



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for the United Republic of Tanzania

Proposed UNFPA assistance: \$23 million: \$12.4 million from regular resources and \$10.6 million through co-financing modalities and/or other, including regular, resources

Programme period: 4 years (2007-2010)

Cycle of assistance: Sixth

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	7.6	5.1	12.7
Population and development	2.5	3.0	5.5
Gender	1.5	2.5	4.0
Programme coordination and assistance	0.8	--	0.8
Total	12.4	10.6	23.0

I. Situation analysis

1. The United Republic of Tanzania has experienced significant macroeconomic growth in recent years. In 2005, the annual growth rate reached 6.8 per cent. However, there is an unequal distribution of economic gains and available resources, compounded by the limited capacity of social systems. In 2003, 30 per cent of households were below the poverty line, with the most acute poverty occurring in rural areas.

2. The 2002 census indicated a population of 34.5 million, with an annual growth rate of 2.9 per cent. The total fertility rate is high, at 5.7 children per woman. Nearly 55 per cent of the population is below the age of 20. One quarter of women aged 15-19 have begun childbearing; 40 per cent of the women in this age group have no knowledge of family planning.

3. Modern contraceptive use increased from 17 per cent of married women in 1999 to 20 per cent in 2004-2005. Nonetheless, 22 per cent of married women express an unmet need for family planning, with the highest proportions of unmet need occurring in rural areas. Between 1999 and 2004, the country registered improvements in infant and child survival. The infant mortality rate declined from 99 to 68 deaths per 1,000 live births, and the under-five mortality rate dropped from 147 to 112 deaths per 1,000 live births.

4. HIV/AIDS surveillance of blood donors and antenatal clinic attendees in 2002 showed prevalence rates of 9.7 and 9.6 per cent, while the first population-based study in 2003-2004 indicated an overall prevalence rate of 7 per cent. Women and girls have higher infection rates than men, and are more often affected at younger ages. Only 44 per cent of young women under 25, and half of their male peers, have a comprehensive knowledge of HIV/AIDS.

5. The maternal mortality ratio is 578 deaths per 100,000 live births, with no decline in the last 10 years. Maternal morbidity rates are also high.

Access to high-quality reproductive health services, especially for rural women and young people, is limited. Only one third of health staff posts are filled. While prenatal coverage is high, less than a quarter of women giving birth receive post-natal care. Only 43 per cent of births are assisted by a skilled birth attendant, and only one in five women who need emergency obstetric care receive it.

6. The Government has created a legal and policy environment in which women participate. Women now make up more than 30 per cent of all parliamentarians, and the new Government has the highest number of women holding senior positions in the history of the nation. The Government has made efforts to revise laws that discriminate against women, and to introduce reproductive and child health policies. However, the implementation of policies, international conventions and agreements relating to gender equality is still inadequate. Some cultural norms create barriers to gender equality and to sexual and reproductive health and rights. Violence against women and girls is a serious, though often invisible, problem.

II. Past cooperation and lessons learned

7. The previous programme responded to the changing aid environment by moving from individual project funding to approaches that support national processes and outcomes. A 2005 performance assessment found that UNFPA strengths were policy dialogue, advocacy and national capacity-building. The assessment noted that this strengthened the position and capacity of UNFPA, whose position was increasingly aligned with government processes.

8. The reproductive health component helped to develop a national reproductive and child health strategy, and built capacity in 36 districts on the Tanzanian mainland and in Zanzibar in the areas of family planning, management of sexually transmitted infections and life-saving skills. UNFPA played a direct role in providing reproductive health commodities, but the consistency of this support depended on the availability of external resources.

9. The UNFPA-coordinated African Youth Alliance introduced innovative approaches in youth-friendly services, policy advocacy, communication and youth participation. Lessons learned contributed to the development of a national adolescent health and development strategy and guidelines for youth-friendly services.

10. In 2004, UNFPA began to contribute to a health sector basket fund for mainland Tanzania. UNFPA was the first United Nations organization in the country to do so. As a result, UNFPA helped to: (a) raise the visibility of reproductive health priorities in policy dialogue; (b) leverage increased funds for reproductive health; and (c) strengthen health systems. Membership in the health sector basket fund implies that partners will harmonize procedures, use government systems and replace individual agency results with collective results that contribute to national outcomes. This requires UNFPA to adapt its rules, regulations and procedures accordingly.

11. UNFPA increased the capacity of the ministries responsible for gender issues to implement strategies such as the establishment of gender focal points and the development of national gender policy implementation guidelines and gender mainstreaming instruments and manuals. In 2004, UNFPA, along with other development partners, supported the mainland gender ministry in developing a strategic plan to implement its role in gender mainstreaming, analysis and planning. Institutional strengthening for gender mainstreaming must be complemented by strategies that create an enabling, rights-based environment, including stronger partnerships with civil society organizations.

12. The focus of the population and development component is on strengthening population dimensions in national growth and poverty reduction strategies and building robust data systems for poverty monitoring. UNFPA played a leading role in building the capacity of the National Bureau of Statistics to collect, analyse and disseminate census and survey data. Effective coordination among the Government, development

partners and civil society is critical for producing and disseminating accurate, reliable, disaggregated and user-friendly data for policymaking, planning and monitoring.

III. Proposed programme

13. The development of the sixth country programme occurred in a rapidly changing aid environment. Second-generation, outcome-based national strategies (MKUKUTA for the mainland and MKUZA for Zanzibar) that seek to promote growth and reduce poverty provide the national goals and outcomes for the 2007-2010 United Nations Development Assistance Framework (UNDAF). The Government has integrated population and development issues into the MKUKUTA, the MKUZA and the UNDAF. The Tanzania Joint Assistance Strategy that manages development aid identifies general budget support as the preferred aid modality, permits basket funding, and sets strict conditions for project funding.

14. The goal of the programme is to improve the quality of life of the people of the United Republic of Tanzania. The programme will contribute to UNFPA goals in the multi-year funding framework and to the Millennium Development Goals by improving reproductive health, strengthening poverty monitoring systems, and promoting gender equality and women's empowerment. National capacity development strategies include: (a) policy dialogue and advocacy; (b) building and using a knowledge base; (c) strengthening and coordinating partnerships; and (d) building systems to improve performance.

15. Joint and collaborative programming areas include: (a) Zanzibar; (b) HIV/AIDS; (c) gender equality; (d) young people's health and development; (e) growth and poverty monitoring (with the United Nations Children's Fund (UNICEF) and UNDP); and (f) access to reproductive health (with UNICEF, the World Health Organization (WHO) and health sector basket partners).

Reproductive health component

16. This component contributes to two outcomes: (a) increased and equitable access to comprehensive reproductive and child health interventions; and (b) increased access to comprehensive prevention, care and treatment for HIV/AIDS and the mitigation of its impact.

17. Output 1: Increased availability of comprehensive, client-oriented and gender-sensitive reproductive health services. UNFPA will continue to participate in the mainland health sector basket to support the Government in addressing reproductive health priorities. In Zanzibar, UNFPA will collaborate with partners to integrate reproductive health into health-sector reform. The programme will also help to strengthen the health management information and accountability systems.

18. The programme will provide evidence-based information for policy dialogue and advocacy to increase financial and human resources and to promote an enabling environment in which to implement reproductive health policies and strategies, including the road map for accelerating the reduction of maternal and newborn mortality. UNFPA will support efforts to strengthen: (a) emergency obstetric care; (b) skilled attendance at birth; (c) post-abortion care; and (d) family planning services, including reproductive health commodity security. The programme will support the scaling up of innovative, rights-based efforts to improve the quality of care, increase demand for reproductive health care, and provide youth-friendly services.

19. Output 2: Increased HIV/AIDS prevention efforts for women and young people. The programme will enhance the linkages between reproductive health services and HIV/AIDS prevention and interventions. UNFPA will work with United Nations organizations to support the Tanzanian and Zanzibar AIDS Commissions to: (a) provide information and education; (b) support condom programming; (c) reach out-of-school

youth; and (d) address the gender inequalities fuelling the epidemic.

20. The programme will strengthen partnerships with non-state actors, including faith-based organizations, parliamentarians and the media to decrease the stigma and discrimination associated with HIV/AIDS and the cultural barriers that inhibit HIV/AIDS prevention measures. The programme will also increase community awareness of the disease. A youth advisory panel will give young people a voice in programme implementation.

Population and development component

21. The outcome of this component is strengthened budget, planning, growth and poverty-monitoring systems that foster participation and gender equality.

22. Output 1: Increased capacity and strengthened government and civil society partnerships to improve and engender outcome-based planning, programming, budgeting and monitoring processes. This output will be achieved by working with national partners and development partners to build institutional and technical capacities to collect, analyse, disseminate and use timely data that is disaggregated by sex, age, income, and rural/urban areas. It will also be achieved by facilitating collaboration between data providers and users. UNFPA will support preparations for the 2012 population and housing census and other surveys. It will also help to strengthen data collection, analysis, dissemination and utilization.

23. The programme will support the establishment and use of disaggregated population and development databases and monitoring systems. These will strengthen government efforts to track progress in implementing national growth and poverty reduction strategies and the Millennium Development Goals. The programme will enhance the ability of policy planners and technical staff to integrate population variables into

policies and programmes, focusing on building institutional and technical capacity in gender analysis, planning and budgeting. The programme will also help the Government to disseminate user-friendly information and to strengthen its partnerships with civil society and the media regarding the utilization of data for policy analysis, dialogue and advocacy.

Gender component

24. The outcome of this component is 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. Gender is also mainstreamed throughout the programme.

25. Output 1: Increased national capacity and opportunities to promote and protect gender equality and women's human rights. The programme will help to build the capacity of the gender ministries on the mainland and in Zanzibar in order to: (a) mainstream gender in national growth and poverty reduction strategies; (b) facilitate an enabling policy and legal environment; and (c) implement and monitor international and regional agreements and national gender policies. The programme will encourage collaboration with non-state actors to build an evidence base and to advocate gender equality and women's empowerment, focusing on the elimination of gender-based violence.

IV. Programme management, monitoring and evaluation

26. The country programme will contribute to national growth and poverty reduction outcomes, channelling government funds through the Exchequer. It will use the programming modalities in the Joint Assistance Strategy. The programme will build on existing harmonized partnerships, including those in the health sector and other sectors. The programme will use a common funding arrangement with development partners to strengthen the gender mechanisms in the Government. UNFPA will support 'on-budget'

projects that provide best practices and will also support joint programmes with United Nations organizations.

27. The United Nations system has requested the Government to provide coordination through a single ministry. Pending this decision, the Ministry of Planning, Economy and Empowerment will coordinate the UNFPA programme. Implementing partners include the Government, United Nations organizations and civil society organizations.

28. Programme monitoring and evaluation will use existing national data systems. UNFPA will work with its partners to strengthen these systems to meet the requirements of users and independent monitoring initiatives. Although programme outputs and indicators reflect UNFPA areas of focus, they will be achieved together with other partners, in keeping with the emphasis on collaboration and UNFPA participation in pooled funding.

29. UNFPA has an office on the Tanzanian mainland and a sub-office in Zanzibar. The UNFPA staff includes a representative, a deputy representative, two assistant representatives, an operations manager, a national programme officer, national project personnel and support staff. The country office will seek to increase staff capacity to strengthen the role of UNFPA in policy dialogue and national capacity development. UNFPA will recruit national programme staff and project personnel, including staff for the Zanzibar sub-office. National experts and the UNFPA Country Technical Services Team in Addis Ababa, Ethiopia, will provide technical assistance. The office will encourage South-South collaboration.

RESULTS AND RESOURCES FRAMEWORK FOR THE UNITED REPUBLIC OF TANZANIA

<p>National priority: National strategy for growth and reduction of poverty: (a) improved quality of life and social well-being, with a focus on the poorest and most vulnerable groups; and (b) reduced inequalities (e.g., education, survival, health) across geographical, income, age, gender and other groups</p> <p>Zanzibar strategy for growth and reduction of poverty: improved social well-being and access to high-quality services, with an emphasis on the poor and most vulnerable groups</p> <p>UNDAF outcome: by 2010, increased access to quality basic social services for all, focusing on the poor and the most vulnerable</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Increased and equitable access to comprehensive reproductive and child health interventions</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Contraceptive prevalence rate (modern methods) Proportion of births attended by a skilled health attendant <p><u>Baseline:</u> Tanzania demographic and health survey, 2004-2005</p> <p><u>Outcome:</u> Increased access to comprehensive prevention, care and treatment for HIV/AIDS and the mitigation of its impact</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> HIV prevalence among young men and women aged 15-24 <p><u>Baseline:</u> Tanzania HIV/AIDS indicator survey, 2003-2004</p>	<p><u>Output 1:</u> Increased availability of comprehensive, client-oriented and gender-sensitive reproductive health services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Government recruitment of enrolled nurses in line with annual employment targets <p><u>Baseline:</u> 2005-2006: 44 per cent posts filled</p> <p><u>Source:</u> Ministry of Health and Social Welfare</p> <ul style="list-style-type: none"> Mainland health-sector allocation for contraceptives budgeted at 100 per cent, in line with annual forecasting <p><u>Baseline</u> 2005/2006: 64 per cent budgeted</p> <p><u>Source:</u> Medium-term expenditure framework for mainland health sector</p> <ul style="list-style-type: none"> Service delivery points providing youth-friendly services increased by 10 per cent annually <p><u>Baseline</u> 2006: 5 per cent</p> <p><u>Source:</u> Ministry of Health and Social Welfare zonal reports</p> <p><u>Output 2:</u> Increased HIV/AIDS prevention efforts for women and young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Knowledge of a source for condoms among youth aged 15-24 increased annually by 5 per cent <p><u>Baseline</u> 2004-2005: 77 per cent women; 87 per cent men</p> <p><u>Source:</u> Tanzania demographic and health survey, 2004-2005</p> <ul style="list-style-type: none"> Accepting attitudes towards people who are HIV-infected increased by 5 per cent annually <p><u>Baseline</u> 2004/2005: 22 per cent women; 27 per cent men</p> <p><u>Source:</u> Tanzania demographic and health survey, 2004-2005</p> <ul style="list-style-type: none"> Procurement of public sector condoms increased in line with annual targets <p><u>Baseline:</u> 2006: 30 million male condoms</p> <p><u>Source:</u> Ministry of Health and Social Welfare annual contraceptive forecast and procurement planning tables</p>	<p>Government of the United Republic of Tanzania; Revolutionary Government of Zanzibar</p> <p>WHO; UNICEF; Development Partners Group – Health</p> <p>Non-state actors</p> <p>Government of the United Republic of Tanzania; Revolutionary Government of Zanzibar</p> <p>Joint United Nations Programme on HIV/AIDS; United Nations organizations; Development Partners Group – HIV/AIDS</p> <p>Non-state actors</p>	<p>\$12.7 million (\$7.6 million from regular resources and \$5.1 million from other resources)</p>

National priority: National strategy for growth and reduction of poverty: (a) good governance and role of law ensured; (b) leaders and public servants are accountable to the people through the effective reduction of corruption and public access to information; (c) democracy and political and social tolerance are deepened; and (d) peace, political stability, national unity, and social cohesion are cultivated and sustained

Zanzibar strategy for growth and reduction of poverty: a society governed by the rule of law and government that is predictable, transparent and accountable

UNDAF outcome: 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 poor and vulnerable groups, are strengthened

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Strengthened budget, planning, growth and poverty-monitoring systems that foster participation and gender equality</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Monitoring of national and Zanzibar strategies for growth and reduction of poverty executed in line with the MKUKUTA monitoring master plan and the Zanzibar poverty-monitoring system <p>Baseline: Annual Public Expenditure Review 2006</p>	<p>Output 1: Increased capacity and strengthened government and civil society partnerships to improve and engender outcome-based planning, programming, budgeting and monitoring processes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> 80 per cent of the 2012 census mapping completed by 2010 <p>Baseline 2006: 10 per cent</p> <p>Source: National Bureau of Statistics annual monitoring reports</p> <ul style="list-style-type: none"> 100 per cent of national health management information system routine data disaggregated by age and sex by 2008 <p>Baseline 2006: 10 per cent</p> <p>Source: National Bureau of Statistics annual monitoring reports</p> <ul style="list-style-type: none"> 70 per cent of ministries implementing guidelines for gender budgeting by 2009 <p>Baseline 2006: 5 per cent</p> <p>Source: Ministry of Finance</p>	<p>Government of the United Republic of Tanzania; Revolutionary Government of Zanzibar</p> <p>UNDP; UNICEF; United Nations Educational, Scientific and Cultural Organization</p> <p>Development Partners Group – Data</p> <p>Non-state actors</p>	<p>\$5.5 million (\$2.5 million from regular resources and \$3 million from other resources)</p>
Gender	<p>Outcome: 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</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Proportion of women among senior civil servants <p>Baseline: Annual Civil Service Department report 2006</p>	<p>Output 1: Increased national capacity and opportunities to promote and protect gender equality and women’s human rights</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Proportion of mainland and Zanzibar ministries with functioning gender committees increased by 20 per cent annually <p>Baseline 2006: mainland 10 per cent; Zanzibar 8 per cent</p> <p>Source: Ministry of Community Development, gender and children monitoring report</p> <ul style="list-style-type: none"> National annual human rights report monitors reproductive health and rights <p>Baseline 2005: Not systematically monitored</p> <p>Source: United Republic of Tanzania human rights report</p>	<p>Revolutionary Government of Zanzibar; Governments of: the United Republic of Tanzania; Ireland; Netherlands; and Canada</p> <p>Gender Macro Working Group; United Nations agencies</p> <p>Non-state actors</p>	<p>\$4 million (\$1.5 million from regular resources and \$2.5 million from other resources)</p> <hr/> <p>Total for programme assistance and coordination: \$0.8 million from regular resources</p>