

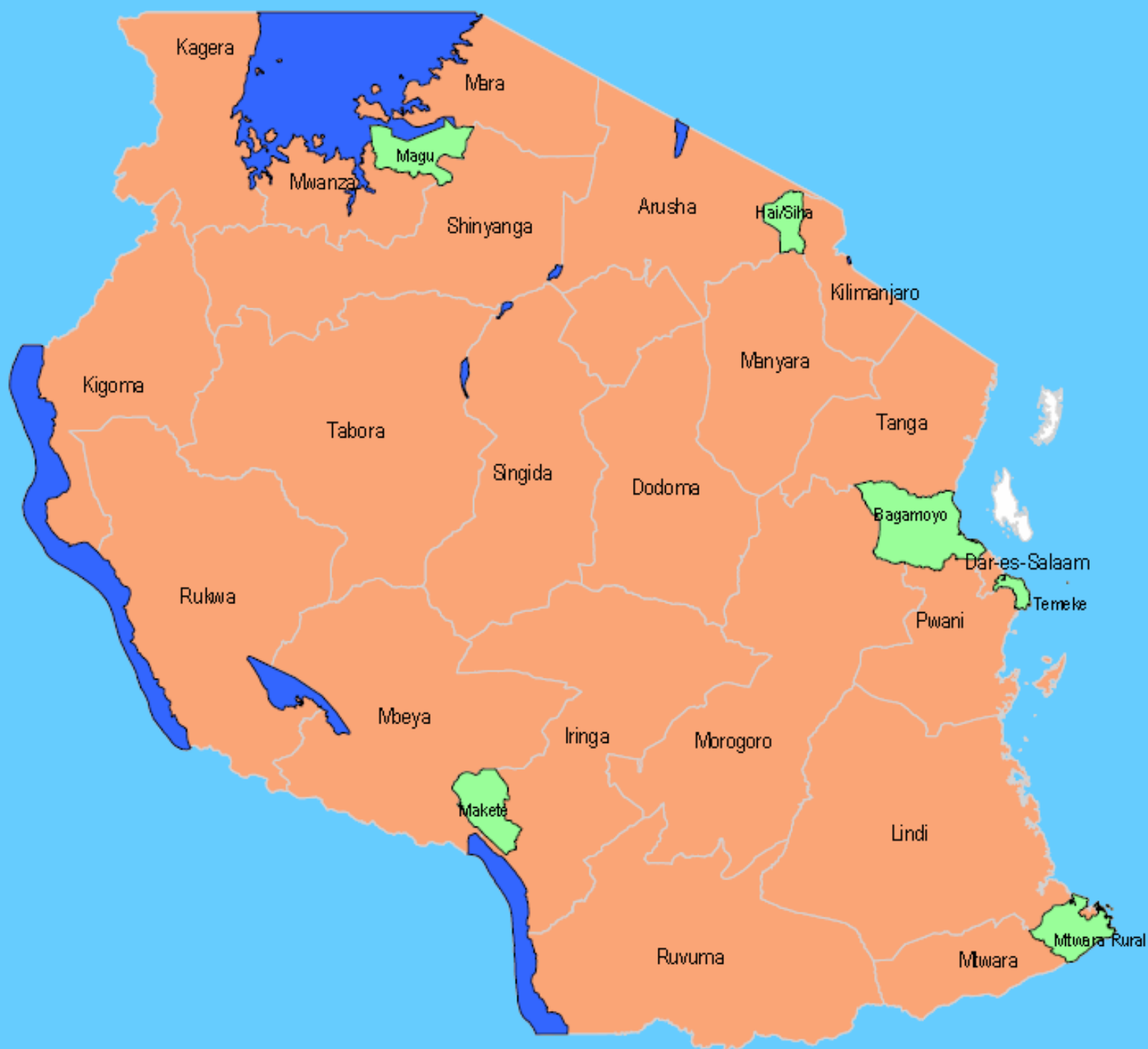
EVALUABILITY ASSESSMENT OF THE GOVERNMENT OF TANZANIA AND UNICEF INTERVENTIONS IN THE SEVEN LEARNING DISTRICTS



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The Seven Learning Districts*

*As per the approved Country Programme Document 2007-10, six districts were planned to be targeted by the GoT/UNICEF interventions. In 2007, Hai district was divided into two new districts: Hai and Siha, bringing the number of districts to seven

The evaluability assessment of the Government of Tanzania and UNICEF Interventions in the 7 learning districts was initiated by the Tanzania Country Office of the United Nations Children's Fund (UNICEF). The study was carried out by Debazou Y. Yantio, Policy & development evaluation consultant.

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ABBREVIATIONS AND ACRONYMS

ANC	Ante Natal Care
ART	Anti Retroviral Drug Therapy
BELS	Basic Education and Life Skills
BCC	Behaviour Change Communication
CPP	Child Participation and Protection
CJF	Community Justice Facilitation
COBET	Complementary Basic Education in Tanzania
CoRPS	Community Resource Persons
COSET	Complementary Secondary Education in Tanzania
CPD	Country Programme Document
CPAP	Country Programme Action Plan
CPP	Child Protection and Participation
DPT Hb3	Diphtheria, Pertussis, Tetanus, Hepatitis B Vaccine
ECD	Early Child Development
EPR	Emergency Preparedness and Response
EPI/IMCI/Malaria	Malaria Expanded Programme on Immunization/Integrated Management of Childhood Illness
ESMIS	Education Sector-wide Management Information System
GoT	Government of Tanzania
HIV/AIDS	Human immunodeficiency virus/Acquired Immunodeficiency Syndrome
HIV +	HIV positive
IECD	Integrated Early Child Development
INSET	In-Service Teachers Training
ITN	Insecticide Treated Nets
JAS	Joint Assistance Strategy
LD	Learning Districts
LLIN	Long Lasting Insecticide Treated Nets
MoEVT	Ministry of Education and Vocational Training
MTR	Mid-Term Review
MKUKUTA	<i>Mpango wa Kukuza Uchumi na Kupunguza Umasikini Tanzania</i> - Swahili acronym for the National Strategy for Growth and Poverty Reduction of Tanzania (2005-2010)
MKUZA	<i>Mkakati wa Kukuza Uchumi na Kuzuia Umaskini Zanzibar</i> - Swahili acronym for the Strategy for Growth and Poverty Reduction of Zanzibar (2005-2010)
MNCH	Maternal and Newborn Child Health
MTEF	Medium Term Expenditure Framework
MVC	Most Vulnerable Children
NFE-MIS	Non Formal Education Management Information System
NLSEF	National Life Skills Education Framework
NWT	North western Tanzania
OECD	Organization for Economic Cooperation and Development
PAAP	Policy Advocacy and Analysis Programme
PET	Public Expenditure Tracking
PER	Public Expenditure Review
PMO-RALG	Prime Minister's Office Regional Administration and Local Government
PMTCT	Prevention of Mother-To-Child Transmission (of HIV)
RBM	Results-Based Management
SMART	Specific, Measurable, Achievable, Relevant and Time bound
TSED	Tanzania Social and Economic Database
SRM	Summary Results Matrix
UN	United Nations
UNICEF	United Nations Children's Fund
UNDAF	United Nations Development Assistance Framework

VIPP	Visualisation in Participatory Programmes
WASH	Water and Sanitation Hygiene
YCSD	Young Child Survival and Development
ZnZ	Zanzibar

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UNITED REPUBLIC OF TANZANIA IN AFRICA AND THE WORLD



Source: Downloaded from Wikipédia, the free encyclopedia at <http://fr.wikipedia.org/wiki/Image:LocationTanzania.svg> on August 14, 2008.

EXECUTIVE SUMMARY

Context of the 7 Learning District Interventions

Rural populations, in general, have limited access to services and infrastructure¹. At the district level, the 7 districts examined are close to achieving universal primary education, averaging above 95 percent in net enrolment rates (NER). Primary education has made significant progress compared to other sectors, but the delivery of this service still needs improvement. However, Mtwara Rural, Bagamoyo and Temeke have yet to achieve gender parity (UNICEF Tanzania, 2008²: 6).

Wide variations exist in between districts' access to health care in terms of numbers of people per hospital (UNICEF Tanzania, 2008³: 9). Makete and Hai/Siha have the lowest ratio with 3,526 and 3,596 persons per hospital, respectively. As compared to the national average of 153 deaths per live births per 1,000 live births, the under-5 mortality in the 7 districts ranges from as low as 65 in Hai/Siha to 231 in Mtwara Rural.

Only Hai/Siha and Makete in the 7 districts have over 50 percent of its rural population with access to safe water. However, half the districts surpass the national average of 42 percent. There are disparities between urban and rural access to water.

Vulnerable groups, such children who have been orphaned, particularly those orphaned by AIDS, often face high levels of stigma and discrimination. This often excludes them from receiving education and thus limits their ability to reach their full potential. Tanzania has the fifth highest number of

orphans in Sub-Saharan Africa with an estimated 2.5 million orphans. This accounts for 12 percent of children in Tanzania. In all the 7 districts orphanhood resulting from the death of the father is twice as common as that resulting from the death of the mother.

In order to strengthen the national capacities for priority actions aimed at the realisation and protection of the rights of all children, particularly the most vulnerable, the Government of the United Republic of Tanzania and UNICEF have defined a framework of action: the Revised Country Programme Document (UNICEF, 2006) and the Country Programme Action Plan (2007-10).

Brief description of the intervention

Under the common UN Development Assistance Framework (2007-10), the interventions of the Government of the United Republic of Tanzania (GoT) and UNICEF in the 7 learning districts contribute to the MKUKUTA, MKUZA and JAS frameworks to the strengthening of national capacities for priority actions aimed at the realisation and protection of the rights of all children. The Country Programme proposed to scale up support to cover all 121 districts by working through the exchequer system rather than directly with its earlier 57 districts. The number of 'special focus' districts were reduced from sixteen to six (one district was later administratively divided by the GoT – thus seven learning districts), to support the scaling-up of evidence-based programmes which demonstrate a potential for reducing child vulnerability. Key results of the interventions in the seven learning districts are derived from - and contribute directly to - UNDAF outcomes and outputs and to the MKUKUTA, with particular focus on the second MKUKUTA pillar.

The expected results from the GoT/UNICEF interventions in the 7 Learning Districts are embedded in the Country Programme Action

¹ Gordon, David et al. 2003. Child Poverty in the Developing World. United Kingdom: The Policy Press. Page 12 cited in UNICEF Tanzania (2008: 3)

² UNICEF Tanzania. 2008. Comparative Indicators; Children in the UNICEF Learning Districts. Policy, Advocacy and Analysis Programme. Dar Es Salaam.

³ UNICEF Tanzania. 2008. Idem.

Plan set of 29 results contributing to UNDAF outputs and outcomes. Indicators and annual targets for each of these results were also identified before proceeding with the 2008-09 Annual work planning process.

The interventions in the 7 learning districts are organized into four components (the Emergency Preparedness, Refugee and Refugee Hosting component of the overall Country programme is not implemented in the 7 learning districts). Namely, they are: Young Child Survival and Development; Basic Education and Life Skills; Child Protection and Participation; Policy Advocacy and Analysis.

Activities of these components include: planning and budgeting, capacity building, delivery of services, advocacy and programme communication research and monitoring. They are implemented with the assistance of UNICEF staff by counterparts in the Prime Minister's Office and in line ministries at national and district levels. At the facility level (schools and health centers), committees gathering beneficiaries are established to manage the resources in a participatory manner and ensure financial and physical sustainability. Other international development partners and non-government partners are also involved.

Regarding financial arrangements, UNICEF funds are channelled via the exchequer system to the District Executive Officers, earmarked for relevant sectoral departments on the basis of the agreed workplans and district requests. Consequently, head teachers, school committee leaders, health center directors, and health committee leaders are not aware of the fund contribution of UNICEF.

Context, purpose and objectives of the evaluability assessment

The evaluation of 7 learning districts is scheduled for 2010. Given the novelty of the Country Programme implementation approach and complexity of stakeholders involved, an evaluability assessment was commissioned prior to the evaluation in order to establish whether the Government of Tanzania and UNICEF interventions in the 7 learning districts could be evaluated and what might be the barriers to an effective

and useful evaluation. The findings of this assessment were useful in suggesting areas where the programme should be fine tuned during the GoT/UNICEF reviews in mid 2008 before the programme progressed too far. In addition, the results of the evaluability assessment and of the subsequent baseline study will serve as the basis for evaluating achievements and lessons learned in the 7 learning districts during the summative evaluation planned in 2010.

The key objectives of the evaluability assessment include:

1. Clarify the expected outcomes of the interventions in a short, medium and long timeframe;
2. Help create a better common understanding of the desired outcomes;
3. Build consensus within stakeholders on common expectations on the scope of the 2010 summative evaluation;
4. Establish data needs which will form the basis of the 2008 baseline study.

Assessment Methodology

Rationale, data sources, methods of data collection and analysis, limitations

To answer the first three key objectives of this evaluability assessment, a participatory approach was adopted. Recognizing that different stakeholders have their own programme interests and the importance of stakeholder contributions to intervention, stakeholder groups were identified by reviewing programme documentation and holding interviews with key informants. Due to operational constraints, the consultant could not carry out semi-structured interviews systematically with the representatives of each the stakeholder groups and focus group discussions. Instead, two stakeholder meetings were held. The meetings were facilitated to spark reflective thinking and build consensus on the programme objectives and expectations from the end evaluation among the different stakeholder groups.

To factor in the perspective of health and school committee members in the analysis of expectations, interviews with these

stakeholders were held during a field trip in two villages (Kizuni, Kondo) in the Bagamoyo district. Direct observation of the appearance of school and health facilities as well as that of the group dynamics during the field meeting with the committee members also gave some indications of how the programme is conceptualized by village level stakeholders, reflecting the evaluator's perceptions. In other words, what do committee members expect the school or health centres to change in the community was elicited and also how that could be achieved?

The consultant then assessed programme evaluability using the following criteria: measurability of the expected results; degree of consensus about expected results; and technical feasibility of the summative evaluation given the existing time and data constraints.

Findings and conclusions

Although there is question over whether the findings of the study are representative or not of the opinions of all at national, district and village level as stakeholders in only two districts (Bagamoyo and Temeke) directly participated in the study, valid information was gathered on: (i) stakeholder stated outcomes and outputs of the interventions in the seven learning districts, (ii) comparison of the focus of expectations of the different stakeholder groups, and (iii) the evaluation information needs as conveyed in the questions formulated by stakeholders during the meetings.

The aim of interventions is to "better child well-being in the seven learning districts." The intermediate outcomes from various components are:

Young child survival and development (YCSD)

- Reduced child morbidity;
- Improved child survival;
- Reduced maternal mortality;
- Improved child nutrition status and development.

Basic education and life skills (BELS)

- Improved enrollment, retention and learning in the schools in the 7 LDs, especially for the MVCs;
- Increased knowledge and skills to reduce vulnerability to HIV infection.

Child protection and participation (CPP)

- Children, particularly Most Vulnerable Children, in the 7 LDs access rights to care and protection including HIV prevention and birth registration.

Policy advocacy and analysis programme (PAAP)

- Better planning and budgeting processes.

For each intermediate outcome or a cluster of outcomes, immediate outcomes and/or outputs were defined by stakeholders based on the statements in the official cooperation documents and their experience in the field. Intersectoral results dealing mostly with planning and budgeting of child-friendly interventions at district and village levels were also elicited.

The expectations of stakeholders vary between service providers and community members. In the first instance, stakeholders at national and district levels, including UNICEF staff, focused on impacts, intermediate outcomes and activities carried out within the framework of the interventions in the seven learning districts (see table 2 and annex 3). Results of the analysis are identical for participants from NGOs. During the second meeting, there was greater attention of all to outputs and immediate outcomes i.e. results achievable by 2010. A better understanding of the exercise might provide an explanation of this shift in focus. On the other hand, school and health committee's leaders emphasized immediate health and learning outcomes and the support needed in terms of goods and services (availability of logistics, teaching and learning materials, and finance at the facility level).

Despite this discrepancy in emphasis (immediate outcomes and outputs versus longer term outcomes); it constitutes no barrier to an effective and useful summative

evaluation of the interventions in the seven learning districts. On the contrary, the usefulness of the upcoming summative evaluation is jeopardized by a lack of a clear agreement among stakeholder groups on what is the evaluand i.e. what is being evaluated (is it a cluster of activities, a component or several components of the Country programme, the sectoral strategies?).

Participants at the evaluability assessment meetings formulated 22 evaluation questions that were further grouped according to the standard OECD evaluation criteria of effectiveness, relevance, efficiency, sustainability, and impact. A few questions concerning the lessons learned from the implementation of the interventions were raised in order to inform the decision making about scaling up of interventions to other districts around the country.

Concerning effectiveness of the summative evaluation of 2010, it is unlikely that evidence of impact and intermediate outcomes can be validly generated by the summative evaluation scheduled in 2010, given the timeframe of the interventions in the seven learning districts. In contrast, evidence of achievements related to expected outputs and immediate outcomes can be gathered without major constraints because programme activities have been carried out since 2007 which is sufficiently long enough for the interventions to have delivered against expected outputs and immediate outcomes.

The utility of the summative evaluation of 2010 is related to the extent to which it provides adequate answers to questions formulated by the stakeholders, thus informing their implementation decision making process. How the stakeholders relate their information needs, the questions stated during the meetings and field interviews, and their day-to-day decision making for implementation is unclear. Discussion during the meetings was unsuccessful in revealing such comprehension by the stakeholders represented, excepted for the aspects associated with the decision of choosing what to scale up.

In establishing the baseline, the major gaps identified in data availability were related to district and community level aggregated information, especially data on outcomes of the interventions. Data at health facility level and in schools, however, are readily available, including process data. A Survey with appropriate sampling design can satisfactorily address the data availability problem.

Recommendations

Recommendations cover: refinements needed to improve various aspects of the interventions; key elements to consider during the baseline study; a stratified multi-site mixed methods (quantitative & qualitative) strategy for the summative evaluation; and general lessons learned.

More specifically, it is recommended that:

1. The wording of the expected impact, outcomes and outputs of the interventions are ameliorated to turn them into observable, measurable and achievable (by 2010) results statements (SMART attributes).
2. In a participatory manner at the inception of the baseline study, the appropriate indicators for the agreed upon outcomes, outputs, and activities in the seven learning interventions are determined as to be meaningful to the relevant stakeholder groups and that they can work with. These indicators will further orient data collection during the summative evaluation.
3. That a technical manual of operations be drafted covering all the sector work for interventions in the seven learning districts in the framework of the UNICEF Country Programme 2007 – 2010 in Tanzania. This document will help clarify what interventions have actually been implemented in the field rather than simply restating what is in the CPAP, CPD and other planning documents.
4. That the various beneficiaries are regularly informed of the sources and magnitude of support UNICEF provides in excess of what the Government of Tanzania makes available, to facilitate

analyses of the contribution of UNICEF in the learning districts. This can be done during the committee meetings.

5. That the following elements in designing the baseline study be considered:
 - a. Review of available documentation (programme documents; national planning documents; cooperation documents; etc.);
 - b. Planning of the survey (inception report with specification of the methodology of data collection and analysis);
 - c. Survey of the seven learning districts and of matching districts to find answers to the outcome questions;
 - d. Feedback meeting with the different stakeholders groups;
 - e. Report writing.
6. That a stratified multi-site mixed methods (quantitative & qualitative) evaluation strategy is adopted using a quasi-experimental matching of the learning districts and of non participating districts.

1. INTRODUCTION

1.1. Context and justification of the evaluability assessment

The Country Programme Action Plan (2007-10 CPAP) design is based on the need for more concentrated 'upstream' policy and advocacy work. In addition, the new Country Programme proposed to scale up support to cover all 121 districts by working through the exchequer system rather than directly with its earlier 57 districts. The number of 'special focus' districts were reduced from sixteen to six (one district was later administratively divided by the GoT – thus seven learning districts), to support the scaling-up of evidence-based programmes which demonstrate a potential for reducing child vulnerability.

The CPAP established that the five programme components will work at national, regional, district and community levels to influence policy design and implementation, to leverage resources to reduce child mortality and vulnerability, and to ensure sectoral strategies and annual plans are in place, resourced and operationalised. All programme components have a policy element in their work and increasingly focus on evidence-based, 'upstream' support for policy analysis and development. In addition to the seven learning districts, the Country Programme also has a special focus on Zanzibar and on districts in north-western Tanzania (NWT).

It is further outlined that the programme will be implemented and evaluated using a human rights-based approach, with particular emphasis on gender equity. In this regard, the Country Programme is made up of the following inter-related set of activities:

1. advocacy for the Millennium Development Goals (MDGs) and Human Rights;
2. capacity development;
3. partnerships;
4. service delivery;
5. programme communications;
6. mainstreaming of emergency preparedness and response;
7. mainstreaming of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) interventions for prevention and impact mitigation.

The Country Programme Action Plan (CPAP) was signed jointly by Government of Tanzania and UNICEF. The current sectoral Annual Workplans (AWPs) 2008-09 are endorsed by sectoral line ministries.

The CPAP results matrix went through revisions and was finalized in December 2007 during the Annual Review process. AWP 2008-09 results were established following this process, along with the identification of indicators with annual targets for CP results and bi-annual targets for AWP results

1.2 Purpose and specific objectives

This evaluability assessment is commissioned to take place prior to the evaluation of 7 learning districts scheduled in 2010. It will establish whether the Government of Tanzania and UNICEF interventions in the 7 learning districts can be evaluated and what might be the barriers to effective and useful evaluation. The findings of this assessment will inform how the programme can be fine tuned during

Box 1: What is an evaluability assessment?

Evaluability Assessment requires a review of the coherence and logic of a programme, clarification of data availability, an assessment of the extent to which managers or stakeholders are likely to use evaluation findings given their interests and the timing of any evaluation vis-à-vis future programme or policy decisions. In addition to assisting evaluators, 'evaluability assessment' has been acknowledged as useful for policy makers, programme managers and other stakeholders or partners.

The overall purpose of evaluability assessment is to decide whether an evaluation is worthwhile in terms of its likely benefits, consequences and costs.

Source: Anonymous (2003). Document retrieved on Sept. 5, 2008 at http://ec.europa.eu/regional_policy/sources/docgener/evaluation/evalsed/downloads/sb2_evaluability_assessment.doc

the Government of Tanzania (GoT)/UNICEF reviews in mid 2008 before interventions have progressed too far. In addition, the results of the evaluability assessment and of the subsequent baseline study will serve as the basis for evaluating achievements and lessons learned in the 7 learning districts during the summative evaluation planned in 2010.

The specific objectives of the assignment include:

- clarification of the expected outcomes of the interventions in a short, medium and long timeframe;
- help to create a better common understanding of the desired outcomes;
- building consensus within stakeholders to have common expectations on the end evaluation;
- establishing data needs which will form the basis of the 2008 baseline study.

Based on the purpose and above objectives, the evaluability assessment of the GoT/UNICEF interventions in the 7 learning districts was scoped accordingly.

1.3 Scope of the study

The 'evaluability assessment' study answered the following questions:

1. What are the expected results (sectoral/intersectoral, immediate/intermediate/long-term) from the UNICEF interventions in the 7 Learning districts?
2. What are the expectations from the summative evaluation in 2010?
3. Can the summative evaluation in 2010 generate the necessary evidence to demonstrate achievement of results and lessons learned? If so, what could be the approach of the summative evaluation?
4. Is there a consensus between partners at national level, district level and UNICEF on the end results and evaluation requirements?
5. What baseline and comparison data will be necessary for the summative evaluation? If possible, also determine what existing data can be used as a baseline from a preliminary review of data available from national survey and district profiles.

1.4 Evaluability criteria

To determine if the GoT/UNICEF interventions in the 7 learning districts can be evaluated and what might be the barriers to effective and useful evaluation, three aspects need critical scrutiny:

- Are the expected results of the interventions explicit and clear enough to be measurable?
- Do the different stakeholder groups have a shared understanding of these results?
- Can the expected results be measured within a reasonable budget and time frame?

Consideration of these analytical questions leads to the following implicit criteria of the assessment:

- (i) focus on outcome and output level of the intervention design as opposed to activities;
- (ii) level of clarity of the results statements (SMART objectives and targets);
- (iii) degree of match between results statements by the different stakeholder groups;
- (iv) cost of evaluating the stated outcomes (magnitude of budget requirement);
- (v) time required for the results to be observable.

1.5 Assessment Methodology

To answer the first three key questions of this evaluability assessment, a participatory approach was adopted. Different stakeholders have their own interests in the interventions in the 7 Learning districts. They therefore give different importance to and exert different influence on how the intervention is implemented. To take this aspect into consideration, the consultant identified the stakeholder groups through a review of program documentation and by holding interviews with key informants. These included officials in line ministries and Prime Minister's Office (MoHSW, MoEVT, PMO-RALG); UNICEF staff in different sections (PAAP, YCSD, BELS, CPP); civil society organizations (FHI, RITA, YOMNET) and beneficiaries, teachers and school administrators and health professionals in primary health centres from the Learning Districts (LDs).

Due to operational constraints, the consultant could not carry out semi-structured interviews systematically with the representatives of each the stakeholder groups and focus group discussions. Instead, two stakeholder meetings were held, attended by 33 and 19 participants respectively (Annexes 1 and 2). During the initial meeting in the first week of the assignment, stakeholders elicited their expectations of the interventions in the 7LDs as well as their needs regarding the 2010 summative evaluation. In the opening plenary of the first meeting, the UNICEF Monitoring and Evaluation Specialist presented the expected results of the evaluability assessment and its rationale to the participants. The consultant then recalled the OECD definitions of some key terms related to evaluation and results-based management, and presented the work plan of the evaluability assessment of the interventions in the seven learning districts. The following strategy was adopted to ensure full participation in the meeting; rules for group work discipline identified; effective use of VIPP cards in reporting ideas set out; breakdown of participants into thematic subgroups to increase interaction. This consultation strategy was aimed at enhancing relevance, participation, and appropriation by different stakeholder groups, and cross fertilization of ideas.

The meeting proceeded as follows:

- Formation of the thematic groups (education, health/nutrition/water & sanitation, planning & policy, child welfare);
- Within each thematic group, each participant answered all the 8 questions (Box 2) using the VIPP cards of different colours;
- Based on discussion among group members, a collective and consensual answer was provided to each of questions 3 to 8 (Box 2);
- In the closing plenary session, each thematic group reported the findings of group deliberation, followed by a questions-and-answers session.

The meetings were facilitated to spark reflective thinking and build consensus among the different stakeholder groups. The summative evaluation will therefore be designed accordingly to meet the corresponding data needs.

Box 2: Questions to stakeholders

Questions to individuals

1. What is YOUR position in the program (service delivery) organization/chain?
2. When did YOU join the program?

Questions to individuals and to the sector groups

3. What are the program goals and specific objectives?
4. What activities do YOU currently carry out?
5. What changes do YOU expect for children from the implementation of the UNICEF program?
6. What changes do YOU expect for other beneficiaries from the implementation of the UNICEF program? List those other beneficiaries accordingly?
7. What aspects of the program implementation would like to be evaluated in 2010 i.e. at the end of the program?
8. What are the specific questions that YOU would like answer in the 2010 end of program evaluation?

The working plan of the study included the following steps:

- initial orientation meeting with UNICEF Tanzania M&E Specialist in Dar Es Salaam;
- review of program documentation;
- first meeting (Stakeholder expectations mapping exercise);
- analysis and synthesis of findings of the meeting (logic model diagrams);
- second meeting (Feedback & stakeholder consensus building);
- refinement of the logic model of the overall intervention and the sector interventions;
- synthesis of evaluation information needs (questions) of stakeholders;
- preparation of the field visit;
- field visit (stakeholder interviews and direct observation) in selected villages of the Bagamoyo district;
- finalisation of the program logic models & implementation designs.

During the second meeting in the last week of the country visit, a logic diagram of the overall intervention in the seven learning districts was presented to participants that took part in the first stakeholder meeting. Logic models of sector interventions within the overall framework were also displayed for comment by participants in the opening plenary presentation. These logic models are the result of the compilation and analysis of information from different sources by the consultant. These sources include: documentation (UNICEF Country Programme Document and Country Programme Action Plan; Summary Results Matrix); interviews with stakeholders; findings of the first meeting).

After the plenary presentation, participants were dispatched in the thematic groups to adjust, complete or subtract the programme expectations and evaluation questions and to produce a final version. The results of group work were presented in plenary and debated.

To factor in the perspective of health and school committee members in the analysis of expectations, interviews with these groups were held during a field trip in two villages (Kizuani, Kondo) in the Bagamoyo district. Direct observation also gave some indications of how the programme is conceptualized by village level stakeholders, reflecting the evaluator's perception.

Interviews with stakeholders at various stages of the study were conducted using interview guides displayed in Annex 5.

1.6 Cost of the evaluability assessment

The cost of the study totalled US\$ 14,766, covering consultant fee, travel expenses, meetings and allowances of outstation participants to the two meetings.

1.7 Limitations of the study and mitigation strategy

Whether findings of the study are representative or not of the opinions of all stakeholders on the intervention at national, district and village level is the major weakness of the study. Stakeholders of two districts (Bagamoyo and Temeke) were able to attend the stakeholder meetings organized to map out expectations. The five others (Hai/Siha, Magu, Makete, and Mtwara Rural) were not invited to these meetings because of operational constraints. In addition, two stakeholder groups were absent in the expectations mapping meetings, namely the direct beneficiaries (children, school committee members, health committee members) and the frontline service providers (teachers, school administrators, health care providers). To mitigate these weaknesses, the consultant held interviews with these groups of stakeholders in Kizuani and Kondo, two villages of the Bagamoyo district, one of the seven districts targeted by the interventions. Constraints prevented the consultant from covering more than one district. District and village level stakeholders that the team met in the field were selected according to accessibility and availability of respondents.

2. 7 LEARNING DISTRICTS INTERVENTIONS

From the north to south, Magu, Hai, Bagamoyo, Temeke, Makete, and Mtwara Rural are the LDs as depicted on the front cover map. Initially, six districts were targeted by the GoT/UNICEF interventions. In 2007, Hai district was divided into two new districts: Hai and Siha, bringing the number of districts to seven.

2.1 The Context: Situation of Children in the seven learning districts

The following analysis is obtained from comparative profiles of the 7 LDs document compiled by UNICEF. The analyses are based on data obtained from Poverty and Human Development Report Tanzania (PHDR) 2005, the 2002 Population and Household Census, and the Ministry of Education and Vocational Training's Basic Education Statistics Tanzania (BEST) 2006 Regional Data.

Education

The majority of children living in the LDs are found in rural areas, with Makete (93 percent), Mtwara Rural and Magu (91 percent each) having the largest proportion of rural child populations. Rural populations, in general, have limited access to services and infrastructure.

At the district level, the 7 districts examined are close to achieving universal primary education, averaging above 95 percent in net enrolment rates (NER). Primary education has made significant progress compared to other sectors, but the delivery of this service still needs improvement. It is not apparent from the data whether or not there is any association between income poverty and primary school enrolment.

Based on the Gender Parity Index⁶ (GPI), it seems that no disparity exists in half of the districts examined, Makete, Magu and Hai/Siha (1.00, 0.99, and 0.97, respectively). Three districts have yet to achieve gender parity: both Mtwara Rural and Bagamoyo (0.93) have disparities in favour of boys, while Temeke (1.08) disproportionately favours girls.

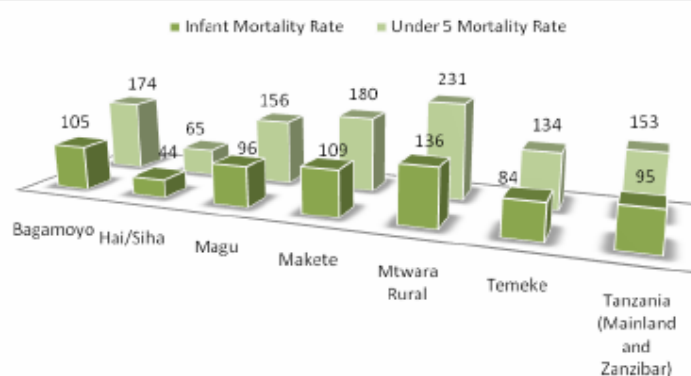
Using pupil/teacher and pupil/classroom ratio as indicators for education quality, it is unclear what effect education quality has on primary school enrolments.

Health

Wide variations exist in between districts' access to health care in terms of numbers of people per hospital. Makete and Hai/Siha have the lowest ratio with 3,526 and 3,596 persons per hospital, respectively. Persons in these districts have approximately 3 times better access to hospitals than those in Mtwara Rural (11,342 persons per hospitals), and 2.5 times better access than in Magu (9,222:1 hospital). Hai/Siha has the lowest under-5 mortality (65 deaths per live births per 1,000 live births) of the 7 districts being examined; this is well below the national average of 153. It is also approximately 2.5 times less than the average for Sub-Saharan Africa (175 per 1,000 live births). Hai/Siha's under-5 mortality is in stark comparison to Mtwara Rural (231 deaths per 1,000 live births) which is 1.5 times the national average and is on par with Liberia (235), which has the fifth highest under-5 mortality in the world.

Figure 1: Infant mortality and under-5 mortality rates, 2002

Source: PHDR 2005 and 2002 Census quoted by UNICEF (2008)



Water and sanitation

Only two of the 7 LDs have over 50 percent of its rural population with access to safe water. In Hai/Siha, two-thirds (66 percent) of rural people have access to safe water, while in Makete, just over half (52 percent) do. Half the districts surpass the national average of 42 percent. Furthermore, Hai/Siha is the only district which has reached the operational target for rural water access set forth in the MKUKUTA (i.e. 65 percent of the rural population having access by 2009-2010 and 90 percent of the urban population having access in the same period). The lowest percentage of rural population with access to safe water was found in Bagamoyo (22 percent), Temeke (89 percent), Hai/Siha (68 percent) and Makete (54 percent) have over half of their entire population with access to safe water. The data also demonstrate the disparities that exist between urban and rural access to water.

Additionally, there is a divide between access to improved sanitation and improved water sources, with sanitation lagging tremendously behind access to improved water sources. This is immensely problematic as the gains achieved through clean water can be lost without proper sanitation. The rural/urban divide is also evident here with access in Temeke clearly well above access in the more rural districts.

Vulnerable groups

The vulnerable groups explored here include children who have been orphaned and those in elderly- and female-headed households. Vulnerable groups, such as children who have been orphaned, particularly those orphaned as a result of AIDS, often face high levels of stigma and discrimination. This often excludes them from receiving education and thus limits their ability to reach their full potential.

The largest proportion of female-headed households occurs in Makete (44 percent). Over a third of households in both Magu (36 percent) and Hai/Siha (32 percent) are female-headed. All districts, except for Temeke (8 percent), are or exceed 20 percent for elderly-headed households.

Tanzania has the fifth highest number of orphans in Sub-Saharan Africa with an estimated 2.5 million orphans. This accounts for 12 percent of children in Tanzania. In all the 7 LDs orphanhood resulting from the death of the father is twice as common as that resulting from the death of the mother. Paternal orphans may be particularly susceptible to economic hardships as families lose their main breadwinner. Maternal orphans on the other hand can face disadvantages as their fathers often remarry and their new wives often favour their own children. Additionally, depending on the child's age, maternal orphans can suffer a significant care deficit.

The relationship between HIV prevalence and the percentage of orphans is unclear.

2.2 Expected results on the interventions in the 7 LDs (2007 – 2010)

The Revised Country Programme Document (UNICEF, 2006) and Country Programme Action Plan (2007-10) stipulate that the overall goal is to contribute to the MKUKUTA, MKUZA and JAST frameworks which aim to strengthen national capacities for priority action aimed at the realisation and protection of the rights of all children, particularly the most vulnerable under the common UN Development Assistance Framework (2007-10).

The Country Programme Action Plan 2007-10 results matrix was finalized in December 2007 after a prioritisation process. The CPAP results matrix outlined a set of 29 results contributing to UNDAF outputs and outcomes. Indicators and annual targets for each of these results were also identified before proceeding with the 2008-09 Annual work planning process.

The expected results from the GoT/UNICEF interventions in the 7 LDs are embedded in the CPAP results. Most of these results articulate directly or indirectly the 7 LDs (*italicized below*), which also highlights the importance of the LD interventions to the Country Programme. The results have been classified by country programme component below:

Young Child Survival and Development:

1. Framework and early childhood development curriculum and integrated community models implemented in selected wards in the 7 *learning districts* by end 2010; and at least 30 percent of children under-3 years attend Early Child Development (ECD) centres.
2. National and *sub-national capacity* to support communities in management of their water systems and sanitation facilities is strengthened.
3. Pregnant women and care givers of Under-five (U-5) children in UNICEF *learning districts* are aware of and practice key survival, growth and development practices.
4. Schools in *learning districts* have adequate WASH facilities and children and their teachers practice key health actions.
5. The One Maternal, Newborn and Child Health Strategy is finalised and costed by 2008. National coordination capacity developed and lessons learned from 7 *learning districts* and the Joint Programme in Dodoma supports scale-up of Maternal and Newborn Child Health (MNCH) strategy.
6. National nutrition policies, strategies and plans are consistent, finalized, costed and implementation capacities at *district* and national level enhanced by the end of 2010.
7. In 7 *learning districts* and north western Tanzania (NWT), 70% of health facilities providing RCH services also provide PMTCT/PAIDS services; 80% of pregnant women attending Ante Natal Care (ANC) receive Prevention of Mother-To-Child Transmission of HIV (PMTCT) services; and 50% of HIV+ children receive prophylaxis and Anti-Retro Viral (ART) services all by 2010. In Zanzibar, 30 healthcare facilities are able to provide PMTCT/People Living with AIDS (PAIDS) facilities.
8. Scale up plan for PMTCT and PAIDS is finalized and costed and national capacity for coordination and implementation is in place by 2010.
9. National and *subnational* capacity to manage vaccines and high impact interventions for child survival is enhanced.

Basic Education and Life Skills:

10. Integrated Early Child Development (IECD) operational guidelines/minimum standards and draft curricula (which address MVC issues) in place by June 09, while national, Zanzibar and LD capacities to implement IECD minimum standards are in place and are effectively operationalized by 2010.
11. National, NWT, ZnZ and learning districts (LDs), focus ward (FW) and focus school (FS) plans focus on raising standards, include specific provisions for MVCs, and are implemented in learning districts by end 2010.
12. National primary in-service teacher training (INSET) Operational Plan, linked to Ministry of Education and Vocational Training (MoEVT) TDMS (which includes child friendly teaching/learning, competency based assessment, care & support, life skills education, gender, health education, emergency preparedness) approved and effectively implemented in the LDs by end of 2010.
13. National policies and strategies to support gender equity in basic education developed and implemented, and LDs, ZnZ and NWT prioritize gender equity in their basic education plans, by June 2010. Zanzibar education sector policy and evidence based plans are developed and implemented.
14. National Life Skills Education Framework (NLSEF) for 8-18 year olds drafted by end of 2008, finalized and incorporated into national minimum standards by end of 2009, incorporated into LD and NWT plans and In-Service Teacher's Training (INSET), and effectively operationalized by end of 2010. Lifeskills training coverage expanded in formal and non-formal schools of Zanzibar.

15. National Education Sector-Wide Management Information Service (ESMIS) operational framework and plan in place by June 08, and ESMIS data used for evidence based planning and decision making at national and all LD levels, by end of 2010.

Child Protection and Participation

16. National plans and guidelines for MVC adopted and implemented in 7 LDs and Zanzibar.
17. Local level systems - MVC Cash Transfer Scheme and Child Welfare Model - *piloted* and inform national social protection framework.
18. Increased comprehensive knowledge and skills for HIV/AIDS prevention among young people in *learning districts* provides lessons for scaling up National HIV/AIDS prevention strategy.
19. National HIV/AIDS policies, strategies, plans and budgets prioritize protection of young people (10-19) against HIV.
20. Basic principles of child participation adopted in the United Nations, partner agencies and the Government.
21. *Lessons from pilot* on birth registration, and domestic and regional legal systems, contribute to national implementation strategies.
22. Children's Act enacted in Zanzibar by 2010 and on the mainland Community Justice integrated into formal justice systems at national level.

Policy Advocacy and Analysis

23. Priority issues for children addressed in social protection framework and implementation strategy and in multi-sectoral child development policy and implementation plan, with a focus on most vulnerable groups.
24. National capacity for child rights monitoring, reporting and implementation strengthened through enhanced coordination structures and monitoring systems.
25. Government plans and budgets are results-based with clear results for children at both national and **sub-national levels**.
26. National research, surveys and routine monitoring systems incorporates children's indicators/issues and findings are made accessible to decision makers.

Emergency Preparedness, Refugee and Refugee Hosting Communities

27. As managing agent for UN Joint Programme 6.2, strengthen GoT and community capacity for emergency preparedness, coordination and management.
28. UN and UNICEF internal capacity to respond to emergencies is in place.
29. The core commitments for children in emergencies are met during the influx and repatriation of the NWT refugees.

This country programme component does not concern the seven LDs but is mentioned for information.

2.3 Links with the national planning framework, UNDAF programming and CPAP

As indicated in the United Republic of Tanzania's Revised CPD (UNICEF, 2006) and the Country Programme Action Plan (2007-10), key results of the interventions in the seven LDs are derived from, and contribute directly to, UNDAF outcomes and outputs and to the MKUKUTA, with particular focus on the second MKUKUTA pillar. The four-year programme cycle aligns the UNDAF and country programme with the MKUKUTA. The United Nations system will implement joint strategies in the areas of social protection, education, health, nutrition and one United Nations

programme on HIV/AIDS. The alignment of Country Programme results with the UNDAF outputs and outcomes is shown in the CPAP results matrix in Annex 7.

2.4 Implementation strategy

This section outlines the minimum package of activities that GoT/UNICEF will implement in the 7 LDs to achieve the Country Programme results. These clusters of activities include: planning and budgeting; capacity building; delivery of services; and research and monitoring. The activities are presented below by sector or country programme components:

Planning and Budgeting

<p style="text-align: center;">YCSD</p> <ul style="list-style-type: none"> ● Support evidence based planning. ● Complement funding gaps and budget for scaling up high impact MNCH interventions. ● Support planning for systematic increases in capacity for emergency obstetrics and newborn care. ● Emergency response (especially to epidemics). 	<p style="text-align: center;">BELS</p> <ul style="list-style-type: none"> ● Provide technical support for strengthening strategic planning, data management & usage at district, ward and school levels in relation to: <ul style="list-style-type: none"> – understanding and applying minimum standards; – care & support strategies in school; – EPR; – Life-skills education & gender and equity in education. ● Pilot implementation of new strategies, including Education Minimum Standards for Primary, National Care & Support and Life Skills strategies, In-service Teacher Training strategy, for subsequent scale up at district and national levels
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<p style="text-align: center;">CPP</p> <ul style="list-style-type: none"> ● Provide technical support to strengthen district level planning and budgeting processes to include child justice and legislation; child protection; HIV/AIDS prevention and impact mitigation activities; including EPR in district plans/MTEFS. 	<p style="text-align: center;">PAAP</p> <ul style="list-style-type: none"> ● Provide technical support for strengthening strategic planning and MTEF processes and systems. ● Help strengthen linkages between national and subnational planning and budgeting processes. ● Pilot implementation and analysis of social protection strategies. ● Support analytical work around budget related issues i.e. PER and PETs processes.
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Capacity Building:

<p style="text-align: center;">YCSD</p> <ul style="list-style-type: none"> ● ECD Community model. ● District and sub-district level capacity. ● Implementation of ECD community models. ● High impact maternal, newborn and child health interventions: <ul style="list-style-type: none"> – Supervise, support and report on MN, EPI/Malaria/IMCI, PMTCT; – Technical skills development for health workers in management of severe malnutrition, essential nutrition actions, maternal and newborn care, management of common childhood illness, PMTCT, joint supervision & monitoring; 	<p style="text-align: center;">BELS</p> <ul style="list-style-type: none"> ● Train education officers and teachers at district and sub-district levels to implement new In-service Education and Training Strategy and Operational Plan. ● Train education officers at district and sub-district levels to develop strategies and partnerships to enhance equity in education, including gender. ● Orient and train Focus Community and Ward IECD teams and Learning District IECD teams on enhanced IECD implementation in line with ECD minimum standards. ● Orient and train relevant personnel in Focus
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<ul style="list-style-type: none"> - Skills of CORPS in proper child feeding practices (exclusive breast feeding, complementary feeding), newborn care practices, home management of fever & diarrhea, PMTCT and ECD. ● WASH: <ul style="list-style-type: none"> - Technical and logistical support for community water management systems - Marketing and mobilisation for latrine construction and hand-washing facilities. 	<p>Communities, Wards and Learning Districts on Life Skills education based on the National Life Skills Education Framework.</p> <ul style="list-style-type: none"> ● Train district officials in enhanced use of data for evidence-based planning. ● Train district inspectorate in utilisation of new inspection schedules to monitor standards in primary schools. ● Train relevant officials to enhance education sector support to Most Vulnerable Children.
<p style="text-align: center;">CPP</p> <p>Strengthen district capacity to:</p> <ul style="list-style-type: none"> ● Increase birth registration and certification. ● Build the capacity of MVC Committee members to enable them to understand their roles and responsibilities. ● Strengthen capacity of CMACs (council multi-sectoral AIDS committees) to coordinate HIV/AIDS responses. ● Strengthen the technical & financial management capacity of local authorities, communities, households and other service providers to provide quality child protection, justice and HIV/AIDS services, including emergency preparedness & response. ● Mainstream child participation in all development processes, from planning, implementation, monitoring & evaluation. 	<p style="text-align: center;">PAAP</p> <ul style="list-style-type: none"> ● Build capacity for planners and budget officers on results based planning and MTEFs for children. ● Strengthen and improve planning, budgeting and reporting tools. ● Build capacity on Policy analysis, interpretation and implementation (NPBG).

Delivery of services

<p style="text-align: center;">YCSD</p> <ul style="list-style-type: none"> ● Immunization including Supplemental Immunization Activities (SIA). ● Distribution of LLINs and re-treatment of ITNs. ● PMTCT/PAIDS services in RCH Health Facilities ● School WASH facilities implemented as per nationally established guidelines. ● Scale up of EmOnC and NBC. ● Social marketing and mobilisation for latrine construction and hand-washing facilities. 	<p style="text-align: center;">BELS</p> <ul style="list-style-type: none"> ● Supplementary materials for primary schools, including readers. ● Materials to support COBET and COSET programmes. ● INSET materials for primary and IECD. ● Materials for ECD centers. ● Inspection handbooks. ● IT equipment, where appropriate, to enhance evidence based planning and quality assurance.
<p style="text-align: center;">CPP</p> <ul style="list-style-type: none"> ● Birth registration and certification. ● Provision of essential care and support services to MVC through MVCC funds. ● Provision of HIV/AIDS & RH information, skills and services to adolescents and young people. 	<p style="text-align: center;">PAAP</p>

Advocacy and programme communication

<p>YCSD</p> <ul style="list-style-type: none"> ● BCC campaign on exclusive breast feeding, newborn care practices, hand washing, use of LLINs, HIV prevention, ECD services. <p><i>Note: The packages for the community/household campaign not finalized but the intention is to start off go with a few interventions.</i></p>	<p>BELS</p> <ul style="list-style-type: none"> ● Support district activities around EFA forums, including support for gender equity, to enhance education planning. ● Sharing of district, ward and school education plans at the national level and of national plans and policies at the district and sub-district levels. ● Advocacy based on data from EMIS and studies under-taken at the district level into issues of equity and quality, including documentation of community and children’s voices arising from the community dialogue process. ● Community mobilisation to enhance access to quality education for marginalised and vulnerable groups in collaboration with other stakeholders.
<p>CPP</p> <ul style="list-style-type: none"> ● Catch up campaigns on birth registration and certification. ● Advocate for increased community based responses and ownership for MVC care and support. ● HIV/AIDS BCC campaign, promotion of youth friendly RH services, including VCT, gender equity and positive social norms. ● Promote establishment of junior councils at district levels & below. ● Advocacy for increased resource allocations for MVC. 	<p>PAAP</p> <ul style="list-style-type: none"> ● Support preparation and updating of District profiles. ● Strengthen Data Management tools and systems (CBMIS, LGMD, SBAS, PlanRep2). ● Strengthen M&E systems including district reviews and harmonization of reporting systems and tools. ● Support documentation/assessment of experiences (e.g. O&OD, VRT).

Research and Monitoring

<p>YCSD</p> <ul style="list-style-type: none"> ● District Health Profiles. ● Baseline study. 	<p>BELS</p> <ul style="list-style-type: none"> ● Training to enhance M&E capacity of inspectorate. ● Support for research and analytical work around equity and access issues, including COBET and COSET, gender and other issues. ● Monitoring implementation of Education Minimum Standards, Care & Support for MVC strategy and In-Service Teacher Training strategy, through specific research studies and mainstream data.
<p>CPP</p> <ul style="list-style-type: none"> ● Child Welfare modeling. ● Birth registration baseline. ● District baseline on HIV KAP, behavioral surveillance. ● Child Justice Evaluation. 	<p>PAAP</p> <ul style="list-style-type: none"> ● Support preparation and updating of District profiles. ● Strengthen Data Management tools and systems (CBMIS, LGMD, SBAS, PlanRep2). ● Strengthen M&E systems including district reviews and harmonization of reporting systems and tools. ● Support documentation/assessment of experiences (e.g. O&OD, VRT).

2.5 Implementing structure of the interventions and player's roles

2.5.1 Functional structure

UNICEF Tanzania Country office is organized as per the established programme structure - Young Child Survival and Development (YCSD); Basic Education and Life Skills (BELS); Child Protection and Participation (CPP); Policy advocacy and analysis programme (PAAP). They are supported by the Planning Unit in the office of the Deputy Representative and the M&E Specialist in the office of the Representative.

The Young Child Survival and Development (YCSD) programme is implemented with the Ministry of Health and Social Welfare, the Ministry of Community Development, Gender and Children, and the Ministry of Education, Technical and Vocational Training.

The Basic Education and Life Skills (BELS) programme is implemented with the Ministry of Education, Technical and Vocational Training.

The Child Protection and Participation (CPP) programme is implemented with the Ministry of Health and Social Welfare, the Ministry of Justice and Constitutional Affairs, and the Ministry of Community Development, Gender and Children.

The Policy Advocacy and Analysis Programme (PAAP) is implemented with the Ministry of Community Development, Gender and Children, the Poverty Eradication Division of the Ministry of Planning, Economy and Empowerment, Ministry of Finance, the Prime Minister's Office for Regional Administration and Local Government, and the National Bureau of Statistics.

At the facility level (schools, resource and health centers), committees are established to manage the resources in a participatory manner and ensure financial and physical sustainability.

The section above only attempts to highlight the key counterpart ministries, and does not include development partners and non-government partners.

2.5.2 Financial arrangements

In accordance with the 2005 Paris Declaration on Aid Effectiveness and the Joint Assistance Strategy for Tanzania (JAST) drafted in 2006 ; UNICEF funds are channelled via the exchequer system to the District Executive Officers, earmarked for relevant sectoral departments on the basis of the agreed workplans and district requests. Based on the annual budget law adopted in the national assembly and its regional chapters, the district officers in the 7 LDs oversee the allocation of the budget to the designated interventions in the villages. Consequently, the facility (school and health centers) administrators are not aware of the fund contribution of UNICEF.

The summary budget of the approved Country Programme is presented below:

Table 1: Summary budget table for 2007 – 2010

(In thousands of United States dollars)

Sectors of interventions	Regular resources	Other resources	Total
Young child survival and development	11 733	21 190	32 923
Basic education and life skills	5 163	11 691	16 854
Child protection and participation	5 163	20 459	25 622
Policy advocacy and analysis	10 794	3 653	14 447
Cross-sectoral costs	7 978	2 923	10 901
Geographically-defined programmes	6 101	13 152	19 253
Total	46 932	73 068	120 000

3. FINDINGS

Findings cover (i) stakeholder stated outcomes and outputs of the interventions in the seven learning districts, (ii) comparison of the focus of expectations of the different stakeholder groups, and (iii) the evaluation information needs as conveyed in the questions formulated by stakeholders during the meetings.

3.1 Expectations of stakeholders from the program by 2010

The expected impacts, outcomes and outputs from the Government of Tanzania and UNICEF in the seven LDs as adopted during the stakeholder meetings are presented below.

Table 2: Stakeholder's expected impacts, outcomes and outputs from the interventions of GoT and UNICEF in the seven learning districts

Programme components	Programme subcomponents	Results chain				Baseline and evaluation data needs
		Impacts	Intermediate outcomes	Immediate outcomes/outputs	Intersectoral (PAAP) outcomes/outputs	
Young child survival and development (YCSD)	Disease prevention and health promotion	Better child well-being in the seven learning districts	<ul style="list-style-type: none"> Reduced child morbidity 	<ul style="list-style-type: none"> Adequate and operational WASH facilities available in all school in the 7 LDs Community resource centres/sanitation promotion centres are operational Gender balance in local water committees 80% coverage of DPT Hb3 55% under-five sleep under insecticide treated nets Capacity to supervise, support and report on EPI/IMCI/Malaria in place in 7 LDs 		<ul style="list-style-type: none"> List of schools in the 7 LDs List and status of WASH facilities in schools Gender composition of water committees Demographic data (age and gender composition) Statistics of under-5 sleeping under ITNs Statistics of coverage of DPT Hb3 Data on EPI/IMCI/Malaria supervision and reporting capacity in place in 7 LDs
	Maternal and newborn care		<ul style="list-style-type: none"> Improved child survival 	<ul style="list-style-type: none"> 80% of pregnant women attending ANC receive PMTCT services 50% of HIV + children receive prophylaxis and ART services One MNCH plan finalized and costed Integrated MNCH communication strategy implemented 		<ul style="list-style-type: none"> List of dispensary and health centres in the 7 LDs Household demographic and health data (age and gender composition; health status; mortality) Statistics of attendance of ANC and services delivery (PMTCT, ART, MNCH, and BCC services) Process data on MNCH planning and implementation
			<ul style="list-style-type: none"> Reduced maternal mortality 	<ul style="list-style-type: none"> 55% pregnant women get skilled attendance during delivery 15% dispensary and health centres provide emergency obstetric care 		
	Nutrition and early child development	<ul style="list-style-type: none"> Improved child nutrition status and development 	<ul style="list-style-type: none"> Integrated ECD community models operational in selected wards within the 7 LDs 30% care givers access IECD services for children 90% of households use iodated salt 90% under-five received vitamin A and Mebendazole Health workers trained to provide MNCH services Regular support provided to health workers by supervisors Pregnant women, care givers and school children apply key survival, growth and development practices CoRPS have capacity for BCC on key survival, growth and development practices IECD policy framework in place 		<ul style="list-style-type: none"> Household demographic and health data (age and gender composition; health status and practices) List of dispensary and health centres in the 7 LDs Statistics of services delivery (Vitamin A, Mebendazole and deworming, PMTCT, ART, MNCH, and BCC services) Data on CoRPS BCC capacity Status of IECD policy framework 	
Basic education and life skills (BELS)	Child-friendly schooling	Improved enrollment, retention and learning in the schools in the 7 LDs, especially for the MVCs	<ul style="list-style-type: none"> Minimum standards with special provision for MVC implemented in ward and schools in the seven learning districts Local capacity to monitor established standards strengthened ESMIS in place Decision making and planning at district level use ESMIS (including NFE-MIS) data 		<ul style="list-style-type: none"> List of wards and schools in the 7 LDs Process data on education decision making and planning in the 7 LDs Descriptive data on the teaching/learning environment in schools in the 7 LDs (minimum standards established at school level, status of MVC in the established 	

Programme components	Programme subcomponents	Results chain				Baseline and evaluation data needs
		Impacts	Intermediate outcomes	Immediate outcomes/outputs	Intersectoral (PAAP) outcomes/outputs	
				<ul style="list-style-type: none"> ECD curriculum implemented in ECD centres in selected wards within the seven learning districts Greater gender balance in basic education in the seven learning districts More conducive teaching/learning environment in the schools Teachers equipped with basic learning/teaching materials 		standards, inventory data of teaching equipment and supplies in schools, teacher's training, curricula, participation of parents and other stakeholders, etc.) School's statistics by gender (attendance, enrolment, dropouts, pupil's performance, etc.)
	HIV/AIDS and life skills		Increased knowledge and skills to reduce vulnerability to HIV infection	<ul style="list-style-type: none"> INSET plans include life skills as per the NLSEF INSET plans with life skills components implemented in the seven learning districts 		Descriptive data on the INSET curricula implemented in the 7 LDs
Child protection and participation (CPP)	Care and support for MVCs	By 2010, children particularly MVCs in the 7 LDs access rights to care and protection including HIV prevention and birth registration		<ul style="list-style-type: none"> Children and MVCs related results are prioritized in government plans and budgets at village and district level 		Descriptive data on village and district level plans and budgets
	Child justice			<ul style="list-style-type: none"> Increased access of children to justice services (child rights, legal support in cases of abuse) through CJF Linkages of the informal and formal justice institutions established Coalitions of households, communities and government are formed to protect child's rights 		Household data on justice variables (access, abuses, claims, etc.) Court statistics on justice services to children Descriptive data on linkages of informal and formal justice institutions in the 7 LDs
	Child organization's development			<ul style="list-style-type: none"> Youth are represented in the LGA committees 		Age composition of LGA committees Descriptive data on youth participation mechanisms in LGA decision making
Policy advocacy and analysis programme (PAAP)	Policy and legislation	Better planning and budgeting processes		<ul style="list-style-type: none"> National standards and tools for child and vulnerable groups available in the 7 LDs (including guidelines and standards for child participation; planning and budgeting guidelines/standards/tools) 	<ul style="list-style-type: none"> More effective and quality services to children in the 7 LDs Children-related results are clearly articulated in the seven learning district's plans and budgets Strengthened delivery systems in place in the seven learning districts Financial resources and logistics available in the seven learning districts for children-related activities in all the sectors 	Descriptive data on village and district level plans and budgets (compliance with national standards and to RBM principles, incorporation of children-related results, etc.) Financial flow data for children-related operations in the 7 LDs Data on RBM planning and M&E capacity in the 7 LDs Process data on health and school services delivery and monitoring systems in the 7 LDs Descriptive data on personnel reached by planning and budgeting support interventions
	Social planning and budgeting			<ul style="list-style-type: none"> RBM planning and budgeting processes in place in the seven learning districts Capacity in RBM planning strengthened in the 7 LDs Plans and budgets in the 7 LDs are RBM compliant 		
	Research, monitoring and analysis			<ul style="list-style-type: none"> Strengthened monitoring systems in place in the seven learning districts 		

3.2 Comparative analysis of expectations of the different stakeholder groups

During the first meeting, questions to stakeholders were related to goals and objectives of the interventions (question 3), expectations in terms of change at the level of children (question 5), and to change concerning other beneficiaries (question 6) as in Box 1 at page 1. Individual answers to these questions tabulated by participant affiliation are provided in annex 3. A separate document containing answers to all questions is also available at the contact address indicated in inside cover page.

The expectations vary between service providers and community members. In the first meeting, stakeholders at national and district levels including UNICEF staff focused on impacts, intermediate outcomes and activities carried out within the framework of the interventions in the seven learning districts (see table 2 and annex 3). Results of the analysis of meeting materials are identical for the group of participants coming from NGO. During the second meeting, there was greater attention of all participants towards outputs and immediate outcomes i.e. results achievable by 2010. From first meeting to the second, it appeared that participants have improved their understanding of what is expected from the exercise. Therefore a better understanding of the meeting's expectations might explain the shift in participant's focus. In articulating what the interventions in the 7 LDs are trying to achieve, participants emphasized on impact level consideration in the first meeting versus on immediate outcomes and outputs in the second meeting. The logic models in annex 3 reflect this evolution. On the other hand, school and health committee leaders emphasized immediate health and learning outcomes and the support needed in terms of goods and services (availability of logistics, teaching and learning materials, and finance at the facility level).

This differentiated emphasis by different stakeholders has consequences for the design of the evaluation. In order to ensure utility of the summative evaluation, the information needs of each group of stakeholders should be considered appropriately, including intermediate outcomes and process data for those at national and district levels and NGO, and immediate outcomes and outputs (goods and services delivered) for community level stakeholders.

3.3 Expectations from the summative evaluation planned in 2010

During the first meeting, stakeholders formulated the questions to seek information related to the interventions in the seven learning districts. These questions were further refined and prioritized during the second stakeholder meeting. Other questions of concern were also added. The 22 resulting evaluations questions are grouped according to the OECD evaluation criteria. Sectoral questions are presented in table 3 and intersectoral ones are listed below table 3. Two other questions are not evaluative but are related to lessons to be learned of the implementation of the interventions in the target area.

Most of the above stakeholder questions are descriptive in nature. They address how far the interventions resulted in the delivery of the expected outputs (services and goods) or generated relevant changes among the target groups. One impact (cause-effect) question was raised in relation to young child survival and development. Efficiency is not a matter of concern for stakeholders consulted during the study except for the UNICEF M&E Officer. However, it is worth noting that in most cases efficiency is difficult to conceptualize in evaluation studies, even for program managers.

Table 3: Sectoral questions drafted by the stakeholders for the 2010 summative evaluation

Evaluation criteria	YCSD	BELS	CPP	PAAP
Effectiveness	1. To what extent did the interventions achieve results for children?	2. What difference has INSET made in teaching/learning in schools? 3. To what extent has	5. To what extent communities organized in responding to the	7. To what extent minimum standards were used to improve planning at all levels of education in learning

		gender balance been achieved? 4. To what extent have young people been empowered with knowledge, skills and services to deal with HIV & reproductive health issues?	care, protection, impact mitigation of MVCs? 6. To what extent young people effectively involved in matters of concern to them?	districts? 8. To what extent LDs use ESMS data for planning and decision making? 9. To what extent has HIV/AIDS has been mainstreamed in the council development plans? 10. To what extent are plans in the 7 LDs adhering to national guidelines?
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The following are the intersectoral evaluation questions again grouped according to OECD evaluation criteria:

Relevance:

- 11. To what extent were interventions relevant for children in the 7 LDs?
- 12. Were the interventions accepted culturally, socially and politically in the 7 LDs?

Efficiency:

- 13. Did centralized channeling of funding and reporting to LDs reduce transaction costs?
- 14. Were there any implementation constraints with the choice of geographically spread 7LDs?
- 15. To what extent did the sectoral interventions converge at the community level?

Sustainability:

- 16. To what extent are the results sustainable?
- 17. How much resources are allocated for children-related issues?
- 18. What amount of resources the GoT allocated to child care and protection and to HIV prevention?

Impact:

- 19. Can we attribute the results as in table 2 to our interventions?

Lessons learned:

- 20. What are the major challenges in implementation?
- 21. What are the success factors for scaling up?
- 22. To what extent has the experience in 7 LDs been useful to contribute to national policies and strategies?

4. CONCLUSIONS

Consensus among stakeholders on outcomes and outputs expected from the interventions

Although the priorities of stakeholders at national and district levels including UNICEF staff are different from that of health and school committee leaders, it constitutes no barriers to an effective and useful summative evaluation of the interventions in the seven learning districts. Expectations of stakeholders at village and facility levels are similar as they are often related to immediate outcomes and outputs of the interventions in 7 LDs. On a continuum of time required to observe the achievements of the interventions in the 7 LDs, stakeholders at village and facility levels are much interested in short term results and stakeholders at national and district levels look at intermediate to long term results (impacts). The default of having a clear agreement among stakeholder groups on what constitute the evaluand i.e. what is being evaluated is likely to jeopardize the usefulness of the upcoming evaluation. To this respect, it is unlikely that a single summative evaluation find answer to as many different set of questions as different stakeholder groups exist. The evaluation may be organized to collect evidence only on a subset of questions important to few stakeholders, therefore undermining its usefulness to other groups of stakeholders. On the other hand, trying to design an evaluation broader enough in scope to answer all the subset of questions of all different stakeholder groups will bring it to a scale that will be unmanageable or of poor quality. In addition, the implementation strategy emphasizes budget support and principles of Paris declaration (especially appropriation). It therefore does not facilitate a clear association of the interventions under consideration in the 7 LDs and the results obtained so far in the district and village levels.

Effectiveness of the 2010 summative evaluation of the interventions

Given the timeframe of the interventions in the seven LDs, it is unlikely that evidence of impact and intermediate outcomes be validly generated by the summative evaluation scheduled in 2010. Evidence of achievements related to expected outputs and immediate outcomes, however, can be gathered without major constraints because program activities are carried out since 2007 which is sufficiently long enough for the interventions to be able to deliver the expected outputs and immediate outcomes.

By rephrasing the questions in table 3 to enhance on their measurability attributes, the summative evaluation that will be carried out in 2010 can provide valid answers to all the relevance, effectiveness, and sustainability questions. In other terms, the information needs of stakeholders as reflected in their questions can be fully satisfied through the planned evaluation.

Stakeholders at the village and facility levels do not have information regarding the specific interventions of the UNICEF in the seven LDs. They are not aware if UNICEF has contributed to the purchase of goods or financing of activities through funding. Such information on UNICEF contribution is available only at the level of district officers i.e. one layer up in the administrative structure of service delivery. The Country program 2007 – 2010 adopted the strategy of budget support in which funds are channeled to grassroots level through the exchequer system and District Executive Officer, and not through standalone direct interventions in the field. Therefore, no operational problem is anticipated that might hinder or affect a successful evaluation design, as far as the summative evaluation does not investigate the attribution of results. UNICEF contributes to bring changes in the life of children and other beneficiaries at various level of the delivery chain in the seven learning districts, along with other development players among which are the Government of Tanzania and the local government authorities, as also the development partners and non-government actors.

In addition, what constitutes the interventions of GoT and UNICEF in the 7 LDs i.e. the nature of the evaluand (is it a cluster of activities, components of the Country programme, sectoral strategies?) is unclear to various stakeholders including UNICEF Staff. Thus, it is a major barrier to an effective summative evaluation.

Utility of the 2010 summative evaluation of the interventions

Although effectiveness of the envisaged summative evaluation is not a problem, its utility to the various stakeholder groups is jeopardized by dissenting focus in expectations vis-à-vis the interventions in the seven LDs. In fact, broad consensus was reached among stakeholders at national and district levels, including UNICEF staff, concerning the expectations of the interventions in the seven LDs (annex 3). Remaining differences can be attributed to insufficient knowledge of the evaluation terminology. The respective needs of evaluative information of the stakeholders were included in a comprehensive question set presented in table 3.

How will stakeholders use the information presented in the evaluation report to better fulfill their roles in the implementation? The way stakeholders related their information needs as portrayed in the stated questions and their decision making within the implementation process is unclear. Discussion during the meetings was unsuccessful in revealing such comprehension by the stakeholders represented, excepted for deciding what to scale up. School and health committee leaders interviewed in Kizuni and Kondo in the Bagamoyo district were more precise on how they intend to use of the information that the evaluation will provide. It will serve the basis to judge the program achievements in terms of learning and health outcomes in the community and take the necessary actions to improve on the results.

Data needs and gaps

Data needs are presented in table 2 by subcomponents of the interventions.

The major gaps in data availability concern district and community level aggregated information, especially data on outcomes of the interventions. A survey with appropriate sampling design can satisfactorily address these problems. Data at health facility level and in schools, however, are readily available, including process data. In addition, a careful review of the numerous sources of statistical data available in Tanzania can help mitigate the data gaps identified.

5. RECOMMENDATIONS

Six actions related to the three following aspects are recommended:

Refinements needed to various aspects of interventions

1. Using the expected impact, outcomes and outputs of the interventions outlined in table 2 and annex 3, ameliorate the wording to turn them into observable, measurable and achievable (by 2010) results statements (SMART attributes).
2. In a participatory manner, at the inception of the baseline study, determine the appropriate indicators for the agreed upon outcomes, outputs, and activities in the seven learning interventions that are meaningful to the relevant stakeholder groups and that they can work with; these indicators will further orient data collection during the summative evaluation.
3. Draft a technical manual of operations covering all the sector work for interventions in seven LDs in the framework of the UNICEF Country Programme 2007 – 2010 in Tanzania. This document will help clarify what are the interventions really implemented in the field, not what is in the CPAP, CPD and other planning documents.

4. Regularly inform the various beneficiaries of the sources and magnitude of support UNICEF provides in excess of what the Government of Tanzania, making possible analyses of the contribution of UNICEF in the LDs. This can be done during the committee meetings;

Suggested key elements for the baseline study

5. Consider the following elements in designing the baseline study:
 - Review of available documentation (program documents; national planning documents; cooperation documents; etc.).
 - Planning of the survey (inception report with specification of the methodology of data collection and analysis).
 - Survey of the seven learning districts and of matching districts to find answers to the outcome questions.
 - Feedback meeting with the different stakeholders groups.
 - Report writing.

The terms of reference (ToR) of the baseline study were developed in parallel to this assignment but as a separate product.

Suggested strategy for the summative evaluation

6. Adopt a stratified multi-site mixed methods (quantitative & qualitative) evaluation strategy. Stratification of the LDs and of non-participating districts will help control desirable characteristics. Matching districts in a quasi-experimental design is suggested because experiment is no more possible for the interventions to be evaluated. In addition, the baseline study will gather enough information to also allow comparison on a timeline. The same number of the participant sites (villages or districts) and of non-participating sites will be included in the sample. Collecting and analyzing qualitative data on the implemented processes and lessons learnt will give the basis to prepare and make appropriate scaling up decisions. Prospective summative evaluation consultant will suggest more specific methodology as part of the selection process, with contribution of the M&E Specialist of the UNICEF Country Office.

6. LESSONS LEARNED

1. Evaluability assessment prior to a major program evaluation effort is appropriate and valuable investment when stakeholders are numerous and diverse in implementing development interventions as in the case of the GoT/UNICEF interventions in the seven learning districts.
2. Evaluability assessment is useful in building among the stakeholders a shared understanding of the theory of change supporting development intervention, thus potentially contributing to more effectiveness in the implementation of the development intervention.

7. REFERENCES

UNICEF. 2008. Comparative Indicators: Children in the UNICEF Learning Districts. Working document of UNICEF Tanzania's Policy Advocacy and Analysis Programme (PAAP).

ANNEX 1: LIST OF PARTICIPANTS OF THE 1ST MEETING

1st Stakeholders Meeting on Evaluability Assessment

3 July 2008

UNICEF Conference Room 1

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ANNEX 2: LIST OF PARTICIPANTS OF THE 2ND MEETING

2nd Stakeholders Meeting on Evaluability Assessment

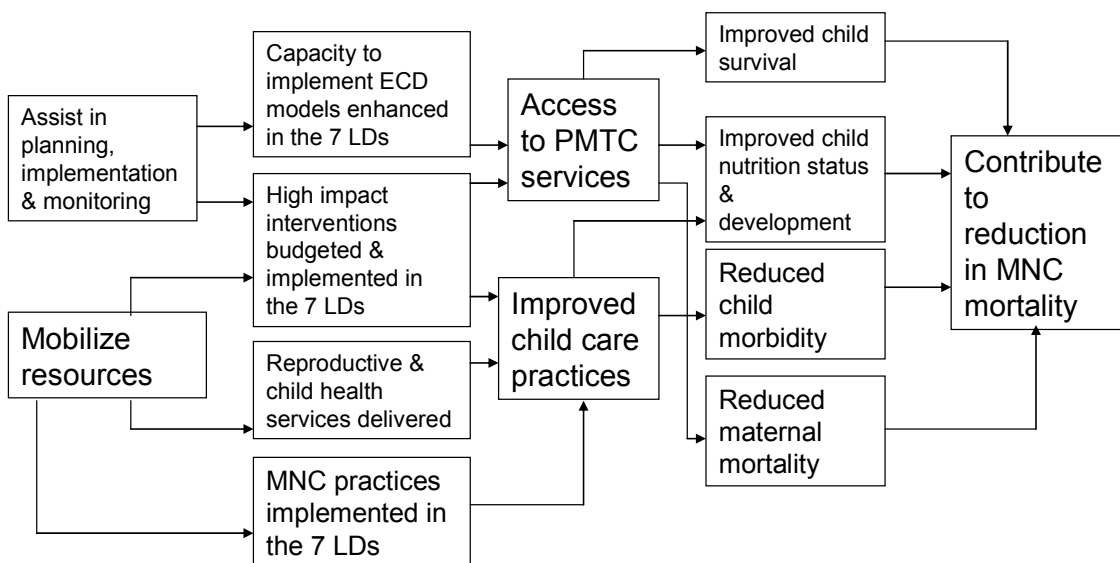
15 July 2008

UNICEF Conference Room 1

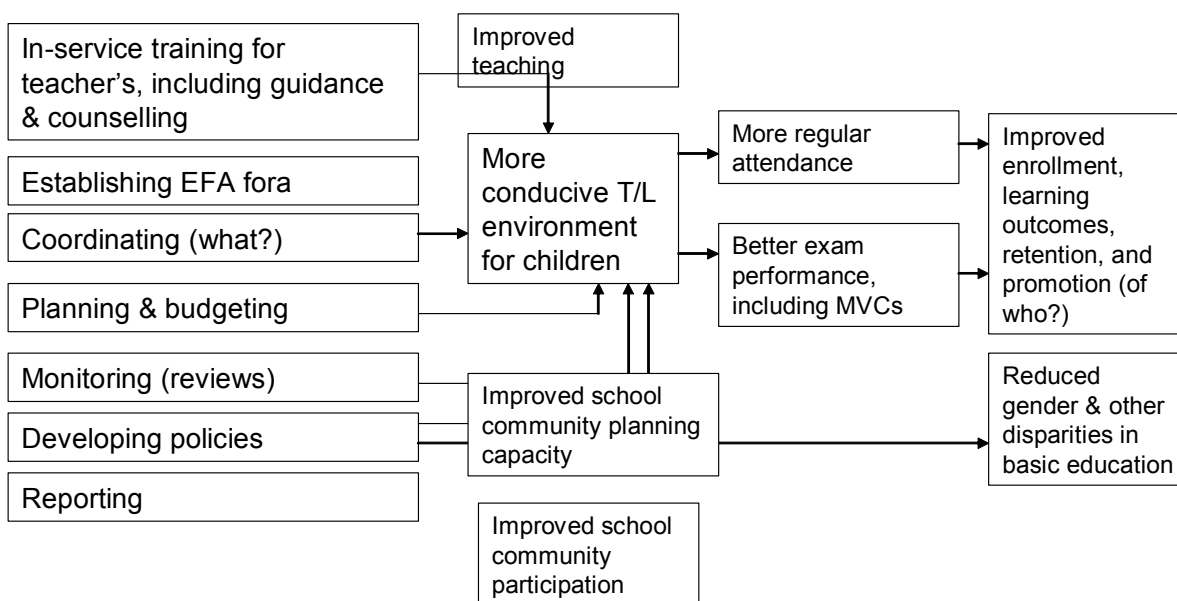
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ANNEX 3: RESULTS OF THE STAKEHOLDER MEETINGS

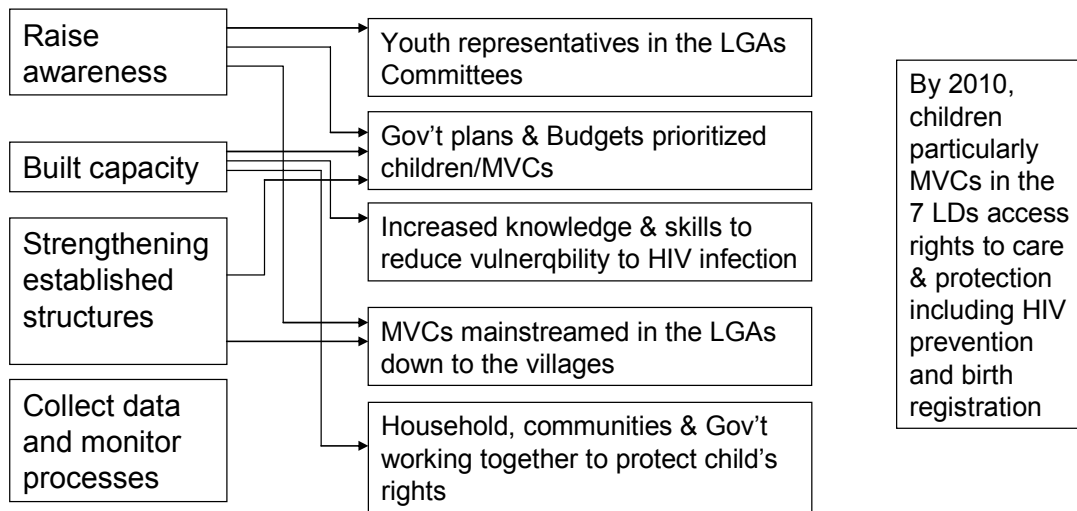
A. YCSD Stakeholder Group’s Logic Model



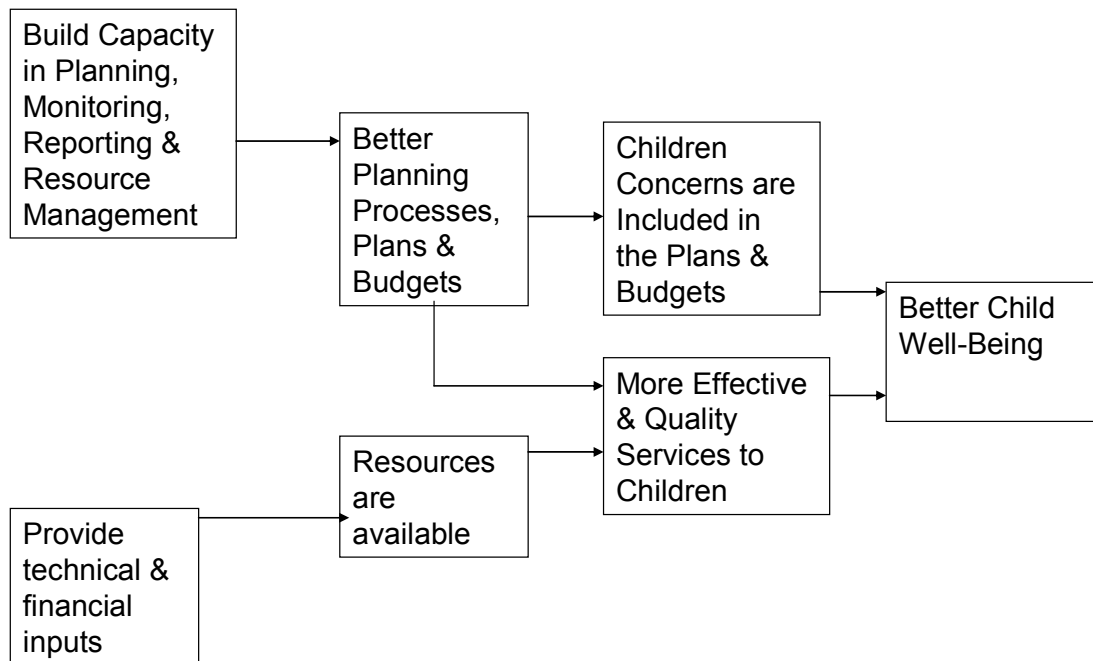
B. BELS Stakeholder Group’s Logic Model



C. CPP Stakeholder Group's Logic Model



D. PAAP Stakeholder Group's Logic Model



E. Individual expectations of stakeholders of the interventions in the 7 LDs

UNICEF Project Officer's Expectations

Participant's Profile	Expectations
Child Protection Specialist, UNICEF	<ul style="list-style-type: none"> • Ensure children in TZ especially MVC Access their rights to care and protection • Better Government response to the care and protection needs of MVC • Improved capacity to fulfill their roles and obligations
HIV/AIDS Specialist, UNICEF (primary Prevention)	<ul style="list-style-type: none"> • Provide technical support for development of national, sub-national strategies, plans • Reduction of new HIV infections in adolescent, young people • Develop strategic partnerships for evidence-base programming • Increased knowledge, and skills to reduce vulnerability to HIV infection • Household communities, government working together towards and HIV-free future generation
Monitoring of the Program, UNICEF	<ul style="list-style-type: none"> • Reduce most vulnerable groups • The vulnerable group stand by their own in terms of dependence • Improved good plans and budgeting in the health and education sectors
Planning specialist UNICEF	<ul style="list-style-type: none"> • To reduce child vulnerability at district level by evidence based policy • Quality child friendly plans • Skills on budget and planning strengthened • Harmonized monitoring and reporting tools
UNICEF Education Specialist	<ul style="list-style-type: none"> • Raising basic education focusing on MVC • Reducing gender disparities in basic educations • Increasing capacity for IECD • Increasing capacity for life skills education • Enhanced evidence based planning • Improved learning outcomes • Improve school enrollment/attendance for MVC • More child friendly support from communities • Enhanced teacher's evidence based planning • Improved child friendly teaching • Improved support to teachers
Specialist in education, UNICEF	<ul style="list-style-type: none"> • Assure equitable access to education to all children • All children to have access to quality education-life long education • To promote effective learning by training teachers in learner centered teaching • Parents appreciate the importance of education for all children
Project officer, UNICEF	<ul style="list-style-type: none"> • Enhance the district capacity to implement pre-primary and primary school standards • Quality school and district education plans improve and address school standards • Improve quality assurance systems • Special provision for MVC • Effective ECP centres established that meet minimum standards and guidelines • Enhanced NSET programme • Teachers trained and have the capacity to use participatory approaches in teaching/learning • Children access improved quality education at pre-primary and primary level • Improved school committee capacity in planning • Increase community participation in education development
Senior water engineer, UNICEF	<ul style="list-style-type: none"> • Ensure for adequate water and sanitation service • Facilitation awareness creation on hygiene • reduction of school drop-outs due to water available
Anonymous, UNICEF	<ul style="list-style-type: none"> • Help the society join and actively participate in implementing the program • Ensure full security to children • Few street children • Protect children from HIV/AIDS • Providing security to the children • Number of street children • Number of children who die at the age of 0-5 years
Nutrition specialist, UNICEF	<ul style="list-style-type: none"> • Contribute towards reduction maternal/child mortality • 7 districts budget and implement high impact intervention • Capacity to implement ECD models, enhanced in 7 districts • Reduction of children mortality • Reduction of mortality and poverty
Focal person on YCSD activities, UNICEF	<ul style="list-style-type: none"> • Organizing resources • Reduced child mortality • Increased good hand wash practices • To support UNICEF program • Increase support to early children development

Expectations of stakeholders in central administrations

Participant's Profile	Expectations
Director District Community Response, TACAIDS (MoHSW)	<ul style="list-style-type: none"> • Provision of life skills EDN to Youth thru implementing partners • Behavioral change communication amongst youth • Increase awareness for BCC amongst youth • Youth representation in the MACs • Increased basic support to children especially MVC • Effective collaboration at the LGAs, CSOs, FBOs, and CBO's • Mainstreaming OVC issues in the LGAs down to the sub village
Principal economist from the ministry of Finance and Economic Affairs (MOFEA)-T2	<ul style="list-style-type: none"> • Ensured social welfare and child rights in place • Improved social and economic services to local community • Scale-up good practice to other districts • Improved planning and budgeting • Improved socio economic services • Improved income and living standard of local community • Good data management • Good nutrition status • High pass rate • Food security • Safe water availability
Information and communication technology expert, PMO RALG	<ul style="list-style-type: none"> • Improve life of children, young people and vulnerable groups • Influence legal land legislative regime related to children • The actors are able to allocate resources in child friendly budgets • Improved policy regime related to child development in central government • Improve report results and child friendly budgets at local government level • Increased access of other stakeholders to information in the districts
Focal person dealing with coordination and monitoring of UNICEF support activities implemented in districts, PMO RALG	<ul style="list-style-type: none"> • Ensure quality of services delivery to the community • Services delivered to children to be improved • Children wellbeing be improved • No of vulnerable reduced • Wellbeing of other beneficiaries improved (Care takers; guardians; Family – parents)
Adult Education Officer, MoETVT	<ul style="list-style-type: none"> • Have child friendly school • Increase registration and promotion rate to school children • More constructive learning environment • Community awareness of school ownership • Good governance/well trained teachers • More children will be willing to go to school • Girl Forum in school • Well equipped TRCS • Well trained teachers • No corporal punishment • Good teaching • Good relationship between teachers, parents and community • Children rights ownership • Children rights will know and exercised by the community
Data analyst and engineer in the Ministry of Water and Irrigation	<ul style="list-style-type: none"> • Sustainability on clean water • Reduction of mortality for children • Health, education, equality, including children's rights for children • Improved health, education

Expectations of stakeholders in district level administrations

Participant's Profile	Expectations
Bagamoyo District Social Welfare Officer	<ul style="list-style-type: none"> To improve socio wellbeing of most vulnerable children Children to get care and support from the community Improve data management in all levels (Children, Youth, Community, Community leaders)
Municipal/District social Welfare Officer	<ul style="list-style-type: none"> To help MVC attain a modicum standard of living The life standard of OVC/MVC will change improve Help positively OVCs/MVC's
Statistics of planning officer; Temeke Council	<ul style="list-style-type: none"> The program aims at child survival and Protection Awareness among community members on how to take care of children Good health for children Out of school children will be able to get education Reduction of MVC's
Economist Assisting in the process of planning and implementation, Temeke Council	<ul style="list-style-type: none"> More children to know their rights and to be respected Improvement of child rights Good plans Improved health services
Planning officer, TEMEKE Municipal Council	<ul style="list-style-type: none"> To reduce vulnerability at the district level Equipped children with different skills so easy to implement themselves Out of school children to be in school
District Education Officer, HIV/AIDS focal person	<ul style="list-style-type: none"> To reduce children vulnerability Children are going to be interested in attending classes Will bring their children to schools

Expectations of stakeholders in non governmental organizations

Participant's Profile	Expectations
Mary KYANDO, youth Interventions (Family health international)- Tshi Rural Initiative under UNICEF Funding	<ul style="list-style-type: none"> Reduce the infection rate of HIV among young people age of 10-24 To increase the number of youth who abstain/delay sexual debut, including risky perception To increase number of young being faithful to one tested partner/reduce number of partners and use condoms To increase number of Youth who seek YFS including STI treatment and VCT services To increase number of elders/parents who can communicate freely with their children on HIV issues Reduction of new HIV infection among youth Increased HIV risky perception among Youth
The registration Manager of Births Death's, Marriages, RITA (ONG)	<ul style="list-style-type: none"> Registration of births and deaths of all child in the 7 learning districts 90% children to be identified and registered particularly MVC's Vulnerable children to be identified registered
Coordinator news paper department, YOMNET	<ul style="list-style-type: none"> To protect child rights To know their right and responsibilities on child/young people Recognition of child/young people rights and participation

Expectations of community members

Participant's Profile	Expectations
President of the Kizuiani school committee	<ul style="list-style-type: none"> Improve learning of children Provide enough classrooms, tables, supplies, teaching materials and teachers to schools
President of the Kondoh school committee	<ul style="list-style-type: none"> Improve learning environment Make the school child friendly through community dialogue, provision of teaching aids Keep school attendance at 100% Diminish drop-outs Increase enrollment of children from neighboring villages Improve management capacity of school committee members
President of the Kondoh Primary Health Care Committee	<ul style="list-style-type: none"> Decrease child morbidity (diarrhea, etc.)

Individual expectations from the interventions in the 7 LDS, grouped by sector and participant's profile

Sector	Participant's Profile	Expectations
CPP	Bagamoyo District Social Welfare Officer	<ul style="list-style-type: none"> To improve socio wellbeing of most vulnerable children Children to get care and support from the community Improve data management in all levels (Children, Youth, Community, Community leaders)
	Child Protection Specialist, UNICEF	<ul style="list-style-type: none"> Ensure children in TZ especially MVC Access their rights to care and protection Better Government response to the care and protection needs of MVC Improved capacity to fulfill their roles and obligations
	Municipal/District social Welfare Officer	<ul style="list-style-type: none"> To help MVC attain a modicum standard of living The life standard of OVC/MVC will change improve Help positively OVCs/MVC's
	Director District Community Response, TACAIDS (MoHSW)	<ul style="list-style-type: none"> Provision of life skills EDN to Youth thru implementing partners Behavioral change communication amongst youth Increase awareness for BCC amongst youth Youth representation in the MACs Increased basic support to children especially MVC Effective collaboration at the LGAs, CSOs, FBOs, and CBO's Mainstreaming OVC issues in the LGAs down to the sub village
	Mary KYANDO, youth Interventions (Family health international)-Tshi Rural Initiative under UNICEF Funding	<ul style="list-style-type: none"> Reduce the infection rate of HIV among young people age of 10-24 To increase the number of youth who abstain/delay sexual debut, including risky perception To increase number of young being faithful to one tested partner/reduce number of partners and use condoms To increase number of Youth who seek YFS including STI treatment and VCT services To increase number of elders/parents who can communicate freely with their children on HIV issues Reduction of new HIV infection among youth Increased HIV risky perception among Youth
	HIV/AIDS Specialist, UNICEF (primary Prevention)	<ul style="list-style-type: none"> Provide technical support for development of national, sub-national strategies, plans Reduction of new HIV infections in adolescent, young people Develop strategic partnerships for evidence-base programming Increased knowledge, and skills to reduce vulnerability to HIV infection Household communities, government working together towards and HIV-free future generation
	The registration Manager of Births Dearth's, Marriages, RITA (ONG)	<ul style="list-style-type: none"> Registration of births and deaths of all child in the 7 learning districts 90% children to be identified and registered particularly MVC's Vulnerable children to be identified registered
PAAP	Statistics of planning officer; Temeke Council	<ul style="list-style-type: none"> The program aims at child survival and Protection Awareness among community members on how to take care of children Good health for children Out of school children will be able to get education Reduction of MVC's
	Principal economist from the ministry of Finance and Economic Affairs (MOFEA)-T2	<ul style="list-style-type: none"> Ensured social welfare and child rights in place Improved social and economic services to local community Scale-up good practice to other districts Improved planning and budgeting Improved socio economic services Improved income and living standard of local community Good data management Good nutrition status High pass rate Food security Safe water availability
	Monitoring of the Program, UNICEF	<ul style="list-style-type: none"> reduce most vulnerable groups The vulnerable group stand by their own in terms of dependence Improved good plans and budgeting in the health and education sectors
	Economist Assisting in the process of planning and implementation, Temeke Council	<ul style="list-style-type: none"> More children to know their rights and to be respected Improvement of child rights Good plans Improved health services

Sector	Participant's Profile	Expectations
	Information and communication technology expert, PMO RALG	<ul style="list-style-type: none"> • Improve life of children, young people and vulnerable groups • Influence legal and legislative regime related to children • The actors are able to allocate resources in child friendly budgets • Improved policy regime related to child development in central government • Improve report results and child friendly budgets at local government level • Increased access of other stakeholders to information in the districts
	Focal person dealing with coordination and monitoring of UNICEF support activities implemented in districts, PMO RALG	<ul style="list-style-type: none"> • Ensure quality of services delivery to the community • Services delivered to children to be improved • Children wellbeing be improved • No of vulnerable reduced • Wellbeing of other beneficiaries improved (Care takers; guardians; Family – parents)
	Planning officer, TEMEKE Municipal Council	<ul style="list-style-type: none"> • To reduce vulnerability at the district level • Equipped children with different skills so easy to implement themselves • Out of school children to be in school
	Planning specialist UNICEF	<ul style="list-style-type: none"> • To reduce child vulnerability at district level by evidence based policy • Quality child friendly plans • Skills on budget and planning strengthened • Harmonized monitoring and reporting tools
BELS	UNICEF Education Specialist	<ul style="list-style-type: none"> • Raising basic education focusing on MVC • Reducing gender disparities in basic educations • Increasing capacity for IECD • Increasing capacity for life skills education • Enhanced evidence based planning • Improved learning outcomes • Improve school enrollment/attendance for MVC • More child friendly support from communities • Enhanced teacher's evidence based planning • Improved child friendly teaching • Improved support to teachers
	District Education Officer, HIV/AIDS focal person	<ul style="list-style-type: none"> • To reduce children vulnerability • Children are going to be interested in attending classes • Will bring their children to schools
	Specialist in education, UNICEF	<ul style="list-style-type: none"> • Assure equitable access to education to all children • All children to have access to quality education-life long education • To promote effective learning by training teachers in learner centered teaching • Parents appreciate the importance of education for all children
	Adult Education Officer, MoETVT	<ul style="list-style-type: none"> • Have child friendly school • Increase registration and promotion rate to school children • More constructive learning environment • Community awareness of school ownership • Good governance/well trained teachers • More children will be willing to go to school • Girl Forum in school • Well equipped TRCS • Well trained teachers • No corporal punishment • Good teaching • Good relationship between teachers, parents and community • Children rights ownership • Children rights will know and exercised by the community
	Project officer, UNICEF	<ul style="list-style-type: none"> • Enhance the district capacity to implement pre-primary and primary school standards • Quality school and district education plans improve and address school standards • Improve quality assurance systems • Special provision for MVC • Effective ECP centres established that meet minimum standards and guidelines • Enhanced NSET programme • Teachers trained and have the capacity to use participatory approaches in teaching/learning • Children access improved quality education at pre-primary and primary level • Improved school committee capacity in planning • Increase community participation in education development
YCSD	Senior water engineer, UNICEF	<ul style="list-style-type: none"> • Ensure for adequate water and sanitation service • Facilitation awareness creation on hygiene • reduction of school drop-outs due to water available
	Anonymous, UNICEF	<ul style="list-style-type: none"> • Help the society join and actively participate in implementing the program

Sector	Participant's Profile	Expectations
		<ul style="list-style-type: none"> • Ensure full security to children • Few street children • Protect children from HIV/AIDS • Providing security to the children • Number of street children • Number of children who die at the age of 0-5 years
	Data analyst and engineer in the Ministry of Water and Irrigation	<ul style="list-style-type: none"> • Sustainability on clean water • Reduction of mortality for children • Health, education, equality, including children's rights for children • Improved health, education
	Coordinator news paper department, YOMNET	<ul style="list-style-type: none"> • To protect child rights • To know their right and responsibilities on child/young people • Recognition of child/young people rights and participation
	Nutrition specialist, UNICEF	<ul style="list-style-type: none"> • Contribute towards reduction maternal/child mortality • 7 districts budget and implement high impact intervention • Capacity to implement ECD models, enhanced in 7 districts • Reduction of children mortality • Reduction of mortality and poverty
	Focal person on YCSD activities, UNICEF	<ul style="list-style-type: none"> • Organizing resources • Reduced child mortality • Increased good hand wash practices • To support UNICEF program • Increase support to early children development
	President of the Kizuiani school committee	<ul style="list-style-type: none"> • Improve learning of children • Provide enough classrooms, tables, supplies, teaching materials and teachers to schools
	President of the Kondoh school committee	<ul style="list-style-type: none"> • Improve learning environment • Make the school child friendly through community dialogue, provision of teaching aids • Keep school attendance at 100% • Diminish drop-outs • Increase enrollment of children from neighboring villages • Improve management capacity of school committee members
	President of the Kondoh Primary Health Care Committee	<ul style="list-style-type: none"> • Decrease child morbidity (diarrhea, etc.)

ANNEX 4: TERMS OF REFERENCE OF THE EVALUABILITY ASSESSMENT

Individual / Institutional contract details:

Location: Dar es Salaam, Tanzania
Start Date: 19 June 2008

Title:

Evaluability Assessment of UNICEF interventions in 7 Learning districts as part of the Country Programme 2007-10

Background:

The Country Programme Action Plan (2007-10 CPAP) design is based on the need for more concentrated 'upstream' policy and advocacy work. In addition, the new Country Programme proposed to scale up support to cover all 121 districts by working through the exchequer system rather than directly with its earlier 57 districts. The number of 'special focus' districts were reduced from sixteen to six (one district was later administratively divided by the GoT – thus seven learning districts), to support the scaling-up of evidence-based programmes which demonstrate a potential for reducing child vulnerability.

The CPAP established that the five programme components will work at national, regional, district and community levels to influence policy design and implementation, to leverage resources to reduce child mortality and vulnerability, and to ensure sectoral strategies and annual plans are in place, resourced and operationalized. All programme components have a policy element into their work and increasingly focus on evidence-based, 'upstream' support for policy analysis and development. In addition to the seven learning districts, the Programme also has a special focus on Zanzibar and on districts in North-Western Tanzania.

It is further outlined that the programme will be implemented and evaluated using a human rights-based approach, with particular emphasis on gender equity. In this regard, the Programme is guided by the following inter-related strategies:

1. Advocacy for the MDGs and Human Rights
2. Capacity Development
3. Partnerships
4. Service Delivery
5. Programme Communications
6. Mainstreaming of Emergency Preparedness and Response
7. Mainstreaming of HIV/AIDS.

The CPAP was signed jointly by Government of Tanzania and UNICEF. The current sectoral AWP (Annual Workplans) 2008-09 are endorsed by sectoral line ministries.

The CPAP results matrix went through revisions and was finalized in December 2007 during the Annual review process. AWP 2008-09 results were established following this process, along with identification of indicators with annual targets for CP results and bi-annual targets for AWP results.

Purpose of the evaluation:

This Evaluability Assessment is being commissioned prior to the evaluation of 7 learning districts scheduled in 2010 to establish whether UNICEF interventions in the 7 learning districts can be evaluated and what might be the barriers to its effective and useful evaluation. The Evaluability

Assessment will be useful to partners, programme managers and management to clarify the expected outcome of the interventions in a short, medium and long timeframe leading to fine-tuning or improvement before the programme has progressed too far. The assessment will also establish data needs which will form the basis of the 2008 baseline study. In 2010, the Evaluability assessment and baseline study will be used by the Evaluators to determine results and lessons learned in the 7 learning districts. The findings of this assessment will be useful for refinements to the programme during the GoT/UNICEF reviews in mid 2008 and will also help create a better common understanding of the desired outcomes.

Scope and focus:

The major questions that the 'Evaluability Assessment' must answer are listed below:

1. What are the expected results (sectoral/ intersectoral, immediate/intermediate/long-term) from the UNICEF interventions in the 7 Learning districts?
2. What are the expectations from the summative evaluation in 2010?
3. Can the summative evaluation in 2010 generate the necessary evidence to demonstrate achievement of results and lessons learned? If so, what could be the approach of the summative evaluation?
4. Is there a consensus with partners at national level, district level and UNICEF on the end results and evaluation requirements?
5. What baseline and comparison data will be necessary for the summative evaluation? If possible, also determine what existing data can be used as a baseline from a preliminary review of data available from national survey and district profiles.

As the assessment aims to answer the above questions, it will also aim to build consensus within stakeholders to have common expectations on the end evaluation.

Existing information sources:

The following minimum documents must be used for obtaining a detailed background on the Country Programme and interventions in seven learning districts:

1. Country Programme Action Plan 2007-10
2. CPAP results matrix (rev. Dec 2007)
3. CPAP monitoring indicators and annual targets (rev. Feb 2008)
4. Annual Work Plans 2008-09
5. UNICEF activities in 7 learning districts

Since one of the objectives of the Evaluability assessment is to establish baseline requirements, secondary data sources that need to be consulted will be part of the Terms of Reference for the baseline study.

Evaluation process and methods:

The Evaluability assessment will be based on desk reviews, interviews, focus group discussions and may also use a questionnaire to programme staff and partners at national and district level. Consensus building is an important outcome of the assessment. To support this, inter-sectoral meetings with partners may be planned at the beginning and towards the end of the assessment.

Accountabilities:

The consultant will be responsible for the process and Evaluability assessment report. The relevant sections will be responsible for securing appointments with partners. The planning unit will be responsible for coordination with district level counterparts. By the end of the Evaluability assessment, it is expected that UNICEF and its partners will have a better and common understanding of the outcomes expected of UNICEF / GoT activities in the 7 learning districts, and the requirements of the summative evaluation in 2010. The consultant will also develop the ToR for the baseline study.

Procedures and Logistics:

The consultant will sit in the UNICEF office and will be expected to bring his/her own computer. Any expenses related to organization of meetings will be borne by UNICEF.

Products:

The following products are expected:

1. The Evaluability Assessment will be submitted in hardcopy and softcopy along with any presentations used on findings and in the process. The Evaluability Assessment report will comply to the extent reasonable with UNICEF evaluation report and other related standards.
2. Meeting minutes reflecting discussions and consensus reached should also be made available and annexed to the report, including participant names, date and venue of meetings.
3. The consultant will also develop the draft Terms of Reference for the baseline study in the 7 learning districts

ANNEX 5: INTERVIEW GUIDES

Evaluability Assessment of UNICEF Interventions in 7 Learning Districts

Stakeholder Expectations Mapping Workshop

UNICEF Country Office, Dar Es Salaam, Tanzania

July 3, 2008

Interview Guide for UNICEF Staff

Themes of interest	Focal questions	Respondent Answers	Comments
Changes expected by 2010 from the 7 Learning Districts Initiative	In the implementation of the initiative, with who do You WORK?		
	What changes do YOU want to achieve (for children and other beneficiaries)?		
	On a day-to-day basis, what specific activities do YOU carry out?		
Evaluative information required about the 7 Learning Districts Initiative	What are the specific questions that YOU would like answered by the evaluation to be carrying out at the end of the initiative in 2010?		
	What are the conditions required for YOU to make practical use of the evaluation information if provided in 2010?		

ANNEX 6: LIST OF PERSONS INTERVIEWED

No.	Name	Title/Institution	Address	Telephone Contact
1	Abheet Solomon	UNICEF Tanzania	P.O. Box 4076 Dar Es Salaam	+ 255 22 2196600
2	Grace Mwalemba	UNICEFTanzania	P.O. Box 4076 Dar Es Salaam	+ 255 22 2196600
3	Engelbert Nyangali	UNICEF Tanzania	P.O. Box 4076 Dar Es Salaam	+ 255 22 2196600
4	Mary Kessy	UNICEF Tanzania	P.O. Box 4076 Dar Es Salaam	+ 255 22 2196600
5	Athumani Mkangila	Health Officer, Bagamoyo District Hospital	P.O. Box 29 Bagamoyo Coast Region	+ 255 773363697
6	Judica F. Kissenge	Statistics ² Logistic Officer, Education Department	P.O. Box 94 Bagamoyo	+ 255 782 790087

ANNEX 7: SUMMARY RESULTS MATRIX OF THE GOT/UNICEF COUNTRY PROGRAMME AND LINKS WITH MKUKUTA AND UNDAF FRAMEWORKS
Tanzania Country Programme Action Plan
Results Matrix (2007-10)



UNICEF programme component	Expected Outcomes (UN)	Expected Outputs (UN)	Output targets (UNICEF) [See attached sheet for indicators]	Indicative Resources by programme component (per year, US\$)			
				2007	2008	2009	2010
UNDAF outcome #2: By 2010, increased access to quality basic social services for all by focusing on the poor and most vulnerable							
704. Policy Advocacy and Analysis Programme	2.1 Effective mechanisms, including social protection, in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable, including those affected by HIV/AIDS.	2.1.1 Development of a national social protection strategy is supported.	704A: Priority issues for children addressed in social protection framework and implementation strategy and in multi-sectoral child development policy and implementation plan, with a focus on most vulnerable groups				
		2.1.3 Care, support and protection mechanism for vulnerable children, including child laborers and children affected by HIV and AIDS, mainstreamed in national and district development plans, policies and programmes.					
702. Basic Education and Life skills	2.2 Increased and equitable access to quality formal and non-formal education, including for those affected by HIV/AIDS.	2.2.1 Comprehensive Early Childhood policies and intersectoral frameworks are developed with clear institutional roles and EC stakeholders capacitated to undertake reforms in early childhood, with special attention to vulnerable and disadvantaged children, and enabled to develop affordable, community-based and integrated models of childcare and parenting education that can be supported through public-private partnerships.	702A: IECD operational guidelines/minimum standards and draft curricula (which address MVC issues) in place by June 09, while national, Zanzibar and LD capacities to implement IECD minimum standards are in place and are effectively operationalized by 2010.				
		2.2.3 Educational quality is improved in formal and non-formal settings; school retention, completion and achievement rates are increased; and a broad-based partnership in supporting improvements in the quality and management of education is enhanced.	702B: National, NWT, ZnZ and learning districts (LDs), focus ward (FW) and focus school (FS) plans focus on raising standards, include specific provisions for MVCs, and are implemented in learning districts by end 2010 702C: National primary in-service teacher training (INSET) Operational Plan, linked to MOEVT TDMS (which includes child friendly teaching/learning, competency based assessment, care & support, life skills education, gender, health education, emergency preparedness) approved and effectively implemented in the LDs by end of 2010.				

UNICEF programme component	Expected Outcomes (UN)	Expected Outputs (UN)	Output targets (UNICEF) [See attached sheet for indicators]	Indicative Resources by programme component (per year, US\$)			
				2007	2008	2009	2010
		2.2.5 Gender and other disparities are reduced in relation to increased access, retention and completion of quality basic education; and guidelines for mainstreaming gender responsiveness in formal and non-formal education systems and processes are adopted.	702D: National policies and strategies to support gender equity in basic education developed and implemented, and LDs, ZNZ and NWT prioritize gender equity in their basic education plans, by June 2010. Zanzibar education sector policy and evidence based plans are developed and implemented				
		2.2.6 All children and adolescents, including those currently marginalized, excluded or otherwise vulnerable, and children affected by HIV and AIDS are enrolled, participating and completing basic education in inclusive child-friendly formal and non-formal education systems, including vocational training schemes.	702C: National primary in-service teacher training (INSET) Operational Plan, linked to MOEVT TDMS (which includes child friendly teaching/learning, competency based assessment, care & support, life skills education, gender, health education, emergency preparedness) approved and effectively implemented in the LDs by end of 2010.				
		2.2.7 Educational opportunities, both formal and informal, are provided for all in emergencies and post-conflict situations, and education systems are safeguarded.					
		2.2.9 Most vulnerable young men and women are provided with life and livelihood skills for personal development, transition to adulthood, better integration into productive communities, and protection from HIV and other significant risks.	702E: National Life Skills Education Framework (NLSEF) for 8-18 year olds drafted by end of 2008, finalized and incorporated into national minimum standards by end of 2009, incorporated into LD and NWT plans and INSET, and effectively operationalized by end of 2010. Lifeskills training coverage expanded in formal and non-formal schools of Zanzibar				
701: Young Child Survival and Development	2.2 Increased and equitable access to quality formal and non-formal education, including for those affected by HIV/AIDS.	2.2.1 Comprehensive Early Childhood policies and intersectoral frameworks are developed with clear institutional roles and EC stakeholders capacitated to undertake reforms in early childhood, with special attention to vulnerable and disadvantaged children, and enabled to develop affordable, community-based and integrated models of childcare and parenting education that can be supported through public-private partnerships.	701A: Framework and early childhood development curriculum and integrated community models implemented in selected wards in the 7 learning districts by end 2010; and at least 30% of children under-3 years attend ECD centres				

UNICEF programme component	Expected Outcomes (UN)	Expected Outputs (UN)	Output targets (UNICEF) [See attached sheet for indicators]	Indicative Resources by programme component (per year, US\$)			
				2007	2008	2009	2010
	2.3 Improved community access to safe, clean water and environmental sanitation in the rural and urban areas.	2.3.2 The effectiveness and capacity of local authorities, including village/ward water and community development committees, to manage water systems, including catchments areas, is improved with equitable gender representation at decision-making levels.	701B: National and sub-national capacity to support communities in management of their water systems and sanitation facilities is strengthened				
		2.3.6 The awareness and knowledge of communities, including school children, about personal hygiene and environmental health is improved.	701C: Pregnant women and care givers of U-5 children in UNICEF focus districts are aware of and practice key survival, growth and development practices.				
		2.3.7 The availability of sanitation facilities for families, schools, work and public places and solid waste management practices at community level are improved.	701D: Schools in learning districts have adequate WASH facilities and children and their teachers practice key health actions				
	2.4 Increased and equitable access to comprehensive reproductive and child health interventions.	2.4.1 The evidence-based and prioritized national framework for accelerating reduction of Maternal, Newborn and Child deaths costed, supported, implemented and monitored.	701E: The One Maternal, newborn and child health strategy is finalised and costed by 2008. National coordination capacity developed and lessons learned from 7 learning districts and the JP in Dodoma supports scale-up of MNCH strategy				
		2.4.2 National, district and community (ward/SHEHIA) capacity for scaling up of comprehensive reproductive health, child health and nutrition interventions that provide a continuum of care that is integrated, financed and monitored.	701C: Pregnant women and care givers of children under-five in UNICEF learning districts are aware of & practice key child survival, growth & development practices				
		2.4.3 Comprehensive client-oriented and gender sensitive RCH services, that provide a continuum of care and includes commodity security for RCH, condom programming and nutrition, provided.	701C: Pregnant women and care givers of children under five in UNICEF learning districts are aware of & practice key child survival growth and development practices.				
		2.4.4 Comprehensive national nutrition policies and strategies, including human resource capacity related to adolescents, pregnant women, infants and children developed, supported, monitored and integrated within RCH programme.	701F: National nutrition policies, strategies and plans are consistent, finalized, costed and implementation capacities at district and national level enhanced by the end of 2010				

UNICEF programme component	Expected Outcomes (UN)	Expected Outputs (UN)	Output targets (UNICEF) (See attached sheet for indicators)	Indicative Resources by programme component (per year, US\$)			
				2007	2008	2009	2010
	2.5.5 Increased access to comprehensive prevention, care and treatment, and impact mitigation of HIV/AIDS and other major diseases	2.5.1 Increased awareness, knowledge, skills and services of HIV/AIDS prevention among most vulnerable communities achieved through district and community-owned HIV/AIDS interventions	701G: In 7 learning districts and NWT, 70% of health facilities providing RCH services also provide PMTCT/PAIDS services; 80% of pregnant women attending ANC receive PMTCT services; and 50% of HIV +children receive prophylaxis and ART services all by 2010. In Zanzibar, 30 healthcare facilities are able to provide PMTCT/PAIDS facilities				
		2.5.4 The Essential Package for universal access to HIV and AIDS prevention, care, treatment and support, incl. home-based care and nutrition made available to the poor and most vulnerable	701H: Scale up plan for PMTCT and PAIDS is finalized and costed and national capacity for coordination and implementation is in place by 2010				
		2.5.7 Access to effective prevention and treatment interventions for malaria and other major diseases increased, for the poor and most vulnerable, especially children under the age of five, pregnant women, refugees and other at risk communities	701I: National and subnational capacity to manage vaccines and high impact interventions for child survival is enhanced.				
703: Child Protection and Participation	2.1 Effective mechanisms, including social protection, in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable, including those affected by HIV/AIDS.	2.1.3 Care, support and protection mechanism for vulnerable children, including child laborers and children affected by HIV and AIDS, mainstreamed in national and district development plans, policies and programmes.	703A: National plans and guidelines for MVC adopted and implemented in 7 LDs and Zanzibar				
		2.1.6 Linkages between the national MVC interventions, sector coordination mechanisms and NGO/CBO networks are forged.	703B: Local level systems - MVC Cash Transfer Scheme and Child Welfare Model - piloted and inform national social protection framework				
	2.5 Increased access to comprehensive prevention, care and treatment, and impact mitigation of HIV/AIDS and other major diseases	2.5.1 Increased awareness, knowledge, skills and services of HIV/AIDS prevention among most vulnerable communities achieved through district and community-owned HIV/AIDS interventions	703C: Increased comprehensive knowledge and skills for HIV/AIDS prevention among young people in learning districts provides lessons for scaling up National HIV/AIDS prevention strategy 703D: National HIV/AIDS policies, strategies, plans and budgets prioritize prevention of young people (10-19) against HIV				

UNICEF programme component	Expected Outcomes (UN)	Expected Outputs (UN)	Output targets (UNICEF) [See attached sheet for indicators]	Indicative Resources by programme component (per year, US\$)			
				2007	2008	2009	2010
UNDAF outcome #3: By 2010, democratic structures and systems of good governance as well as the rule of law and the application of human rights, with a particular focus on the poor and vulnerable groups, are strengthened							
703: Child Protection and Participation	3.2 Strengthened national and local structures and systems of governance that foster the rule-of-law, promote gender equality, combat corruption and promote accountability and transparency	3.3.8 Increased capacity and opportunities for women, the most vulnerable children and adolescents as well as People Living with HIV/AIDS (PLHAs) to participate in governance at all levels, including in the Three Ones, and have their views heeded.	703E: Basic principles of child participation adopted in the UN, partner agencies and the Government				
	3.3 Enhanced and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms	3.3.18 Right holders empowered to be more aware and demanding with respect to human rights and freedoms, including accessibility of gender sensitive provisions in legislation	703F: Lessons from pilot on birth registration, and domestic and regional legal systems, contribute to national implementation strategies				
		3.3.21 Most vulnerable children and adolescents facilitated to access and participate in enhanced justice services.	703G: Children's Act enacted by 2010 and Community Justice integrated into formal justice systems at national level.				
702: Basic Education and Life Skills	3.4 Strengthened budget planning & MKUKUTA/MKUZA Monitoring Systems that foster participation and Gender equality	3.4.27 Education Sector management Information system – Reliable and timely data both qualitative and quantitative for sound policy making, effective planning and decision making at all levels, in monitoring progress in achieving goals and targets, and assessing programme performance	702F: National ESMIS operational framework and plan in place by June 08, and EMIS data used for evidence based planning and decision making at national and all LD levels, by end of 2010				
704: Policy Advocacy and Analysis	3.3 Enhanced and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms	3.3.17 National capacity is strengthened to ratify, domesticate, monitor and report on the implementation of international human rights conventions, protocols and policy frameworks, in particular those in relation to vulnerable groups	704B: National capacity for child rights monitoring, reporting and implementation strengthened through enhanced coordination structures and monitoring systems				
	3.4 Strengthened budget planning & MKUKUTA/MKUZA Monitoring Systems that foster participation and Gender equality	3.4.26 Increased capacity and strengthened government and CSO partnerships to improve and engender outcome based planning, budgeting and monitoring processes at and between all levels, including the availability of sex and age disaggregated data, data on gender based violence (GBV), decent work, HIV/AIDS (with a focus on prevention), and food security.	704C: Government plans and budgets are results-based with clear results for children at both national and sub-national levels 704D: National research, surveys and routine monitoring systems incorporate children's indicators/issues and findings are made accessible to decision makers				

UNICEF programme component	Expected Outcomes (UN)	Expected Outputs (UN)	Output targets (UNICEF) [See attached sheet for indicators]	Indicative Resources by programme component (per year, US\$)			
				2007	2008	2009	2010
706: Geographically-defined Programmes	3.6 Enhanced government capacity for disaster preparedness, response to refugee flows, and management of transition from humanitarian assistance to development	3.6.37 Disaster risk reduction policies and disaster management capacities strengthened for GoT's and RGOZ's emergency relief, rehabilitation and recovery activities	706A: As managing agent for UN Joint Programme 6.2, strengthen GoT and community capacity for emergency preparedness, coordination and management 706B: UN and UNICEF internal capacity to respond to emergencies is in place				
		3.6.41 Government supported to promote durable solutions for refugees	706C: The core commitments for children in emergencies are met during the influx and repatriation of the NWTZ refugees				