute terms, due to population growth the numbers of children in the different categories of malnutrition have either risen or only seen slight reductions. In 2018, 440,000 children aged under five

⁵⁶ African Union (2020) “Birth registration can accelerate children’s access to justice: African Union and UNICEF launch the ‘No Name Campaign.’# <https://au.int/en/pressreleases/20200617/birth-registration-can-accelerate-childrens-access-justice-african-union-and> [accessed 1 May 2021]

⁵⁷ Government of United Republic of Tanzania (2016) “National Multisectoral Nutrition Action Plan (NMNAP) – From Evidence to Policy to Action – July 2016 – June 2021” Dodoma: Prime Minister’s Office.

⁵⁸ [Ministry of Finance \(2014\) “Public Expenditure Review of the Nutrition Sector.”](#)

⁵⁹ [Ministry of Finance and Planning and UNICEF \(2018\) “Nutrition Public Expenditure Review 2014-2016: Mainland Tanzania”](#)

were estimated to be acutely malnourished, with 90,000 of those categorised as severely malnourished. The number of stunted children rose from below two million in 2000 to about three million in 2010. It largely remained at that level up to 2018.⁶⁰

The 2019 SDG Voluntary National Review report presents evidence that the incidence of malnutrition in Zanzibar has declined in recent years. The prevalence of wasting in children under 5 years has been brought below double percentage points in recent years, with the rate standing at 7.1 per cent in 2015/16.⁶¹ Stunting in all five regions of Zanzibar decreased during the period of 2014-2018. The prevalence of stunting in Pemba South has decreased most significantly from 28.2 per cent to 20.8 per cent.⁶⁰ Concerns persist especially in respect to micronutrient deficiencies and exclusive breastfeeding rates.

Factors contributing to the nutrition challenges include poor feeding practices, low exclusive breastfeeding, low feeding frequency and poor-quality diets for children and the family in general. Other factors are heavy workload of women and care providers related to gender dynamics, inadequate care skills and limited household financial and social investment in nutrition. Adolescent pregnancies also contribute to a life cycle of malnutrition. At national level, these problems are exacerbated by limited availability of quality and equitable nutrition services, inadequate exposure to nutrition information, low investment in nutrition at all levels and poor coordination of sectors to address nutrition challenges in the country. In addition, there are limited efforts to address the underlying and basic causes of malnutrition. Consequently, the immediate causes lead to problems that require a substantial human and financial investment that the country cannot afford given the current economic situation and investment landscape.

Tanzania joined the Scaling Up Nutrition (SUN) global movement in 2011 and soon after launched a National Nutrition Strategy (NNS) 2011-2016. The NNS acknowledged the national decline in stunting but called for a further reduction, aiming to bring it down from 42 per cent of under-fives in 2010 to 27 per cent in 2015.⁶² The subsequent NMNAP for 2016-2021 has seven key results areas: scaling up maternal, infant, young child and adolescent nutrition; scaling up prevention and control of micronutrient deficiencies; scaling up integrated management of acute malnutrition (IMAM); scaling up prevention and management of diet-related non-communicable diseases; integration of multi-sectoral nutrition-sensitive interventions; improving nutrition governance; and establishing a multi-sectoral nutrition information system.⁶³ A 2019 mid-term review of the NMNAP found that global acute malnutrition had reduced from 3.8 per cent to 3.5 per cent, but coverage of management of moderate acute malnutrition stagnated at 8 per cent, and coverage of severe acute malnutrition services was 13 per cent. Of approximately 90,000 Tanzanian children per year suffering severe acute malnutrition, only 15,000 are reached with IMAM services. Good progress has been made in reducing anaemia among women of reproductive age (from 44 per cent in 2016 to 29 per cent in 2018), and coverage of iron and folic acid supplementation among pregnant women increased from 8 per cent in 2014 to 29 per cent in 2018. Significant progress was made with nutrition-sensitive interventions. But micronutrient deficiencies remain high in Tanzania, and overweight and obesity among women are increasing.⁶⁴

⁶⁰ Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], Tanzania Food and Nutrition Centre (TFNC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS) [Zanzibar] and UNICEF, 2018. Tanzania National Nutrition Survey using SMART Methodology (TNNS) 2018. Dar es Salaam, Tanzania: MoHCDGEC, MoH, TFNC, NBS, OCGS, and UNICEF.

⁶¹ Government of United Republic of Tanzania & United Nations (2019) "Voluntary National Review (VNR) 2019. Empowering People and Ensuring Inclusiveness and Equality. UN Nations Sustainable Development Goals."

⁶² Government of United Republic of Tanzania, n.d. "National nutrition strategy July 2011/12 – June 2015/16." Dar es Salaam: Ministry of Health and Social Welfare.

⁶³ Government of the United Republic of Tanzania (2016) "The Tanzania National Multi-sectoral Nutrition Action Plan (NMNAP), July 2016 – June 2021."

⁶⁴ [Government of the United Republic of Tanzania \(2019\) "Mid-Term Review of the National Multisectoral Nutrition Action Plan 2016/17 – 2020/21."](#)

Description of activities

The overall outcome statement of the nutrition thematic programme set out in the CPD is “Increased coverage of equitable, quality and effective nutrition services among children under 5 years old” with outputs defined in terms of strengthened capacity early childhood nutrition in priority regions, strengthened health system and capacity for integrated management of severe acute malnutrition, knowledge generation, micronutrient supplementation, and multi-sectoral nutrition information systems.

The **MTR** suggested the following overall outcome statement “Increased coverage of equitable, quality and effective nutrition services among **children, adolescents and women.**” However, the overall indicator framework in the CP result framework remained the same.

Under the nutrition thematic programme, UNICEF is committed to accelerate stunting reduction by scaling up community-based interventions, including promotion of infant and young child feeding practices to ensure improved feeding frequency, quality of diets and exclusive breastfeeding for children and early childhood development; and to strengthen capacity of Community Health Workers (CHW) and Health Service Providers (HSP) to manage severe acute malnutrition and moderate acute malnutrition, through training and ensuring availability and timely supply of Ready to Use Therapeutic Foods (RUTF) in health facilities and along the national supply chain. To prevent micronutrient malnutrition, UNICEF supports the Government to access vitamin A, iron and folic acid supplements for children, adolescent girls and women and provides small-scale salt manufacturers with potassium iodate for salt fortification to ensure adequate levels of iodine in the salt intended for human consumption. Additional focus areas include nutrition governance and the nutrition information system. Activities under nutrition governance have included strengthening capacity in planning and budgeting for nutrition at LGAs; and multi-sectoral coordination, whereby UNICEF has supported development and roll out of the National Multi-sectoral Nutrition Action Plan (NMNAP I) and helped to promote domestic allocation of resources for nutrition. The Nutrition Information System (NIS) covers national nutrition surveys, a multi-sectoral nutrition score card system and annual nutrition sector review and public expenditure review.

Identification of success

The TCO's long and well-established leadership in supporting national nutrition development was recognized by many stakeholders participating in the various primary data collection exercises for the CPE and several specific initiatives were highlighted as success stories:

- Continuous support to the institutional framework for nutrition in Tanzania, including the Zanzibar Multi-sectoral Nutrition Action Plan (ZMNAP) 2019/20 – 2023/24.
- UNICEF through various activities heavily supports the Ministry of Health in Tanzania to address the maternal and neonatal mortality rates, such as building the waiting homes that had early impacts on malnutrition among young children by early detection and treatment and improved nutrition. While both the evaluation and CPE informants highlight the success in mobilizing men for some reproductive health activities there is also concordance in the perception of a missed opportunity by the lack of a proper gender transformative approach based on a gender analysis at the design stage.
- The joint UNICEF- UNFPA project in Zanzibar Afya Bora ya Mama na Mtoto (2015-2019) aimed to improve maternal, newborn and child and adolescent health in Zanzibar in cooperation with the Ministry of Health in Zanzibar. The project was funded by the Government of Canada. The project was designed to address maternal and child mortality, and in addition, improve the overall health and well-being of mothers and children in Zanzibar.⁶⁵ with two specific outcomes: 1) health system that delivers equitable and integrated health services; and, 2) coverage of quality emergency obstetric, new-born and child health services, including high impact nutrition

⁶⁵ As such the project has also been identified as a success story for the RMNCAH thematic area where key success stories were identified during the CPE data collection as described later in this annex.

interventions.^{66,67} The final evaluation⁶⁸ echoes the key success factors of the project identified during the CPE primary data collection, including the integrated approach with vertical and horizontal convergence with multiple sectors (RMNCAH, WASH and Nutrition) and stakeholders. However, it is also noted in the evaluation that while the foundation is there for an integrated approach, the coordination among the sectors and actors is still a challenge.⁶⁹ The strengthening of the community services, including community health workers to address multiple sectors is seen as the central success factor.

- According to the evaluation, UNICEF is also seen by many stakeholders as successful in nutrition outreach, including using emerging opportunities for sharing the nutrition messages. An example, of this that was raised during the CPE interviews is through UNICEF collaboration with TASAF (Tanzania Social Action Fund), where the objective is:
 - Integrating nutrition messages in national productive social safety net (the objective of the productive social safety net is to improve access to income-earning opportunities and socio-economic services for targeted poor households while enhancing and protecting the human capital of their children).

While many external and internal stakeholders highlighted UNICEF's strategic positioning and support to improving nutrition status as a success story in Tanzania implemented through various programmes, some stakeholders interviewed for the CPE also expressed concern about the continuous nutrition challenges. The concern is particularly about the continuous high stunting levels in the MINS Regions despite several decades of UNICEF support. Some stakeholders pointed to the need for addressing deeply rooted problems, especially related to gender inequality in a much more transformative manner if stunting is to be combated.

Results, outcomes, and impacts

Infant and Young Child Nutrition Services

According to the CP result framework, community health workers (CHWs) and health service providers (HSP) provided counselling on infant and young child feeding (IYCF) to 36 and 54 per cent of caregivers, respectively, between 2015/16 and 2018/19; an increase, respectively, from 15 and 20 per cent. In UNICEF priority Regions (MINS), and Zanzibar utilization of IYCF services increased from 60 per cent in 2018 to 72 per cent in 2019. National vitamin A supplementation and deworming (VASD) coverage increased by 10 and 5 percentage points between 2015 and 2019 (88% and 86% in 2015 to 98% and 91% in 2019). This was due to the availability of enough supplies to provide two annual doses of vitamin A in all districts.

Exclusive breastfeeding of children between 0 and 5 months increased by 17 per cent (from 41% in 2014 to 58% in 2019); consumption of minimum-acceptable-diet by children aged between 6 and 23 months increased by 10 percentage points (from 20% to 30%), surpassing 2018/19 NMNAP targets of 45 and 25 per cent respectively.

Stunting was reduced nationally from 35 to 32 per cent, but in UNICEF focus Regions and Zanzibar the trend was mixed. It showed increased prevalence in Njombe and Iringa and reduced prevalence in Mbeya

⁶⁶ The project targeted 75,000 pregnant women, 130,000 mothers/caregivers of children 0-59 months, 260,000 children 0-59 months and 130,000 adolescents covering all areas of Zanzibar.

⁶⁷ The project was launched in March 2015 under the former CP when the TCO was organized with Health and Nutrition in one thematic programme area.

⁶⁸ Development Solutions (2020) "Afya Bora ya Mama na Mtoto Project (2015-2019) - Final Evaluation" UNICEF & UNFPA, Tanzania. The evaluation was informed by interviews with key beneficiaries and other stakeholders: Adolescent boys and girls, mothers, community leaders, community health workers, LGAs, MDAs at regional and district level, NGO implementing partners, and UNFPA and UNICEF.

⁶⁹ Various examples are mentioned, such as lack of representation of the nutrition department in the Council Health Management Teams.

and Zanzibar. Wasting was reduced from 0.9 to 0.4 per cent, meeting the NMANP target (<1%). Overweight among children remained 3 per cent.

The main factors contributing to progress were: 1) evidence-based planning to prioritize regions with high malnutrition prevalence using surveys and routine data; 2) overarching community-centred multi-sectoral approach; 3) increased coverage of male involvement and women empowerment interventions; and 4) strong synergy with the national social protection programme to reach the most vulnerable households.

Micronutrient services

UNICEF trained community health workers (80%) and health service providers (95%) in UNICEF-supported areas on anaemia prevention (promotion of healthy diets and iron and folic acid (IFA) supplementation). This contributed to increased consumption of IFA supplements for 90 days among pregnant women, from 8 per cent in 2014 to 29 per cent in 2018,⁷⁰ Challenges that UNICEF needed to address include: 1) side-effects (nausea) related to IFA supplements impeding higher compliance; 2) insufficient number of service providers capacitated on anaemia prevention in non-UNICEF areas; 3) insufficient specific interventions targeting school-age children and adolescents; 4) lack of a comprehensive strategy to address maternal nutrition; and 5) slow progress in privatization of the salt sector. UNICEF has committed to support a micronutrient survey within the next Demographic and Health Survey to track the status of micronutrient deficiencies among children, adolescents, and women.

Integrated management of acute malnutrition services

In MINS Regions and Zanzibar, the proportion of health facilities providing life-saving treatment of severe acute malnutrition (SAM) increased by 37 per cent from less than 5 per cent in 2015/16 to 42 per cent in 2018/19. This contributed to the increased proportion of health facilities providing integrated management for SAM for children below five years of age nationally from 25 per cent in 2015/16 to 37 per cent in 2018/19. The screening of children with SAM has been integrated in national level Child Health and Nutrition Months and was maintained at 99 per cent. Nevertheless, the proportion of children treated for SAM nationally was between 14 and 13 per cent between 2015/16 and 2018/19, respectively. The target set up in NMNAP of 35 per cent by 2018/19 was not achieved. It is important to note that the coverage of SAM treatment was higher in UNICEF supported areas, at 43 per cent in 2018/19. Overall, the prevalence of SAM was reduced from 0.9 per cent in 2014 to 0.4 per cent and the estimated number of SAM children was also reduced from 105,000 in 2014 to 90,000 in 2018 nationally.

The main factors contributing to reduction in SAM prevalence were the increased coverage of maternal, infant, and young child nutrition services, in synergy with the social protection system and with a gender approach; continued support of UNICEF in partnership with NGOs to support nutrition interventions in Burundian and Congolese refugee camps in Kigoma Region. In 2018/19, a total of 2,112 children with SAM (boys and girls) were admitted into the SAM treatment programme, surpassing the planned target of 2,000 children. Additionally, 94 per cent of targeted children were reached with vitamin A supplementation, deworming, and screening for acute malnutrition in 2019.

Multi-sectoral nutrition response

According to the CP result framework, UNICEF continued promotion of evidence-based advocacy for increased domestic resources for nutrition together with development partners, Members of Parliament and CSOs. UNICEF also continued supporting the President's Office - Regional Administration and Local Government (PORALG) to conduct six-monthly assessments of the National Nutrition Compact, which was signed in 2018 between the Vice-President and Regional Commissioners as an accountability mechanism to improve nutrition results and increase expenditure in every region. For the first time the Compact was also signed at Ward and Village levels in UNICEF focus Regions, to increase communities' commitment and social accountability.

The proportion of Regions implementing at least 50 per cent of the planned domestic budget increased from 4 per cent in 2017/18 to 27 per cent in 2018/19, and the proportion of LGAs spending the minimum budget allocations of TZS 1,000 per child slightly increased from 4 per cent in 2017/18 to 7 per cent in

⁷⁰ Tanzania National Nutrition Survey, 2018

2018/19. However, the NMNAP target of 30 per cent in 2018/19 was not met. In 2019, UNICEF supported the PORALG to create a multi-sectoral nutrition objective in the PLANREP.

Among key contributors to progress in multi-sectoral nutrition governance were: 1) strong, high-level leadership for nutrition; 2) well-designed NMNAP and coordination system; 3) annual implementation of the Joint Multi-sectoral Nutrition Review (JMNR) to review evidence and inform decisions.

Multi-sectoral nutrition information system

At the routine system level, the proportion of Regional secretariats and districts producing six-monthly annual work plan reviews was increased from 92 per cent in 2016/17 to 100 per cent in 2018/19; the proportion of districts carrying out six-monthly bottleneck analysis of specific nutrition interventions was increased from 96 per cent in 2017/18 to 100% in 2018/19; and the proportion of districts producing six-monthly multi-sectoral nutrition scorecards was increased from 70 per cent in 2017/18 to 100 in 2018/19, surpassing the NMNAP target of 70 per cent in 2018/19.

Among the key enablers of the improved MNIS are the strong capacities of the Tanzania Food and Nutrition Centre (TFNC) and PORALG, which were built with UNICEF support, and transferred to nutrition officers in all the 26 Regions and 184 councils in Tanzania, to enable them to manage the MNIS.

Summary

The prevalence of malnutrition is still a big challenge to economic and human development in Tanzania. UNICEF and the Government of Tanzania are implementing various interventions to address this challenge through the country programme 2016-2022. Accessibility and utilisation of nutrition services have increased and so far, significant achievements include improved nutrition of children, women and adolescents in Mbeya, Iringa, Njombe, Songwe regions, and Zanzibar. In this regard, nutrition interventions should continue and be scaled up in the next country programme.

Adolescents

Problem overview

Adolescence is a time period in the life-cycle of a human being that is characterised by changes that signify transition from childhood to puberty to adulthood. WHO⁷¹ has categorised adolescence as an age period between 10 and 19 years and young persons between 10 and 24 years. The population of adolescents of ages between 10-14 years in Tanzania Mainland is 6,743,218 and of ages between 15-19 years is 5,696,459. The population of adolescents 10 to 19 years in Tanzania is 25 per cent of the total population and 13 per cent of the population is in the age category 20 to 24 years.⁷² Adolescence is a period of significant changes in physical growth and development of the body, as well as social, psychological, and emotional needs. It should be noted that adolescence is a sensitive period and factors such as the immediate household environment, peers, the community, political, and economic contexts can have a profound impact on how an adolescent processes and responds to life.⁷³

Adolescents in Tanzania face several challenges including poor nutrition, diseases (HIV/AIDS), violence, poverty, inequity in resource allocation leading to early pregnancies and school termination, limited access to basic services and limited inclusion in decision-making process at all levels.

Description of activities

Despite all these challenges being faced by adolescents, the UNICEF Country Programme (2016 -2021) did not include significant measures to address them during the first two years of implementation. The CP - MTR (2018) showed clearly that there was a need to implement activities/interventions on adolescents. Adolescents are future employees and producers and therefore represent a huge bank of human capital, which could be drawn on to drive the economic development of Tanzania. This is well recognised in the Second Five Year Development Plan (2016/2017 – 2020/2021) as well as in the Third Five Year

⁷¹ <https://www.who.int/health-topics/adolescent-health/>

⁷² NBS 2012: Population Census of Tanzania

⁷³ UNICEF, 2018. UNICEF programme guidance for the second decade: Programming with and for adolescents

Development Plan (2021/2022 – 2025/2026). In both these documents it is clearly articulated that Tanzania (Mainland and Zanzibar) should accelerate broad-based and inclusive economic growth that reduces poverty and allows shared benefits among most of the people including adolescents and youths through increased productive capacities.

Activities implemented by UNICEF with other stakeholders included:

- Development of a holistic multi-sectoral National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA_AHW 2019-2022)⁷⁴ with the aim to accelerate the improvement of adolescent health and wellbeing to support growth and development of healthy educated and empowered adolescents as they transition into adulthood. The NAIA_AHW was launched on 17th April 2021. This is a big success as now the Government fully owns the initiative and it is being coordinated from the Prime Minister’s Office with implementation by PORALG.
- Girls Reproductive Health Rights and Empowerment Accelerated in Tanzania (GRREAT)⁷⁵ programme aims at strengthening systems for adolescents, generating demand for sexual and reproductive health and rights and nutrition services and generation of evidence.
- Engaging adolescents through participatory communication and new technologies: This included the Sara Radio programme (SRP), which was established for delivering life skills to adolescents (boys + girls) so as to increase awareness on key life skills competence. This initiative culminated in developing a National Life Skills Learning Strategy in formal and non-formal systems. This was implemented in Iringa and a similar component was tried out in Zanzibar under the joint support of UNICEF and KOICA. The main objective of SRP was to improve skills among school children, targeting Primary standard four to seven school children (age 10-14 years), especially girls, on negotiation, communication skills, and positive social behaviour. The SRP also aimed at imparting a change in knowledge and attitudes towards HIV/AIDS, sexual and reproductive health, early marriage, early pregnancy, social inclusion, and protection. The SRP included developing, pre-recording and broadcasting 100 episodes.
- UNICEF, in collaboration with the University of Dar es Salaam, has been implementing activities to build skills of young people in teamwork, problem solving, analytical, creative thinking, and research skills. These activities are implemented under the Human Centred Design (HCD) programme.
- Cash Plus is a social protective initiative that has combined social cash transfer with capacity building to ensure safe transitions of adolescents to a healthy and productive adulthood. It was implemented within the Government of the United Republic of Tanzania’s Productive Social Safety Net (PSSN). The programme aimed to reduce extreme poverty and break the intergenerational cycle of poverty, to increase the well-being of youth today as well as provide them with opportunities and capacities for their future. The intervention was implemented by TASAF, with technical assistance from UNICEF Tanzania and TACAIDS. The initiative has three elements; namely training on livelihood and life skills, mentoring and asset transfer, and improving access to sexual and reproductive health services. The Cash Plus programme is a unique, multi-sectoral, government-implemented intervention targeted to vulnerable adolescents in impoverished households. Activities included:
 - Behaviour change communication for boys and girls through radio programmes – *ONGEA* to increase access to correct and prevailing information on HIV and SRH and other important issues affecting adolescents’ lives. The programme used community radios and youth clubs and covered SRH, HIV prevention and treatment, relationships and violence topics. UNICEF supported the implementation in 19 districts; 11 districts of Zanzibar and

⁷⁴ MoHCDGEC (2021) “National Accelerated Investment Agenda for Adolescent Health & Wellbeing 2019 – 2022.”

⁷⁵ Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT).

eight prioritized districts in the mainland. 27 radio stations were mobilized to air the programme.

- Cash transfers with complementary programming that combined livelihood, HIV and SRH education/mentorship and access to services for adolescents of age from 14 to 19 years.
- Small-scale community ART model in Njombe and Dar es Salaam regions in collaboration with Ministry of Health and local NGOs.
- Built capacity and operationalized the Differentiated Service Delivery Model (DSDM) for HIV service delivery among adolescents living with HIV in the urban poor neighbourhoods of Dar es Salaam and the semi-rural context of Njombe.
- A comprehensive package of adolescent nutrition services including promotion of healthy diets and physical activity, and preventive weekly IFA supplementation to be delivered at community level and at school level through the recently revised National School Programme has been developed. This is expected to lead to increased coverage of services promoting healthy diets and physical activity, to strengthen synergies with agriculture and food fortification programmes, and to introduce antenatal multiple micronutrients supplementation and weekly IFA supplementation among adolescents and young people.

Identification of success

Successes in programming for adolescents were identified through the appreciative enquiry approaches described above. Informants highlighted the following as particular successes:

- Girls' Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT)
- Cash Plus with livelihood skills
- Youth for Communication (Y4C) Hub
- National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW).

Perceived success factors included UNICEF's collaboration with the United Nations Population Fund (UNFPA) and its support for innovative activities. Informants recognised that adolescent programming is still in its early stages, with programme integration mainly at Regional level.

Results, outcomes, and impacts

SRP: Approximately 10,000 adolescents (61 per cent female) participated in 370 adolescents' listener clubs on a weekly basis. The adolescent listeners were supported by 720 trained mentors (54 per cent female). It was envisaged that the radio programme will be extended to the Southern Highland regions and nationally.

ONGEA Talk radio programme has reached 10,000 in and out of school through listenership clubs and 200,000 through radio broadcasting in MINS and Zanzibar.

Sustainability of **Young Reporters** programme. The programme ended in 2017 under UNICEF support. Currently the Zanzibar Association of People Living with HIV/AIDS (ZAPHA+) managed to sustain the program through integration in all ZAPHA+ projects. Young Reporters created a number of opportunities and spaces for children and adolescents to raise their voices through radio shows and social media.

Capacity building: Six councils of Njombe Region, 10 selected health facilities, 36 Health Care Workers and 90 youth peer providers were supported to implement community anti-retroviral therapy refill where new dosage was added. The trained youth leaders facilitated 90 community clubs of adolescents living with HIV meeting monthly to learn about SRH and HIV; 1,050 adolescents living with HIV have been mobilized to access ART in the community setting against a target of 990; 40 health care workers in 20

health facilities in Dar es Salaam city were trained on the package of care for adolescents, and established referral linkages to follow up viral load testing and reporting. About 61% (547) adolescents have started getting ART refills in a community setting.

The **Cash Plus** model for adolescents has been recognized and included in the PSSN Phase 2 programme, a critical step for further scale up in 2020. So far the Cash Plus programme has reached 1,700 adolescents with livelihood skills and product grants to help address their needs including preventing them from contracting HIV and related problems such as STD.

Increased **health awareness and practices** at both the health facility and community level. At the health facility, through trained HCWs, the project ensured that women and adolescents received the appropriate counselling during ANC visits, delivery and PNC. HCWs also encouraged the participation of male partners, as this was a key component of the training and community level awareness initiatives advocated by the project.

Access to services: Increased demand and access to reproductive, maternal, new-born, child and adolescent health (RMNCAH) services through community shows and community facility dialogues. The content of these community-level interventions encouraged male participation to encourage access and utilization of quality RMNCAH services for their partners.

HIV testing modelling project has reached 1,000 vulnerable adolescents in Iringa as well as remote hotspots in Mufundi district in Njombe region. The programme has increased access to HIV services.

ART programme: Community ART programme for adolescents living with HIV in the Southern Highlands region of Tanzania has increased accessibility of adolescents to ART and other services.

Treatment adherence project: Children sustained in treatment and continued with education up to the level of higher learning institutions and some can engage in income generating activities. This was not possible before the project. Hence through ZAPHA+ and UNICEF the health status of children and adolescents has improved.

Summary

Adolescence is a critical period in life when a human being is transitioning to the next phase of life – adulthood. Physiological, metabolic, social, biological, physical, and psychological changes happen at the same time. These changes need to happen in an environment that supports a smooth transition – an environment that provides the right nutrition, relevant education, social and economic support, adequate information, and emotional support. UNICEF has implemented interventions to address some of these challenges. These included the Cash Plus project to address the economic challenges facing adolescents from poor households and to protect them from HIV/AIDS; improved accessibility to nutrition (nutrient supplementation) and health services (HIV testing, treatment, and prevention) as well as information through radio programmes, which has reached many adolescents in the MINS regions and Zanzibar.

Humanitarian and Emergency Responses

Problem Overview

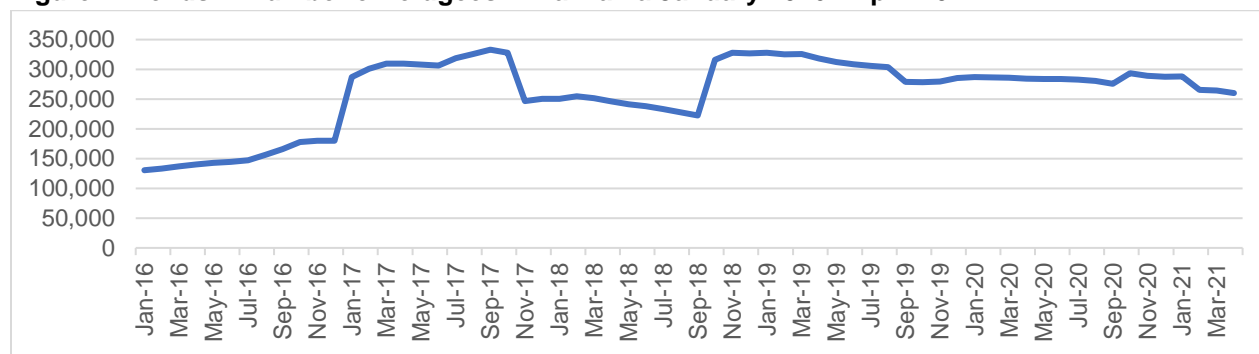
Humanitarian Needs

Humanitarian needs in Tanzania are mainly linked to refugees from Burundi and the Democratic Republic of the Congo (DRC) fleeing political violence. According to the United Nations High Commissioner for Refugees (UNHCR), as of 31 April 2021 there were 260,394 persons of concern, which is persons with need for humanitarian protection, of whom 67 per cent are from Burundi and 33 per cent from DRC.⁷⁶ Eighty-four per cent of the refugees are hosted in three camps in Nyarugusu, Nduta, and Mtendeli, on the eastern border of Kigoma Region, in addition to some smaller camps in the neighbouring Regions of Tabora and Katavi.⁷⁷ The numbers of refugees have oscillated significantly during the CP implementation, as can be seen in Figure 1 below.

⁷⁶ [UNHCR Operational Portal for Tanzania](#). Accessed 5 January 2021.

⁷⁷ [UNHCR Operational Portal for Tanzania](#). Accessed 1 June 2021.

Figure 1 Trends in number of refugees in Tanzania January 2016 - April 2021



Source: UNHCR Operational Portal for Tanzania Accessed 1 June 2021.

According to the TCO 2016 country report, the key challenges at the refugee camps include protection of children and women, including in relation to sexual and gender-based violence and violence against children.

In the 1980s, Tanzania received a significant number of refugees from the politically unstable Great Lakes region, and Tanzania was known for its 'open door policy' with good integration with host populations. That changed since the 1990s, and since 2017 the Government has applied an encampment policy where the refugees cannot leave the camps and their livelihoods are totally dependent on external assistance. Tanzania is signatory to the Comprehensive Refugee Response Framework (CRRF) but withdrew in 2018. A direct triggering factor was funding conditions from the World Bank for displaced persons based on mixed loans and grants. The withdrawal further limited the possibilities for cooperation around the humanitarian-development nexus.

Emergencies

Cholera has been a continuous health threat in Tanzania, with frequent outbreaks. The frequent floods, the limited epidemic control in neighbouring countries, and poor WASH conditions in refugee camps, urban slums, and other challenged areas exacerbated these outbreaks. A major cholera outbreak started in August 2015, and ended in December 2018 with 4,688 cases, 84 deaths, and a case fatality rate of 1.8 per cent. There was a short cholera outbreak from May-June 2019 with 233 cases, three deaths, and a case fatality rate of 1.3 per cent. It is now deemed controlled.⁷⁸ The Revolutionary Government of Zanzibar launched its Zanzibar Comprehensive Cholera Elimination Plan in September 2019. The Government of the United Republic of Tanzania is finalizing a similar control plan for the Mainland, which is planned to be launched in 2021.⁷⁹

Tanzania shares a long border with the Democratic Republic of Congo (DRC), which has had 12 **Ebola** outbreaks since the first was reported in 1976 in North Kivu Province.⁸⁰ According to a 2018 study from the Ministry of Health, Tanzania Field Epidemiology and Laboratory Training Programme and the National Institute for Medical Research, an Ebola outbreak in Tanzania constitutes a real public health threat because of the situation in DRC.⁸¹ The study further notices that the preparedness for an Ebola outbreak was moderate and needed to improve in all the prioritized Regions although the level of alertness of the Ministry of Health was considered to be high. The study concludes that there is a need for preparedness and interventions at all sub-national levels. Officially, no Ebola case has been detected in Tanzania. WHO, though, has questioned this on several occasions.⁸²

⁷⁸ UNICEF TCO.

⁷⁹ UNICEF TCO.

⁸⁰ www.WHO.int/emergencies.

⁸¹ Kishimba, R. S. et al. (2018) "Is Tanzania prepared to respond and prevent Ebola Outbreak?" in Tanzania Public Health Bulletin, Vol 1. Issue 1. Ministry of Health, Community Development, Gender, Elderly and Children. According to the study, the fatality rate of the 2018 outbreak in DRC was 64 per cent.

⁸² See for instance WHO (2019) "[WHO signals alarm over possible unreported Ebola cases in Tanzania.](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports)"

The current **COVID-19 pandemic** has had severe socio-economic impacts in Tanzania.⁸³ The Government's containment policy initially included suspension of international flights and public gatherings and the closure of schools, but these measures were lifted in June 2020. The official numbers of COVID-19-infected people remain low, with 509 confirmed cases and 21 deaths as of 10 December 2020.⁸⁴ In May 2020, a food security assessment in the context of COVID-19 estimated that up to 2.1 million people could need food assistance because of the socio-economic impacts of the pandemic.⁸⁵

There have been 16 major **natural disasters** in Tanzania in the period January 2016-November 2020,⁸⁶ predominantly floods, with 148 fatalities and more than 300,000 people affected. According to the Natural Risk Profile prepared by the United Nations Office for Disaster Risk Reduction (UNDRR) on average 150,000 people are affected by floods annually in Tanzania.⁸⁷ The latest major earthquake in Tanzania hit the Kagera Region in 2016 with 23 fatalities and 11,000 persons affected, including destroyed houses and displacement.⁸⁸ Overall, the risk of potentially damaging earthquakes is relatively low.

Description of activities

The **CPD** is very general about responses to humanitarian crises and emergencies. Two indicators under programme effectiveness specify that: 1) the country programme will support protection of refugee children, including ensuring their access to basic services; and 2) the CP will support national partners for effective preparation, mitigation, and responses to emergencies.

The large number of refugees in three overcrowded camps in western Kigoma combined with the poor social indicators among the host population is described in the **MTR (2018)**. The Joint United Nations programme for Kigoma, KJP (2017-2021), with its focus on the humanitarian-development nexus, is therefore also seen a key instrument for UNICEF response in the four districts hosting the three camps in Kigoma. Moreover, the **MTR** suggested that the field office should be reinforced to respond to the additional coordination requirements. KJP was launched in September 2017 in partnership with the Kigoma Regional Secretariat and relevant LGAs, development partners, refugees, the host community, and civil society. The programme includes 16 United Nations agencies and consist of seven thematic areas: 1) Sustainable energy and environment; 2) Youth and women's economic empowerment (UNCDF is leading – but UNICEF is not participating); 3) Ending violence against women and children (UNICEF lead); 4) Education with a focus on adolescent girls and young women (UNESCO lead – UNICEF participating); 5) WASH (UNICEF lead); 6) Agriculture with a focus on developing local markets; and 7) Health, HIV-AIDS, and Nutrition (WHO leads – UNICEF participates).

One of its perceived key achievements, according to both external and internal stakeholders informing the CPE, is the creation of opportunities for developing the humanitarian-development nexus. It was therefore also suggested in the **MTR**, that the nexus should be further strengthened through the KJP.

The **MTR** does not provide any information on emergency preparedness, including specific analysis and plans on recurrent epidemic risks such as Ebola, cholera and measles.

According to interviews with UNICEF staff and review of the CP results framework 2016-2020, humanitarian activities have focused on response to the protracted refugee crisis in the three camps in Kigoma, mainly refugees from Burundi. Since the launch of the KJP, the support has increasingly included support to host populations in line with the CCC commitment for fostering coherence and

⁸³ [World Bank Group \(June 2020\) "Tanzanian Economic Update Addressing the Impact of COVID-19."](#)

⁸⁴ [WHO Corona Disease \(COVID-19\) Dashboard.](#)

⁸⁵ [WFP \(2019\) "Food Security Overview – Context of COVID-19 – Tanzania."](#)

⁸⁶ The numbers are based on the International Disaster Database (EM-DAT) which is maintained by the Centre for Research on Epidemiology and Disasters in Louvain, Belgium (www.emdat.be) in collaboration with a number of United Nations and other international institutions. EM-DAT registers natural disasters with more than 10 fatalities and/or 100 affected and/or call for international assistance and/or declaration of a state of emergency.

⁸⁷ [UNISDR \(2018 and 2019\) "Disaster Risk Profile Tanzania."](#)

⁸⁸ IFRC (15 Oct 2016) ["Emergency Plan of Action \(EPoA\) Tanzania: Earthquake."](#)

complementarity between humanitarian and development programming.⁸⁹ The emergency responses have mainly included national and sub-national support to responses to the cholera outbreaks; preparedness for Ebola; support to victims of natural disasters, particularly populations displaced by floods and earthquakes; and preparedness for COVID-19 impact.

Identification of success

Successes in programming for emergency and humanitarian responses were identified through the appreciative enquiry approaches described in paragraph 0 above. Informants highlighted the following as particular successes:

- Kigoma Joint Programme (KJP) with a focus on the humanitarian-development nexus (success factor: a joint United Nations Programme based on complementarity and UNICEF leadership).
- COVID-19 response, including distance learning (success factor: flexibility in adapting to unanticipated crisis).

Success factors are further elaborated in the next section.

Results, outcomes, and impacts

A key characteristic of the CP humanitarian and emergency responses is the close cooperation with other United Nations agencies, donors, NGOs, and national and sub-national governments in preparation, including needs assessments; resource mobilization; and implementation. Several informants to the CPE have identified the joint United Nations collaboration as a success factor, and as one external stakeholder wrote in the online perception survey, 'the Kigoma programme demonstrates what United Nations agencies can achieve when working as one'. Other participants have highlighted UNICEF leadership as critical for the perception by many external and internal stakeholders of KJP as a success story. In addition to UNICEF overall leadership in KJP, UNICEF is perceived as having played a key role in the achievements of the sector areas such as WASH, education, and nutrition through special attention to the special needs in the three refugee camps and host populations in four districts.

Joint activities to support refugees' access to basic services in Kigoma include support through the thematic programmes such as health with support to equipment, bed nets, medicines, vaccines, and social behaviour change communication materials provided to local partners covering a certain part of the needs.⁹⁰ According to the 2017 CP result framework, there were no outbreaks of vaccine preventable diseases, which was attributed to UNICEF support. Throughout the CP implementation, UNICEF has supported improvements to the water supply and met Sphere standards in schools and at household level in two of the three camps (Nyarugusu and Nduta), including 15 litres of drinking water per person per day. With respect to nutrition, UNICEF has provided vitamin A supplementation, deworming, and screening for acute malnutrition with treatment results within Sphere standards. For education to refugees, UNICEF has provided key support in the areas of teacher training, payment of incentives, and provision of teaching and learning materials for a total of 477 teachers and 49,144 pupils, greatly contributing to enrolment of 67 per cent of Burundian school-aged children in the refugee camp schools. The education in the camps follows the Burundian curriculum, after a UNICEF-supported agreement between Burundian and Tanzanian authorities. Under the child protection thematic programme, UNICEF supported case management to handle acute protection concerns for Burundian children and contributed to the introduction of a Child Protection Management Information System.

From 2019, greater attention has been given to supporting both refugees and host populations within the thematic programmes. Still, the CP result framework provides limited information on the exact support to host populations, except for some information on WASH, nutrition, and child protection. For instance, in 2019, technical support was provided to improve WASH services to both refugees and the host

⁸⁹ Also referred to as the humanitarian-development nexus in the Grand Bargain from the 2016 World Humanitarian Summit.

⁹⁰ CP result framework. For instance, in 2017, 19,362 children and 3,760 pregnant refugee women were provided with essential health services and commodities and UNICEF provided 32,000 long-lasting insecticide treated nets (LLINs) for the camp population while 98 per cent of refugee children aged 6 to 59 months were vaccinated against measles under the CP in both 2017 and 2018.

population in cooperation with local government authorities, the rural water supply agency (RUWASA), CSOs and WHO and UN-Habitat, to deliver WASH services to host communities and refugees in Kigoma. In 2020, Family MUAC (Mid Upper Arm Circumference) measurement was introduced in the refugee camps and applied in Kigoma for detection of severely acute malnutrition cases.⁹¹ According to the 2020 CP result framework “As result, 99 per cent (68,528) of the targeted children were screened with 1,143 children with SAM (583 boys and 560 girls) identified and admitted for treatment in the SAM treatment programme.” As for child protection, it is reported in the 2020 CP result framework that “Minimum Standards for Child Protection in Humanitarian Action were launched in Kigoma and 30 members of the child protection working group were trained to support roll out to refugee camps and host communities.”⁹² Furthermore, in 2020 UNICEF continued its cooperation with IOM, UNFPA, and UN Women under the Violence Against Women and Children component of the KJP.

As noted earlier, the CP result framework includes limited references to support to the humanitarian-development nexus and there are no indicators directly reflecting the nexus or the Joint United Nations programming. In fact, only two indicators directly refer to refugee responses, namely

- Output indicator: # of refugee children registered as unaccompanied or separated who received appropriate alternative care services: this was fully achieved in 2017, 2018, 2019, and 2020 with 11,400; 7,500; 7,719; and 6,661 children being registered.
- Output indicator: # of refugee children accessing formal or non-formal basic education (including pre-primary schools); this was fully achieved in 2016 with 50,000 children while in 2020 it was only partially achieved with 83,177 children against a target of 90,000 children.

Another important success factor of the KJP, highlighted by several stakeholders during the CPE, is its adaptability and flexibility, which has been supported by donors. According to the 2019 TCO donor report, the KJP “procured textbooks from the Burundian Government for grades 1-9 and procured scholastic materials to cover the needs of 70,235 enrolled Burundian and Congolese children in the refugee camps in Kigoma.” In principle, this is further strengthening a successful return of refugees to Burundi. On the other hand, the CPE also learned during interviews that many stakeholders question the adaptation of the Burundian curriculum considering the prolonged stays of refugees in the camps and some challenges in realizing full voluntary return. Likewise, the voluntary return programmes are not part of the KJP and generally not implemented as joint programmes.

The UNICEF emergency response has also been highlighted as a success story by the different CPE data collection tools. Direct responses to the recurrent cholera outbreaks in different parts of both Mainland and Zanzibar have included a wide range of health and social behaviour change activities such as water treatment and disinfection agents for health facilities and households; cholera treatment centres; water testing kits; and information material. This has been carried out in cooperation with other agencies; for instance in 2018, UNICEF carried out a house-to-house information campaign in cooperation with the Red Cross and the Zanzibar Association of People Living with HIV/AIDS (ZAPHA+). The campaign reached 75,000 households at risk in Zanzibar.⁹³ The response was followed up by support to the development of the ‘Zanzibar Comprehensive Cholera Elimination Plan Eliminating Cholera by 2027’ (ZACCEP), which was launched by the Government of Zanzibar in 2019.⁹⁴ The ZACCEP was developed in line with the Global Roadmap to 2030 launched by the Global Task Force on cholera control that targets a 90 per cent reduction in cholera deaths by 2030 and elimination in 20 out of 47 countries.⁹⁵ In

⁹¹ Family MUAC (Mid Upper Arm Circumference, previously mother-led MUAC) is based on training of community members to detect and refer acutely malnourished to treatment services (community based or home based). The introduction of the Family MUAC in 2020 was partly a response to the overstretched health workers during the COVID 19.

⁹² Minimum Standards for Child Protection in Humanitarian Action were launched in 2012 by the global [Alliance for Child Protection in Humanitarian Action](#).

⁹³ CP 2018 result framework.

⁹⁴ The slogan of ZACCEP is “Zanzibar without cholera is possible” – “Zanzibar bila kipindupindu inawezekana.”

⁹⁵ [Global Task Force on Cholera Control](#) is a partnership of 35 international organizations, including UNICEF, applying a multi-sector approach to ending cholera.

Mainland, TCO has also supported the national preparation of cholera elimination, including financial and technical support through a lead consultant for the Cholera Information Management Action Plan for Tanzania 2019-2021, building on experience from earlier cholera outbreaks.⁹⁶ According to several stakeholders informing the CPE, the comprehensive support to cholera response and preparedness from TCO has contributed to the latest official cholera status from 2020 showing no outbreaks in 2020.

Throughout the different CPE data collection tools, **UNICEF leadership in the response to the COVID-19 pandemic has been highlighted as a success story.** UNICEF was one of the first agencies in Tanzania to have plans for a response to COVID-19, including adaptation of existing programmes. The management structures of the CP have allowed the redirection of funds to specific COVID-19-related activities. This included a response to a demand from the Ministry of Education when the pandemic broke out and education and school WASH activities were adapted to focus on hygiene. In other sectors, adaptation happened as well, for instance greater focus on mental health as part of the child protection programme. Within the framework of TASAF, for instance, supported payment procedures and conditions were adapted to ensure purchase and distribution of soap and buckets for hand washing. Moreover, the COVID-19 response offered an opportunity to include distribution of sanitary pads for adolescents, which had traditionally been limited. The flexibility proved to be critical in the light of a changed government position regarding the need to respond to COVID-19 a few months into the pandemic, putting more challenges to raising additional funds.

One of the key strategies that has been applied for the COVID-19 response in the MINS Regions is Communication for Development (C4D), applying the standard components, including surveys to track behaviour changes. The C4D initiative in support of the COVID-19 response is implemented with approval of the Ministry of Health, Community Development, Gender, Elderly and Children. In Kigoma, the C4D work in support of the COVID-19 response has included adapting the messages to the refugee context, including translating messages to French.

Summary

The positive experience from the joint programming approach in the KJP and the Zanzibar cooperation has been carried over to the COVID-19 response where the immediate needs and the needs for significant resources provided for a good case of United Nations cooperation. As noted above, the COVID-19 response is highlighted by many internal and external stakeholders as a success story, with special reference to the immediate response and leadership of UNICEF in the well-coordinated United Nations response. Through the joint response, all activities considered to be relevant to COVID-19 impact were adjusted, for instance radio instruction for education, pension payments, and psycho-social response in Zanzibar.

⁹⁶ Ministry of Health, Community Development, Gender, Elderly, and Children (2018) [“Cholera Information Management Action Plan for Tanzania 2019 – 2021.”](#)

Annex 4 Theory of Change – CP 2016-2022

As a **theory-based evaluation**, the CPE has identified what has worked well and what has been more challenging in the CP implementation by assessing the results and analysing the processes that led to results and their contribution to overall impact. Neither the CPD nor the MTR presented an overall TOC. To reconstruct the overall TOC, the CPE reviewed CP documents, carried out interviews with TCO staff, and facilitated a workshop with TCO staff for identification of key TOC elements.

Key elements are as follows:

- the three problem statements at the bottom of the diagram provide the starting point;
- UNICEF seeks to address these problems through a combination of thematic, cross-sectoral and multi-sectoral programmes;
- these programmes are implemented through a common set of strategies, with the aim of contributing towards the various outcomes shown;
- the outcomes in turn should contribute towards the three expected overall changes by 2022;
- the desired changes are consistent with UNDAF II objectives and on the pathway to the longer-term impact of ensuring that "every child, adolescent girl and boy, and their families survive and thrive, learn, live in a safe and clean environment, and have equitable chances in life;"
- the ability of the UNICEF programmes to contribute to the desired outcomes and impact depends on the key assumptions (external and causal assumptions) shown at the left of the diagram.

Key barriers and bottlenecks (problem statements). The following outlines key barriers and bottlenecks to achieving the identified overall expected changes that the CP will aim at. As key barriers and bottlenecks, their resistance to change is considered to be very high. To overcome them will often involve both long-term and significant investment, and special attention needs to be given to those in the TOC. As such, in the TOC for the CP the following barriers and bottlenecks will need to be addressed in the CP strategies.

1. Gender inequality for the girl child, adolescents, and mothers embedded in norms and traditions throughout society where they are materialized in a number of abuses of rights and protection of the girl child, adolescents, and mothers, including female genital mutilation, early marriage, and gender-based violence.
2. Children and adolescent rights and protection are not a Union priority, as is reflected in the limited fiscal space for investments in children and adolescents, inadequate funding for social services, and insufficient human resources. As a result, limited engagement in scaling-up and assuming full ownership of social service delivery to all.
3. Inequitable access to basic social services for children and adolescents and their caregivers, including weak decentralization efforts, particularly fiscal decentralization and geographic variations in resource allocation.
4. Sector-based structures with ineffective and limited arrangements for coordination and harmonization and cross-sectoral approaches are a main barrier to the integrated multi-sector approach required to improve the well-being of children, adolescents and women in Tanzania. The tradition for sector-based structures is a challenge among all support stakeholders, including LGAs, MDAs, donor agencies, and United Nations agencies.
5. Data challenges, including limited availability, timeliness, disaggregation, and analysis and use of data for development, including recent introduction of new data laws.

The key barriers and bottlenecks can be summarized as social norms, governance structures, capacity, and coordination and harmonization.

Strategies for addressing key barriers and bottlenecks. The CP's overall TOC suggests that the barriers will be addressed through the following strategies:

Social norms:

- a. Using the power of evidence through evidence generation, policy dialogue, and advocacy
- b. Winning support for the cause of children from decision-makers and the wider public
- c. Gender responsive programming

Governance structure:

- d. Furthering innovation in programming and advocacy for children
- e. Fostering public investment in children
- f. Support to integration and cross-sectoral linkages
- g. Winning support for the cause of children from decision-makers and the wider public
- h. Programming at Scale results for children
- i. Using the power of evidence to drive change for children

Capacity

- j. Developing and leveraging resources and partnerships for children
- k. Leveraging the power of business and markets for children
- l. Partnerships
- m. South-South and Triangular cooperation

Coordination and harmonization

- n. United Nations working together
- o. Partnerships

Implementation of the key strategies. The CP TOC suggests that the strategies will be implemented through programmes that are each defined with outcome / change statements:

Thematic programmes:

- p. Health
- q. HIV-AIDS
- r. WASH
- s. Nutrition
- t. Education
- u. Child Protection
- v. Social Inclusion

Multi-sector programmes:

- w. Early Childhood Development
- x. Adolescence

The logic of maintaining thematic programmes in a CO that aims at convergence planning and influencing rather than implementing can be found in the structure of the implementation context, where counterpart institutions, donors and other partners operate according to thematic programmes.

Cross-sectoral programmes. The programmes are supported by special expertise groups on Gender, Knowledge Management, Communication for Development (C4D), Social Inclusion, and Innovations. These special five expertise areas are mainstreamed in all programmes and are assumed to be critical for reaching the programme outcomes / change statements.

The **Outcome Statements** shown in the diagram are drawn from the Results Assessment Module (RAM) from January 2020, which presents the achievements vis-à-vis the planned outcomes and outputs. The CPE team has noted some differences in the outcome statements presented in the RAM, the CPD, and MTR thematic strategies. Please see Annex 4 with the note from the Theory of Change workshop that

was organized as part of the CPE Inception Phase. As described in the note the differences in the outcome statements were presented during workshop.

The **expected overall changes** set out in the CPD were confirmed in the MTR. It is expected that the CP will lead to the following overall changes in Tanzania:

- **Family and community outcome:** By 2022, families and communities will ensure family care and protective practices including practising key family care practices such as antenatal care, breastfeeding, sanitation, healthy nutrition, and education, and a protective environment for children against violence, abuse and exploitation, in particular in the area of child justice, social protection and civil registration.
- **Availability of quality services outcome:** Children, adolescents, and families, especially the most vulnerable and disadvantaged, progressively use quality and equitable social services by 2022.
- **Policy and institutional outcome:** By 2022, Tanzania will have an enabling environment, including sustainable funding, at all levels to ensure children, adolescents, and women's rights and protection in alignment with international conventions.

Vision of the CP and expected global impact The CP will contribute to improved wellbeing of boys and girls and women in Tanzania, particularly the most vulnerable and disadvantaged groups. Moreover, the CP will contribute to UNDAF II and thereby to the Tanzania Development Vision 2025 and Zanzibar Vision 2020.

Key Assumptions. The CP TOC is based on a series of assumptions, some of which are essential (killer assumptions) while others might still be critical but not necessarily essential. The CPE will analyse the quality of the assumptions and whether or not the assumptions are realistic and have proved correct. The **underlying implementation (causal) assumptions:**⁹⁷

- Implementation through thematic and multi-sector programmes supported by cross-sectoral expertise will generate the overall changes.
- Convergence programmes on ECD and Adolescents will lead to the results specified in the outcome / change statement.
- Vertical and horizontal communication and coordination among stakeholders at all levels will lead to the results specified in the outcome / change statements.
- Social behaviour and social norms that are harmful to children, adolescents, and women's rights and protection can be changed through evidence generation, policy dialogue, advocacy, and C4D.
- Governance structures at all levels will accommodate and engage in innovation in programming and advocacy, including programming at scale.
- Stakeholders' capacity will be strengthened through partnerships.
- South-South collaboration and triangular cooperation will lead to more effective programmes.
- UNDAF and Delivering as One will strengthen integrated and multi-sector programming which ultimately contribute to CP outcome / change statements.

Moreover, the CP works within a number of **external assumptions**, that is assumptions that are given, including:

- Conducive political environment for CP, including innovations and convergence programming

⁹⁷ Implementation assumptions are seen here as the postulates at the design of the programme on how interventions should be designed and targeted in order to deliver the intended results for the intended target groups. Implementation assumptions are sometimes referred to as hypothesis, that is preliminary conclusions on the appropriateness of a programme design.

- Government at central and decentralized level committed and takes ownership
- Key motivation and will of UNICEF partners to engage in CP activities
- Continuity of Government policies and directions when there are changes in the Governments
- Stable funding availability/fiscal space (of both UNICEF and Governments) that will be available in a timely manner
- Political stability and no major humanitarian situation will take place during the CP implementation.

Annex 5 Evaluation Matrix

Table 2 Evaluation Matrix

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
RELEVANCE ASSESSMENT OF THE EXTENT TO WHICH THE DESIGN AND INTENDED RESULTS OF THE CP ARE CONSISTENT WITH THE NEEDS OF CHILDREN, ADOLESCENTS, AND THEIR CAREGIVERS AND THE PRIORITIES OF THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA.			
EQ1 To what extent is the CP guided by national priorities, clear programme theories, and relevant programme strategies appropriate to the changing context and emerging issues, and has the capacity to respond and adjust as necessary?			
Reflection of national policies and priorities in CP analysis, planned outputs, and outcomes	Documented evidence Level of MDA participation in CP development	<ul style="list-style-type: none"> CP documentation, including strategic notes and briefing and briefing notes National documentation from MDAs Studies, reports, evaluations 	Desk review Interviews: MDAs and UNICEF Perception survey
Extent that UNICEF's choices of intervention areas (combination of geographical and programmatic) are relevant to the needs of children, adolescents and women including the most vulnerable	Documented evidence of the needs and implementation gaps in the geographic focus areas and programmatic priorities	<ul style="list-style-type: none"> CP documentation, including strategic notes and briefing and briefing notes National documentation from MDAs Studies, reports, evaluations 	Desk review Interviews: MDAs and UNICEF, donors, partners academia Perception survey
Extent to which the combination of implementation/change strategies deployed by UNICEF are relevant given the CP expected changes and outcome statements and the	Evidence of analysis of alternative approaches Evidence that the hypotheses, assumptions, and change strategies are based on the best knowledge at	<ul style="list-style-type: none"> CP documentation, including strategic notes and briefing and briefing notes 	Desk review Interviews: MDAs and UNICEF, donors, partners academia

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
country context and, if not, what should UNICEF do to enhance their relevance?	<p>the time of design and that they are being updated regularly</p> <p>The extent to which deployed implementation strategies reflect documented barriers to realization of child rights</p> <p>Evidence of positive synergies between and within deployed CP implementation strategies and the evolving role of UNICEF</p>	<ul style="list-style-type: none"> National documentation from MDAs Studies, reports, evaluations 	
Extent to which the CP has adapted to changes in national priorities	<p>Documented evidence of needs assessments</p> <p>Documented evidence of changes in the CP</p>	<ul style="list-style-type: none"> CP documentation, including result framework, reports from planning workshops, MTRs, AWP, AMPs, Studies, reports, evaluations 	<p>Desk review</p> <p>Interviews: MDAs and UNICEF, donors, partners academia</p>
Extent to which Tanzania's international commitments to Human Rights conventions have defined the CP	<p>Documented evidence</p>	<ul style="list-style-type: none"> CP documentation, including result framework, reports from planning workshops Studies, reports, evaluations 	<p>Desk review</p> <p>Interviews: MDAs and UNICEF</p>
<p>EQ2 To what extent has UNICEF been able to position itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other United Nations agencies and development partners - and how were these harnessed to help achieve the results?</p>			
Extent to which and in what ways, has UNICEF leveraged its strategic position to effectively influence national policy frameworks that address the needs of children, adolescents, and women	<p>Evidence of UNICEF's leadership role</p> <p>Evidence of UNICEF's convening power</p>	<ul style="list-style-type: none"> CP documentation, including result framework, 	<p>Desk review</p> <p>Interviews: MDAs and UNICEF, donors, partners academia</p>

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
	Evidence of UNICEF's influence Perceptions of UNICEF's roles and priorities	<ul style="list-style-type: none"> Studies, reports, evaluations 	Perception survey
Extent to which and in what ways is the CP decisive for UNDAP II	Evidence of UNICEF's role in UNCT and DaO Evidence of UNICEF's role in the UNDAP II process	<ul style="list-style-type: none"> CP documentation, including result framework, reports from planning workshops, MTRs, AWP, AMPs, UNDAP II and DaO business plans and result frameworks Studies, reports, evaluations 	Desk review Interviews: UNICEF, UN agencies, donors, partners academia
Extent to which the CP and UNDAP II are mutually reinforcing	Evidence of complementary planning	<ul style="list-style-type: none"> CP documentation, including result framework, reports from planning workshops, MTRs, AWP, AMPs, UNDAP II and DaO business plans and result frameworks 	Desk review Interviews: UNICEF, UN agencies, donors, partners
COHERENCE ASSESSMENT OF HOW WELL THE CP FITS WITH OTHER INTERVENTIONS, POLICIES AND STRATEGIES BOTH INTERNALLY TO UNICEF AND EXTERNALLY REGARDING THE CP IN THE DEVELOPMENT AND HUMANITARIAN ARCHITECTURE IN TANZANIA.			
EQ3 To what extent is CP responsive to changing needs?			
Extent to which the CP focus and approach is flexibility and adaptable to changing needs.	<ul style="list-style-type: none"> Evidence of flexibility of CP design, including regular revisions based on lessons learned and assessment of positive and negative impacts. 	<ul style="list-style-type: none"> CP documentation, including result framework, AWP and AMPs 	Desk review Interviews: MDAs and UNICEF, donors, partners academia

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
	<ul style="list-style-type: none"> Evidence of use of knowledge management to adapt approaches and focus of the CP. 	<ul style="list-style-type: none"> Background documents, including evaluations, studies, and assessments. 	
<p>EQ4 To what extent have CP strategies addressed gender equality and equity, particularly the alignment with UNICEF Gender Action Plans (2014-2017 and 2018-2021), and national Gender framework, and the plans of the Gender working group of the Development Partners Group?</p>			
<p>Extent to which updated GEEW assessments have guided the CP.</p> <p>Extent to which the CP and the national gender action plan are mutually reinforcing.</p> <p>Extent to which the CP GEEW approach is harmonized with the GEEW policies of development partners.</p> <p>Extent to which the CP GEEW approach has been harmonized with the latest Gender Action Plan.</p>	<ul style="list-style-type: none"> Evidence of updated GEEW assessments and their integration into CP planning and implementation, Evidence of participation of the national women's machinery in the CP design Evidence that CP M&E system actively reflects GEEW at all levels with disaggregated data Tagging of UNICEF's Gender Equality Marker of programmes, projects, and activities under the CP 	<ul style="list-style-type: none"> CP documentation, including result framework, AWP and AMPs National GEEW policies and strategies Studies, reports, evaluations 	<p>Desk review</p> <p>Interviews: MDAs and UNICEF, donors, partners academia, national women machinery, Ombudsperson</p>
<p>EQ5 To what extent have human rights approaches been applied in the CP strategies?</p>			
<p>Extent to which the CP incorporates human rights standards and takes into account the UN treaty body recommendations.</p> <p>Extent to which duty bearers and rights holders participate in all phases of the CP.</p>	<ul style="list-style-type: none"> Evidence of incorporation of recommendations in CP Evidence that the CP addresses causes of non-realization of human rights (rational, structural, cultural) Evidence of a participatory and inclusive approach to identification and development 	<ul style="list-style-type: none"> CP documentation, including result framework, AWP and AMPs National Human rights policies and strategies Studies, reports, evaluations 	<p>Desk review</p> <p>Interviews: MDAs and UNICEF, donors, partners academia, national women machinery, Ombudsperson</p>

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
	of concrete activities, implementation, and monitoring and evaluation		
EQ6 To what are CP strategies aligned with the Core Commitments for Children (CCC) in Humanitarian Action?			
Extent to which the CP incorporates humanitarian-development nexus principles. Extent to which the CP is guided by the CCC commitments.	<ul style="list-style-type: none"> • Evidence of incorporation of nexus considerations • Evidence that the CP addresses CCC commitments • Evidence that the risk register is updated, relevant, and used for the CP • Evidence that the CP is reviewed and updated regularly 	<ul style="list-style-type: none"> • CP documentation, including result framework, AWP and AMPs • National humanitarian response strategies • Studies, reports, evaluations 	Desk review Interviews: MDAs and UNICEF, UN agencies, donors, partners academia
EQ7 To what extent is the CP linked to and achieving synergies and coordination with other United Nations agencies, including in response to emergencies, such as Ebola and COVID-19?			
Extent to which the CP humanitarian response strategies are defined as joint UN initiatives Extent to which the CP provided responses to the COVID-19 pandemic Extent to which the CP strategies and their combination have been relevant for the COVID-19 response	<ul style="list-style-type: none"> • Evidence of joint UN preparedness for emergencies • Evidence of TCO's cooperation with UNCT for COVID-19 response • Evidence of COVID-19 response under the CP 	<ul style="list-style-type: none"> • CP documentation, including result framework, AWP and AMPs • UNCT COVID-19 response strategy • UNCT emergency response strategies • Studies, reports, evaluations 	Desk review Interviews: UNICEF, UN agencies, donors, partners, academia

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
EFFECTIVENESS ASSESSMENT OF PROGRESS THAT HAS BEEN MADE THROUGH THE CP STRATEGIES TO ADDRESS THE EQUITY AND EQUALITY GAPS THAT ARE AFFECTING THE MOST VULNERABLE CHILDREN, ADOLESCENTS, AND THEIR CAREGIVERS TO HAVE ACCESS TO AND BENEFIT FROM QUALITY SOCIAL SERVICES, KNOWLEDGE AND OPPORTUNITIES.			
EQ8 To what extent has the CP achieved its outcomes, or is likely to achieve them, including any differential results across gender, region, socio-economic status, and age?			
Extent to which the CP has strengthened family care and protective practices nurturing child and adolescent development and empowerment.	<ul style="list-style-type: none"> Evidence of changes in social behaviour and norms and practices Extent to which planned programme results were or are likely to be achieved 	<ul style="list-style-type: none"> CP result framework National reports Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, partners, academia
Extent to which the CP has strengthened availability of quality equitable services for children, adolescents and caregivers.	<ul style="list-style-type: none"> Evidence of changes in children's access to education, justice, health, and social and child protection (e.g. disaggregated data on poverty, geographical location, sex, age) Extent to which planned programme results were or are likely to be achieved, 	<ul style="list-style-type: none"> CP result framework National reports Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, partners, academia
Extent to which the CP has created an enabling policy and institutional environment for children, adolescents, and women's rights and protection in alignment with international conventions	<ul style="list-style-type: none"> Evidence of CP support to policy development and implementation related to children, adolescent, and women's rights and protection Evidence of CP support to capacity development for children, adolescent, and women's rights and protection, including monitoring and responsiveness. 	<ul style="list-style-type: none"> CP result framework National reports Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, partners, academia, Ombudsperson

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
	<ul style="list-style-type: none"> Evidence of changes the supply of social services 		
EQ9 Did the CP contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality?			
Extent to which progress has been made to address the equity and inclusiveness gaps that are affecting the most vulnerable children, adolescents, and women?	<ul style="list-style-type: none"> Evidence of the CP addressing identified barriers to equity Extent to which CP outcomes related to equity and inclusiveness in access have been achieved Extent to which CP has promoted gender equality Inclusion of equity issues in the national institutional framework related to children, adolescents, and women's rights and enforcement of those rights Evidence of increased national capacity and commitment address inequity and lack of inclusiveness including evidence of budgetary allocations to implement policies, legal frameworks and reformed practices 	<ul style="list-style-type: none"> CP result framework National reports Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, partners, academia
EQ10 To what extent are programmes, communications and advocacy efforts gender responsive/transformational, and, relatedly, are UNICEF TCO resources and staff capacitated to integrate and implement gender responsive/transformational programmes?			
Extent to which the gender strategy and approach has resulted in effective gender mainstreaming of all activities leading to gender transformational programmes.	<ul style="list-style-type: none"> Evidence of the CP programmes and sections addressing gender Evidence of gender transformational CP results 	<ul style="list-style-type: none"> CP result framework National reports Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, national women machinery donors, partners, academia

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
EQ11 To what extent has convergence programming changed national and regional approaches to children, adolescents, and women's rights and protection?			
Extent to which ECD and Adolescence priorities are addressed in integrated and cross-sectoral manners by stakeholders at all levels.	<ul style="list-style-type: none"> • Evidence of outcomes of the CP ECD and Adolescence programmes • Evidence of coordination and multi-stakeholder participation in ECD and Adolescence programming and implementation at all levels 	<ul style="list-style-type: none"> • CP result framework • AMP • National reports • Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, partners, academia
EQ12 EQ10 To what extent have United Nations interagency and management structures at country level encouraged synergies among agencies, and enabled optimisation of results and avoidance of duplication?			
Extent to which the CP and UNICEF TCO has contributed to UNDAP II and DaO.	<ul style="list-style-type: none"> • Evidence of UNICEF's participation and role in the UNDAP process, including its leadership role • Evidence that child rights, adolescent, and youth issues are integrated in the UNDAP process, including resource mobilization strategies • Evidence of optimization of results and resources • 	<ul style="list-style-type: none"> • CP result framework • UNDAP II result framework • Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, UNCT
Extent to which UNICEF TCO participates in United Nations joint events and initiatives.	<ul style="list-style-type: none"> • Evidence of joint initiatives and joint events 	<ul style="list-style-type: none"> • CP result framework • UNDAP II result framework • Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, UNCT

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
Extent to which other United Nations agencies contribute to the CP.	<ul style="list-style-type: none"> Evidence of participation and role of other United Nations in the CP development and implementation 	<ul style="list-style-type: none"> CP result framework UNDAP II result framework Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, UNCT

EFFICIENCY ASSESSMENT OF THE EXTENT TO WHICH UNICEF ACHIEVES VALUE FOR INVESTED RESOURCES INCLUDING CONSIDERATIONS OF MANAGEMENT OF FUNDS, MANAGEMENT OF PARTNERSHIPS, OPERATIONAL PLANNING STRATEGIES, IMPLEMENTATION OF ACTIVITIES AND DELIVERY OF OUTPUTS.

EQ13 Were resources (funds, human resources, time, expertise etc.) allocated and utilized strategically to track and achieve results, including equity and gender-related objectives?

<p>Extent to which financial and human resources allocated by the TCO are appropriate to support the implementation of strategies and achievement of CP results</p> <p>Extent to which financial and human resources are available at in a timely manner vis-à-vis workplans</p>	<ul style="list-style-type: none"> Evidence of financial and human resources allocated by the TCO match programmatic ambitions Evidence of flexibility in resource availability to respond to emerging needs and changed context Evidence of prioritization within CP activities in case of insufficient funding, including delayed funding and availability of human resources Evidence of impact of insufficient and delayed resource availability for CP implementation, e.g. sub-optimal performance 	<ul style="list-style-type: none"> CP documents, result framework, AWP, AMPs, financial data, resource mobilization plans Studies, reports, evaluations 	Desk review Interviews: UNICEF, donors, partners
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EQ14 To what extent have the convergence strategy, the programme structure, and the office structure supported the delivery of the Country Programme? Were the chosen strategies and approaches the most cost effective and efficient? Were there alternatives that would have worked better and what are those?

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
Extent to which the TCO strategically approached and used the challenges, driving factors and opportunities at national and international level to optimize the structure of the CP delivery	<ul style="list-style-type: none"> • Evidence of analysis of the organizational structure's effectiveness and adaptation • Evidence of strategies set in place by TCO to build upon new opportunities • Evidence of TCO being responsive to the Government's needs • Evidence of assessments of the TCO's capacity vis-à-vis the CP's ambitions • Evidence of mechanisms for ongoing periodic collection, documentation, analysis and utilization of M&E data to inform programme adjustments and planning 	<ul style="list-style-type: none"> • CP documents, result framework, AWP, AMPs, financial data, resource mobilization plans • Studies, reports, evaluations 	Desk review Interviews: UNICEF, donors, partners
EQ15 How does the complementarity of the implementation / change strategies affect CP implementation?			
Extent to which CP strategies and their combination have led to results.	<ul style="list-style-type: none"> • Evidence of application of CP strategies • Evidence of achievements from application of CP strategies 	<ul style="list-style-type: none"> • CP documents, result framework, AWP, AMPs, financial data, resource mobilization plans • Studies, reports, evaluations 	Desk review Interviews: UNICEF, donors, partners
EQ16 What were the factors that facilitated or adversely affected commitment and implementation to the inter-agency approach? And did these factors operate/manifest differently at national and sub-national level?			

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
Enabling factors for interagency cooperation among United Nations agencies.	<ul style="list-style-type: none"> Concrete factors backed up by evidence 	<ul style="list-style-type: none"> CP result framework UNDAP II result framework Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, UNCT
Inhibiting factors for interagency cooperation among United Nations agencies.	<ul style="list-style-type: none"> Concrete factors backed up by evidence 	<ul style="list-style-type: none"> CP result framework UNDAP II result framework Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, UNCT
SUSTAINABILITY ASSESSMENT OF THE EXTENT TO WHICH CONTINUATION OF POSITIVE EFFECTS FROM THE CP INTERVENTIONS WERE ENSURED, INCLUDING THEIR POTENTIAL FOR SCALE-UP AND REPLICATION.			
EQ17 To what extent are the positive changes and effects of the CP sustainable at the relevant levels including community, regional, and national? To what extent have the CP strategies to or were designed in a way that they will contribute to sustainability of results, especially equity, inclusiveness, and gender-related results?			
Extent to which national structures at all levels have institutionalized CP approaches and results ownership and commitments, including budgetary allocations to child rights	<ul style="list-style-type: none"> Evidence of resource allocations, including budgetary at national structures for institutionalization of CP results and approaches Evidence of availability of capacity required to implement reforms, policies, legal measures and system strengthening interventions established with CP support 	<ul style="list-style-type: none"> CP documents, result framework, AWP, AMPs, financial data, resource mobilization plans Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, donors, partners Perception survey
Extent to which non-government partners, including private sector, commit to children, adolescents, and women's rights and protection, incl. funding,	<ul style="list-style-type: none"> Evidence of resource allocations, including budgetary at national structures for 	<ul style="list-style-type: none"> CP documents, result framework, AWP, AMPs, financial data, 	Desk review Interviews: UNICEF, MDAs, Private sector, donors, partners

Dimension of Analysis	Measures/ indicators	Data source	Data collection method
	institutionalization of CP results and approaches <ul style="list-style-type: none"> Evidence of availability of capacity required to implement reforms, policies, legal measures and system strengthening interventions established with CP support 	resource mobilization plans Studies, reports, evaluations	Perception survey
<p>EQ18 To what extent have the programme strategies, plans, and tools, particularly those with an equity and gender focus, been institutionalised in systems, policies, mechanisms and strategies among government, NGO/civil society, and other partners and stakeholders? Will the strategies/plans/tools be more widely replicated or adapted? Is it likely that they will go to scale?</p>			
Extent to which the TCO has successfully developed models and advanced scale-up?	<ul style="list-style-type: none"> Evidence of models designed or being designed for scale up, incl. monitoring for multiplier and replicability Evidence of investment cases developed and promoted for scale up of models and promising innovative interventions Evidence of national acceptance of and budgeting for (ownership and commitment to) adaptation and/or implementation of innovations and models, Evidence of an ‘embrace-failure’ culture with lessons-learned as a key activity of innovations and pilots 	<ul style="list-style-type: none"> CP documents, result framework, AWPs, AMPs, financial data, resource mobilization plans National and regional plans and investment cases Studies, reports, evaluations 	Desk review Interviews: UNICEF, MDAs, Private sector, donors, partners

Annex 6 List of Key Informants

Table 3 List of people met

Name	Organisation	Role
UNICEF		
Shalini Bahuguna (f)	UNICEF TCO	Country Representative
Rene Van Dongen (m)	UNICEF TCO	Deputy Country Representative - Programmes
Christine Hofer (f)	UNICEF TCO	Planning, Reporting and Field Coordination - Chief
Daniel Baheta (m)	UNICEF TCO	Chief of Education
Francis Odhiambo (m)	UNICEF TCO	Chief of WASH
Kudakwashe Chimanya (f)	UNICEF TCO	Chief of Nutrition
Kyaw Aung (m)	UNICEF TCO	Chief of Health
Maha Damaj (f)	UNICEF TCO	Chief Field Office - Zanzibar
Manisha Mishra (f)	UNICEF TCO	Chief of Communication Advocacy & Partnership
Maud Droogleever Fortyun (f)	UNICEF TCO	Chief of Child Protection
Ophilia Karumuna (f)	UNICEF TCO	Chief of Kibondo Field Office
Pamela Shao (f)	UNICEF TCO	Chief of MINS Field Office
Ulrike Gilbert (m)	UNICEF TCO	Chief of Children and HIV/AIDS
Amy Lynn Delneuveille (f)	UNICEF TCO	Child Protection Specialist
Cathline Anna Achola ouma (f)	UNICEF TCO	Administrative & Finance Manager
Christopher Konig-Reis (m)	UNICEF TCO	Resource Mobilization Specialist
Conira Koroma (f)	UNICEF TCO	Human Resources Manager
Dorosella Ferdinand Bishanga (f)	UNICEF TCO	Private Sector Fundraising Specialist
Edith Mbatia (f)	UNICEF TCO	Statistics and monitoring specialist
Evance Mori (m)	UNICEF TCO	Child Protection Specialist
Hanna Woldemeskel (f)	UNICEF TCO	Communication for Development Specialist
Hayrullo Malikov (m)	UNICEF TCO	Social & Economic Analysis Specialist
Jane Flora Mgone (f)	UNICEF TCO	Innovation Officer
Jaya Burathoki (f)	UNICEF TCO	Adolescent Development Specialist
Joyce Ngegba (f)	UNICEF TCO	Nutrition specialist
Lawrence Oundo (m)	UNICEF TCO	Deputy Country Representative - Operations
Lusako Sichali (m)	UNICEF TCO	Monitoring Specialist
Martina Bennett (f)	UNICEF ESARO	Evaluation Specialist
Nelson Rodrigues (m)	UNICEF TCO	Knowledge Management Specialist
Tulanoga Matimbwi (f)	UNICEF TCO	Gender Programme Specialist
Vu Hong Manh (m)	UNICEF TCO	M&E Specialist
UN Agencies		
Christine Musisi (f)	UNDP	Resident Representative

Name	Organisation	Role
Helge Flard (f)	Resident Coordinator Office	RCO Team Leader
Jacqueline Mahon (m)	UNFPA	Representative
Julia Brossard (f)	UNWOMEN	Deputy Country Representative
Juliana Muiruri (f)	WFP	Representative
Michele Zini (m)	World Bank	Senior Economist
Tigest Ketsela Mengestu (f)	WHO	Representative
Zlatan Milišić (m)	UNSDG	Resident Coordinator
Government		
Abdulla M. Abdulla (m)	Ministry of Education and Vocational Training	Former Deputy Principal Secretary Planning and Administration
Ali Khamis Juma (m)	Ministry of Education and Vocational Training (MOEVT)	Principal Secretary
Ali Maulid Juma (m)	President's Office Regional Administration and Local Government	Regional Administration Coordinator
Audrey Njeleka (f)	TACAIDS	Acting Director for National Response
Emmy Hudson	RITA	Ag. Administrator General and CEO
Fadhil Abdulla	Ministry of Health	Director of Preventive and Health Education
Geofrey Chiduo (m)	Tanzania Food and Nutrition Centre	Acting Director - Planning
Jumanne Issango (m)	TACAIDS	Director of Advocacy and Information
Nasima Haji Choum (f)	Ministry of Health, Social Welfare, Elderly, Gender & Children	Director of Women & Children
Aid Agencies/Donors		
Amanda Proctor (f)	Save the Children (Zanzibar)	Representative
Blandina Kilama (f)	Research on Poverty Alleviation (REPOA)	Senior Researcher
Brian Allemekinders (m)	Canadian High Commission, Tanzania	Deputy Director, Lead Analyst
Gloria Ngaiza (f)	Foreign, Commonwealth and Development Office, UK	Health Advisor
Hassan Juma (m)	ANGOZA	Executive Director

Name	Organisation	Role
Jovina Nawenzake (f)	ActionAid-Tanzania	Country Director
Kate Somvongsiri (f)	USAID	Acting Mission Director
Kellie Hynes (f)	Catholic Relief Services	Country Manager
Koshuma Mtengeti (m)	Child Dignity Forum	Executive Director
Lena Hothes (f)	DANIDA	Health, Rights and Political Counsellor
Peter Walsh (m)	Save the Children	Country Director
Robert Mgeni (m)	Catholic Relief Services	Head of Programmes
Other Stakeholders		
Festo Kavishe (m)	Formerly of UNICEF	Consultant
Joseph Cosmas Mushi (m)	University of Dar Es Salaam	Team leader at Youth for Children Innovation Hub / Professor of ICT at UDSM
Richard Mabala (m)	Formerly of UNICEF	Consultant

Table 4 Appreciative Inquiry Participants

Name	Organisation	Role
Appreciative Inquiry Workshop with UNICEF Staff		
Vaiet Christopher Mollel (f)	UNICEF TCO	Child Protection Specialist
Evance Mori (m)	UNICEF TCO	Child Protection Specialist
Timah Abdallah Twalipo (f)	UNICEF TCO	Communication for Development Officer
Zena Abdallah Amury (f)	UNICEF TCO	Education Officer
Farida Athumani Sebarua (f)	UNICEF TCO	Education Specialist
Maryam Seif Hemed (f)	UNICEF TCO	Health Specialist
Said Othman (m)	UNICEF TCO	HIV/AIDS Specialist
John George Ng'ariba (m)	UNICEF TCO	HIV/AIDS Specialist
Ramadhani Stephano Mwiru (m)	UNICEF TCO	Nutrition Officer
Ruth Laekya Nkurlu (f)	UNICEF TCO	Nutrition Specialist
Marko John Msambazi (m)	UNICEF TCO	WASH Officer
Temu Japhet Kemendi (m)	UNICEF TCO	WASH Specialist
Josephine Francis Kayungilizi (f)	UNICEF TCO	Communication for Development Officer
Appreciative Inquiry Workshop with Representatives of CSOs		
Robert Mgeni (m)	Catholic Relief Services	Head of Programs
Imma Kulata	Catholic Relief Services	Representative
Shemsa Msellem (f)	Milele Zanzibar	Program Officer
Peter Mapunda (m)	Tanzania Home Economics Association - TAHEA	Representative
Ms. Robi (f)	Tanzania Red Cross Society	Representative

Name	Organisation	Role
Ritha Mgullo (f)	World Vision	Representative
Maryam Charles (f)	ZAPHA+	Representative
Appreciative Inquiry Workshop with Government Officials		
Germana Leyna (f)	Tanzania Food and Nutrition Centre (TFNC)	Managing Director
Amadeus Kamagenge (m)	TASAF	Director of Programmes
Subisya Kabuje (f)	President's Office, Regional Administration and Local Government (PO-RALG)	Health, Nutrition and Social Welfare/Social Welfare Assistant Director
Grace Moshi (f)	Ministry of Health, Community Development, Gender, Elderly and Children	Assistant Director Nutrition Services
Salma Hamisi Haji (f)	Ministry of Health, Social Welfare, Gender and Children Zanzibar	Acting Head of the Department of Gender and Children

Annex 7 Stakeholder Analysis

This stakeholder analysis responds to the following requirement from the TOR:

The stakeholders for this CPE are relevant Government partners, NGO partners implementing programmes with UNICEF through cooperation agreements and rights holders who are targeted by UNICEF programmes. A stakeholder analysis that goes beyond government and NGO implementing partners to ensure the views of all relevant stakeholders are incorporated in the evaluation and the reconstructed TOC will be part of the approach and undertaken during the inception phase.

Table 5 Stakeholder Analysis

Stakeholder	Interest in the CPE	Involvement in CPE and likely use of final results
Internal UNICEF Stakeholders		
UNICEF Country Office (TCO)	Responsible for the country level planning and operations implementation, it has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation.	The UNICEF TCO staff will be key informants and users of the evaluation. They are involved in the design of the evaluation and will be an important source of feedback on the evaluation deliverables, and will participate in primary data collection: workshops, perception survey, and interviews. The TCO will facilitate necessary contacts for key stakeholders and provide documentation for the evaluation.
East and Southern Africa Regional Office (UNICEF ESARO)	ESARO manages the CPE. Sectoral desks at ESARO will be interested in the CPE in general due to their support role.	Sectoral desks will participate in primary data collection, particularly interviews. ESARO is also expected to be a main user of the CPE.
UNICEF Senior Management at Headquarters, Regional Office, and TCO	As the staff coordinating and supporting UNICEF's leadership, partnership and programming guidance for UNICEF at the global level, staff have a great interest in this evaluation process, findings and recommendations.	Senior Management at TCO will be involved in the evaluation for interviews workshops. Involvement of Senior Management at Headquarters and at ESARO in the CPE will mainly be as potential user of results.
UNICEF Evaluation Reference Group (ERG)	The ERG has been carefully composed of key stakeholders in the CP.	The ERG will participate in key phases of the CPE, including review of key products:

Stakeholder	Interest in the CPE	Involvement in CPE and likely use of final results
		Inception Report and Final Report. Moreover, the ERG will participate in primary data collection particularly through interviews and perception survey with selected members.
External Stakeholders		
<p>Government of the United Republic of Tanzania, particularly the following MDAs:</p> <ul style="list-style-type: none"> • Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC) • Ministry of Constitutional and Legal Affairs • Ministry of Education, Science, and Technology • Ministry of Home Affairs • Ministry of Finance and Planning • Ministry of Foreign Affairs and East African Cooperation • Ministry of Information, Culture, Artists, and Sports • Ministry of Water and Irrigation • Ministry Communication & ICT 	<p>The CP is a partnership of the Government of the United Republic of Tanzania and UNICEF.</p> <p>The MDAs have multiple roles in the CP: design and implementation; beneficiaries, for instance of capacity development initiatives; and target group for advocacy initiatives.</p>	<p>The MDAs will be key informants for the primary data collection, including workshops, interviews, and perception survey.</p> <p>The MDAs will be a key potential user of the CPE results.</p>

Stakeholder	Interest in the CPE	Involvement in CPE and likely use of final results
<ul style="list-style-type: none"> • Prime Minister’s Office - (Labour, Employment, Youth, Employment and Persons with Disability) • Prime Minister’s Office - Tanzania Commission for AIDS (TACAIDS) • President’s Office - Regional Administration and Local Government (PO-RALG) • President’s Office - Public Sector Management and Good Governance • Vice President’s Office (Union and Environment) • National Bureau of Statistics (NBS) • Regional and Local Government Authorities 		
<p>Revolutionary Government of Zanzibar</p> <ul style="list-style-type: none"> • Ministry of Planning and Finance • Zanzibar Planning Commission (ZPC) • President’s Office, Regional Administration, Local 	<p>As part of the United Republic of Tanzania, the Revolutionary Government of Zanzibar is a key responsible partner in the CP.</p> <p>The MDAs have multiple roles in the CP: design and implementation; beneficiaries, for instance of capacity development initiatives; and target group for advocacy initiatives.</p>	

Stakeholder	Interest in the CPE	Involvement in CPE and likely use of final results
<p>Government and Special Departments (PO-RALGSD)</p> <ul style="list-style-type: none"> • President’s Office, Constitution, Legal Affairs, Public Services and Good Governance • Office of the Chief Statistician of Zanzibar (OCGS) • Ministry of Health, Social Welfare, Gender, and Children (MoHSWGC) • Zanzibar AIDS Commission (ZAC) • Ministry of Education and Vocational Training (MOEVT) • Ministry of Labour, Empowerment, Elders, Women and Children (MLEEWC) • Ministry of Land, Housing, Water and Energy • Second Vice-President’s Office – Disaster Management Commission (DMC). 		
<p>Local Government Authorities</p>	<p>Local Government in Tanzania at regional, district, and ward level plays an important role in overseeing and implementing basic social services and are key partner to UNICEF, particularly in the MINS regions and Kibondo.</p>	<p>LGA at regional and district level will participate in primary data collection, including the perception survey.</p>

Stakeholder	Interest in the CPE	Involvement in CPE and likely use of final results
UN Agencies , including UNCT, ILO, FAO, WHO, WFP, UNHCR, UNFPA, UNDP, UN Women	As Tanzania is a DaO country, UN agencies are key partners of the CP, including for joint initiatives and the overall UNDAP process.	UN Agencies will participate in primary data collection, including perception survey. Moreover, UN agencies will be a primary user of the final CPE result.
NGOs <i>Including but not limited to:</i> Clinton Health Access Initiative, World Vision, CARE International, CRS, World Vision, PATH, Save the Children, Plan International, SNV, Tanzania Red Cross, Child Fund, Restless Development, Tanzania Sustainable Development Platform	NGOs play a key role in implementing activities across the UNICEF programme.	NGOs will be key informants for the primary data collection: interviews and perception survey. Because of the involvement in the implementation of the CP, they are key potential users of the final result.
Donors , including Private sector (Tigo, Tanzania Private Sector Foundation), EU, FCDO, Global Aid Canada, SIDA, KFW/Germany, USAID, GIZ, Japan, DANIDA, and global funds such as GFATM	Donors participate both directly in the CP through funding but also as technical supporters..	Donors will participate as key informants for primary data collection interviews and perception survey. They are considered as key potential user of the final CPE result.
International Financial Institutions , particularly the World Bank	The World Bank is a key player in development cooperation in Tanzania and cooperates with UNICEF on various levels, including as partner of joint programmes.	The World Bank will participate in primary data collection as key informants through interviews and perception survey.
Other: Academics such as University of Dar es Salaam, Research Community, Technical Networks such as SUN, and Key Informants	Various academic and research institutions play an important role in analysis, advocacy and policy development and as implementers for various CP initiatives.	These various stakeholders will participate in primary data collection as key informants through interviews and perception survey. They are considered as potential users of the CPE results, for instance to inform studies.
Operational beneficiaries (Regional health facilities, schools)	Implement nutrition, health, HIV, education programmes for UNICEF across districts	Key informants of the evaluation (where possible with virtual interviews) providing

Stakeholder	Interest in the CPE	Involvement in CPE and likely use of final results
		<p>perspectives beyond those of the implementing partners and Government. Affected by evaluation outcomes, although unlikely to directly engage with the evaluation findings.</p>
<p>Beneficiaries (children, adolescents, pregnant and lactating women, and parents and other caregivers)</p>	<p>As the ultimate recipients of different activities, the beneficiaries have a stake in UNICEF determining whether its assistance is appropriate and effective.</p>	<p>Overall, unlikely to be direct informants during primary data collection. Adolescent ERG representatives will participate in data collection. Beneficiary perspectives will be sought through secondary data collection. Their direct use of the final CPE result is seen as limited.</p>

Annex 8 Progress Against Outcome and Output Indicators

The table below use data and commentary taken directly from the UNICEF Country Programme RAM from 2020. The RAM covers the full period of the country programme from July 2016 to the time of publishing (January 2021).

Table 6 Progress against outcome indicators

Outcome	KPI (Outcome)	Baseline	Target Year	Progress	Commentary
HEALTH					
Outcome Statement 1: Effective coverage of high-impact reproductive, maternal, neonatal, child and adolescent health (RMNCAH) interventions	Live births attended by a skilled health personnel (doctor, nurse, midwife, or auxiliary midwife)	2015 – 64 Percent	2016 – 65% 2017 – 69% 2018 – 73% 2019 – 77% 2020 – 80% 2021 – 80%	2016: 2017: 66 % 2018: 72.7 % 2019: 0% 2020: 94% 2021:	Rating: <ul style="list-style-type: none"> On-track Bottlenecks/challenges: <ul style="list-style-type: none"> The Tanzanian health system faced unprecedented challenges in 2020 due to the COVID-19 pandemic. UNICEF Contribution: <ul style="list-style-type: none"> Continued support to the Health Basket Fund (HBF) to complement government funding for the health sector and strengthen the country's capacity to implement Health Sector Strategic Plan. In Zanzibar, partnerships with Save the Children Fund and D-Tree supported several community health activities across all 11 districts. Training and deployment of nearly 8,000 Community Health Workers/Volunteers (CHW/Vs)
	District or equivalent administrative unit with at least 80% coverage of DTP-containing vaccine for children < 1 year	2015 – 89 Percent	2016 – 90% 2017 – 92% 2018 – 93% 2019 – 93% 2020 – 95% 2021	2016: 2017: 97% 2018: 96% 2019: 96% 2020: 96% 2021:	
	Percentage of children aged 0-59 months with symptoms of pneumonia that were taken to an appropriate health provider	2015 – 55 Percent	No data	No data	
	Percentage and number of pregnant women living with HIV with	2015 – 86 Percent	2021 – no data	No data	

Outcome	KPI (Outcome)	Baseline	Target Year	Progress	Commentary
	lifelong access to ART for MMTCT and for their own health				
HIV/AIDS					
Outcome Statement 2: Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions	Adolescents aged 15-19 years having comprehensive knowledge about HIV and AIDS (Disaggregated by sex)	2012 – 40 Percent	2017 – 55% 2018 – 55% 2019 – 55% 2020 – 55 % 2021 -	2017: 32% 2018: 2019: 2020: 32% 2021:	Rating: On-track Bottlenecks/challenges: <ul style="list-style-type: none"> • Mother to child transmission rate was 11 per cent against the global goal of 5 per cent. • A decline in HIV testing coverage may occur due to the global COVID 19 outbreak and its' impact on global supply chains UNICEF Contribution: <ul style="list-style-type: none"> • UNICEF's contributed to ensuring continuity of essential HIV services to children, adolescents and pregnant/lactating women living with HIV with a focus on 35 districts in high risk regions of Dar es Salaam, Mbeya, Iringa, Songwe, Njombe and all regions in Zanzibar. • A total of 12 per cent of all children and adults living with HIV in the country were reached with different interventions
	Percentage of children aged 0-14 years and adolescent girls and boys aged 10-19 years living with HIV that are receiving ART	2017 – 56 Percent	2021 – 81%	No data	
	Percentage of sexually active 15-19 year olds who were tested for HIV in the last 12 months and who know their results (disaggregated by female, male)	2016 – 17 Percent	2019 – 50% 2020 – 50% 2021 – 50%	2019: 45% 2020: 50% 2021:	
WASH					

Outcome	KPI (Outcome)	Baseline	Target Year	Progress	Commentary
Outcome Statement 3: Vulnerable groups have increased access to safe and affordable water supply, sanitation, and hygiene	Proportion of the population using an improved source of drinking water	2016 – 57 Percent	2021 – 90 Percent	No data	Rating: On-track Bottlenecks/challenges: <ul style="list-style-type: none"> The initial national COVID-19 response plan released by the government had no WASH elements. Government response complicated the development of a national response plan for WASH including an absence of data which created the challenge in identifying areas that were in greatest need of support. Times for the delivery of imported supplies were longer than usual during the pandemic UNICEF Contribution: <ul style="list-style-type: none"> UNICEF's efforts have been mainstreamed into COVID response and includes the following activities: Upgraded WASH infrastructure in 24 HCFs, direct support to orphanages in informal settlements, 441 schools were supported. Prior to COVID the programme included; strategic engagement with Ministries, technical and financial support to policy and guidance development
NUTRITION					
Outcome Statement 4:	Children aged 6-59 months affected by	2015 – 9 Percent	2016 – 10% 2017: 12%	2016: 10% 2017: 14%	Rating: On-track

Outcome	KPI (Outcome)	Baseline	Target Year	Progress	Commentary
Increased coverage of equitable, quality and effective nutrition services among children under five years old	SAM who are admitted into treatment		2018 – 15% 2019 – 25% 2020 – 35% 2021 – 50%	2018: 12% 2019: 13% 2020: 46% 2021:	<p><u>Bottlenecks/challenges:</u></p> <ul style="list-style-type: none"> <p><u>UNICEF Contribution:</u></p> <ul style="list-style-type: none"> UNICEF worked with the Government to implement the NMNAP. Specifically, UNICEF supported advocacy for inclusion of nutrition priorities in manifesto of political parties in 2020, implementation of the community-based nutrition services in Mbeya, Songwe Iringa, Njombe and Zanzibar, capacity building interventions targeting frontline workers at the health facilities and communities. UNICEF also provided technical capacity strengthening for public financing and resulted in the scrutinization of nutrition budgets at national and subnational levels and the deployment of the National Multisectoral information system.
	Percentage of infants aged 0-5 months who are exclusively fed with breast milk	2014 – 41	2019 – 45% 2020 - 2021 – 50%	2019: 58% 2020: 2021:	
	Number of children aged 6-59 months who received: (a) vitamin A supplements in semester 1; (b) vitamin A supplements in semester 2	2015 – 88	2016 – 90% 2017 – 91% 2018 – 92% 2019 – 93% 2020 – 94% 2021 – 95%	2016: 89% 2017: 92% 2018: 96% 2019: 98% 2020: 2021:	
	Percentage of children aged 6-23 months fed a minimum number of food groups	2015 – 26 Percent	2019 – 20% 2021 – 30%	30 Percent	
	Children aged 6-59 months affected by SAM who are admitted into treatment	2015 – 9 Percent	2019 – 25% 2021 – 75%	13	
EDUCATION					
<u>Outcome Statement 5:</u> Improved and equitable access to and completion of	Lower secondary education completion rate (Admin Data)	2013 – 42.4 Percent	2016 - 38.6% 2017 - 40.6% 2018 - 42.6% 2019 - 44.6% 2020 - 46.6%	2016: 2017: 0% 2018: 2019: 34.4% 2020: 34.4%	<p><u>Rating:</u> Constrained</p> <p><u>Bottlenecks/challenges:</u></p>

Outcome	KPI (Outcome)	Baseline	Target Year	Progress	Commentary
quality, inclusive basic education with a focus on improving learning outcomes			2021 - 50%	2021:	<ul style="list-style-type: none"> Digital platforms to provide learning opportunities were needed during the pandemic and needed to be developed A lack of comprehensive emergency preparedness plan <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> Provided scholastic materials for 78,786 refugee children Education support to out-of-school adolescent boys and girls in Mainland Tanzania UNICEF supported the Ministry to disseminate key messages for schools on COVID-19 prevention benefiting all 14 million children in school nationally
	Average learning outcome results in core subjects	2015 – 12 Percent	2018 -16% 2019 -16% 2020 - 19% 2021 - 20%	2020: 38.7%	
	Primary education completion rate (HH Survey Data)	2013 – 87.2 Percent	2016 – 75.4% 2017 – 78.4% 2018 – 81.2% 2019 – 84.4% 2020 – 87.4% 2021 – 90.4%	2019: 71.1% 2020: 82%	
CHILD PROTECTION					
Outcome Statement 6: Girls and boys have access to and are better served by a national child protection system that prevents and responds to physical, sexual, and emotional violence, abuse, neglect, exploitation, harmful social	Children in detention per 100,000 child population, disaggregated by pre-trial and post-trial	2015 – 7	2016 – 5 2017 – 4 2018 – 3 2019 – 2 2020 – 1 2020 – 1	2016: 2017: 2 2018: 2 2019: 2 2020: 6.1 2021:	<p>Rating: On-track</p> <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> UNICEF-supported LGAs increased to 29 (out of 184) Communication plans on violence against women and children were developed with UNICEF Through scaling up child protection services, the number of children accessing essential protection services in Mainland and Zanzibar in
	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	2015 – 43 Percent	2016 – 50% 2017 – 75% 2018 – 75% 2019 – 75% 2020 – 75% 2021 – 75%	2016: 2017: 82 2018: 83% 2019: 82% 2020: 86% 2021:	

Outcome	KPI (Outcome)	Baseline	Target Year	Progress	Commentary
practices and ensures access to adequate adult care across the lifecycle (young child, early adolescent, late adolescent)					<p>2020 was 26,758, exceeding the target of 20,000.</p> <ul style="list-style-type: none"> UNICEF piloted innovative distance learning solutions, such as the Internet of Good Things (IoGT),
SOCIAL INCLUSION					
Outcome Statement 7: Child poverty in all its forms is reduced through quality, evidence-based policies, programmes and budgets for all children, especially the most marginalized, at national and subnational levels	Share of public spending on health, education and/or social protection benefiting children living in the poorest regions and/or the poorest quintile	2016 - 4	2019 – 4% 2020 – 4% 2021 – 5%	2019: 2.6% 2020: 2% 2021	<p>Rating:</p> <ul style="list-style-type: none"> Constrained <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> The COVID-19 pandemic tested the resilience of the overall social policy ecosystem - extremely challenging to collect data from the national data system and assess the implications of the pandemic The impact of the global pandemic on Zanzibar has been even more severe, especially in lieu of the critical role the tourism sector plays in the island's economy Delays in the adoption of critical policy frameworks for social protection and decentralization Decline in the relative shares of social sector budgets for health, education, and nutrition <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> UNICEF supported the development and finalization of a pivotal decentralization framework
	Number of children covered by social protection systems	2016 - 2700000	2017 – 2700000 2018 – 2800000 2019 – 2900000 2020 – 3000000	2017: 2700000 2018: 2800000 2019: 2900000 2020: 2700000	
	Number of poor and vulnerable households and children benefiting from social protection	2016 - 1,250,000 households (i.e., 50% of households living below the	2019 – 1,250,000 households 2020 - 1,300,000 Households	2019: 1100000 2020: 783,000 2021:	

Outcome	KPI (Outcome)	Baseline	Target Year	Progress	Commentary
		basic needs poverty line) 6,500,000 children (i.e., 50% of children living below the basic needs poverty line)	2021 – 1,350,000 households		
PROGRAMME EFFECTIVENESS					
Outcome Statement 8: Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results	No given indicators				<p>Rating:</p> <ul style="list-style-type: none"> • On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> • An extremely complex political environment – including mixed and conflicting messaging • The protracted situation of refugees from Burundi and DRC remains a concern • Underfunding of the Humanitarian Action for Children Appeal. • Lack of official data <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> • UNICEF in collaboration with government and partners supported and co-led planning and coordination of emergency preparedness and response

Table 7 Progress against output indicators

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
HEALTH					
<p>Output Statement: The health system has a strengthened enabling environment for RMNCAH.</p>	Automated dashboards (including bottleneck analysis) scorecards, alerts and reports to support monitoring and enhance use of data to improve Reproductive, Maternal, Newborn, Adolescent and Child Health services	2015 - 0	2016 – 2 2017 – 23 2018 – 23 2019 – 23 2020 – 23 2021 –	2016: 2017: 23 2018: 23 2019: 23 2020: 23 2021: 23	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> UNICEF and partners supported the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in the development of policies, guidelines and SOPs Contribution to the Health Basket Fund (HBF), 5,533 primary health care (PHC) facilities on Tanzania mainland and in Zanzibar were reached through direct health facility financing,
	Level of integration of the iCCM policy into national CHWs curriculum	2016 – No integration	2019 – Level 2 Partial integration 2020 - Level 2 Partial integration	2019 – Level 2 Partial integration 2020 - Level 2 Partial integration	
	Percentage of targeted districts with functioning RMNCAH coordination structures.	2018 – 65%	2019 – 100% 2020 – 100%	2019 – 100% 2020 – 100%	
<p>Output Statement: The primary health care system in selected districts have improved capacity and effectively deliver quality RMNCAH services</p>	UNICEF-targeted children 6-59 months in humanitarian situations who are vaccinated against measles	2016 – 100%	2019 – 100% 2020 – 100% 2021 – 100%	2019: 94.5% 2020: 99% 2021:	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> Diverted attention from key actors from routine services to emergency response, bottlenecks for procured items as national guidance on requirements changed and funding for activities that came with short timelines. An additional challenge was the limited availability and access to data related to the pandemic itself
	Months country had full stock access to ORS at the national level	2015 – 0%	2016 – 45% 2017 – 77%	2019: 95.3% 2020: 82%	
	Number of community health workers that underwent skills enhancement programmes to	2019 – 0	2020 – 120 2021 - 163	2020 - 170	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
	operationalize integrated community case management (iCCM) through UNICEF-supported programmes				<p><u>UNICEF Contribution:</u></p> <ul style="list-style-type: none"> • Infection Prevention and Control (IPC) in health facilities was strengthened in half of Tanzanian regions, including Zanzibar, • UNICEF identified threats to the continuity of essential health services for mothers, new-borns and children, and articulated strategic areas of support to address these, including safe health service delivery points, availability of essential medicines and commodities, and sustained support for health workers.
<u>Output Statement:</u> Parents/caregiver have improved access to knowledge and skills to nurture and adequately care for young children, particularly in selected districts	No standard indicators				<p><u>Rating:</u></p> <ul style="list-style-type: none"> • Discontinued <p><u>Bottlenecks/challenges:</u></p> <ul style="list-style-type: none"> • More efforts need to be invested in reviewing the list of indicators (questions asked to the mothers), their validity and relevance, and also the strategies needed to maximize the registration and response rate. Through such efforts, the information generated through Mama na Mwana could ensure an increase in social accountability and community perspective in planning process and quality improvement at health facility and district levels.

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
					<p>UNICEF Contribution:</p> <ul style="list-style-type: none"> In 2020, UNICEF Health section supported recruitment, training and deployment of a total of 3,189 Community Health Workers/Volunteers (CHW/Vs) on Tanzania mainland and Zanzibar in partnership with the government and NGO partners
HIV/AIDS					
<p>Output statement By 2021, the Government generates evidence, mobilizes resources and has policies and strategies in place in line with global recommendations for HIV</p>	<p>National HIV Strategic plan/guidance for care and treatment that are aligned to Global targets and the most recent WHO recommendations for care and treatment of children , adolescents and pregnant/breast feeding women</p>	<p>2017 - WHO ART guidelines introduced in 2017; HSHSP IV launched 2017; National Service Delivery Model developed 2017</p>	<p>2018 - Implementation research on Service Delivery Model for children and adolescents and HIV commenced 2019 - Implementation research completed; MOH ART guidelines Updated 2020 - Mod term review of HSHSP</p>	<p>2019: ART guidelines are updated. Draft implementation research report is available. 2020: mid term review was conducted</p>	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> Challenge with parallel HIV data between PEPFAR and non-PEPFAR supported sites <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> Collaborative efforts between UNICEF, WHO and UNAIDS in supporting the Government, US\$ 369 million were mobilized for HIV services through the Global Fund from 2021-2023. UNICEF participated in Global Fund review meetings and provided dedicated and substantive technical support for the application UNICEF participated in the PEPFAR country operational plan meetings including with youth representatives where
	<p>Existence of national household survey based data on HIV disaggregated by age and sex collected within the preceding 5 years</p>	<p>2012 - 2011/12 AIDS Indicator Survey (to be updated in early 2017 with THIA 2016)</p>	<p>2017 - THIS 2017 (or equivalent national HIV survey) 2019 - Secondary data analysis report on HIV and</p>	<p>2017 - Preliminary THIS summary data were released in December 2017 2019 - NACP HIV data handbook</p>	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
			Adolescence 2020 – No target	provides regularly age/sex disaggregated data for adolescents. 2020 – no target	<p>the presentations for the national AIDS control and with young people were co-developed to ensure inclusion of pediatric and adolescent priority interventions.</p> <ul style="list-style-type: none"> Through high level advocacy and technical support, UNICEF proactively worked with MOHCDGEC to establish the task force on COVID-19 in the context of HIV which led to development of the guidance note on COVID-19 prevention in the context of HIV
Output statement By 2021 the Government will have scaled up access to combination HIV prevention interventions for adolescents and young women.	Percentage of districts that are implementing at least 3 high impact adolescent prevention interventions	2018 – 7%	2019 – 12 % 2020 – 12.4%	2019 – 16% 2020 – 33%	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> Reaching out-of-school young people to participate in the ONGEA radio programme listenership clubs has been challenging as they often require focusing on income generation activities. Coordination between government, development partners and implementation partners need to be strengthened for maximum impact for adolescents considering that the country's priority is on infrastructure

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
					<p>development and resources for adolescents are limited.</p> <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> In partnership with Global Affairs Canada and Irish Aid, UNICEF supported the Tanzania and Zanzibar Commissions for AIDS and the Tanzania Social Action Fund to scale up HIV prevention interventions for adolescents from 24 districts in 2019 to 33 districts in 2020. This represents an increase from 12.4 per cent to 19.5 per cent nationwide, surpassing UNICEF's 2020 target.
<p>Output statement By 2021, government and CSO's have increased capacity at the national and subnational level for the provision of quality HIV treatment and care interventions for children and adolescents living with HIV especially in MINS</p>	<p>Adolescents 15-19 who were tested for HIV and received their results in the past 12 months</p>	<p>2016 – 38%</p>	<p>2020 – 50%</p>	<p>0%</p>	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> There is a need to for clear guidance and close monitoring of health care providers. there were challenges encountered during the COVID 19 outbreak This included that it was difficult to provide PSS via mobile phones to some adolescents due to self-stigma and non-disclosure, providing an impetus to further improve inclusion of adolescent living with HIV, and greater involvement of parents and caregivers in the future.

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
					<p>UNICEF Contribution:</p> <ul style="list-style-type: none"> UNICEF continued to support government and Civil Society Organizations to improve quality and coverage of HIV treatment services for children and adolescents, contributing to an increase of ART coverage from 66 per cent in 2019 to 79 per cent in 2020. During the COVID-19 outbreak UNICEF contributed to ensuring continuity of HIV services in 35 districts (out of 169 districts) in mainland and Zanzibar, benefitting directly 12 per cent of all children and adults living with HIV. HIV point of care testing for EID services were scaled up from 35 to 52 sites in mainland in 2020 reducing EID turnaround time from 21 to 3 days in Tanzania Mainland
WASH					
<p>Output Statement: Select MDAs are better able to formulate policies, plans and guidelines for the sustainable management of</p>	National monitoring systems reporting on equity of access to WASH services available	2016 – 0	2019 – Improved data system dissemination 2020 - Improved data system coverage and operation as per manual	2019 – Database updating has been completed. Training of Trainers to MoH staff have been completed. The cascading trainings to regional and	<p>Rating:</p> <ul style="list-style-type: none"> Constrained <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> UNICEF maintained its efforts on building sectoral capacity in addressing

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
water, sanitation and hygiene				district user level is planned but not implemented due to funding constraints at the ministry. 2020 - There is a National system through the National Sanitation Management Information System (NSMIS) that publishes WASH data on equity of access online.	<p>challenges of sustainability of rural water supply.</p> <ul style="list-style-type: none"> • UNICEF continued its support to the government of Tanzania in the development of inclusive national guidelines and adequate strategies • Through UNICEF technical and financial support, the MoHCDGEC developed a National Strategy to end Open Defecation, accelerating sanitation and hygiene for all and contribute to the achievement of the government's ambition for an ODF Tanzania by 2025.
	National strategy to eliminate open defecation available with a systemic approach to gender	2016 – Non-existent	2019 – Development of the strategy 2020 – Dissemination of the strategy	2019 - Strategy development has taken place awaiting final review by stakeholders followed by endorsement by MoH 2020 - Draft National Strategy for Accelerating Sanitation and Hygiene for all (also known as National ODF strategy) at advanced stage for its completion for	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
				progressive reduction of inequalities in access to sanitation among last mile groups.	
	National and subnational water safety framework in place	2016 – no existing water safety framework	2019 - Dissemination of the developed and approved Framework 2020 - Dissemination and monitoring of framework application	2019 - activity has been delayed.	
	Level of inclusion of SDG targets and approaches in revised national water policy	2016 – no revised NAWAPO	2019 - Level 2 – Revise with inclusion and Disseminate new NAWAPO 2020 - Dissemination and monitoring of framework application	2019 - Delay on carrying the review forward due to other pressing issues within the ministry as well as changes that are taking place 2020 - The revised National Water Policy is in place and plans for dissemination are underway	
Output Statement: Select LGAs have enhanced	Number of men and women who gained access to safely managed	2016 - 87500	2019 – 911250 2020 – 911250 2021 – 1500000	2019: 221153 2020: 0	Rating: • Constrained Bottlenecks/challenges:

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
capacity to plan and implement sustainable water, sanitation and hygiene services	sanitation services in the reporting year only, as a result of UNICEF direct support				<ul style="list-style-type: none"> • UNICEF Contribution: • An additional 462,210 men, women and children (238,963 female) in 143 villages in Njombe, Iringa and Mbeya regions gained sustained access to, and are using, basic sanitation due to UNICEF's community approaches to total sanitation interventions, with a cumulative 528,638 people reached since 2019. An additional 65,590 people (33,451 female) in Kigoma region now have access to safe drinking water within a 30-minute round trip. A further 1,137 children from 28 orphanages in cholera hotspots of Kinondoni Municipal Council in Dar es Salaam, are using safe and treated water supplies, as well as basic hand hygiene services.
	Number of men and women living in newly triggered communities in the reporting year, as a result of UNICEF direct support	2015 - 715675	2019 – 1289865 2020 – 1576960 2021 - 1500000	2019: 123684 2020: 462210 2021:	
	UNICEF-targeted population in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	2016 – 185353	2019 – 491630 2020 – 695815 2021 - 900000	2019: 23000 2020: 523600	
Output Statement: Education and selected districts have enhanced capacity and provide sustainable, inclusive WASH services in schools and health facilities.	# of new schools, by country, that are practicing daily group hand-washing in the reported year only	2016 - 40	2019 – 60 2020 – 80 2021 – 100	2019 – 53 2020 - 212	<p>Rating:</p> <ul style="list-style-type: none"> • On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> • The measures employed in responding to the COVID-19 pandemic has loudened the significance of WASH interventions in institutions in containing the spread of the infection and ensuring
	Number of health centres (clinics, hospitals, etc.) equipped with WASH facilities in the reporting year only, as a result of UNICEF	2019 - 0	2020 – 22 2021 – 7	2020: 29	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
	direct support [COVID]				<p>continuity of services. Access to reliable</p> <ul style="list-style-type: none"> • water supply and handwashing facilities was a critical element to facilitate school re-opening and strengthening infection and prevention control measures in healthcare facilities <p><u>UNICEF Contribution:</u></p> <ul style="list-style-type: none"> • Financial support to train enumerators in Zanzibar to collect data on core WHO/ UNICEF Joint Monitoring Programme (JMP) school WASH indicators; • Technical support to review tools for the collection of routine data in the education sector management information system (EMIS) • Financial and technical support to develop guidelines; WASH IPC protocols and provision of supplies including PPEs; and for the training of healthcare workers; • Financial support for the upgrading of WASH facilities in selected HCFs designated as COVID-19 isolation and treatment centres in Mbeya, Iringa, Njombe, Songwe and Kigoma regions. • Technical support on the safe re-opening of schools to key ministries (MoEST,

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
					MoHCDGEC and PORALG); and <ul style="list-style-type: none"> Procurement of IPC supplies for 441 schools (soap, hand sanitizers, handwashing facilities both mobile and fixed) in Mbeya, Iringa, Njombe, Songwe, Kigoma and Zanzibar
Output Statement: Children and their families, particularly in selected districts, are better informed and motivated to practice good hygiene and sanitation	Number of communities certified free of open defecation in the reporting year only as a result of UNICEF direct support	2016 – 55	2019 – 380 2020 – 540 2021 – 700	2019: 156 2020: 332 2021	Rating: <ul style="list-style-type: none"> Constrained Bottlenecks/challenges: <ul style="list-style-type: none"> UNICEF Contribution: <ul style="list-style-type: none"> Two in-depth studies to build evidence on WASH priority behaviours; The development of two strategic frameworks for comprehensive WASH SBCC and MHH multisectoral national strategies; The development of comprehensive communication materials/training/job aid packages. Financial and technical support in coordinating WASH SBCC and MHH partners nationally as well as participating in global partnerships Financial support in documenting case studies for MHH and training journalists on WASH priority behaviors.
	Number of schools with Menstrual Hygiene Management implemented in schools programmes as a result of UNICEF direct support and/or leveraged through national programmes	2018 – 320	2019 – 345 2020 – 370 2021 - 400	2019: 343 2020: 398 2021:	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
NUTRITION					
Output statement: Nutrition service providers have strengthened capacities to deliver Early Childhood Nutrition services, especially in priority regions	Percentage of villages with community health workers with skills and knowledge to provide infant and young child feeding counselling services	2015 – 5%	2019 – 70% 2020 – 75% 2021 – 75%	2019: 72% 2020: 75% 2021:	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> The quality of young children's diets is still a big challenge and cannot be improved by actions in the health system alone. There is a need to prioritize actions in the food, WASH, education and social protection systems to realize the desired outcomes. <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> UNICEF worked with Ministerial Departments and Agencies, Regional Secretariats, Local Government Authorities and communities to provide early childhood nutrition services aimed at stunting reduction based on the National Multisectoral Nutrition Action Plan (NMNAP). Specifically, UNICEF supported implementation of community-based nutrition services, capacity building interventions targeting frontline workers at the health facilities and communities. Also monitoring of nutrition interventions, data collection and reporting and utilization through supportive
	Percentage of districts with enough supply to provide two annual doses of vitamin A supplements to all children 6-59 months available	2015 – 0%	2019 – 100% 2020 – 100% 2021 – 100%	2019: 100% 2020: 100% 2021: 100%	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
					supervision and Bottleneck Analysis (BNA), documentation of IYCF related best practices and lessons learned.
Output Statement: Government authorities at national and subnational level are better able to deliver nutrition services for school-age children, adolescent girls and women, especially in priority regions	Number of schools providing direct nutrition interventions	2015 – 0	2019 – 0 2020 – 150 2021 – 300	2019: 0 2020: 0 2021:	Rating: • On-track Bottlenecks/challenges: • UNICEF Contribution: • UNICEF provided technical support to the Government of Tanzania to develop and implement Antenatal and Post-Natal Care Guidelines in the context of COVID-19. These guidelines ensured the continuity of essential maternal nutrition service delivery for all women. As a result, 1,215,732 pregnant women (59 per cent) received iron and folic acid supplementation, an increase of 9 per cent compared to 2019.
Output statement: Strengthened health system capacity to provide integrated management of severe acute malnutrition	Percentage of health facilities that provide treatment services for the management of SAM	2015 – 25	2016 – 22% 2017 – 25% 2018 – 26% 2019 – 30% 2020 – 35% 2021 – 41%	2016 – 25% 2017 – 22% 2018 – 35% 2019 – 35% 2020 – 0%	Rating: • On-track Bottlenecks/challenges: • UNICEF Contribution:
Output Statement: Government	(NOT VALID after Dec 31 2017) National	2015 – 10	2016 – 15% 2017 – 25% 2018 – 35%	2016 – 25% 2017 – 17% 2018 – 48%	Rating: • On-track

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
authorities at national and subnational level have enhanced governance and partnership capacities to manage a multi-sectoral nutrition response	Multisectoral Committee for Nutrition available and functional		2019 – 40% 2020 – 50% 2021 – 60%	2019 – 85% 2020 – 100%	<p><u>Bottlenecks/challenges:</u></p> <ul style="list-style-type: none"> • <u>UNICEF Contribution:</u> • To address the availability and funding of IMAM supplies bottleneck UNICEF is supporting the Government to explore new financing mechanisms such as the Match Fund established and managed by UNICEF Supply Division to support government efforts in mobilization of domestic resources for nutrition. To strengthen the overall supply chain system, UNICEF Tanzania with regional office supported, the government and developed a roadmap for integration of nutrition supplies into the national supply chain.
	What was the status of development and/or implementation of a national strategy for the prevention of stunting in children under five during the year of reporting?	2016 – no	2019 – Yes 2020 – Yes 2021 – Yes	2019: Yes 2020: Yes 2021: Yes	
<u>Output Statement:</u> The Government multi-sectoral nutrition information system is strengthened for knowledge generation and evidence based decision making	Existence of a national management information system that includes disaggregated data on nutrition, including sex disaggregated data	2014 – Yes (TNNS)	2019 – Yes (TNNS) 2020 – N/A 2021 - Yes	2019: Yes (TNNS) 2020: Yes 2021:	<p><u>Rating:</u></p> <ul style="list-style-type: none"> • On-track <p><u>Bottlenecks/challenges:</u></p> <ul style="list-style-type: none"> • Coordination among government stakeholders requires significant time and energy and effective multi-sectoral coordination. During the negotiations, the issue of ownership of the multi-sectoral nutrition platform revealed the need to continue efforts to strengthen capacity of the PMO in
	National management information system that includes disaggregated (age, sex, urban/rural) data on nutrition available	2014 – No (TNNS)	2016 – Yes (TNNS) 2017 – N/A 2018 – Yes (HBS) 2019 – Yes (TNNS) 2020 – N/A	2016: Yes (TNNS) 2017: N/A 2018: N/A 2019: N/A 2020: N/A	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
			2021 – Yes (TNNS)		<p>coordinating sensitive nutrition issues</p> <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> For the Nutrition Information Platform (MNIP) development, UNICEF has been a major financial contributor among other DPs. This online platform is well recognized among DPGN and will contribute to the work of development partners in the future. What is working well is how Development Partners/Implementing Partners tend to be a part of the capacity building workshops and meetings for MNIP development and deployment and they technically contributed. UNICEF contribution was not limited to its finance but also technical and coordination among stakeholders.
EDUCATION					
Output statement: Relevant MDAs and select LGAs and communities have enhanced capacities to deliver quality and relevant formal basic education	Service Delivery - Early learning - ECD facilitators/teachers who received training with funding provided by UNICEF	2015 – 0	2016 – 30 2017 – 30 2018 – 150 2019 – 300 2020 – 400 2021 – 500	2018: 180 2019: 1787 2020: 1514 2021:	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> To ensure schools and ward level education personnel have the capacity to effectively support the rollout of the SB-CPD/INSET
	System Strengthening - Early learning - Existence of national policy, leadership and budget for early	2016 – 3	2019 – 3 2020 – 3 2021 – 4	2019: 0 2020: 2 2021:	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
	learning - score (1-4), see guidance				programme interventions, three Southern Highlands regions (Mbeya, Njombe and Songwe) were provided with financial (support to organise mentorship training, whereby a total of 749 (54 per cent female) resource teachers and ward education officers enhanced their capacities to support the implementation of the National SB-CDP framework for improved learning outcome. Additionally, through the existing UNICEF and Children's Book Project partnership, 1,172 schools were provided with wooden teaching materials to enhance children's participation in learning process. Furthermore, UNICEF provided support to four districts (Wanging'ombe, Makete, Mbozi, and Momba) to facilitate the installation of handwashing facilities in 279 schools in preparation for safe school re-opening after the COVID-19 pandemic.
	Service Delivery - Teachers - Primary teachers who received training with funding provided by UNICEF	2015 – 381	2016 – 381 2017 – 500 2018 – 1000 2019 – 2000 2020 – 3000 2021 – 4000	2016: 0 2017: 0 2018: 529 2019: 718 2020: 3720 2021:	
Output statement: Relevant MDAs, select LGAs, schools and communities have increased capacities to ensure inclusive	Number of children attending or going to school after reopening of schools [COVID]	2019 – 820618	2020 – 908369	2020: 1718234	Rating: • Constrained Bottlenecks/challenges: • More sophisticated and technology enhanced learning programmes and equipment need to be
	System Strengthening - Skills - National curricula and training	2016 – 1	2018 – 1 2019 – 2 2020 – 2 2021 – 3	2018: 2019: 0 2020: 2 2021:	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
access and completion of basic education, especially for the most vulnerable children and adolescents, in a safe and protective environment	support the mainstreaming of skills development within the national system - score (1-4), see guidance				<p>introduced in IPOSA to make it more up to date and relevant</p> <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> UNICEF has provided financial and technical support to the Ministry of Education to develop the national qualification framework UNICEF led the coordination and response process in the education sector during the COVID-19 pandemic To ensure learning environments are safe for girls and boys, UNICEF provided both technical and financial support to the Ministry of Education in the development of life skills teachers training package and the implementation framework.
	Service Delivery - Number of children/adolescents studying lower secondary education through alternative modes of delivery (formal or non formal, e.g. evening school, weekend school, distance learning) with support from UNICEF	2017 – 4591	2018 – 10000 2019 – 15000 2020 – 20000 2021 - 25000	2018: 7466 2019: 11990 2020: 18126	
	Service Delivery - Gender - Number of schools supported by UNICEF with interventions targeting specifically girls (e.g. segregated toilets, sanitary pads, MHM, etc.)	2015 – 523	2016 – 650 2017 – 1100 2018 – 2000 2019 – 2900 2020 – 3700 2021 - 4478	2016: 650 2016: 2017: 2018: 1866 2019: 2082 2020: 3000 2021:	
	System Strengthening - Inclusive Ed. - Availability of appropriate human resources to support inclusive education, covering children with disabilities - score (1-4), see guidance	2015 – 1	2016 – 1 2017 – 1 2018 – 2 2019 – 2 2020 – 2 2021 – 3	2016: 2017: 2018: 0 2019: 0 2020: 2 2021:	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
<p>Output statement: Relevant MDAs and select LGAs and CSOs have improved capacities to formulate, implement and monitor evidence-based policies, strategies and plans</p>	<p>Service Delivery - Emergency response - UNICEF-targeted children in humanitarian situations accessing formal or non-formal basic education (including pre-primary schools/early childhood learning spaces), see guidance</p>	<p>2017 - 72235</p>	<p>2019 – 70000 2020 – 83177 2021 – 55000</p>	<p>2019: 0 2020: 83177 2021:</p>	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> There is a need to identify cost-effective and innovative ways to scale-up programmes nationally, including developing shorter, more accessible, high-impact training packages for teachers and school committee members <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> In 2020, UNICEF played a critical advocacy role in the Covid-19 response, bringing together senior management from the Ministry of Education and PORALG in a task force to design a response plan which allowed to successfully obtain US\$ 16.5 million from the Global Partnership for Education. UNICEF also provided technical and financial support to ADEM to provide management training to 4,500 school committee members from more than 1,300 schools in 19 districts in MIN regions.
	<p>Country has an effective education systems for learning outcomes, including early learning (Y/N)</p>	<p>2017 - high impact quality interventions package not defined jointly by all partners; no national teacher continuous professional development framework, no national school based assessment system/framework tools in place</p>	<p>2018 - High impact quality intervention package defined and costed for scale up 2019 - High impact quality interventions scaled up into 25% of targeted LGAs; National Teacher continuous professional development framework development completed and approached; national school based assessment framework developed; draft</p>	<p>2020 - High impact package was defined and agreed with Development partners More than 60% of LGAs in MINS are above 50% implementing a set of School/ Classroom infrastructure including WASH, Teacher Availability and development and Provision of learning</p>	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
			learning assessment tools 2020 - Guidelines for implementation of national teachers CPD framework in place and assessment tools for teachers piloted and finalized; 50% of targeted school teachers trained in the use of learning assessment tools		
	System Strengthening - Learning assessment - Existence of a well-functioning classroom assessment system, including for early grades - score (1-4),	2015 – 1	2016 – 1 2017 – 2 2018 – 3 2019 – 3 2020 – 3 2021 – 4	2016: 0 2017: 0 2018: 0 2019: 0 2020: 3	
	Service Delivery - Communities - Number of schools that implement school-based management initiatives with UNICEF support	2015 -	2016 – 441 2017 – 1500 2018 – 2083 2019 – 2083 2020 – 2083 2021 - 2083	2016: 0 2017: 0 2018: 2083 2019: 2083 2020: 2083	
CHILD PROTECTION					
Output statement: Tanzania has a strengthened enabling environment in	Country has a functioning, national, multi-sectoral, multistakeholder coordination	2016 - None	2018 – no 2019 – Available 2020 – Available 2021 – Available	2018: 2019: available with all 3 characteristics 2020: Available	Rating: • On-track Bottlenecks/challenges: •

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
place that promotes the protection of children.	mechanism tasked with overseeing national plans or strategies to prevent and respond to violence against children and adolescents, with child and adolescent participation			2021:	UNICEF Contribution: <ul style="list-style-type: none"> UNICEF provided financial and technical support to the Government to reform the legal and regulatory framework to better align it with international standards. Specifically, UNICEF supported the established task force that is developing a roadmap for the amendment of the 1971 Law of Marriage Act, translation and dissemination of child protection regulations and printing of the finalized Five-Year Strategy for Progressive Child Justice Reform. UNICEF provided financial and technical leadership in the development and implementation all the guidelines for provision of child protection services as outlined above.
	Percentage of districts that have an information management system that is inter-operable and supports and tracks case management, incident monitoring, and programme monitoring (humanitarian)	2016 – 5	2018 – 18 2019 – 25 2020 – 32 2021 – 39	2018: 2019: 24 2020: 35 2021:	
Output statement: Targeted members of Communities have enhanced capacity to effectively prevent and respond to practices and behaviours harmful to children (in	# of mothers, fathers and caregivers reached through parenting programmes	2016 – 15228	2017 – 30000 2018 – 100000 2019 – 150000 2020 – 200000 2021 – 265000	2017: 2018: 2019: 39281 2020: 53466 2021:	Rating: <ul style="list-style-type: none"> On-track Bottlenecks/challenges: <ul style="list-style-type: none"> UNICEF Contribution: <ul style="list-style-type: none"> Violence against children prevention efforts under the framework of the NPA-VAWC and its Integrated Communication and Outreach Strategy, were scaled up in 2020 to four
	% of schools in UNICEF supported Local Government Authorities	2015 – 12%	2016 – 14% 2017 – 25% 2018 – 45% 2019 – 65% 2020 – 82% 2021 – 100%	2016: 650 2017: 1273 2018: 2032 2019: 77 2020: 100 2021:	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
UNICEF targeted districts)	with programming to address violence against children.				regions, enhancing the role of communities in reducing risk factors and strengthening protective factors to create safe, stable and nurturing environments for children. Across these regions, more than 2,350 religious, traditional and customary leaders are taking action in their communities to raise awareness about violence, 14,185 parents and caregivers (cumulative 53,466) have benefitted from positive parenting programmes, and 461 schools (cumulative 2,912) were reached with violence prevention interventions.
Output statement: Government duty bearers at levels are better able to deliver resourced, functional, comprehensive & coordinated child protection prevention and response services for children at risk or in need of care and protection	Number of social service workers trained on specific knowledge and skills to deliver essential services during the COVID-19 pandemic with UNICEF support in the reporting year [COVID]	2019 – 0	2020 – 2200	2020: 2911	Rating: <ul style="list-style-type: none"> On-track Bottlenecks/challenges: <ul style="list-style-type: none"> UNICEF Contribution: <ul style="list-style-type: none"> Child justice reform has been institutionalized through the implementation of the Child Justice Strategy (2020/21-2021/25) operationalizing legal aid services, juvenile courts and diversion, with 978 children benefitting from community rehabilitation to date. At the sub-national level, mental health and
	Percentage of justice professionals that have been certified in and dealing with: (a) child offenders; and (b) child victims	2017 - 18.5%	2018 – 47% 2019 – 100% 2020 – 100% 2021 – 100%	2018: 44% 2019: 100% 2020: 82% 2020: 117% 2021:	

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
	Number of children on the move who receive protective services through UNICEF-supported programs	2016 - 6453	2017 – 7000 2018 – 7000 2019 – 9000 2020 – 9000 2021 -	2017 – 7065 2018 – 7590 2019 – 7719 2020 - 14074	psychosocial support teams are operational in mainland (10 regions) and Zanzibar and have provided psychosocial support services to 8,439 children and adults affected by COVID-19. In the refugee camps in Kigoma, 6,288 unaccompanied and separated children received child protection services this year. All of these results were achieved with the support of UNICEF.
Output statement: More children under 5 have a birth certificate in Tanzania Mainland	Percentage of districts that have a free and universal birth registration service within the civil registration (in accordance with national legal requirements)	2017 – 41%	2018 – 65% 2019 – 57% 2020 – 70% 2021 – 82%	2018: 2019: 65% 2020: 70% 2021	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> More than 850,000 children under five received birth certificates across 18 regions in 2020, including Ruvuma, Kilimanjaro and Tanga regions where the simplified birth registration system was rolled out during the year, with UNICEF support. Cumulatively, the total number of under-five children benefitting from the Simplified Birth Registration System is now more than 5.2 million.
SOCIAL INCLUSION					

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
<p>Output statement: Strengthened national capacity to collect, analyze and use data and evidence on the situation of children, with focus on disparities and vulnerabilities.</p>	<p>National government measurement of child poverty using multidimensional measures (25-01-L3-01)</p>	<p>2015 - One child poverty analysis completed employing both monetary and multidimensional measures of poverty. Child poverty measurement not institutionalized within government.</p>	<p>2016 - Child poverty included in Zanzibar HBS Report 2017 - capacity building on child poverty measurement completed 2018 - Child Poverty report 2017 updated using 2014/15 NPS data 2019 - Updated child poverty analysis using 2017-18 HBS produced independently by NBS 2020 - Updated child poverty analysis using 2019-20 produced independently by OCGS</p>	<p>2016: A chapter on monetary child poverty was included in the 2015 Zanzibar HBS report. Questionnaire for 2017 Tanzania HBS enhanced to enable measuring multi-dimensional poverty. 2017: NBS and OCGS staff trained while updating child poverty measurements 2018: Child Poverty in Tanzania report using 2014-2015 National Panel Survey data was completed 2019: 2017/18 HBS Report for Tanzania Mainland and the 2018 Economic Survey report of the Ministry of Finance and Planning have included an analysis of</p>	<p>Rating:</p> <ul style="list-style-type: none"> On-track <p>Bottlenecks/challenges:</p> <ul style="list-style-type: none"> As Tanzania held its general elections in 2020, access to data was restricted, and endorsement of studies and survey reports were delayed. <p>UNICEF Contribution:</p> <ul style="list-style-type: none"> UNICEF supported the production of high quality, highly disaggregated, data and evidence on the situation of children and adolescents in Tanzania. Capitalizing on UNICEF's strategic engagement and insightful technical assistance, child poverty data was successfully integrated into the Tanzania Mainland Household Budget Survey 2017/2018 report, the Zanzibar Household Budget Survey 2019/2020 report, and the draft regional and district-level poverty mapping.

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
				monetary child poverty 2020: Monetary child poverty analysis using 2019-20 Zanzibar Household Budget Survey produced independently by OCGS	
Output statement: Government at central and sub-national levels has strengthened capacity to improve equity focus and priorities children in policies, plans, and budgets	Evidence generated on budgets and their linkages to child outcomes to improve budget allocations/expenditure for children	2016 - Intermediate (2) UNICEF has generated evidence to support budget allocation/ expenditure, but advocacy has not yet demonstrated improved budget allocation/ expenditures	2018 - Intermediate (2) UNICEF has generated evidence to support budget allocation/ expenditure, but advocacy has not yet demonstrated improved budget allocation/ expenditures 2019 - Intermediate (2) 2020 - Intermediate (2) 2021 – Advanced (3)	2018: 7 Budget Briefs 2018 were Published 2019: Progressing as planned. However, data availability and quality remains a limiting factor for budget analysis. 2020: Intermediate (2) 7 Budget Briefs were produced and discussed with key stakeholders. A high-level advocacy was conducted with MPs A subnational Health Budget Analysis finalised.	Rating: <ul style="list-style-type: none"> Constrained Bottlenecks/challenges: <ul style="list-style-type: none"> Without data on the pandemic, it was difficult to assess the implications of COVID-19 on development outcomes, especially on children. The COVID-19 BPS revealed that the COVID 19 pandemic has increased unemployment, and some businesses experienced significant declines in their sales. Due to delays in the implementation, the results of the socio-economic impact survey have not been revealed yet. UNICEF Contribution: <ul style="list-style-type: none"> UNICEF supported the development of the Resource Mobilization Plan and System Requirement Specification for the

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
	National budgetary frameworks that address child poverty and disparities	2015 - Issues of adequacy, effectiveness, efficiency and equity affecting public social sector spending, with subnational allocation formulas largely ineffective in addressing disparities.	2016 - Budgeting for traditionally neglected sectors integrated in MoFled training of planning and budgeting officers; district-specific data relevant for children made available to inform local planning and budgeting in Zanzibar 2017: Equity-focused observatory of social spending in relation to key dimensions of child poverty is set up; enhanced linkage between data and local budgeting in Zanzibar 2018: Enhanced quality of spending in nutrition and social protection achieved based on PER recommendations; national budgeting is informed by CPEM	2016: Districts profiles have been produced to support greater centrality of child related issues in local planning & budgeting in Zanzibar. Budget briefs have shed light on sub-national disparities in spending and highlighted the need of reviewing existing all 2017: Design of Child Rights Report Card launched, with a potential link to equity focused budget analysis starting in 2018 2018: PERs only Released towards end of year. C-PEM work discontinue. 2019: Allocation formulas for all key child related	Electronic Population Registration System (e-PRS) in Mainland; this is expected to contribute to expanding birth registration in the country. <ul style="list-style-type: none"> UNICEF also supported the development of Guidelines for Adolescent and Youth Participation in LGA Planning and Budgeting processes. These guidelines will be used by LGA officials to engage youth in the formulation of LGA level strategic plans and Medium-Term Expenditure Frameworks (MTEF).

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
				sectors reviewed and reformulated to ensure greater equity of outcomes 2020: A think tank has been contracted to carry out the review of intergovernmental fiscal transfers.	
Output statement: Strengthened national and subnational capacity to develop and implement a child sensitive, inclusive and integrated social protection system	Policy/Strategy: Existence of valid national social protection strategy and/or policy	2015: mainland: Social Protection Framework (NSPF) is awaiting Cabinet approval. Zanzibar: Social Protection Policy (ZSPP) is in place (but not yet implemented).	2016 - NSPF awaiting Cabinet approval and ZSPP implementation plan finalised 2017 - NSPF approved and NSPF implementation plan finalised, ZSPP implementation plan approved and operational (focus on setting up coordination arrangements) 2018 - NSPF implementation plan approved and operational (focus on setting up coordination arrangements); ZSPP	2016 - Mainland: NSPF has been submitted to Cabinet in November. Zanzibar: the costed ZSPP Implementation plan has been finalised and is ready for implementation from Q1 2017: Discontinued for NSPF (Government decision to develop a policy for social protection instead) 2018: NSPP finalized ZSPP IP partially	Rating: <ul style="list-style-type: none"> Constrained Bottlenecks/challenges: <ul style="list-style-type: none"> A high-level national social protection forum is needed to respond to emergencies such as pandemics. The availability of PSSN social registry and delivery mechanisms is limited to areas where existing programmes are being implemented. Developing a shock responsive plan requires more strategic dialogue with Government and development partners to unlock the potential of social protection interventions across all vulnerable populations in Tanzania. UNICEF Contribution: <ul style="list-style-type: none"> UNICEF supported the development of safe payment guidelines for social

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
			implementation plan operational (coordination mechanisms fully capacited and functional) 2020 - NSPF and ZSPP implementation plans fully address recommendations from review	Operational 2019: The draft NSSP not approved. TOR for coordination and M&E framework developed. 2020: NSPP Implementation plan not operational. ZSPP and implementation reviewed. A revised operational plan adopted.	assistance programmes and provided personal protective equipment as containment measures in Zanzibar and on Mainland. UNICEF also supported a review of the Zanzibar Social Protection Policy, which recommended strengthening institutional coordination and the development of a disability grant and a child grant. In Mainland, the Government approved the process of developing the social protection financial strategy and coordination mechanism to support the implementation of the National Social Protection Policy. The second phase of the Productive Social Safety Net scheme was launched and is now operational
PROGRAMME EFFECTIVENESS					
Output statement: UNICEF staff and partners provided guidance, tools and resources to effectively design and manage programmes	% of all action points arising out of PCs and spot checks addressed and closed within 3 months	2018 – N/A	2020 – 80%	2020: 96.3%	Rating: • On-track Bottlenecks/challenges: • In 2020, UNICEF Tanzania operated in an extremely complex political environment which was evident during the implementation of the COVID-19 response. Without official data on COVID-19 since May 2020 UNICEF and partners faced difficulties to

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
					<p>adjust and adapt the response plan. Mixed and conflicting message from leadership which included statements that COVID-19 has been eliminated influenced public behaviour more than any prevention advise, and negatively impacted on the work of MoHCDGEC technical leaders. In addition, this eroded gains made and resulted in significant decrease of risk perception from the general public. UNICEF's convening role and consistent advocacy was crucial to support MoHCDGEC/HPS in reorienting messages within a limited political space.</p> <p><u>UNICEF Contribution:</u></p> <ul style="list-style-type: none"> • UNICEF Tanzania in collaboration with government and partners supported and co-led planning and coordination of emergency preparedness and response. For the COVID-19 response UNICEF co-led the Risk Communication and Community Engagement reaching over 40 million people through mass media and community mobilization actions. Evidence based, gender transformative social

Output	Standard Indicators	Baseline	Target Year	Progress	Commentary
					<p>and behavior change approaches were successfully applied to reach vulnerable groups including women, adolescents, and refugees. Through U-Report, thematic online challenges and a partnership with the University of Dar Es Salaam adolescents and young people were engaged on COVID-19 solutions ensuring information flow and individual skills development.</p>

Annex 9 Document Review List

This document review matrix includes documents that will inform the CPE, including how the CPE team intends to use them.

The document is a work-in-progress that will continually be updated as the CPE proceeds, including during the comprehensive document review. The Comments column will include key observations from the comprehensive desk review.

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Tanzania Country Profile	2018	Overview	AdECN	All Areas
The African Report on Child Wellbeing 2020: How friendly are African governments towards girls?	2020	Global Study	African Child Policy Forum	Gender
Concluding Recommendations by the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) in the Republic of Tanzania Report on the Status of Implementation of the African Charter on the Rights and Welfare of the Child.	Nov 2010	Review	African Committee of Experts on the Rights and Welfare of the Child	General Child Protection Social Inclusion
National Multi-Sectoral Early Childhood Development Programme” UNICEF Tanzania. First Draft – Internal document	2020	Programme Document	African Early Childhood Network	Child Protection
Concluding Observations and Recommendations of the African Committee of Experts on the Rights and Welfare of the Child to the Government of the United Republic of Tanzania on its Combined Second, Third, and Fourth Periodic Report on the implementation of the African Charter on the Rights and Welfare of the Child	2018	Review	African Union	General Child Protection
African Youth Charter	2006	Convention	African Union	General Child Protection Social Inclusion
Tanzania: Zanzibar Rescinds D-By-D Programme	2021	News Article	AllAfrica	General
Decentralized local health services in Tanzania	2015	Study	Boex, J. et al. Urban Institute.	Health HIV

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Scaling Up: A Framework and Lessons for Development Effectiveness from Literature and Practice.	2018	Study	Brookings Institute	
Evaluation of an Adolescent Development Program for Girls in Tanzania	2017	Evaluation	Bueheren, N. et al. Working Paper 7961, World Bank	Adolescents Gender
Negotiating social norms, the legacy of vertical health initiatives and contradicting health policies: a qualitative study of health professionals' perceptions and attitudes of providing adolescent sexual and reproductive health.	2020	Study	Bylund, S. et al.	Health
Building Blocks and Challenges for the Implementation of the Global Compact on Refugees in Africa	2020	Study	Carciotto, S. and F. Ferraro Journal on Migration and Human Security 8.1 (2020): 83-95.	Humanitarian
Development Cooperation for Emerging Tanzania – Findings, Recommendations, and the Road Ahead	2017	Assessment	Centennial Group International & UONGOZI Institute	All areas
Gender responsive policy formulation and budgeting in Tanzania: do plans and budgets match?	2016	Study	CGIAR Research Program on Climate Change, Agriculture and Food Security	Gender
Impacts of a cash plus intervention on gender attitudes among Tanzanian adolescents. Journal of Adolescent Health 68.5: 899-905.	2021	Study	Chzhen, Y. et al.	Adolescents Health
World Fact Book	2021	Overview	CIA	General
Measuring access to food in Tanzania: A food basket approach	2015	Guidelines	Cochrane, B and A. D'Souza USDA Economic Information Bulletin Number 135.	General Nutrition
List of issues in relation to the combined third to fifth periodic reports of the United Republic of Tanzania	Jan 2015	Review	CRC Committee	General Child Protection Social Inclusion

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Formative evaluation of the Sara Radio Programme (SRP) in Iringa DC, Iringa MC, Kilolo DC, and Mufinidi DC	04/ 2019	Evaluation	CSR Group Africa, Dar es Salaam	Education C4D
Tanzania Situation Analysis: In support of UNDAF II	04/ 2015	Analysis	Dauids & Maliti	General Convergence
Afya Bora ya Mama na Mtoto Project (2015-2019)	09/ 2020	Evaluation	Development Solutions	Health Convergence
Tanzania Human Development Report 2017	2017	Assessment	ESRF	SDGs General
EU (2016) EU Engagement with Civil Society in Tanzania	2016	Assessment	European Union	Partnerships
Canada's Feminist International Assistance Policy	2017	Policy	Government of Canada	Gender
List of Committee Types	2021	National Guidelines	Government of the United Republic of Tanzania	General
Aide Memoire on intention replicate the Capital City from Dar es Salaam to Dodoma in four distinct phases from September 2016 - February 2019	2017	Aide Memoire	Government of the United Republic of Tanzania	General
Consolidated 2nd, 3rd and 4th Reports on the Implementation of the African Charter on the Rights and Welfare of the child by the Government of the United Republic of Tanzania	2015	Study	Government of the United Republic of Tanzania	General Child Protection Social Inclusion
Voluntary National Review (VNR) 2019 Empowering People and Ensuring Inclusiveness and Equality	2019	Study	Government of the United Republic of Tanzania	SDGs
The Tanzania National Multi-sectoral Nutrition Action Plan (NMNAP), July 2016 – June 2021)	2016	Action Plan	Government of the United Republic of Tanzania	Nutrition
List of Committee Types	2021	National Guidelines	Government of the United Republic of Tanzania	General
Mid-Term Review of the National Multi-Sectoral Action Plan	2016	FYAP	Government of the United Republic of Tanzania	Nutrition

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Voluntary National Review (VNR) 2019. Empowering People and Ensuring Inclusiveness and Equality	2019	Assessment	Government of the United Republic of Tanzania and United Nations	SDGs General
National Guideline for Water, Sanitation and Hygiene for Tanzania Schools	07/ 2016	National Guidelines	Government Of United Republic Of Tanzania	WASH
Education Budget Brief	2018	Study	Government Of United Republic Of Tanzania & UNICEF TCO	Knowledge management Education
Health Budget Brief	2018	Study	Government Of United Republic Of Tanzania & UNICEF TCO	Knowledge management Health
HIV and AIDS Budget Brief	2018	Study	Government Of United Republic Of Tanzania & UNICEF TCO	Knowledge management HIV and AIDS
WASH Budget Brief	2018	Study	Government Of United Republic Of Tanzania & UNICEF TCO	Knowledge management WASH
Zanzibar Health Budget Brief	2018	Study	Government Of United Republic Of Tanzania & UNICEF TCO	Knowledge management Health
Tanzania mainland Nutrition Public Expenditure Review	2018	Study	Government Of United Republic Of Tanzania & UNICEF TCO	Knowledge management Nutrition
Zanzibar Comprehensive Cholera Elimination Plan (ZACCEP) - Eliminating Cholera by 2027". Presentation at the 3rd Global Task Force on Cholera Control (GTFCC) WASH working group meeting 27th – 28th Feb. 2018	2018	Meeting	GTFCC	Health

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
The invisibility of adolescents within the SDGs	2019	Study	Guglielmi, S. and Jones, N. GAGE	Adolescents
Urban Growth in Tanzania: Exploring Challenges, Opportunities and Management	2018	Study	Gwaleba, M. International Journal of Social Science Studies. 6 (12) 47.	Demographic
Provision of Alternative Learning Opportunities for Adolescent Girls forced out of Schools due to Teenage Pregnancies	2015	Evaluation	Holmstrom, A. UNESCO - Tanzania	Education Adolescents Gender
The Grand Bargain in humanitarian operations. Inter-agency Standing Committee	11/2020	Meeting report	IASK	General
The “New Way of Working” examined: An ICVA Briefing Paper	09/2020	Study	ICVA	Humanitarianism
Evaluation of the In-service National Training Programme for Nutrition Officers in Tanzania	02/ 2019	Evaluation	Jimat & NUDEC, Dar Es Salaam	Nutrition Service delivery
Implementing prevention policies for mother-to-child transmission of HIV in rural Malawi, South Africa and United Republic of Tanzania, 2013–2016	2019	Study	Jones, H. et al. Bulletin of the World Health Organization 97.3: 200.	HIV
Saving mothers' and children's lives through innovative, sustainable, and comprehensive reproductive, mother, child and adolescent health services - Endline Evaluation Report	08/ 2020	Evaluation	Kantar	Health Adolescents
Development and upgrading of public primary healthcare facilities with essential surgical services infrastructure: a strategy towards achieving universal health coverage in Tanzania	2020	Study	Kapologwe, N.A. et al. BMC Health Services Research 20.1 (2020): 1-1	Health HIV
Is Tanzania prepared to respond and prevent Ebola Outbreak?	2018	Study	Kishimba et al.	Health
Decentralization and development in Tanzania	2018	Analysis	Likwelile, S., & Assey, P.	Decentralization

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Financing Social Protection in Tanzania	2018	Study	M.I. Ajwad, M. Abels, M. Novikova and M.A. Mohammed	Social Protection
The Promise of Appreciative Inquiry as an Interview Tool for Field Research	2005	Article	Michale, S.	Methodology
Development Cooperation Framework	2017	National Plan	Ministry of Finance and Planning	All Areas
National nutrition strategy July 2011/12 – June 2015/16. Dar es Salaam: Ministry of Health and Social Welfare.	2011	National Strategy	Ministry of Health and Social Welfare	Nutrition
Education Sector Development Plan (2016-21)	07/2018	National plan	MoEST, Government Of United Republic Of Tanzania	Education
National Strategy for Inclusive Education (2018-21)	12/2017	National plan	MoEST, Government Of United Republic Of Tanzania	Education
Tanzania National Health Portal	2021	Data portal	MoEST, Government Of United Republic Of Tanzania	Health
Beyond the Numbers: Perceptions of Child Poverty in a Rapidly Urbanizing Tanzania Mainland	11/ 2018	Study	MoFP, Government Of United Republic Of Tanzania	Child Protection
National Five Year Development Plan 2016/17 – 2020/21	2016	National plan	MoH, Government Of United Republic Of Tanzania	HIV
Health Sector HIV and AIDS Strategic Plan 2017-22	07/2017	National plan	MoH, Government Of United Republic Of Tanzania	HIV
Health Sector Strategic Plan 2015-20	2015	National plan	MoH, Government Of United Republic Of Tanzania	Health

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Tanzania National Nutrition Survey using SMART Methodology	2018	Survey	MoHCDGEC and MoH UNICEF	Nutrition
Evaluation of the Bringing Nutrition to Scale Project in Iringa, Mbeya and Njombe Regions	04/ 2018	Evaluation	Mokoro	Nutrition Service delivery
Decentralization in Tanzania: design and application in planning decisions	2013	Study	Mollel, H. and A. Tollenaar International Journal of Public Administration 36.5 (2013): 344-353.	Decentralization
Gender Mainstreaming Strategies in Local Government Authorities in Tanzania	2018	Study	Mujwahuzi, L. S., et al. African Journal of Applied Research (AJAR) 4.2 (2018): 191-202.	Gender Social services
National Accounts Statistics of Tanzania Mainland 2013 – 2019	2020	Statistics	National Bureau of Statistics	Mainland economy
2012 Population and Housing Census Population Distribution by Administrative Areas.	2013	Census	National Bureau of Statistics	Demographic
Household Budget Survey 2017-18	2019	Survey	National Bureau of Statistics	General
Demographic and Health Survey and Malaria Indicator Survey 2015 – 2016	2018	Survey	National Bureau of Statistics	Health HIV
National Food Balance Sheets 2014-2017	2018	Study	National Bureau of Statistics	General Nutrition
National Population Projections	2018	Study	National Bureau of Statistics & Ministry of Finance and Planning and Office of the Chief Government Statistician &	General - Demographics

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
			Ministry of Finance and Planning Zanzibar	
Early childhood policies in sub-Saharan Africa: challenges and opportunities	2012	Study	Neuman, M & A Devercelli	Child Protection Social Inclusion
Aid at a glance	2021	Data	OECD	General
Child Poverty in Zanzibar	06/ 2019	Study	Office of the Chief Statistician	Child Protection
National Multisectoral Nutrition Action Plan (NMNAP) – From Evidence to Policy to Action – July 2016 – June 2021	Jun 2021	National Plan	Prime Minister's Office	Nutrition
Gender Programme Review – UNICEF Tanzania	2018	Review	Ranchod, S.	Gender
Multidimensional Child Poverty Mapping in Tanzania quoted in Annex 6, MTR (2018) Who and where are the left-behind children in Tanzania.	2016	Review	REPOA	All areas
Zanzibar Strategy for Growth and Reduction of Poverty ZSGRP III: MKUZA III 2016-2020.”	2017	Policy	Revolutionary Government of Zanzibar	General
Zanzibar Comprehensive Cholera Elimination Plan (ZACCEP) 2018 – 2027	2018	Policy	Revolutionary Government of Zanzibar	Health
Annual Sustainable Development Goals (SDGs) Implementation Report 2019/2020	2020	Study	Revolutionary Government of Zanzibar	SDGs
Zanzibar Education Budget Brief	2018	Study	Revolutionary Government of Zanzibar & UNICEF TCO	Knowledge management Education
Zanzibar National Budget Brief	2018	Study	Revolutionary Government of Zanzibar & UNICEF TCO	Knowledge management CP
Zanzibar Social Protection Budget Analysis	07/ 2018	Study	Revolutionary Government of	Knowledge management Social Protection

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
			Zanzibar & UNICEF TCO	
Low-Cost Private Schools in Tanzania	2020	Study	Sabarwal, S. World Bank Policy Research Working Paper.	Education Social services
The Sustainable Development Goals and Covid-19. Sustainable Development Report 2020. Cambridge: Cambridge University Press.	2020	Article	Sachs et al.	All areas
Measuring Gender Attitude: Using Gender Equitable Men Scale (GEMS) in Various Socio-Cultural Settings in UN Women (2013) "Making Women Count an Annual Publication on Gender and Evaluation by UN Women Multi Country Office for India, Bhutan, Sri Lanka and Maldives	2013	Annual Report	Singh, A. et al.	Gender
Evaluation of Tanzania UNDP 2011-2016	2015	Evaluation	Sørensen, J.S. et al.	General Convergence
TACAIDS Annual Report 2017/2018	2019	Annual Report	Tanzania Commission for AIDS	HIV
Tanzania Early Childhood Development Network	2021	Website	Tanzania ECD Network	Health Child Protection
Comprehensive Food Security and Nutrition Assessment Report	2017	Assessment	Tanzania Food Security and Nutrition Analysis System	Health
Comprehensive Food Security and Nutrition Assessment Report	2020	Assessment	Tanzania Food Security and Nutrition Analysis System	Health
Tanzania Development Vision 2025	1999	National Vision	Tanzania Ministry of Finance	All areas
Mid-Term Review Report	08/ 2018	Evaluation	TCO	CP
Tanzania Humanitarian Situation Reports	2016-2020	Assessments	TCO	Humanitarian

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Admissibility Ruling Communication Legal and Human Rights Center and Center for Reproductive Rights (on behalf of Tanzanian girls) v United Republic of Tanzania	2020	Analysis	The African Committee of Experts on the Rights and Welfare of the Child	General
Development Vision 2050 – Responsibly Transforming Livelihoods	2020	National Vision	The Revolutionary Government of Zanzibar	All Areas
City Profile: Dar es Salaam. Environment and Urbanization	2019	Study	Todd, G. et al. ASIA 10(2) 193–215, 2019.	Demographic
UN Joint Programme for the region of Kigoma – 2017-2021	2017	Programme Report	UN	Regional Programming
Concluding observations on the combined third to fifth periodic reports of the United Republic of Tanzania.	Mar 2015	Review	UN Committee on the Rights of the Child	General Child Protection
Status on the Convention on the Rights of the Child	08 / 2011	PDF	UN General Assembly	Child Protection Social Inclusion
Child Mortality data Portal. United Nations Inter-Agency Group for Child Mortality Estimation	2021	Data portal	UN IGME	Health
Human Development Report 2016.	2016	Assessment	UNDP	SDGs General
Tanzania Human Development Report 2017	2017	Assessment	UNDP	SDGs General
Human Development Report 2019	2019	Assessment	UNDP	SDGs General
Human Development Report 2020	2020	Assessment	UNDP	SDGs General
Norms and Standards for Evaluation. Available at: http://www.unevaluation.org/document/detail/1914 .	2016	Guidelines	UNEG	General
UNEG Handbook for Conducting Evaluations of Normative Work in the UN System	2015	Guidelines	UNEG	General

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Addressing the Reproductive Health Needs and Rights of Young People since ICPD: The contribution of UNFPA and IPPF	2003	Assessment	UNFPA & IPPF	Health
Government of Tanzania brings together 'whole of society' to implement landmark refugee reforms	2017	Article	UNHCR	Humanitarian
Voluntary Repatriation of Burundian Refugees	Dec. 2020	Assessment	UNHCR	Humanitarian
Tanzania Country Refugee Response Plan January 2019-December 2020	2018	UN strategy	UNHCR	Humanitarian
The UNICEF Health Systems Strengthening Approach - A synopsis	2016	Strategy	UNICEF	Health
Results-based Management Handbook	2017	Guidelines	UNICEF	General
SDGs and Children in Tanzania – “Sustainable Changes start with Children”	12/ 2019	Assessment	UNICEF	SDGs
Progress for Every Child in the SDG Era: Are we on track to achieve the SDGs for children? The situation in 2019.	2019	Analysis	UNICEF	SDGs
Progress for Every Child in the SDG Era – United Republic of Tanzania	2020	Analysis	UNICEF	SDGs
Decentralization and Local Governance Support Strategy 2018-21	2018	Strategy	UNICEF	CP Local Governance
Communication for Development (C4D) at a glance – 2016	2016	Review	UNICEF ESARO	C4D
Communication for Development (C4D) at a glance – 2017	2017	Review	UNICEF ESARO	C4D
C4D checklists for SBCC articulation into CP cycles. Orientation to Tanzania CO, 23 March 2021.” PowerPoint presentation.	2021	Checklist	UNICEF ESARO	General
Drinking water, sanitation and hygiene in schools: global baseline report 2018	2018	Study	UNICEF and WHO	WASH Health
WASH in health care facilities: global baseline report	2019	Study	UNICEF and WHO	WASH

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
				Health
Progress on household drinking water, sanitation and hygiene 2000-2017. Special focus on inequalities	2019	Assessment	UNICEF and WHO	WASH
Guidance on Risk-Informed Programming	04/ 2019	Guidelines	UNICEF ESARO	Programming
Country Programme Document 2016-2021	02/ 2016	Programme document	UNICEF Executive Board	Country Programme
Final results framework of the UNICEF Strategic Plan 2018 – 21	09 / 2017	Corporate Strategy	UNICEF Executive Board	CP
HR Surge Guideline – A guide to UNICEF’s Human Resource SURGE MODALITIES in Humanitarian Crises	2016	Guidelines	UNICEF HQ	Emergencies
Reference Document for Emergency Preparedness and Response	09/ 2017	Guidelines	UNICEF HQ	Emergencies
Gender Action Plan 2014 – 17	06/ 2014	Corporate Strategy	UNICEF HQ	Gender
Gender Action Plan 2018 – 21	09/ 2017	Corporate Strategy	UNICEF HQ	Gender
Core Commitments for Children in Humanitarian Action	May 2010	Corporate Strategy and guidelines	UNICEF HQ	Humanitarian
Core Commitments for Children in Humanitarian Action	Oct 2020	Corporate strategy and guidelines	UNICEF HQ	Humanitarian
UNICEF Strategic Plan 2018 – 21	01/ 2018	Corporate Strategy	UNICEF HQ	CP
Theory of Change Paper, UNICEF Strategic Plan, 2018 – 21	09/ 2017	Corporate Strategy	UNICEF HQ	CP
Strategy for WASH 2016 – 30	08 /2016	Corporate Strategy	UNICEF HQ	WASH
UNICEF Style Book	08/ 2018	Guidelines	UNICEF HQ	General
A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Baseline Report	04/ 2018	Evaluation	UNICEF Office of Research	Social Inclusion Adolescents
Tanzania Youth Study of the Productive Social Safety Net (PSSN) Impact Evaluation: Endline Report	2018	Evaluation	UNICEF Office of Research	Social Inclusion Adolescents
Advocacy, Child Participation and Partnerships – Sectoral SITAN	n.d. (pre-2016)	SitAn	UNICEF TCO	Advocacy

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Child Protection – Sectoral SITAN	n.d. (pre-2016)	SitAn	UNICEF TCO	Child Protection
Children and Aids – Sectoral SITAN	n.d. (pre-2016)	SitAn	UNICEF TCO	HIV
Education – Sectoral SITAN	n.d. (pre-2016)	SitAn	UNICEF TCO	Education
Health – Sectoral SITAN	n.d. (pre-2016)	SitAn	UNICEF TCO	Health
Nutrition – Sectoral SITAN	n.d. (pre-2016)	SitAn	UNICEF TCO	Nutrition
WASH – Sectoral SITAN	n.d. (pre-2016)	SitAn	UNICEF TCO	WASH
Zanzibar – Sectoral SITAN	n.d. (pre-2016)	SitAn	UNICEF TCO	Nutrition, Health, CP and HIV
Child Protection Strategy Matrix	2015	Monitoring	UNICEF TCO	Child protection
Child Protection TOC	2015	Thematic TOC	UNICEF TCO	Child protection
Child Protection Strategy Note	2015	Thematic strategy	UNICEF TCO	Child protection
Education for All Out of School Children in Zanzibar; Project Document for co- funding with Education Above All (EAC).	09/ 2020	Project Document	UNICEF TCO	Child protection
Education Results Matrix	2015	Results matrix	UNICEF TCO	Education
Education Strategy Paper	2015	Thematic Strategy	UNICEF TCO	Education
Education TOC	2015	Thematic TOC	UNICEF TCO	Education
Concept note: Adolescent School as a springboard to a prosperous future	2015	Concept note	UNICEF TCO	Education Adolescents
Gender TOC	2015	Thematic TOC	UNICEF TCO	Gender
Health Strategy	12/ 2015	Thematic Strategy	UNICEF TCO	Health
Health Strategy Matrix	04/ 2016	Result matrix	UNICEF TCO	Health
HIV Strategy Note	2015	Thematic Strategy	UNICEF TCO	HIV
HIV TOC	2015	Thematic TOC	UNICEF TCO	HIV
HIV Problem Tree – First Decade	2015	Thematic TOC	UNICEF TCO	HIV
HIV Problem Tree – Second Decade	n.d.	Thematic TOC	UNICEF TCO	HIV Adolescents

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
HIV Programme results unpacked for first and second decades	n.d.	Results matrix	UNICEF TCO	HIV Adolescents
Nutrition Programme Results Matrix	12/ 2015	Results matrix	UNICEF TCO	Nutrition
Nutrition Programme Strategy Notes - Draft	12/ 2016	Thematic Strategy	UNICEF TCO	Nutrition
Nutrition Programme Strategy Notes	12/ 2015	Thematic Strategy	UNICEF TCO	Nutrition
Social Inclusion Programme Strategy Notes	11/ 2015	Thematic Strategy	UNICEF TCO	Social Inclusion
WASH Programme Results Matrix	11/ 2015	Result matrix	UNICEF TCO	WASH
WASH Programme Strategy Note	12/ 2015	Thematic Strategy	UNICEF TCO	WASH
ECD Advocacy Strategy	11/ 2019	Thematic Strategy	UNICEF TCO	ECD Convergence C4D
ECD Strategic Note	n.d.	Thematic Strategy	UNICEF TCO	ECD Convergence
Zanzibar Strategic Planning	n.d.	Regional Strategy	UNICEF TCO	All thematic areas
UNICEF Tanzania Innovation Strategy	12/ 2018	Strategy	UNICEF TCO	Programming & Digital Tech.
Advocacy Strategy towards Perinatal Mortality	n.d.	Strategy	UNICEF TCO	Health C4D
Advocacy Strategy for Policy and Social Change	12/ 2016	Strategy	UNICEF TCO	Policy
Communicating to Advocate through Partnerships	03/ 2019	Strategy	UNICEF TCO	Partnerships
Sub-national Engagement Strategy	11/ 2017	Strategy	UNICEF TCO	CP
Working with Faith Leaders through the Interfaith Alliance for Children	n.d.	Strategy	UNICEF TCO	Child Protection
Public Finance for Children Strategy (2020-23)	n.d.	Strategy	UNICEF TCO	PFM
Social Media Strategy	06/ 2017	Strategy	UNICEF TCO	C4D/Advocacy
Young People Engagement Strategy	04/ 2019	Strategy	UNICEF TCO	Child Protection/ Social Inclusion
Convergent and Synergistic adolescent Programming	n.d.	Strategy	UNICEF TCO	Social Inclusion
Investment Case for Adolescents and Young People	n.d.	Strategy	UNICEF TCO	Social Inclusion
AMP 2016	03/ 2016	Internal Plan	UNICEF TCO	CP
AMP 2017	03/ 2017	Internal Plan	UNICEF TCO	CP
AMP 2018	03/ 2018	Internal Plan	UNICEF TCO	CP
AMP 2019	03/ 2019	Internal Plan	UNICEF TCO	CP

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
AMP 2020	02/ 2020	Internal Plan	UNICEF TCO	CP
TCO AWP 2017-2018 Combined	2016	Rolling Work Plans	UNICEF TCO	CP
TCO AWP 2018-2019 Combined	2017	Rolling Work Plans	UNICEF TCO	CP
TCO AWP 2019-2020 Combined	2018	Rolling Work Plans	UNICEF TCO	CP
COAR 2016	2016	Annual assessment	UNICEF TCO	CP
COAR 2017	2017	Annual assessment	UNICEF TCO	CP
COAR 2018	2018	Annual assessment	UNICEF TCO	CP
COAR 2019	2019	Annual assessment	UNICEF TCO	CP
RAM 2020	02/ 2020	Result framework	UNICEF TCO	CP
Project Report to the EU: Preventing and Responding to Violence against Children	11/ 2016	Progress assessment	UNICEF TCO	Child Protection
Report to DFID: Accelerating Stunting Reduction in MINS Regions (2014-20)	07/ 2020	Progress assessment	UNICEF TCO	Nutrition
3rd Annual Report to KOICA: Saving Mothers' and Children's Lives in Mbeya Region, Tanzania	01/ 2018	Progress assessment	UNICEF TCO	Nutrition
Report to USAID: National Capacity Building for Child Protection	03/ 2019	Progress assessment	UNICEF TCO	Child Protection
Progress Report to Irish Aid: Cash Plus	02/ 2019	Progress assessment	UNICEF TCO	Social Inclusion
Progress and Utilization Report to Global Affairs Canada: Scaling-up Birth Registration in Tanzania	03/ 2019	Progress assessment	UNICEF TCO	Child Protection
HIV Results Matrix	2015	Result matrix	UNICEF TCO	HIV
2018 School Water, Sanitation and Hygiene Assessment	02/2020	Assessment	UNICEF TCO	WASH
Disaster Risk Profile Tanzania	2018 and 2019	Assessment	UNISDR	General Humanitarian
The Sustainable Development Goals and COVID-19. Sustainable Development Report 2020	2020	Analysis	United Nations	SDGs
2018 Revision of World Urbanization Prospects	2018		United Nations	General – Demographics
Global Compact on Refugees	2018	International agreement	United Nations	Humanitarian
United Nations Development Assistance Plan 2016-2021 (UNDAP II)	2015	Programme document	United Nations Tanzania	General Convergence

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Country Report on the Review and Progress Made in Implementation of the Beijing Declaration and Platform for Action - BEIJING +25 based on data from the combined Demographic and Health and Malaria survey from 2011/12	2019	Review	United Republic of Tanzania	Gender SDGs
Consolidated 2nd, 3rd and 4th Reports on the Implementation of the African Charter on the Rights and Welfare of the child by the Government of the United Republic of Tanzania	2015	Review	United Republic of Tanzania	General Child Protection
Tanzania Publishes First COVID-19 Data in Over a Year	2021	Article	VOA	COVID-19
Food Security Overview – Context of COVID-19 – Tanzania	2019	Assessment	WFP	General COVID-19
WHO signals alarm over possible unreported Ebola cases in Tanzania	2019	Report	WHO	Health
Coronavirus Dashboard	2021	Database	WHO	COVID-19
New World Bank country classifications by income level: 2020-2021.	Jul 2020	Analysis	World Bank	National economy
Tanzanian Economic Update Addressing the Impact of COVID-19	Jun 2020	Analysis	World Bank	National economy
Tanzania Mainland Poverty Assessment	2019	Analysis	World Bank	Poverty
Education Service Delivery in Tanzania	2016	Analysis	World Bank	Education Social Services
Health Service Delivery in Tanzania.	2016	Analysis	World Bank	Health Social Services
Tanzania Economic Update. Human Capital: The Real Wealth of Nations.	Jul 2019	Study	World Bank	General economy
Raising the Bar – Achieving Tanzania’s Development Vision	2021	Analysis	World Bank	National economy
Tanzania at a glance	2021	Overview	World Bank	National economy
Zanzibar at a glance – Economy	2019	Study	Zanzibar Investment promoting Authorities	National economy

Document Name	Month and Year	Document Type	Source	CP Focus Areas (thematic programmatic, etc., CP in its entirety)
Zanzibar Vision 2020.	2002	National Vision	Zanzibar Ministry of Finance and Economic Affairs	All areas
Evaluation of Zanzibar Vision 2020	2020	Assessment	Zanzibar Planning Commission	All Areas

Annex 10 Government Institutions of Special Interest for UNICEF

United Republic of Tanzania & Mainland

- Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC)
- Ministry of Constitutional and Legal Affairs
- Ministry of Education, Science, and Technology
- Ministry of Home Affairs
- Ministry of Finance and Planning
- Ministry of Foreign Affairs and East African Cooperation
- Ministry of Information, Culture, Artists, and Sports
- Ministry of Water and Irrigation
- Ministry Communication & ICT
- Prime Minister's Office - (Labour, Employment, Youth, Employment and Persons with Disability)
- Prime Minister's Office - Tanzania Commission for AIDS (TACAIDS)
- President's Office - Regional Administration and Local Government (PO-RALG)
- President's Office - Public Sector Management and Good Governance
- Vice President's Office (Union and Environment)
- National Bureau of Statistics (NBS).

Zanzibar

- Ministry of Planning and Finance
- Zanzibar Planning Commission (ZPC)
- President's Office, Regional Administration, Local Government and Special Departments (PO-RALGSD)
- President's Office, Constitution, Legal Affairs, Public Services and Good Governance
- Office of the Chief Statistician of Zanzibar (OCGS)
- Ministry of Health (MoH) - since November 2020 the Ministry of Health, Social Welfare, Gender and Children
- Zanzibar AIDS Commission (ZAC)
- Ministry of Education and Vocational Training (MoEVT)
- Ministry of Labour, Empowerment, Elders, Women and Children (MLEEWC) - since November 2020 the Ministry of Health, Social Welfare, Gender and Children
- Ministry of Land, Housing, Water and Energy
- Second Vice-President's Office – Disaster Management Commission (DMC).

Annex 11 Data Collection Tools

Semi-Structured Generic Interview Guide

The following guide was adapted for each individual interview with key informants.

Key points for general introduction / opening statements

- Introduction of the CPE team member(s) carrying out the interview: independent consultant, not UNICEF staff. We are recruited by Mokoro, a consulting company based in the UK, contracted by UNICEF to undertake this evaluation independently.
- General introduction to the Evaluation: The general introduction will be adapted on a case-by-case, for instance for UNICEF staff members who are well aware of the CPE:
 - UNICEF developed its Country Programme (CP) in Tanzania jointly with the Government of the United Republic of Tanzania for the period 2016-2022. The CP is strongly aligned with key national priorities in Tanzania and Zanzibar, including the Five-Year Development plans, the poverty eradication plans and the Agenda of Sustainable Development 2030. The CP sets out to achieve a series of outcomes to protect the rights of children, adolescents and women.
 - Active stakeholders in the CP include the Government of the United Republic of Tanzania, the Revolutionary Government of Zanzibar, MDAs in both mainland and Zanzibar including local governments, national and international NGOs, UN agencies, Research institutions, as well of course as the Children and Adolescents and their caregivers and families.
 - The Country Programme Evaluation (CPE) is strategic and will provide a critical assessment of UNICEF's position and priorities. It will assess how UNICEF added value to the country's national priorities and provide an assessment of progress against planned results. The CPE will inform the next Country Programme of Cooperation 2022-2027 between the Government of the United Republic of Tanzania and UNICEF and will identify lessons learned from innovative interventions for scaling up and accelerating positive results.
 - The CPE will provide accountability to UNICEF, the Government, donors, communities and rights-holders with respect to achievement of CP results that can be identified at the time of the Evaluation.
 - The CPE will be informed by 1/a comprehensive document review, 2/an online perception survey among key stakeholders on UNICEF's role and impact, and 3/ interviews with key stakeholders, including MDAs, NGOs, UN partners, Donors, and research institutions in Tanzania Mainland and Zanzibar.
 - At the end of the data collection, the independent evaluation team will present its findings and work to UNICEF staff for a joint development of conclusions and recommendations.
 - The CPE report will be finalized by mid-2021 and will then be made public on UNICEF's webpage.
 - The information provided in in this interview is confidential and we will ensure that your views cannot be traced back to you in the evaluation report. Mokoro's quality assurance system will among others oversee this.
 - Your participation is voluntary, and at any point of the interview you can decide to withdraw for whatever reason. The evaluation team will also keep your withdrawal confidential.
 - The interview will last around 45 minutes to an hour.
 - Do you agree continuing with the interview? If so, let us start.

Opening questions

To start with we have some general questions about yourself to understand where you come from.

- What is the focus of your current job?
- When did you start working in your current job and position?
- What was your former job and position?
- What experience do you have working or collaborating with UNICEF in your current or former job and position?

First area of inquiry: Relevance of the Country Programme

Our first questions are about UNICEF's relevance and general contribution to advancing the rights and protection of children, adolescents and women in Tanzania? / Region X. We are particularly interested in how you see UNICEF's activities in Tanzania so far.

- What is the focus of UNICEF in Tanzania?
- How relevant is UNICEF to national, sectoral, and sub-national development in mainland and Zanzibar and what would be the difference in Tanzania's development if UNICEF was not there?
- Is UNICEF promoting international conventions? which ones? and how?
- Do you have examples of UNICEF's work in humanitarian responses in Tanzania?
- Do you have examples of UNICEF's role in promoting equity among children and adolescents, for instance in access to basic social services for the most vulnerable?
- What role do UNICEF play in promoting gender issues and women's rights?
- Should UNICEF have a regional focus, and if so how? and which regions? Why these regions?
- Do you have examples where you have seen UNICEF being flexible and adapting to the dynamic environment?
- Do you see any missed opportunities in UNICEF's work in Tanzania? If so, in which areas did UNICEF miss opportunities? or which areas could have been focused on?

Second area of inquiry: Coherence of the Country Programme.

We now would like to have your thoughts on how UNICEF's activities complement those of others.

- Do you have examples of how UNICEF's engagement in specific activities has motivated or mobilized others (NGOs, donors, other UN agencies to work together with them)?
- What role is UNICEF playing in the overall United Nations cooperation with Tanzania?
- Do you have examples of UNICEF's input to the responses in Tanzania to epidemics such as Ebola and Covid-19?

Third area of inquiry: Effectiveness of the Country Programme

We would now like to hear your thoughts on UNICEF's concrete achievements in Tanzania.

- Are you aware of UNICEF's activities to promote the rights and protection of adolescent girls and boys in Tanzania? If so, can you share any concrete examples of what has been achieved and what are the major contributing factors?
- Are you aware of UNICEF's activities to promote an integrated approach to Early Childhood Development? If so, do you have any concrete examples of what has been achieved and what the major contributing factors have been?

- Are you aware of UNICEF’s activities on Adolescent Development? If so, do you have any concrete examples of what has been achieved and what the major contributing factors have been?
- Do you think UNICEF has been effective in applying integrated approaches, e.g., multi-sector approaches? Multi-stakeholder approaches? Any concrete examples?
- UNICEF uses various approaches in its work including advocacy and awareness raising; capacity development: knowledge management; innovation, piloting, modelling, and scaling up; integrated programming; partnerships; and monitoring and evaluation. Which ones do you see as effective and why? Which ones do you see as ineffective and why?

Fourth area of inquiry: Efficiency of the Country Programme

We are now turning to perceived efficiency or value for invested resources.

- Do you see UNICEF’s activities and programmes coherent and interrelated?
- Do you have any comments on the efficiency with which UNICEF uses financial and technical resources?
- Do you have any comments on the efficiency with which UNICEF uses partnerships and other organizational resources?

Fifth area of inquiry: Sustainability of the Country Programme

Finally, we want to talk about UNICEF’s role in promoting national capacity to uptake approaches and priority areas promoted by UNICEF over the last years.

- For UNICEF, integrated approaches are becoming increasingly important, for instance for promoting early childhood development, e.g., multisector and multi-stakeholder. How compatible is this approach with the national context?
- Do you have examples of UNICEF programme areas that most likely will be absorbed by the national and local governance systems once UNICEF’s funding come to an end? What are enabling and constraining factors?
- What role do scaling-up of UNICEF’s activities has for the sustainability and national ownership? Any examples?
- Do you have examples of UNICEF’s equity-focused activities and leaving no one behind that most likely will be absorbed by the national / regional structure once UNICEF’s funding comes to an end? What are enabling and constraining factors?
- Are national financial, technical, and organizational resources adequate for promoting the role and protection of the rights of children, adolescents and women?

Final questions

- Do you have anything else you would like to add?

Final exit statement

Thanks for taking your time to talk with us.

If you have any documents or information you think would be useful for informing the evaluation, please share them with us.

Thank you.

Online Perception Survey

Background

To get a better understanding of stakeholders' appreciation of UNICEF's work in Tanzania an online perception survey was administered to a broad range of stakeholders representing CSOs, MDAs, donors, United Nations agencies, and academia with knowledge of UNICEF's programme in Tanzania as well as at least some knowledge of children rights and protection issues.

The survey was administered in both Kiswahili and English and sent to 198 external stakeholders that included CSO representatives, local and central Government staff, donors, UN agency staff, academics and representatives of other international organisations. 56 full responses were collected.

Introduction letter

Dear.....

The Government of the United Republic of Tanzania and UNICEF Country Programme 2016 – 22 in Tanzania is currently being evaluated by an independent evaluation team from the company Mokoro Ltd. The evaluation will provide an assessment of the overall performance of the programme and UNICEF's priority setting and strategic positioning during the period under evaluation. It also seeks to draw out lessons and identify good practices to inform future programming.

As part of the evaluation, the team has developed a short survey (link inserted below / attached) to which we kindly invite you to respond. The survey takes about fifteen minutes to complete and seeks the opinion of key partners who, directly or indirectly, support realization of child rights and child protection in Tanzania.

The survey complements other data collection tools for the evaluation, namely a literature review and interviews. The survey will provide an important input on stakeholders' appreciation of UNICEF's activities in Tanzania.

The survey is anonymous and your name and the name of the organisation for which you work will not be quoted in the evaluation report or any other document that will be published.

Participation in this survey is voluntary and you may withdraw at any time or answer only some of the questions. The survey is anonymous, which implies that the results will be reported so no comments made can be attributed to specific individuals. All information will be kept confidential, so please feel free to express your views!

We hope you will be able to fill in the survey by2021. If you have any questions don't hesitate to contact the evaluation Team Leader, Ms. Lene Poulsen on email: lene.poulsen@gmail.com

Thank you in advance.

Questions

1. Please describe in a few lines what you consider to be UNICEF's most important success story in Tanzania during the period under evaluation (2016-22), that is a UNICEF initiative or activity that has contributed or is likely to contribute to an important change

2. Please identify some key factors that you believe allowed this to become a success story.
 - a. **External factors**, for instance related to other initiatives happening at the same time, policy changes etc.
 - b. **Internal factors** related to UNICEF's approach, thematic focus, geographic focus, role and/or organisational characteristics, for instance its engagement in partnerships consultations, technical assistance, staff profiles, etc.
3. If you were to recommend others, either in Tanzania or abroad, to learn from the success story, what would you want them to pay particular attention to when adopting or replicating the success story?
4. What are the things UNICEF does best that you would like to see it continue doing in the future?
5. Are there any other things related to UNICEF's activities and performance in Tanzania that you would like to share with us?

Finally, for our analysis of the results of the survey we would like to know:

1. Type of organization (MDA, LGA, CSO, donor, United Nations, other international organizations, research/think tank) you work for:
2. Focus of your work (child rights, child protection, adolescence, women's rights and empowerment, development in general, cooperation in general, other-please specify):

Thank you very much for your time and input. The final evaluation will be made public on UNICEF's website later this year.

Appreciative Inquiry Workshops

Structure

1. Identification of UNICEF success stories in Tanzania – can be at any level process of result wise
 - a. Each to write down on a sticky note his or her suggestions of success stories. Sticky notes placed on a virtual wall.
2. Joint identification of key factors that have led to the successes, including identification of the external environment necessary for the identified successes.
3. Joint identification of positive and negative unexpected / unplanned impacts.
 - a. Each participant to write down on a sticky note his or her suggestions. Sticky notes placed on a virtual wall.
4. General Discussion on what is/should be follow-up to unexpected impact.

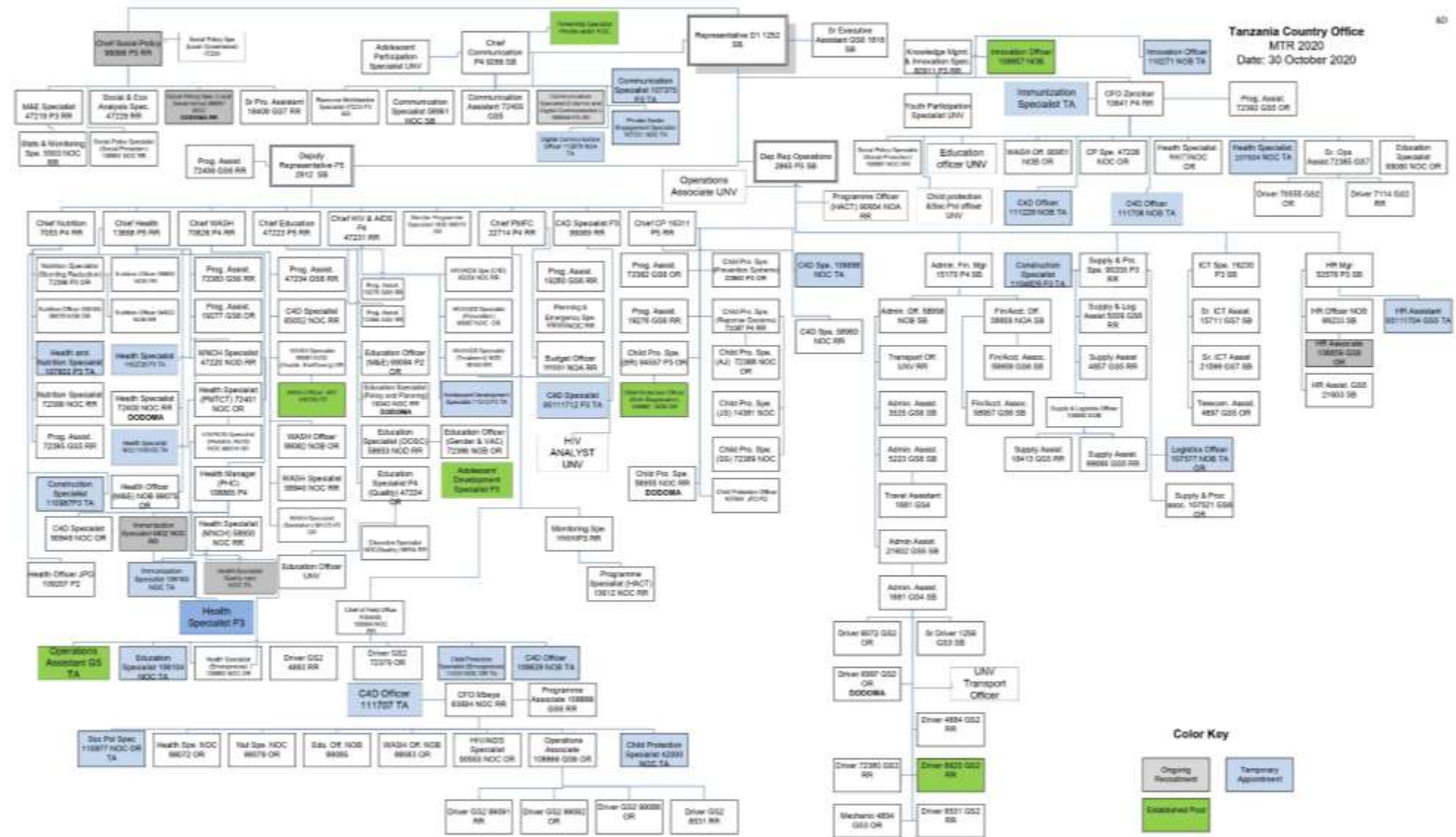
Annex 12 Definitions of Specific Concepts used in the CPE

In order to avoid unnecessary confusion, the CPE has applied the following definitions for common concepts used. The CPE recognizes that there are many other definitions that might be valid for other circumstances.

Concept	Working definition
Accessibility	The extent to which project activities can be reached / obtained by targeted beneficiaries; e.g. knowledge about the possibilities to participate, location of distributions, etc.
Activity	Actions taken or work performed through which inputs, such as funds, technical assistance and other types of resources are mobilized to produce specific outputs.
Acute Malnutrition	Weight for height below normal standards. Also referred to as wasting.
Advocacy	Any attempt to persuade another side to agree to one's demands.
Capacity Development / Building / Strengthening	The process by which individuals, groups, organizations, institutions and countries develop, enhance and organize their systems, resources and knowledge, all reflected in their abilities, individually and collectively, to perform functions, solve problems and achieve objectives.
Chronic Malnutrition	Height for age below normal standards. Also referred to as stunting. Most statistics only refers to children between 6 and 59 months of age.
Coherence	The extent to which activities of different actors are complementary or contradictory.
Communication	The process of transmitting information in a way that will be understood and thus communication goes beyond simple information dissemination. To ensure that the information will be understood any communication should be based on a good knowledge of the context of the target group, in terms of values, priorities, resources, capacities, etc. Communication becomes even more important and takes on added dimensions when it involves inter-cultural or inter-organizational communication.
Consultation	A process that finds out what targeted stakeholders think about specific activities, projects, or approaches. Focus groups, questionnaires, and interviews are common consultation techniques.
Convergence	Coming together and integration of two or more distinct entities (e.g., sectors, programmes, departments, agencies, or levels of implementation) to work towards a common goal. <ul style="list-style-type: none"> • Convergent programming refers to meaningful programmatic linkages that work to achieve greater results. • Multisectoral approaches aim to address one problem using different sectors. • Multi-pronged is when several distinct aspects or elements (prongs) converge to attack a common target from different angles.

Concept	Working definition
Coordination	The process of systematically analyzing a situation, developing relevant information, and informing appropriate command authority of viable alternatives for selection of the most effective combination of available resources to meet specific objectives
Equity	All children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism.
Equity based approach	An approach that seeks to understand and address the root causes of inequity so that all children, particularly those who suffer the worst deprivations in society, have access to education, health care, sanitation, clean water, protection and other services necessary for their survival, growth and development.
Gender equality	Women and men, and girls and boys, enjoy the same rights, resources, opportunities and protections. It does not require that girls and boys, or women and men, be the same, or that they be treated exactly alike.
Harmonization	The process through which two or more parties apply consistency in their procedures, rules, and regulations for specific activities.
Knowledge management	The process of defining, structuring, retaining and sharing the knowledge and experience within an organization.
Needs Assessment	Identification of required interventions to achieve the stated objectives of the program / project based on a comprehensive evaluation of the baseline situation.
Normative work	Refers to different aspects of strengthening legislation and policy as well as implementation: 1/development of norms and standards, 2/support to governments and others to integrate norms and standards into legislation, policies, and development plans, and 3/support to governments and others to implement legislation, policies, and development plans based on international norms, standards, and conventions.
Ownership	The targeted stakeholders such as communities, local and national authorities exercise effective leadership over the project activities. Ownership is closely linked to effective participation, which should allow only to implement activities that have been identified as priorities by the targeted stakeholders.
Participation	Participation is about including targeted stakeholders in decision-making processes, including identifying needs and solutions and be actively involved in project and program design, implementation, and monitoring and evaluation. Common participatory techniques include facilitated community meetings and workshops.
Social Protection	Policies and programmes designed to protect people from shocks and stresses throughout their lives. It can include safety nets, social insurance schemes, labour market regulations or facilitated access to essential services.
Stakeholders	Agencies, organizations, groups, or individuals who have a direct or indirect role and interest in the objectives and implementation of the Cash project and its evaluation.

Annex 13 UNICEF Tanzania Country Office Organogram



For further information, please contact:

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