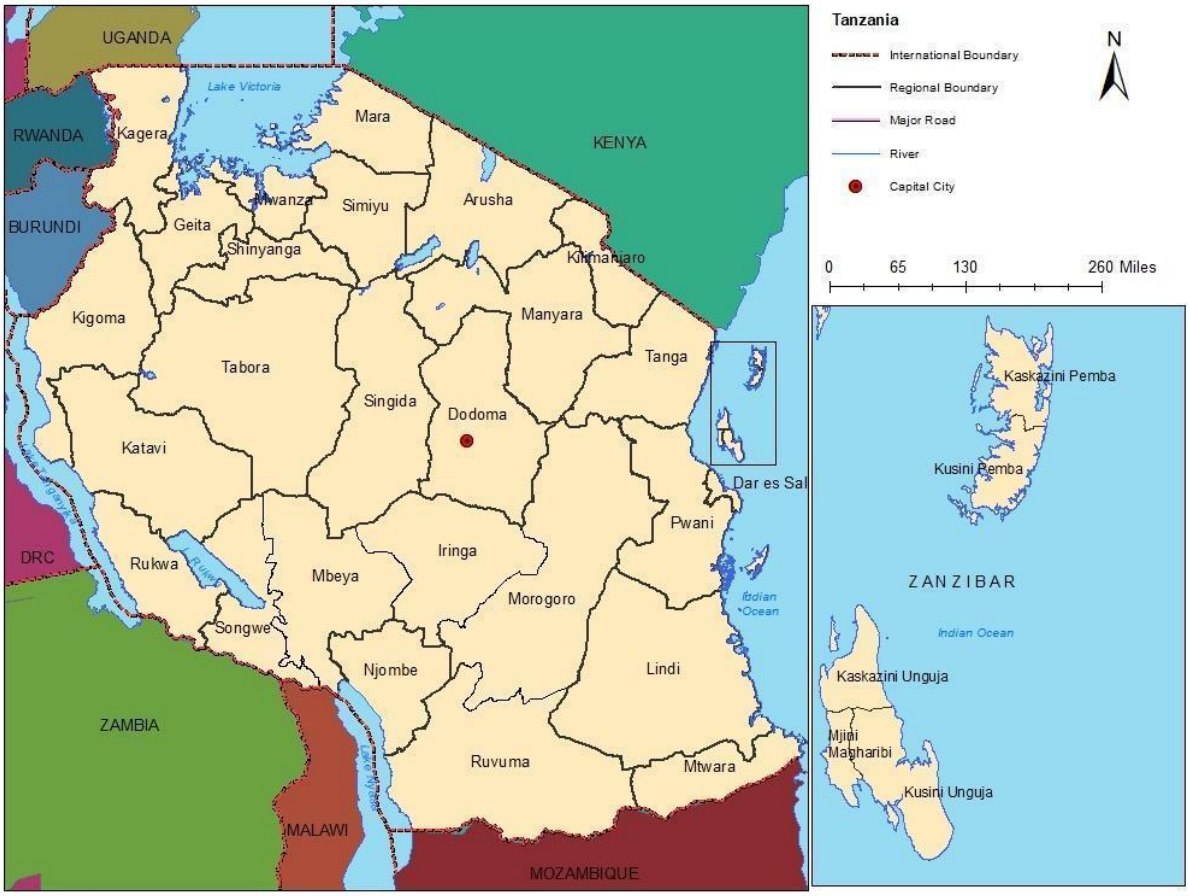
EVALUATION OF THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA/ UNITED NATIONS POPULATION FUND 8th COUNTRY PROGRAMME (2016/17 – 2021/22)

EVALUATION REPORT

FINAL

March 2022

Map of the United Republic of Tanzania



Country Programme Evaluation Team

Role	Name
Team Leader/ PD Expert	Prof Joshua Kembo
SRHR Expert	Dr. Sylvester Nandi
Gender/Gender-Based Violence Expert	Dr. Miriam Matinda
Adolescents and Youth Expert	Mr. Clement Kihinga
Young and Emerging Evaluator	Mr. Luhemeja Sona

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Abbreviations and Acronyms

AGPAHI	Ariel Glaser Paediatric Aids Health Care Initiative
AMREF	African Medical Research Foundation
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
AY	Adolescent and Youths
BEmONC	Basic Emergency Obstetric and Neonatal Care
CAP	Common African Position
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CFR	Case Fertility Rate
CHWs	Community Health Workers
CO	Country Office
COMESA	The Common Market for Eastern and Southern Africa
COVID-19	Coronavirus Disease 2019
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organisation
CVS	Cardio Vascular System
DA	Development Assistance
DAC	Development Assistance Committee
DC	District Council
DD	Decentralization by Devolution
DFID	Department for International Development
DHFF	Direct Health Facility Financing
DPG	Donor Partner Group
DRC	Democratic Republic of Congo
EAC	East African Community
ESARO	The Eastern and Southern Africa Regional Office Regional Office
EU	European Union
FCDO	Foreign, Commonwealth & Development Office
FGDs	Focused Group Discussion
FGM	Female Genital Mutilation
FP	Family Planning
FPCIP	Family Planning Costed Implementation Plan
FYDP	Five Year Development Plan
GBV	Gender Based Violence
GEWE	Gender Equality and Women Empowerment
GII	Gender Inequality Index

HDT	Health Promotion Tanzania
HIV	Human Immunodeficiency Virus
HIV/AIDS	HIV-Acquired Immunodeficiency Syndrome
HSSP IV	Health Sector Strategic Plan V
ICPD	International Conference on Population and Development
INGO	International Non-Government Organisation
IOM	International Organisation for Migration
IP	Implementing Partner
IPC	Infection Prevention and Control
IRC	International Rescue Committee
JSI	John Snow Inc
KC	Knowledge Centre
KIIs	Key Informant Interviews
KOICA	Korea International Cooperation Agency
KRAs	Key Result Areas
LGAs	Local Government Authorities
LNOB	Leaving No One Behind
MARPs	Most At Risk Populations
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MOSWEGC	Ministry of Health Social Welfare Elderly Gender and Children
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSD	Medical Stores Department
MSI	Marie Stopes International
NPP	National Population Policy
OAIS	The Office of Audit and Investigation Services
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OSC	One Stop Centre
PD	Population Dynamics
PGCD	Police Gender and Children Desks
PHC	Primary Health Care
PoE	Ports of Entry
PORALG	President Office Regional Administration and Local Government
PSI	Population Service International
PSS	Psychosocial Support
PWDs	People with Disability
RBM	Results Based Management
RCCE	Risk Communication and Community Engagement
RH	Reproductive Health
RHCS	Reproductive and Child Health Services

RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
SADC	Southern African Development Community
SDG	Sustainable Development Goals
SF	Signal functions
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
TACAIDS	Tanzania Commission for AIDS
TAMA	Tanzania Midwifery Association
TDHS	Tanzania Demographic Health Survey
TOT	Trainer of Trainee
TRCS	Tanzania Red Cross Society
UMATI	Chama Cha Uzazi na Malezi Bora Tanzania
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Assistance Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNSDG	UN Sustainable Development Group
URT	United Republic of Tanzania
USAID	United States Agency for International Development
VAWC	Violence Against Women and Children
VSLG	Village services and landing groups
WFP	World Food Programme
WHO	World Health Organisation
WLPP	Women's Leadership and Political Participation
YFS	Youth Friendly Services
ZAC	Zanzibar AIDS Commission
ZNZ	Zanzibar
ZPRP	Zanzibar Poverty Reduction Plan
ZSGRP	Zanzibar Strategy for growth and Reduction of Poverty

Key Facts Table – The United Republic of Tanzania

Issues	Description
Geographical location[1]	East Africa, West of Indian Ocean, South of Kenya and Uganda, East of Rwanda, Burundi, and the Democratic Republic of Congo, North East of Zambia; North of Malawi and Mozambique.
Land area[2]	940,000 square kilometres, 60,000 of which are inland water.
Terrain[3]	Narrow coastal belt including Islands of Unguja and Pemba, dominated with stretches of plains and plateaus, and isolated mountain ranges. The prominent geographical features are the Great Rift Valley, Mountain Kilimanjaro (rising to 5,895 metres) the highest peak in Africa; and Lake Tanganyika**,** second largest lake in Africa, the longest freshwater lake in the world (660 km]) and the second deepest lake in the world (1,436 metres).
Population (by sex)[4]	Total Population 59,441,988 Female = 51% Male = 49%
Population (by residence)[5]	59,441,988 - United Republic of Tanzania (URT) 57,724,380 - Tanzania Mainland 1,717,608 - Tanzania Zanzibar (ZNZ).
Population of Women of Reproductive Age[6]	14,764,011 - United Republic of Tanzania
	14,323,236 - Tanzania Mainland
	440,775 - Tanzania Zanzibar
Population of Adolescents (10-19)[7]	13,558,523 - United Republic of Tanzania
	374,242 - Tanzania Zanzibar
Population of Youth (15-24)[8]	11,851,006 - United Republic of Tanzania
	11,516,643 - Tanzania Mainland
	334,363 - Tanzania Zanzibar
Urban/ Rural Population[9]	Urban Population: 17,594,828 (29.6%);
	Rural Population: 41,847,160 (70.4%)
	2020 projected from URT-PHC, 2012.
Population Annual Growth Rate[10]	3.1% per annum (2020)
Type of Government	Republic, as per 1977 Constitution, amended in 1992 to allow multi-party democracy

[1] Tanzania in Figures 2020, NBS, June 2021

[2] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[3] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[4] National Population Projections, NBS/OCGS, February, 2018

[5] National Population Projections, NBS/OCGS, February, 2018

[6] National Population Projections, NBS/OCGS, February, 2018

[7] National Population Projections, NBS/OCGS, February, 2018

[8] National Population Projections, NBS/OCGS, February, 2018

[9] National Population Projections, NBS/OCGS, February, 2018

[10] National Population Projections, NBS/OCGS, February, 2018

Issues	Description
Key Political Events	9 December 1961: Tanganyika (Tanzania Mainland) became independent
	9 December 1962: Tanganyika became a republic
	10th December 1963: Zanzibar became Independent under Sultanate
	12 January 1964: Zanzibar revolution deposed the Sultanate
	26 April 1964: Tanganyika and Zanzibar joined to form the United Republic of Tanzania (URT).
	February 1992: United Republic of Tanzania government decided to adopt multiparty democracy
	28.10.2020: United Republic of Tanzania conducted her 6th General Election under multiparty democracy
	31.12.2020: United Republic of Tanzania had a total of 19 fully Registered Political Parties
GDP Per Capita (US$) Current Prices[11]	US $ 1,110 (2019/20) (TZS 2,541,800)
GDP Growth Rate (%)[12]	URT: 7 % (2019/20)
	Zanzibar: 7 % (2019/20)
Main economic activity[13]	Mainland: Services: 40% (2019/20)
	Zanzibar: Services: 51% (2019/20)
Proportion of Population below the National Poverty line (%)[14]	URT: 26.4 % (2017-18)
	Tanzania Zanzibar: 25.7% (2019/20)
Income distribution (GINI Coefficient)[15]	Mainland: 42.2% (2018)
	Zanzibar: 31% (2019/20)
Working-Age Population Employed[16]	83.2% (2018 projected)
Human Development Index Rank[17]	0.57 (2019/20)
Unemployment rate (overall)[18]	9.7% (2019/20)
Per capita public health expenditure US$[19]	US $ 14.41 (2020/21) TZS 42,147
Literacy Rate (10 years and above) – Total[20]	URT: 71.8% (2020)
	Tanzania Zanzibar: 87.4 (2019/20).

[11] Bank of Tanzania Annual Report 2019/20, Dec 2020

[12] Bank of Tanzania Annual Report 2019/20, Dec 2020

[13] Bank of Tanzania Annual Report 2019/20, Dec 2020

[14] Household Budget Survey (2017-18), National Bureau of Statistics, June, 2019

[15] World Bank Atlas, (https://knoema.com/atlas/United-Republic-of-Tanzania/topics/Poverty/Income-Inequality/GINI-index)

[16] World Bank projections, 2021; https://databank.worldbank.org/reports.aspx?source=2&series=SL.TLF.CACT.ZS&country=TZA)

[17] National Five Year Development Plan (2021/22 - 2025/26), June 2021

[18] National Five Year Development Plan (2021/22 - 2025/26), June 2021

[19] Health Sector Strategic Plan V (2021-2025), June 2021

[20] Tanzania in Figures 2020, National Bureau of Statistics, June 2021

Issues	Description
Total Fertility Rate[21]	5.0 (2020)
Adolescent Fertility Rate (per 1,000)[22]	132 (2015/16)
Contraceptive Prevalence Rate (modern methods[23]	32% (2015/2016
Teenage (15-19) pregnancy and motherhood (pregnant or have born a child)[24]	27 % (2015/16)
Infant Mortality Rate per 1,000 live births[25]	43 (2015/16)
Under-five Mortality Rate per 1,000 live births[26]	67 (2015/16)
Life Expectancy at Birth[27]	URT: 66.1 (2020)
	Tanzania Zanzibar: 68 (2020)
Maternal Mortality Ratio per 100,000 live births[28]	556 (2015/16)

[21] Tanzania in Figures 2020, National Bureau of Statistics, June 2021

[22] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[23] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[24] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[25] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[26] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[27] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[28] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

Sustainable Development Goals Status: United Republic of Tanzania

Goal	Indicator and Source	Status
SDG1	Proportion of population living below basic need poverty line[29]	Mainland: 26.4% (2017)
		Zanzibar: 25.7 % (2019)
SDG2	Prevalence of stunting (low height-for-age) in children under years of age (%)[30]	URT: 34.4% (2015/16)
		Mainland: 34.8% (2015/16)
		Zanzibar: 23.5% 2015/16
	Prevalence of wasting in children under 5 years of age (%) [31]	URT: 5% (2015/16)
	Prevalence of obesity. BMI ≥ 30 (% adult population) [2]	URT: 10% (2015/16)
	Prevalence of anaemia among women of reproductive age[32]	URT: 45% (2015/16)
	Prevalence of anaemia among adolescent girls aged 15-19 years[33]	URT: 47% (2015/16)
SDG3	Maternal mortality ratio per 100,000 live births[34]	URT: 556 (2015/16)
		Zanzibar: 155 (2019/20)
	Neonatal mortality rate (per 1,000 live births)[35]	URT: 25 (2015/16)
	Mortality rate under-5 (per 1,000 live births)[36]	URT: 67 (2015/16)
	Incidence of tuberculosis (per 100,000 people)[37]	Mainland: 273 (2019)
	HIV prevalence (per 1,000)[38]	URT: 49 (2016/17)
	Healthy Life Expectancy at birth (years) URT[39] Healthy Life Expectancy at birth (years) ZNZ[40]	URT: 66.1 (2020)
		Zanzibar: 68 (2020)
	Adolescent fertility rate (births per 1,000 women ages 15-19)[41]	132 (2015/16)
	Proportion of births attended by skilled health personnel (%) URT[42] ; ZNZ[43]	URT: 76% (2018)
		Zanzibar: 69% (2016)

29 Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020

30 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

31 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

32 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

33 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

34 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

35 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

36 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

37 Health Sector Strategic Plan V (2021-2025), June 2021

38 Tanzania HIV Impact Survey (2016-2017), Dec 2018

39 Tanzania in Figures 2020, National Bureau of Statistics, June 2021

40 Evaluation of Zanzibar Vision 2020

41 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

42 HSSP IV (2015-2020) Mid Term Review, Health Services and Infrastructure Technical Report, October 2019

43 Evaluation of Zanzibar Vision 2020

Goal	Indicator and Source	Status
	Proportion of women of reproductive age married or in a union who have their need for family planning satisfied with modern methods-URT[44] ; ZNZ [45]	URT: 53% (2015/16)
		Mainland: 53% (2015/16)
		Zanzibar: 28% (2029/20)
	Estimated demand for contraception that is unmet (% women married or in union. ages 15-49)[46]	22% (2015/16)
	Number of health workers per 10,000 population[47]	URT: 18.18 (2016)
SDG 4	Net primary enrolment rate (%) - URT[48] ; ZNZ[49]	Mainland: 91% (2018)
		Zanzibar: 81% (2018)
	Expected years of schooling (years)[50]	8.1 (2019)
	Literacy rate of (15 years and above, both sexes)[51]	78.1 % (2012) URT
		77.9 % (2012) Mainland
		84 % (2012) Zanzibar
	Literacy rate of population above 10 years of age both sexes (%)[52] ,	Mainland: 86% (2012)
		Zanzibar: 87% (2019/20)
	Primary completion rate[53]	28.4 (2018)
SDG5	Percentage of women (age 15-49) who have experienced any physical violence (committed by spouse or anyone else) since age 15 years[54]	URT: 40%% (2015/16)
		Mainland: 40%% (2015/16)
		Zanzibar: 14%% (2015/16)
	Percentage of women (age 15-49) who have experienced any sexual violence (committed by spouse or anyone else) since age 15 years[55]	URT: 17%% (2015/16)
		Mainland: 17%% (2015/16)
		Zanzibar: 9%% (2015/16)
	Percent of adolescents married by exact 15 years of age (among young women aged 20-24 years)[56]	5.2% (2015/16)
	Percent of adolescents married by exact 18 years of age (among young women aged 20-24 years)[57]	30.5% (2015/16)

[44] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[45] Evaluation of Zanzibar Vision 2020

[46] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[47] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020

[48] Pre-Primary, Primary, Secondary, Adult and Non-Formal Education Statistics, PO-RALG, 2018

[49] Zanzibar Education Development Plan II (2017/2018–2021/2022)

[50] Human Development Report (2020), 2021.

[51] Literacy and Education Monograph, 2012 Population and Housing Census, 2015

[52] Literacy and Education Monograph, 2012 Population and Housing Census, 2015

[53] Pre-Primary, Primary, Secondary, Adult and Non-Formal Education Statistics, PO-RALG, 2018

[54] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[55] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[56] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

[57] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016

Goal	Indicator and Source	Status
	Proportion of seats held by women in national parliaments (%)[58]	36.6% (2020)
SDG6	Improved water source (% of population with access) – URT [59]; ZNZ[60]	Mainland: 61% (2015/16)
		Zanzibar: 92% (2019/20)
	Access to improved sanitation facilities (% population) [61]	Mainland: 19% (2015/16)
	Households within 1 kilometre of drinking water source in the dry season [62]	Zanzibar: 99% (2019/20)
SDG7	Access to electricity (% population)- URT[63] ; ZNZ[64]	Mainland: 58% (2020)
		Zanzibar: 55.4% (2019/20)
	Access to non-solid fuels (% population)[65]	Zanzibar: 7% (2019/20)
SDG8	Overall Unemployment rate[66]	10.3 % (2014)
	Youth unemployment rate[67]	11.7% (2014)
	Females' unemployment at age of 15-24 years[68]	7.2% (2014)
	Proportion of the population using the internet (%)[69]	49% (2020)
	Mobile broadband subscriptions (per 100 inhabitants) [70]	89 (2020)
SDG 9	Population with access to telephone services[71]	Mainland: 83% (2016)
	Population who live within 2 km of an all-season road[72]	Zanzibar: 100% (2019/20)
SDG10	Gini index- Mainland[73] ; Zanzibar[74]	Mainland: 42.2% (2018)
		Zanzibar: 31% (2019/20)
	Proportion of **all** paid employees whose monthly incomes are less than two-thirds of the median monthly income[75]	67.8% (2014)
	Proportion of paid **female** employees whose monthly incomes are less than two-thirds of the median monthly income[76]	69.5 % (2014)

[58] Tanzania in Figures 2020, National Bureau of Statistics, June 2021.
[59] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016
[60] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020
[61] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016
[62] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020
[63] Tanzania in Figures 2020, National Bureau of Statistics, June 2021.
[64] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020
[65] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020
[66] Tanzania in Figures 2020, National Bureau of Statistics, June 2021.
[67] Tanzania in Figures 2020, National Bureau of Statistics, June 2021.
[68] Tanzania in Figures 2020, National Bureau of Statistics, June 2021.
[69] S. O'Dea, Voice telecom and internet penetration in Tanzania 2013-2020; Aug 10, 2021
[70] S. O'Dea, Voice telecom and internet penetration in Tanzania 2013-2020; Aug 10, 2021
[71] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016
[72] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020
[73] World Bank Atlas, (https://knoema.com/atlas/United-Republic-of-Tanzania/topics/Poverty/Income-Inequality/GINI-index)
[74] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020
[75] Integrated Labour Force Survey 2014 (ILFS 2014)
[76] Integrated Labour Force Survey 2014 (ILFS 2014)

Goal	Indicator and Source	Status
	Proportion of paid **male** employees whose monthly incomes are less than two-thirds of the median monthly income[77]	67.1 % (2014)
SDG11	Proportion of villages with land use plans[78]	12% (2016)
	Proportion of households that owned houses[79]	74.8 % (2016)
	Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategies[80]	15.4% (2018)
	Improved water source piped (% urban population with access)[81]	Mainland: 61% (2015/16)
		Zanzibar: 92% (2019/20)
	Urban population (% of total)[82]	29.6 (2020) projected from URT-PHC, 2012
SDG12	Reduction in consumption *of* ozone-depleting substances (ODSs) in metric tonne[83]	21.49 (2015)
SDG13	Number of deaths, missing persons and persons affected by disaster per 100,000, Tanzania Mainland[84]	257 (2015)
SDG14	Total Fisheries Production (Metric Tons)[85]	Mainland: 362,595 (2019)
	Contribution of the fish sector to the GDP[86]	Zanzibar: 7% (2019/20)
SDG15	Forest and woodland coverage (% of total land area)[87]	54.6 % (2019)
SDG16	Percentage of women (age 15-49) who have experienced any physical violence (committed by spouse or anyone else) since age 15 years[88]	URT: 40%% (2015/16)
		Mainland: 40%% (2015/16)
		Zanzibar: 14%% (2015/16)
	Percentage of women (age 15-49) who have experienced any sexual violence (committed by spouse or anyone else) since age 15 years[89]	URT: 17%% (2015/16)
		Mainland: 17%% (2015/16)
		Zanzibar: 9%% (2015/16)
SDG17	Tax revenue (% GDP)[90]	URT: 11.7% (2018)
	Tax revenues contribution to domestic revenue[91]	Zanzibar: 89.6% (2019/20)

[77] Integrated Labour Force Survey 2014 (ILFS 2014)
[78] Implementation status of SDGs in Tanzania Framework, National Bureau of Statistics, July 2019.
[79] Implementation status of SDGs in Tanzania Framework, National Bureau of Statistics, July 2019.
[80] Implementation status of SDGs in Tanzania Framework, National Bureau of Statistics, July 2019.
[81] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016.
[82] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016.
[83] Tanzania in Figures 2020, National Bureau of Statistics, June 2021
[84] Implementation status of SDGs in Tanzania Framework, National Bureau of Statistics, July 2019.
[85] Implementation status of SDGs in Tanzania Framework, National Bureau of Statistics, July 2019.
[86] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020
[87] Implementation status of SDGs in Tanzania Framework, National Bureau of Statistics, July 2019
[88] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016
[89] Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015-16), October 2016
[90] World Bank (https://data.worldbank.org/indicator/GC.TAX.TOTL.GD.ZS?locations=TZ)
[91] Annual Sustainable Development Goals (SDGs) Implementation Report, 2019/2020

Structure of the Country Programme Evaluation Report

The Evaluation Report is structured according to the UNFPA Evaluation Handbook. The first chapter is the introduction. This chapter provides the purpose and objectives of the 8th Government of the United Republic of Tanzania/ UNFPA Country Programme, the scope of the evaluation as well as the methodology and process. The second chapter presents the country context, specifically outlining the main development challenges and national strategies., followed by the role of external assistance.

The third chapter covers the UN and UNFPA strategic response as well as the UNFPA response through the current CP8 country programme. The fourth chapter provides the findings of the evaluation covering all the evaluation questions with respect to relevance, effectiveness, efficiency, sustainability and coordination. The conclusions to the report are provided in the fifth chapter and these are given at strategic and programmatic levels. The sixth chapter provides the recommendations, and these are also given at strategic and programmatic levels. Finally, the report provides the following annexes: terms of reference, list of persons/institutions visited and interviewed, documents reviewed, evaluation matrix, stakeholders map, and the CPE agenda.

Acknowledgements

The United Nations Population Fund (UNFPA) 8th Country Programme Evaluation (CPE) in Tanzania (2016/17-2021/22), has been a collective journey and effort involving multi-stakeholders who, in their different capacities have made it a success amidst the Covid-19 pandemic. Against that background, UNFPA would like to thank each and every individual and institution that has contributed enormously during the evaluation process.

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Furthermore, insights provided by Local Government Authorities at the Regional, District, Ward and Village levels have been instrumental to gather data and strengthen the evaluation. In particular, we would like to thank and acknowledge members of communities in Pemba, Unguja, Kigoma, Mara and Shinyanga who provided invaluable contributions that enriched the whole evaluation process.

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This acknowledgement will be deficient if we would let the enormous work of the evaluation team go undetected. We thank them for providing their expertise to conduct this evaluation.

Executive Summary

Background

The United Republic of Tanzania/ UNFPA 8th Country Programme (CP) (2016/17-2021/22) was developed in collaboration with a diverse range of stakeholders, including the Government of the United Republic of Tanzania, Ministries, Departments and Agencies, development partners/ UN agencies, civil society organisations, academia and the private sector to support the Government and the people of Tanzania Mainland and Zanzibar to respond to national priorities, specifically on the areas of Sexual and Reproductive Health and Rights (SRHR), Adolescents and Youth (AY), Gender Equality and Women Empowerment (GEWE) as well as Population Dynamics (PD).

Purpose and Audience of Evaluation

The goal of the Country Programme Evaluation (CPE) is to demonstrate accountability to stakeholders for results achieved, to support evidence-based decision-making, to contribute important lessons learned to the UNFPA's knowledge base, and to provide independent inputs to the next CP. The Country Office (CO), The Eastern and Southern Africa Regional Office Regional Office (ESARO), UNFPA Headquarters, and the Executive Board, and key government agencies, national partners, development partners, including funders and UN agencies, are the audience for the CPE. The primary users of the CPE are (i) the UNFPA Tanzania CO; (ii) the Government of the United Republic of Tanzania; (iii) implementing partners of the UNFPA Tanzania CO; (iv) rights-holders involved in UNFPA's interventions and the organizations that represent them (particularly women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vi) Development Partners. The evaluation results are also of interest to a wider group of stakeholders, including: (i) UNFPA's headquarter divisions, branches, and offices; (ii) UNFPA's Executive Board; (iii) academia; (iv) local civil society organizations (CSOs) and international Non-Governmental Organizations (INGOs).

Programme

The 8th CP contributed to UNFPA's Global Strategic Plan 2014-2017 as well as 2018-2021, which was to achieve universal access to SRH, realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population and Development (ICPD). Population dynamics, human rights, and gender equality all helped to improve the lives of women, adolescents, youth and leaving nobody behind. The 8th CP had four Outcomes that include: SRHR; Adolescent and Youth; GEWE and Population and Dynamics. The SRHR Outcome had three outputs, first, increased national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people, second, increased access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services, and third, increased national capacity of government, civil society organization and private institutions to deliver comprehensive maternal health services. The Adolescent and Youth Outcome had one output which was about increasing the capacity of government and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality. The GEWE Outcome was expected to strengthen capacity of government and civil society to prevent and respond to gender-based violence, female genital mutilation, and child, early and forced marriage. The outcome of the PD component focused on strengthening capacity of government and national institutions for the availability and utilization of high-quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings.

Methodology

The CPE had five phases namely: first, preparatory phase; second, design phase; third, field phase; fourth, reporting phase; and fifth, facilitation of use and dissemination phase. The CPE was based on a set of 14 evaluation questions corresponding to the five OECD-DAC) criteria: relevance, effectiveness, efficiency, sustainability, and two UNFPA criteria (coordination and coverage). The CPE triangulated

data collection methods, ie., document review, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). Stakeholders for KIIs and FGDs were selected using purposive sampling. The stakeholders' map was used for sampling for data collection. The CPE adopted an inclusive and participatory approach, involving a broad range of Implementing Partners IPs, and stakeholders, including beneficiaries, and ensuring gender balance. The CPE was conducted according to the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluations in UNEG, and the United Nations Norms and Standards for Evaluations. Ethical clearance to conduct the CPE in Tanzania Mainland and Zanzibar, respectively, was sought and granted from the National Institute for Medical Research (NIMR) and the Zanzibar Health Research Institute (ZAHRI). This was in accordance with the national regulations for conducting research in the URT.

Key Findings

Relevance

The 8th Country Program Document, 2016/17-2021/22 (CPD8) was developed in consultation with a wide range of stakeholders in a participatory approach, including the government of the United Republic of Tanzania, civil society and other development partners, United Nations organisations, academia and the private sector. The primary beneficiaries were also engaged in the design and implementation of the CP8 primarily through rapid assessments that were conducted prior to the execution of the programme. The CP8 addressed the needs of beneficiary communities as they were initially consulted about their priorities before the start of the programme. On the humanitarian situation, UNFPA CO particularly responded rapidly, effectively and efficiently to the increasing refugee influx over the years, enabled by their strong partnership with government, humanitarian implementing partners and other UN agencies. The development of CP8 programmatic interventions was based on validated baseline data from the areas covered.

Effectiveness

With regard to **SRHR**, the CP8 aimed at increasing national and sub-national government capacity to deliver integrated sexual and reproductive health services, with a particular focus on adolescents and young people. As of December 2021, three out of four indicators under SRH met or exceeded the target. However, one indicator "Number of HIV/AIDS testing, care and treatment facilities in selected regions integrating reproductive health and family planning" was not achieved. The evaluation noted that although this indicator was not achieved, there is a plan in place to accelerate performance of this indicator. The targets for output indicators in SRHR were largely met. UNFPA supported the Government of the United Republic of Tanzania through MOH to develop the National Family Planning Costed Implementation Plan (2019-2023). UNFPA provided resources (funding, commodities, Human Resources) and technical assistance to implement activities as per approves Workplans. As a result of this, UNFPA, along with other IPs in SRH area has contributed to the achievement of SRH. As of 2020, the status of key SRH indicators was as follows: The Contraception prevalence rate (CPR) from routine data (DHIS2), by 2020 was 44.3 percent[92]. The Baseline and Targets for CPR was 27 percent and 45 percent respectively. Based on these results, the indicator for CPR was achieved by 98.4 percent (Actual result 44.3% Vs Target 45%,). On skilled birth delivery, the target for CP8 was 80 percent, while the actual achievement by 2020 was 79.3 percent, making an achievement for this outcome indicator being 99 percent (Actual 79.3% Vs Target 80%)[93]. Through a system strengthening approach, the CP8 supported the Government to make good progress in other SRHR related indicators. These include increased institutional deliveries, from 55 percent (2015) to 83 percent by 2020; and increased ANC coverage (four ANC visits and above) from 43 percent in 2015 to 90 percent by 2020[94]. For **Adolescents and Youth,** UNFPA supported the Government (Ministries, Departments, Agencies, and Units), the regions, and respective Local Government Authorities and/or Implementing Partners to facilitate the establishment of several Youth led Organizations or networks in Tanzania Mainland and Zanzibar and to train/ capacity build of youth led and youth serving organizations on leadership and

[92] District Health Information System, 2020
[93] Annual Health Sector Performance Review, 2020
[94] Annual Health Sector Performance Review, 2020

effective participation in decision making; and on how to provide out of school youth with life skills and sexuality education using national guidelines. UNFPA supported these institutions to review, update or develop national level documents that include the Mainland National Youth Development Policy, and the Zanzibar Youth Council Strategy, the Zanzibar Youth Participation Strategy, the Mainland skills program for out of school youth, and the life skills guide and training manual for out of school youth on Tanzania mainland. UNFPA supported IPs in the initiatives to train adolescent girls on life skills, reached marginalized girls with life skills programmes, and also trained first time mothers. UNFPA also supported different national and subnational coordination mechanisms to address adolescents and young people SRHR issues, these included supporting Adolescents and Young Adults Stakeholders (AYAS) quarterly meetings. On **GEWE**, UNFPA has strengthened legal, policy and strategies and other capacities of national and sub-national stakeholders to prevent and respond to GBV and harmful practices through a multi-sectoral response. The CP8 supported the government of Tanzania and Civil Society to monitor, track and report accountability towards global norms on gender equality and women empowerment. UNFPA strengthened multisectoral intervention and responses including during the COVID 19 pandemic. The CP8 facilitated women and adolescent girls' empowerment. Through CP8 women and girls in the areas of intervention have been empowered through various interventions like clubs that bring together girls who have dropped out of schools or are not able to continue with education because of pregnancy, Gender Based Violence (GBV) or harmful practices. The CP8 strengthened evidence based data on GBV, Violence Against Women and Children (VAWC), child marriage, Female Genital Mutilation (FGM) and other harmful practices. The programme strengthened support for change and transformation of negative social norms and values that perpetuate gender inequality, GBV, VAWC, FGM and other harmful practices. The evaluation also identified that although CP8 has been able to reach a considerable number of people, interventions will add more value when scaling up and increasing the number of men and boys' beneficiaries in the interventions. Under **PD**, key milestones were achieved regarding the availability and utilisation of data for policies and programmes. PD initiatives strengthened the capacity of government and national institutions for the availability and utilisation of quality disaggregated data for the formulation, implementation and monitoring of policies and programmes, including in humanitarian settings. Two Sustainable Development Goals (SDGs) databases were developed; one in Simiyu regional secretariat encompassing socio-economic indicators at the regional level and the other is for completed population and housing census geography work in Kondoa district. The PD sub-programme also supported the JUMUISHI database, and Community/Shehia Database on updating the database, capacity building and hosting. The PD component has also been instrumental in supporting the upcoming population and housing census in Tanzania by providing technical and financial support for census preparation activities.

Efficiency

UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that all IPs are accountable for deliverables in a timely manner. The Office of Audit and Investigation Services (OAIS) performs audits of the UNFPA Country Office in Tanzania on an annual basis. By design, the UNFPA Tanzania CO Monitoring and Evaluation Plan conducts three monitoring levels; namely monitoring of inputs and activities (compliance monitoring), monitoring the outputs and outcomes (Results Based Management-RBM) and monitoring the risks and assumptions as stipulated in the CP8 Theory of Change. The evaluation team noted that a minor challenge remains that the disbursement of funds takes several steps to reach the targeted government agency and that there are differences in the financials years of UNFPA and government. To that end, it has been challenging at some points to effectively discharge duties timely due to some minor delays. It is however, commendable that both the Government and UNFPA have been able to adapt to the challenges and deliver at the required standard.

Sustainability

the United Republic of Tanzania Development Vision 2025, the Zanzibar Development Vision 2020, and the most recent Zanzibar Development Vision 2050 are national documents for Tanzania mainland and the autonomous Islands of Zanzibar that guide economic and social development efforts of the republic up to the year 2025, and 2050 respectively, note that the effective ownership of the

development agenda coupled with the spirit of self-reliance, at all societal levels, are major driving forces for the realization of the Vision. The implementation of the CP8 was nurtured within this context of the Tanzania Development Vision 2025, the Zanzibar Development Vision 2020, and the Zanzibar Development Vision 2050, where the United Republic of Tanzania and the Revolutionary Government of Zanzibar owned, led and guided the implementation of the stipulated programs through a comprehensive partnership that extended from the Central government (Departments, Agencies, Units) through Regions, LGAs, health facilities and communities. At the national level, this trickle down partnership is reinforced by the active involvement and participation of UNFPA and other stakeholders in national level government led Technical Working Groups. The participation of UNFPA at different levels from planning, implementation and tracking of results has enabled both the Central government, Regions, Local Government Authorities (LGAs), health facilities, communities and UNFPA, each to understand one's specific roles and responsibilities, and to then actively contribute in the planning, implementation, monitoring, reviews and reporting on the progress of the interventions / programme activities.

Coordination

CP8 has exhibited a strong engagement and coordination with other UN agencies to ensure a very high achievement of intended objectives. Specifically, in most areas of intervention, UNFPA has been working hand in hand with UN Women, WHO and UNICEF to ensure implementation and realization of the rights of women and adolescents in Tanzania Mainland and Zanzibar in line with the priorities set out in UNDAP II and the CPD. Under **coverage**, UNFPA targeted geographical areas with the worst health indicators, namely poor MH/SRH indicators (high maternity mortality rate, low CPR, high TFR, high GBV and high prevalence of harmful practices including child marriage, teenage pregnancy and FGM. In this respect, the UNFPA CP8 supported interventions cover eight regions on Tanzania Mainland, namely Mwanza, Simiyu, Kagera, Shinyanga, Geita, Mara, Kigoma, and Dodoma; and all five regions in Zanzibar, namely North Pemba, South Pemba, North Unguja, South Unguja, and Urban West regions.

Leaving No One behind (LNOB)

Leaving No One Behind is the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). The distribution of UNFPA supported interventions is guided and advised by national socio-economic indicators. UNFPA supported interventions are mainly located in geographical areas with poor performances around human rights issues and reproductive health issues including maternal health, child health, family planning, adolescents and youth issues, and gender-based violence, among others, or focusing on left behind groups such as first time young mothers, adolescent girls at risk of child marriage or FGM, first time young mothers and refugees.

Lessons Learnt

UNFPA CO successfully contributed to the domestication of SDGs into the Fourth Health Sector Strategic Plan (HSSP IV), and One Plan II, resulting in the increased Coordination and Implementation against which to monitor progress and sustain close alignment in national and sub-national annual planning through the Direct Health Facility Financing (DHFF). The amount of resources allocated at different levels affects the volume and timely implementation of the interventions. The delivering as one focus is progressing well and achieving greater financial and technical synergies at national and programming levels, particularly when joint initiation of programme design and planning are undertaken from the start.

Main Conclusions

Strategic Level

At the strategic level CP8 was well aligned to national and international development priorities. The CP effectively responded to the changing environment and needs including humanitarian settings and the COVID-19 pandemic. UNFPA is a strategic partner to the Government of Tanzania, other UN agencies and leading bilateral agencies. UNFPA provided strategic leadership and advocacy for integrated programming with a focus on gender, human rights-based approaches and leaving no one behind. UNFPA was an active member of the United Nations Country Team (UNCT) and was a valued strategic partner of Government of the URT and other key stakeholders. UNFPA embraced DaO under United Nations Development Assistance Plan II (UNDAP II) 2016/17-21/22 more so within the context of UN Joint Programmes. The CP8 had a well-articulated coordination framework for the implementation of the programme in both Tanzania Mainland and Zanzibar. UNFPA had a robust financial management and tracking system that facilitated programmatic and financial accountability. The evaluation team noted a minor challenge on utilization of funding remains with the Government of Tanzania due to that the funds have to go through several steps before they can be accessed by a specific government agency unlike the funds that would be transferred straight to the implementer. This has inadvertently led to delays in disbursement of funds to IPs. The intervention logic in the results framework was quite robust. There was a clear strategic linkage between planned interventions and the outputs. The output and strategic actions generally contributed to the outcomes. All of the outcome indicators in the CPD8 were specific and based on the global results framework. In addition, data as a foundation for evidence-based programming was well articulated in the CPD.

Programmatic Level

For **SRHR**, UNFPA invested in demand-creation for FP services, e.g. through the use of community champions and other community resource persons; e) Coordination and implementation of youth-friendly adolescent sexual and reproductive health initiatives, including comprehensive sexuality education; and (f) Promote evidence-based social and behavioural change communication to address social norms that create barriers to access of adolescent sexual and reproductive health information and services. UNFPA strengthened community-based distribution strategies for Family Planning commodities including condoms, community outreaches, social marketing and social franchising, stakeholders have been able to expand access to remote and hard to reach areas; d) supporting integration of family planning services into other sexual and reproductive health and HIV services, including youth-friendly services. In this UNFPA also invested in strengthening the procurement supply chain system to ensure reproductive health commodity security by supporting the government in coordination FP partners through quarterly meetings and also built capacity of the service providers in Logistic Management and information services including forecasting and quantification and in the provision of FP services. Regular service delivery point surveys were conducted to inform programmes on the stock status and quality of services at the facilities; and e) scaling up comprehensive condom programming for adolescents and youth with special focus put on KVP and PWD. For **AY**, UNFPA supported building capacity to implement life skills education for out of school young people, and training of TOTs for life skills. Other areas supported by UNFPA included implementing adolescent sexual and reproductive health and rights interventions, mostly in scaling up of adolescent and youth friendly services provision, capacity building of service providers, development of guidelines, review of ASRH standards, mobilization of trainings of Peer Educators, demand creation programs, and construction / refurbishment of adolescent and youth friendly centres. For **GEWE,** significant progress was achieved in strengthening legal, policy and strategies and other capacities to support, prevent and address GBV and strengthen the response for elimination of GBV including FGM and child marriage in humanitarian and development settings. It supported coordination of the National Plans of Action of Violence Against Women and Children at the national level for mainland Tanzania and Zanzibar, respectively. For **PD,** Significant progress was achieved in advocating for evidence-based information by creating SDG and disability databases and providing technical assistance for the conduct of the 2022 national census and sociodemographic surveys. In this regard initiatives were made for south-south cooperation to be established between the Office of the General Chief Statistician in Zanzibar and their counterparts in the Bureau of Statistics in Uganda.

Recommendations

Strategic level

During the design and implementation of the next country programme in Tanzania, i.e., 9th CP, priority should be given to wide consultations with key stakeholders at all levels during programme implementation, consolidation of strategic partnerships, and responsiveness to the changing environment and needs in the development and humanitarian settings, including COVID-19. The 9th CP should also consider sustaining partnerships and resource mobilization for CO programmes in Tanzania. There is a need for UNFPA Tanzania CO to continue strengthening partnerships under the UN framework of DaO. Partnerships with bilateral development partners and MDAs should be strengthened. UNFPA should strategically partner with institutions and MDAs that have a mandate to address drivers of GBV/DV and harmful practices related to effects of emergencies such as COVID-19 and humanitarian crises. To strengthen equity, south-south and triangulated cooperation, gender and human rights-based approaches, and leaving no one behind, the next CP should actively advocate for use of the differentiated delivery model to facilitate an effective response to the peculiarities of needs and diverse contexts of hard-to-reach populations and communities in view of humanitarian emergencies and the COVID-19 situation. UNFPA CO and its partners should ensure that the next CP continues to strengthen focus on SRHR, Gender, Adolescents and Youth and Population Dynamics, including data and evidence-based programming to ensure acceleration of the achievement of the 5 transformative results. This will increase the comparative advantage of UNFPA in the United Republic of Tanzania and further increase its credibility among multi-lateral and bilateral donors as well as among the key government sectors.

Programmatic level

UNFPA should continue to align the Country Programme to national and international goals and objectives with regards to SRHR, AY, GEWE and PD with greater emphasis on the needs of the communities that UNFPA supports including most-at-risk populations and vulnerable communities. UNFPA should support MoH to improve the robustness of the support for national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people; increased access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services; and enhanced national capacity of government, civil society organizations and private institutions to deliver comprehensive maternal health services. MoH in liaison with UNFPA should support the scale up of interventions and mechanisms that address persistent FP commodity stock-outs by operationalizing the re-distribution strategy. The UNFPA Tanzania CO should continue the meaningful engagement of young people at all levels of adolescent and youth programming including the scale up investment in innovations by young people in the use of digital and online platforms and other approaches to increase access to SRH information. UNFPA and its partners should consider streamlining integrated SRHR/GEWE interventions for women, youth, and adolescent groups but with a strong focus on empowerment of girls and women, with life- and vocational skills training, combined with gender transformative programming and power analysis. UNFPA should further build the capacity of UNFPA CO and Implementing Partners to effectively address issues on GBV, including FGM, early and forced marriages; and gender equality by using Evidence Based Information. The country programme should focus on the momentum built on providing assistance for the conduct of the first fully digital census, the 2022 Population and Housing Census in Tanzania and advocating for evidence-based information through creation of SDG databases and conduct of socio-demographic surveys. In this regard, the Tanzania CO should advocate for and support to increase and ensure adequate resource mobilisation for PD to match the current needs.

CHAPTER 1: Introduction

1.1 Purpose and Objectives

The UNFPA Tanzania Country Office (CO) commissioned the Country Programme Evaluation (CPE) of the Eighth Country Programme (CP8) of Assistance to the Government of the United Republic of Tanzania to serve three main purposes, in line with the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD) and the Agenda 2030 for Sustainable Development. The evaluation covered the time frame of the UNFPA Tanzania 8th CP8 between 2016/17 – 2021/22. It was forward-looking and took into account the most recent strategy and UNFPA Tanzania programming orientations. The overall objectives of the evaluation are to: (i) provide the UNFPA Tanzania CO, national stakeholders, and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the performance of the 8th UNFPA Tanzania CP 2016/17 – 21/22; and (ii) broaden the evidence base to inform the design of the next programme cycle. The specific objectives of the CPE are to[95]:

- Provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support to the government of the United Republic of Tanzania. Assess progress towards the expected outputs and outcomes in the results framework of the country programme.
- To provide an assessment of the geographic and demographic coverage of UNFPA's humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.
- Provide an assessment of the country office's positioning within the developing community and national partners, in view of its ability to respond to national needs and emerging issues while adding value to the country's development results.
- Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results.
- Assess the extent to which the implementation framework enabled or hindered achievements of the results chain i.e., what worked well and what did not work well.
- Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

1.2 Scope of the Evaluation and Audience

1.2.1 Geographical

Concerning the geographic focus, the evaluation targeted the national level in Tanzania Mainland and in Zanzibar as well as in the following regions where UNFPA supported the implementation of interventions: Mwanza, Simiyu, Kagera, Shinyanga, Geita, Mara, Kigoma, and Dodoma Regions; and, North Pemba, South Pemba, North Unguja, South Unguja, and Urban West.

1.2.2 Thematic

The evaluation included the following thematic areas of the 8th CP: sexual and reproductive health; adolescent and youth; gender equality and women's empowerment and population dynamics. In addition, the evaluation covered cross-cutting issues, such as humanitarian; human rights; gender equality; disability, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization and strategic partnerships.

1.2.3 Temporal

The evaluation covered interventions planned and/or implemented within the period of the current CP8 (2016/7-2021/22).

[95]UNFPA Tanzania_ToR_for_the_Country_Programme_Evaluation

1.2.4 Audience

The primary users of the CPE are (i) the UNFPA Tanzania CO; (ii) the Government of the United Republic of Tanzania; (iii) implementing partners of the UNFPA Tanzania CO; (iv) rights-holders involved in UNFPA's interventions and the organizations that represent them (particularly women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vi) Development Partners. The evaluation results are also of interest to a wider group of stakeholders, including: (i) UNFPA's headquarter divisions, branches, and offices; (ii) UNFPA's Executive Board; (iii) academia; (iv) local civil society organizations (CSOs) and international Non-Governmental Organizations (INGOs). The evaluation results will be disseminated using a stakeholders' workshop and will be available on the UNFPA Tanzania website as well as on the corporate website for UNFPA evaluations.

1.3 Methodology and Process

1.3.1 Evaluation Criteria and Evaluation Questions

The evaluation systematically uses the four OECD-Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, sustainability. It also uses the evaluation criterion of coordination to assess the extent to which the UNFPA Tanzania CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT. Furthermore, the evaluation uses the humanitarian-specific evaluation criteria of coverage to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach. The improvements and additions to the evaluation questions that were introduced by the Evaluation Team are provided in Table 1. The evaluation questions are unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools as elaborated in the **Evaluation Matrix** which is presented in Annex 4.

Table 1: Evaluation Criteria and Evaluation Questions

Evaluation Questions
Relevance **EQ1:** To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. adolescent and youth; persons with disabilities, refugees and etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs. **EQ2:** To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups; emerging needs and priorities such as the COVID-19 pandemic? **EQ3:** To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, persons with disabilities and have been considered in both the planning and implementation of all UNFPA- supported interventions under the country programme?
Effectiveness **EQ4:** To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access friendly sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

Evaluation Questions

(with focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results)

EQ5: To what extent and in what ways has the Country Office been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity), and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts?

EQ6: To what extent has the Country Office ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities) have the information they need, are protected against violence and have access to life-saving services in the COVID-19 and recovery context?

EQ7: To what extent has UNFPA successfully integrated human rights, gender perspectives and social inclusion, including disability inclusion, in the design, implementation, and monitoring of the country programme?

Efficiency

EQ8: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the county programme?

EQ9: To what extent did country office systems, processes and procedures foster or impede the adaptation of the country programme to changes triggered by the COVID-19 crisis?

Sustainability

EQ10: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

EQ11: To what extent has UNFPA support contributed to building the national capacities and systems for sustainability of results?

Coordination

EQ12: To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT, DPG, HCT, government led sector coordination/consultative fora and other mechanisms?

Coverage

EQ13: To what extent have UNFPA's humanitarian interventions systematically reached all geographic areas in which affected populations women, adolescents and youth reside?

EQ14: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups of women, adolescents and youth?

Notes:

- The CPE Team proposed that EQ4 (focusing on Effectiveness) should incorporate the comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results.
- The CPE Team proposed that EQ10 should read: 'To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in

Evaluation Questions
developing capacities and establishing mechanisms to ensure the durability of effects also considering the COVID-19 context.

1.3.2 Methods of Data Collection

The evaluation utilised a number of data collection methods, including Key Informant Interviews (KIIs) with stakeholders at national, and sub-national levels, and Focus Group Discussions (FGDs) (if possible), with selected IPs. Additional data was collected by conducting extensive document review. In line with COVID-19 restrictions, the interviews in this evaluation especially those involving Tanzania CO management and staff and Implementing Partners were conducted using online remote access such as Microsoft Teams, Zoom or Google Meet. To a large extent the focus group discussions with programme beneficiaries were conducted using face to face interactive meetings whereby the CPE Team visited selected evaluation sites and directly meeting and interact with the participants. This method was helpful in reaching out to the most vulnerable and marginalized beneficiaries of the CPD. The CO was asked to facilitate the setting up of appointments with the targeted evaluation participants. The appointments were done using the comprehensive Evaluation Agenda that has been prepared by the Evaluation Team as a roadmap to guide the entire process of the CPE from the design phase, data collection phase and all the way through to the reporting phase. The Evaluation Agenda is provided in Annex 9. The specific data sources are provided in the Evaluation Matrix (see, Annex 3). The data collection methods are elaborated in the forthcoming sections. As mentioned earlier in this design report, the CPE is a participatory process actively involving UNFPA staff, key stakeholders and beneficiaries. The design for the evaluation is also modelled on previous country-level evaluations led by members of this Evaluation Team. The data in this evaluation is sequenced in such a manner that it was collected simultaneously. This implied that the online key informant interviews, online FGDs, were conducted concurrently. The evaluators' mixed-methods approach includes a number of components as espoused in the following sub-sections.

1.3.2.1 Document Review

The evaluation involved an extensive review of documents, to inform the evaluation design, and to triangulate with primary sources. The Evaluation Manager identified and provided the main documents for the evaluation team as per UNFPA Evaluation Handbook guidelines. Additional documents included planning, monitoring and evaluation reports on programme thematic areas including government plans and strategic documents.

1.3.2.2 Key informant interviews

Key Informant Interviews were held with stakeholders at national and sub-national levels using semi-structured schedules built on the key evaluation questions. The selection of the stakeholders at national and sub-national levels for the online key informant interviews is described in section 1.3.5.

1.3.2.3 Focus Group discussions

With respect to Focus Group Discussions (FGDs), the CPE Team targeted project/ programme beneficiaries including women, adolescents/youth, men, key populations/Most-At-Risk Populations (MARPs), and refugees. The FGDs were planned bearing in mind that the projects/ programmes are implemented as integrated packages. It is envisaged that each FGD compromised of between 6-12 participants. The FGDs provided qualitative insights into the respective interventions. Each utilised a semi-structured schedule appropriate to the group, with key questions around specific topics. Each of the FGDs were facilitated by one of the three local Consultants. The FGDs were recorded and notes taken during facilitation as well. The notes were important as they captured non-verbal cues as well as supplementing and backing up the online recordings. The FGDs were conducted, where appropriate, in the local languages of the beneficiaries and transcribed verbatim into English.

1.3.3 Ethical Considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG[96], and the United Nations Norms and Standards for evaluation in the United Nations System.[97] The evaluation team adhered to the following accepted codes of conduct such as: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g) avoidance of harm and (g) respect for dignity and diversity. The ethical considerations were achieved through ensuring that each member of the Evaluation Team behave in an ethical manner. An intensive brainstorming session among the Evaluation Team members on ethics in evaluation studies ensured that each member of the team is well equipped to deal with ethical issues during the conduct of the evaluation. **In addition, ethical clearance to conduct the CPE in Tanzania Mainland and Zanzibar, respectively was sought and granted from the National Institute for Medical Research (NIMR) and the Zanzibar Health Research Institute (ZAHRI). This was in accordance with the national regulations for conducting research in the URT.**

Obtaining consent: The Evaluation Team obtained oral/written consent from all respondents before they are interviewed including adolescent respondents who are aged below 18 years. adolescents who are below the age of 18 years, the Evaluation Team obtained both parental permission and child assent in order for the adolescents to participate in the interviews or FGD sessions. The special needs around GBV, and disability-related work were also taken into consideration.

GBV and Disability Interviews: For GBV and disability related data collection, ethical consideration is paramount. The Evaluation Team ensured confidentiality, and adequate and informed consent. For GBV research alongside ethical consideration, safety concerns also are critical issues. In case the survivor of violence was interviewed, safety was prioritized in cognizance of the fact that the respondent often lives with their abuser. Thus, confidentiality was strictly protected to safeguard respondent from attacks in case of breach. Alongside the interviewer was sensitive so as not to cause further distress.

Differentiation of participants: On the selection of different age groups, gender and vulnerable categories of people, the Evaluation Team was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'[98] and the different target beneficiaries of UNFPA Tanzania 8th CP.

1.3.4 Data Collection Tools

The evaluation questions were translated into information needs, as displayed in the Evaluation Matrix in Annex 4. The Evaluation Matrix linked the evaluation questions with corresponding assumptions that were tested (operational definitions/indicators), sources of information and methods of data collection. In this regard, the Evaluation Matrix was further used as a basis for the development of the tools in the evaluation that are provided in Annex 4 namely:

- Key Informant Interview Guide for Implementers of the SRHR component
- Key Informant Interview Guide for Other Key Players: SRHR
- Key Informant Interview Guide for Implementers of the AY component
- Key Informant Interview Guide for Implementers of GEWE Component
- Key Informant Interview Guide for Implementers of the P&D component:
- Focus Group Discussion Guide for Adolescents and Youth
- Focus Group Discussion Guide for women of reproductive age (15-54 years) / girls
- Focus Group Discussion Guide for men and men action groups (MAGs)
- Focus Group Discussion Guide for refugees (women or men)

[96]United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at:

http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100 [Accessed 11 June 2021]

[97]http://www.unevaluation.org/document/detail/102 [Accessed 12 June 2021].

[98]https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft [Accessed 15 June 2021].

- Focus Group Discussion Guide for Beneficiaries (Separately for women, men, and young people, community structures including community activists, male action groups)

1.3.5 Selection of Stakeholders at National and sub-National Levels

Using a comprehensive listing of locations where interventions have taken place, and the stakeholders involved in these interventions provided by the UNFPA Tanzania CO, the Evaluation Team purposively selected Country Office Staff, National Level IPs; sub-National IPs and beneficiary communities supported by UNFPA Tanzania for the evaluation. The sample design is showcased in Table 2. At the national and sub-national levels, IPs were grouped under the four main interventions i.e., SRHR, GEWE, PD and AY. These include, for SRHR: *UN Agencies/ Donors/Development Partners* (UNAIDS/UBRAF; Irish Embassy; UN OCHA CERF; TACAIDS; FCDO; Canadian Embassy; KFW; USAID; WFP; WHO; KOICA; UNDP); and *Government IPs* (MOH, MOSWEGC, TACAIDS; ZAC; MOH; MOHSEGC; PORALG; SIMIYU SECRETARIAT). At the sub-national level (regional and district levels), these included the Regional Administration and Local Government Departments and Implementing Partners – international and national NGOs and CSOs such as ZAC; AGPAHI; KIWOHEDE; TRCS; ZAYADESA; IRC; Marie Stopes Tanzania; KIWOHEDE; UMATI; DKT; JSI; Shop plus; HDT; Clinton Health Access; Pathfinder; EngenderHealth; Advance family Planning; TMARC; Palladium; HDT; Shop plus; TAMA and AMREF. The sampling distributions for AY; GEWE and PD are provided in Table 2, respectively. Beneficiary communities where interventions were implemented by the sub national IPs were selected for FGDs. Three (3) beneficiary communities were selected for each of the thematic areas – SRH&R and FP; GEWE and AY. Cognizance was given to location in the choice of beneficiary communities to be selected for the evaluation. Stakeholders at national and sub-national levels were contacted for interviews remotely in line with the COVID-19 epidemic context. In addition, the team interacted with relevant funding agencies including USAID, European Union, Norwegian Embassy, Swiss Development & Cooperation Agency / Swiss Embassy, Finnish Embassy, Canadian embassy, EU, KOICA, Irish Embassy, among others. The Evaluation Team interacted with UN agencies that include: Resident, UN Area Coordinator's office, United Nations Children's Fund (UNICEF); World Health Organisation (WHO), United Nations Development Programme (UNDP); United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); Joint United Nations Programme on HIV/AIDS (UNAIDS); International Organisation for Migration (IOM), among others. The Evaluation Team aimed to select a sample of stakeholders that is as representative as possible, recognizing that it would not be possible to obtain a statistically representative sample. The sample of stakeholders for the online interviews and beneficiary communities for the online FGDs reflects the variety of interventions supported by UNFPA Tanzania, both in terms of thematic focus and context. The final sample of stakeholders and sites was determined in consultation with the Evaluation Manager, based on the review of the design report.

Table 2: Stakeholders and beneficiaries consulted

Intervention	**Stakeholders**			
	UN Agency/ Donor/ Development Partner	**Government Implementing Partner**	**Local Government Authorities**	**Implementing Partner - International and local NGO**
Sexual and Reproductive Health and Rights	UNAIDS/UBRAF; Irish Embassy; UN OCHA CERF; TACAIDS; FCDO; Canadian Embassy; KFW; USAID; UN WOMEN; WHO; KOICA; UNDP	MOH, MOSWEGC, TACAIDS; ZAC; MOH; OHSEGC; PORALG; SIMIYU SECRETARIAT	(1) Regional Secretariat (2) District Administration	ZAC; AGPAHI; KIWOHEDE; TRCS; ZAYEDESA; IRC; Marie Stopes Tanzania; KIWOHEDE; UMATI; DKT; JSI; Shop plus; HDT; Clinton Health Access; Pathfinder; EngenderHealth; Advance family Planning; TMARC; Palladium; HDT; Shop plus; TAMA; AMREF

Intervention	Stakeholders			
	UN Agency/ Donor/ Development Partner	**Government Implementing Partner**	**Local Government Authorities**	**Implementing Partner - International and local NGO**
Adolescents and Youth	UNICEF; UNESCO	MOH; MOHSWEGC; PMO-LEYD; MIYCS	Regional Administration and Local Government	FEMINA HIPS; AFriYAN; KIWOHEDE
Gender Equality and Women's Empowerment	UN Women; UNESCO; KOICA; Swiss Development & Cooperation Agency / Swiss Embassy; Irish Embassy; Finnish Embassy; Norwegian Embassy; European Union; UNICEF; WHO; IOM; OHCHR	MOH-Gender; MOHSWEGC - Gender (ZNZ); LSHTM	Regional Administration and Local Government	TGNP Mtandao; CDF; ATFGM Masanga; C-SEMA; KIWOHEDE; Hope for Women and Girls; NAFGEM - Network Against Female Genital Mutilation; Msichana Initiative; Anti-FGM Network (coordinated by at Legal Human Rights Center (LHRC))
Population Dynamics	FCDO; Zanzibar UN Area Coordinator's office	National Bureau of Statistics; Zanzibar Planning Commission; Zanzibar Civil Status Registration Agency; Zanzibar Department of Disability Affairs; Office of Chief Government Statistician (OCGS);	Regional Administration and Local Government	Tanzania Data Lab

1.3.6 Consolidation of Data, Analysis and Reporting

Data consolidation is the process that amalgamates all the data collected from different sources, eliminate redundancies, and remove inaccuracies before sorting it a single location, such as a database. The data for the evaluation of the 8th UNFPA CP 2016/17-2021/2, as guided by the UNFPA Handbook, was collected through two main sources: documentary review, and individual in-depth interviews. The nature of the data/information was mainly qualitative, around four main intervention areas: SRHR, adolescents and youth, gender equality, women's empowerment, and gender-based violence, and population dynamics/data. The data from the evaluation is further consolidated in the Evaluation Matrix as showcased in Annex 3.

The evaluation team worked together to consolidate the collected data by themes such as:

- SRHR policies, SRHR services, health workers' capacity, and supply chain management:
- Adolescents and youth skills and capabilities, youth policies, and youth leadership and participation;
- Prevention and addressing of GBV, eliminating harmful practices; and
- Population data systems and demographic analyses.

1.3.6.1 Qualitative Data

Qualitative data from primary sources were analysed using the content and thematic analysis framework. This involved organising data according to themes related to the evaluation objectives, evaluation questions and criteria. In addition, the CPE team was open to considering emerging themes that emerged in the process of collecting and analysing qualitative data. Some striking quotes and human stories from beneficiaries were cited verbatim in the findings to support the thematic analysis. Storylines from participants were analysed using narrative analysis.

1.3.6.2 Quantitative Data

The quantitative data from secondary sources were analysed using descriptive statistical methods involving tabulations and graphing of the data. The descriptive data on the indicators for each of the programmatic components was disaggregated by region to show any differentials within the review period. These components (qualitative and quantitative) of the evaluation allowed the evaluation to develop initial findings and recommendations. Feedback from staff at UNFPA Tanzania CO and the Evaluation Reference Group (ERG) enabled the Evaluation Team to further refine the recommendations and conclusions.

1.3.6.3 Contribution Analysis and Triangulation

Contribution analysis was used to assess the coherence of the results chain and intervention logic in the CPD and the effectiveness of the UNFPA CP8 in achieving activities and outputs and their contribution to outcome results in the component areas. All the evaluation criteria were addressed and analysed for the component areas following implementation modalities and efficiencies. In addition, triangulation, that is a combination of data from document analysis and primary research, allowed the drawing of conclusions and recommendations from different outcomes including both planned and unexpected outcomes. The formats of the UNFPA Evaluation report as specified in the UNFPA Handbook on Evaluation were used for tabulation and analysis to organise the findings within the main body of the report.

1.3.7 Data Quality Assurance

Throughout the field phase, the team leader ensured that all members of his team correctly understood which types of information must be collected, and how this information should be recorded and archived. Data quality was maintained by triangulating the data sources and methods of collection and analyses. Validation of preliminary findings, by key stakeholders, enhanced the quality of data collected ensuring the absence of factual errors or errors of interpretation and no missing evidence that could materially change the findings. In addition, the ET together conducted the first KIIs to ensure consistency in the data collection process, particularly concerning questioning, probing and recording of data. The secondary data was obtained from various documents in the repository constructed by the UNFPA CO and documents provided by other stakeholders to the consultants. The quality of the secondary data was validated and found to be satisfactory for use in the evaluation.

1.3.8 Limitations of the Methodologies, Data and Mitigation Measures

The COVID-19 restrictions have impacted researchers globally and how we carry out research studies. Therefore, the Evaluation Team once acquainted, took into account their mobility restrictions when developing the study design. The Evaluation Team was aware that mixed-methods evaluation studies would require the use of qualitative methods, which heavily rely on face-to-face interactions for data collection. We therefore aim to use Microsoft Teams/Zoom/Skype/ social media to conduct the KIIs and FGDs. In addition, immediate peer debriefing and in-depth internal team discussions aim to mitigate barriers associated with virtual interviewing. Restrictions related to COVID-19, required that some data especially from National and sub-national IPs must be collected remotely and therefore was dependent on respondents having access to Internet, telephones, or other devices enabling remote communication. As such, data collection depended on the accessibility of the aforementioned communication tools, and therefore the perspectives of participants residing in more remote and less resourced settings across the country would need to be further explored. In order to mitigate issues related to timeliness, UNFPA's Tanzania CO ensured that the forming of the Evaluation Team was prompt and interdisciplinary to collect and analyse the data, by ensuring that each consultant has a 'seat at the table' (Martineau, 2015). The strong team of expertise reviewing and developing the tools for this evaluation helped mitigate delays of production and therefore also knowledge sharing.

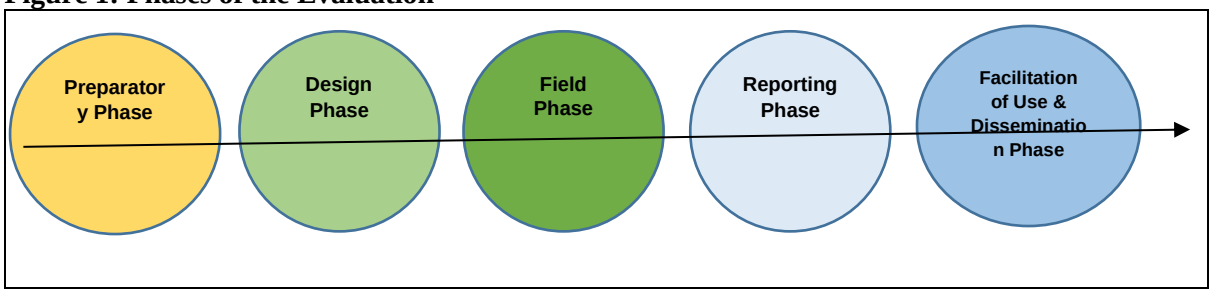
As noted earlier, the universe for the evaluation was all stakeholders engaged in the implementation of UNFPA interventions. These stakeholders, particularly implementing partners, were the major source for the generation of the required information. Some of the limitations of the proposed approach for data collection are as follows: First, since most of the UNFPA interventions were implemented at national and sun-national levels, which made it challenging to identify the direct beneficiaries of the interventions. The

information generated through the implementing partners of UNFPA could be biased to show their achievements. The second limitation of data generation is the use of remote access for interviews of stakeholders/implementing partners. The quality of data through this remote access technique could be lower than the direct or face-to-face interviews. Third, the theory of change is an essential building block of the evaluation methodology in this CPE. However, there is a strong possibility that UNFPA intervention in a particular area e.g., SRH, gender equality, adolescent & youth is one of the factors affecting the change. Through the qualitative approach it would not be possible to isolate the exact contribution of a UNFPA intervention in a particular change. To minimise these data bias or limitations, several measures were adapted: (i) the qualitative data was complemented with quantitative data to strengthen the validity of the findings; (ii) an effective use of technology and good quality interviews of the selected stakeholders generated the required information/data; and (iii) the strengths and weaknesses of the ToC which drives the contribution made by the current Country Programme was assessed.

1.3.9 Process Overview

There were five phases of the CPE namely: 1. Preparatory phase; 2. Design phase; 3. Field phase; 4. Reporting phase; 5. Facilitation of use and dissemination phase which are shown diagrammatically in Figure 1.

Figure 1: Phases of the Evaluation



Source: Adapted from UNFPA CPE Handbook

The evaluation team started with the design phase. The various activities were undertaken during the CPE and the timelines are shown in the CPE Agenda in Annex 9.

CHAPTER 2: Country Context

2.1 Development Challenges and National Strategies

The United Republic of Tanzania has vast natural resources and a population advantage of around 57.6 million (NBS 2020). The population has significantly grown compared to the 44.9 million people in 2012 with the average annual growth rate of 3.1%. According to the National Bureau of Statistics (NBS 2018) as a result of increased fertility rate and mortality decline, the number of women and youth is higher since life expectancy is higher in women than men in Tanzania. Tanzania is still working to overcome some development challenges such as poverty in all forms and dimensions, the need for structural transformation for more accountability, inclusion and effectiveness; and the need for more resilience at different levels to overcome health outbreaks such as Covid-19, natural disasters, economic crises at all levels, gender inequality and inability to sustain humanitarian needs to those in need. [99] To achieve meaningful development there is a need for multi sectoral responses thus, the country has put in place various strategies and policies to respond to the needs.

During the International Conference on Population and Development in Cairo (ICPD) Tanzania made commitments relating to population, development and gender equality. Looking back at the commitments 25 years after, Tanzania has made significant progress. That was evidenced in the Country Progress on ICPD and Country Statement on "Accelerating the ICPD Promise".[100] Apart from the country's commitment to conform to the SDGs it is also in line with Tanzania Development Vision 2015. Furthermore, Local Government Authorities set 10% of their revenues to empower women, youth and Persons living with Disabilities at the ratio of 4:4:2 respectively.

National Strategies and Response on Population and Development

In July 2020, Tanzania was declared a lower middle income by the World Bank.[101] The declaration was ululated by the government of Tanzania since it exhibited that the county is making positive strides towards the vision to be more socio economic and political reliant as per various laws and policies towards that trajectory. Notably, since Tanzania is the Union between Tanganyika and Zanzibar, some policies and laws are applicable at the national level (union matter) while others may be specific either for Tanzania Mainland or the Tanzania Zanzibar. At both levels, the country has made significant progress since independence.

Tanzania Development Vision 2025

Tanzania Development Vision 2025 is the third major country vision. The country had gone through two previous national visions; the first one being a **vision to attain independence**. The objective of the vision was for the country to attain political independence from the colonialists. The second vision which Tanzania is mostly known for was **the Arusha Declaration**. The Arusha Declaration's main goal was to attain socio-economic freedom under the pillars of socialism and self-reliance. Major achievements of the second vision were the sense of national unity, peace and stability in the country. With current changing global politics and development trends, the past two visions were inadequate to lead the country to the envisioned agenda. Consequently, the country adopted **Development Vision 2025** in June 1999. This vision has three main targets: achieving high quality livelihood for all; good governance and rule of law and building a strong and resilient economy that can effectively withstand global competition by 2025.[102]

Zanzibar Vision 2020 & Zanzibar Vision 2050

After the Zanzibar Revolution of 1964, Tanzania Zanzibar's economy depended much on cloves, which were sold more at the global market. With changes happening at the global level, the price of cloves dropped causing the economy of Zanzibar unsustainable. The government then adopted various policies and strategies to revamp the economy and hopes for the Zanzibaris. Amongst them are, The Economic and Recovery Program I & II and the formation of Zanzibar Investment Promotion Agency (ZIPA)-

[99] Development Challenges and Solutions, UNDP https://www.undp.org/development-challenges-and-solutions

[100] ICPD+25 The Nairobi Summit, 2019.

[101] World Bank, https://www.worldbank.org/en/country/tanzania/overview

[102] Tanzania Development Vision 2025 at p. 12

1992.[103] In 2000, Zanzibar adopted a long term development plan which was Vision 2020. The main goal of **Vision 2020** was to eradicate poverty and attain sustainable development and transform Zanzibar into a middle income country characterized by high levels of industrialization, competitiveness, quality livelihoods; good governance and rule of law by 2020. Taking into consideration that most often, globalization and development come with its impacts in culture values; the 2020 vision ensured that there is a component of the rich positive cultural heritage in the vision for current and the coming generations. The current **Zanzibar Development Vision 2050** was adopted in October 2020 to carry through the development vision where the Vision 2020 ended. Amongst the salient features of the Vision 2050 is 'putting human development at the forefront of national planning'. It envisions Zanzibar to be an upper middle income country by 2050. To attain the vision, it is shaped by four pillars; economic transformation; human capital and social services; infrastructural linkages; and governance and resilience. More tellingly, pillar II – Human Capital and Social Services whose objective is developing a healthy, competitive, innovative and productive human capital base supported by reliable and sustainable social services for all to contribute to national and global development has four priority areas which, amongst other pillars align with the UNFPA CP. The priority areas are education and training; research and innovation; water sanitation and hygiene; health; social protection and development; and culture, heritage and sports.[104]

National Population Policy 2006

In 2006, Tanzania adopted the National Population Policy, which refocused the 1992 National Population Policy. Just like most revised policies and laws, the 2006 policy aimed at addressing and adapting to the changing trends in population and development at the national and international levels and ensure steady positive development in the country. The Policy notes that there is a close affiliation between population growth and development (NPP 2006) since population variables influence either positively or negatively the wellbeing of people at the micro, meso, and macro levels.[105]

With the main goal of directing development of better policies, strategies and programs that ensure sustainable development of the people, the Population Policy has narrowed down four specific goals namely:

- Harmonious interrelationships between population, resource utilization and the environment
- Sustainable development and eradication of poverty
- Attainment of gender equity, equality, women's empowerment, social justice and development for all individuals
- Increased availability and accessibility of high-quality social services

Gender Policies, Strategies and Laws

National level: *Article 12 of the United Republic of Tanzania Constitution 1977* (as amended from time to time) provides equality of all human beings without discrimination based on any background. The Constitutional amendments and other policy formulation were a result of commitments of women and other gender activists at the national, regional and international levels. Amongst the most significant drivers of change was the Beijing Declaration and Platform for Action (1995) which, made the country to focus on some critical areas of concern to bring gender equality. In line with the platform for Action, Tanzania has committed to implement the UN Charter, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), the Convention on the Rights of the Child (CRC) (1989), AU Solemn Declaration on Gender Equality and the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women (2003) World Summit 2005 Resolution on Gender Equality and Empowerment of Women, Policy on Women and Gender Development(2000), SADC Declaration on Gender and Development (1997), Addendum on Prevention and Elimination of Violence Against Women and Children (1998), and the East African Community (EAC) Treaty (1998).[106] Despite having the policies and strategies, gender inequality is still prevalent in Tanzania.

Tanzania Mainland: Gender equality in Tanzania mainland has been a priority both at the central government and local government levels. The mainland government has put in place various sectoral strategies, policies, plans and legislative frameworks to attain gender equality. Amongst them are Women in Development Policy (1992); Women and Gender Development Policy (2000); National Strategy for

[103] Zanzibar Vision 2020 at p. 2.
[104] Zanzibar Development Vision 2050 at p. 28
[105] National Population Policy 2006 at p.5.
[106] National Strategy for Gender Development.

Gender Development (NSGD); the Law of the Child Act (2009); the Land Acts (1999); the Law of Marriage Act; National Plan of Action to end Violence Against Women and Children in Tanzania (2016) and Regional Strategic Plan to End Violence Against Women and Children in Shinyanga (2020). As a result, there has been an increase in gender equality at the national and regional levels.

Tanzania Zanzibar: To combat gender-based violence and move towards attainment of gender equality the semi-autonomous Zanzibar has put in place guidelines, policies, strategies and laws to lead the nation in a sustainable path. Part of the policies and strategies in place are the Gender Policy (2016); Economic Empowerment Policy (2019); Children Act No. 6 of 2011; The Khadhi's Court Act 9/2017; Zanzibar Vision 2020; Zanzibar Development Vision 2050; Zanzibar's National Action Plan to End Violence against Women and Children (VWAC) 2017-2022. Consequentially the Zanzibar has made strides in social inclusion and has 38% women judges in 2019 compared to 29% women judges in 2015. Furthermore, response and prevention to VAWC has strengthened with a reduction of incidences by 44% from 2447 cases in 2016/2017 to 1,369 cases in 2019.[107]

Tanzania Mainland: *Article 12 of the United Republic of Tanzania Constitution 1977* (as amended from time to time) provides equality of all human beings without discrimination based on any background. The Constitutional amendments and other policy formulation were a result of commitments of women and other gender activists at the national, regional and international levels. Amongst the most significant drivers of change was the Beijing Declaration and Platform for Action (1995) which made the country focus on some critical areas of concern to bring gender equality. In line with the platform for Action, Tanzania has committed to implement the UN Charter, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), the Convention on the Rights of the Child (CRC) (1989), AU Solemn Declaration on Gender Equality and the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women (2003) World Summit 2005 Resolution on Gender Equality and Empowerment of Women, Policy on Women and Gender Development(2000), SADC Declaration on Gender and Development (199Addendum on Prevention and Elimination of Violence Against Women and Children (1998), and the East African Community (EAC) Treaty (1998).[108] Despite having the policies and strategies, gender inequality is still prevalent in Tanzania.

Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA III) 2016-2020
The Revolutionary Government of Zanzibar has always been at the forefront to ensure development in Tanzania islands. From 2016 -2020, it had a Zanzibar Strategy for growth and Reduction of Poverty (ZSGRP III). The strategy was amongst medium-term development plans; other medium-term plans were Zanzibar Poverty Reduction Plan [ZPRP] (2002 – 2005), Zanzibar Strategy for Growth and Reduction of Poverty, ZSGRP I (2007 – 2010) and Zanzibar Strategy for Growth and Reduction of Poverty ZSGRP II (2010 – 2016) which were a consequence of a long-term Zanzibar Development Vision 2020. In the longer-term Vision, the commitment was to transform Zanzibar into a middle-income by 2020. The most distinguished feature of ZSGRP III is how it has been able to clarify its alignment with national, regional and international goals and strategies. Areas of implementation are divided into five Key Results Areas (KRAs) viz. Enabling Sustainable and inclusive Growth in Key Sectors; Promoting Human Capital Development; Providing Quality Services for all; Attaining Environmental Sustainability and Climate Resilience; and Adhering to Good Governance principles. Amongst others, at the regional level ZSGRP III is in line with Common African Position (CAP) while at the international level ZSGRP III tallies with several SDGs.

National Five Year Development Plan 2016/17 -2020/21 (FYDP II)
The National Five Year Development Plan FYDP II (2016/17 – 2020/21) is a 'continuation, reposition and implementation' of Vision 2025 Since the inception of Vision 2025 various ways of realizing the vision such as National Strategy for Growth and Reduction of Poverty (NSGRP/MKUKUTA II, 2010/2011–2011/2015), Five Year Development Plan (FYDP I, 2011/2012- 2015/2016) took place. With the theme "Nurturing Industrialization for Economic Transformation and Human Development" the

[107] MKUZA III evaluation report 2021.
[108] National Strategy for Gender Development.

FYPD II is founded on three transformation plans, industrialization, human development and implementation effectiveness.[109]

After implementing the nine objectives, set in the FYDP some projected outcomes are foreseen to be as follows: raise in GDP to 10% by 2021, poverty reduction from 28.2% in 2011/12 to 16.7% by 2021. Growth in the manufacturing sector by over 10% per annum; additionally, maternal mortality is expected to reduce from 432 per 100,000 live births in 2014/15 to below 250 in 2011. Consistently, an improvement in the national human development index from the value of 0.52 in the year 2014 to 0.57 by the year 2021.

COVID-19 Situation and Response

Tanzania initiated preparedness measures for the COVID-19 Pandemic in January 2020 and a contingency plan was developed in February 2020 to guide the implementation of preparedness[110]. The first confirmed case of COVID-19 in Tanzania was reported on 16th March 2020. The response was initiated using the existing 72 hours' response plan and all authorities were directed to enforce disease containment measures. The first National COVID-19 response plan was developed aiming at containment of the infection and was built upon 6 key pillars namely Coordination; Case Management and Infection Prevention and Control (IPC); laboratory; Risk Communication and Community Engagement RCCE) and Psychosocial support (PSS); Surveillance and Ports of Entry (PoE); and Logistics[111]. In response to COVID 19 outbreak, the Government established three coordination committees, two at the policy level constituting the National Task Force led by the Prime Minister and the Inter-Ministerial Committee led by the Chief Secretary. The Technical Committee led by the Permanent Secretary (Health) is responsible for technical guidance. The key role of these committees is to ensure the country contains the outbreak. The Ministry responsible for Health remains to be the lead sector according to the Tanzania Disaster Management Act No 7of 2015. The Chief Medical Officer as an Incident Manager is designated to chair all technical meetings and be the overall coordinator of the country response to the pandemic through the Incident Management System (IMS). The emergence of the second wave in late 2020 and early 2021 prompted the Government to develop the second version of the National COVID-19 response plan which aimed at reinforcing ongoing measures based on lessons learnt while ensuring social protection and continuity of essential health services. Based on changing disease transmission dynamics, the third COVID-19 Response Plan has been developed aiming at limiting transmission, reducing the impact of COVID19, morbidity and mortality, and strategize on the COVID-19 vaccine and other interventions. According to the report of the Presidential Special Committee on COVID 19 Response of May 2021, Tanzania has experienced 2 waves of COVID 19 outbreak as of May 2021 since it was first declared on 16th March 2021.

As of December 31st 2021, Tanzania had registered a Cumulative total of 30,564 confirmed cases and 740 deaths (CFR 2.4%) reported since March 2020. A Cumulative total of 402,600 laboratory tests (RT PCR) performed, with a 7.5% Positivity Rate, and a Cumulative total of 3,351 confirmed cases among healthcare workers. On Vaccination, a total of 6,408,950 doses of vaccines have been received, and a cumulative total of 1,446,594 people have been fully vaccinated[112].

The global COVID-19 risk continues to be high due to the increased number of reported cases as observed in COVID-19 waves occurring in different countries, the effects are attributed to reported SARS-CoV2 variants which have been associated with higher infectivity among the general public. Likewise, people with advanced age and associated Non-Communicable diseases such as Diabetes, Hypertension and other CVS associated ailments have been reported to present with higher morbidity and mortality. The cross-border interaction for travel and trade has continued whereby the country has also indorsed to implementation of the recent Tripartite (COMESA, SADC and EAC) guideline on safe travel of people and goods across borders in line with International Health Regulations (IHR 2005) which calls for enhanced protection and control measures against the COVID-19 pandemic. Therefore, as a country there is a need to exert more efforts in ensuring the implementation of disease control interventions hand in hand with maintaining essential health services provision at all levels.

[109] Ministry of Finance and Planning, National Five Year Development Plan 2016/17 – 2020/21.

[110] National COVID 19 Response Plan, Version III (July 2021-June 2022)

[111] National COVID 19 Response Plan, Version III (July 2021-June 2022)

[112] COVID-19 Situation Report: No. 16, December 31st 2021

2.1.1 Sexual and Reproductive Health and Rights

The provision of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services has continued to be a priority in the past decade. Health facilities providing RMNCAH services have increased from 3,369 in 2007 to 7,268 in 2019 (HSSP V, 2021). The majority (82.7%) of all health facilities in 2019 were providing childbirth services for pregnant women. The guiding strategic documents for provision of RMNCAH services in Tanzania that were implemented along with the UNFPA Country Program were The national Health Policy 2017, Health Sector Strategic Plan IV, and The National Road Map Strategic Plan of Improved Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016 - 2020) known as One Plan II[113] (with targets related to UNFPA Output (One "*Increased national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people"* and three "*Increased national capacity of government, civil society organization and private institutions to deliver comprehensive maternal health service* "), and the National FP Costed Implementation Plan (2019-2023)[114] that aligns with UNFPA Output two "*Increased access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services.* It should be noted that the contribution link is the point of emphasis, that is, the UNFPA output is aiming to support the implementation of the One Plan II.

Maternal Health and Family Planning

Globally, evidence showed a decline in maternal mortality whereby 532,000 maternal deaths were registered in 2000 and 289,000 maternal deaths in 2017 which is equivalent to 44% decline[115]. Sub-Saharan Africa (SSA) accounts for 66% of maternal deaths globally. It has an annual decline rate of maternal deaths of 2.9% from 1990 – 2017, while an annual decline of 5.5% was needed to achieve the 2015 goal. Tanzania was among the countries that did not attain the MDG 5.[116] [117] Achieving the zero preventable maternal deaths is one of the goals Tanzania recommitted at the Nairobi Summit on the International Conference on Population and Development 25[118]. Tanzania has not made significant progress in reducing maternal deaths between 2004/05 to 2015/16. The MMR in the 2015/16 Tanzania Demographic Health Survey was 556 deaths per 100,000 live births, at the same level as 5-10 years before the survey[119] [120]. Program data from routine health management information system shows that the major causes of maternal mortality include: Postpartum Haemorrhage (29%), Eclampsia (19%) and anaemia (9%) were the leading causes of deaths in 2018[121]. In Zanzibar, close to 70 % (69%) of all maternal mortality is due to Severe Anaemia (27%); Pregnancy induced hypertension (21%) and Postpartum haemorrhage (21%)[122].

In Tanzania, the uptake of family planning (FP) services is still low especially in hard to reach underserved rural areas. According to the Tanzania Demographic Health Survey and Malaria Indicator Survey 2015/16, Tanzania has a high fertility rate (5.2) of five children per woman (15 – 49 years), modern contraceptive prevalence rate (mCPR) 27% for all women. The knowledge of modern contraceptive methods amongst all women is very high i.e. 98.1% but utilization is proportionally low at 27% (all women) with unmet needs for modern contraceptives at 22%. This is greatly attributed to sociocultural norms and practices. There is generally inadequate access to right information and messages on sexual and reproductive health and FP services to both adults, adolescents and youths at community and facility levels. Furthermore, evidence inform that, the social cultural norms and gender inequalities greatly hinder access to, and utilization of FP services among other reasons[123]

[113] One Plan II (2016-2020)
[114] National Family Planning Costed Implementation Plan, 2019-2023
[115] World Health Organization Report, 2019
[116] World Health Organization Reports, 2015
[117] World Health Organization Reports, 2019
[118] The International Conference on Population and Development, 2019.
[119] Tanzania Demographic Health Survey, 2004/05.
[120] Tanzania Demographic Health Survey, 2015/16.
[121] Tanzania Health Management Information System, 2018.
[122] Zanzibar Health Bulletin, 2019
[123] Tanzania Demographic Health Survey and Malaria Indicator Survey 2015 – 2016.

HIV and AIDS

Tanzania is one of the highest HIV burdened countries in Africa. Although the prevalence of HIV among people aged 15-49 years has declined progressively from 7% in 2003/2004 to 5.1% in 2011/2012 and 4.7% in 2016/2017[124], about 1.7 million people are living with HIV (PLHIV), which places Tanzania among the top five countries with the highest number of PLHIV in Africa[125].

HIV prevalence is characterised by significant heterogeneity across age, gender, social-economic status and geographical location, implying differentials in risk of transmission of HIV infection. Tanzania HIV Impact Survey (THIS) of 2016/17 shows that HIV prevalence is higher among women than men, which is 6.3 % and 3.4%, respectively. The HIV prevalence also varies with age, geography, and sub-population, with higher prevalence among key and vulnerable populations. Even though, the number of new HIV infections has been declining steadily over the years, UNAIDS Spectrum estimates show a decline from 110,000 new HIV infections in 2010 to 68,000 which is 38% reduction against the target of 75% by 2020[4] despite the investments. This epidemic may result in a lower life expectancy, a higher infant mortality rate, and higher death rate, changes in age and sex distribution in the population as well as lower population growth. The substantial growth that Tanzania has seen over the past couple of centuries is expected to continue into the foreseeable future with annual growth rates around 3%, which is only predicted to decrease slightly.[126]

Table 3: HIV prevalence, incidence, and mortality disaggregated by age and gender

Indicators	Reference	Children (0-14)	AGYW (10-24)		Females (15+)	Males (15+)	Adults (15+)
			10-14	15-24			
Prevalence	THIS 2016/17	0.40%	0.30%	2.10%	6.30%	3.40%	4.90%
New HIV Infections	Spectrum 2020	7,641	14,935		37,398	20812	58209
Incidence	THIS 2016/17	No	1.14		0.34%	0.17%	0.25%
AIDS Related Deaths	Spectrum 2020	6,790	2,147		10,994	12,866	23,860

In response to HIV epidemic, Tanzania developed the Tanzania HIV and AIDS Prevention and Control Act of 2008, and is currently implementing the Fourth National Multisectoral Strategic Framework (2018-2023) and the Fourth Health Sector Strategic Plan 2017-2022. Both Strategic documents are currently being reviewed to align with the HSSP V, the new Health Policy 2020, Health Policy Implementation Strategy (2020-2030) as well as the Third Five Year Development Plan 2021-2026.

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2.1.2 Adolescents and Youth

The World Health Organization (WHO) and the Government of Tanzania Health Sector documents categorize young adults into three groups according to their growth and developmental phases, namely adolescents (age 10 to 19), youth (age 15 to 24) and young people (age 10 to 24 years). According to the National Bureau of Statistics population projections, by mid-2021, adolescents made up slightly almost a quarter (23%) of the population aged of the United Republic of Tanzania, whereas the youth made up a fifth (20%) of the population, and in the young people made up slightly less than third (32%) of the

[124] National Bureau of Statistics, 'Tanzania HIV Impact Survey (THIS) 2016-2017', December 2018.
[125] The Joint United Nations Programme on HIV/AIDS Report 2020
[126] World Bank projections, 2021
[127] World Bank projections, 2021

population[128]. In this regard, the developmental transformation agenda of Tanzania is expected to be continuously primarily driven by young people including adolescents given their dominance on the Tanzania population. However, young people face a myriad of health and social problems, which hinder their ability to fulfill their potential. The risk factors and health problems facing young people and adolescents in Tanzania include early and unwanted sex, early and unintended pregnancies and childbirth, unsafe abortions, HIV and sexually transmitted infections, malnutrition and anaemia, substance abuse, mental health concerns, violence including gender-based violence. Social challenges related to gender inequality, persistence of harmful social norms and practices that perpetuate violation of SRHR and VAWC among adolescents, high levels of school drop outs, sexual and gender-based violence and harmful practices such as child, early, and forced marriage, and female genital mutilation are also prevalent.[129] Structural barriers that contribute to these challenges are lack of enabling laws and policies and limited access to adolescents' friendly sexual and reproductive health information, education and services, including contraceptives, which contribute to a triple burden on their lives, including stagnant rates of morbidity and mortality during adolescence, in their adult lives; and in the future lives of their children.

2.1.3 Gender Equality (GE) and Empowerment of Women, including GBV and harmful practices.

Gender equality and women empowerment[130] is a centre pillar for inclusive sustainable development and fulfilment of human rights. Any absence or neglect of gender equality and empowerment of women slow down development. According to the Human Development Report 2020, URT has a medium Gender Inequality Index (GII) value of 0.556, ranking it 140 out of 162 countries in the 2019 index. Gender inequality is measured through dimensions such as health, empowerment and labour market participation.

Gender based violence (GBV) is prevalent in Tanzania. GBV happen in various settings such as at the family, community state level and take many forms, including physical, sexual, economic and psychological. While various forms of violence happen to both men and women in the country, the proportion of women and children who have experienced and reported violence is high. For instance, in Zanzibar, sexual violence in the form of rape is prevalent in all districts.[131] Statistics indicate that 40% of women aged 15-49 have experienced physical violence in Tanzania mainland while in Zanzibar, the percentage is 14 (2015/16 TDHS-MIS). Physical violence within the same age group is 17% overall where the trend in married women is higher at the rate of 63 percentage.[132] Sexual violence is also prevalent in the country whereby about 17% of women aged 15-49 have ever experienced sexual violence and 9% have experienced sexual violence in the past 12 months. The proportion of women who ever experienced sexual violence is highest in the western (22%) and Lake Zone (21%) and lowest in the Northern Zone (11%).[133] Amongst others, underlying causes of inequality and Sexual and gender-based violence is closely linked with sociocultural attitudes and norms which perpetuate harmful social norms and traditional practices, patriarchal systems in most communities and economic inequality which may perpetuate GBV. Other causes are war and conflicts which worsen the situation of women and children.

The proportion of Women's Leadership and Political Participation (WLPP) has increased. For instance, the number of female members of Parliament increased from 62 (21.5%) out of 288 in 2005 to 137 (37%) out of 380 members of Parliament in 2016 TDHSMIS 2015/16. Furthermore, as of March 2021 the National Assembly had 143 women holding parliamentary positions.[134] Amongst them, those directly elected were 26, indirectly elected 115 and 2 appointees. In Zanzibar, members of the House of Representatives are 77, whereby women are 29 and men are 48, which, equals to 38% and 62% respectively.[135]

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[128] National Population Projections, National Bureau of Statistics, 2020.

[129] National Adolescent Health and Development (ADHD) Strategy (2018-2022), Dar es Salaam, April 2018.

[130] UNDP, Human Development Report, 2020, Briefing Note on the 2020 Human Development Report – Tanzania.

[131] Zanzibar Annual SDGs Implementation Report July 2019-June 2020.

[132] Tanzania Demographic and Health Survey, 2015/16

[133] National Bureau of Statistics, Implementation Status of SDGs Indicators in Tanzania Framework, July 2019.

[134] Inter-Parliamentary Union, https://www.ipu.org/.

[135] Zanzibar Assembly, Baraza la Kumi (2020-2025) Uchambuzi wa Aina za Wajumbe wa Baraza la Wawakilishi Zanzibar, https://www.zanzibarassembly.go.tz/files/documents/statistics/Takwimu-za-Mkutano-wa-pili.pdf

Early and Forced Marriages: In Tanzania, the ***Law of the Child Act 2009*** provides that a child is anyone below the age of 18 years. Forced marriages are those marriages that happen without free consent from one of the parties. Any marriage involving a person who has not attained the age of 18 is a child marriage. Most often, early child marriages have elements of forced marriages since children who have not attained adulthood lack the capacity to make informed decisions regarding their body's autonomy including proper sexual and reproductive health choices. Amongst others, early marriages increase risks of HIV infections, unplanned pregnancies and other impacts in health (Tanzania One Plan II 2016-2020)[136]. In Tanzania, 14.3 percent of women of age between 15 – 19 are married while 0.9percentage of their male counterparts are married. (TDHS-M 2015-16). Furthermore, the country experiences the median of 27 percentage of teenage child bearing in Tanzania Mainland and 8% in Zanzibar. (TDHS-M 2015-16). Of the total number, the highest rates of teenage child bearing is experienced in rural areas both in Mainland and Zanzibar.

Female Genital Mutilation is a criminal offence in Tanzania having outlawed following the enactment of Sexual Offences Special Provisions Act, 1998 which amended the Penal Code. FGM involves partial or removal of external genitalia or other injury to the female genital organs for non-medical reasons.[137] However, despite being outlawed, FGM is still prevalent in some societies in the country. The prevalence of FGM is higher in Tanzania mainland whereby Manyara region is Leading by 58%, followed by Dodoma by 47%, Arusha's prevalence is at 41 percent while Mara region is 41 percent. Mara region is further famous for cross border FGM whereby girls cross from Kenya to Mara region for FGM. To end FGM, the Government of Tanzania, in collaboration with other stakeholders, including UNFPA, has always been at the forefront to combat FGM. So far, knowledge about FGM in Zanzibar is at the rate of 87 percent, while in Tanzania Mainland it is at 86% (TDHS-M 2015-16).

2.1.4 Population and Development (PD)

The United Republic of Tanzania, is a large country in East Africa that shares its borders with many countries, including Kenya, Uganda, Rwanda, Zambia, Malawi, Mozambique, Burundi and the Democratic Republic of the Congo.[138] Tanzania's population is growing at a very fast rate. As at mid-year 2021, the country's projected population is estimated to be 59,441,988 persons.[139] This includes 57,724,380 people estimated to be residing in Tanzania Mainland, and 1,717,608 people in Tanzania Zanzibar. The population of youth (aged 15-24) as at mid-year 2021 in the United Republic of Tanzania is estimated to be 11,851,006. This comprises of 11,516,643 youth living in Tanzania Mainland and 334,363 youth residing in Tanzania Zanzibar. The population of the United Republic of Tanzania has increased by almost 5 times from 12.3 million in 1967 to 59.4 million in 2021. The average annual growth rate according to the 2012 Population and Housing Census is 3.1% (see Figure 2).

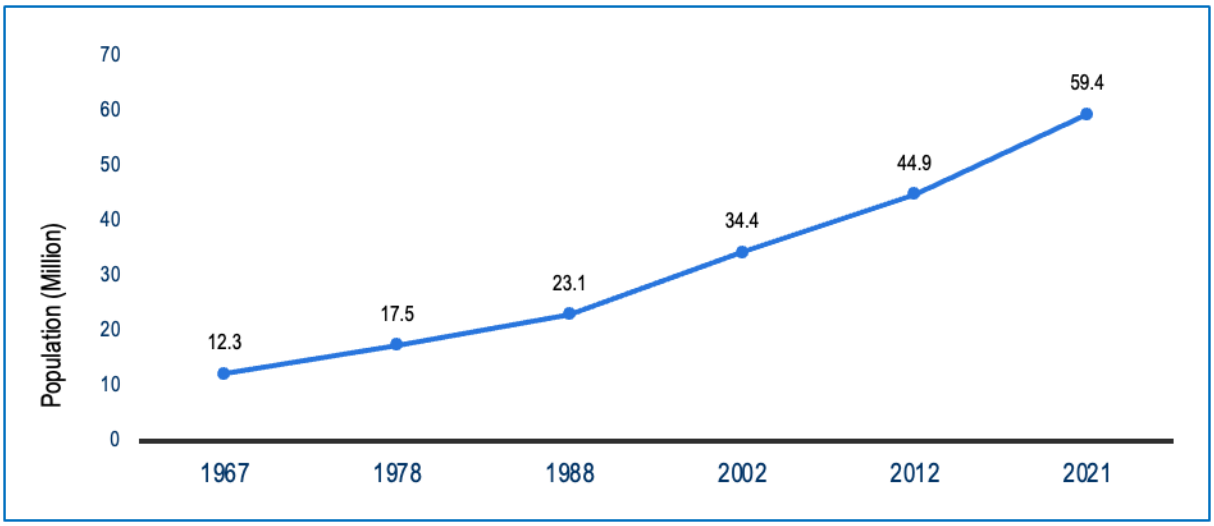
[136] The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016 -2020).

[137] World Health Organization, Key Facts, 2022.

[138] National Bureau of Statistics

[139] Tanzania in Figures 2020, National Bureau of Statistics, June 2021.

Figure 2: Tanzania Population Trend in Million, 1967 – 2021[140]



Projected figures based on 2012 Population and Housing Census

Source: National Bureau of Statistics; Population and Housing Censuses of 1967, 1978, 1988, 2002 and 2012National Bureau of Statistics, 2020 Tanzania in Figures.
*The 2021 figure is a computed estimate provided by the URT NBS.

As of 2020 the annual population growth rate for the United Republic of Tanzania is 3.1%. The urban/ rural composition of the population in the United Republic of Tanzania as of 2020 was such that 29.6% of the population lived in urban areas (17,594,828 persons) while the remaining 70.4% resided in rural areas (41,847,160 persons). Annual economic growth has been 7.0% for a decade, yet income distribution is uneven (Gini coefficient 0.34). Some 44% of Tanzanians are below age 15.[141] Unfortunately, a rapidly growing population in Tanzania means increased levels of poverty and income inequality.[142] Following two decades of sustained growth, Tanzania reached an important milestone in July 2020, when it formally graduated from low-income country to lower-middle-income country status. Tanzania's achievement reflects sustained macroeconomic stability that has supported growth, in addition to the country's rich natural endowments and strategic geographic position.[143] Tanzania's rapid population growth has caused the number of people living below the national poverty line to steadily increase. In 2020, the COVID-19 pandemic-induced economic slowdown caused the poverty rate to rise to an estimated 27.2%, compounding the effect of population growth on the absolute number of people living in poverty.[144] Because a large share of Tanzania's population is close to the poverty line, even a mild economic shock can push numerous households into poverty. The impact of the crisis has been especially acute among households that rely on self-employment and informal microenterprises in urban areas.[145]

2.2 Role of External Assistance

On 1st July, 2020, the World Bank declared Tanzania as a lower middle-income country (LMIC) status after achieving economic and human development consistent with a middle-income status. This goal was achieved five years ahead of the country's schedule of 2025 as indicated in the Tanzania Development Vision 2025[146]. The government's investment in the health sector has contributed to attainment of the LMIC status by improving the health and the health status of

[140] National Bureau of Statistics, 2020 Tanzania in Figures.

*The 2021 figure is a computed estimate provided by the URT NBS

[141] World Bank projections, 2021

[142] World Bank projections, 2021

[143] https://www.worldbank.org/en/country/tanzania/overview

[144] UN World Population Prospects (2019 Revision)

[145] UN World Population Prospects (2019 Revision)

[146] Tanzania Development Vision 2025

Tanzanians[147]. The key attributes contributing to this achievement include the discipline in financial expenditure, the prevailing peace and tranquility, reinforcement of leadership ethics, implementation of flagship projects and investment in human development which are the hallmarks of the Sixth Phase Government under Her Excellency Samia Suluhu Hassan, the President of the United Republic of Tanzania.

Despite the attainment of the middle income status, Tanzania still requires development assistance to supplement its budget[148]. The main sources of external private finance have been through Foreign Direct Investment (FDI), despite its declining trend in recent years. A total of USD 7,980.7 million (equivalent to TZS 19.583 trillion) FDI inflows is expected to be invested in different economic sectors over the next five years in order to adequately implement the Five Year Development Plan 2021/22 through 2025/26. It is estimated that during FYDP III, FDI inflows will grow by an annual average of 13% from USD 1,173.5 million in 2021/22 to USD 1,871.1 million in 2025/26. Significant investments are expected to be in oil and gas, mining and quarrying, food and accommodation, manufacturing, and finance and insurance activities to improve the country's investment climate, specifically, conducive macroeconomic environment. Other sources will include portfolio investment and other international private transfers.

[147] Health Sector Strategic Plan V (July 2021-June 2026)
[148] Tanzania Five Year Development Plan 2021/22-2025/26

CHAPTER 3: UNFPA Response and Programme Strategies

3.1 UNFPA Strategic Response

3.1.1 The 8th Country Programme

The following sub-sections describe the intervention logic in the thematic components of the UNFPA Tanzania 8th CP.

3.1.1.1 The Intervention Logic in the Sexual and Reproductive Health and Rights Component

Output 1: *Increased national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people.*[149]

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The intervention logic for Output 1 builds on six overarching goals:

a) Support review and implementation of national integrated sexual and reproductive health policies, strategic plans and guidelines through advocacy and policy dialogue;
b) Scale up integrated reproductive health and family planning information and services at HIV treatment and care Centres;
c) Scale up integrated sexual and reproductive health services and information provision in humanitarian settings through the Minimum Integrated Service Package;
d) Expand behaviour change communication and outreach to key populations, especially youth and female sex workers;
e) Support coordination and implementation of youth-friendly adolescent sexual and reproductive health initiatives, including comprehensive sexuality education; and
f) Promote evidence-based social and behavioural change communication to address social norms that create barriers to access of adolescent sexual and reproductive health information and services.
g) Provision of Adolescent Sexual Reproductive health services through establishing youth Friendly services

Output 2: *Increased access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services.*

The intervention logic for Output 2 builds on five overarching goals:

a) Conducting advocacy interventions for increased funding for family planning and for decisive coordinated action to end stock-outs;
b) Building capacity of health workers to provide method mix and community-based family planning, with special focus to preservice training for sustainability;
c) Fostering sociocultural and behaviour change strategies to create demand for family planning;
d) Supporting integration of family planning services into other sexual and reproductive health and HIV services, including youth-friendly services; and
e) Scaling up comprehensive condom programming for adolescents and youth.
f) supporting quantification and procurement of commodities

Output 3: *Increased national capacity of government, civil society organization and private institutions to deliver comprehensive maternal health services*

The intervention logic for Output 3 builds on five overarching goals:

[149] United Nations Population Fund Country Programme Document for the United Republic of Tanzania (2016/17-2021/22).

(a) Scaling-up emergency obstetric and neonatal care services, including the implementation of task shifting modules, strengthening infrastructure and referral systems, and providing equipment and maternal health commodities in selected districts and refugee camps;
(b) Strengthening the capacity of maternal and perinatal death surveillance and response committees at community, subnational and national levels to perform their roles and responsibilities laid out in the national guidelines;
(c) Collecting and integrating the number of maternal deaths at the health facility into the Health Management Information System;
(d) Scaling-up pre- and in-service trainings on emergency obstetric and neonatal care for nurses, midwives and physicians; and
(e) Advocating for a recognized midwifery specialization, and for effective prevention and management of obstetric fistula programmes.

3.1.1.2 The Intervention Logic in the Adolescent and Youth Component

Output 4: *Increased capacity of government and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality.*

The intervention logic for Output 4 builds on four overarching goals:
(a) Scale-up implementation of comprehensive sexuality education for in and out-of-school young people;
(b) Support girl-centred child marriage prevention programmes in high-burden communities;
(c) Build capacity of youth-led organizations and support youth participation including establishment of a national youth council to facilitate participation in evidence-based policy-making processes; and
(d) Support evidence-based advocacy to increase national and local government authority budget allocations for youth programmes to speed up achievement of the demographic dividend.

3.1.1.3 The Intervention Logic in the Gender Equality and Empowerment of Women and GBV Component

Output 5: *Strengthened capacity of government and civil society to prevent and respond to gender-based violence, female genital mutilation, and child, early and forced marriage.*

The intervention logic for Output 5 builds on four overarching goals:
a) Support community empowerment initiatives to uphold sexual and reproductive rights and to eliminate sexual and gender-based violence;
b) Train policy makers and law enforcement units to respond to gender discrimination and sexual and gender-based violence;
c) Support government and non-governmental institutions to effectively coordinate the response to gender-based violence and improve monitoring, tracking and reporting on implementation of policy and legal commitments on sexual and reproductive health, sexual and gender-based violence and harmful practices; and
d) Build capacity of host communities and refugees to respond to sexual and gender based violence.
e) Support implementation of National Plan of Action on Elimination of VAWC specifically on social norms.

3.1.1.4 The Intervention Logic in the Population and Development Component

Output 6*:* *Strengthened capacity of government and national institutions for the availability and utilization of high-quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings.*

The intervention logic for Output 6 builds on four overarching goals:
a) Training national and subnational government staff to analyse and utilize census data and survey findings for effective advocacy, including integration and dissemination of population policy information;

b) Technical support towards launch of the 2022 Population and Housing Census, including transfer of best practices through South-South cooperation;
c) Improving data collection capacity for key instruments, such as the Household Budget Survey, Tanzania Demographic and Health Survey and the 2022 Census, including data in refugee settings;
d) Technical assistance for review of Mainland and Zanzibar national population policies, to capture and address key population structure issues such as unleashing the development potential of young people, via evidence-based advocacy.
e) Support to Government on SDGs localization and databases as well as the CRVS particularly in Zanzibar.

3.2.1.5 Measurement of Achievement in Planned Targets

The progress in the indicators was assessed for each thematic area by an analysis of the results framework. This was done for each of the indicators in order to measure achievement of each indicator based on the target. The evaluation report thus showcases in tabular presentation whether CP8 been able to meet and even surpass its planned targets during the 2016/7-2021/2 period.

3.2. The Financial Structure of the Country Programme

UNFPA committed US$71.5 million over the five years of its 8th Country Programme (2016/17-2021/22) with US$30.4 million dollars from regular resources and US$41.1 million through co-financing modalities and/or other resources, including regular resources. The proposed funding for the UNFPA Tanzania CP8 (2016/17-2021/22) is provided in Table 4 and is as follows by thematic programme: (a) Sexual and Reproductive Health (US$49.7 million); (b) Adolescents and Youth (US$3.0 million); (c) Gender Equality and Women's Empowerment (US$10.0 million), and Population Dynamics (US$7.3 million). In addition, an amount of US$1.5 million was allocated for programme coordination and assistance.[150]

Table 4: Proposed Indicative Assistance (in millions of $), Tanzania 8th CP (2016/17-2021/22)

Strategic Plan Outcome Area		Type of Funding			Funding Source Allocation		Total as % of Total Budget
		Regular Resources (US$)	Other Resources (US$)	Total (US$)	Regular	Other	
1.	Sexual and Reproductive Health	15.2	34.5	49.7	30.6%	69.4%	**69.5%**
2.	Adolescents and Youth	1.4	1.6	3.0	46.7%	53.3%	**4.2%**
3.	Gender Equality and Women's Empowerment	7.5	2.5	10.0	75.0%	25.0%	**14.0%**
4.	Population and Development	4.8	2.5	7.3	65.8%	34.2%	**10.2%**
Programme Coordination and Assistance		1.5	-	1.5	100.0%	0.0%	**2.1%**
Total		**30.4**	**41.1**	**71.5**	**42.5%**	**57.5%**	**100.0%**

Source: UNFPA Tanzania Country Programme Document (2016/17-2021/22).

The SRH component accounted for the highest allocation (69.5%) of which more than half, 69.4% was proposed to be financed by other resources and 30.6% by regular resources. The GEWE component followed with 14.0%, of which a significant proportion, that is, 75% was to be financed through regular funds while the remaining 25.0% was to be sourced from other resources. The PD component was allocated 10.2% of the budget but with 65.8% to be financed by regular funds while the remaining 34.2% was to be financed through other resources. The AY component was allocated 4.2% of the budget allocation, with 53.3% to be financed by other funds and the remaining 46.7% to be financed using regular resources. Finally, programme coordination and assistance were allocated 2.1% of the budget with all of this allocation coming from regular funding.

[150] United Nations Population Fund Country Programme Document for the United Republic of Tanzania (2016/17-2021/22).

CHAPTER 4: EVALUATION FINDINGS

4.1 Relevance: Evaluation Questions 1, 2, 3

EQ1: To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. adolescent and youth; persons with disabilities, refugees and etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs.

EQ2: To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups; emerging needs and priorities such as the COVID-19 pandemic?

EQ3: To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, persons with disabilities and have been considered in both the planning and implementation of all UNFPA- supported interventions under the country programme?

The 8th Country Program Document, 2016-2020 (CPD8) was developed in consultation with a wide range of stakeholders in a participatory approach, including the government of Tanzania, civil society and other development partners, United Nations organisations, academia and the private sector[151]. The primary beneficiaries were also engaged in the design and implementation of the 8th Country Programme, primarily through rapid assessments that were conducted prior to the execution of the programme to understand the SRHR needs and interventions were customized to fit the needs of the beneficiary community.

The CP8 was aligned with national priorities, as outlined in Tanzania Development Plan, Vision and Investment Priorities to Achieve Middle Income Status by 2025[152], National Five Year Development Plan II (2015/2016-2019/2020)[153]; National Strategy for Growth and Reduction of Poverty; Zanzibar Strategy for Reduction of Poverty; United Nations Development Assistance Plan II (2016/2017-2020/2021); the Health Sector Strategic Plan IV (2016-2020)[154] the National Roadmap Strategic Plan to Improve Reproductive Maternal, Newborn Child and Adolescent Health in Tanzania, 2016-2020, popularly known as One Plan II[155], the United Nations Development Assistance Framework (2016-2020) and the UNFPA Strategic Plan 2014-2017, and contributed to harnessing the country effort to strengthen Direct Health Facility Financing through the already established Decentralization by Devolution while taking into account the lessons learned from the previous country programme.

"All thematic sectors (Sexual and Reproductive Health, Adolescent and Youth, Gender Equality and Women Empowerment as well as Population Dynamics) of the CP8 fit in very well within the wider context of the agenda of the Government of the United Republic of Tanzania. It is also in line with the SDGs 2030 and Agenda 2063", reported by various key informant respondents at the national level (MOH, PORALG, and TACAIDS*).*

The CP8 response was informed by evidence of priority population needs[156]. The direct beneficiaries of the programme were women; young people and adolescent girls; and at-risk populations, with a geographical focus on districts with poor sexual and reproductive health and rights indicators[157]. All four

151 UNFPA 8th Country Programme Document, 2016-2020

152 Tanzania Development Vision 2025

153 National Five Year Development Plan II, 2015/16-2020/21

154 Health Sector Strategic Plan IV, 2016-2020

155 National Roadmap Strategic Plan to Improve Reproductive Maternal Newborn Child and Adolescent Health One Plan II 2016-2020

156 Tanzania Demographic Health Survey, 2015/16

157 Executive Board of the United Nations Development Programme, the UNFPA Fund and the United Nations Office for Project Services

programme elements were implemented in an integrated manner and addressed humanitarian preparedness and response[158].

4.1.1 Sexual and Reproductive Health and Rights

The development of the 8th Country Programmatic interventions, apart from being highly consultative and participatory, was based on validated baseline data on SRH arising from service data, national socio-economic and SRHR policies; the National Five Year Development Plan (II); UNFPA Strategic Plan (2011 - 2016); as well as global priorities, including the MDGs and later, SDGs, and the ICPD Plan of Action. There was alignment with local contexts and strategic priorities across jurisdictional levels facilitated responsiveness of interventions for SRH-specific health indicators. Specifically, the SRH outputs 1, 2 and 3 of the CP8 was aligned to the National Health Policy (2007); Health Sector Strategic Plan (HSSP) IV (2015-2020); The National Family Planning Costed Implementation Plan (2010-2015) for Mainland, and 2018-2022 for Zanzibar National Roadmap Strategic Plan to Improve Reproductive Maternal Newborn Child and Adolescent Health (2016-2020), The National Nursing and Midwifery Strategic Plan (2016-2021) and others.

"The SRH component of UNFPA Programme was well aligned to the national priorities as outlined in the HSSP IV, One Plan II and Nursing and Midwifery Strategic Plans as well as those at global levels like SDGs. UNFPA has assisted the Government of Tanzania to construct Maternity wings, Theatres, Neonatal units as well as equipping these structures. All these are critical in reducing maternal and neonatal deaths", said a KI respondent at the national level.

These outputs were also aligned to the Tanzania Third National Multi-Sectoral Strategic Framework for HIV and AIDS (2013/14 – 2017/18); National HIV and AIDS Strategic Plan (2013/14 - 2016/27); Tanzania HIV/AIDS Prevention and Control Act No. 28 (2008)[159]; Revised Reproductive Maternal Neonatal Child Health (RMNCH) Sharpened Plan; National Family Planning Guidelines and Standards; Maternal Perinatal Death Surveillance and Response Guidelines; Basic Emergency Obstetric and Neonatal Care Guidelines (BEmONC); Comprehensive Emergency Obstetric and Neonatal Care Guidelines (CEmONC) guidelines and curriculum. UNFPA contributed to the development of the above policies and strategies. The outputs also relate to various guidelines namely: WHO Consolidated Guideline on Self-Care Interventions for Health: National Strategy for elimination of Mother to Child Transmission of HIV. The SRH component addressed the needs of the beneficiaries in the UNFPA supported districts. Beneficiaries who were interviewed during the FGD sessions in four districts (two in Zanzibar, and two in Kigoma-Kasulu DC and Kasulu TC) all reported that IPs made consultations with them prior the commencement of activities.

"We are grateful to work with the UNFPA, because their support aligns greatly with our programmes on HIV/AIDS especially for young people particularly the adolescents. As TACAIDS we solicit funds from different partners so that we can serve the young people- the adolescents who are much hit by HIV/AIDS pandemic and the general population. HIV/AIDs should not be looked at as a single entity. It has different layers and programmes. One of them is condom programming in which the UNFPA is supporting us", said KII at National level (TACAIDS).

"We were asked about our Sexual and Reproductive Health needs prior to starting the program in our community. Our health worker and the representatives of the beneficiaries requested for health/medical services and they were granted e.g. FP, HIV/AIDS testing and cervical cancer screening. We identified sexual and gender Based Violence as well as male dominance as a serious problem and the partner trained us how to handle it", said adult women during an FGD session in Kasulu DC.

[158] Executive Board of the United Nations Development Programme, the UNFPA Fund and the United Nations Office for Project Services

[159] Tanzania HIV and AIDS Prevention Control Act, April 2008

4.1.2 Adolescents and Youth

The contents of the UNFPA Tanzania 8th Country Programme (CP8) document with reference to adolescents and youth adequately show that it is well aligned to the corporate priorities of UNFPA, being responsive to global, regional and national SRHR agenda. It is aligned to the Sustainable Development Goals; the United Nations Development Assistance Plan II (UNDAPII 2016-2021), and the WHO Global Accelerated Action for the Health of Adolescents (2017). Nationally, with reference to adolescents and youth, the five-year programme supports the Government of Tanzania's Five-Year Development Plan (FYDP II 2016-2022) and the Revolutionary Government of Zanzibar's Strategy for Growth and Reduction of Poverty III, 2016-2020 (MKUZA III) in alignment with the National Visions (the Tanzania Development Vision 2025 and Zanzibar Vision 2020). It is also aligned to national strategic plans, frameworks and guidelines of both Tanzania Mainland and Tanzania Zanzibar, namely the Tanzania Mainland Health Sector Strategic Plan IV (2015-2020), Tanzania Zanzibar Health Sector Strategic Plan IV (2020/21 - 2024/25), Tanzania Mainland National Road Map Strategic Plan to Improve Reproductive, Maternal, New-born, Child, and Adolescent Health-One Plan II (2016-2020), Tanzania Mainland National Adolescent Health and Development Strategy (2018 – 2022), Tanzania Mainland National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW) 2021/22 – 2024/25), Tanzania Mainland Youth Development Policy (2007), and the Tanzania Zanzibar Youth Development Policy (2012). These documents promote adolescents and youth health and wellbeing, their active participation in development activities and protect sexual and reproductive health and rights of adolescents and youth. They also advocate and support the efficient delivery of a holistic, adolescent and youth-friendly healthcare package of services, including fragile contexts. They also promote the empowering young people to play a vital role in their own social and economic development and in their communities, helping them to acquire life skills and promoting positive civic action and participation in public life.

UNFPA support to the United Republic of Tanzania remains relevant in addressing challenges facing the Adolescents and Youth in Tanzania, the UNFPA CP8 focused on four areas, namely: adolescent sexual reproductive health and rights, comprehensive sexual education and life skills, youth empowerment, and youth participation. These adolescent and youth components that had been prioritized in the UNFPA Tanzania CP8 were confirmed to be valid and relevant to the needs of the adolescents and youth in Tanzania based on the reflections of the Government Officials, UNFPA, Implementing Partners and beneficiaries that were consulted during the CPE fieldwork. Moreover, the final beneficiaries appreciated the improved services and / or infrastructure and noted that they satisfied their desired needs. Through getting such services they appreciated their health and wellbeing had improved and has started seeing a good reduction of childhood pregnancies in the communities.

"This project is good....it is meeting our desired needs as young females…especially our needs for SRHR education and counselling, family planning services, and child health care. Since starting coming to this health facility in 2018, young people are getting good benefits about their health and wellbeing. One of the benefits of this youth centre, we have started seeing a good reduction of childhood pregnancies. – Female FGD participants, Unguja, Tanzania Zanzibar.

"Initially we did not have service providers who were specifically available for adolescents and the youth…the project adequately meets our needs on management of diseases, and provision of reliable health education on puberty, safe sex, family planning, childhood pregnancies, and recently management of sexual violence incidences, and clearing of SRHR myths young people read from the internet "– Male FGD participants, Unguja, Tanzania Zanzibar.

In the area of promoting the empowering of adolescents and youth to enable them to play a vital role in their own development and in their communities; the Tanzania Mainland and Tanzania Zanzibar officials expressed their appreciation to the support from UNFPA that fits into the immediate realization of this desire.

"*The Youth Development Policy stipulates the importance of empowering marginalized adolescents and youth, through support from UNFPA, the on Tanzania Mainland, and the Government had been able to support them by providing them with various types of soft skills and starter kits to enable them undertake income generating activities and assisting them to form economic groups. UNFPA had also supported the development of the establishment of National Youth Council starting with development of various related policy documents"* – KII with Adolescents and Youth Implementing Partner, National level, Tanzania Mainland

"*UNFPA had supported the Revolutionary Government of Zanzibar to facilitate the promotion of the empowerment of adolescents and youth and thus enable them to play a vital role in their own development and in their communities. This support included the development of the enabling mechanisms to attain that desire, and these include development of the Strategic Plan for the Zanzibar Youth Council, the development of the Youth Participation Strategy, and strengthening of the coordination of Youth Development activities, and the reviewing the Youth Development Policy document"* – KII with Adolescents and Youth Implementing Partner, National level, Tanzania Zanzibar.

The first-time young mothers at Muzye Dispensary in Kasulu DC noted that their health facility was initially in a very dilapidated situation and it did not provide comprehensive services to pregnant adolescents and women. All deliveries were being referred to Kasulu District Hospital which is 25 kilometres away. After the inception of the peer education and the first-time young mothers' initiatives in communities surrounding Muzye Dispensary, the project organised all the beneficiaries in a participatory way and the interventions provided by the project are very relevant to their situations needs where they are interested in making sure that their children grow healthy and for them, they are protected from unintended pregnancies.

"This health facility had adequately accommodated our desired needs for services including family planning. We look at this health facility as very important to our needs; we get a wide spectrum of health services and commodities within this very health facility. Before the renovations of this health facility and our induction to the services at this facility, the services were not reliable, and expectant mothers used to be referred to Kasulu District Hospital for delivery". – FGD participants, First Time Young Mothers, Kasulu DC.

The service providers in Unguja observed that the project including the opening of the Youth Centre had opened an avenue for both male and female adolescents and youth to access SRHR services without any inhabitations given the conservative nature of the people and communities in Zanzibar.

"This youth centre had been very valuable in addressing SRHR challenges that adolescent, youth, students face given the conservative nature of most communities in Zanzibar…the service we provide to them include SRHR education, family planning, HIV screening, pregnancy screening, and counselling" –FGD Participants, Service Providers, Unguja, Tanzania Zanzibar.

Responding to changes in national needs and priorities

The CP8 ability to respond / adapt to changes in national needs and context, and these included construction / refurbishment of health facilities that included maternity wings, pharmaceutical units and youth friendly corners at the existing health facilities. Other responses to national needs included humanitarian responses to the needs of refugees and host populations, and these included constructions of structures, delivery of SRH services to the refugees and corresponding host population, and fast response plan to address COVID 19 prevention. On particular attention to the Covid-19 pandemic, the Government introduced measures that included restrictions on travels and public gathering as to control the pandemic, and these were expected to impact on the implementation of the CP8. UNFPA came up with innovative responses that included development of a '*program criticality document'* and duty of care for staff and implementing partners and beneficiaries addressing Covid-19 prevention. This document provided guiding principles and a systematic structured approach to ensure that activities involving UNFPA personnel, health care providers and beneficiaries can be balanced against COVID-19 risks. These responses focused at continuing providing essential services as to ensure that interventions' focus was not impeded. The information gathered during the CPE fieldwork confirmed this adherence to the need of continuing providing essential services to the beneficiaries without affecting the focus of the interventions. Despite these contingencies, the Covid-19 pandemic was reported to have affected the implementation of work plans of peer educators and affected the frequencies of adolescents and youth interacting with their peer educators. They could not visit health facilities to get Covid-19 prevention supplies, could not make household visits to meet the adolescents and youth, and the adolescents and youth visits to the health facilities were curtailed. The conflicting statements from political leaders about the Covid-19 pandemic greatly affected both the decision making and services uptakes and delivery performances among the adolescents, youth and peer educators respectively.

"*The* Covid-19 *pandemic impacted our provision of services to adolescents and youth in three major ways. Foremost getting resupplies from the health facilities was most of the time problematic, we were afraid to go to the health facilities to pick the supplies (sanitizers and face masks), and when we went to the health facilities, we found the staff were not there or were afraid and not accommodating to meet us. Secondly, we minimized our visits to adolescents and youth at their households, because the households were not comfortable with our visits; and thirdly conflicting statements from political leaders on the* Covid-19 *pandemic made the situation worse and affected further our performance.* "– FGD participants, Peer Educators, Kasulu TC.

The Covid-19 pandemic also affected the implementing partners doing advocacy work, they mostly shifted to virtual meetings instead of physical meetings; whereas the implementing partners providing services took other measures that facilitated the continuation of services, these measures included discussing with UNFPA to reprogram some funds and procure preventive equipment and supplies (hand washing equipment, sanitizers, facemasks) and distributing them.

"After the announcement of the COVID 19 prevention measures by the Government, KIWOHEDE facilitated the provision of COVID 19 prevention supplies and equipment with support from UNFPA, and this included hand washing equipment, sanitizers, face masks which we distributed to the health facilities / youth centres, and to the individual adolescents and youth" – KII with Adolescents and Youth Implementing Partner, National level, Tanzania Mainland.

In Tanzania Zanzibar, the Covid-19 pandemic enhanced the utility of the e-platform that provided all necessary information regarding sexual reproductive health and the adolescents and youth started used it efficiently during the Covid-19 pandemic.

"The e-platform that was developed to provide all necessary information regarding sexual reproductive health proved its worthy during the Covid-19 *pandemic when physical contact with services providers at the Youth Centres limited. The adolescents and youth proceed to access the e-platform for sexual reproductive information whenever they were during the* Covid-19 *travel and gatherings restrictions*" – KII with Adolescents and Youth Implementing Partner, National level, Tanzania Zanzibar.

Ensuring that the varied needs of vulnerable and marginalized populations are included

Adverse social conditions affect women and men differently, and these conditions in most situations make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse. In this regard, UNFPA's programmes work to ensure that women, adolescents, young people and marginalized groups, including persons with disabilities, are empowered to make decisions regarding their sexual and reproductive health and rights, access services and information and able to live free of discrimination and violence. The interventions articulated in the CP8 design ensured that the varied needs of vulnerable and marginalized populations are included, and the barriers for adolescents, youth and other marginalized group to access SRHR services are addressed. The barriers for adolescents and youth to access SRHR services include income inequality; insufficient health facilities, inadequate providers and supplies; legal barriers; disabilities, lack of education; and cultural norms. Limited access increases the risk of, for example, unplanned pregnancy and STIs among adolescents. Despite at times having greater needs for sexual and reproductive health (SRH) services, adolescents with disabilities (deaf, blind, mute, crippled, albinos, mentally retarded etc.) often face challenges when trying to access them. This inaccessibility is further exacerbated during female adolescence.[160] Given this landscape, the design of the CP8 among others focused at increased access to modern contraceptives by adolescents, youth and marginalized population through improved capacity of government, civil society organizations and private providers to deliver

[160] Disparities in Accessing Sexual and Reproductive Health Services at the Intersection of Disability and Female Adolescence in Tanzania, Virpi Mesiäislehto, at al, 2021

The CP evaluation noted that the adolescents and youth component in the UNFPA CP8 was relevant to the needs of the adolescents and youth on both Tanzania Mainland and Tanzania Zanzibar including the vulnerable and marginalized adolescents and youth.

"This *UNFPA program had enabled us to implement various activities that concern people with disabilities…. they also assisted us to print the People with Disability Policy for distribution to various stakeholders…they also assisted us to develop and print the corresponding policy communication plan…. among others this communication plan includes reproductive health concerns and HIV/AIDS issues for the youth and people with disability".* – KII with Government Official, Tanzania Zanzibar.

"This intervention had trained us on the best approaches to reach the unreached…these include the first-time young mothers and HIV positive young people…these were previously being denied by their households / families to get any SRHR education for fear that they will be more promiscuous upon getting the SRHR education we provide. The project had trained us on innovative community entry approaches that enable us to reach the previously unreached young people". – FGD participants, Peer Educators, Kasulu TC.

4.1.3 Gender Equality and Women's Empowerment

Understanding diversity and uniqueness of the country context UNFPA 8th Country Program aligned with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol, the International Conference on Population and Development (ICPD), Beijing Declaration and Platform for Action (1995), regional instruments such as The Protocol to the African Charter on Human and Peoples' Rights (ACPHR) on the Rights of Women in Africa (2003) (MAPUTO Protocol), Sustainable Development Goal No. 5. At the local level, GEWE output of the Country Program aligned with Zanzibar Vision 2020 & and later Zanzibar Development Vision 2050; Zanzibar National Action Plan to End Violence Against Women and Children 2017-2022; Economic Empowerment Policy 2019, Children Act No. 6 of 2011; and on the side of Tanzania mainland Tanzania Development Vision 2025; National Population Policy; Gender Policy- 2006; The National Plan of Action to End Violence Against Women and Children in Tanzania 2017/18 – 2021/22; The National Strategy of Growth and Reduction of Poverty; National Five Year Development Plan II (2016/17-2020/21) and National Five Year Development Plan (2021/22-20).All beneficiaries and local partners interviewed during the KIIs and FGDs confirmed that the interventions have been in alignment with national development strategies and policies, specifically the National Plans of Action to End Violence Against Women and Children, therefore, relevant.

"I am also a secretary in the Women and Children Security Protection Committee in the National Plan of Action to End Violence Against Women and Children. I am also the Coordinator in the project that is implemented in Msalala under UNFPA, in collaboration with KOICA and UN-Women. The project is called, 'Realizing Gender Equality Through Empowering Women and Girls'. Therefore, it focuses on assisting a woman and girls to ensure that we end violence against women and children, specifically in the area of adolescent girls but also we are able to empower them economically". Key Informant Shinyanga

Responding to changes in national needs and priorities

The CP 8th evaluation found that UNFPA has not only been able to respond to the changes in national needs and priorities but also adapt to emerging needs and priorities such as the COVID 19 pandemic. It provided structures and support to the government and other partners in Tanzania mainland and Zanzibar. For instance, it strengthened reporting mechanism of GBV and other harmful practices through online systems such as the National Helplines in both Tanzania mainland and Zanzibar. Also, during the COVID 19 pandemic UNFPA has been able to provide emergency funding and personal protective gears such as masks, hand sanitizers and other hand washing equipment. In Tanzania mainland areas like Mara region where there is a high prevalence of cross border FGM, UNFPA provided support to partners to combat FGM by involving Tanzania and Kenya actors. Also, UNFPA provided support to local partners such as ATFGM-Masanga which has a safe house/rescue centre for girls who run from FGM and other forms of GBV. The rescue centre had been instrumental, specifically during the COVID 19 pandemic when there has been an increase in the number of girls who ran from FGM and early marriages.

"UNFPA is very supportive. They responded as quickly as possible to make sure that we remain working.

They provided us with electronic devices that enable us to work at home. They purchased laptops for our staff and protective equipment such as the sanitizers, masks and the gloves and everything that were needed. To supported us continue working within that period." Key Informant Unguja

The evaluation noted that despite having cross-border FGM between Kenya and Tanzania, Tanzania has been a hub for continuity of FGM practices whereby, most girls cross the border from Kenya to Tanzania for FGM. Furthermore, FGM is continuing in Tanzania despite having strong legal and policy frameworks that prohibit such actions.[161]

Ensuring that the varied needs of vulnerable and marginalized populations are included
By virtue of their age, some women/girls who are experiencing early and forced marriages are vulnerable. Furthermore, women living in humanitarian setting such as refugee camps and those who live with disabilities are vulnerable and marginalized. Understanding the need to cater for them, UNFPA set some of its interventions related to GEWE in humanitarian settings and development contexts to reach and benefit them.

In the autonomous islands of Zanzibar, the programme engaged people with disability, where some activities implemented by the National Council for People with Disabilities under the programme called "Holistic Programme for People with Disabilities Zanzibar".
"In totality, the UNFPA program, concerning the people with disabilities, has enables us to implement various activities. The first activity which we started at the end of the year 2018 was establishment of a database named "Jumuishi Database". With this system we started with a minor study to know the requirements for the establishment of the system. We also proceeded to the second state, which was on the development of questionnaire, which involved issues that can be incorporated in the system" Key Informant Unguja

Amongst the achievements of the programme for people with disability has been provision of equipment to people with disability, presentation of papers in Rwanda and South Africa and trainings of Sheikhs about the rights of people with disabilities and the existence and usage of the information database for people with disabilities in Unguja and Pemba. Despite the efforts, the main gap observed during the evaluation is less focus on people with disability, specifically in Tanzania mainland.

4.1.4 Population Dynamics
The Population Dynamics (PD) component is aligned with national priorities in the Tanzania Development Vision 2025, the National Five-Year Development Plan FYDP II (2016/17-2020/21); the 2006 National Population Policy of Tanzania; and the Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA III) 2016-2020. The PD sub-programme is aligned with the UNFPA Strategic Plan 2018-2021, the Programme of Action of the International Conference on Population and Development (ICPD); the Sustainable Development Goals (SDGs) and the African Union 2063 agenda. It is also imperative to mention that the PD sub-programme activities are aligned and are implemented in sync with the Statistics Act (CAP.351 R.E 2019) as it related to the collaboration between UNFPA Tanzania and the National Bureau of Statistics.

Through the consultative processes, it was realized that the United Republic of Tanzania could not harness the demographic dividend unless the youthful population were translated into a resource that could contribute to the economic growth of the country. It was further observed that all these aspects were aligned to the frameworks such as The Africa That We Want 2060. To transform this population into an economic dividend the government targeted investments in the young population and to create a productive youth bulge that is capable of contributing to economic development in Tanzania Mainland and Tanzania Zanzibar.

Responding to changes in national needs and priorities
The PD component has responded well to the changing national needs in the United Republic of Tanzania.

[161] Section 169A (1) of the Penal Code [CAP.16 R.E. 2019] also see the National Action Plan to End Violence Against Women and Children 2017-2022.

Notably, the PD component has been very instrumental in supporting the National Bureau of Statistics in Tanzania in developing systems for the implementation of the Population and Housing Census using digital remote methods particularly in the advent of the COVID-19 pandemic.

UNFPA's continued support to the National Bureau of Statistics for the support of the census enumeration and socio-demographic surveys is important to ensure that the UN Principles and Recommendations for 2020 PHCs are observed in all phases of census implementation to assure improved data quality, timeliness and utilisation. Given the ever-increasing importance of census data to the implementation of the national and global development agenda in general and UNFPA's programmes in particular it is important to ensure that UNFPA increases its support to the upcoming census and socio-demographic surveys programme, with a strategic focus in areas that would significantly improve the quality and consequently the timeliness, credibility and utilisation of the results and/or products.

4.2 Effectiveness: Evaluation Questions 4, 5, 6, 7

EQ4: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access friendly sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes(with focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results)

EQ5: To what extent and in what ways has the Country Office been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity), and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts?

EQ6: To what extent has the Country Office ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities) have the information they need, are protected against violence and have access to life-saving services in the COVID-19 and recovery context?

EQ7: To what extent has UNFPA successfully integrated human rights, gender perspectives and social inclusion, including disability inclusion, in the design, implementation, and monitoring of the country programme?

4.2.1 Sexual and Reproductive Health and Rights

4.2.1.1 The Intervention and Results logic for SRHR

The Strategic outcome 1 (SRH) had three outputs namely: Output 1: Increased national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people; Output 2: Increased access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services; and Output 3: Increased national capacity of government, civil society organizations and private institutions to deliver comprehensive maternal health services.

Table 5 showcases the indicators for the three outputs and interventions designed to achieve them as well the extent to which the indicators were achieved.

Output 1 aimed at strengthening the capacity of the system and the enabling environment in general to respond to sexual and reproductive health and rights. To do this, UNFPA provided technical and financial support to: a) Review and implementation of national integrated sexual and reproductive health policies, strategic plans and guidelines through advocacy and policy dialogue; This included providing technical assistance to develop the HSSP IV, One Plan II and National FPCIP (2019-2023) which has enhanced fundraising using the gap analysis, and laid out the government's proposed strategies to increase access to FP, reduce unmet need and increase the modern CPR in Tanzania; b) Scale up integrated reproductive

health and family planning information and services at HIV treatment and care clinics; c) Scale up integrated sexual and reproductive health services and information provision in humanitarian settings through the Minimum Integrated Service Package; d) Expand behaviour change communication and outreach to key populations, especially youth and female sex workers. UNFPA invested in demand-creation for FP services, e.g. through the use of community champions and other community resource persons; e) Coordination and implementation of youth-friendly adolescent sexual and reproductive health initiatives, including comprehensive sexuality education; and (f) Promote evidence-based social and behavioural change communication to address social norms that create barriers to access of adolescent sexual and reproductive health information and services.

"During the COVID-19 pandemic, we still continued to enjoy the services of the UNFPA, both financial and technical. On the technical part, given the support we tried our level best to make sure that, all activities ran well given critical public health. This occurred amid some challenges",

Said KII at National level (MOH)

Output 2 focused on increasing access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services. To achieve this, UNFPA focused its investments in the following interventions: a) conducted advocacy interventions for increased funding for family planning and for decisive coordinated action to end stock-outs, including quality quantification, timely procurement and service delivery point surveys to inform programming; b) building capacity of health workers to provide FP method mix, logistic management information system and community-based family planning. This included providing technical and financial support towards training of health workers at health facilities and the community, as well as advocating and strengthening implementation of a task-shifting policy in the area of SRH, In addition, UNFPA supported capacity building in logistics and information management of health workers ensuring quality quantification of RMNCAH commodities and government's leadership in coordinating FP partners during the reporting period; c) fostering sociocultural and behaviour change strategies to create demand for family planning; Through this, UNFPA strengthened community-based distribution strategies, community outreaches, social marketing and social franchising, stakeholders have been able to expand access to remote and hard to reach areas; d) supporting integration of family planning services into other sexual and reproductive health and HIV services, including youth-friendly services; and e) scaling up comprehensive condom programming for adolescents and youth.

Output 3 aimed at increasing the national capacity of the government, civil society organizations and private institutions to deliver comprehensive maternal and neonatal health services. This included the health provider's capacity to detect, prevent and properly manage maternal and neonatal conditions and report maternal and neonatal death; as well as preventing and repairing obstetric fistula. Furthermore, UNFPA supported both national, regional secretariats and local government authorities in improving capacity of health workers at all levels, through training, mentorship and supportive supervision and strengthening coordination. In addition, UNFPA provided equipment and other support infrastructure required for emergency obstetric care, post abortion care, obstetric fistula management; the neonatal resuscitation kits; as well as perinatal death reporting and surveillance. Specifically, UNFPA provided financial and technical support to (a) scaling-up emergency obstetric and neonatal care services, including the implementation of task shifting modules, strengthening infrastructure and referral systems, and providing equipment and maternal health commodities in selected districts and refugee camps in Kigoma region; (b) strengthening the capacity of maternal and perinatal death surveillance and response committees at community, local government authorities, regional secretariats as well as at national levels to perform their roles and responsibilities laid out in the national MPDSR guidelines; (c) collecting and integrating the number of maternal deaths at the health facility into the District Health Management Information System (DHIS 2); (d) scaling-up pre- and in-service trainings on emergency obstetric and neonatal care for nurses, midwives and physicians; and (e) advocating for a recognized midwifery specialization, and for effective prevention and management of obstetric fistula programmes.

4.2.1.2 Evaluation of the Results and Intervention Logic for the SRHR Component

The SRH strategic outcome and the three outputs which are contributing to the attainment of the outcome were very well articulated in the CPD. The CPD implementation period (2016-2020) was indicated in the introduction of the CP Business Plan, however, the exact period for an end line was not very clear especially the exact timing when the outcome is expected. The linkages between activities for planned

interventions for the outputs were clear as well as linkages between outputs and the outcome. The indicators for outcome and outputs were sufficient to measure the progress.

The key strategic interventions for increasing national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people were to: support review and implementation of national integrated sexual and reproductive health policies, strategic plans and guidelines through advocacy and policy dialogue; scale up integrated reproductive health and family planning information and services at HIV treatment and care clinics; scale up integrated sexual and reproductive health services and information provision in humanitarian settings through the Minimum Integrated Service Package; expand behaviour change communication and outreach to key populations, especially youth and female sex workers; support coordination and implementation of youth-friendly adolescent sexual and reproductive health initiatives.

In terms of increasing access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services, the Key interventions included: conducting advocacy interventions for increased funding for family planning and for decisive coordinated action to end stock-outs by strengthening the procurement and supply chain system; building capacity of health workers to provide method mix, LMIS and community-based family planning; fostering sociocultural and behaviour change strategies to create demand for family planning; supporting integration of family planning services into other sexual and reproductive health and HIV services, including youth-friendly services; and scaling up comprehensive condom programming for adolescents and youth.

And lastly, to address an increasing national capacity of government, civil society organizations and private institutions to deliver comprehensive maternal health services, the key strategic interventions included: scaling-up emergency obstetric and neonatal care services, including the implementation of task shifting modules, strengthening infrastructure and referral systems, and providing equipment and maternal health commodities in selected districts and refugee camps;; strengthening the capacity of maternal and perinatal death surveillance and response committees at community, subnational and national levels to perform their roles and responsibilities laid out in the national guidelines; collecting and integrating the number of maternal deaths at the health facility into the Health Management Information System; scaling-up pre- and in-service trainings on emergency obstetric and neonatal care for nurses, midwives and physicians; and advocating for a recognized midwifery specialization, and for effective prevention and management of obstetric fistula programmes.

To ensure quality implementation of these interventions, UNFPA Country Office provided adequate human, financial, material and management resources which were required for the implementation of various interventions and eventual achievement of quality SRH services. Progressive improvement in some of the outcome indicators over the years (four or more ANC visits from 4 percent in 2015 to 90 percent in 2020; births by skilled attendance from 51 percent in 2015 to 79.3 percent in 2020; Institutional deliveries from 55 percent to 83,1 percent in 2020)[162] is evidence that SRH interventions were contributing to the outcome and impact results in reducing maternal morbidity and mortality and ensuring planned families.

However, in the course of the implementation of 8th CPD, one output indicator was added against the outcome and output 3 respectively which was a good decision. The added indicator was "Existence of national curriculum for introduction of vertical higher diploma training in midwifery". Although this indicator was added with a good intention, it had a limitation, as was stated as categorical; requiring only "Yes" or "No" as the only options for measuring achievement. These categorical measurements fell short of clearly defining the quality, processes and parameters of measurement. On the other hand, one indicator was dropped "Number of midwifery national schools that have at least one basic and comprehensive emergency obstetrics and neonatal care facility accredited as midwifery training Centre", the reason being that there was no accreditation system in the country which would make its measurement to be hard or

[162] Annual Health Sector Performance Profile 2020

impossible. The rest of the output indicators from all three outputs were just slightly adjusted mainly on the targets.

4.2.1.3 Planned Results and Achievement under SRHR

Altogether, the evaluation assessed the performance of eight output indicators linked to the above 3 outputs and the underlying interventions. The results are summarised in Table 5. Five out of the eight (62.5 percent) output indicators met or exceeded the defined targets while three (37.5 percent) did not. The sections that follow describe achievement of targets by thematic areas under SRHR, namely: SRH, FP, and maternal health.

Table 5: Achieved versus planned indicators: SRHR

UNFPA Strategic Outcome 1: ***Sexual and Reproductive Health:*** Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access			
Outcome indicators for CP8 ● Contraceptive prevalence rate Baseline: 27 (Mainland) and 12 (Zanzibar); Target: 45 (Mainland) and 20 (Zanzibar) ● Percentage of total live births attended by skilled health personnel Baseline: 51; Target: 80 ● Percentage of budget allocation for Reproductive, Maternal, Neonatal, Child and Adolescent Health in Comprehensive Council Health Plans Nationally Baseline: 9.7; Target: 21			
Output Indicators, Baseline and Targets	**Key Interventions**	**Achievements by Dec 2020/21 Vs Targets**	**Remarks**
Output 1: Increased national and sub-national government capacity to deliver integrated sexual and reproductive health services, with a particular focus on adolescents and young people			
● Existence of humanitarian/refugee response plans with Minimum Initial Service Package incorporated. (Adjusted). Baseline = No (2019); Target = Yes (Adjusted).	● Review and support implementation of national integrated SRH strategic policies and guidelines; ●	YES, Vs YES (100% Achievement)	Achieved
● Number of HIV/AIDS testing, care and treatment facilities in selected regions integrating reproductive health and family planning services. (Adjusted). Baseline = 68 (2019); Target = 100 (Adjusted).	● Scale up integrated SRH/FP information and services at HIV CTC; ● Scale up integrated SRH services and information provision in humanitarian settings through MISP;	68 Vs 100 (68% Achievement)	Not achieved
● Number of health facilities in target districts providing adolescent friendly reproductive health services as per national protocol. (Unchanged). Baseline = 24 (2019; Target = 29 (Adjusted target).	● Expand SBCC and outreach to key and Vulnerable populations, especially youth and FSW; ● Support coordination and implementation of youth-friendly adolescent SRH initiatives including CSE; and, ● Promote evidence-based SBCC to address social norms that create barriers to access of adolescent SRH information and services.	24 Vs 36 (150% Achievement)	Over achieved

***Output 2*:** Increased access to modern contraceptives by youth and marginalized population through improved capacity of government, civil society organizations and private providers to deliver equitable, high quality family planning services			
● Couple-Years of Protection generated by UNFPA procured family Planning Commodities. (Adjusted) Baseline = 15,704,264 (2019); Target = 16,753,864 (Adjusted target) ● Percentage of service delivery points with no stock-out of contraceptives in the last three months. (Adjusted). Baseline = 21.1 (2018); Target = 70 (Adjusted baseline)	● Conduct advocacy interventions for increased funding for FP and for decisive coordinated action to end stock-outs; ● build capacity of HCWs to provide method mix and community-based ● Foster sociocultural and behaviour change strategies to create demand for FP; ● Support integration of FP services into other SRH and HIV services, including youth-friendly services; and, ● Scale up comprehensive condom programming for adolescents and youth	2,381,202 Vs 2,768,840 (86%)-On track 5.2%(SDP Survey 2020) (Off Track)	Impact of COVID 19 affected timely procurement of different FP commodities
Output 3: Increased national capacity of government, Civil Society Organizations and private institutions to deliver comprehensive maternal health services			
● Number of health facilities that meet comprehensive emergency obstetric and new born care signal functions criteria in selected regions. (Adjusted). Baseline = 15 (2019); Target 17. (Adjusted target) ● Number of health facilities that meet basic emergency obstetric and new born care signal functions criteria in selected regions. (Adjusted). Baseline = 47 (2019); Target = 57. (Adjusted target) ● Existence of national curriculum for introduction of vertical higher diploma training in midwifery. (New). Baseline = No; Target = Yes (New). ● Number of midwifery national schools that has at least one comprehensive emergency obstetric and neonatal care facility that meets national standards of a midwifery training Centre.	● Scale-up EmONC services, including task shifting, infrastructure and referral systems, and equipment and maternal health commodities; ● Strengthen the capacity of MPDSR committees at community, subnational and national levels to perform their roles and responsibilities; ● Collect and integrate number of maternal deaths at health facility into the DHIS 2; ● Scale-up pre- and in-service trainings on EmONC for nurses, midwives and physicians; and ● Advocate for a recognized midwifery specialization, and for effective prevention and management of obstetric fistula programmes.	15 Vs 7 (214% Over Achievement) 47 Vs 27 (174%-Over Achievement) YES Vs YES (100% Achieved) 1 Vs 4 (25% Off Track)	Exceeded target Exceeded target Met target Not met the target

1. 4.2.1.4 Achievement of SRHR Indicators

The 8th Country Programme aimed at increasing national and sub-national government capacity to deliver integrated sexual and reproductive health services, with a particular focus on adolescents and young people. There were many programme indicators which were tracked over the life of the CP, however, only three output indicators were selected to be proxy indicators for this output. These are: i) Existence of humanitarian/refugee response plans with Minimum Initial Service Package incorporated; ii) Number of HIV/AIDS testing, care and treatment facilities in selected regions integrating reproductive health and family planning services; and, iii) Number of health facilities in target districts providing adolescent friendly reproductive health services as per national protocol. As of December 2021, three out of four

indicators under SRH met or exceeded the target. However, one indicator *"Number of HIV/AIDS testing, care and treatment facilities in selected regions integrating reproductive health and family planning"* was not achieved. There were no explanations as to why this indicator was not achieved, though there is a plan in place to accelerate performance of this indicator.
The programme also faced a number of challenges during implementation. The most recurring challenges are summarised below.

Summary of challenges encountered during implementation of 8th CP

- Limited resources to reach many young people especially in the rural and marginalized areas
- Inadequate male partner's involvement in supporting their spouse/partners for uptake of FP, HIV (PMTCT) and ANC services.
- There is some resistance to the provision of Comprehensive Sexuality Education and Family Planning services for young people among parents, teachers, and community and religious leaders
- Places where health facilities don't have enough space to establish YFS corners, it has been challenging to establish them since more investment is needed in restructuring
- The high attrition rate of peer educators due to high mobility and transfer of health workers affect continuity and services and sustainability of YFS.
- Inadequate participation of PWDs in developing the innovation to reach themselves with SRH information and services, due to the low level of education amongst people with disability and weak innovation eco-system that leaves out the PWDs.
- Delivery of humanitarian services is limited due to critical funding shortage

Despite challenges, the programme also registered a good number of lessons learnt

Lessons learnt under SRH output

- Young people have opportunity to change behaviour once they receive accurate information
- Providing FP services in non-traditional outlets e.g. Community based HIV voluntary counselling centres has a potential to reach to more young people
- Building strong national youth networks is very essential for youth empowerment and meaningful participation in policy and programme development and implementation in the country
- Young people need information, creating friendly services will attract most young people to access SRH services
- The attitude of favouring early marriage to increase number of cows and having many children is considered a benefit as it would mean more hands to help on the field
- Most of SRH interventions for adolescents and young people are effectively operational when paired with livelihood programmes
- Successful implementation of YFS requires adequate mobilization and support of facility and local leadership to understand and support YFS and peer education programme
- Provision of transport means e.g. bicycles, identity cards, teaching aids, IEC materials, etc. motivates the peer educators

4.2.1.5 Achievement of Family Planning Indicators

Family Planning and broader SRH is a flag-ship programme for UNFPA. UNFPA supported the Government of Tanzania through MOH to develop the National Family Planning Costed Implementation Plan (2019-2023). Universal access to safe, affordable and voluntary FP methods is central to realizing the transformative goal of achieving zero unmet need of FP. Family Planning contributes to universal education, women's empowerment, prevention of HIV, poverty reduction, and environmental sustainability, making it one of the most cost-effective health and development interventions needed to achieve Tanzania Development Vision 2025. The Third National Five Year Development Plan, 2021-2026, and its predecessor recognized FP as a key and integral factor in poverty reduction, by supporting

realization of a DD - a necessary factor for Tanzania to attain a middle income country status by 2025, which was actually realized by the World Bank in July 2020.

The government's leadership has strengthened the supply chain coordination structures through UNFPA and other partners' support. The quarterly national RHCS committee meetings provide an important platform to discuss pertinent issues relating to the procurement and stock management of FP commodities. In addition, the monthly national FP TWG meeting for coordination of FP interventions through government's leadership to ensure availability of FP services, and also the FP donor partners meetings, chaired by UNFPA/USAID, where donors (UNFPA, USAID, DANIDA, Norway, Global Affairs Canada and FCDO) discuss and support FP interventions to prevent stock out and duplication of efforts. In addition, UNFPA works with NGOs and Private Partners such as MSI, Engender Health, PSI and DKT International, through support from FCDO and UNFPA Supplies to increase access to FP services in marginalized and hard to reach communities along with the Health Supply Chain Partners' Forum, which is a coordinating platform to ensure the efficient and effective use of funds fostering cooperation at all levels.

However, in 2020, the COVID-19 pandemic restricted some of the coordination meetings such as the Health Supply Chain Partners' Forum and the annual Health Supply Chain Summit that was planned with the aim to attract new international partners and Development Partners. The zonal regional RHCS meetings were also cancelled in 2020 due to the ban on travel and meetings repurposing the funds to support procurement. As a result of UNFPA's leadership and support for the coordination and the building of service providers' capacity on quantification and reporting, procurement and supply chain of contraceptives and maternal health medicines have improved. Since 2015, Tanzania did not experience a significant stock-out of contraceptives at the central level, except for a few commodities that were out of stock at the service delivery point due to other factors, including distribution, transportation and lack of skilled service providers to request and report on commodity needs. In general, stockout remains high at service delivery points, with 94.8% reporting stock out within three months prior to the survey in 2020. Factors contributing to the stockout include weak systems like distribution, transportation and lack of skilled service providers to request and report on commodity needs

The 8th CP aimed at increasing access to modern contraceptives to youths and marginalized populations through improved capacity of government, civil society organizations and private providers to deliver equitable, high quality family planning services. Two proxy indicators were selected to track performance of this output. These are i) Couple-Years of Protection generated by UNFPA procured family planning commodities; and, ii) Percentage of service delivery points with no stock-out of contraceptives in the last three months. As of December 2021, none of the indicators were achieved. One was on track, at 86 percent, while the other was off track, at five percent. The off track indicator "*Percentage of service delivery points with no stock-out of contraceptives in the last three months"* was slightly reworded, instead of stock out in the last six months, the country decided to measures stock out in the last three months. This modification was done by the Global UNFPA supplies program. As such the baseline and report for 2016/17 were measured by use of "last six months" instead of 'last three months." To avoid introducing errors in tracking trends, it was proposed to use the 2017/18 as baseline.

Summary of key achievements of the FP program under UNFPAs financial and technical support

Strategic Area	Achievement
1. Strategic document development/ Review	● UNFPA supported the government-led FP partner coordination meetings, including national commodity security meetings to ensure commodities security surveys at all levels in mainland Tanzania and Zanzibar were conducted, and actions were taken to address identified issues. ● A new midwifery curriculum for a higher diploma was developed with family planning integrated in the curriculum. ● The RMNCAH Covid-19 response guideline and guidance on Covid-19 for Community Health Volunteers were developed, and Health Service Providers were oriented on the procedures to facilitate safe service provision. ● UNFPA supported the development of the First costed FP implementation plan for Zanzibar ● Review of the National Youth Development Policy, 2007-for mainland Tanzania ● Review of the national life skills training manual and standard guide for out of school youths ● UNFPA supported the government in the development of the HSSP V ● UNFPA supported the government in the development of One Plan III
2. Sustainable supply chain with improved stock availability:	● Forecasting, quantification and procurement of reproductive health commodities including Personal Protective Equipment (PPE) were fully met, achieving 100% procurement of life-saving maternal health commodities. ● The impact of the contraceptives procured in 2020 (UNFPA Supplies & the Foreign, Commonwealth and Development Office (FCDO)) are as follows: ○ 503,117 (107%) unintended pregnancies averted against the annual target of 466,463. ○ 1,074 maternal deaths averted against the target of 831. ○ 113,026 (82%) Unsafe abortions averted against the annual target of 137,474 ○ 2,381,202 Couple Year Protection against the yearly target of 2,135,435. ○ Direct healthcare costs saved (2018 GBP) is 32,894,823 (200%) against the annual target of 15,604,513. With complimentary funding from FCDO and UNFPA Supplies, the supply chain was strengthened, with 64 health care providers trained on the Logistic Management Information System (LMIS) to ensure visibility and availability of commodities. For Zanzibar, a total of 212 were trained (Maturity model assessment 49, eLMIS 141 and Use of pipeline software 22)
3. Capacity development and service delivery:	● 195 health care workers were trained on family planning methods in Kigoma and Simiyu Regions while Zanzibar trained 305 health care providers ● In response to the Covid-19 pandemic, 25 additional nurses were contracted to offer FP and SRH services in 12 health facilities in Zanzibar. ● With the deployment of additional health care workers in Zanzibar, 3,396 clients (Male – 1,059 and Female – 2,337) were reached with information on family planning services and a total of 6,480 clients received family planning services. ● In advocating for the amended HIV Prevention and Control Act (HAPCA 2018), UNFPA conducted a dissemination session to 25 legal gatekeepers and youth networks from 10 district councils. ● UNFPA, in collaboration with In-Supply/JSI, DFID and PORALG, scaled up Impact teams in Kigoma and Simiyu to increase data visibility at all levels to ensure stock availability at the service delivery points. In 2019, 133 IMPACT teams were established in Kigoma and Simiyu with 620 service providers trained at the council and facility levels covering 164 primary health care facilities in Simiyu and Kigoma Regions ● By 2020, up to 744 service providers have been trained on the Logistic Management Information System in Tanzania eLMIS system Re-design through UNPFA and DFID support
4. Knowledge management:	● A review of Family Planning programming in Tanzania was conducted and the draft report is now available. ● Through UNFPA's support, the government conducted joint quarterly monitoring and supportive supervision in 18 health facilities in Zanzibar, Kigoma and Tabora Regions in mainland Tanzania and developed actions to address identified challenges that influenced the delivery of quality SRH/FP services

	• For sustainability of FP services, UNFPA supported the Total Market Approach (TMA) feasibility study with the development of an action plan that was integrated in the FPCIP II and also a TMA landscape assessment to provide current information around market segmentation as part of the strategy supporting the private sector's engagement. • UNFPA conducted a study to assess adolescents and youth participation in decision making structures and processes of the government in Tanzania. The aim is to understand how well and what structures exist for adolescents and youths engagement in decision making and processes of the government.

During the implementation of the 8th CP, despite notable achievements on the FP services, there were some challenges which also affected the programme, although mitigation measures were also put in place to address the challenges. The table below summarizes some recurring challenges for the FP component of the UNFPA 8th CP.

Challenges encountered under FP output
• The last mile distribution of commodities remains a main obstacle in Tanzania and fund limitation is a challenges in addressing stock availability at the service delivery points • Contraceptives security at national level is high, however distribution still a main problem to improved contraceptives in the country • Interrupted supply of FP commodities at the last mile, particularly female condoms and emergency contraceptives. • Inadequate of commitment by key donors like USAID and DFID created a big gap in the procurement of contraceptives • Limited resources for advocacy, supply chain management and demand creation for family planning especially for young people Limited domestic funding for the FP programming (what is committed is very different to what funds are released) and continued dependence on donor's funds. Allocation increased to 14 billion TSH annually but disbursement in very limited sometimes lacking. • The Government's policy on prioritizing FP remains the same although a number of demand creation activities were put on hold to facilitate a review by the Ministry to ensure that they were reaching the targeted audience • Growing sensitivity on FP within the national context. This has affected social mobilization and awareness of FP • High cost for clearance and demurrage charges for FP commodities – there is a significant delay in securing tax waiver approval from TMDA, leading to high demurrage charges. • Political utterances creating sensitivity towards FP continued with misconceptions that sometimes affect the implementation of FP interventions • Limited domestic funding for FP, coupled with delayed disbursement of the national budget allocated, to sustain the FP program should donors pull out at this point

Also, despite achievements and challenges, there were also various lessons learnt that are worth considering to further improve FP services. A few of these are included in the table below.

Lessons learnt under FP output
• Adequate funding with monitoring and supervision improves stock management at all levels • Strengthening request and reporting and build capacity of MSD in distribution of commodities • Providing FP services in non-traditional outlets e.g. Community based HIV voluntary counselling centres has a potential to reach to more young people • Lack of knowledge on family planning in poor communities and high demand of SRH/FP information and services are still existing • The impact on FP service delivery is obtained when both supply and demand interventions are supported • Accurate inventory, forecasting and quantification that involves both the public and private sector prevent stock-outs and overstocks, ensure commodity availability at all levels including the last mile. • Strengthening the supply chain requires relentless efforts and accountability from the government's relevant authorities removing barriers that contribute to the unstable stock status.

4.2.1.6 Achievement of maternal health indicators

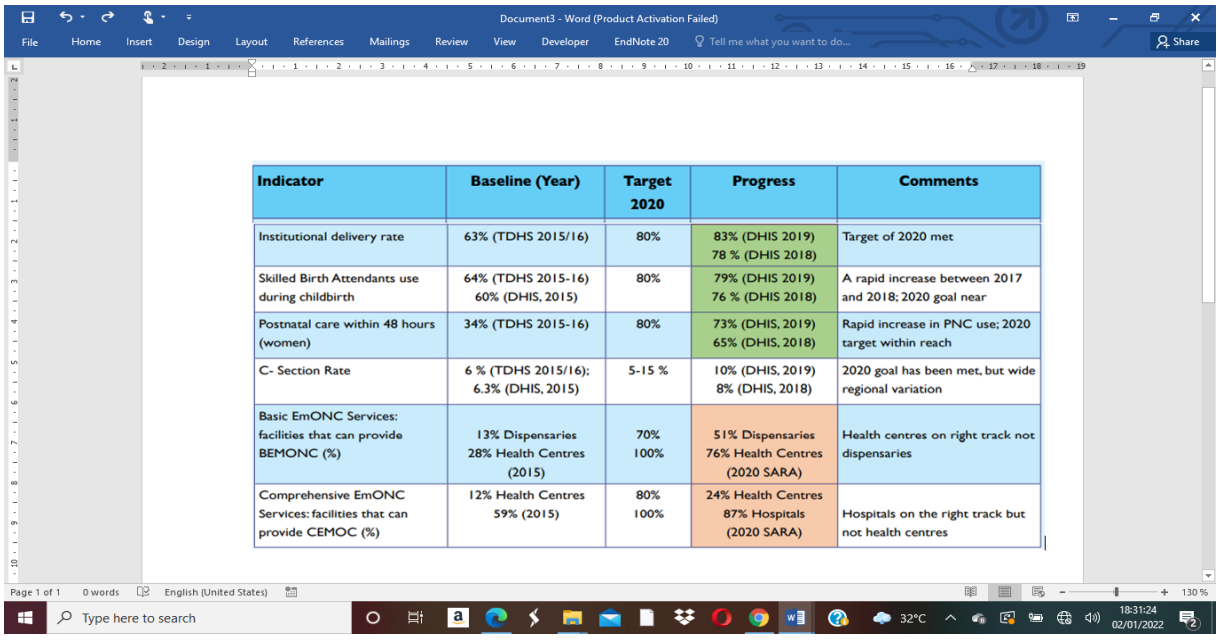
Under this output, UNFPA aimed at increasing national capacity of government, Civil Society Organizations and private institutions to deliver comprehensive maternal health services. Although there were a number of programmatic indicators that were being track during implementation, UNFPA selected three key indicators (proxy) for assessing performance of the output. These were: i) Number of health facilities that meet comprehensive emergency obstetric and new born care signal functions criteria in selected regions; ii) Number of health facilities that meet basic emergency obstetric and new born care signal functions criteria in selected regions; iii) Existence of national curriculum for introduction of vertical higher diploma training in midwifery; and, iv) Number of midwifery national schools that has at least one comprehensive emergency obstetric and neonatal care facility that meets national standards of a midwifery training Centre.

Three quarters of key indicators met or exceeded the set targets. Highest achievements were noted in the increased number of CEmONC sites, from two to 15, surpassing the CP target of seven. The same was noted for BEmONC sites which increased from nine to 47, surpassing the CP target of 27 BEmONC sites. One indicator was off track, and the main reason provided was inadequate resources to support midwifery education programme. UNFPA had already started addressing this by developing new proposals which has prioritized this component.

Other programmatic achievements were also noted as described hereunder. The procured contraceptives contributed to averting 113,026 unsafe abortions and 1,074 maternal deaths. The availability of Oxytocin, Misoprostol and Magnesium Sulphate through the UNFPA supplies also contributed to the prevention of maternal deaths and maternal morbidity. Global Affairs Canada and KOICA RMNCAH projects supported the construction and refurbishment of basic and comprehensive EmONC facilities to deliver quality maternal and Newborn health care and reduce maternal mortality and morbidity. Through these funds, UNFPA also continued to engage in post launch activities of the National Campaign to End Preventable Maternal and Newborn Mortality and Morbidity led by then the Vice President of the United Republic of Tanzania) URT), and currently the President of URT. The FCDO FP project in 2020 supported the campaign with mass media massaging for behavioural change in FP/ RMNCAH[163].

Notable achievements were observed in four out of eight maternal health indicators as shown on table 7 below.

Table 6: Progress of Maternal Health Indicators, 2016-2020



Indicator	Baseline (Year)	Target 2020	Progress	Comments
Institutional delivery rate	63% (TDHS 2015/16)	80%	83% (DHIS 2019) 78 % (DHIS 2018)	Target of 2020 met
Skilled Birth Attendants use during childbirth	64% (TDHS 2015-16) 60% (DHIS, 2015)	80%	79% (DHIS 2019) 76 % (DHIS 2018)	A rapid increase between 2017 and 2018; 2020 goal near
Postnatal care within 48 hours (women)	34% (TDHS 2015-16)	80%	73% (DHIS, 2019) 65% (DHIS, 2018)	Rapid increase in PNC use; 2020 target within reach
C- Section Rate	6 % (TDHS 2015/16); 6.3% (DHIS, 2015)	5-15 %	10% (DHIS, 2019) 8% (DHIS, 2018)	2020 goal has been met, but wide regional variation
Basic EmONC Services: facilities that can provide BEMONC (%)	13% Dispensaries 28% Health Centres (2015)	70% 100%	51% Dispensaries 76% Health Centres (2020 SARA)	Health centres on right track not dispensaries
Comprehensive EmONC Services: facilities that can provide CEMOC (%)	12% Health Centres 59% (2015)	80% 100%	24% Health Centres 87% Hospitals (2020 SARA)	Hospitals on the right track but not health centres

[163] UNFPA Tanzania Supplies Annual Report 2020

a) Emergency Obstetric and Neonatal Care

Most of these maternal deaths could be prevented with quality emergency obstetric and new-born care, skilled attendance to women during labour, and delivery including postpartum care. In this regard, institutional delivery with effective and efficient referral system cannot be overemphasized[164]. Provision of quality and timely Basic Emergency Obstetric and Neonatal Care (BEmONC) is critical to reducing maternal and new-born death[165]. This care, which can be provided with skilled staff in health facilities, at Dispensaries, Health Centres or Hospitals, includes the capabilities for carrying out seven signal functions (SF) of EmONC. On the other hand, Comprehensive emergency obstetric and new-born care (CEmONC), typically delivered in CEmONC health facilities, that include some upgraded Health Centres and hospitals, includes all the basic functions above, plus capabilities for two other functions namely performing caesarean sections and safe blood transfusion. The SF for EmONC consist of life-saving treatments and procedures including administering parenteral antibiotics (SF1), administering uterotonic drugs (SF2), administering anticonvulsants (SF3), manual removal of placenta (SF4), removal of retained placenta products (SF5), assisted vaginal delivery (SF6), new-born resuscitation (SF7), caesarean sections/delivery (SF8) and blood transfusion (SF9)[166]. UNFPA supported MOH in Mainland and MoHSWEGC in Zanzibar to ensure that selected Health facilities are able to perform quality BEmONC and CEmONC services respectively. Availability of comprehensive EmONC is higher at hospitals (87%) than the Health Centres (24%). Lack of competent and skilled staff, problems with anaesthesia equipment, problems with blood and its products and limited experience of clinicians are some of the limitations reported by health providers in provision of CEmONC[167].

It's well known that the HR shortage and capacity to provide health the basic health care intervention package per level of facility including BEmONC and CEmONC services is still low[168]. The limited capacity for EmONC provision was related to inadequate staffing of critical cadres (midwives, anaesthetists, medical doctors and laboratory attendants) [169]; poor provision of the basic amenities (e.g. medical equipment; essential drugs and supplies) and infrastructure (lighting, water, sanitation, examination and waiting rooms) [170]

To a greater extent we achieved targets. We have been focusing on capacity building whereby UNFPA has been supporting us to do in-service and pre-service training, working with the Ministry to review Midwifery training curriculum, and conducting actual training programmes in the facilities, and actual training in selected areas, and we focus our interventions on UNFP supported regions and UNFPA supported facilities. KI respondent of Tanzania Midwifery Association, Dar es Salaam

The main underlying factor for this poor performance was mainly due to the following: non functionality of the Satellite blood bank built in Simiyu by UNFPA due to absence of essential equipment; delayed implementation of ZJP- Maternal Health thematic group due to lack of fund for implementing the planned activities; non functionality of the boat ambulance that was given to the Ministry of Health to support emergency services from small islands of Pemba, affecting referral services; Delayed delivery of procured equipment for COVID19 from PSB; and a delay in signing the work plans and implementation for various reasons including the 2020 election, changes in leadership, and the delay in the approval of fund utilization by Ministry of Finance and Planning[171].

(b) Maternal and Perinatal Death Surveillance Response (MPDSR)

Maternal and Perinatal Death Surveillance Reviews are conducted nearly to all maternal deaths compared to perinatal deaths where the evidence shows that the reviews have not reached 50% as recommended by WHO. Despite the reviews, the key issue here then, is the response or lack thereof, to the advice given after reviews.

[164] Tanzania Service Provision Assessment Survey 2014-2015
[165] Setting standards for Emergency Obstetric and Newborn Care, UNFPA 2014
[166] Monitoring Obstetric Care: Handbook (WHO, UNFPA, UNICFF, AMDD), 2009
[167] Mid Term Review of HSSP IV, 2019
[168] National Human Resources for Health Strategy 2021 -2026
[169] National Human Resources for Health Strategy 2021 -2026
[170] Tanzania Service Provision Assessment Survey 2014-2015
[171] UNFPA 2020 Annual Report - Tanzania

UNFPA supported MOH in the implementation of MPDSR cycle at national and sub-national levels with emphasis of strengthening maternal death notification, quality reviews and responsiveness to recommendations as part of the key indicators for improving service delivery in health facilities.
There was increased awareness among stakeholders on the use of MPDSR as a quality improvement tool for mitigating occurrence of maternal deaths. However, the functionality of MPDSR Committees at district and health facility level remained a key challenge and the main weaknesses were as follows:

- Majority of facility MPDSR committees were not fully constituted and not well-functioning.
- The MDPSR committees at both district and facility levels were not well oriented on the new MPDSR guidelines process of MPDSR, the formulation of the MPDSR committee, the roles of the members and the reporting mechanism to MOH and PORALG.
- Inadequate technical support supervision provided by some district MPDSR committees to health facilities; and this was because the district MPDSR committees were not well functioning.
- In order to improve the MPDSR system further, the following things need to be advocated, and supported financially and technically by UNFPA in collaboration with MOH, PORALG and RMNCAH IPs and Stakeholders:
- Disseminate the new MPDSR adequately at all levels
- Orient political/technical leaders on the new MPDSR including the importance of MPDSR and safe motherhood in general
- Strengthen the MPDSR committees at Regional Secretariats, Local Government Authorities and at facility level through orientation of the members about their roles and responsibilities on the committees
- Strengthen the community level intelligence/surveillance for maternal deaths
- Encourage and monitor pregnancy mapping and tracking by CHWs

(c) Minimum Initial Service Package

Tanzania has been affected by a humanitarian crisis and has a functioning inter-agency sexual and reproductive health coordination body as a result of UNFPA guidance and leadership exists as part of the humanitarian response (functioning means: MISP activated, Inter-Agency RH TORs agreed, coordinator identified and emergency RH supplies are in place and provided[172,173]. As a result of this, the CO planned to establish a MISP for Reproductive Health in emergency settings to help mitigate risks in the event of an onset of humanitarian crises

There were some challenges which affected the effective delivery of SRH services in humanitarian settings namely: (a) Delayed approval from the TMDA of the RH kits leading to a delay in procurement and shipment of the kits. (b) Lack of storage infrastructure in some refugee settlements which led to some delays in service provision. The CO provided medical tents in order to facilitate SRH services provision. Additional tents were set up for women and youth spaces.

(d) Challenges in Maternal Health

The main challenges encountered in maternal health were inadequate funds which limited the implementation coverage; Shortage of key staff (Anaesthetic cadre) on provision of maternal health services hinders accessibility of EmONC services despite the task shifting training to Nurses; Delay by government IPs to implement their activities, due to long procurement procedures, challenges with accounting codes; stock out of commodities, supplies and equipment at service delivery points hence hindering the provision of a method mix and quality services; bureaucracy at implementing partner level delayed implementation of interventions.

Mentoring and supportive supervision from the national level to facilities is sub-optimal and done in an ad hoc manner mainly due to staff shortage, commitment and financial reasons. Mentoring and supervision from the regions and district level is also low. It can be summarized that the key issues that needs to be prioritized in the next 5 years to avert preventable maternal deaths include the following; improving quality ANC and childbirth services, skills and competence of providers in offering rapid response and quality emergency obstetric and new-born care services, fully functional EmONC facilities (at Dispensaries and Health Centres), addressing the challenge of poor management of women with problems/

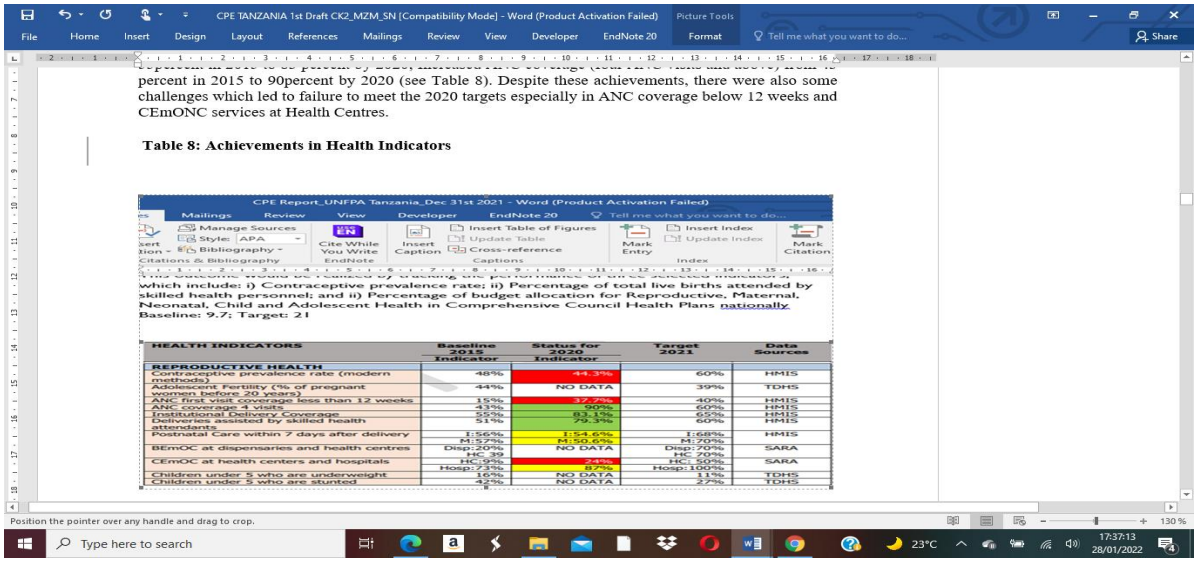
[172] UNFPA Country Office Annual Planning 2016, 2017, 2018, 2019, 2020
[173] UNFPA Country Office Annual Report 2016, 2017, 2018, 2019, 2020

complications during the antenatal period or delivery, as well as the poor/ weak referral system between the facilities4.2.1.7 Achievements of strategic outcomes under SRHR

The overall aim of the 8th CP was to increase availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access[174]. This outcome would be realized by tracking the performance of three selected indicators, which include: i) Contraceptive prevalence rate; ii) Percentage of total live births attended by skilled health personnel; and ii) Percentage of budget allocation for Reproductive, Maternal, Neonatal, Child and Adolescent Health in Comprehensive Council Health Plans nationally.

The Contraception prevalence rate (CPR) from routine data (DHIS2), by 2020 was 44.3 percent. The Baseline and Targets for CP was 27 percent and 45 percent respectively. Based on these results, the indicator for CPR was achieved by 98.4 percent (Actual result 44.3% Vs Target 45%,). On skilled birth delivery, the target for CP8 was 80 percent, while the actual achievement by 2020 was 79.3 percent, making an achievement for this outcome indicator being 99 percent (Actual 79.3% Vs Target 80%). Through a system strengthening approach, the 8th CP supported the Government of Tanzania to make a good progress in other SRHR related indicators. These include increased institutional delivery from 55percent in 2015 to 83 percent by 2020; Increased ANC coverage (four ANC visits and above) from 43 percent in 2015 to 90percent by 2020 (see Table 8). Despite these achievements, there were also some challenges which led to failure to meet the 2020 targets especially in ANC coverage below 12 weeks and CEmONC services at Health Centres.

Table 7: Achievements in Health Indicators



HIV prevalence is characterised by significant heterogeneity across age, gender, social-economic status and geographical location, implying differentials in risk of transmission of HIV infection. Tanzania HIV Impact Survey (THIS) of 2016/17 shows that HIV prevalence is higher among women than men, which is 6.3 % and 3.4%, respectively. The HIV prevalence also varies with age, geography, and sub-population, with higher prevalence among key and vulnerable populations. Even though, the number of new HIV infections has been declining steadily over the years, UNAIDS Spectrum estimates show a decline from 110,000 new HIV infections in 2010 to 68,000 which is 38% reduction against the target of 75% by 20204 despite the investments.

[174] UNFPA Tanzania Country Office 8th Country Programme Document 2016-2020

Table 8: HIV prevalence, incidence, and mortality disaggregated by age and gender

Indicators	Reference	Children (0-14)	AGYW (10-24)		Females (15+)	Males (15+)	Adults (15+)
			10-14	15-24			
Prevalence	THIS 2016/17	0.40%	0.30%	2.10%	6.30%	3.40%	4.90%
New HIV Infections	Spectrum 2020	7,641	14,935		37,398	20812	58209
Incidence	THIS 2016/17	No	1.14		0.34%	0.17%	0.25%
AIDS Related Deaths	Spectrum 2020	6,790	2,147		10,994	12,866	23,860

4.2.2 Adolescents and Youth

4.2.2.1 The Intervention and Results logic for Adolescent and Youth Programming

Outcome Two of the UNFPA Tanzania CP8 had one strategic output (Output 4) for Adolescents and Youth in Tanzania that targets for an increased government capacity and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality. To facilitate the implementation of activities and sub activities that are linked to the achievement of Output 4, CP8 streamed them into four Strategic Intervention Areas That are implemented by the Government, Regions, Local Governments, Implementing Partners and other UN agencies who implement some interventions in a complimentary manner. The implementation of these Strategic interventions / Intervention Areas is summarised below:

a) **Scale up of comprehensive sexuality education for in and out of school young people.**

UNFPA supported to build capacity to implement life skills education for out of school young people, and training of TOTs for life skills. Other areas supported by UNFPA included implementing adolescent sexual and reproductive health and rights interventions, mostly in scaling up of adolescent and youth friendly services provision, capacity building of service providers, development of guidelines, review of ASRH standards, mobilization of trainings of Peer Educators, demand creation programs, and construction / refurbishment of adolescent and youth friendly centres.

Support Girl-Centred Child marriage prevention programme with SRH appropriate knowledge and practices.

This strategic intervention / intervention area addresses integrated sexual and reproductive services that focus at female adolescents / girls. Also included in the package for female adolescents / girls are interventions for empowering them with information and life skills and rights to be able to stand up for their right on their sexuality and reproduction. The strategic intervention / intervention area also includes reaching down to marginalized girls with life skills programmes that built their health, social and economic assets.

b) **Support to youth led organizations.**

UNFPA supported programs for integrated youth empowerment and youth participation interventions that focused at empowering young people to meaningfully participate and engage on issues that are affecting their SRHR needs more generally, mobilizing young people through youth led CSOs / youth networks, establishment of the Tanzania Chapter of AfriYan and establishing sub-chapters mobilizing young people in regions of Tanzania, building capacity of young people to advocate for SRHR services and demand for SRHR services, building the capacity of young people to lead and become leaders and engage and take part in decision making platforms in areas where they are living.

c) **Advocacy for local government to increase allocation of resources to youth related programme.**

The current situation pertaining to availability of resources for social services including health, and wellbeing of the adolescents and youth had been diminishing with time. The Central government, regions and developing partners had been encouraging LGAs to look for own resources to address any funding gaps for social services including health, including the wellbeing of adolescents and youth. To facilitate meaningful and efficient LGAs own resources mobilization and expenditure, the central government periodically issues guidelines and instructions to LGAs on how their own source revenues (OSR) should be mobilized and utilized. The assumption is that stronger LGAs systems and capacities will optimize conditions for implementing integrated and equity-based interventions to achieve results, enhance accountability, and enable evidence-based planning and budgeting at the local level. This where the UNFPA initiated advocacy for local government to increase allocation of resources to youth related programme comes in handy.

Budget executions in Tanzania require that, once a budget is approved by the parliament, ministries are authorized to spend the budgeted money, consistent with the legal appropriations for each budget line item. In line with this, the at the national level, the evaluation noted that budget lines for funding adolescent and youth interventions are available at the Zanzibar Ministry of Information, Youth and Sports; the Zanzibar Ministry of Health, Social Welfare, Elderly, Gender and Children; the Prime Minister's Office, Labour, Employment and Youth Development; the Tanzania Mainland Ministry of Health,; the Tanzania Mainland Ministry of Education and Vocational Training, and the President's Office, Regional Administration and Local Governments. The availability of these budget lines for funding adolescent and youth interventions at these key Ministries enable them to get such funds from different sources, and can then legally spend them for the wellbeing of adolescents and youth.

4.2.2.2 Evaluation of the Results and Intervention Logic for Adolescents and Youth Component

The graphic representation of the theory of change logically and adequately and presents the interventions for the adolescent and youth component. Initially, this output was designed to be measured using one indicator. (Old indicator: *percentage of districts youth-led organizations with the capacity to provide out-of-school youth with life skills and sexuality education using national guidelines*). However, this indicator was reviewed and reworded, changing from per cent to number due to a challenge associated with measurement. The revised indicator tracks the number of youth-led organisations instead of the percentage of districts youth-led organizations (reviewed indicator*: number of youth-led organisations with the capacity to provide out-of-school youth with life skills and sexuality education using national guidelines*). For a comprehensive accounting of the achievements of outcome 4, a new indicator was developed and introduced to facilitate tracking of the progress of reviewing the National Youth Policy and Manual and Standard Guide, (new indicator: *existence of reviewed policies and manuals that prioritize adolescents' access to sexual reproductive health information and services, and youth participation*). A review of the statements for strategic outcome two and output two for the adolescents and youth interventions focus were noted to be well expressed well around increased priority on adolescents in national development policies and programmes and increased government capacity and civil society organizations. The theory of change model for Adolescents and Youth interventions includes three risks and assumptions that the UNFPA - Tanzania Country Office Monitoring and Evaluation Plan (2016-2021) that highlights that the risks and assumptions were being monitored.

4.2.2.3 Planned Results and Achievements under Adolescents and Youth

The results and achievements under adolescents and youth shows that the first indicator had been fully achieved and exceeded the target (130% score) and this signifies an adequate increase of youth-led organisations with the capacity to provide out-of-school youth with life skills and sexuality education using national guidelines. The second indicator had not been fully achieved (50% score). The progress of achievement of these indicators including the details about their baseline and target values, levels of annual achievements are shown in Table 9.

Table 9: Outcome 2 - achieved versus planned indicators: A&Y

Strategic plan outcome 2 (Adolescents and Youth): **Outcome Two:** Increased priority on adolescents in national development policies and programmes and availability of comprehensive sexuality education and sexual reproductive health services			
Outcome Indicators for CP8: Percentage of young people with comprehensive knowledge on HIV, disaggregated by sex Baseline: Women = 40 %; Men = 47% Target: Women = 60 %; Men = 65%			
Output Indicators, Baseline and Targets	Key Interventions	Achievements by Q4 of 2020/21 against Output Indicator Targets	Remarks
Output 4: Increased government capacity and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality			
● Number of youth-led organisations with the capacity to provide out-of-school youth with life skills and sexuality education using national guidelines	● Support to youth led organizations. ● Advocacy for local government to increase allocation of resources to youth related programme.	***Cumulative:*** Baseline 2016: 0 Actual 2016/17: 45 Actual 2017/18: 45 Actual 2018/19: 45 Actual 2019/20: 48 Actual 2020/21: 45 PC Target 2016/21: 37 Per cent Achieved: 130%	Achieved and Exceeded the 2020 target
● Existence of reviewed policies and manuals that prioritize adolescents' access to sexual reproductive health information and services, and youth participation. *Baseline: No; Target: Yes*	● Scale up of comprehensive sexuality education for in and out of school young people. ● Support Girl-Centred Child marriage prevention programme with SRH appropriate knowledge and practices.	Baseline: No Actual 2016/17: No Actual 2017/18: No Actual 2018/19: Yes Actual 2019/20: Yes Actual 2020/21: Yes PC Target 2016-21: Yes Per cent Achieved: 50%	Achieved 50% of the 2020 target, and progress is on Track

4.2.2.4 Achievements of strategic outcomes under Adolescents and Youth

The achievements of strategic outcomes under adolescents and youth are organized by their strategic interventions / intervention areas. The sections below summarize the adolescents and youth achievements of strategic outcomes organized by their strategic interventions / intervention areas.

a) **Strategic intervention / intervention area 1**: Support to youth led organizations.

UNFPA supported the Government (Ministries, Departments, Agencies, and Units), the regions, and respective Local Government Authorities and/or Implementing partners to facilitate the establishment Youth led Organizations or networks in Tanzania Mainland and Tanzania Zanzibar and to train/ capacity build of youth led and youth serving organizations on leadership and effective participation in decision making; and on how to provide out of school youth with life skills and sexuality education using national guidelines, . UNFPA also supported the Government (Ministries, Departments, Agencies, and Units), the regions, and respective Local Government Authorities and/or Implementing partners to map Youth led and serving organizations, and. in collaboration with UNESCO, UNAIDS and UNICEF supported TACAIDS to convene a high-level country dialogue on ESA commitment to seek government commitments. Testimonies from among Implementing Partners and the beneficiaries indicated that these outputs facilitated by UNFPA were beneficial.

"AfriYan, a youth network for adolescents and youth focusing on SRH, gender issues and youth empowerment had identified youth led member organizations in 12 regions in Tanzania mainland and Tanzania Zanzibar (including Unguja and Pemba); and in consultation with the respective Local Government Authorities have linked these youth led member organizations to work closely with the local government authorities, but also with health facilities where we engage adolescents and youth" – KII with Adolescents and Youth Implementing Partner, National level.

"UNFPA had facilitated the Department of Youth Development to coordinate different stakeholders working with adolescent and youth to the grassroots, and in terms of putting infrastructure for Youth Participation and engagement. Through this facilitation, we now clearly understand what each of them is doing in terms of youth development". – KII with National Level Implementer, Tanzania Zanzibar.

b) **Strategic intervention / intervention area 2**: Advocacy for local government to increase allocation of resources to youth related programme.

No substantial intervention was found under this strategic area except identifying that Local Government Authorities are rich of information relevant to UNFPA mandate that is not analysed and visualized. Moreover, the evaluation found that all key ministries that address adolescents and youth wellbeing under the Union Government and the Zanzibar Revolutionary Government had budget lines for receiving funds for adolescent and youth interventions from different sources (internally and externally). In this regard they can legally get funds and then spend them for the wellbeing of adolescents and youth of Tanzania as per Government Regulations.

a) **Strategic intervention / intervention area 3**: Scale up of comprehensive sexuality education for in and out of school young people.

UNFPA supported the Government (Ministries, Departments, Agencies, and Units), the regions, and respective Local Government Authorities and/or Implementing partners to review, update or develop national level documents that include the Mainland National Youth Development Policy, and the Zanzibar Youth Council Strategy, the Zanzibar Youth Participation Strategy, the Mainland skills program for out of school youth, and the life skills guide and training manual for out of school youth on Tanzania mainland. Secondly, UNFPA supported the capacity building/training of national facilitators, life skills peer facilitators, TOTs from Civil Societies, out of school youth, service providers, and peer educators. Thirdly, UNFPA supported the construction of Adolescents and Youth Friendly centres, and menstrual health management friendly latrines. Fourthly, UNFPA supported to reach young people with ASRH services and information through AYSF centres and outreach conducted by peer educators. Lastly, UNFPA supported the coordination and supportive supervisions in all Regions and Local Government Authorities. Testimonies from among Implementing Partners and the beneficiaries indicated that these outputs facilitated by UNFPA were beneficial.

"UNFPA facilitated the training of young people and young adolescents as peer educators for the program we coordinate under UNFPA, and these were trained using National Trainers using Training Guidelines and these training sessions had been very successful and useful to the peer educators and the program" - Adolescents and Youth Implementing Partner, National level, Tanzania Mainland.

b) **Strategic intervention / intervention area 4**: Support Girl-Centred Child marriage prevention programme with SRH appropriate knowledge and practices:

UNFPA supported to the Government (Ministries, Departments, Agencies, and Units), the regions, and respective Local Government Authorities and/or Implementing partners to train adolescent girls on life skills, reached marginalised girls with life skills programmes, and trained first time mothers. Testimonies from among Implementing Partners and the beneficiaries indicated that these outputs facilitated by UNFPA were beneficial.

"The project had thoroughly trained us on SRHR issues including family planning services and methods, avoiding unwanted pregnancies, different types of communication, different types of sexual and gender-based violence, nutrition and preparation of nutritious foods, and how to communicate with fellow girls and thus protect them from unwanted pregnancies" – FGD Participants, First Time Mothers, Kasulu DC.

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The programme also faced a number of challenges during implementation Adolescents and Youth interventions, and the most recurring challenges are summarised Table 11 below.

Table 11: Challenges encountered during implementation of the AY component of 8th CP

Challenges encountered under AY output
• Limited number of programmes addressing adolescent girls and young women health and well-being at national and subnational level. • Inadequate number of peer educators to reach adolescents and youth given the extensiveness of villages and settlements in rural areas. • Limited fund allocation at the national and subnational level to support adolescents and youth health and wellbeing programmes. • Inadequate number of adolescents and youth friendly centres to cater for the available big number of young people with unmet SRHR needs. • Lack of reliable means of transport for peer educators to facilitate covering large areas and thus reaching a large number of adolescents and youth from different social settings. • Lack of resources and expertise to facilitate communications with Adolescents and Youth with disabilities (the blind, the deaf, the mute etc.) when they visit the health facilities, or when peer educators interact with them in the communities. • The health facilities regulation that requires pregnant women making first booking for ante natal care services at health facilities to be accompanied by their spouses; it greatly discriminates pregnant female adolescents and youth who in most cases the spouses responsible for the first pregnancy are mostly not available. • The lack of meaningfully income generating activities among peer educators and first time mothers affects their active participation in the program. • Whereas the Adolescents and Youth program had been airing educative messages to reach the intended audiences using community radios; most of the beneficiaries noted that they don't have radio sets at their households to facilitate listening to these radio programs. • Shortage of take-home (printed) behaviour-change communication materials at the health facilities and among peer educators to distribute to beneficiaries.

4.2.3 Gender Equality and Women's Empowerment

4.2.3.1 The Intervention and Results logic for Gender Equality and Women's Empowerment

Under the UNFPA CP 8, GEWE has been a strategic outcome 3 namely Advanced gender equality, women's and girls' empowerment, and reproductive rights, which, had one output viz., strengthened national capacity of government and civil society to prevent and respond to gender-based violence, female genital mutilation and child, early and forced marriage. It had four interventions namely (a) Support community empowerment initiatives to uphold sexual and reproductive rights and to diminish sexual and gender-based violence; (b) Train policy makers and law enforcement units to respond to gender discrimination and sexual and gender-based violence; (c) Support government and non-governmental institutions to effectively coordinate the response to gender-based violence and improve monitoring, tracking and reporting on implementation of policy and legal commitments on sexual and reproductive health, sexual and gender-based violence and harmful practices; and (d) Build capacity of host communities and refugees to respond to sexual and gender based violence.

Through GEWE, UNFPA built and strengthened multi-sectoral coordination mechanism to monitor the implementation of National Plans of Action Addressing Violence Against Women and Children. Achievement of building and strengthening the coordination mechanism has been through UNFPA provision of financial and technical support, capacity building of government and other local partners and building infrastructure. Also, UNFPA supported establishment of One Stop Centres, Police Gender Desks and Knowledge Centres in the areas where the CP 8 was operating both in Tanzania Mainland and Zanzibar. In essence, One Stop Centres – OSCs strengthened timely delivery of services to victims of gender-based violence by bringing all necessary services under one roof under care of the professionals thus accelerating access to service and justice. It further empowered girls through various programs.

4.2.3.2 Evaluation of the Results and Intervention Logic for GEWE

There was a clear strategic linkage between planned interventions and the output under GEWE. The theory of change underlying gender equality and women empowerment is based on a sound intervention logic. The strategic outcome and outputs were well enunciated. By a large extent, there was a clear link between strategic interventions and the outputs. One output indicator was clear and easy to measure while the remaining output indicators namely 'existence of multi-sectoral coordination mechanism at national level that monitors the implementation of the national plans of action addressing violence against women and children' and 'Number of One Stop Centres (OSC), Police Gender and Children Desks (PGCD) and Knowledge Centres (KC) established' were clear but not easy to measure since there was no specific targets set in terms of numbers. During the implementation, a new output indicator was added to measure the response side of VAWC. Having strong institutions that respond and address GBV is fundamental to achieve gender equality and women empowerment. Overall, the evaluation team found that, there was a significant achievement in the number of empowered people from female genital mutilation and child marriages as well as a clear existence of multi-sectoral coordination mechanisms at national level that monitor the implementation of the national plans of action addressing violence against women and children as well as a greater achievement of service provision in One Stop Centres, and Police Gender and Children Desks or awareness through the established Knowledge Centres.

4.2.3.3 Planned results and Achievements under GEWE

There is strong evidence that during the implementation of CP 8 all output indicators under GEWE met the defined targets while the first output indicator exceeded the target by 456%.[175] The performance was a combined and participatory design and implementation strategy informed by multi-stakeholders both at the government and civil society level at the national and grassroots levels. The same was evidenced during the KIIs and FGDs at various levels both in Tanzania mainland and Zanzibar.
Table 10 below illustrates the performance of outputs indicators under GEWE.

Table 10: Outcome 3 - achieved versus planned indicators: GEWE

Outcome 3: Gender Equality and Women's Empowerment: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.			
Outcome Indicator for CP8: Percentage of women aged 15-49 who approve of a husband/partner beating his wife/partner under certain circumstances. (Unchanged). *Baseline = 53.5 national and 73 for Lake Zone; Target = 40 national and 50 for Lake Zone* (Unchanged)			
Output Indicators, Baseline and Targets	Key Interventions	Achievement by 2020/2021 against Output Indicator Targets	Remarks
Output 3.1: Strengthened national capacity of government and civil society to prevent and respond to gender-based violence, female genital mutilation, and child, early and forced marriage			
● Number of adolescent girls completed empowerment programmes in selected districts for protection from female genital mutilation and child Marriage (Baseline: 200 Target: 800(initial target) Adjusted Target: 1000)	● Support community empowerment initiatives ● Support interventions on ending FGM in high burden communities ● Support interventions on prevention of early, forced and child marriage ● Support community awareness and provision of PPE during COVID 19 Pandemic	Cumulative Target by 2021 = 800 2016/17: Actual 810 2017/18: Actual 2810 2018/19: Actual 0 2019/20: Actual 30 2020/21: Actual 3650 Achieved: 456%[176] **Target exceeds**	Target exceeded

[175] UNFPA Tracking Tool for 8th Country Programme Document for Government of the United Republic of Tanzania (2016/17 – 2020/21)
[176] Op cit.

● Existence of multi-sectoral coordination mechanism at national level that monitors the implementation of the national plans of action addressing violence against women and children Baseline: No Target: Yes	● Capacity building to duty bearers Policy and law enforces to respond on gender-based violence ● Support government and non-government institutions to coordinate the response to gender-based violence ● Support national toll-free phone- counselling services for survivors of GBV, female genital mutilation and early child marriage. ● Train partners in UNFPA-supported regions in psychological first aid (PFA) and psychosocial counselling.	2016/17: T = Yes 2017/18: T = Yes 2018/19: T = Yes 2019/20: T = Yes 2020/21: T = Yes Achieved	Achieved
● Number of One Stop Centres (OSC), Police Gender and Children Desks (PGCD) and Knowledge Centres (KC) established. (Baseline: OSC- 0 PGDCD -9 KC - 4 Target: N/A)	● Capacity building to duty bearers Policy and law enforces to respond on gender-based violence ● Support government and non-government institutions to coordinate the response to gender-based violence ● Build capacity of host communities and refugees to respond to sexual and gender-based violence	2016/17: T = N/A 2017/18: T = N/A; OSC – 1; PGCDS- 09; KC - 5 =; Achieved 2018/19: T = N/A; OSC – 1; PGCDS- 15; KC - 15 =; Achieved 2019/20: T = N/A; OSC – 1; PGCDS- 18; KC - 15 =; Achieved 2020/21: T = N/A; OSC – 3; PGCDS- 9; KC - 18 =; Achieved[177]	Achieved

4.2.4 Achievements of strategic outcomes under GEWE

UNFPA has strengthened legal, policy and strategies and other capacities on GEWE. Through partnership with the government, civil society organizations and other partners, UNFPA has been able to strengthen the capacity to support, prevent and address GBV and strengthen the response for elimination of GBV including FGM and child marriage in humanitarian and development settings. It supported coordination of the National Plan of Action of Violence Against Women and Children at the national level.[178]

At the regional level, Shinyanga region pioneered its Regional Strategic Plan to End Violence Against Women and Children in Shinyanga.[179]
"If you leave out The National Plan of Action to End Violence Against Women and Children in Tanzania, we are the only ones who have developed the Regional Strategic Plan to End Violence Against Women and Children." Key Informant at the Regional level.

The initiative to develop a Regional Specific Plan to end violence against women and children is exemplary since it captures the local content in a closer focus at the regional level, therefore, bring the sense of ownership and ease implementation. Shinyanga region did not settle for the regional strategy, it is developing By-Laws at the district level that will prevent GBV. Other UNFPA initiatives under CP 8 include finalization of the Study on "Changing Social Norms and Values to eliminate Violence Against

[177] Ibid.
[178] 2020 Annual Report UNFPA
[179] Government of Tanzania- Shinyanga Region, Regional Strategic Plan to End Violence Against Women and Children in Shinyanga 2020/2021-2024/2025, April 2020.

Women and Children" in Mainland and Zanzibar.[180] The study was then showcased during 16 Days of Activism Against Gender Based Violence through positive stories.

CP8 supported the government of Tanzania and Civil Society to monitor, track and report accountability towards global norms on gender equality and women empowerment. UNFPA has been at the forefront ensuring that the country adheres to international norms. This was through preparations, presentation and dissemination of international instruments and national and UN reports such as the Universal Periodic Review (2021) and the 2019 Nairobi Statement on ICPD25.[181] Evidence further points out that UNFPA is supporting the government of Tanzania to align with CEDAW and the Beijing Platform for action. This has been done through working closely with the Revolutionary Government of Zanzibar, Ministry of Health, Social Welfare, Elderly, Gender and Children and Ministry of Health, (MOH) in Tanzania mainland.

Strengthened multisectoral intervention and responses including during the COVID 19 pandemic: CP 8 contributed to strengthen the efforts to combat GBV and VAWC through facilitating access to information through the National Child Helpline and Afya Call Centres. The capacity of the centres is not only receiving the information but also collect and store data on the calls.[182] In particular, during COVID 19 pandemic the National Child Helpline responded to and followed up on 2,246 calls from girls and 2,582 calls from boys respectively, from April to December 2020.[183] Also, Afya Call Centre received about 10,000 calls related to GBV. The calls were referred to the respective authorities namely the social welfare officers, police gender and children's desks and health facilities.[184] There was further follow ups from the Call Centre agents to ensure that there was response.

Through CP 8, 3 One Stop Centres, 9 Police Gender Desks and 18 Knowledge Centres were established.[185] Through those infrastructure and joint initiatives there have been an increase in the reporting and response to various abuses such as psychological abuse, physical violence, sexual abuse and other harmful practices such as early and forced marriages and female genital mutilation.

Some **challenges** connected with the intervention include but not limited to some of the helplines personnel not having guidelines how to receive and address calls regarding GBV therefore, not being able to reach the needs as required.

"As of now, we do not have a guideline but we think next year we will have something that focuses on Gender and Human Rights....next year we will think of having guidelines to lead people who manage phones at least to be able to support." Key informant at National Level

Also, some interventions were designed in a manner that they do not include men and boys, who in the end continued to intensify GBV at home. *"Interventions need to be designed that touch a man. You address the issue without leaving the man since excluding him you increase the problem."* Key informant respondent, Shinyanga.

The CP8 facilitated women and adolescent girls' empowerment. Through CP8 women and girls in the areas of intervention have been empowered through various interventions like clubs that bring together girls who have dropped out of schools or are not able to continue with education because of pregnancy or other forms of violence. Other initiatives included taking them to vocational centres such as VETA. Women and youths have been able to learn more about proper management of menstrual hygiene, manifestations and various forms of GBV, how to report GBV and Sexual Transmitted Diseases, therefore, creating a mass of young people who are empowered and are able to address challenges they face in their

[180] Op cit. 2020 Annual Report UNFPA.
[181] UNFPA, United Republic of Tanzania Country Progress on ICPD and Country Statement on Accelerating the ICPD Promise
[182] Ibid.
[183] Ibid. at p. 23
[184] Ibid.
[185] Tracking Tool for 8th Country Programme Document for Government of the United Republic of (2016/17-2020/21)

communities. In particular, through UNFPA support in Tanzania mainland 780 girls received and were empowered with information and life skills to recognize cases of GBV and stand up for their rights.[186] Furthermore1537 female and 630 male school children and adolescents received information about FGM and alternative rites of passage. In Zanzibar, gender-based violence campaign reached 2316 children and adolescents.[187]

"*Due to the knowledge, I got as a youth, I am able to face challenges positively that come my way…I am able to make informed decisions."* FGD Unguja

During discussions it was apparent that some of the girls who are well trained and possess skills still face **challenges** such as not being able to enter into job markets since some of community members, specifically employers are not very confident to employ them. This is a serious gap, which is beyond the scope of the UNFPA's mandate in the implementation since the community is not able to clearly grasp how these young girls can be of benefit to their families thus convincing the community to let more girls join the initiatives. Further engagement in partnership building is needed to address these challenges under the forthcoming Country Programme.

Strengthened evidence-based data on GBV, VAWC, FGM and other harmful practices. Amongst UNFPA's main strengths is the area of data, which is very critical in addressing challenges surrounding GBV, VAWC, early and forced marriages and FGM. Through CP8, national databases in Zanzibar and Tanzania mainland were strengthened and desegregation of data according to sex and other factors such as GBV and disability has been put in place. UNFPA partners at national and sub-national levels such as C-Sema in Zanzibar, KIWOHEDE and ATFGM have been able to gain the knowledge and of data collection, analysis and utilization, which has strengthened the National Child Helpline to prevent GBV. In places like Mara region, more than 150 Digital Champions have been empowered and provided with mobile phones and are able to trace and timely report any GBVs in their areas. "Through *Digital Champions Trainings, even if we are in the office, we get the reports about what is going on there"* -Key Informant Mara Region

Strengthened support for change and transformation of negative social norms and values that perpetuate gender inequality, GBV, VAWC, FGM and other harmful practices. UNFPA Tanzania continued the efforts to strengthening support for change of social norms and values at community level through various interventions. Notably, GBV awareness-raising reached 18 million people through radios and jingles in community radios. Out of that number, 7.5 million people in remote areas of Shinyanga, Tabora, Simiyu, Kigoma, Mwanza, Kagera and Geita received 57 jingles and 25 programmes. 5.5 million people in Mara and Manyara regions were reached with information about gender-based violence, female genital mutilation and COVID 19 programmes. Additionally, 5 million people in Dar es Salaam were reached with information about gender-based violence and the National Helpline through 8 programmes in 4 radio stations.[188]

"It has helped in our families; you find a person asking… when will other opportunities come? Parents have gained knowledge, different from previous days" FGD Mara Region

In Zanzibar, 1,700 women and men were reached with awareness-raising messages on gender-based violence and harmful practices through 58 community dialogues.[189] Religious leaders have also been part of the UNFPA 8th CP interventions whereby in Zanzibar alone 500 leaders, while 102 leaders in Kigoma were trained to prevent and refer gender-based violence survivors to health, police and social services.[190] Furthermore, 695 women and 387 men were reached with information and sensitization on social norms and values on gender-based violence and harmful practices as well as negative effects of COVID 19 on the life of women and girls through the establishment of Knowledge Centres and organization of 118 community dialogues in Kigoma and Shinyanga Regions.[191]

[186] UNFPA Annual Report. Op Cit.
[187] Ibid.
[188] Ibid.
[189] Ibid.
[190] Ibid.
[191] Ibid.

"Knowledge about gender-based violence has reached us. Every child understands about GBV… message sent! If you turn on the radio in the morning each day, there is a message about GBV." FGD participants Unguja

The evaluation identified that although CP8 has been able to reach a considerable number of people, interventions will add more value when scaling up and increasing the number of men and boys' beneficiaries in the interventions.

4.2.4 Population Dynamics

4.2.4.1 The Results and the Intervention Logic for PD Component

Strategic outcome 4 (PD) has one output namely: strengthened capacity of government and national institutions for the availability and utilization of high-quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings. The output interventions focused on the following: (a) strengthened capacity of government and national institutions for the availability and utilization of high-quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings; (b) technical support towards launch of the 2022 Census, including transfer of best practices through South-South cooperation; (c) improving data collection capacity for key instruments, such as the Household Budget Survey, Tanzania Demographic and Health Survey and the 2022 Census, including data in refugee settings; and (d) technical assistance for review of Mainland and Zanzibar national population policies, to capture and address key population structure issues such as unleashing the development potential of young people, via evidence-based advocacy.

4.2.4.2 Evaluation of the Results and Intervention Logic for PD Component

The strategic outcome and the output of the PD component were coherent and well-focused with baseline and measurable targets and achievements as well as SMART indicators. The theory of change for this component was based on a comprehensive intervention logic. It is observed that the relationships between activities for planned interventions for the PD output were clear. This was similarly observed considering the linkages between the output and the outcome. The measurement indicators articulated in the indicator framework were sufficient to measure the progress made concerning the PD sub-programme in UNFPA Tanzania. The data in Table 11 provides the summary of achievements under the PD component of the CP8. The data shows that the PD interventions in CP8 have been implemented and output targets largely reached.

Table 11: Outcome 4 - achieved versus planned indicators: PD

Strategic Plan Outcome 4 (Population Dynamics): **Outcome Four:** Strengthened national policies and through integration of evidence-based analysis on population dynamics and their links to sustainable development.			
Output 6: Strengthened capacity of Government and national institutions for the availability and utilization of quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings.			
Output Indicators, Baseline and Targets	Key Interventions	Achievements by Q4 of 2020/21 against Output Indicator Targets	Remarks
● Number of databases with population based-data for mapping of socio-economic and demographic inequalities.	● Support creation and set-up of databases with population based-data for mapping of socio-economic and demographic inequalities.	● Baseline 2016: 6[1] ● Actual 2016/17: 7 ● Actual 2017/18: 8 ● Actual 2018/19: 10 ● Actual 2019/20: ● Actual 2020/21: 11 ● PC Target 2016/21: 10 ● *Per cent Achieved: 110%*	Achieved and Exceeded the 2020 target
● Number of population related policies developed.	● Support with development of population policies.	● Baseline: No ● Actual 2016/17: 0 ● Actual 2017/18: Zanzibar draft reviewed	Zanzibar draft reviewed; Zanzibar Policy on PWDs

		● Actual 2018/19: ● Actual 2019/20: Zanzibar Policy on PWDs ● Actual 2020/21: 0 ● PC Target 2016-21: 2 ● *Per cent Achieved:* Zanzibar draft reviewed; Zanzibar Policy on PWDs	Tanzania Mainland Policy is at situation analysis stage
● Percent of enumeration areas for 2022 census completed.	● Technical support towards launch of the 2022 Census, including transfer of best practices through South-South cooperation.	● Baseline 2016: 0[2] ● Actual 2016/17: 0 ● Actual 2017/18: 0 ● Actual 2018/19: 5.0% ● Actual 2019/20: 10% ● Actual 2020/21: 14% ● PC Target 2016/21: 50% ● *Per cent Achieved: 110%*	This % is cumulative. Under-achieved

[1] **UNFPA changed the baseline from 4 to 6 and it is cumulative**. The baseline for this indicator is changed to six and is now cumulative. Focus are on databases for PWDs in Zanzibar; Mkuza III and SDG database in Zanzibar; Shehia/Lowest Administration Unit Population Registration; CRVS in Zanzibar; EAs for 2022 Census Database for Mainland and Zanzibar, SDP Surveys. The baseline included: TDHS, HBS, Census 2012 and SDP Surveys, SHehia,Simiyu Info, CRVS. This is cumulative databases existing in the country.

[2]**The target for this indicator was changed from 70 to 50 per cent. Work on EAs started in 2017/18.** Awaiting signing of the Census Handbook. There is a plan for acceleration of census activities after the launch of the Handbook.

4.2.4.3 Planned Results and Achievements under PD

Key milestones were achieved regarding the availability and utilisation of data for policies and programmes. The resultant out was the strengthened capacity of government and national institutions for the availability and utilisation of quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings.

Two **SDG databases** were developed; one in Simiyu regional secretariat encompassing socio-economic indicators at the regional level and the other is for completed census geography work in Kondoa district. Initiatives were made for **South-South cooperation** to be established between the Zanzibar Statistics office and their counterparts in Uganda. The groundwork has been done including the development of draft five District Statistical Strategy and the next steps will be done in 2021 by signing an agreement for specific activities for collaboration. The creation of **enumeration areas for the 2022 Population and Housing census** was made in Kondoa district and later teams moved to Kongwa district. The information collected through the process has been used to update areas for the next census. In addition, the **analysis of different laws** to support amendments of Zanzibar PwD Act by establishing a special technical committee which involved, the Second Vice President's Attorney General Chamber and Department of Disability Affairs. The activity analyzed 20 laws that included the following: Zanzibar Children Act, No. 6 2011, Employment Act No. 11/2005, Education Act 6/1982, Zanzibar Election Act, Public Service Act, Disaster Management Act, Sheria ya Usafiri Barabarani(Road Safety Act), Sheria ya Tume ya Utangazaji (Zanzibar Broadcasting Act), Environmental Act 11/2012, Sheria ya Haki Miliki, Social Security Act, Zanzibar Sports Council Act, Aids Act, Sheria ya wari na watoto wa upande mmoja 4/2005, Sheria ya Biashara 14/2013, Sheria ya vyama vya Ushiriki, Penal Act 6/2018, Criminal Procedure Act, and the Evidence Act 9/2016. The PD sub-programme also **supported the JUMUISHI database, and Community/Shehia Database** on updating the database, capacity building and hosting of the database.

Challenges

The challenges experienced in the realisation of achievements in the PD sub-programme has been the following:

(a) Restrictions imposed in the country due to COVID-19 caused problems in implementing programs because there was lack of movements. For activities that needed stakeholders' engagements through meeting were either postponed or cancelled completely

(b) The year also affected by political movements in the country because of conduction of general election. Starting from August to the end of the year, the country was preparing for an election which significantly affected government-led processes such as decision made by senior officials and restricted movements because of fear insecurity and challenges in mobilizing local communities.

To augment to these challenges, as cited by one Key Informant:

"The major challenge in the support for the census activities was the delay in approving the census handbook and other policies and this has slowed down resource mobilisation".

4.3 Efficiency: Evaluation Questions 8, 9

EQ8: To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the county programme?

EQ9: To what extent did country office systems, processes and procedures foster or impede the adaptation of the country programme to changes triggered by the COVID-19 crisis?

4.3.1 Funding Modalities, Reporting and Administrative Arrangements

UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that all IPs are accountable for deliverables in a timely manner. The Office of Audit and Investigation Services (OAIS) performs audits of the UNFPA Country Office in Tanzania on an annual basis. Such an audit is conducted in conformance with the International Standards for the Professional Practice of Internal Auditing, which requires that internal auditors plan and perform the audit to obtain reasonable assurance on the adequacy and effectiveness of governance, risk management and internal control processes in place over the in-scope areas and activities. Moreover, each the Implementing Partners had robust audits plans (internal and external audits, conducted semi-annually or annually) to enhance accountability, transparency and governance. UNFPA Tanzania office ensures that such regular audits were carried out and made public in line with good financial management practices. During the implementation of CP8, the OAIS performed an audit of the UNFPA Country Office in Tanzania (the Office), and he audit covered the period from 01 January 2017 to 30 September 2018, straddling activities covered by the audit straddled the first, second and third years of CP8. The overall audit rating is ***"Effective"*** – which means that the assessed governance arrangements, risk management practices and controls were adequately designed and operating effectively to provide reasonable assurance that the objectives of the Office should be achieved. The issues and improvement opportunities identified, if any, did not affect the achievement of the audited entity or area's objectives.[192]

During the implementation period of CP8, the records showing the list of Implementing Partners shows that, so far two implementing partners (AMREF- Sexual and Reproductive Health and Rights, and AGPAHI- Sexual and Reproductive Health and Rights) that collaborated with UNFPA to implement some interventions during first years of CP8 are no longer currently implementing any activities under CP8. To efficiently implement the planned interventions, UNFPA used four approaches namely: advocacy, service delivery, knowledge management and capacity building. More specifically, advocacy is applied at the national level to engage policy and guidelines discussions, whereas at the field level UNFPA facilitates service delivery. During service delivery UNFPA documents the process so that any documented learnt lessons can then be shared at the national level as inputs in advocacy, policy and guidelines discussions, whereas discussions. In this aspect service delivery goes hand in hand with knowledge management, research and documentation. The fourth approach is capacity building which including human resources for health training, construction and expansion of infrastructure, procurement of equipment, commodities

[192] Final report of the Audit of the UNFPA Country Office in Tanzania, OAIS, 01 May 2019

and supplies. These four components had been used smoothly and had efficiently supported the delivery of UNFPA CP8 programs.

To facilitate an efficient implementation of UNFPA programs as stipulated in CP8, the United Republic of Tanzania through implementation mechanisms streamlined to be implemented at central, regional, and LGAs levels, it had committed to coordinating all stakeholders in a collaborative way to facilitate unleashing the full potential of their inputs and reduce fragmentation and duplication of efforts. These arrangements that had been put in place by the Government further improve the efficiency of implementation of CP8 programs and enhance confidence in the national system. In line with this Government initiative, UNFPA Tanzania through her participation in various National Technical Working Groups (TWGs) brings together UNFPA and other Implementing Partners to choose the best and optimal intervention sites to reduce duplication and smoothen operational costs and thus increasing interactions. This process is further repeated at Regional Secretariat and LGAs levels where UNFPA is involved in planning meeting. Moreover, UNFPA has a well-established system of developing, reviewing and approving quarterly plans at all levels (internally, and for all Implementing partners: Central Governments, Regions, LGAs, NGOs, CSOs etc.), and reviewing and approving the respective partner financial and program quarterly reports and provide required feedback mainly on completeness, quality of reporting and absorption or utilization rates of the funds. There is ample evidence of such prepared quarterly plans and documented quarterly reports.

The UNFPA Tanzania Country Office Monitoring and Evaluation Plan was developed by adopting the fund's strategic plan (2014-17) and later reviewed to reflect the 2018-21 agency strategic plans, Policies and Procedure Manuals which include but not limited to Results Based Management (RBM) policy customized in the country context of Delivery as One[193]. By design, the UNFPA Tanzania Country Office Monitoring and Evaluation Plan conducts three monitoring levels; namely monitoring of inputs and activities (compliance monitoring), monitoring the outputs and outcomes (RBM) and monitoring the risks and assumptions as stipulated in the CP8 Theory of Change. The M&E plan is a living document that needs to be updated regularly and as needed to reflect the changes happening during the implementation of the programme cycle. The CPE reviewed both the CP8 Theory of Change and the Tracking Tool for CP8 and noted a number of periodic changes to the definition of indicators, baseline values and targets.

4.3.2 Utilisation of Funds

Data available from the UNFPA Tanzania Basic graphs and Tables as of 31 December 2021 shows that a total of US $ 90,197,086 was budgeted for the period 2016 to 2021 for the UNFPA Tanzania CP8, and the total expenditure during that period was US $ 83,493,765 as presented in Table 14. The table shows that we have two spikes of total annual budgeted and expended funds, during years 2016 and 2021.

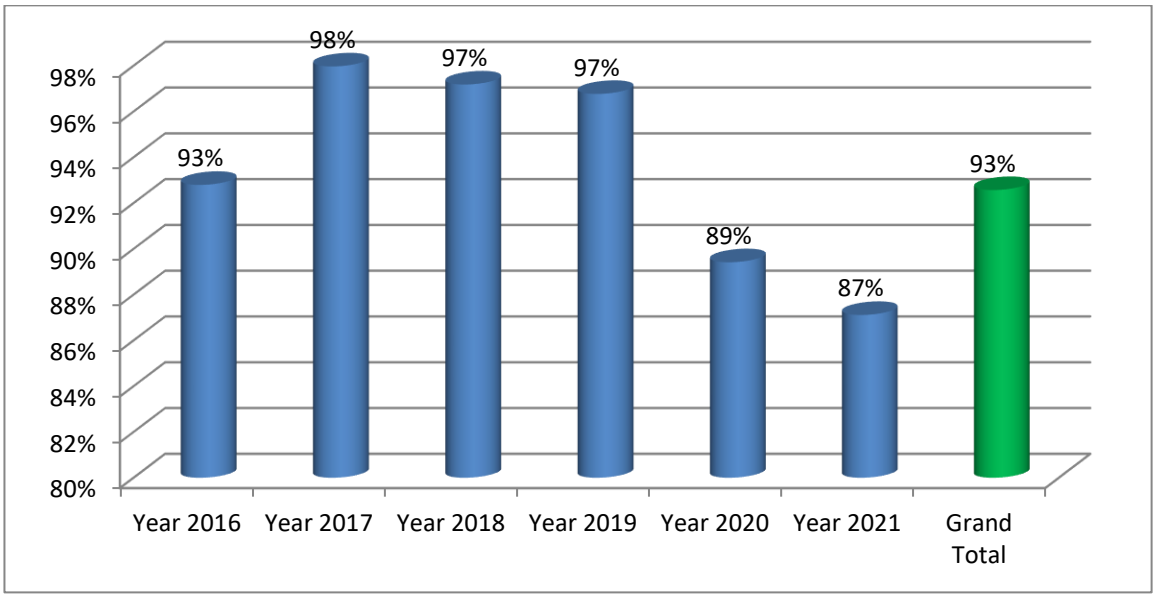
Table 14: UNFPA Tanzania CP8 projected and expenditure budgets, 2016 to 2021

Year	Project Budget (US $)	Budget Expenditure (US $)
Year 2016	16,696,344	15,493,202
Year 2017	9,027,518	8,844,123
Year 2018	15,350,259	14,917,160
Year 2019	11,866,691	11,483,059
Year 2020	13,106,956	11,719,432
Year 2021	24,149,319	21,036,789
Grand Total	90,197,086	83,493,765

The trend analysis of the expenditure of funds for the UNFPA Tanzania CP8 show the annual expenditure rate, with the highest expenditure rate being achieved in 2017 (98%) and the lowest in 2021 (87%), a commendable rate of utilisation funds for the implementation period 2016 to 2021. The cumulative total expenditure rate of the UNFPA Tanzania CP8 for the period of 2016 to 2020 was 93%. Figure 3 presents the annual and total utilization rate of the UNFPA Tanzania CP8 funds for the period 2016 to 2021. Further analysis of the expended funds by Implementing Partner groups show that more than half of the expended funds were by made by the UNFPA (58%) followed by Ministries, Departments and Agencies (MDAs) on Tanzania Mainland and Tanzania Zanzibar (24%); and finally by the NGOs groups (18%).

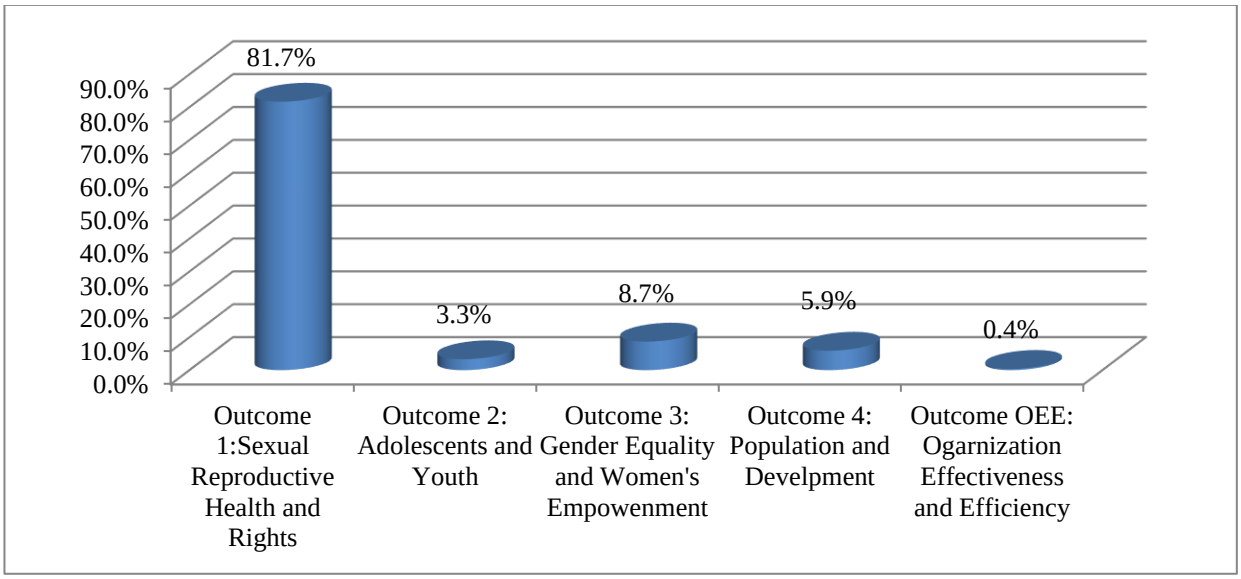
[193] UNFPA - Tanzania Country Office Monitoring and Evaluation Plan 2016-2021

Figure 3: UNFPA Tanzania CP8 funds utilization rate during the period 2016 to 2021



The analysis of expenditure of funds by CP8 outcomes during the period 2016 to 2021 shows that the funds were mostly (82%) expended to achieve the Outcome 1 of CP8, namely Sexual Reproductive Health and Rights. The next high expenditure (9%) was on Outcome 3, namely Gender Equality and Women's Empowerment. This was closely followed by Outcome 4, namely Population and Development (6%), Outcome 2: Adolescents and Youth (3%), and finally Outcome OEE, namely Organization Effectiveness and Efficiency (0.4%). This information is summarised in Figure 4.

Figure 4: UNFPA Tanzania CP8 funds utilization rate by Outcomes during period 2016 to 2021



The evaluation team noted a minor challenge on utilization of funding remains that the government of Tanzania has its different financial year which ends in July while the UNFPA financial year closes in December. To that end, it has been challenging at some points to effectively discharge duties timely due to some minor delays. It is however, commendable that both the government and UNFPA have been able to adapt to the challenges and deliver at the required standard.

4.3.3 Personnel

UNFPA has built the capacity of personnel in various organizations and government entities on resources management, mobilization, leadership skills and organization management. UNFPA has also provided its personnel to monitor the implementation of programme activities of different partners.

However, nearly half of the implementation of the 8th Country programme was influenced by the global pandemic COVID 19. With COVID 19 on the play, the plan of personnel's physical presence in the offices and at the field changed to full or partial remote work modalities. UNFPA, the government of Tanzania both in Zanzibar and at the mainland, other development partners, IPs at the national and grassroots levels and rights holders were equally affected. Based on a programme criticality assessment and analysis of national COVID-19 prevention and response plans, some funds were reprogrammed and the modality of some activities were changed while other activities were postponed. To a large extent, it affected implementation of work, however, with time, innovation of using available technology in areas where it was accessible eased the implementation.

4.4 Sustainability: Evaluation Questions 10, 11

EQ10: To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

EQ11: To what extent has UNFPA support contributed to building the national capacities and systems for sustainability of results?

4.4.1 Ownership and Sustainability of Interventions

The United Republic of Tanzania Development Vision 2025, a national document that guide economic and social development efforts of the republic up to the year 2025, categorically notes that the effective ownership of the development agenda coupled with the spirit of self-reliance, at all societal levels, are major driving forces for the realization of the Vision.[194]. The implementation of the UNFPA Tanzania CP8 was nurtured within this context of the Tanzania Development Vision 2025 where the United Republic of Tanzania owned, led and guided the implementation of the stipulated programs through a comprehensive partnership that extended from the Central government (Departments, Agencies, Units) through Regions, LGAs, health facilities and communities. At the national level, this trickle-down partnership is reinforced by the active involvement and participation of UNFPA and other stakeholders in national level government led Technical Working Groups. The participation of UNFPA at different levels from planning, implementation and tracking of results had enabled both the Central government, Regions, LGAs, health facilities, communities and UNFPA, each to understand one's specific roles and responsibilities, and to then actively contribute in the planning, implementation, monitoring, reviews and reporting on the progress of the interventions / programme activities. The following are the contributory factors that to the strengthened ownership and sustainability of UNFPA supported interventions:

a) **Using and fitting into existing Government Structures:** Tanzania is a unitary country with a single level of sub-national governments, with the Government of the United Republic of Tanzania and Zanzibar Revolutionary Government being at the top. Below this level are the Regions, LGAs, Wards/Shehias and Villages. The design and implementation of the UNFPA Tanzania CP8 is in line with this existing Governments structure, and is designed to complement Government efforts, and thus UNFPA in consultations with the Government had fitted the CP8 programs into this existing structure. In this regard, UNFPA and other development partners are members of the Sector-Wide Approach (SWAP) and various national level Technical Working Groups.

"UNFPA fits within the national structures and all her programming recognizes the Government full ownership and leadership in terms of policies and guidelines/instruments, the Government sits on the driver's seat and development partners including UNFPA come in and support the Government initiative and scale up, and UNFPA is well nested within government structures and systems in delivering and our division of labour is clearly known" – KII UNFPA headquarters official.

[194] Tanzania Development Vision 2025

c) **Extending Technical Support to the Government:** UNFPA's technical support to Tanzania through the United Republic of Tanzania Government and the Revolutionary Government of Zanzibar dates back to 1971. This technical support had mainly been channelled to the Government Ministries, Departments, and Agencies (MDAs). UNFPA had also being providing technical support to NGOs and CSOs implementing some UNFPA supported activities. This support among others included the procurement of technical equipment, development of tangible deliverable products (policies, strategic plans, etc.) or technical capacity building of institutional staff, and potentially be available to implement future interventions. Among the areas provided with technical support during implementation of CP8 are the development of the national condom strategy, translation to Kiswahili of the condom distribution guidelines 2019-2023 in the mainland, review of the Youth Development Policy in Mainland and development of the Youth Participation Strategy for Zanzibar.

"UNFPA had provided technical to the Government to support the development of the Life Skills Standards Guide and Training Manual, review of the Mainland Youth Development Policy, and the development of the National Life Skills Framework" – KII Government Official, Tanzania Mainland

"*UNFPA had provided technical support for the review and development of the National Youth Policy in Zanzibar and the Mainland National Youth Policy, and we have provided technical support to develop the national guideline for education for school youth for the Ministry of Youth in mainland".* – KII with UNFPA Tanzania official.

c) **Engagement of NGOs and CSOs to implement some Interventions:** UNFPA's technical support to Tanzania through the United Republic of Tanzania Government and the Revolutionary Government of Zanzibar dates back to 1971

UNFPA Tanzania had vast experience of working with various diverse types of Civil Society Organizations (CSOs) in Tanzania in programme implementation. These had included NGOs, religious organizations, universities, the media, professional associations, the private sector, and training and research institutions. During implementation of CP8, a number of programme interventions are being implemented by CSOs in partnership with the Regions, LGAs, Health Facilities and the communities. During CP8 fieldwork it was noted that all CSOs working with support from UNFPA don't have local offices at LGAs headquarters, and some have liaison offices at the regional headquarter; and mostly work from their headquarters in Dar es Salaam. In this regard, the presence of most of the CSOs/IPs is not well appreciated since their representatives are not known or not adequately felt since their staff come in for a short time and go away after completing a given task. Never the less, some CSOs/IPs was found to have identified local CSOs within LGAs who are handling and managing the intervention on behalf of the CSO that was directly engaged by UNFPA. It was however reported that the host local CSOs don't have direct management responsibilities to the field workers.

"From our understanding UNFPA is the one funding KIWOHEDE, just like UNFPA is funding IRC and other CSOs. Then KIWOHEDE identifies our cluster organization, Rural and Urban Development Initiative Agency (RUDIA). However, RUDIA don't have hands on management to our daily activities, they just provide space for our meetings, and we submit all our monthly reports to KIWOHEDE office in Kigoma Municipal. The in charge of that office comes to Kasulu TC to collect those reports." – FGD Participants, Peer Educators, Kasulu TC.

4.5 Coordination: Evaluation Question 12

UNFPA exhibited high level coordination during CP8 implementation. During the implementation period of CP8, UNFPA had been actively involved in a number of National level coordination forums on Tanzania Mainland (technical working groups) and Tanzania Zanzibar (coordination meetings). These forums include the TC-SWAp, FP TWG, MH TWG, Human Resources for Health TWG, and ASRH TWG. Others are the DPG-Health, HIV-AIDS TWG, Youth Development Coordination Meetings, Disabled Coordination Meetings, Maternal Health Coordination meetings, Covid Response, etc. More specifically under GEWE, CP8 has exhibited a high engagement and coordination with other UN agencies to ensure a very high achievement of intended objectives. Specifically, in most areas of intervention, UNFPA has been working hand in hand with UN Women and UNICEF to ensure implementation and realization of the rights of women and children in Tanzania Zanzibar and mainland.

4.6 Coverage: Evaluation Questions 13, 14

The UNFPA CP8 aims to achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development, to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality. In response to government priorities, UNFPA targeted geographical areas with the worst health indicators. In this respect, the UNFPA CP8 supported interventions cover eight regions on Tanzania Mainland, namely Mwanza, Simiyu, Kagera, Shinyanga, Geita, Mara, Kigoma, and Dodoma; and all five regions on Tanzania Zanzibar, namely North Pemba, South Pemba, North Unguja, South Unguja, and Urban West regions.

Despite this wide coverage by region, the health facility based integrated sexual and reproductive services interventions don't cover all Local Government Authorities (LGAs) in Tanzania Mainland; whereas in Tanzania Zanzibar, they cover all Local Government Authorities (LGAs). However, at LGAs levels in both Tanzania Mainland and Tanzania Zanzibar, the integrated sexual and reproductive services interventions are not evenly distributed in all wards / Shehia and villages. In terms of demand creation for the integrated sexual and reproductive services interventions, a much higher coverage had been attained by disseminating services demand creation messages through community radios. On the other hand, nevertheless, three population development dynamics intervention had attained an almost universal coverage of all Shehias and village. These are the comprehensive disability database, the Swahili population database, and the civil registration and vital statistics database for consolidating birth, death divorce and marriage registrations.

4.6.1 Targeting different segments of the population

4.6.1.1 Socio-economic disparities

The major socio-economic group that is targeted by the UNFPA CP8 supported programs are women of reproductive age who receive a variety of SRHR services provided in the target regions. However, under the humanitarian-development-peace nexus the socio-economic group targeted are refugees who receive integrated sexual and reproductive services with gender based violence prevention and response services including awareness and capacity building. These humanitarian services are provided in Kigoma region to both the refugees and the host population. Another socio-economic group that is targeted are adolescents and youth who mostly receive SRHR services. Integrated RH services around HIV prevention in terms of the condom programming services are also provided through engagement of key populations in Zanzibar working with sex workers aggregates in the program. In the mainland given the context and the sensitivities around key population and sex work and all that not many contacts had been done.

4.7.1.2 Geographical disparities

Under GEWE, the 8th Country Programme identified areas of operation which, some of them are at the periphery and are not easily accessible. Some of the interventions are located in refugee camps. Despite the fact that CP8 has identified some geographical challenged areas there are few areas which are even further harder to reach and they are yet to be reached by UNFPA or any other programmes.

"We *need to go deep to the periphery in those rural areas where they exchange rice with girls. There are very young girls who are married by elder men. They are forced e.g. Ngashike, Nyaseke, Nyangala, Igomanoni, A place called No. 9, where girls sell charcoal and resort to prostitution.* – FGD Shinyanga

4.6.1.3 Decentralised offices

Currently in the United Republic of Tanzania, UNFPA currently operates through the main Country Office in Dar es Salaam, and a UNFPA Liaison Office in Zanzibar (the headquarters of the Revolutionary Government of Zanzibar). During the time of the CPE, UNFPA Tanzania has three field offices in three regions, namely Dodoma (Central Zone Office), Kigoma (Western Zone Office) and Simiyu (Lake Zone Office) to oversee UNFPA supported programs and interventions in the respective regions and zones.

4.7 Leaving No One Behind

The evaluation sought to determine the extent to which CP8 had integrated the concept of Leaving No One Behind in its programming. The data in the evaluation shows that CP8 has to a great extent integrated

the concept of Leaving No One Behind as evidenced by the reach and inclusion of CP8 of particularly women and girls leaving in remote areas and persons with disabilities. Leaving no one behind (LNOB) is the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). This agenda puts at its heart the commitments to leave no one behind and to reach the furthest behind first. It aims not only to end poverty and hunger, but also "to combat inequalities within and among countries; to build peaceful, just and inclusive societies; [and] to protect human rights and promote gender equality and the empowerment of women and girls" and "to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment". In summary, it represents the unequivocal commitment of all UN Member States to eradicate poverty in all its forms, end discrimination and exclusion, and reduce the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole.[195] As indicated in this assessment, working within the framework of leaving no one behind, the UNFP CP8 supported interventions focus at special groups including the hard-to-reach groups. These groups include the refugees, adolescent and youth, rural women, people with disabilities, most-at-risk populations including sex workers and key populations. These groups need specialized client-centred approaches, and the provision of integrated sexual and reproductive is the best approach.

4.7.1 Identification of Hard-to-Reach Populations

The distribution of the UNFPA supported interventions is guided and advised by official socio-economic indicators. UNFPA supported intervention are located in areas with poor performances around human rights issues and reproductive health issues including maternal health, child health, family planning, adolescents and youth issues, gender-based violence issues. The review of the statistics from Kigoma, Mara, Simiyu, Singida, Dodoma and Shinyanga regions on Tanzania Mainland, and all regions in Tanzania Zanzibar related to the poor performances in the above-mentioned socio-economic conditions show that there is a huge need for assistance to the communities in those regions. Moreover, as of April 2021, Kigoma region was hosting a total of 261,185 refugees from Burundi 187,989, Democratic Republic of Congo (DRC) 78,743, and others 455 living in refugee camps.[196] Given this analysis, the major components of UNFPA programs during CP8 evaluation were located in Kigoma, Simiyu, and Shinyanga regions on Tanzania Mainland, and all regions in Tanzania Zanzibar. UNFPA is committed to keep innovating, advocating, and pushing to ensure that persons with disabilities are fully aware of and able to exercise their rights; to access sexual and reproductive health information, education and services; and to live free of violence and discrimination. In this regard the interventions programmed and supported by UNFPA under CP8 in those areas reach out mostly hard to reach women of reproductive age, persons with disabilities, adolescents and youth, and the general populations in all regions - especially those living in rural communities, and refugees in Kigoma region. The reached populations mostly receive reproductive health services including maternal health, child health, family planning, adolescents and youth development, gender-based violence prevention and response; and humanitarian services.

"*UNFPA implements humanitarian interventions around refugees in Kigoma region, with solid programs that deliver services to both the host communities surrounding the refugees. We have midwives we have deployed within the refugee settings, and also have tactical services we have GBV services community awareness and mobilization on the humanitarian setting". – KII with UNFPA staff.*

4.7.2 Approaches to reach the Hard-to-Reach Groups

In order to reach the Hard-to-Reach Groups, UNFPA while implementing CP8 programs introduced three innovations that facilitated reached more people beyond the health facilities where most of the CP8 programs services were being delivered. Five innovations were used by UNFPA supported programs to reach the hard-to-reach groups were: Using the integrated sexual and reproductive services approach, airing SRHR messages through community radio stations, providing outreach services to communities living beyond the health facilities catchment areas, using the peer education programs to reach more

[195] Leaving No One Behind: Equality and Non-Discrimination at the Heart of Sustainable Development, United Nations, New York, 2017

[196] UNHCR, Inter-Agency Operation Update, 29th April 2021.

households and target audiences, and using artificial intelligence platform that translates sign language to normal voice language and vice versa.

a) **Using the integrated sexual and reproductive services approach:** UNFPA supported programs implemented integrated sexual and reproductive services in Dodoma, Kigoma, Simiyu and Zanzibar. This innovative approach assured the delivery of sexual and reproductive (maternal health, child health, family planning, friendly adolescents and youth, gender-based violence management, HIV management and STIs management) services) and humanitarian services as a package. Using this approach, by end of year 2020, the UNFPA supported program had reached 61, 322 and 59,355 young people with ASRH services and information respectively through AYSF centres outreach conducted by peer educators. A total of 110,053 (males 36,630; females 73,423) refugees received SRHR services in health facilities within the camps. This approach facilitated the distribution of 12,222 dignity kits in Kigoma to refugee and adolescent girls in the selected district in the host community, and facilitated 23,469 women to receive GBV response and prevention services. The approach resulted into 8,879 deliveries (approx. 98% of all deliveries) being conducted in the health facilities in the refugee camps.[197]

b) **Airing SRHR and GEWE messages through community radio stations**: Community radios are run and owned by the community, they are participatory and cover issues at the grassroots level. Community radios are a critical tool for contributing to civic education and social cohesion. Through entertainment, advertising and educational programs, they command a strong influence among youth. In Tanzania, community radios are often financed by private individuals, faith-based organizations or local government authorities. Regions and LGAs running UNFPA supported SRHR programs with expertise inputs from UNFPA and the Central Government prepared educational radio programs covering humanitarian and sexual and reproductive (maternal health, child health, family planning, gender-based violence, adolescents and youth) themes were aired by the various community radios located in Western, Lake and Central zones. In the year 2020, 18 million people in Tanzania were reached with GBV awareness-raising messages through virtual community dialogues and programmes and jingles in community radios; 5.5 million people in Mara and Manyara Regions on gender-based violence, female genital mutilation and COVID 19 (35 programmes), and 7.5 million people in the remote areas of the five Western regions of Shinyanga, Simiyu, Tabora, Kigoma, Mwanza, Kagera and Geita and in a total of 17 districts of Kahama, Shinyanga Rural, Bukombe, Chato, Uyui, Tabora Rural, Misungwi, Kaliua and Urambo (57 jingles and 25 programmes); and 5 million people in Dar Es Salaam Area on violence against women and children, gender-based violence and the National Child Helpline (8 programmes in 4 radio stations).[198]

c) **Providing outreach services to communities**: Community outreach services are "health facility-led" initiatives that are implemented by health facility health care who travel to provide direct services to those who need them the most in the communities located beyond the health facility catchment areas. In some occasions, these health care workers paired with peer educators to facilitate increasing the reach. To mitigate the spread of COVID 19 in Zanzibar, UNFPA partnered with other UN agencies and other DPs to support the Government through different sectors (IPs) and used special outreach approaches to reach clients for the provision of family planning services.

d) **Using peer education programs:** The Regions and LGAs supported by UNFPA used the peer education initiative to reach out to vulnerable adolescents and youth, organised the adolescents and youth to meet together, discussed topics related to sexual reproductive health including puberty, unwanted pregnancies, family planning, life skills, gender-based violence, sexually transmitted diseases, and HIV. In such initiatives focusing at improving the social wellbeing of the vulnerable adolescents and youth to improve their health, the peer educators lead the discussions and support adolescents through various SRHR sessions and provided referrals to access services from the nearest health facilities whenever necessary.

e) **Using an Artificial Intelligence platform:** This platform translates sign language to normal voice language and vice versa aiming at bridging the communication gap between a service provider and a

[197] 2020 UNFPA Annual Report - Tanzania
[198] 2020 UNFPA Annual Report - Tanzania

hearing impairment client at the health facility, police gender desk, social welfare, disabled schools and Worship Centres. The UNFPA country office programme took into account the groups that are left behind by undertaking innovation challenge for 10months, four innovation teams emerged winners of innovation challenge for disability Frendlicom (Iringa), eAfya (Dar-es-salaam), Nulaif (Kilimanjaro), and SafeBox (Kilimanjaro). Frendlicom; It uses Artificial Intelligence platform that translates sign language to normal voice language and vice versa aiming at bridging the communication gap between a service provider and hearing impairment client at the health facility, police gender desk, social welfare, disabled schools and Worship Centres. Nulaif; It operates by integrating friendly Sexual Reproductive Health with customized obstetric clinics and engages PWDs in income-generating activities through NULAIF – Village services and landing groups (VSLG) outreach program. e-Afya; It uses a special app connected to a phone with a special Reproductive and Sexual Health message in the voice system to enable a person with visual impairment to access the message in a simple and friendly manner. SafeBox; It makes use of the appointment cards containing information on sexual reproductive health so that everybody with a disability receives the necessary information about SRH and can easily access SRH services starting in Kilimanjaro region where they currently based as a model.[199]

4.8 Human Development - Peace - Nexus

Tanzania has been a host to refugees and other asylum seekers from various countries across the great lakes' region of Africa. Currently, it hosts a considerate number of refugees from Burundi and Democratic Republic of Congo in designated camps in Kigoma region. Due to protracted situations most refugees remain dependent and face various restrictions in designated refugee camps therefore, increasing their vulnerability. UNFPA is committed to strengthening systems and delivering meaningful informed programs for refugees, it worked closely with the Government of Tanzania and The International Red Cross - IRC. CP8 has used its programme working in refugee settings and adjacent communities using SRHR, GEWE and Adolescent Youth as a platform to foster development, and build peace. Do no harm and conflict sensitive programming was at the centre of programming and implementation. During the implementation period, 36,630 male and 73,432 female refugees received SRHR services in health facilities at the camps. Also, 12,222 adolescent and refugees received dignity kits.[200] Furthermore, around the adjacent communities' services such as One Stop Centres and Knowledge Centres were established. The facilities further provided services to the community and refugees whenever there are needs. When Covid-19 pandemic hit, UNFPA provided training to health workers. CP8 implementation under the human Development -Peace – Nexus has, however faced challenges such as funding shortages since the only one source of funding i.e. FPA90 has been very limited. Another challenge has been the legal framework of Tanzania, which limit mobility of refugees, thus narrowing their chances of accessibility of social services to out of refugee camps settlements.

4.9 South-South and Triangular Cooperation (SSTC)

South-South and Triangular Cooperation (SSTC) is an essential model which, when applied at its minimum standard, knowledge, skills and good practices can be transferred and shared amongst nations in areas of common interest and accelerate achievement of internationally agreed development goals, including the 2030 Agenda for Sustainable Development.[201] Through the 8th Country Programme, UNFPA is committed to ensure achievement of SDGs and collaboration and cooperation through South-South and Triangular Cooperation.

Amongst the initiatives set for SSTC have been a prospect for establishment of cooperation between Zanzibar Statics Office and Uganda Bureau of Statistics UBOS. During the 2020 annual reporting cycle, the initial groundwork had already been done, such initial stages included development of draft five

[199] 2020 UNFPA Annual Report - Tanzania
[200] Ibid.
[201] United Nations Office for South-South Cooperation, (UNOSSC). See also, UNGA, Buenos Aires Outcome Document of the Second High-Level United Nations Conference on South-South Cooperation, A/RES/73/291, 2019.

District Statistical Strategy. Further steps such as signing an agreement for specific activities collaboration had to follow the course in 2021.[202]

Furthermore, there are cross border cooperation between Tanzania and Kenya on the area of response against cross-border Female Genital Mutilation practices in border areas where UNFPA is implementing the 8th Country Project along the shores of Lake Victoria. Despite such phenomenal initiatives to facilitate SSTC, the evaluation team noted that UNFPA needs to scale up such cooperation to fast track development. UNFPA could as well go a mile ahead by gearing cooperation and more knowledge sharing between the autonomous islands of Zanzibar and Tanzania mainland at the grassroots level since Tanzania is a diverse country with a lot to learn from both sides of the Union and develop. In a nutshell, SSTC is good but has been at a very minimum level.

4.10 Lessons Learnt

Strategic level:

- By supporting strategic partnerships within the UN system and with government and other stakeholders, and providing financial and technical support to the MOH, PORALG, LGAs, the UNFPA CO successfully contributed to the domestication of SDGs into the HSSP IV, and One Plan II, resulting in the increased Coordination and Implementation against which to monitor progress and sustain close alignment in national and sub-national annual planning through the DHFF.
- Adequate human and financial resources are very critical. The lesson learnt is that the amount of resources allocated at different levels affects the volume and timely implementation of the interventions.
- The delivering as one focus is progressing well and achieving greater financial and technical synergies at national and programming levels, particularly when joint initiation of programme design and planning are undertaken from the start
- UNFPA CO has focused on building national and local capacity for strategic planning, implementation, monitoring and evaluation for output, outcome and impact results. This is an ongoing requirement that needs efficient and effective technical assistance and financial resources, and clear understanding of present resources and responses.

SRHR:

- The integrated SRHR, HIV and GBV focus is relevant, efficient and appreciated, highly unlikely to have emerged without UNFPA leadership, and scaling up requires sufficient quality assurance regarding fidelity to key components.

Adolescents and Youth:

- Creating a thematic area for the integrated SRHR response for young people is well justified given the young population structure and socio-economic vulnerability of young people, especially girls within a patriarchal society, and requires sufficient financial allocations and synergistic integration with the wider SRHR and gender focus within the UNFPA CO.
- It is important to be innovative and use the available advancements as to maximize the number of adolescents and Youth that can be reached by UNFPA supported Programs and their implementing partners.
- Using first time mothers as peer educators to facilitate the community attitudes towards female adolescents and youth who get pregnant, and that they have needs that need to be addressed.

Gender and Women Empowerment:

- UNFPA support and collaboration remains crucial to address FGM, early and forced marriages. Stronger coalitions and new ways to tackle cross-border female genital mutilation should continue, especially at the border regions where FGM prevalence is high.
- Engaging religious leaders in the initiatives towards GEWE has proven to be valuable since they have high command in their communities. UNFPA can bring positive change in both Tanzania mainland and Zanzibar by continuing with the initiative.

[202] UNFPA 2020 Annual Report.

- Mainstreaming of gender, human rights, and disability are apparent in the 8CP and could benefit from utilizing a clear rights-based framework to enhance the focus, with stronger attention to the rights of particularly vulnerable populations.

Population Dynamics:

- As UNFPA provides a unique contribution to population dynamics, the need to strengthen capacity for generation, dissemination and utilisation of population data at all levels and to provide high level technical and financial support remains a high priority.
- The sub-national analysis and production of sub-national profiles, including sex and age disaggregated data at regional, district, ward and village levels for integration of population dynamics, has been instrumental in increasing the dissemination and utilisation of evidence- informed policy, planning, programme implementation and monitoring and evaluation, as well as the identification of vulnerable populations and neediest geographical areas.

4.11 Strategic Positioning of UNFPA for Future CP Development

UNFPA's unique mandate is to strengthen government's capacity to deliver high quality services and data on all focus areas of the Country programme and being able to support other UN agencies on their data needs. The latter was in line with one of the three key enablers for efficiency interventions defined by the UN Sustainable Development Group (UNSDG) Business Innovations Group (BIG] namely: Mutual Recognition, which, allows one UN entity to obtain services from another UN entity if the latter can provide services more efficiently.[203] The other comparative advantages of UNFPA were:

- Leadership in supporting the GoT to harness the Direct Health Facility Financing through the DD which was key to the attainment of Tanzania's goal to become a middle-income country by 2025, which was actually attained on July 2020 as announced by the World Bank
- Leadership in policy advocacy for FP and Reproductive Health Commodity Security despite unfavourable political environment during the initial period of implementation of the 8th CP
- Leadership in the implementation of the humanitarian-development-peace nexus and its integration in programmes in humanitarian settings
- Leadership in the coordination of joint UN programmes (e.g. JPGBV, JP on Abandonment of FGM, Integrated SRH/HIV/GBV programme)[204]

Some of the key lessons learnt from CP6[205] were that building strategic partnerships with the GoT, UN agencies, donors and CSOs galvanises national support for the ICPD agenda; and that working directly with PORALG and LGAs increases ownership and sustainability of programme interventions. Given the above comparative advantages and the previous lessons learnt, UNFPA is strategically positioned to play an active role in the development of the new generation UNDAF (2021-2025) - the UN Sustainable Development Cooperation Framework (UNSCF).[206] According to the interviews held with some key national level stakeholders, UNFPA has a pivotal role to influence the strategic decisions that will be made by UNCT during the design and implementation of the UNSCF. However, this requires UNFPA's pro-active and continuous engagement with all key stakeholders within the existing coordination fora.

[203] https://unsdg.un.org/2030-agenda/business-operations
[204] United Nations Development Assistance Framework (UNDAF) Mid-term Review Report, 2018
[205] GoT/UNFPA 6th CP Evaluation Report file: ///C:/Users/USer/Downloads/Tanzania.pdf
[206] https://sdg.iisd.org/news/un-publishes-guidance-on-revamped-undaf/

CHAPTER 5: Conclusions

5.1 Strategic Level

Conclusion 1. The CP8 is well aligned to national and international development priorities. The CP effectively responded to the changing environment and needs including humanitarian settings and the COVID-19 pandemic. **UNFPA is a strategic partner to the Government of Tanzania, other UN agencies and leading bilateral agencies.**
The CP8 was relevant and strategically aligned to national and international development frameworks. Wide stakeholder consultation at national and sub-national levels during the design of the CP8 enhanced ownership and relevance. The CP8 was responsive to changing national needs and environment especially in emergencies, including the COVID-19 pandemic.

Origin: EQ1, 2; evaluation criteria: relevance
Recommendation: Strategic level R1.

Conclusion 2. UNFPA Tanzania provided strategic leadership and advocacy for integrated programming with a focus on gender, human rights-based approaches and leaving no one behind.
Most national policies and guidelines mainstreamed gender and human rights-based approaches. The CP8 adopted approaches that ensured equity in programming. In addition, during the implementation of CP8, strengthening the utilisation of differentiated service delivery models that effectively respond to the unique needs and contexts of the hard-to-reach communities (people with different types of disabilities, fishing communities and most-at-risk populations) reinforced gender and human rights approaches and leaving no one behind.

Origin: EQ1 and 3; evaluation criteria: relevance, effectiveness
Recommendation: Strategic level R6.

Conclusion 3. UNFPA Tanzania is an active member of the UNCT and is a valued strategic partner of the Government of Tanzania and other key stakeholders. UNFPA embraced DaO under UNDAP II more so within the context of UN Joint Programmes. The CP8 had a well-articulated coordination framework for the implementation of the programme in both Zanzibar and Tanzania mainland.

Origin: EQ10 and 5; evaluation criteria: coordination and efficiency
Recommendation: Strategic level R2; *Recommendation: Strategic level R3.*

Conclusion 4. UNFPA Tanzania has a robust financial management and tracking system that facilitated programmatic and financial accountability. However, in some instances there were delays between requisition of funds by IPs and disbursement by UNFPA due to the differences in the financial years between the Government of Tanzania and the UNFPA. This at times affected the timely implementation of interventions.
This robust system however requires further mainstreaming and strengthening to reduce the time between requisition and disbursement of funds to IPs.

Origin: EQ5 and 10; evaluation criteria: efficiency and coordination
Recommendation: Strategic level R4.

Conclusion 5. The Intervention logic in the results framework for SRH; A&Y, GEWE and PD in CP8 is quite robust and clear.
There is a clear strategic linkage between planned interventions and the outputs in the intervention logic for CP8. The evidence from the evaluation indicates that the output and strategic actions generally contributed to the outcomes for CP8.

Origin: EQ3; evaluation criteria: effectiveness
Recommendation: Strategic level R5.

Conclusion 6. Data as a foundation for evidence-based programming was well articulated in the CP8. The support rendered by CP8 towards the creation of the SDG and census geography databases is commendable and should be scaled up.

Origin: EQ3 and 5; evaluation criteria: effectiveness and efficiency
Recommendation: Strategic level R7.

5.2 Programmatic Level

Conclusion 7: UNFPA invested in demand-creation for FP services, e.g. through the use of community champions and other community resource persons; coordination and implementation of youth-friendly adolescent sexual and reproductive health initiatives, including comprehensive sexuality education; and promotion of evidence-based social and behavioural change communication to address social norms that create barriers to access of adolescent sexual and reproductive health information and services.

Origin: EQ3; Evaluation criterion: effectiveness; Programmatic Level R3.

Conclusion 8: UNFPA strengthened community-based distribution strategies, community outreaches, social marketing and social franchising, stakeholders have been able to expand access to remote and hard to reach areas; supported integration of family planning services into other sexual and reproductive health and HIV services, including youth-friendly services; and scaled up comprehensive condom programming for adolescents and youth.

Origin: EQ 4: Evaluation criterion: effectiveness; Programmatic Level R9.

Conclusion 9: UNFPA provided financial and technical support to (a) scaling-up emergency obstetric and neonatal care services, including the implementation of task shifting modules, strengthening infrastructure and referral systems, and providing equipment and maternal health commodities in selected districts and refugee camps in Kigoma region; (b) strengthening the capacity of maternal and perinatal death surveillance and response committees at community, local government authorities, regional secretariats as well as at national levels to perform their roles and responsibilities laid out in the national MPDSR guidelines; (c) collecting and integrating the number of maternal deaths at the health facility into the District Health Management Information System (DHIS 2); (d) scaling-up pre- and in-service trainings on emergency obstetric and neonatal care for nurses, midwives and physicians; and (e) advocating for a recognized midwifery specialization, and for effective prevention and management of obstetric fistula programmes.

Origin: EQ 4; Evaluation criterion: effectiveness; Programmatic Level R8; R11

Conclusion 10: UNFPA supported to build capacity to implement life skills education for out of school young people, and training of TOTs for life skills. Other areas supported by UNFPA included implementing adolescent sexual and reproductive health and rights interventions, mostly in scaling up of adolescent and youth friendly services provision, capacity building of service providers, development of guidelines, review of ASRH standards, mobilization of trainings of Peer Educators, demand creation programs, and construction / refurbishment of adolescent and youth friendly centres. UNFPA also supported the establishment of mechanisms that enable adolescents and youth on Tanzania Mainland and Tanzania Zanzibar to play a vital role in their own development and in their communities. These included the support of the development of the relevant policies, strategic plans, guidelines, and curricula.

Origin: EQ 3; EQ 4; Evaluation criteria: effectiveness; Programmatic Level R9.

Conclusion 11: The evaluation also identified that although CP8 has been able to reach a considerable number of people, interventions will add more value when scaling up and increasing the number of men and boys' beneficiaries in the interventions.

This intervention/intervention area buttresses the importance of involving men and boys in interventions, particularly those that are meant to address issues of gender equality, domestic violence and sexual and reproductive health and rights.
Origin: EQ 3; EQ 4; Evaluation criterion: effectiveness; Programmatic Level R10.

Conclusion 12: UNFPA supported the advocacy for local government to increase allocation of resources to youth related programme.
The current situation pertaining to availability of resources for social services including health, and wellbeing of the adolescents and youth had been diminishing with time. The Central government, regions and developing partners had been encouraging LGAs to look for own resources to address any funding gaps for social services including health, including the wellbeing of adolescents and youth. To facilitate meaningful and efficient LGAs own resources mobilization and expenditure, the central government periodically issues guidelines and instructions to LGAs on how their own source revenues (OSR) should be mobilized and utilized. Moreover, the evaluation found that all key ministries that address adolescents and youth wellbeing under the Union Government and the Zanzibar Revolutionary Government had budget lines for receiving funds for adolescent and youth interventions from different sources (internally and externally). In this regard they can legally get funds and then spend them for the wellbeing of adolescents and youth of Tanzania as per Government Regulations.

Origin: EQ 3; EQ 4; Evaluation criterion: effectiveness; Programmatic Level R10.

Conclusion 13: Significant progress was achieved in strengthening legal, policy and strategies and other capacities on GEWE. Through partnership with the government, civil society organizations and other partners, UNFPA has been able to strengthen the capacity to support, prevent and address GBV and strengthen the response for elimination of GBV including FGM and child marriage in humanitarian and development settings. It supported coordination of the National Plan of Action of Violence Against Women and Children at the national level.
Origin: EQ 3: Evaluation criteria: effectiveness; Programmatic Level R14.

Conclusion 14: CP8 supported the government of Tanzania and Civil Society to monitor, track and report accountability towards global norms on gender equality and women empowerment. UNFPA has been at the forefront ensuring that the country adheres to international norms. This was through preparations, presentation and dissemination of international instruments and reports such as the Universal Periodic Review and ICPD Programme of Action.

Conclusion 15: The CP8 facilitated women and adolescent girls' empowerment. Through CP8 women and girls in the areas of intervention have been empowered through various interventions such as clubs that bring together girls who have dropped out of school or are not able to continue with education because of pregnancy, gender-based violence and other harmful practices. Other initiatives included taking them to vocational centres such as VETA.

Conclusion 16: The use of digital and online platforms particularly in the era of COVID-19 had the potential to increase access by women and men and adolescents and youth to GEWE, SRHR/ ASRH and population data information.
By supporting digital innovations UNFPA Tanzania was able to engage people, including adolescents and youth, through technology and online platforms to increase their access to information and services.
Origin: EQ 4; Evaluation criterion: effectiveness; Programmatic Level R8; R11

Conclusion 17: Integrated women and girl's empowerment and livelihood strategies were effective in reducing the risk and vulnerability to GBV and harmful practices, especially in the current era of COVID-19.
Combining economic empowerment for women and girls with gender-transformative programming integrated with SRHR was effective in reducing risks and vulnerability to GBV and harmful practices including early and child marriage, especially in the current COVID-19 pandemic. *Origin: EQ 3; EQ 4; Evaluation criterion: effectiveness; Programmatic Level R10.*

Conclusion 18: Women, youth and adolescent strategies were stronger at SRHR integration but relatively weak at gender transformative programming and power analysis.
Origin: EQ 3; EQ 4; Evaluation criterion: effectiveness; Programmatic Level R10.

Conclusion 19: Significant progress was achieved in advocating for evidence-based information by creating SDG databases and providing technical assistance for the conduct of the 2022 national census and sociodemographic surveys. In this regard initiatives were made through support from UNFPA for South-South cooperation to be established between the Zanzibar Statistics Office and their counterparts in the Bureau of Statistics in Uganda.
Challenges remained particularly about adequate funding and capacity building initiatives, especially in the areas of further analysis of demographic and population data.
Origin: EQ 3; EQ 4; Evaluation criterion: effectiveness; Programmatic Level R10.

CHAPTER 6: Recommendations

Based on the conclusions, the following recommendations were developed. The recommendations will be fine-tuned in a consultative process, as a result of participatory discussion with CO and follow-up rounds of validation with the Evaluation Reference Group. The timeframe for the implementation of the recommendations has been indicated under short-term, medium-term and long-term periods.

6.1 Strategic Level

Short-term period

1. During the design and implementation of the 8th CP, priority should be given to wide consultations with key stakeholders at all levels during programme implementation, consolidation of strategic partnerships, and responsiveness to the changing environment and needs in the development and humanitarian settings, including COVID-19.

Operational Implications: The next country programme, i.e., the 9th CP, should be absolutely aligned to international, national and sub-national priorities and needs as well as being responsive to the changing environment including the COVID-19 situation. UNFPA and its partners should ensure wide and continuous consultations with key stakeholders at all levels ensuring gender transformation and a, focus on hard-to-reach and marginalized as well as most-at risk populations. Technical implication - CO to support MDAs on the adoption of appropriate methods to continuously reach and consult the marginalized, hard-to-reach and most at risk populations; Financial implication - CO to ensure that adequate financial and human resources are available to respond to the changing environment and needs.
Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA CO, MDAs, Local Government Authorities, and IPs; **Based on Conclusion:** 1.

2. The next CP should consider sustaining partnerships and resource mobilization for CO programmes in Tanzania in order to ensure support to UNFPA's programmes in Tanzania and facilitate achievement of results and outcomes in all thematic sub-programmes.

Operational Implications: Successful sustainable development requires the continuation of the dynamic and inclusive strategic partnerships inherent in Tanzania CO that involve a variety of stakeholders. It is imperative for the next country programme, i.e., the 9th CP, to sustain partnerships and resource mobilisation to ensure support to UNFPA's programmes. In addition, the strategic partnerships have worked well and should continue in the 9th CP with UNFPA making the best use of its comparative advantage in resource mobilisation from regular and new sources.
Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA CO, IPs; **Based on Conclusion:** 2.

3. There is need for UNFPA Tanzania CO to continue strengthening partnerships under the UN framework of DaO. Partnerships with bilateral development partners and MDAs should be strengthened. UNFPA should further strategically partner with institutions and MDAs that have mandate to address drivers of GBV/DV and harmful practices related to effects of climate change and emergencies such as COVID-19 and humanitarian crises.

Operational Implications: The technical implications are (a) under DaO, UNFPA should continue to optimally make use of its comparative advantage as technical expertise and thought leader in SGBV as well as data and evidence-driven agency in integrated programming anchored on gender and human rights with technical expertise in multi-sectoral programming and the humanitarian aid-development nexus; (b) UNFPA should deliberately create strategic alliances with MDAs and other partners to increase opportunities for holistic programming for Gender equality and empowerment of women and girls, GBV prevention and elimination of harmful practices. This should be preceded by formative assessments on the GBV-harmful practices, climate change and environmental degradation nexus in development and humanitarian settings; and analysis of risk factors for GBV, gender inequality and human rights violations during humanitarian emergencies and the COVID-19 pandemic.
Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA CO, MDAs and IPs; **Based on Conclusion:** 3.

4. There is a need to further strengthen the financial management system in the UNFPA Tanzania CO to facilitate programmatic and financial accountability by paying particular attention to

innovative strategies aimed at reducing the time between requisition and disbursement of funds to IPs. The UNFPA Tanzania CO should have a dialogue with IPs on strategies of streamlining financial systems and ensuring that there are no delays in disbursement of funds.

Operational Implications: The technical implication is that there is a need for mainstreaming financial systems and coaching and mentoring of IPs on the financial management systems, procedures, and accountability and reporting requirements of UNFPA in order to do away with an eventuality of delays in disbursement of financial resources which could natively affect implementation of programmes.
Priority: High; **Time Frame**: Short-term; **Target level**: UNFPA CO; **Based on Conclusion:** 4.

Medium-term period

5. The continuation of strong strategic leadership and the thrust on capacity building in the Tanzania CO is needed to support integrated programming at national and the sub-national levels in the United Republic of Tanzania.

Operational Implications: There is considerable appreciation and efforts to adopt strategies for integrated programming in SRHR/ HIV, GEWE and PD at the national and sub-national level. However, there are capacity gaps and challenges in leadership and implementation of the integrated programming approach at the sub-national level. The technical implication is that advocacy by the Tanzania CO among the top leadership of MDAs and local government for integrated programming should be a major priority for the next CP.
Priority: High; **Time Frame**: Medium-term; **Target level**: UNFPA CO, MDAs, and IPs; **Based on Conclusion:** 2.

6. To strengthen equity, South-South and triangulated cooperation, gender and human rights-based approaches, and leaving no one behind, the next CP should actively advocate for use of the differentiated service delivery model to facilitate an effective response to the peculiarities of needs and diverse contexts of hard-to-reach populations and communities in view of humanitarian emergencies and the COVID-19 situation.

Operational Implications: Service delivery and programming models for the general population rarely effectively target hard to reach communities, persons with disabilities, people in fishing communities, people leaving in remote rural areas, and most-at-risk populations, to mention just a few. The technical implication is that UNFPA Tanzania CO should work with MDAs, local governments and partners to make deliberate efforts to explore different specialized and context specific models that are effective in reaching these groups and communities. The CO should advocate for the application of lessons learnt from CP8 including most recently COVID-19 programming where adoption of these models has increased effectiveness of targeting and meeting the needs of hard-to-reach population groups and communities.
Priority: High; **Time Frame**: Medium-term; **Target level**: UNFPA CO, MDAs, Local Government Authorities; **Based on Conclusion:** 2.

7. UNFPA CO and its partners should ensure that the next CP continues to strengthen focus on SRHR including HIV, Gender, Adolescents and Youth and Population Dynamics including data and evidence-based programming to ensure acceleration of the achievement of the 3+1 transformative results. This will increase the comparative advantage of UNFPA in the United Republic of Tanzania and further increase its credibility among multi-lateral and bilateral donors as well as among the key government of sectors.

Operational Implications: The financial and human resource implications are that there is a need to deliberately mobilize resources to increase investment in SRHR, Gender, Youth empowerment and data with a focus on human and systems at UNFPA Country Office, among strategic MDAs and at local government. At UNFPA Country Office, more support is needed to ensure a balance between workload and staffing to foster effective and quality research, monitoring, learning and knowledge management.
Priority: High; **Time Frame**: Medium-term; **Target level**: UNFPA CO, MDAs, Local Government Authorities; **Based on Conclusion:** 6.

6.2: Programmatic Level

Short-term period

8. UNFPA should continue to align the Country Programme to national and international goals and objectives with regards to SRHR, Adolescents and Youths, GEWE and PD with greater emphasis on the needs of the communities that UNFPA supports including most-at-risk populations and key and vulnerable communities.

Priority Level: High**; Time Frame:** Short-term; **Target:** UNFPA CO, IPs**; Based on Conclusion 1.**

9. UNFPA should support MOH (Mainland) and MOHSWGEC (Government of Zanzibar) to improve the robustness of the support for national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people; increased access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services; and enhanced national capacity of government, civil society organizations and private institutions to deliver comprehensive maternal health services.

Operational Implications: The technical implication is that the UNFPA Tanzania CO should engage MOH (Union Government) and MOHSWGEC (Government of Zanzibar) for the strengthening of the public health care systems at the national level and district; strengthening the community level intelligence/surveillance for reproductive and maternal health; encouraging pregnancy mapping and tracking by VHTs; strengthening the accountability/feedback systems for health at community and national level and orienting political/technical leaders on the importance of integrated reproductive sexual and reproductive health systems and services.
Priority Level: High; **Time Frame:** Short-term; **Target:** UNFPA CO, MOH, MOHSWGEC; **Based on Conclusion 2.**

10. MOH (Union Government) and MOHSWGEC (Government of Zanzibar) in liaison with UNFPA should support the scale up of interventions and mechanisms that address persistent FP commodity stock-outs by operationalizing the re-distribution strategy.

Operational Implications: The technical implication is that UNFPA should support MOH (Union Government) and MOHSWGEC (Government of Zanzibar) with the scale up of interventions /mechanisms aimed at addressing FP commodity stock-outs. These should include the following: strengthening systems for FP stock status, tracking and implementing the re-distribution strategy (inter- and intra-district); supporting the community-based distribution of contraceptives; building capacity for forecasting of RH supplies down to HC III level; strengthening the logistic management information system for commodities to the last mile, and strengthening the one warehouse strategy to deliver an adequate FP method mix.

Priority level: High; **Time Frame**: Short-term; **Target:** MOH, MOHSWGEC UNFPA CO; **Based on Conclusion 4.**

11. The UNFPA Tanzania CO should continue the meaningful engagement of young people at all levels of adolescent and youth programming including the scale up investment in innovations by young people in the use of digital and online platforms and other approaches to increase access to SRH information and services.

Operational Implications: The technical implication is that the UNFPA Tanzania CO should advocate for strengthened opportunities and platforms for adolescents and young people as effective advocates for their SRHR, for gender equality and to address their rights. This should involve capturing their priorities and insights in developing approaches to stimulate demand creation among their peers. Due to the increasing use of digital and online platforms, including social media by young people, they should be involved in the design of these platforms.
Priority Level: High; **Time Frame**: Short-term; **Target:** UNFPA CO, MOH, MOHSWGEC, IPs; **Based on Conclusion:** 7.

12. The CO should advocate for significant investment and systems strengthening to foster consistent and sustained social norm change targeting service providers, leaders and local communities. For these campaigns to be more effective, they should be informed by formative research.

Operational Implications: For harmful social norms to be addressed effectively, there must be sustained social norm change campaigns with a good level of coverage to facilitate reaching a critical mass of community activists and to facilitate social diffusion. This should involve increasing the number of community activists and MAGs among others as well as building strong support systems following the socio-ecological model. The financial implication is that UNFPA should support formative research to assess the situation in specific communities which is essential to developing appropriate and effective interventions.

Priority Level: High; **Time Frame**: Short-term; **Target:** UNFPA CO, Local Government Authorities; **Based on Conclusion:** 8.

13. UNFPA and its partners should consider streamlining integrated SRHR/GEWE interventions for women, youth, and adolescent groups but with a strong focus on vocational skills training, combined with gender transformative programming and power analysis.

Operational Implications: The technical implication is that UNFPA Tanzania CO and IPs should review, strengthen and standardize the current integrated SRHR/GEWE package of services to increase its focus on vocational skills training and IGAs. UNFPA should invest in building the capacity of human resources of MDAs, local governments and CSOs in gender transformative and power analysis programming. These aspects should be strengthened to address drivers and risk factors for GBV inherent in patriarchal norms.

Priority Level: High; **Time Frame**: Short-term; **Target:** UNFPA CO, IPs; **Based on Conclusion:** 9.

14: In relation to the GBV-IMS, UNFPA Tanzania should further build the capacity of the Gender Unit in the CO and Implementing Partners to effectively address issues on GBV by using Evidence Based Information Systems.

GBV responses and interventions should be evidence-based to properly and effectively track the progress of the programmes. The UNFPA CO Gender Unit and Implementing Partners capacity should be further built to identify and incorporate emerging issues on GBV and manage GBV related data for programming.

Priority Level: High; **Time Frame**: Medium-term; **Target:** UNFPA CO, MOH-gender, MOHSWGEC-gender, Local Government Authorities; **Based on Conclusion:** 10.

Medium-term period

15. The CO should advocate for and support the development of a clear, realistic and feasible scale up strategy and plan for effective GBV prevention and response interventions country-wide to create a strong impact in the reduction of GBV and harmful practices.

Operational Implications: Advocacy efforts should be made to explore the use of the *Expandnet* model developed by WHO and that has proved to guide scale up in low and middle income country settings. The technical implication is that UNFPA should advocate for and support the use of these models to be adopted for scale up by other agencies and partners. It should invest human resources at the CO level, MDAs, local governments and CSOs to effectively use evidence-based models for scale up for all programme areas, in particular, AY, FP and GEWE.

Priority Level: Medium; **Time Frame:** Medium-term; **Target:** UNFPA CO, MOH-gender, MOHSWGEC-gender, Local Government Authorities; **Based on Conclusion:** 10.

Long-term Period

16. The country programme should focus on the momentum built on providing assistance for the conduct of the first fully digital census, the 2022 Population and Housing Census in Tanzania and advocating for evidence-based information through creation of SDG databases and conduct of socio-demographic surveys. In this regard, the CO should advocate for and support to increase and ensure adequate resource mobilisation for PD to match the current needs.

Operational Implications: UNFPA should advocate population and data issues to ensure that it is prioritized for funding by the government and donors. There is a need to build the technical capacity of human resources at Tanzania CO and MDAs to effectively popularise and give visibility to population and data aspects.

Priority Level: High; **Time Frame**: Long-term; **Target:** UNFPA CO; National Bureau of Statistics (NBS); Zanzibar Statistics Office; Based **on Conclusion:** 11.

Annexes

Annex 1: Terms of Reference

1. Introduction

The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population and Development (ICPD) Programme of Action (POA), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality."[1] In pursuit of this goal, UNFPA works towards three transformative and people-centered results:

(i) ending preventable maternal deaths; (ii) ending the unmet need for family planning; and (iii) ending gender-based violence (GBV) and harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the realization of the Sustainable Development Goals (SDGs) in particular good health and well-being (Goal 3), gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA programmes and projects are designed and implemented within the principle of Leave No One Behind (**LNOB**), which is the central, transformative promise of the 2030 Agenda for Sustainable Development and its SDGs.

UNFPA has been operating in the United Republic of Tanzania (URT) since 1975. UNFPA Tanzania Country Office (CO) supports the Government of the United Republic of Tanzania through the 8th country programme (2016-2022) including the one-year extension that considers national development needs and priorities as articulated in the United Nations Development Assistance Plan II (UNDAP II) 2016/17- 21/22[2], Tanzania's Second National Five-Year Development Plan (FYDP) 2016/17 – 2020/21[3] and the Zanzibar Strategy for Growth and Reduction of Poverty III (MKUZA III) 2016/17 –2020/21[4].

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least every two programme cycles, "unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred."[5] The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 8th CP 2016/17-21/22 in the United Republic of Tanzania, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The evaluation will demonstrate accountability to stakeholders on performance in achieving development results, value for money on invested resources, support evidence-based decision-making and contribute important lessons learned on how to further improve programming. The CPE will also draw conclusions and provide a set of actionable recommendations for the development of the next programme cycle.

[1] UNFPA Strategic Plan 2018-2021, p. 3. The document is available at: https://www.unfpa.org/sites/default/files/resource- pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf.

[2] United Nations Development Assistance Plan II UNDAP II.

[3] Second National 5 year development plan is available at http://extwprlegs1.fao.org/docs/pdf/tan166449.pdf.

[4] Zanzibar Strategy for growth and Reduction of Poverty

[5] UNFPA Evaluation Policy 2019, p. 20. The document is available at https://www.unfpa.org/admin-resource/unfpa-evaluation- policy-2019.

The evaluation will be conducted in line with the *Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA* (UNFPA Evaluation Handbook), which is available at https://www.unfpa.org/EvaluationHandbook. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers a step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audiences and primary intended users of the evaluation are: (i) UNFPA's Tanzania CO; (ii) the Government of the United Republic of Tanzania; (iii) implementing partners of the UNFPA Tanzania CO;
(iv) rights-holders involved in UNFPA's interventions and the organizations that represent them (particularly women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA East and Southern Africa Regional Office (ESARO); and (vi) development partners. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA's headquarter divisions, branches, and offices; (ii) UNFPA's Executive Board; (iii) academia; (iv) local civil society organizations (CSOs) and international Non-Governmental Organizations (NGOs). The evaluation results will be disseminated as appropriate, using acceptable traditional and digital channels of communication.

The evaluation will be managed by the Evaluation Manager within the UNFPA Tanzania CO, with guidance and support from the Regional Monitoring and Evaluation (M&E) Adviser at the ESARO, and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with this Terms of Reference (ToR).

2. Country Context

Tanzania is a rapidly developing, youthful country with a total population of 59,441,988[6] as of 2021 which is projected to increase to 133.4 million by 2050 if contraceptive use and population growth remain as they are now[7]. The intercensal population growth rate (2002-2012) is 2.7%. 47% of the female population are women of reproductive age, and 19.9% are young people aged 15-24[8]. Fertility rates in Tanzania are stagnant, having been reduced from 6.2 in 1990 to 5.2 in 2015[9]. However, the total fertility rate (TFR) for the urban populations has increased from 3.2 in 1999 to 3.8 in 2015. In rural settings, women who are poor and women with limited or no formal education have higher TFR than other groups; TFR for women with limited or no formal education is 6.9 and 7.5 for women from the lowest wealth quintile[10].

[6] Tanzania Total Population by District and Region, 2016/2017 Projection, NBS
[7] World Population Prospects: Key Findings and Advance Tables, 2017 Revision, UN Dept. of Economic and Social Affairs, Population Division, p.41
[8] Population and Housing Census, 2012, NBS
[9] TDHS, 2015-2016, p.106
[10] TDHS, 2015-2016, p.112

World Bank statistics show that Tanzania's Gross National Income (GNI) has been on an upward trend

from between 1990 and 2017[11]. Tanzania's GNI per capita increased from about $ 1,020 to $ 1,080 in 2018 and 2019 respectively which exceeded the threshold for lower-middle income status.[12] The real Gross Domestic Product (GDP) between 2018 and 2019 fell slightly from 7% to 6.8%, while at the same time the inflation rate dropped from 3.6% in 2018 to 3.3% in 2019 as a result of improvements in food supply.[13] Tanzania's Development Vision[14] has been to attain a middle-income country status by 2025. The country has pursued this with policies and measures that focus on economic growth and human development, and in 2020 the World Bank Group recognized Tanzania as a lower middle income country.

Tanzania's Mainland Poverty Assessment (December 2019)[15] finds that despite sustained economic growth and a persistent decline in poverty, the absolute number of poor people grew from 13 million in 2007, to 14 million. Poverty vulnerability is also still high: for every four Tanzanians who moved out of poverty, three fell into it. Many non-poor people living just above the poverty line are at risk of slipping below it. Beyond the persistent gaps between urban and rural areas, there are large disparities in the distribution of poverty across geographic regions. Poverty is highly concentrated in the Western and lake zones, and lowest in the Eastern zones[16].

The country has experienced an overall reduction of child mortality. According to the Tanzania Demographic Health Survey (TDHS) 2015/16, infant mortality has declined from 51 deaths per 1,000 live births in 2010 to 43 deaths per 1,000 live births in 2015/16. The under-five mortality rate has declined from 81 deaths per 1,000 live births in 2010 to 67 in 2015/16.

Maternal mortality has also declined from 870 per 100,000 live births in 1990 to 454 per 100,000 in 2010 (TDHS 2010) and in the last TDHS (2015/16) report it shows a slight increase with 556 deaths per 100,000 live births. Modern contraceptive use in Tanzania has risen slowly in recent years, with the overall contraceptive prevalence increasing from 20% in 2005 to 32% in 2015 for Tanzania mainland and 12% to 14% for Zanzibar with wide regional and zonal disparities (e.g., 9% in Pemba and 52% in Lindi). However, the country's unmet need for family planning has shown minimal change, having decreased from 25% to 22.2% between 2010 and 2015 in the mainland, and decreased from 35% in 2010 to 28% in 2015 in Zanzibar[17].

Tanzania has an average HIV prevalence of 4.9 - 6.3% among females and 3.4% among males. About 1.4 million people are living with HIV. The prevalence levels vary across zones and regions. The highest burdened region for HIV is Njombe (11.4%). Of the 1.4 million people living with HIV in Tanzania, 5% are children under 14 years, 9% are young people (15-24), and 59% are

[11] World Bank Tanzania Overview (2020). www.worldbank.org/en/country/tanzania/overview
[12] Ibid
[13] Tanzania Economic Outlook.www.afdb.org/en/countries-east-africa-tanzania/tanzania-economic-outlook
[14] Tanzania Development Vision 2025
[15] Tanzania Mainland Poverty Assessment, World Bank (2019), https://openknowledge.worldbank.org/handle/10986/33031
[16] World Bank Tanzania Overview (2020). www.worldbank.org/en/country/tanzania/overview
[17] Ibid., p. 132

women of reproductive age (15-49). HIV prevalence is higher among women than men (5.8% versus 3.6% respectively)[18]. In 2016, more than 25,000 women aged 15-24 became infected with HIV, compared to around 20,000 men of the same age group[19]. HIV prevalence among women aged 15-24

living in urban areas stands at 3.9% 20. Women tend to become infected at a younger age because they often have older partners and get married earlier. They also experience greater difficulty in negotiating safe sex because of patriarchal norms and persistent gender inequality.

According to TDHS 2015/16, among never-married youth in the country, 55% of women and 43% of men never had sex. The median age at first sexual intercourse is 17.2 years for women, compared to 18.2 years for men. Fourteen% (14%) of women and 9% of men initiate sex before age 15, while 61% of women and 47% of men do so before age 18. (TDHS 2015/16)

Teenage pregnancy and child marriage rates in Tanzania are high and recently indicated an upward trend: 27% of young women aged 15-19 have begun childbearing according to the TDHS 2015/6, compared to 23% in 2010. Teenage childbearing varies by economic status, ranging from 13% among adolescent women in the wealthiest households to 42% among those in the poorest households. Coupled with this, Tanzania has high child marriage rates: 30% of girls are married by their 18th birthday[21]. Child, early and forced marriage and teenage pregnancy pose serious risks and complications for the health and overall well-being of adolescents and young women. This exposes girls and young women to maternal death, maternal morbidity (e.g., obstetric fistula), premature delivery, malnutrition, and pregnancy induced anemia. Currently, the adolescent birth rate is 132 and 47 per 1000 in Mainland and Zanzibar, respectively. Young people contribute more than 20% of the national maternal mortality ratio, which currently stands at 556 per 100,000 live births[22]. Young people have limited access to family planning services with the contraceptive prevalence rate (CPR) among the 15-19 age group extremely low at 8.6% and 28.9% for the 20-24 age group[23]. The unmet contraceptive need is extremely high in the 15-19 age group. The unmet need for currently married women is 23% and is 42.4% for unmarried young women.

At the same time, gender-based violence[24] (GBV) is a daily reality for many women and girls in Tanzania. According to the TDHS (2015/16) almost four in ten women have experienced physical violence, and one in five women report experiencing sexual violence in their lifetime from the age of 15. Spousal abuse, both sexual and physical, is high (44%) for married women. Women's experiences of violence cuts across

18 UNAIDS, Country Factsheet Tanzania, 2016
http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania

19 Ibid.

20 Ibid.

21 Tanzania Demographic Health Survey (TDHS), 2015-2016

22 TDHS, 2015-2016, p.321

23 Ibid., p.141

24 The Declaration on Elimination of Violence Against Women adopted by the United Nations General Assembly in 1993 defines violence against women as "any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts coercion or arbitrary deprivation of liberty whether occurring in public
or private 11 U.S. Department of State Bureau of Democracy, Human Rights, and Labour, "Tanzania – Country Reports on Human
Rights Practices 2006" March 6, 2006, 13.

socio-demographic factors and the rates of physical, sexual, and psychological violence are higher in rural areas and among those with no or limited formal education. About 17% of all women have experienced sexual violence. Exposure to all forms of violence varies widely throughout the country, with 32% of women in Shinyanga reporting sexual violence[25] compared to 4.8% in Pemba. Unfortunately, most do not seek help with 41.6% of young women aged 15-19 not seeking help or telling

anyone about the abuse[26]. Attitudes towards violence are of particular concern: nationally, 59% of women perceive that wife beating is acceptable if a woman burns food, or goes out without her husband's permission[27]. Female Genital Mutilation (FGM) is said to be declining with the current nationally reported rate of 14% and 16% for women aged 15-19 and 20-24 respectively although there are significant regional variations.

Tanzania has been host to refugees and asylum seekers from its neighbouring countries since the early 1960s including the last influx of Burundian and Congolese refugees in 2015. The country has worked with and supported UNHCR and partners in offering protection to refugees and asylum seekers and also providing durable solutions including voluntary repatriation to country of origin, resettlement to a third country and local integration of refugees. As of April 2021, there were a total of 261,185 refugees from Burundi 187,989, Democratic Republic of Congo (DRC) 78,743, and others 455 living in refugee camps in Kigoma region[28].

Most refugees are camp-based assisted by the Tanzania Ministry of Home Affairs (MoHA), United Nations High Commissioner for Refugees (UNHCR) and partners. Majority of refugees are in the North West part of the country, where they live in three camps; Nyarugusu camp which hosts both Congolese and Burundian refugees with a population of 132,391 individuals; The Nduta camp with a population of 63,693 and Mtendeli camp with 24,311 population are both hosting Burundian refugees only[29]. The largest population of concern are Burundians comprising of approximately 65% followed by refugees from the DRC at around 34% and 0.08% individuals from various other nationalities.

In 2017, the Governments of Tanzania, Burundi, and UNHCR agreed to assist refugees who wish to voluntarily repatriate from Tanzania to Burundi. Both governments and UNHCR agreed to uphold the principle of voluntariness, and noted that while some refugees may opt to return, others will continue to be in need of international protection. More than 70,000 refugees have returned since the exercise began in September 2017[30]. Apart from refugees the country is vulnerable to other natural disasters, particularly floods which can occur in different parts of the country. Populations' that are mostly effected are urban dwellers in unplanned settlements. The government has put efforts in place to mitigate the risk by constructing drainage system in some main urban areas.

Tanzania has a Statistics Act[31] that provides the legal ground for data production, processing, dissemination, and use. The synergy between National Bureau of Statistics (NBS), Ministry Departments and Agencies (MDAs) and other partners in production of statistics constitutes the National Statistical

[25] TDHS, 2015- 2016.
[26] Ibid., p.398
[27] Ibid.
[28] UNHCR, Inter-Agency Operation Update, 29th April 2021.
[29] Ibid
[30] UNHCR Operational Portal.
[31] Statistics Act

System (NSS). Production, processing, dissemination and use of statistics in the country are implemented according to the guidelines and procedures clearly outlined in the Statistics Act of 2015. NBS and OCGS have the key role of producing and coordinating production and dissemination of official statistics in the NSS. This coordination is important to minimize redundancy, omission, inconsistencies, and duplication to enhance efficiency and cost effectiveness in data production.

The country's SDGs coordination and monitoring mechanism is positioned within the framework of the Five-Year Development Plan Monitoring and Evaluation Strategy (FYDP II - MES) which provides

mechanisms for tracking the progress of the SDGs' implementation as an integral part of implementation of FYDP-II. The Prime Minister's Office provides overall oversight of the framework through the Steering Committee, while the responsibility of coordinating the implementation and monitoring of FYDP II is bestowed upon the Ministry of Finance and Planning (MoFP).

The main challenges of the national statistical system (NSS) are: inadequate coverage and periodicity, over reliance on traditional data sources, insufficient equipment and skills to effectively adapt new technologies, unsustainable long term training plan for statisticians in the NSS and fragmented Data Management Systems in the NSS[32].

The United Republic of Tanzania recorded the first COVID-19 case on March 16, 2020 in Arusha – with a Tanzanian male citizen aged 46 years. Since that case, the number of registered COVID-19 cases increased to 480 with 18 deaths as of 29th April, 2020 when the country last reported. A large number of the cases reported were from Dar es Salaam and Zanzibar.

At the start of the COVID-19 pandemic, the government took bold measures to control its spread by enforcing the WHO health standards of wearing of masks in public places, hand washing, sanitizing, social distancing and stopped public gathering of more than ten people including closure of schools at all levels. All public offices and private businesses were instructed to put in place measures to contain the spread of the disease. The government also suspended all international flights and instituted mandatory quarantine for all travellers coming to Tanzania[33]. COVID-19 Task Forces and coordination structures were instituted in both Tanzania mainland and in Zanzibar with active participation of all key stakeholders in the response and coordination.

The UN system responded by developing a Socio-economic Response Framework in support of building back better as well as an emergency appeal. UNFPA and UNWOMEN co-chaired the pillar on Leave No One Behind (LNOB) that developed sections of the Response Framework with affirmative action's targeting some vulnerable groups as well as mainstreamed actions to leave no one behind in the other pillars of the UN Response Framework. UNWOMEN, UNICEF and UNFPA also jointly chaired the protection sector of the emergency appeal on COVID-19. Many UN entities, including UNFPA developed programme criticality plans, repurposed funds from other programmes and mobilized additional resources to respond to the emerging needs and demands of the COVID-19 pandemic with the goal of life-saving and dignity restoring essential health and GBV prevention and response services.

[32] National Bureau of Statistics concept paper for UNSDCF common country analysis
[33] COVID 19 Pandemic in Tanzania New Letter.

3. UNFPA Country Programme

UNFPA has been working with the Government of the United Republic of Tanzania since 1975 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. The UNFPA Tanzania 8th CP 2016-2022 has four thematic areas of programming with distinct outputs that are structured according to the four outcomes in the UNFPA Strategic Plan 2018-2021 to which they contribute.

The 8th CP 2016- 2021 is aligned with the United Nations Development Assistance Plan II (UNDAP II) 2016/17-21/22 drawing from the needs of Tanzania's Second National 5 Year Development Plan (2016/17

– 2020/21) and the Zanzibar Strategy for Growth and Reduction of Poverty III (MKUZA III) (2016/17 – 2020/21). The programme also aligns with the UNFPA corporate Strategic Plan 2014-17. The UNFPA Tanzania CO undertook the process of aligning the 8th CP to the UNFPA Strategic Plan 2018-2021. It was developed in consultation with the Government and civil society.

The UNFPA Tanzania CO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue: (ii) capacity development; (iii) knowledge management; (iv) partnerships and coordination; and (v) service delivery. The **overall goal** of the UNFPA Tanzania 8th CP 2016/17 – 21/22 is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**[34], as articulated in the UNFPA Strategic Plan 2018-2021. The CP outputs are organized within each of the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence*.
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development*.

The UNFPA Tanzania 8th CP 2016/17 – 21/22 has four thematic areas of programming with distinct **outputs** that are structured in line with the four outcomes in the Strategic Plan 2018-2021 to which they contribute.

Outcomes:

Outcome 1: Sexual and Reproductive Health and Rights

[34] Full Goal: Achieved universal access to sexual and reproductive health (SRH), realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality.

Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access.

Outcome 2: Adolescents and Youth

Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Outcome 3: Gender Equality and Women's Empowerment

Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

Outcome 4: Population Dynamics

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

Outputs

Output 1:1: Increased national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and

young people. Under this output, the programme supported the development of specific sexual and reproductive health national strategies and guidelines in both mainland Tanzania and Zanzibar; strengthened integrated sexual and reproductive health services and information provision in humanitarian settings through the Minimum Integrated Service Package; and supported the implementation of youth-friendly adolescent sexual and reproductive health (AYFS) initiatives through increasing the number of facilities offering AYFS.

Output 1: 2: Increased access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services. Family planning services were scaled up through procurement of commodities and strengthening the supply chain system; building the capacity of health workers to provide method-mix and community-based family planning services; supported reproductive health services, including access to contraceptives in higher learning institutions for young people; increased access of family planning services through high impact interventions; and contributed to the formulation of Tanzania's family planning costed implementation plan.

Output 1:3: Increased national capacity of government, civil society organizations and private institutions to deliver comprehensive maternal health services. Maternal health is a priority health concern in Tanzania. The programme supported the scale-up of emergency obstetric and neonatal care services in selected regions both in mainland Tanzania and Zanzibar; it implemented initiatives to increase quality of services through task shifting; expanded portable mobile learning systems; innovated the clinical mentorship programme; supported the strengthening of infrastructure and referral systems; provided equipment and maternal health commodities in selected districts and refugee camps; strengthened the capacity of maternal and perinatal death surveillance and response committees; scaled-up pre- and in-service trainings on emergency obstetric and neonatal care (EmONC) for nurses, midwives and physicians; advocated and measures for a recognized midwifery specialization.

Output 2: 1: Increased capacity of government and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality. The programme supported the implementation of sexuality education for out-of-school young people; supported girl- centred child marriage prevention interventions in high-burden communities; supported the strengthening of capacity of youth-led organizations; and the establishment of youth chapters in different regions as a platform for young people's participation in decision-making processes and structures.

Output 3: 1: Strengthened capacity of government and civil society to prevent and respond to gender- based violence, female genital mutilation (FGM), and child, early and forced marriage. The programme supported community empowerment initiatives to uphold sexual and reproductive rights and to eliminate sexual and gender-based violence; built capacity of policy makers and law enforcement units to respond to gender discrimination and sexual and gender-based violence in selected regions; supported multisectoral national coordination structure that implement the National Plan of Action for the Elimination of Gender based Violence; built capacity of host communities and refugees to respond to sexual and gender based violence; and actively engaged in national and cross border FGM initiative.

Output 4: 1: Strengthened capacity of government and national institutions for the availability and utilization of high-quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings. The programme supported the National Bureau of Statistics to develop and implement the Tanzania Statistical Master Plan (TSMP) and Zanzibar Statistical Development Strategy. In addition the programme supported the initial preparations of the

2022 National Housing and Population Census; Civil Registration and Vital Statistics and Shehia registration systems in Zanzibar; supported government efforts of improving data collection capacity for key national surveys, such as the Household Budget Survey; Tanzania Demographic and Health Survey provided support on review of population policies; and improving capacity of the government to monitor Sustainable Development Goals (SDGs) indicators.

The UNFPA Tanzania CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. It leads the Thematic Results Group (TRG) on Healthy Nations – one of four TRGs that form the pillars of the UNDAPII (and previously the TRG on Democratic Governance, Human Rights and Gender Equality); and also, co-chairs the Leaving No One Behind Pillar as part of the Socioeconomic Response Framework to COVID-19. Beyond the UNCT, the UNFPA Tanzania CO participates in the main Development Partner Group (DPG) as a TRG Lead; DPG Health; DPG HIV/AIDS and DPG Gender (incoming Chair of the Group). It also engages in the Refugee Response Plan coordination for timely, principled and effective interventions, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex
A. The theory of change will be an essential building block of the evaluation methodology.

The UNFPA Tanzania 8th CP 2016- 21 is based on the following results framework presented below:

Tanzania CO 8th[th] UNFPA Country Programme, 2016/17-21/22 Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on t ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality			
UNFPA Thematic Areas of Programming			
I. Sexual and reproductive health	**II. Adolescents and youth**	**III. Gender equality and women's empowerment**	**IV. Population dynamics**
UNFPA Strategic Plan Outcomes			
Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence	Every woman, adolescent, and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination, and violence	Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings	Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.
UNFPA Tanzania 8th CP Outputs			

Output 1: Increased national and sub-national government capacity to deliver integrated sexual and reproductive health services, with a particular focus on adolescents and young people. **Output 2:** Increased access to modern contraceptives by youth and marginalised population through improved capacity of government, civil society organizations and private providers to deliver equitable, high quality family planning services.	**Output 4:** Increased government capacity and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality	**Output 5:** Strengthened national capacity of government and civil society to prevent and respond to gender-based violence, female genital mutilation, and child, early and forced marriage.	**Output 6:** Strengthened capacity of Government and national institutions for the availability and utilization of quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings

Output 3: Increased national capacity of government, Civil Society Organizations and private institutions to deliver comprehensive maternal health services				
UNFPA Tanzania 8th CP Intervention Areas[35]				
1.1 Support development of national SRHR strategic documents. 1.2 Provide integrated SRHR services, including family planning into HIV care and treatment sites including in humanitarian settings. 1.3 Provide youth-friendly adolescent sexual and reproductive health services. 1.4 Promote Evidence based social	4.1 Scale up of comprehensive sexuality education for in and out of school young people. 4.2 Support Girl-Centred programme with SRH appropriate knowledge and practices. 4.3 Support to youth led organizations. 4.4 Advocacy for local government to increase allocation of resources to youth related programme.	5.1 Support community empowerment initiatives. 5.2 Capacity building to duty bearers Policy and law enforces to respond on gender based violence. 5.3 Support government and non-government institutions to coordinate the response to gender based violence. 5.4 Build Capacity of host communities and refugees to respond to sexual and gender-based violence. 5.5. Support interventions on ending FGM in high burden communities.		6.1 Capacity building for national and sub nation staff on data analysis and advocacy. 6.2 Provide support to launch of 2022 nation population census. 6.3 Support national capacity to collect data for national surveys including in humanitarian settings. 6.4 Technical support in review of population policies 6.5 Support the development of databases and registration systems to ensure no one is left behind.

norms communication strategy that address barriers on uptake of adolescent SRHR services. 2.1 Strengthen the supply chain system. 2.2 Support capacity building to health care workers and community volunteers to provide FP method mix. 2.3 Support increasing access to contraceptives for young people in higher learning institutions. 2.4 Support condom programming Support social cultural and		5.6 Support interventions for prevention of early, forced and child marriage. **5.6 Support community awareness and provision of PPE during COVID-19 Pandemic** **5.7 Train partners in UNFPA-supported regions in psychological first aid (PFA) and psychosocial counselling).** **5.8 Support national toll-free phone-counselling services for survivors of GBV, female genital mutilation (FGM) and early child marriage.**		

behaviour change strategies that support demand for family planning services. 3.1 Scale up EmONC services 3.2 Strengthen capacity of maternal and perinatal death surveillance and response committees. 3.3 Scale-up pre-and in-service trainings on emergency obstetric and neonatal care for nurses, midwives, and physicians. 3.4 **Recruit and deploy midwives to high-burden areas, in partnership with the Benjamin Mkapa Foundation.** 3.5 **Capacity building to health care workers on Infection Prevention during COVID-Pandemic[36]**				

Evaluation Purpose, Objectives and Scope

3.1. Purpose

The CPE will serve the following three main purposes, as outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD) and the Agenda 2030 for Sustainable Development.

3.2. Objectives

The **objectives** of this CPE are:

i. To provide the UNFPA Tanzania CO, national stakeholders, and rights-holders, the UNFPA ESARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the performance of the 8th UNFPA Tanzania 8th CP 2016/17 – 21/22.

ii. To broaden the evidence, base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

i. To provide an independent assessment of the relevance, effectiveness, efficiency, and sustainability of UNFPA support to the government of the United Republic of Tanzania.

ii. To assess progress towards the expected outputs and outcomes in the results framework of the country programme.

iii. To provide an assessment of the geographic and demographic coverage of UNFPA's humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.

iv. To provide an assessment of the country office's positioning within the developing community and national partners, in view of its ability to respond to national needs and emerging issues while adding value to the country development results.

v. Provide an assessment of the role played by the UNFPA country office in the coordination mechanisms of the United Nations Country Team (UNCT) with a view to enhancing the United Nations collective contribution to national development results.

vi. To assess the extent to which the implementation framework enabled or hindered achievements of the results chain i.e., what worked well and what did not work well.

vii. Draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

3.3. Scope

Geographic

Scope

The evaluation will be performed at the national levels in Tanzania Mainland and in Zanzibar as well as in the following regions where UNFPA supported the main implementation of interventions: Mwanza, Simiyu, Kagera, Shinyanga, Geita, Mara, Kigoma, Dodoma, North Pemba, South Pemba, North Unguja, South Unguja, and Urban West regions.

Thematic Scope

The evaluation will cover the following thematic areas of the 8th CP: sexual and reproductive health; adolescent and youth; gender equality and women's empowerment and population dynamics. In addition, the evaluation will cover cross-cutting issues, such as humanitarian; human rights; gender equality;

disability, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization and strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the period of the current CP: 2016/17- 2021/22.

4. Evaluation Criteria and Preliminary Evaluation Questions

4.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency, and sustainability.[37] It will also use the evaluation criterion of coordination to assess the extent to which the UNFPA Tanzania CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT. Furthermore, the evaluation will use the humanitarian-specific evaluation criteria of coverage to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach.

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate number of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked to their continued resilience to risks.
Coordination	The extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT. This also includes UNFPA membership of, and contributions to humanitarian coordination mechanisms of the HCT, DPG and in support of government coordination structures
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.

[37] The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf.

4.2. Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Based on these questions, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Tanzania CO and the ERG.

Relevance

1. To what extent is the country programme adapted to: (i) the needs of diverse populations,

including the needs of marginalized and vulnerable groups (e.g. adolescent and youth; refugees and etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs.

2. To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups; emerging needs and priorities such as the COVID-19 pandemic?

3. To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, persons with disabilities and indigenous communities, have been considered in both the planning and implementation of all UNFPA- supported interventions under the country programme?

Effectiveness

4. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access friendly sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

5. To what extent and in what ways has the Country Office been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity), and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts?

6. To what extent has the Country Office ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities, indigenous peoples,) have the information they need, are protected against violence and have access to life-saving services in the COVID-19 and recovery context?

7. To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion[38] in the design, implementation, and monitoring of the country programme?

[38] See Guidance on disability inclusion in UNFPA evaluations

Efficiency

8. To what extent has UNFPA made good use of its human, financial and administrative resources, and used a set of appropriate policies, procedures, and tools to pursue the achievement of the outcomes defined in the county programme?

9. To what extent did country office systems, processes and procedures foster or impede the adaptation of the country programme to changes triggered by the COVID-19 crisis?

Sustainability

10. To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

11. To what extend has UNFPA support contributed to building the national capacities and systems for sustainability of results

Coordination

12. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT, DPG, HCT, government led sector coordination/consultative fora and other mechanisms?

Coverage

13. To what extent have UNFPA's humanitarian interventions systematically reached all geographic areas in which affected populations women, adolescents and youth reside?

14. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups women, adolescents and youth

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Tanzania CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Tanzania CO 8th CP 2016/17-21/22 (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient, and sustainable the support provided by the UNFPA Tanzania CO was during the period of the 8th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Tanzania 8th CP 2016-21 made.

Participatory approach

The CPE will be based on an inclusive, transparent, and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Tanzania CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners and, most importantly, rights-holders (notably women, adolescents, and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

The evaluation manager in the UNFPA Tanzania CO has established an ERG comprised of key stakeholders of the CP, including representatives from the government drawn from the Ministry of Finance and Planning (MOFP), Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) in mainland, Ministry of Health, Social Welfare, Elderly and Children (MOHSWEC) in Zanzibar, National Bureau of Statistics (NBS) and Zanzibar Planning Commission. Other members are from the non-governmental that are implementing partners of the Country Programme and representatives of persons with disabilities and young people; UNFPA Tanzania Country Programme Outcomes Leads, the M&E Officer and the Regional M&E Adviser from UNFPA ESARO. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites, and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Tanzania CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation,*[39] *Ethical Guidelines for Evaluation,*[40] *Code of Conduct for Evaluation in the UN System*[41]*, and Guidance on Integrating Human Rights and Gender Equality in Evaluations.*[42] When contracted by the UNFPA Tanzania CO, the evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in the United Republic of Tanzania. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analysing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; (v) a detailed evaluation work plan and agenda for the field phase and (vi) a specific section on the limitations and mitigation measures to implement the evaluation in the context of COVID19

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is centrepiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines (i) *what will be evaluated:* evaluation questions for all evaluation criteria and key assumptions to be examined; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated key assumptions. By linking each evaluation question (and associated

[39] Document available at: http://www.unevaluation.org/document/detail/1914. [40] Document available at: http://www.unevaluation.org/document/detail/102. [41] Document available at: http://www.unevaluation.org/document/detail/100. [42] Document available at: http://www.unevaluation.org/document/detail/980.

assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected (for each evaluation question) and is presented in an organized manner. At the end of the field phase, the matrix is useful to ensure that sufficient evidence has been collected to answer all evaluation questions or, on the contrary, to identify gaps that require additional data collection. In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to support their analysis (or findings) for each evaluation question.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes of the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur, based on the theory of change of the CP. This will allow the evaluators to assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, at outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Tanzania CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Tanzania CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through desk review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase.

These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection and provide the rationale for the selection of the sites in the design report. The UNFPA Tanzania CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security measures, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The changing context of the COVID-19 epidemic and prevention measures to be adopted by the government may make it difficult to predict movement and other contacts. Thus, in case visits to selected sites and in personal meetings will be impracticable, then the evaluation team shall find other virtual means of data collection.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders). The data is planned to be collected in person, but depending on the uncertain but evolving COVID-19 context and measures that may be instituted to control its spread, the consultants need to prepare back up plan for remote data collection including by using online- and other virtual means (i.e. using Zoom)[43].

All group focused discussions with service providers and rights-holders (notably women, adolescents, and youth) and direct observation during visits to selected sites will be conducted in person with full observation of COVID-19 prevention measures where possible and in case of limitations due to severe COVID -19 situation, third party data collection method will be used[44].

Secondary data will be collected remotely through desk review**,** primarily focusing on annual work plans, work plan progress reports, monitoring data and results reports, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations, etc.), housing census and population data, and records and data repositories of the CP and its implementing partners, such as health clinics/centers.

[43] UNFPA Evaluation Office guiding principles on adapting evaluations to the COVID-19 pandemic

[44] Ibid

Particular attention will be paid to compiling data on key performance indicators of the UNFPA Tanzania CO during the period of the 8th CP 2016/17 -21/22.

The evaluation team will ensure that data collected is disaggregated by sex, age, location, and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of 3 weeks for data collection in the field subject to the prevailing context. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, checklists for direct observation at sites visited (subject to the prevailing context) or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analysing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95).
- Regular exchange with the Evaluation Manager at the CO.
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO and the ERG at the end of the field phase, when the evaluation team present the emerging findings and preliminary conclusions.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful, and timely evaluation.

7.1. Preparatory Phase *(Handbook, pp.35-40)*

The Evaluation Manager at the UNFPA Tanzania CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Development of the theory of change underlying the CP by CO staff under the leadership and guidance of the M&E officer/evaluation manager.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA ESARO and in consultation with the ERG, and submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval.
- Publication of the call for consultancy.
- Completion of the annexes to the ToR with support from the Regional M&E Adviser in UNFPA ESARO and CO staff, and submission of the draft annexes to the UNFPA Evaluation Office for review and approval.
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

7.2. Design Phase *(Handbook, pp. 43-83)*

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Tanzania CO to support the dissemination and facilitation of use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (see Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Tanzania through interviews and group discussions.

- Development of a data collection and analysis strategy, as well as a concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures.
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical, and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the Regional M&E Adviser in UNFPA ESARO for review. The template for the design report is provided in Annex E.

7.3. Field Phase *(Handbook, pp. 87 -111)*

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks for data collection is planned for this evaluation. However, the evaluation manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Meeting with the UNFPA Tanzania CO staff to launch the data collection.
- Meeting of the evaluation team with relevant programme officers at the UNFPA Tanzania CO.
- Data collection at national and sub-national levels.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the emerging findings from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders and will enable the evaluation team to refine the findings, formulate conclusions and develop credible and relevant recommendations.

7.4. Reporting Phase *(Handbook, pp.115 -121)*

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, considering the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The evaluation manager and the Regional M&E Adviser in UNFPA ESARO will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members

for review. If the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will collect and consolidate the written comments and feedback provided by the members of the ERG. Based on the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report,** and submit it to the evaluation manager. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall refer to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the Evaluation Manager in the UNFPA Tanzania CO.

7.5. Dissemination and Facilitation of Use Phase *(Handbook, pp.131 -133)*

In the dissemination and facilitation of use phase, the evaluation team will develop a **PowerPoint presentation of the evaluation results** that summarizes the key findings, conclusions, and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Tanzania CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a PowerPoint presentation of the evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, ESARO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In a last step, The UNFPA Tanzania CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Tanzania CO, will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the independent EQA of the final report will be included in the UNFPA evaluation database.[45] The final evaluation report will also be circulated to the UNFPA Executive Board.

Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Tanzania CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The PowerPoint will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Tanzania CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions, and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG, and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report *(maximum 70 pages, excluding annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G.

[45] The UNFPA evaluation database can be accessed at the following link: https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa.

- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions, and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Tanzania CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be like the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The Evaluation Manager is primarily responsible for quality assurance of the deliverables of the evaluation at each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F)[46] before submission to the evaluation manager for review. The evaluation quality assessment

[46] The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://web2.unfpa.org/public/about/oversight/evaluations/. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

1. Structure and Clarity of the Report Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).
2. Executive Summary Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main findings; conclusions; and recommendations.
3. Design and Methodology Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)
4. Reliability of Data Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.
5. Analysis and Findings Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.
6. Validity of Conclusions Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.
7. Usefulness and Clarity of Recommendations Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).
8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality

Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women[47] and UNEG guidance on integrating human rights and gender perspectives in evaluation.[48]

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the Evaluation Manager in the UNFPA Tanzania CO, (iii) the Regional M&E Adviser in UNFPA ESARO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/evaluation manager; **in bold:** The deliverables are the responsibility of the evaluation team.

Evaluation Phases and Activities[49]	**Deliverables**	**Dates/Duration[50]**	**Handbook/CPE Management Kit**
Preparatory Phase			
Preparation of letter for Government and other key stakeholders to inform them about the upcoming CPE	*Letter from the UNFPA Country Representative*	10 Feb 2021 (1)	
Establishment of the evaluation reference group (ERG)		*12-22 Feb 2021 (10)*	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Development of the theory of change underpinning the CP by CO staff (at the request of CO senior management and with support of the M&E officer/evaluation manager)	*Theory of change (include in Annex A of the ToR)*	*22-23 Feb 2021 (2)*	Tool 2: The Effects Diagram, pp. 161-163[51]

[47] Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: http://www.unevaluation.org/document/detail/1452.

[48] The *UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations* is available at http://www.uneval.org/document/detail/980.

[49] The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

[50] Figures in brackets is a proposed # of days.

[51] The Effects Diagram depicts the results chain (intervention logic) underlying the CP and, as such, is like a theory of change. However, a theory of change goes beyond the results chain and describes the critical assumptions and contextual factors that affect the achievement of intended results.

Compilation of background information and documentation on the country context and the CP for desk review by the evaluation team	*Creation of a Google Drive folder containing all relevant documents on country context and CP*	*24-26 Feb 2021 (3)*	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist
Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	*Draft ToR*	*15 Mar-Apr 14 2021 (30)*	CPE Management Kit: Evaluation Office Ready- to-Use ToR (R2U ToR) Template
Review and approval of the ToR by the UNFPA Evaluation Office	*Final ToR*	*19 - 30 Apr 2021 (10)*	
Publication of the call for evaluation consultancy		*19 May - 6 Jun (19)*	CPE Management Kit: Call for Evaluation Consultancy Template
Completion of the annexes to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	*Draft ToR annexes*	*17- 28 May 2021 (10)*	Template 4: The Stakeholders Map, p. 255 Tool 4: The Stakeholders Mapping Table, p. 166- 167 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165 Template 15: Work Plan, p. 278
Pre-selection of consultants by the CO	*Consultant pre-selections scorecard*	*07 -11 Jun 2021 (5)*	CPE Management Kit: Pre- qualified CPE Consultants Directory

			CPE Management Kit: Consultant Pre-selection Scorecard
Review and approval of the annexes to the ToR by the UNFPA Evaluation Office	*Final ToR annexes*	*31 May - 4 June 2021 (5)*	
Pre-qualification of consultants by the UNFPA Evaluation Office		*15- 18 June 2021 (4)*	
Recruitment of the evaluation team by the CO		*22 -30 Jun 2021 (7)*	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation team, and the regional M&E adviser		*07 Jul 2021 (1)*	
Development of an initial communication plan by the evaluation manager (in consultation with the communication officer in the CO)	*Initial communication plan*	*08-09 Jul 2021 (2)*	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic Communication on CPEs
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)	**Desk review**	*12-14 Jul 2021 (3)*	
Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	**Draft design report**	*15- 21 Jul 2021 (5)*	Template 8: The Design Report for CPE, pp. 259- 261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278

			Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187 Tool 11: Checklist for Sequencing Interviews, p. 188 Template 7: Interview Logbook, p. 258 Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187 Template 6: The CPE Agenda, p. 257 Tool 6: The CPE Agenda, pp. 170-176 CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)
Review of the draft design report by the evaluation manager and the regional M&E adviser	*Consolidated feedback provided by evaluation manager to evaluation team leader*	*23 – 28 Jul 2021 (5)*	
Presentation of the draft design report to the ERG for comments and feedback	**PowerPoint presentation of the draft design report**	*29 Jul 2021 (1)*	
Revision of the draft design report and circulation of the final version to the evaluation manager for approval	**Final design report**	*30 Jul - 02 Aug 2021 (2)*	
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	*Updated communication plan*	*30 Jul - 03 Aug 2021 (3)*	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic Communication on CPEs
Field Phase[52]			

[52] Subject to the prevailing context at the time.

Inception meeting for data collection with CO staff	**Meeting between evaluation team/CO staff**	*04 Aug 2021 (1)*	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant CO programme officers	**Meeting of evaluators/CO programme officers**	*05- 08 Aug 2021 (3)*	
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, desk review, etc.)	**Entering data/information into the evaluation matrix**	*09 Aug - 03 Sept 2021 (20)*	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262 CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	**PowerPoint presentation for debriefing with the CO and the ERG**	*08 Sept 2021 (1)*	
Update of the communication plan by the evaluation manager (as required)	*Updated communication plan*	*09- 13 Sept 2021 (3)*	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic Communication on CPEs
Reporting Phase			
Drafting of the evaluation report and circulation to the evaluation manager	**Draft evaluation report**	*09-22 Sept 2021 (10)*	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288

Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser Joint development of the EQA of the draft evaluation report by the evaluation manager and the regional M&E adviser	*EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)*	25-29 Sept 2021 (5)	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	**Final evaluation report (incl. annexes)**	30 Sept – 04 Oct 2021 (3)	
Circulation of the final evaluation report to the UNFPA Evaluation Office		05-08 Oct 2021 (1)	
Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office	Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)	11-15 Oct 2021 (5)	
Update of the communication plan by the evaluation manager (as required)	*Updated communication plan*	11-15 Oct 2021 (5)	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic Communication on CPEs
Dissemination and Facilitation of Use Phase			
Preparation of the management response by the CO and submission to the Policy and Strategy Division	*Management response*	19-25 Oct 2021 (5)	Template12: Management Response, pp. 266-267
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the	*Final communication plan*	26-29 Oct 2021 (4)	Template 16: Communication Plan for Sharing Evaluation Results, p. 279

communication officer in the CO			CPE Management Kit: Strategic communication on CPEs
Development of the presentation on the evaluation results	**PowerPoint presentation of the evaluation results**	02 Nov 2021 (1)	Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf
Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO	*Evaluation brief*	03-12 Nov 2021 (8)	Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Announcement of CPE completion in M&E Net Community	*Blog post on the M&E Net Community (myUNFPA)*	15-19 Nov 2021	
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		22- 26 Nov 2021 (5)	
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		29 Nov- 03 Dec 2021 (5)	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	*Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.*	06-14 Dec 2021 (6)	CPE Management Kit: Strategic Communication on CPEs

Once the evaluation team leader has been recruited, s/he will develop a detailed **evaluation work plan** (see Annex I) in close consultation with the evaluation manager.

11. Management of the Evaluation

The **evaluation manager** in the UNFPA Tanzania CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation manager will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. S/he will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation manager to ensure the quality, independence, and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The evaluation manager has the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.
- Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the regional M&E adviser.
- Identify potential candidates to conduct the evaluation, complete the Consultant Pre-selection Scorecard to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre- qualification.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.
- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Conduct an EQA of the draft evaluation report in collaboration with the regional M&E adviser, in line with the EQA grid and its explanatory note.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation manager will require support from staff of the UNFPA Tanzania CO. Specifically, the responsibilities of the **country office staff** are:

- Contribute to the preparation of the ToR, specifically: the theory of change, the initial stakeholder map, the list of Atlas projects and the compilation of background information and documentation on the context and the CP and provide input to the evaluation questions.
- Make time for meetings with/interviews by the evaluation team.
- Provide support to the evaluation manager in making logistical arrangements for site visits

and setting up interviews and group discussions with stakeholders at national and sub-national levels.

- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Tanzania CO, ESARO, representatives of the national Government of Tanzania, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (e.g., persons with disabilities, etc.) (see Handbook, section 2.3, p.37). The ERG will serve as a body to ensure the relevance, quality, and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The **Regional M&E adviser** in UNFPA ESARO will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook and submit the final draft version to the UNFPA Evaluation Office for review and approval.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and jointly prepare an EQA of the report with the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:

- Review and approve the ToR (incl. annexes).
- Review and pre-qualification of the consultants.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for CPEs.
- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the

UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). As part of the efforts of UNFPA to strengthen national evaluation capacities, the evaluation team will also include a young and emerging evaluator who will provide support to the evaluation team throughout the evaluation process. In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 8th UNFPA CP in Tanzania.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context including the young and emerging evaluator. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation team leader will provide methodological guidance to the evaluation team in developing the design report but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, obstetric fistula, and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Tanzania CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Adolescents and youth expert

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation and take part in the data collection

and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Tanzania CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Tanzania CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, Civil Registration and Vital Statistics (CRVS), and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Tanzania CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing, and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA Tanzania CO staff and the ERG.

The modalities for the participation of the evaluation team members including the young and emerging evaluator in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.

- 10 years of experience in conducting or managing evaluations in the field of international development and/or humanitarian assistance.
- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- Demonstrated expertise in one of the thematic areas of the CP covered by the evaluation (see expert profiles below**).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Preferred good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Ability to supervise a young and emerging evaluator, create an enabling environment for her/his meaningful participation in the work of the evaluation team, and provide guidance and support required to develop her/his capacity.
- Experience working with a multidisciplinary team of experts
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Tanzania.
- Fluent in written and spoken English.

SRHR expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, obstetrics and gynecology, health economics and financing, epidemiology, biostatistics, population studies and demography, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, obstetric fistula, and family planning.
- Preferred good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).

- Work experience in/good knowledge of the national development context of Tanzania
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Adolescents and youth expert

The competencies, skills and experience of the adolescents and youth expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, development studies, social sciences, or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge of adolescent and youth issues, SRHR of adolescents and youth.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Tanzania.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Tanzania.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development and/or humanitarian assistance.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration, and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Tanzania.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Young and emerging evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- Up to five years of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English

13. Budget and Payment Modalities

The evaluators including the young and emerging evaluator will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	**Each thematic expert**	**Young and emerging evaluator**
Design phase	*12*	*6*	*3*
Field phase	*26*	*21*	*21*
Reporting phase	*13*	*8*	*5*
Dissemination and facilitation of use phase	*1*	*1*	*1*
TOTAL (days)	*52*	*36*	*30*

The exact number of workdays for each evaluator will be determined by the evaluation manager. The final distribution of the workload will be proposed by the evaluation team in the design report and submitted to the evaluation manager for approval.

Annex 2: List of Documents Consulted/Reviewed

The following documents were consulted over and above the references cited as footnotes in this design report. The documents and reports below were made available to the evaluation team by UNFPA Tanzania CO.

UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes) https://www.unfpa.org/resources/strategic-plan-2014-2017
2. UNFPA Strategic Plan (2018-2021) (incl. annexes) https://www.unfpa.org/strategic-plan-2018-2021
3. UNFPA Evaluation Policy (2019) https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019
4. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019) https://www.unfpa.org/EvaluationHandbook
5. Relevant centralized evaluations conducted by the UNFPA Evaluation Office: available at: https://www.unfpa.org/evaluation
   - Inter-Agency humanitarian evaluation on gender equality and the experience of women and girls here
   - Assessment of the human rights-based approach to family planning at UNFPA here
   - Evaluation of the UNFPA support to the HIV response (2016-2019) here
   - First evaluation of the UNFPA capacity in humanitarian action (2012-2019) here
   - Corporate evaluation of UNFPA support to the prevention, response to and elimination of GBV and harmful practices here
6. UNFPA Evaluation Office guiding principles on adapting evaluations to the COVID-19 pandemic here
7. UNFPA Evaluation Office Guidance on adapting evaluation questions to the COVID-19 pandemic here

Tanzania national strategies, policies, and action plans

8. Tanzania's Second Five-Year Development Plan 2016/17 – 2020/21 here
9. Zanzibar Strategy for growth and reduction of poverty III 2016/17 – 2020/21
10. United Nations Development Assistance Plan II (UNDAP II) 2016/17 – 2021-22 here
11. National Plan of Action to End Violence Against Women and Children 2017/18 – 2021/22 (mainland Tanzania) here
12. National Plan of Action to End Violence Against Women and Children in Zanzibar 2017 – 2022 here
13. Tanzania's National Health Policy here

UNFPA Tanzania CO programming documents

14. Government of Tanzania/UNFPA 8th Country Programme Document 2016-21 here
15. United Nations Common Country Assessment (CCA) (draft)
16. The Road to Zero, UNFPA Tanzania Country Office Annual Report 2019 here
17. UNFPA Tanzania, Annual Report 2018 here
18. UNFPA Tanzania, Annual Report 2017 here
19. Delivering for Women and Young People, UNFAP Tanzania Country Office (2020) here
20. Situation analysis for the Government of Tanzania UNFPA 8th Country Programme 2016-

21

21. CO annual work plans
22. Joint programme documents
23. Mid-term reviews of interventions/programmes in different thematic areas of the CP
24. Reports on core and non-core resources
25. CO resource partnership and mobilization strategy

UNFPA Tanzania CO M&E documents

26. Government of Tanzania UNFPA 8th Country Programme M&E Plan 2016-21
27. CO annual results plans and reports (Strategic Information System)
28. CO quarterly monitoring reports (Strategic Information System)
29. Previous evaluation of the Government of Tanzania UNFPA 6th Country Programme 2007- 2010, available at: https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents

30. Implementing partner work plans and progress reports
31. Implementing partner assessments
32. Audit reports and spot check reports
33. Meeting agendas and minutes of joint United Nations working groups.
34. Donor reports

Annex 3: The Evaluation Matrix

RELEVANCE **EQ1:** **To what extent is the country programme adapted to: (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. adolescent and youth; refugees and etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs.**			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for the data collection**
Assumption: **The Tanzania 8th CP is adapted to the needs of the population, in particular those of marginalised and vulnerable groups, was coherent with national development strategies and policies and the strategic direction and objectives of UNFPA and is aligned with ICPD, and SDGs and the core strategy of UNFPA.**	● Evidence for an exhaustive and accurate needs assessment, identifying the varied needs of Tanzanian population, including marginalized and vulnerable groups prior to the programming of the four components of the CPD and AWPs, as well as during program implementation. ● ● The selection of target groups for UNFPA-supported interventions in the four target segment components of the programme is consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation. ● ● Evidence that the programmatic interventions had flexibility to respond to changing needs.	● ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 8th CPD (2016/17-2021/22), COARs, UNDAP and review; AWPs ● URT government IPs/UNFPA 8th CPE ● National policy/strategy documents ● Needs assessments. ● ● Surveys (including TDHS, MICS etc.), census data, and other reports. ● ● Other relevant studies used to understand the HR and GE context, ● And evidence of needs assessments, alignment of CP with UNSDF UNFPA CO staff. ● ● Other relevant documents such as the Programme criticality assessments, emergency appeal,	● Documentary analysis ● Interviews with UNFPA CO staff ● Interviews with implementing partners ● Interviews with key URT officials in line Ministries and Departments (Ministry of Health, Ministry of Education, Ministry of Youth affairs, Ministry of Finance and Planning etc.) ● Interviews/focus groups with project beneficiaries ● Interviews with NGOs/ donors, including local organizations, working in the same mandate area ● as UNFPA but not partners of UNFPA.

	● Extent to which the interventions planned within the AWPs (across the four components of the programme) were targeted at the most vulnerable, disadvantaged, marginalized and excluded population groups in a prioritized manner.	SERF and other relevant information that highlight UNFPA's changing priorities in the context of COVID-19.	
EQ2: **To what extent has the country office been able to respond to changes in national needs and priorities, including those of vulnerable or marginalized groups; emerging needs and priorities such as the COVID-19 pandemic?**			
Assumption **The CP has been able to adequately respond to changes in needs and priorities, and to specific requests from the country counterparts**	● The speed and timeliness of response (response capacity) ● Adequacy of the response (quality of the response) ● Evidence of changes in programme design or interventions reflecting changes in needs of the population and priorities of URT and stakeholders	● AWPs ● ● WPR ● CO staff ● UNCT documents ● URT government Implementing Partners and key partners ● SIS Annual report ● Programme criticality document	● Document review ● KI interviews with CO staff and Implementing Partners ●
EQ3: **To what extent has UNFPA ensured that the varied needs of vulnerable and marginalized populations, including adolescents and youth, persons with disabilities and indigenous communities, have been considered in both the planning and implementation of all UNFPA- supported interventions under the country programme?**			
Assumption **The Tanzania 8th CP is adapted to the needs of the population, in particular those of marginalised and vulnerable groups, and to the changing needs in the COVID-19 context during the programming process, while**	● Evidence for an exhaustive and accurate needs assessment, identifying the varied needs of Tanzanian population, including marginalized and vulnerable groups prior to the programming of the four components of the CPD and AWPs, as well as during program	● ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 8th CPD (2016/17-2021/22), COARs, UNDAF and review; AWPs ● URT government IPs/UNFPA 8th CPE	● Documentary analysis ● Interviews with UNFPA CO staff ● Interviews with implementing partners ● Interviews with key URT officials in line

retaining focus on human rights and gender equality dimensions.	implementation (responding to changing COVID-19 emergencies). ● Extent to which the interventions planned within the AWPs (across the four components of the programme) were targeted at the most vulnerable, disadvantaged, marginalized and excluded population groups in a prioritized manner.	● National policy/strategy documents ● Needs assessments ● Surveys (including TDHS, MICS, etc.), census data, and other reports ● Other relevant studies used to understand the HR and GE context, ● And evidence of needs assessments, alignment of CP with UNDAP ● UNFPA CO staff ● ● Other relevant documents such as the Programme criticality assessments, emergency appeal, SERF and other relevant information that highlight UNFPA's changing priorities in the context of COVID-19.	Ministries and Departments (Ministry of Health, Ministry of Education, Ministry of Youth affairs, Ministry of finance and Planning ● Interviews/focus groups with final beneficiaries ● Interviews with NGOs/ donors, including local organizations, working in the same mandate area ● as UNFPA but not partners of UNFPA.

Relevance to national, regional and global strategies and priorities:

- CP8 developed in consultation with a wide range of stakeholders in a participatory approach, including the government of Tanzania, civil society and other development partners, United Nations organisations, academia and the private sector.
- Primary beneficiaries were also engaged in the design and implementation of the 8th Country Programme, primarily through rapid assessments that were conducted prior to the execution of the programme to understand the SRHR needs and interventions were customized to fit the needs of the beneficiary community.
- CP8 was aligned with national priorities, as outlined in Tanzania Development Plan, Vision and Investment Priorities to Achieve Middle Income Status by 2025 , National Five Year Development Plan II (2015/2016-2019/2020) ; National Strategy for Growth and Reduction of Poverty; Zanzibar Strategy for Reduction of Poverty; United Nations Development Assistance Plan II (2016/2017-2020/2021); the Health Sector Strategic Plan IV (2016-2020) the National Roadmap Strategic Plan to Improve Reproductive Maternal, Newborn Child and Adolescent Health in Tanzania, 2016-2020, popularly known as One Plan II , the United Nations Development Assistance Framework (2016-2020) and the UNFPA Strategic Plan 2014-2017, and contributed to harnessing the country effort to strengthen Direct Health Facility Financing through the already established Decentralization by Devolution while taking into account the lessons learned from the previous country programme.

- *All thematic sectors (Sexual and Reproductive Health, Adolescent and Youth, Gender Equality and Women Empowerment as well as Population Dynamics) of the CP8 fit in very well within the wider context of the agenda of the Government of the United Republic of Tanzania. It is also in line with the SDGs 2030 and Agenda 2063", reported by various key informant respondents at the national level (MOH, PORALG, and TACAIDS).* - *CP8* response was informed by evidence of priority population needs. The direct beneficiaries of the programme were women; young people and adolescent girls; and at-risk populations, with a geographical focus on districts with poor sexual and reproductive health and rights indicators. All four sub-programmes implemented in an integrated manner and addressed humanitarian preparedness and response.			
EFFECTIVENESS **EQ4:** **To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access friendly sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?** ***(with a focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results)***			
Assumption1 **Quality integrated Sexual and Reproductive Health and Family Planning information and services, for women's and adolescent girls Including vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, which can be attributed to UNFPA, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led**	● Extent to which M&E of programme achievements indicate timely meeting of outputs ● The extent to which outputs in CP8 are likely to have contributed to outcome results ● Intervention districts have higher (comparison from baseline) ● CPR ● No. (%) Trained female service providers in SBA and FP counselling-services ● Midwifery curriculum improvements and trainings ● No. (%) of government (DoH and other outlets) that have protocols for YFSS	● M&E documentation ● AWPs and APRs ● Relevant programme, project and institutional reports of stakeholders ● Tanzania CO staff ● URT, and IPs ● Remote Site visits ● Regional-district data (TDHS 2012, MICS, DHIS, planning and monitoring units' data) ● Implementing partners' reports ● UNFPA Annual reports (2016/17-2021/226)	● Document review and comparison ● Interviews with Departments of Health and Departments of Population Welfare at national and provincial levels; Tanzania Nursing Council; non-governmental organizations, United States Agency for International Development, World Health Organization; United Nations Children's Fund; United

to significant results, in a complex country programme.	● -Status of RMNCAH in supported regions ● -Status of RMNCAH in humanitarian settings	● Health system staff and care providers ● Women/service recipients in communities ● National disaggregated statistics related to reproductive health ● Reproductive health strategy ● Reproductive normative tools, guidelines, strategies ● Training modules ● Final beneficiaries/members of the community (including those who use the services and those who do not) ● Relevant reports (on SRHR) produced by national/international women's rights groups and human rights bodies/organizations	Kingdom Department for International Development, academic institutions; National and Provincial Disaster Management Authorities; ● Meetings with, donors, NGOs, and district authorities, ● FGDs with end beneficiaries and service users ● Interviews with IPs, academia, and trainees ● Review of training documents and 3rd party findings
Assumption 2: Comprehensive, gender-sensitive, high-quality Adolescent Sexual and Reproductive Health (ASRH) services are in place and accessible in underserved areas with a focus on the (varied needs of) adolescents and young people and vulnerable and marginalized groups and were demonstrably increased and national policy environment for it was	● Extent to which M&E of programme achievements indicate timely meeting of outputs ● The extent to which outputs in CP8 are likely to have contributed to outcome results ● Extent to which the UNFPA supported projects in selected regions have achieved expected results. Extent of availability of ASRH in programme regions	● M&E documentation ● AWPs, and APRs ● Relevant programme, project and institutional reports of stakeholders ● Tanzania CO staff ● URT government IPs, and other IPs ● Site visits ● Provincial-district data (TDHS, MICS, planning and monitoring units' data)	● Interviews with Ministries/ departments of Health/ Planning, Women's Development other relevant government ministries and departments, youth networks and academic institutions ● Interviews with WHO and other relevant United Nations agencies

improved, which can be attributed to UNFPA, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme.	● Extent of availability of ASRH in in humanitarian settings ● The extent to which adolescent SRHR strategies developed ●	● Implementing partners' reports ● UNFPA Annual reports (2016/17-2021/22) ● Health system staff and care providers ● Women/service recipients in communities ● National disaggregated statistics related to reproductive health ● Reproductive health strategy ● Reproductive normative tools, guidelines, strategies ● Final beneficiaries/members of the community (including those who use the services and those who do not) ● Relevant reports (on ASRH) produced by national/international adolescents and youth organizations.	● Document review ● Interviews with health professionals ● Interviews and focus group discussions with service users and non users
Assumption 3: **National priority of government and other institutions on gender equality, women's empowerment and Gender Based Violence (GE, WE and GBV) was demonstrably increased, and law and legislative framework and policy environment for it was improved, which can be attributed to UNFPA, and with a**	● - Existence of evidence of women empowerment in selected regions ● Committees (including cross- ministerial) on women's rights and gender equality established with support from UNFPA ●	● UNFPA gender focal point and/or team working on gender equality ● Relevant Government departments ● Relevant NGOs ● Relevant implementing partners ● Gender equality reports. ●	● Document review and analysis ● Group meetings/ Interviews with NCSW, Provincial CSWs, Interviews with UNFPA gender focal points ● Interviews with government implementing partners

robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme.			● FGDs with diverse groups of organizations, including donors and implementing partners, on supporting national capacity for prioritizing GEWE and GBV
Assumption 4: **Technical capacity of national institutions, Women Commissions and NGOs related to GEWE and GBV needed to be increased.**	Functional VAWC coordination structure exist Extent of Support to the implementation of national plans of action on elimination of VAWC (Mainland and Zanzibar) ● Gender focal points in national institutions and NGOS in related sectors trained on GE, WE and GBV ● Relevant institutions like ● Women's groups trained in UNFPA mandated areas, especially GE, WE and GBV ● Existence of functional VAWC protection committee with UNFPA support	● UNFPA gender focal point and/or team working on gender equality ● Relevant national ministries ● Relevant provincial departments ● Relevant NGOs ● Relevant implementing partners ● ● Other relevant documents such as the Programme criticality assessments, emergency appeal, SERF and other relevant information that highlight UNFPA's changing priorities in the context of COVID-19.	● Document review and analysis ● Group meetings/ Interviews with NCSW, Provincial CSWs, NGOs ● Interviews with UNFPA gender focal points ● Interviews with government implementing partners
Assumption 5: **UNFPA's support demonstrably contributed to improvement in disaggregation of data, for effective planning and implementation, along dimensions that reflected needs of different beneficiaries**	● Extent of UNFPA support to census data are disaggregation ● ● Extent to which M&E of programme achievements indicate timely meeting of outputs	● M&E documentation ● WPR ● SIS Annual Reports ● Relevant programme, project and institutional reports of stakeholders ● Tanzania CO staff ● URT, and IPs	● Document review of Planning and Monitoring frameworks of relevant departments and organisations where UNFPA extended support for improvement in data.

especially those furthest behind and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results.	● The extent to which outputs in CP8 are likely to have contributed to outcome results ● The programme regions have data available for monitoring and planning supported by UNFPA Evidence that data in planning and monitoring frameworks, at the national/ provincial/ UNFPA office level is disaggregated by different dimensions reflecting a variety of beneficiaries/ participants, including those furthest behind. ● Evidence of data before it was improved along disaggregation lines.	● Remote Site visits ● Provincial-district data (TDHS, MICS, DHIS, planning and monitoring units' data) ● IP partner reports ● UNFPA Annual reports (2016/17-2021/22) ● UNFPA monitoring framework ● Relevant Government departments ● Population Planning Departments ● Tanzania National Bureau of Statistics and other provincial statistics departments ● M&E frameworks of departments/ organisations where data was improved.	● Interviews with National Institute of Population Studies; Tanzania Bureau of Statistics; Ministry of Planning and Development and Provincial Commissions; Population Council; academic centres ● Interviews with relevant staff from M&E and planning cells of the line departments and organisations
EQ5: **To what extent and in what ways has the Country Office been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity), and addressing GBV and harmful practices as part of the COVID-19 crisis response and recovery efforts?**			

Assumption **That the UNFPA CP contributed to effective continuity of sexual and reproductive health services and interventions, and addressing GBV and harmful practices as part of the COVID-19 crises response and recovery efforts.**	● Evidence of effective continuity of sexual and reproductive health services and interventions, and addressing GBV and harmful practices as part of the COVID-19 crises response and recovery efforts.	● WPRs ● SIS Annual Reports ● CO staff ● URT and key stakeholders Other relevant documents such as the Programme criticality assessments, emergency appeal, SERF and other relevant information that highlight UNFPA's changing priorities in the context of COVID-19.	● Document review ● KI interviews ● FGDs with beneficiaries
EQ6: **To what extent has the Country Office ensured vulnerable and marginalized groups (such as young women and girls, persons with disabilities, indigenous peoples,) have the information they need, are protected against violence and have access to life-saving services in the COVID-19 and recovery context?**			
Assumption **The Tanzania 8th CP demonstrably responded to ensuring that vulnerable and marginalized groups (such as young women and girls, persons with disabilities, indigenous peoples,), have the information they need, are protected against violence and have access to life-saving services in the COVID-19 context during the programming process.**	● The speed and timeliness of response (response capacity) ● Adequacy of the response (quality of the response) ● To which the interventions planned within the AWPs (across the four components of the programme) were targeted at the most vulnerable, disadvantaged, marginalized and excluded population groups in a prioritized manner. ● Evidence of effective continuity of sexual and reproductive health services and interventions, and addressing GBV and harmful practices as part of the	● AWPs ● WPRs ● CO staff ● UNCTs ● URT and key partners ● ● Other relevant documents such as the Programme criticality assessments, emergency appeal, and other relevant information that highlight UNFPA's changing priorities in the context of COVID-19.	● Document review ● KI interviews ● FGDs with beneficiaries

	COVID-19 crises response and recovery efforts.		
EQ7: **To what extent has UNFPA successfully integrated human rights, gender perspectives and disability inclusion in the design, implementation, and monitoring of the country programme?**			
Assumption **Separate components are integrated in the planning, design, implementation, and monitoring of the country programme with cross cutting aspects such as gender and equity and human rights based approaches.**	● Review to establish if the CP addressed the needs of the most vulnerable populations including MARPs/key populations, PWDs, refugees, host populations, adolescents and young people.	● AWPs ● SIS Annual Reports ● CO staff ● UNCTs ● URT and key partners	● Document review ● KI interviews ● FGDs with beneficiaries

Evaluation of the Results for Evaluated Sub programmes

A) SRHR Component:

SRH strategic outcome and the three outputs which are contributing to the attainment of the outcome were very well articulated in the CPD. CPD implementation period (2016-2020) was indicated in the introduction of the CP Business Plan, however, the exact period for an end line was not very clear especially the exact timing when the outcome is expected. The linkages between activities for planned interventions for the outputs were clear as well as linkages between outputs and the outcome. The indicators for outcome and outputs were sufficient to measure the progress.

Key strategic interventions for increasing national and subnational government capacity to deliver integrated sexual and reproductive health services to women and men, with a particular focus on adolescents and young people were to: support review and implementation of national integrated sexual and reproductive health policies, strategic plans and guidelines through advocacy and policy dialogue; scale up integrated reproductive health and family planning information and services at HIV treatment and care clinics; scale up integrated sexual and reproductive health services and information provision in humanitarian settings through the Minimum Integrated Service Package; expand behaviour change communication and outreach to key populations, especially youth and female sex workers; support coordination and implementation of youth-friendly adolescent sexual and reproductive health initiatives.

Enhancing access to modern contraceptives by youth and marginalized populations through improved capacity of the government, civil society organizations and private providers to deliver equitable, high-quality family planning services, the Key interventions included: conducting advocacy interventions for increased funding for family planning and for decisive coordinated action to end stock-outs by strengthening the procurement and supply chain system; building capacity of health workers to provide method mix, LMIS and community-based family planning; fostering sociocultural and behaviour change strategies to create demand for family planning; supporting integration of family planning services into other sexual and reproductive health and HIV services, including youth-friendly services; and scaling up comprehensive condom programming for adolescents and youth.

Enhancing national capacity of government, civil society organizations and private institutions to deliver comprehensive maternal health services, the key strategic interventions included: scaling-up emergency obstetric and neonatal care services, including the implementation of task shifting modules, strengthening infrastructure and referral systems, and providing equipment and maternal health commodities in selected districts and refugee camps;; strengthening the capacity of maternal and perinatal death surveillance and response committees at community, subnational and national levels to perform their roles and responsibilities laid out in the national guidelines; collecting and integrating the number of maternal deaths at the health facility into the Health Management Information System; scaling-up pre- and in-service trainings on emergency obstetric and neonatal care for nurses, midwives and physicians; and advocating for a recognized midwifery specialization, and for effective prevention and management of obstetric fistula programmes.

- Ensuring quality implementation of these interventions, UNFPA Country Office provided adequate human, financial, material and management resources which were required for the implementation of various interventions and eventual achievement of quality SRH services. Progressive improvement in some of the outcome indicators over the years

B) **Adolescents and Youth:**

Outcome Two of the UNFPA Tanzania CP8 had one strategic output (Output 4) for Adolescents and Youth in Tanzania that targets for an increased government capacity and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality.

To facilitate the implementation of activities and sub activities that are linked to the achievement of Output 4, CP8 streamed them into four Strategic Intervention Areas That are implemented by the Government, Regions, Local Governments, Implementing Partners and other UN agencies who implement some interventions in a complimentary manner. The implementation of these Strategic interventions / Intervention Areas is summarised below:

Scale up of comprehensive sexuality education for in and out of school young people.

UNFPA supported to build capacity to implement life skills education for out of school young people, and training of TOTs for life skills. Other areas supported by UNFPA included implementing adolescent sexual and reproductive health and rights interventions, mostly in scaling up of adolescent and youth friendly services provision, capacity building of service providers, development of guidelines, review of ASRH standards, mobilization of trainings of Peer Educators, demand creation programs, and construction / refurbishment of adolescent and youth friendly centres.

Support Girl-Centred Child marriage prevention programme with SRH appropriate knowledge and practices.

This strategic intervention / intervention area addresses integrated sexual and reproductive services that focus at female adolescents / girls. Also included in the package for female adolescents / girls are interventions for empowering them with information and life skills and rights to be able to stand up for their right on their sexuality and reproduction. The strategic intervention / intervention area also includes reaching down to marginalized girls with life skills programmes that built their health, social and economic assets.

Support to youth led organizations.

UNFPA supported programs for integrated youth empowerment and youth participation interventions that focused at empowering young people to meaningfully participate and engage on issues that are affecting their SRHR needs more generally, mobilizing young people through youth led CSOs / youth networks, establishment of the Tanzania Chapter of AfriYan and establishing sub-chapters mobilizing

young people in regions of Tanzania, building capacity of young people to advocate for SRHR services and demand for SRHR services, building the capacity of young people to lead and become leaders and engage and take part in decision making platforms in areas where they are living.

Advocacy for local government to increase allocation of resources to youth related programme.

The current situation pertaining to availability of resources for social services including health, and wellbeing of the adolescents and youth had been diminishing with time. The Central government, regions and developing partners had been encouraging LGAs to look for own resources to address any funding gaps for social services including health, including the wellbeing of adolescents and youth. To facilitate meaningful and efficient LGAs own resources mobilization and expenditure, the central government periodically issues guidelines and instructions to LGAs on how their own source revenues (OSR) should be mobilized and utilized. The assumption is that stronger LGAs systems and capacities will optimize conditions for implementing integrated and equity-based interventions to achieve results, enhance accountability, and enable evidence-based planning and budgeting at the local level. This where the UNFPA initiated advocacy for local government to increase allocation of resources to youth related programme comes in handy.

Budget executions in Tanzania require that, once a budget is approved by the parliament, ministries are authorized to spend the budgeted money, consistent with the legal appropriations for each budget line item. In line with this, the at the national level, the evaluation noted that budget lines for funding adolescent and youth interventions are available at the Zanzibar Ministry of Information, Youth and Sports; the Zanzibar Ministry of Health, Social Welfare, Elderly, Gender and Children; the Prime Minister's Office, Labour, Employment and Youth Development; the Tanzania Mainland Ministry of Health,; the Tanzania Mainland Ministry of Education and Vocational Training, and the President's Office, Regional Administration and Local Governments. The availability of these budget lines for funding adolescent and youth interventions at these key Ministries enable them to get such funds from different sources, and can then legally spend them for the wellbeing of adolescents and youth.

C) Gender Equality and Women's Empowerment

There was a clear strategic linkage between planned interventions and the output under GEWE. The theory of change underlying gender equality and women empowerment is based on a sound intervention logic.

Strategic outcome and outputs were well enunciated. By a large extent, there was a clear link between strategic interventions and the outputs. One output indicator was clear and easy to measure while the remaining output indicators namely 'existence of multi-sectoral coordination mechanism at national level that monitors the implementation of the national plans of action addressing violence against women and children' and 'Number of One Stop Centres (OSC), Police Gender and Children Desks (PGCD) and Knowledge Centres (KC) established' were clear but not easy to measure since there was no specific targets set in terms of numbers. During the implementation, a new output indicator was added to measure the response side of VAWC.

Having strong institutions that respond and address GBV is fundamental to achieve gender equality and women empowerment. Overall, the evaluation team found that, there was a significant achievement in the number of empowered people from female genital mutilation and child marriages as well as a clear existence of multi-sectoral coordination mechanisms at national level that monitor the implementation of the national plans of action addressing violence against women and children as well as a greater achievement of service provision in One Stop Centres, and Police Gender and Children Desks or awareness through the established Knowledge Centres.

UNFPA has strengthened legal, policy and strategies and other capacities on GEWE. Through partnership with the government, civil society organizations and other partners, UNFPA has been able to strengthen the capacity to support, prevent and address GBV and strengthen the response for elimination of GBV including FGM and child marriage in humanitarian and development settings. It supported coordination of the National Plan of Action of Violence Against Women and Children at the national level.

The initiative to develop a Regional Specific Plan to end violence against women and children is exemplary since it captures the local content in a closer focus at the regional level, therefore, bring the sense of ownership and ease implementation. Shinyanga region did not settle for the regional strategy, it is developing By-Laws at the district level that will prevent GBV. Other UNFPA initiatives under CP 8 include finalization of the Study on "Changing Social Norms and Values to eliminate Violence Against Women and Children" in Mainland and Zanzibar. The study was then showcased during 16 Days of Activism Against Gender Based Violence through positive stories.

CP8 supported the government of Tanzania and Civil Society to monitor, track and report accountability towards global norms on gender equality and women empowerment. UNFPA has been at the forefront ensuring that the country adheres to international norms. This was through preparations, presentation and dissemination of international instruments and national and UN reports such as the Universal Periodic Review (2021) and the 2019 Nairobi Statement on ICPD25. Evidence further points out that UNFPA is supporting the government of Tanzania to align with CEDAW and the Beijing Platform for action. This has been done through working closely with the Revolutionary Government of Zanzibar, Ministry of Health, Social Welfare, Elderly, Gender and Children and Ministry of Health, (MOH) in Tanzania mainland.

Strengthened multisectoral intervention and responses including during the COVID 19 pandemic: CP 8 contributed to strengthen the efforts to combat GBV and VAWC through facilitating access to information through the National Child Helpline and Afya Call Centres. The capacity of the centres is not only receiving the information but also collect and store data on the calls. In particular, during COVID 19 pandemic the National Child Helpline responded to and followed up on 2,246 calls from girls and 2,582 calls from boys respectively, from April to December 2020. Also, Afya Call Centre received about 10,000 calls related to GBV. The calls were referred to the respective authorities namely the social welfare officers, police gender and children's desks and health facilities. There was further follow ups from the Call Centre agents to ensure that there was response.

Through CP 8, 3 One Stop Centres, 9 Police Gender Desks and 18 Knowledge Centres were established. Through those infrastructure and joint initiatives there have been an increase in the reporting and response to various abuses such as psychological abuse, physical violence, sexual abuse and other harmful practices such as early and forced marriages and female genital mutilation.

CP8 facilitated women and adolescent girls' empowerment. Through CP8 women and girls in the areas of intervention have been empowered through various interventions like clubs that bring together girls who have dropped out of schools or are not able to continue with education because of pregnancy or other forms of violence. Other initiatives included taking them to vocational centres such as VETA. Women and youths have been able to learn more about proper management of menstrual hygiene, manifestations and various forms of GBV, how to report GBV and Sexual Transmitted Diseases, therefore, creating a mass of young people who are empowered and are able to address challenges they face in their communities. In particular, through UNFPA support in Tanzania mainland 780 girls received and were empowered with information and life skills to recognize cases of GBV and stand up for their rights. Furthermore1537 female and 630 male school children and adolescents received information about FGM and alternative rites of passage. In Zanzibar, gender-based violence campaign reached 2316 children and adolescents.

During discussions it was apparent that some of the girls who are well trained and possess skills still face challenges such as not being able to enter into job markets since some of community members, specifically employers are not very confident to employ them. This is a serious gap, which is beyond the scope of the UNFPA's mandate in the implementation since the community is not able to clearly grasp how these young girls can be of benefit to their families thus convincing the community to let more girls join the initiatives. Further engagement in partnership building is needed to address these challenges under the forthcoming Country Programme.

Strengthened evidence-based data on GBV, VAWC, FGM and other harmful practices. Amongst UNFPA's main strengths is the area of data, which is very critical in addressing challenges surrounding GBV, VAWC, early and forced marriages and FGM. Through CP8, national databases in Zanzibar and Tanzania mainland were strengthened and desegregation of data according to sex and other factors such as GBV and disability has been put in place. UNFPA partners at national and sub-national levels such as C-Sema in Zanzibar, KIWOHEDE and ATFGM have been able to gain the knowledge and of data collection, analysis and utilization, which has strengthened the National Child Helpline to prevent GBV. In places like Mara region, more than 150 Digital Champions have been empowered and provided with mobile phones and are able to trace and timely report any GBVs in their areas.

Strengthened support for change and transformation of negative social norms and values that perpetuate gender inequality, GBV, VAWC, FGM and other harmful practices. UNFPA Tanzania continued the efforts to strengthening support for change of social norms and values at community level through various interventions. Notably, GBV awareness-raising reached 18 million people through radios and jingles in community radios. Out of that number, 7.5 million people in remote areas of Shinyanga, Tabora, Simiyu, Kigoma, Mwanza, Kagera and Geita received 57 jingles and 25 programmes. 5.5 million people in Mara and Manyara regions were reached with information about

gender-based violence, female genital mutilation and COVID 19 programmes. Additionally, 5 million people in Dar es Salaam were reached with information about gender-based violence and the National Helpline through 8 programmes in 4 radio stations.

The evaluation identified that although CP8 has been able to reach a considerable number of people, interventions will add more value when scaling up and increasing the number of men and boys' beneficiaries in the interventions.

D) Population and Development

Key milestones achieved on availability and utilisation of data for policies and programmes. The resultant out was the strengthened capacity of government and national institutions for the availability and utilisation of quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings.

i) Two SDG databases were developed; one in Simiyu regional secretariat encompassing socio-economic indicators at the regional level and the other is for completed census geography work in Kondoa district. Initiatives were made for South-South cooperation to be established between the Zanzibar Statistics office and their counterparts in Uganda.

ii) Groundwork has been done including the development of draft five District Statistical Strategy and the next steps will be done in 2021 by signing an agreement for specific activities for collaboration. The creation of enumeration areas for the 2022 Population and Housing census was made in Kondoa district and later teams moved to Kongwa district.

iii) The information collected through the process has been used to update areas for the next census.In addition, the analysis of different laws to support amendments of Zanzibar PwD Act by establishing a special technical committee which involved, the Second Vice President's Attorney General Chamber and Department of Disability Affairs. The activity analyzed 20 laws that included the following: Zanzibar Children Act, No. 6 2011, Employment Act No. 11/2005, Education Act 6/1982, Zanzibar Election Act, Public Service Act, Disaster Management Act, Sheria ya Usafiri Barabarani(Road Safety Act), Sheria ya Tume ya Utangazaji (Zanzibar Broadcasting Act), Environmental Act 11/2012, Sheria ya Haki Miliki, Social Security Act, Zanzibar Sports Council Act, Aids Act, Sheria ya wari na watoto wa upande mmoja 4/2005, Sheria ya Biashara 14/2013, Sheria ya vyama vya Ushiriki, Penal Act 6/2018, Criminal Procedure Act, and the Evidence Act 9/2016. The PD sub-programme also supported the JUMUISHI database, and Community/Shehia Database on updating the database, capacity building and hosting of the database.

EFFICIENCY

EQ8:

To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches and innovation also leveraging the national resources, to pursue the achievement of the outcomes defined in the country programme?

Assumption: **Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner**	● Evidence that the planned resources were received to the foreseen level in AWPs ● Evidence that resources were received in a timely manner ● Evidence of optimal of resources (Financial, Personnel etc.) to deliver the programme outputs /results ● Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries ● Evidence of progress towards the delivery of multi-year, predictable, core funding delivered ● to implementing partners ● Evidence of appropriateness of the IPs selected to deliver the results ● Evidence of timely transfer of funds ● Evidence of effective mechanisms to control waste and fraud ● Evidence that inefficiencies were identified and corrected in a timely manner ● Evidence of focus of UNFPA resources on high impact activities	● AWPs ● Relevant Programme, Administrative and Financial Management Documents including: ● Project standard progress reports ● And reports reflecting leverage / usage of national resources ● Financial Reports from Implementing Partners, and UNFPA (Atlas reports) ● Audit Reports for IPs who received budgetary support ● Field Monitoring Visit Reports	● Documentary review: financial documents at the UNFPA (from project documentation) ● and interviews with administrative and financial staff ● Documentary review: annual reports from partner ministries, and implementing partners, ● audit reports and monitoring reports ● Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) ● Interviews with implementing NGO partners who received budgetary support ● Interviews with UNFPA country office staff ● Interviews with beneficiaries of funding (including NGOs) ● Interviews with UNFPA administrative staff, government and NGOs, donors on the

			coordination, complementarity of implementation, and leveraging of national resources.
EQ9 **To what extent did country office systems, processes and procedures foster or impede the adaptation of the country programme to changes triggered by the COVID-19 crisis?**			
Assumption **Administrative, procurement and** **financial procedures as well as the mix of implementation modalities led to efficient execution of programme activities in the context of the COVID-19 response and recovery efforts.**	● Appropriateness of UNFPA administrative, procurement and financial procedures ● Appropriateness of IP selection criteria ● Evidence of successful capacity building initiatives with partners	● AWPs ● SIS Annual Reports ● CO staff ● URT and key partners ● ● Other relevant documents such as the Programme criticality assessments, emergency appeal, SERF and other relevant information that highlight UNFPA's changing priorities in the context of COVID-19.	● Document review ● KI interviews
Funding modalities: - UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that all IPs are accountable for deliverables in a timely manner. - Office of Audit and Investigation Services (OAIS) performs audits of the UNFPA Country Office in Tanzania on an annual basis. - Audit is conducted in conformance with the International Standards for the Professional Practice of Internal Auditing, which requires that internal auditors plan and perform the audit to obtain reasonable assurance on the adequacy and effectiveness of governance, risk management and internal control processes in place over the in-scope areas and activities. - - - - Each the Implementing Partners had robust audits plans (internal and external audits, conducted semi-annually or annually) to enhance accountability, transparency and governance. UNFPA Tanzania office ensures that such regular audits were carried out and made public in line with good financial management practices. - During the implementation of CP8, the OAIS performed an audit of the UNFPA Country Office in Tanzania (the Office), and he audit covered the period from 01 January 2017 to 30 September 2018, straddling activities covered by the audit straddled the first, second and third years of CP8.			

- Overall audit rating is "Effective" – which means that the assessed governance arrangements, risk management practices and controls were adequately designed and operating effectively to provide reasonable assurance that the objectives of the Office should be achieved.

Utilisation of funds:

- Data available from the UNFPA Tanzania Basic graphs and Tables as of 31 December 2021 shows that a total of US $ 90,197,086 was budgeted for the period 2016 to 2021 for the 8th CP.
- Total expenditure during that period was US $ 83,493,765
- The table shows that we have two spikes of total annual budgeted and expended funds, during years 2016 and 2021.
- Analysis of expenditure of funds by CP8 outcomes during the period 2016 to 2021 shows that the funds were mostly (82%) expended to achieve the Outcome 1 of CP8, namely Sexual Reproductive Health and Rights. Next high expenditure (9%) was on Outcome 3, namely Gender Equality and Women's Empowerment. This was closely followed by Outcome 4, namely Population and Development (6%), Outcome 2: Adolescents and Youth (3%), and finally Outcome OEE, namely Organization Effectiveness and Efficiency (0.4%).

Personnel:

- UNFPA built the capacity of personnel in various organizations and government entities on resources management, mobilization, leadership skills and organization management.
- UNFPA has also provided its personnel to monitor the implementation of programme activities of different partners.
- Approximately half of the implementation of the 8th Country programme was influenced by the global pandemic COVID 19. With COVID 19 on the play, the plan of personnel's physical presence in the offices and at the field changed to full or partial remote work modalities.
- UNFPA, the URT Government in Zanzibar and at the mainland, other development partners, IPs at the national and grassroots levels and rights holders were equally affected. Based on a programme criticality assessment and analysis of national COVID-19 prevention and response plans, some funds were reprogrammed and the modality of some activities were changed while other activities were postponed.
- Affected implementation of work, however, with time, innovation of using available technology in areas where it was accessible eased the implementation.

SUSTAINABILITY

EQ10:

To what extent has UNFPA been able to support implementing partners and rights-holders (notably, women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects also considering the COVID-19 context?

Assumption: Government/partners/ stakeholders and right-holders (notably women, adolescents and	Evidence of following: ● Established sustainability mechanism for the programme for	Documents: *Relevant Sectoral Policies and Strategic Plans:*	● Documents review and analysis ● Key informant interviews

youth) capacities and mechanisms are improved for ownership and continuation of interventions, despite COVID-19 impact related to resource constraint.	IPs and right-holders (women, adolescents & youth) ● The likelihood of the programme and its benefits to be sustainable. ● Established systems and infrastructure to continue the programme. ● Capacity development including staff training. ● Community and country ownership including financial resource commitments. ● Partner organizations with sustainability plans. ● Existence of Scale-up plans/strategies.	● Annual Work Plans for Implementing Partners ● Country Programme Reports ● AWPs; Reports; ● IP progress reports, relevant sector strategic plans *Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, education, community/social sectors.* ● National Level Stakeholders ● UNFPA staff, Government, IPs staff, and Heads of Departments (Health, Education, Social Welfare, Planning, ● Relevant Field level IPs.	● Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) ● Interviews with implementing NGO partners who received budgetary support ● Focus group discussions with final beneficiaries
EQ11 **To what extent has UNFPA support contributed to building the national capacities and systems for sustainability of results?**			
Assumption **UNFPA Tanzania CO has contributed in all four programme areas to sustainable national capacity and systems development in the URT and IPs, and among primary beneficiaries.**	● Evidence of capacity development initiatives supported by CO and of the likelihood of sustainable results (e.g., staff retention, continued finance, improved quality of service) ● Evidence of IP resources and capacity to continue and develop relevant programmes and projects ● Evidence of ongoing benefits after the interventions have ended	● AWPs ● SIS Annual Reports ● CO staff ● URT and IPs	● Document review ● KI interviews

- URT Development Vision 2025, national document that guide economic and social development efforts of the republic up to the year 2025, categorically notes that the effective ownership of the development agenda coupled with the spirit of self-reliance, at all societal levels, are major driving forces for the realization of the Vision.
- Implementation of the UNFPA Tanzania CP8 was nurtured within this context of the Tanzania Development Vision 2025 where the United Republic of Tanzania owned, led and guided the implementation of the stipulated programs through a comprehensive partnership that extended from the Central government (Departments, Agencies, Units) through Regions, LGAs, health facilities and communities.
- National level, this trickle-down partnership is reinforced by the active involvement and participation of UNFPA and other stakeholders in national level government led Technical Working Groups.
- UNFPA different levels from planning, implementation and tracking of results had enabled both the Central government, Regions, LGAs, health facilities, communities and UNFPA, each to understand one's specific roles and responsibilities, and to then actively contribute in the planning, implementation, monitoring, reviews and reporting on the progress of the interventions / programme activities.
- Contributory factors that to strengthened ownership and sustainability of UNFPA interventions:

i) Using and fitting into existing Government Structures: Tanzania is a unitary country with a single level of sub-national governments, with the Government of the United Republic of Tanzania and Zanzibar Revolutionary Government being at the top.

ii) c) Extending Technical Support to the Government: UNFPA's technical support to Tanzania through the United Republic of Tanzania Government and the Revolutionary Government of Zanzibar dates back to 1971.

iii) Engagement of NGOs and CSOs to implement some Interventions: UNFPA's technical support to Tanzania through the United Republic of Tanzania Government and the Revolutionary Government of Zanzibar dates back to 1971

CSOs/IPs - identified local CSOs within LGAs who are handling and managing the intervention on behalf of the CSO that was directly engaged by UNFPA. It was however reported that the host local CSOs don't have direct management responsibilities to the field workers.

COORDINATION
EQ12
To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT, DPG, HCT, government led sector coordination/consultative fora and other mechanisms?

Assumption **The UNFPA has effectively contributed to the UNCT and its effort to achieve the goal of delivering as one.**	● Evidence of roles played by UNFPA in UNCT and active participation in UNCT working groups, and exchange of information ● Evidence of joint programming	● Monitoring and evaluation reports ● Joint programmes and work plan and reports ● UNCT and programme specialists in UN agencies	● Document review ● KI interviews with Government ministries ● UNFPA staff

	● Evidence of UNFPA support of government sectoral coordination mechanisms		
- high level coordination during CP8 implementation. During the implementation period of CP8, UNFPA had been actively involved in a number of National level coordination forums on Tanzania Mainland (technical working groups) and Tanzania Zanzibar (coordination meetings). These forums include the TC-SWAp, FP TWG, MH TWG, Human Resources for Health TWG, and ASRH TWG. Others are the DPG-Health, HIV-AIDS TWG, Youth Development Coordination Meetings, Disabled Coordination Meetings, Maternal Health Coordination meetings, Covid Response, etc. - GEWE sub programme - a high engagement and coordination with other UN agencies to ensure a very high achievement of intended objectives. Specifically, in most areas of intervention, UNFPA has been working hand in hand with UN Women and UNICEF to ensure implementation and realization of the rights of women and children in Tanzania Zanzibar and mainland.			
COVERAGE **EQ13** **To what extent have UNFPA's humanitarian interventions systematically reached all geographic areas in which affected populations women, adolescents and youth reside?**			
Assumption: **The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary populations that especially included women, adolescents and youth , based on socio-economic and geographical dimensions.**	● Evidence of systematic target segmentation of beneficiary groups across socio- economic and geographical dimensions, so as to reach affected populations, viz, women, adolescents and youth ● Evidence that affected communities are mapped and disaggregated ● Mapping evidence of geographical area covered for humanitarian assistance.	● AWPs ● UNDAP progress reports on humanitarian assistance arrangements ● on beneficiary and stakeholder mapping reports ● UNFPA SIS and WPRs reports on humanitarian assistance interventions	● Documentary analysis ● Geographical map showing beneficiaries ● Interviews with UNFPA country office staff and humanitarian assistance cell/ staff ● Interviews with members of the donor / INGO clusters ● Interviews with other United Nations agencies ● Interviews with government ministries / departments responsible for emergency preparedness and

			involved in humanitarian response ● FGDs with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant)
EQ14 **To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalized groups women, adolescents and youth**			
Assumption **The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, based on socio-economic and geographical dimensions.**	● Evidence of systematic target segmentation of beneficiary groups across socio- economic and geographical dimensions, so as to reach vulnerable and marginalised groups. ● Evidence that affected communities are mapped and disaggregated ● Mapping evidence of geographical area covered for humanitarian assistance.	● AWPs ● UNDAP progress reports on humanitarian assistance arrangements ● Beneficiary and stakeholder mapping reports ● UNFPA M&E reports on humanitarian assistance interventions	● Documentary analysis ● Geographical map showing beneficiaries ● Interviews with UNFPA country office staff and humanitarian assistance cell/ staff ● Interviews with members of the donor / INGO clusters ● Interviews with other United Nations agencies ● Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response

			● FGDs with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant)
- In response to government priorities, UNFPA targeted geographical areas with the worst health indicators. - CP8 supported interventions cover eight regions on Tanzania Mainland, namely Mwanza, Simiyu, Kagera, Shinyanga, Geita, Mara, Kigoma, and Dodoma; and all five regions on Tanzania Zanzibar, namely North Pemba, South Pemba, North Unguja, South Unguja, and Urban West regions. - Despite this wide coverage by region, the health facility based integrated sexual and reproductive services interventions don't cover all Local Government Authorities (LGAs) in Tanzania Mainland; whereas in Tanzania Zanzibar, they cover all Local Government Authorities (LGAs). - At LGAs levels in both Tanzania Mainland and Tanzania Zanzibar, the integrated sexual and reproductive services interventions are not evenly distributed in all wards / Shehia and villages. - In terms of demand creation for the integrated sexual and reproductive services interventions, a much higher coverage had been attained by disseminating services demand creation messages through community radios. - On the other hand, nevertheless, three population development dynamics intervention had attained an almost universal coverage of all Shehias and village. These are the comprehensive disability database, the Swahili population database, and the civil registration and vital statistics database for consolidating birth, death divorce and marriage registrations.			

Annex 4: Stakeholders' Map

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
CPD Output 1. Increased national and sub-national government capacity to deliver integrated sexual and reproductive health services, with a particular focus on adolescents and young people. (Atlas Project:				
Integrated Sexual Reproductive Health				
UNFPA	Donor Core Resources		Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	
UNAIDS/UBRAF	Donor based in NY head quarters	Otilia SCUTELNICIUC UNAIDS Fast Track Adviser UNAIDS Tanzania Phone:+255 22 2195120/ +255 786 960203 Cell: +255 752212735 Email: ScutelniciucO@unaids.org	Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	The Unified Budget, Results and Accountability Framework (UBRAF) is UNAIDS instrument to maximize the coherence, coordination and impact of the UN's response to AIDS by combining the efforts of the UN Cosponsors and UNAIDS Secretariat. At the country level, UNAIDS Tanzania coordinates Co-sponsors work plan development, funds allocation, monitoring and reporting.
Irish Embassy	Donor based in Dar es Salaam	Dr. Kim Mwamelo Programme Manager - Reproductive Health and Nutrition Embassy of Ireland Mob: +255682669406 Email: Kim.Mwamelo@dfa.ie	Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	Donor – supporting a four year Ujana wangu nguvu yangu project that aims at empowering adolescent girls and young women and improve their access to SRHR in selected districts in Kigoma region. Irish embassy are also members of the DPG health
UN OCHA CERF	Donor based in NY head quarters	Helge Flard Team Leader UN Resident Coordinator's Office, Tanzania T: +255 765 745 184 Email: helge.flard@one.un.org	Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	OCHA contributes to principled and effective humanitarian response through coordination, advocacy, policy, information management and humanitarian financing tools and services. OCHA's country and regional offices are responsible for delivering the core functions in the field by leveraging functional expertise throughout the organization. At country level, the UN RC office coordinates proposal development, funds allocation, monitoring and reporting.

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
TACAIDS	Government implementing partner based in Dodoma	Dr. Pendo Saro TACAIDS Mob 0765320573 Email pendo.saro@tacaids.go.tz	Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	TACAID is the UNFPA Implementing partner the area of focus in the CP is integration of RH services in HIV clinics and condom programming
ZAC	Government implementing partner based in Zanzibar	Sihaba Saadati Director of Coordination Prevention and Research Tel. 0777418222 iddi.saadati@gmail.com	Dr Azzah Nofly Nofly@unfpa.org Cell +255767800524	Zanzibar AIDs Commission, responsible for coordination of the National Response of HIV. The focus is on HIV prevention particularly to key Population, Young people and Women.
MOHCDGEC	Government implementing partner based in Dodoma	Dr. Naibu Mkongwa Safe Motherhood Coordinator Mob: +255766354416 mail: napd75@yahoo.com	Dr Victor Bakengesa bakengesa@unfpa.org +255767800562	Government implementing partner, implementation focuses on SRHR/RHCS including policy/guidelines development and capacity building in various programmatic areas (Adolescent, GBV, FP , MH)
AGPAHI	Implementing partner, local NGO, based in Dar es Salaam		Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	AGPAHI was UNFPA Implementing partner in the first year of the CP, the area of focus in the CP was integration of RH services in HIV clinics and condom programming
KIWOHEDE	Implementing partner, local NGO, based in Dar es Salaam P.O Box 10127, House.No.22 Buguruni Malapa Tel. +255 22 2861111 Dar es Salaam	Emmanuel Yohana Program Officer Mobile: +255 713 953 547, +255 762 547 818 Email: eyohana2012@gmail.com or katri@kiwohede.org	Fatina Kiluvia kiluvia@unfpa.org +255 762 46 85 02	Kiota Women Health And Development Organization (KIWOHEDE) is UNFPA implementing part6ner the area of focus is adolescent reproductive health and life skills and SBCC through community radio
TRCS	Implementing partner, local NGO, based in Dar es Salaam	Ms Vivaoliva Shoo Director Disaster Management(DDM) Tanzania Red Cross Society HQ Mob 0789 932 878 Email vivaoliva@trcs.or.tz	Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	TRCS is the UNFPA Implementing partner the area of focus in the CP is integration of RH services in refugees camps in Kigoma, they provide RH services to adolescents and women in camps

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
ZAYADESA	Other partner based in Unguja	Mgoli Mgoli mgolimgoli@yahoo.com +255 773 171 818	Dr Azzah Nofly Nofly@unfpa.org Cell +255767800524	CSO working on SRH, HIV prevention and response with a focus on young people and Key populations in Zanzibar.
IRC	Implementing partner, Inter NGO, based in Dar es Salaam Old Bagamoyo Road Plot no. 889/890 Dar es Salaam	1) IRC - SRH Name: Dr Heri Ntoke Title: Health Coordinator Email:Heri.Ntoke@rescue.org Phone: +255 713 300 045 2) IRC - GBV Name :Ms Laurensia Kasiga Title: Acting Women Protection and Empowerment (WPE) Coordinator Email ; Laurensia Kasiga@rescue.org Phone : +255 767 800225 / 758 777 46	Dr Sunday Rwebangila Rwebangila@unfpa.org +255 767800514	IRC is the UNFPA Implementing partner the area of focus in the CP is SRH including Menstrual health and GBV services in refugees camps in Kigoma and host communities
CPD Output 2. Increased national and sub-national government capacity to deliver integrated sexual and reproductive health services, with a particular focus on adolescents and young people.				
Family Planning				
UNFPA	Donor Core and UNFPA supplies Resources based in NY	Ayman Abdelmohsen abdelmohsen@unfpa.org Tel: +1212-297-5294 Programme Leader, UNFPA Supplies Partnership	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	Key donor in supporting the Government through UNFPA and other NGOs in strengthening the procurement and supply chain system. Contributes a lot in securing RH commodities in Tanzania
FCDO	Donor based in Dar es Salaam	Suse Matamwa Health Policy Advisor Foreign, Commonwealth & Development Office e-mail: suse.matamwa@fcdo.gov.uk Mobile: +255 (0) 767 820017	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	Key donor and member in FP technical working groups including the FP donor group and FP2030 focal points. Also supports the Government through UNFPA and other NGOs in the implementation of FP interventions including strengthening the procurement and supply chain system

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
Canadian Embassy	Donor based in Dar es Salaam		Tausi Hassan thassan@unfpa.org +255 22 2163500	Donor Supported joint project with UNICEF Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT)
MOHCDGEC	Government implementing partner based in Dodoma Salma Khairalla, Senior Planning Officer salmakhairalla80@gmail.com +255 772 681 819	Dr. Naibu Mkongwa Safe Motherhood Coordinator Mob: +255766354416 mail: napd75@yahoo.com	Dr Victor Bakengesa bakengesa@unfpa.org +255767800562	Government implementing partner, implementation focuses on SRHR/RHCS including policy/guidelines development and capacity building in various programmatic areas (Adolescent, GBV, FP , MH)
MOHSEGC	Government implementing partner based in Zanzibar	Wanu Bakar RCH Coordinator Tel. 0777 426622 Email; wbkhamis@yahoo.com	Dr Azzah Nofly Nofly@unfpa.org Cell +255767800524	Ministry of Health Zanzibar, focusing on Reproductive, maternal, Newborn and Adolescents health using different strategies including enabling policy environment, capacity building, advocacy, community mobilization and promotion of Reproductive health behaviour change.
Marie Stopes Tanzania	Implementing partner, local NGO, based in Dar es Salaam	Anil Tambay atambay@mst.or.tz	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	Receives commodities from UNFPA but not implementing activities. An active member in the FP technical working groups
KIWOHEDE	Implementing partner, local NGO, based in Dar es Salaam	Emmanuel Yohana Program Officer Mobile: +255 713 953 547, +255 762 547 818 Email: eyohana2012@gmail.com or katri@kiwohede.org	Fatina Kiluvia kiluvia@unfpa.org +255 762 46 85 02	Kiota Women Health and Development Organization (KIWOHEDE) is UNFPA implementing part6ner the area of focus is adolescent reproductive health and life skills and SBCC through community radio
UMATI	Implementing partner, local NGO, based in Dar es Salaam	Violeth Alphonce | Ag. Executive Director Family Planning Association of Tanzania (UMATI) Plot No 439, Maliki Road,Upanga. Dar es Salaam, Tanzania Email: valphonce@umati.or.tz Tel: +255 22 2150156 / +255 22	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	Implementing partner but activities currently suspended

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		2152479 | Mobile: +255 765 956 077| +255 715 739 190		
DKT	Implementing partner, lnter NGO, based in Dar es Salaam	Kevin Hudson Country Director DKT International Tanzania kevin@dktinternational.org	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	Receives commodities from UNFPA and implemented social marketing programme under insurance scheme called iPlan last 3 years. Currently the partnership is on hold still the organization is an active member in the FP technical working groups supporting the Government in the implementation of FP through social marketing
JSI	Implementing partner, lnter NGO, based in Dar es Salaam	Matiko Machagge, | Country Team Lead - Tanzania , Insupplly Health. | Plot no. 28 Regent Street, Mikocheni, Dar es salaam, Tanzania | +255 (0) 754 403893	Furaha Mafuru mafuru@unfpa.org +255767800516	JSI was UNFPA implementing partner is the area of Supply Chain and Impact Team training for the last two years. The partnership with JSI is currently on hold.
Shop plus	Other partner local NGO based in Dar es Salaam	Nicole N Kapesi| Technical Specialist- Public Health Management | SHOPS Plus Tanzania Email: Nicole_Kapesi@abtassoc.com M: +255 782 441 018 |	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	An active member in the FP technical working groups supporting the Government in the implementation of Public-Private and TMA interventions in collaboration with UNFPA
HDT	Other partner local NGO based in Dar es Salaam	Norah Kimwaga Program Advocacy and Monitoring Officer Health Promotion Tanzania Mobile Phone: +255742784725 Email: nkimwaga@hdt.or.tz 12 MIKOCHENI-A, SENGA STREET,DAR ES SALAAM Tel: +255 22 2772264/86 Mobile: +255742784725	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	An active member in the FP technical working groups supporting the Government in the implementation of FP
Palladium	Other partner local NGO based in Dar es Salaam	Stella N Mujaya Country Director, Tanzania	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	An active member in the FP technical working groups supporting the Government in the implementation of FP and providing TA on the development,

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		stella.mujaya@thepalladiumgroup.com TCRS Building, Ground Floor | Mwai Kibaki Rd. Mikocheni P. O. Box 76742 | Plot 436 Block 11 **M**: +255.754.307205 |		implementation and monitoring of the FP costed plan II
TMARC	Other partner local NGO based in Dar es Salaam	Flavian Ngole fngole@tmarc.or.tz	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	An active member in the FP technical working groups supporting the Government in the implementation of FP through social marketing
Advance family Planning	Other partner local NGO based in Dar es Salaam	Halima Shariff hshariff@jhuccptz.org Cell phone:+255788249091	Dr Jarrie Kabba Kebbay kabba-kebbay@unfpa.org +255767800521	An active CSO in the advocacy of FP in Tanzania and a member in FP2030 focal points and FP technical working groups
Engenderhealth	Implementing partner, lnter NGO, based in Dar es Salaam	Greysmo Mutashobya GMutashobya@engenderhealth.org	Dr Jarrie Kabba Kebbay kabbakebbay@unfpa.org +255767800521	An active member in the FP technical working groups supporting the Government in the implementation of FP
Pathfinder	Other partner lnter NGO based in Dar es Salaam	Dr. Joseph J Komwihangiro Country Director, Tanzania Email: jkomwihangiro@pathfinder.org Tel: +255 767 997 778 / +255 677 997 778 | Mobile: +255 756 443 708 |Ext 5510	Dr Jarrie Kabba Kebbay kabbakebbay@unfpa.org +255767800521	An active member in the FP technical working groups supporting the Government in the implementation of FP
Clinton Health Access	Other partner lnter NGO based in Dar es Salaam	Gilbert Mateshi gmateshi@clintonhealthaccess.org Tel: +255683984777	Dr Jarrie Kabba Kebbay kabbakebbay@unfpa.org +255767800521	An active member in the FP technical working groups supporting the Government in the implementation of FP
FHI360	Other partner lnter NGO based in Dar es Salaam	JohnBosco Basomingera JBasomingera@fhi360.org	Dr Jarrie Kabba Kebbay kabbakebbay@unfpa.org +255767800521	An active member in the FP technical working groups and supporting Government in the implementation of FP
WHO	Sister UN agency based in Dar es Salaam	MUSANHU, Christine Chiedza musanhuc@who.int Phone Mobile: +255 763 812 308	Dr Jarrie Kabba Kebbay kabbakebbay@unfpa.org +255767800521	Member of FP technical working groups including the FP donor group

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
WFP	Sister UN agency based in Dar es Salaam	Dasaria SWAI dasaria.swai@wfp.org	Dr Jarrie Kabba Kebbay kabbakebbay@unfpa.org +255767800521	Chairs the logistics pillar and supported the logistic management system including supply chain visibility in collaboration with UNFPA and Government
USAID	Development Partners based in Dar es Salaam	Emmanuel Tluway etluway@usaid.gov	Dr Jarrie Kabba Kebbay kabbakebbay@unfpa.org +255767800521	Key donor and active member in FP technical working groups including the FP donor group and FP2030 focal points. Also supports Government in the implementation of FP interventions and RHCS
KFW	Development Partners based in Dar es Salaam	Pascal Kanyinyi <Pascal.Kanyinyi@kfw.de	Dr Jarrie Kabba Kebbay kabbakebbay@unfpa.org +255767800521	Partner in the FP donor group
CPD Output 3: Increased national capacity of government, Civil Society Organizations and private institutions to deliver comprehensive maternal health services.				
Maternal Health				
UNFPA	Donor Core Resources based in NY		Felister Bwana bwana@unfpa.org +255767800200	
KOICA	Donor based in Dar es Salaam 8th Floor, Jangid Plaza .Ali Hassan Mwinyi Road	Ms.Suma I. Mbatiani Project Manager KOICA Tanzania Office Mob: +255-764-463-745 Tel: +255 -22-292-6581 Fax: +255 -22-277-2297	Felister Bwana bwana@unfpa.org +255767800200	KOICA supported maternal health project in Simiyu regions
UNDP (UDB03)	Donor based in Dar es Salaam		Felister Bwana bwana@unfpa.org +255767800200	Fund received from UNDP one fund Tanzania
MOHCDGEC	Government implementing partner based in Dodoma	Dr. Naibu Mkongwa Safe Motherhood Coordinator Mob: +255766354416 mail: napd75@yahoo.com	Felister Bwana bwana@unfpa.org +255767800200	Ministry of health Community Development Gender Elderly and Children(MOHCDGEC) is an implementing partner is reproductive health
PORALG	Government implementing partner based in Dodoma Government City -Mtumba TAMISEMI Road P.O.Box 1923 41185 Dodoma Email: ps@tamisemi.go.tz	Ms. Dinah Atinda Programme Coordinator Email: dinah_victor@yahoo.com.au +255 788663428/754094158	Felister Bwana bwana@unfpa.org +255767800200	President's Office Regional Administration and Local Government (PORALG) is a government implementing partner. The IP implemented maternal health projects in Simiyu funded by KOICA and Kigoma funded by Irish AID

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
SIMIYU SECRETARIAT	Government Implementing Partner	Oscar R Tanganamba Regional Phasmasist & Authorizing officer tengaoscar@gmail.com +255767367614, 0782367614	Dr. Amiri Batenga batenga@unfpa.org	Strategic Partner for Maternal health and SRH in Simiyu Region. Participated in the Implementation of KOICA Maternal Health program in Simiyu in 2018-2020 and now as independent IP implementing Maternal health and SRH activities in Simiyu region
TAMA	Implementing partner, local NGO, based in Dar es Salaam	Feddy Mwanga President, TAMA Email:mwangafeddy20@yahoo.com +255754475185	Furaha Mafuru mafuru@unfpa.org +255767800516	Strategic partnership for the Midwifery Program: Conducting advocacy, capacity building for the in-service and pre-service, strengthening midwifery education, regulation and association.
TRCS	Implementing partner, local NGO, based in Dar es Salaam. Tanzania Red Cross Society HQ Mwai Kibaki Road, Plot 53, Bloc C Mikocheni Dar es Salaam	Ms Vivaoliva Shoo Director Disaster Management(DDM) Tanzania Red Cross Society HQ Mob 0789 932 878 Email vivaoliva@trcs.or.tz	Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	TRCS is the UNFPA Implementing partner the area of focus in the CP is SRH including Menstrual health and GBV services in refugees camps in Kigoma and host communities
AMREF	Implementing partner, local NGO, based in Dar es Salaam	Dr. Florence Temu Country director AMEF Tanzania Florece.Temu@amref.org +255754785515	Felister Bwana bwana@unfpa.org +255767800200	Amref Tanzania was UNFPA implementing partner in the early years of the CP.The IP implemented the joint RMNCAH project in lake zone with WHO and UNICEF.
TTCIH	Implementing Partner semi-autonomous Government IP	Zabron Abel Business Development & Digital Health Manager UNFPA Project Manager Mob:+255 718 867 869/+255 685 059 989 Email: zabel@ttcih.ac.tz website: http://www.ttcih.ac.tz	Denis Swai swai@unfpa.org +255752317561	TTCIH is the UNFPA Implementing partner the area of focus in the capacity building and development of curriculum and related CP is SRH including Menstrual health and GBV services in refugees camps in Kigoma and host communities
IRC	Implementing partner, Inter NGO, based in Dar es Salaam	IRC - SRH Name: Dr Heri Ntoke Title: Health Coordinator Email:Heri.Ntoke@rescue.org	Dr Sunday Rwebangila Rwebangila@unfpa.org +255 767800514	IRC is the UNFPA Implementing partner the area of focus in the CP is SRH including Menstrual health and GBV services in refugees camps in Kigoma and host communities

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		Phone: +255 713 300 045		
CPD output 4: *(*Increased government capacity and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life skills education programmes that promote human rights and gender equality*)*				
Adolescent and Youth				
UNFPA	Donor Core Resources		Fatina Kiluvia kiluvia@unfpa.org +255 762 46 85 02	
UNICEF	Sister UN agency- Lead joint project by Canadian embassy- Based in Dar es Salaam	Jaya Burathoki Adolescent Development Specialist, UNICEF Tanzania Plot 133 Karume Road, Oysterbay, P.O. Box 4076, Dar es Salaam, Tanzania Tel: + 255 22 219 6642 | Mobile: +255 758 001 465 | Email: jburathoki@unicef.org	Tausi Hassan thassan@unfpa.org +255 22 2163500	UNFPA and UNICEF are implementing joint project on Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT)
MOHCDGEC	Government implementing partner based in Dodoma	Gerald Kihwele ARH Coordinator-RCHS Tel: 0716 890270 Email: geraldkihwele@yahoo.co.uk	Fatina Kiluvia kiluvia@unfpa.org +255 762 46 85 02	Ministry of health, Community Development, Gender Elderly and children (MOHCDGEC) is an implementing partner in adolescent sexual reproductive health and custodian of peer educators program and ARH in mainland
MOHSEGC	Government implementing partner based in Zanzibar	Wanu Bakar RCH Coordinator Tel. 0777 426622 Email; wbkhamis@yahoo.com	Dr Azzah Nofly Nofly@unfpa.org Cell +255767800524	Ministry of health Social welfare Gender Elderly and children (MOHSEGC) is an implementing partner is sexual reproductive health
PMO-PLEYD	Government implementing partner based in Dodoma	Godfrey Emmanuel Massawe, Senior Youth Development Officer, Prime Minister's Office, Labour, Youth, Employment and Persons with Disability, P.O. Box 2890, DODOMA +255 754 266 163	Tausi Hassan thassan@unfpa.org +255 22 2163500	The Prime Minister's Office-Labor, Employment, Youth and Persons with Disability is responsible for planning, implementation, and overseeing all issues around youth development and life skills for out of school in mainland Tanzania

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		marunda2003@yahoo.com		
MIYCS	Government implementing partner based in Zanzibar	Salma Khairalla, Senior Planning Officer. Ministry of Information, Youth, Culture and Sports salmakhairalla80@gmail.com +255 772 681 819	Amina Kheri kheri@unfpa.org +255 24 223 9085 +255 758 777 8383	MIYCS responsible for planning, implementation, and overseeing all issues around youth leadership, participation and development in Zanzibar
FEMINA HIPS	Implementing partner, local NGO, based in Dar es Salaam	Amabilis Batamula Media Director **Mobile:** +255 713 442 558 **Address:** P.O. Box 2065, 3rd Floor, B Wing, Regent Business Park, Mikocheni, Dar es Salaam, Tanzania. amabilis@feminahip.or.tz	Fatina Kiluvia kiluvia@unfpa.org +255 762 46 85 02	FEMINA is UNFPA implementing partner. Implemented the CP for one year. The area of focus was capacity building to teachers on comprehensive sexuality education
Restless Dev	Other partner, local youth led network, based in Dar es Salaam	Haika Mawalla Hub Director Restless Development Tanzania Regent Business Park, Wing A, 3rd Floor Chwaku/New hub Street, Mikocheni A P.O.Box 35748, Dar es Salaam haika@restlessdevelopment.or.tz	Tausi Hassan thassan@unfpa.org +255 22 2163500	A youth serving organizations working around capacity development for young people, Advocacy, SRHR, gender equality and youth economic empowerment
AFriYAN	Other partner, local youth led network, based in Dar es Salaam	Dianarose L. LYIMO AfriYAN Tanzania - Chairperson. +255759079297 dianaroselnc@gmail.com	Tausi Hassan thassan@unfpa.org +255 22 2163500	AfriYAN is a regional youth network for advocacy on sexual and reproductive health and rights, and population and development in Africa. The network is a key platform for meaningful youth participation and advocacy in policy and decision making processes at national, regional and global levels.
UNESCO	Sister UN agency- Lead joint project by funded by KOICA- Based in Dar es Salaam	Viola Muhangi Kuhaisa Project Coordinator Better Life for Girls (BLG) Joint Program v.muhangi-kuhaisa@unesco.org	Fatina Kiluvia kiluvia@unfpa.org +255 762 46 85 02	Member of UN Outcome Group on Education. UNFPA implemented a joint project on empowering adolescent on SRHR

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		Mob: +255 742 455448 UNESCO		
CPD output 5: Strengthened national capacity of government and civil society to prevent and respond to gender-based violence, female genital mutilation, and child, early and forced marriage				
Gender Equality and Women Empowerment				
UNFPA	Donor Core Resources based in NY	Maja Hansen mahansen@unfpa.org +255769764760	Maja Hansen mahansen@unfpa.org +255769764760	Outcome Manager
KOICA	Donor. Based in Dar es Salaam	Ms. Jieun Mo Deputy Country Director KOICA Tanzania Office P. O. Box 31370 Dar es Salaam, Tanzania Email: jieunmo@gmail.com	Maja Hansen mahansen@unfpa.org +255769764760	Donor for joint UNFPA-un women project "realizing gender equality through empowering women and adolescent girls in Singida and shinyanga regions reporting schedule for triannual and annual reporting"(2020-2023).
Swiss Development & Cooperation Agency / Swiss Embassy	Donor. Based in Dar es Salaam	Mr. Leo Näscher Head of Cooperation Embassy of Switzerland Plot 79 Kinondoni Road P.O. Box 2454 Dar es Salaam, Tanzania Email: leo.naescher@eda.admin.ch	Maja Hansen mahansen@unfpa.org +255769764760	Donor for project "Preventing and responding to gender-based violence (GBV) and harmful practices in Tanzania during the COVID-19 outbreak and in the recovery phase". (2020-2021).
Irish Embassy	Donor. Based in Dar es Salaam	Mr. Adrian Fitzgerald Chargé d'Affaires/Development Specialist Irish Embassy Dar es Salaam. Tanzania Email: Adrian.Fitzgerald@dfa.ie	Maja Hansen mahansen@unfpa.org +255769764760	Donor for the project "Ujana wangu nguvu yangu - GBV component". (2020-) Chair of the Development Partner Group, Gender Equality
Finnish Embassy	Donor. Based in Dar es Salaam	Dr. Timo Voipio Head of Cooperation (HoC) Embassy of Finland, Dar es Salaam, Tanzania Email: timo.voipio@formin.fi Mobile phone / Whatsapp in Tanzania: +255754400042	Maja Hansen mahansen@unfpa.org +255769764760	Forthcoming donor for the project "Chaguo Langu Haki Yangu - Protection the Rights and Choices of Women and Girls of all Abilities in Tanzania". (2021-2024). Co-chair of the Development Partner Group, Gender Equality.

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
Norwegian Embassy	Development Partner-Based in Dar es Salaam	Anette Otilie Pettersen Adviser – Cultural Affairs and Gender Equality Kgl. Norske Ambassade – Royal Norwegian Embassy Dar es Salaam, Tanzania Mobile: +255 782 777 019 Office: +47 23 95 56 55 / +255 22 216 3100 Email: Anette.Otilie.Pettersen@mfa.no	Maja Hansen mahansen@unfpa.org +255769764760	Donor through the One Fund for VAWC and Kigoma Joint Programme, Development partner, member of Development Partner Group, Gender Equality
European Union	Development Partner- Based in Dar es Salaam	Ms. Stine Hyldekjaer Programme Officer (Gender and Private Sector) Delegation of the European Union to Tanzania Email: Stine.HYLDEKJAER@eeas.europa.eu	Maja Hansen mahansen@unfpa.org +255769764760	Strategic Partner- GEWE and FGM Development partner Member of Development Partner Group, Gender Equality
MOHCDGEC-Gender	Government implementing partner based in Dodoma	Gender Department Mboni Mgaza Director 0754747652 mboni.mgaza@jamii.go.tz Community Development Department Patrick Golwike Director 0621301780 patrick.mgongolwa@jamii.go.tz Children's Development Department Mwajuma Magwiza Director	Dr Majaliwa Marwa marwa@unfpa.org Cell +255684781197	Implementing Partner- GBV, child marriage and FGM

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		0735223125 mwajuma.magwiza@jamii.go.tz Policy & Planning Department Director Sayi Magessa 0678333435 sayi.magessa@jamii.go.tz		
MOHSWEGC - Gender (ZNZ)	Government implementing partner based in Zanzibar	Halima Abdulrahman Omar, halima_abdulrahman@hotmail.com +255 777 438010	Ali Hamad ahamad@unfpa.org +255 767800508	Implementing Partner - GBV - Zanzibar (Community engagement, GBV Campaign, Advocacy, Psychosocial support, NPA Coordination)
CDF	Implementing partner, local NGO, based in Dar es Salaam	Koshuma Mtengeti +255 713 691 375 mtengetikoshuma@cdf.or.tz	Enrica Hofer hofer@unfpa.org +255767800477	Implementing Partner - GBV and FGM: Police gender and children desks (Mainland)
TGNP Mtandao	Implementing partner, local NGO, based in Dar es Salaam	Ms. Joyce Mkina Project Coordinator Email; joyce.mkina@tgnp.or.tz Tel: +255658472113	Enrica Hofer hofer@unfpa.org +255767800477	Implementing Partner - GBV and FGM: Knowledge centres, social norms, gender analysis, SBCC (Mainland)
ATFGM Masanga	Implementing partner, local NGO, based in Dar es Salaam	Valerian Mgani, Project Manager ATFGM Masanga Mobile: +255767942155 Email:mganivalerian@gmail.com	Enrica Hofer hofer@unfpa.org +255767800477	Implementing Partner - FGM: Advocacy, safe house, Alternative Rites of Passage, community dialogues, protection committees, religious leaders (National and Mara Region)
C-SEMA	Implementing partner, local NGO, based in Dar es Salaam	Michael Marwa Director - National Child Helpline | Head of Programmes Email: michael.kehongoh@sematanzania.org Tel: +255 764 842 764	Enrica Hofer hofer@unfpa.org +255767800477	Implementing Partner - GBV, FGM: Child Helplines, advocacy, religious leaders (Mainland and Zanzibar)
KIWOHEDE	Implementing partner, local NGO, based in Dar es Salaam	Emmanuel Yohana Program Officer Mobile: +255 713 953 547, +255 762 547 818	Enrica Hofer hofer@unfpa.org +255767800477	Implementing Partner - GBV, child marriage: Adolescent Girls Clubs, protection committees, construction of One Stop Centres, addressing social norms and values (Mainland)

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		Email: eyohana2012@gmail.com or katri@kiwohede.org		
Hope for Women and Girls	Other partner, Local NGO –grantee. Based in Dar es Salaam	Robhi Samwelly (Ms.), Executive Director Serengeti, Mara Region Email: mndlutume@gmail.com Phone: +255 756 600 806	Enrica Hofer hofer@unfpa.org +255767800477	Implementing Partner - FGM: advocacy for anti-FGM, cross-border collaboration (National and Serengeti)
NAFGEM - Network Against Female Genital Mutilation	Other partner, Local NGO –grantee. Based in Dar es Salaam	Francis Selasini (Mr), Director Moshi, Kilimanjiaro Address: PO Box 6413, Moshi, Tanzania Tel: (+255) 272 755 652 Mobile: (+255) 763 755 652/ 07548 01784 Email:nafgemtanzania@gmail.com ; nafgemed@gmail.com	Enrica Hofer hofer@unfpa.org +255767800477	Grantee - FGM: Capacity building of organization, advocacy for anti-FGM, cross-border collaboration (National and Kilimanjaro/Arusha)
Msichana Initiative	Other partner, Local NGO –grantee. Based in Dar es Salaam	Rebeca Gyumi (Ms.) Executive Director Dar es Salaam, Tanzania Tel: 022 277 4100 Mobile: +255 762 758 281 Email: rebeca.gyumi@msichana.or.tz	Enrica Hofer hofer@unfpa.org +255767800477	Grantee (former) and strategic partnership - Child marriage, adolescent girls rights (National)
Anti-FGM Network (coordinated by at Legal Human Rights Center (LHRC))	Other partner, Local NGO. Based in Dar es Salaam	Gertrude Dyabene Program Officer - Gender, Women and Children at Legal Human Rights Center (LHRC) Dar es Salaam, Tanzania Tel: +255 (0) 22 2773038/48 Mobile: +255 714 895 299 Email: gdyabene@humanrights.or.tz	Enrica Hofer hofer@unfpa.org +255767800477	Strategic partnership - FGM: Advocacy, capacity building, knowledge management
UN Women	Sister UN agency-Based in Dar es Salaam	Julia Broussard (Ms.) Deputy Country Representative UN Women Tanzania	Maja Hansen mahansen@unfpa.org +255769764760	Lead of UN Gender Coordination Mechanism

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		Plot 392, Toure Drive, Masaki, Dar es Salaam, TANZANIA Mob: +255 699 596 907		Member of UN Outcome Groups on VAWC, Women's political participation and leadership, Governance member Co-lead of UN leave no one behind secretariat Co-lead on UNPRPD MPTF inception phase for UN joint programme to promote the rights of persons with disability in Tanzania Partner for joint UNFPA-UN Women project "Realizing Gender Equality Through Empowering Women And Adolescent Girls In Singida And Shinyanga Regions Reporting Schedule For Triannual And Annual Reporting"(2020-2023).
UNESCO	Sister UN agency-Based in Dar es Salaam	Viola Muhangi Kuhaisa UNESCO F Project Coordinator v.muhangi-kuhaisa@unesco.org Nancy Kaizilige UNESCO F National Professional Officer-Communication and Information nk.kaizilege@unesco.org	Maja Hansen mahansen@unfpa.org +255769764760	Member of UN Outcome Group on VAWC Member of UN Gender Coordination Mechanism Member of core group for the UNPRPD MPTF inception phase for UN joint programme to promote the rights of persons with disability in Tanzania
UNICEF	Sister UN agency-Based in Dar es Salaam	Maud Droogleever Fortuijn Chief Child Protection – UNICEF Tanzania Plot 133 Karume Road, Dar es Salaam M: +255 787 600 113; E: mdfortuyn@unicef.org	Maja Hansen mahansen@unfpa.org +255769764760	Chair of UN Outcome Group on VAWC and the KJP coordination committee for the VAWC thematic areas in DSM Member of core group for the UNPRPD MPTF inception phase for UN joint programme to promote the rights of persons with disability in Tanzania Member of UN Gender Coordination Mechanism
WHO	Sister UN agency-Based in Dar es Salaam	Dr. Mary Theophil Kessi	Maja Hansen	Member of UN Gender Coordination Mechanism

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		Programme Specialist, Gender, GBV and violence <kessim@who.int	mahansen@unfpa.org +255769764760	Technical partnership on the development of national policy and GBV management guidelines for health care providers and integration of GBV and FGM into the revised nurse and midwife ring training curriculum.
IOM	Sister UN agency-Based in Dar es Salaam	David Hofmeijer Programme Coordinator Dar es Salaam Mob: +255 699 674 975 Email: dhofmeijer@iom.int	Maja Hansen mahansen@unfpa.org +255769764760	Member of UN Outcome Group on VAWC and coordination team for KJP VAWC Member of UN Gender Coordination Mechanism
OHCHR	Sister UN agency-Based in Dar es Salaam	Ms. Adwoa Kufuor-Owusu Regional Gender Advisor, Nairobi, Kenya	Maja Hansen mahansen@unfpa.org +255769764760	Member of core group for the UNPRPD MPTF inception phase for UN joint programme to promote the rights of persons with disability in Tanzania Member of UN Gender Coordination Mechanism Co-lead for UN Coordination team for the Universal Periodic Review 2021
LSHTM	Academic institution	Ana Maria Buller, Associate Professor, PhD Deputy Director – Gender, Violence and Health Centre Global Health and Development Ana.Buller@lshtm.ac.uk	Maja Hansen mahansen@unfpa.org +255769764760	Strategic partnership, ongoing sub-study on the impact of use of radio programmes to address social norms and values in relation to age disparate transactional sex among adolescent girls.
CPD Output 6: Strengthened capacity of Government and national institutions for the availability and utilisation of quality disaggregated data for formulation, implementation and monitoring of policies and programmes, including in humanitarian settings				
Population Dynamics				
UNFPA	Donor Core Resources		Samweli Msokwa msokwa@unfpa.org +255767800505	
FCDO	Donor- Based in Dar es Salaam	Daniel Packham | Evidence and Learning Advisor | British High Commission Tanzania | Foreign,	Samweli Msokwa msokwa@unfpa.org +255767800505	Support Census

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
		Commonwealth and Development Office P.O. Box 9200, Umoja House 5th Floor, Garden Avenue, Dar es Salaam, Tanzania | Official Bag Mail: FCDO, BFPO 5347, West End Road, Ruislip HA4 6EP | daniel.packham@fcdo.gov.uk | Tel: +255 22 499 2318		
NBS	Government implementing partner –Dar es Salaam	Seif Kuchengo National Bureau of Statistics seif.kuchengo@nbs.go.tz +255715696965	Samweli Msokwa msokwa@unfpa.org +255767800505	Implementing partner for population and development. The IP has been undertaking the national surveys. Currently preparation for the national census is on going
Zanzibar Planning Commission	Government implementing partner – Zanzibar	Mr Mwita Mgeni Mwita,Executive Secretary,Ministry of Finance and Planning Zanzibar Planning Commission Tel: +255 777 417048 Commissioner Salama Makame Email: s0713543066@gmail.com> Mobile:+ 255 772215226	Ramadhani Hangwa hangwa@unfpa.org +255 767 800526	IP - Population and Development
Zanzibar UN Area Coordinator's office	UN partner –Based in Zanzibar	Doroth Temu-Usiri UN Area coordinator UN Residence Coordinator's Office Sub –Office Zanzibar Email: dorothy.temu-usiri@one.un.org Tel +255 787 188187	Dr Azzah Nofly nofly@unfpa.org +255767800524	UN Residence Coordinator's Office

Partner	Relationship	Partner's Focal Point name and Contract (Email + Phone)	UNFPA Focal Point name and Contract (Email + Phone)	Description of partnership
Zanzibar Civil Status Registration Agency	Other partner-Based in Zanzibar	Shaaban Ramadhan Email: sabdalla76@gmail.com/ shaaban.abdalla@zcsra.go.tz> Mobile: +255777878680	Ramadhani Hangwa hangwa@unfpa.org +255 767 800526	Sub IP - Civil Registration and Vital Statistics (CRVS)
Zanzibar Department of Disability Affairs	Other partner-Based in Zanzibar	Abushir Khatib Mobile:+255773309095 Email:abushiir@gmail.com	Ramadhani Hangwa hangwa@unfpa.org +255 767 800526	Sub IP - Leave no One Behind (Policy, JUMUISHI database, SRH)
Office of Chief Government Statistician (OCGS)	Other partner-Based in Zanzibar	Mayasa Mahfoudh, Tel.0777431549 mayasa1962@gmail.com	Ramadhani Hangwa hangwa@unfpa.org +255 767 800526	Sub IP - Statistics - Zanzibar (SDGs Indicators, Census, Dashboard)
Tanzania Data Lab	Other Partner, Local NGO-based in Dar es Salaam	Somoe Mkwachu Partnership manager 0784 380869 somoemkwachu@gmail.com	Ramadhani Hangwa hangwa@unfpa.org +255 767 800526	UNFPA collaborated with datalab on SDG Mapping to the local context and development of Simiyu Infor Data base

Annex 5: Data Collection Tools

UNFPA TANZANIA

COUNTRY OFFICE – KEY INFORMANT INTERVIEW

General Introduction - Purpose of the evaluation
Thank you very much for taking the time to talk with us about your work with UNFPA Tanzania. We anticipate that it will take approximately one hour to respond to these questions. We also want to assure you that your answers are confidential and will only be analysed by pooling together all the data and findings. Should we need to directly quote you, this will only happen after receiving a written consent from you. We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA Tanzania so please feel free to share your views and perceptions as we are sure they will enrich this evaluation. In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants. **Before we get started, perhaps you can introduce yourself and tell us a bit about your role with UNFPA Tanzania.**
Core interview: objectives of the interview guide transformed into questions
1. **Objective: <u>Rationale</u> for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)** **Possible questions:** a. What work are you involved in with UNFPA Tanzania? b. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including in humanitarian settings? c. How well does the UNFPA activities/work support the national structures that are in place? d. How is the humanitarian-peace-development nexus context reflected in the CP? 2. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts** **Possible questions:** a. To what extent is the CP8 aligned to national development strategies and priorities in Tanzania? b. To what extent is the CP8 aligned to national priorities (sectoral priorities, and coherence with needs of target groups? c. To what extent is the CP8 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2021)? d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response? e. To what extent has the programme integrated gender and human rights-based approaches?

3. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?

c. How and to what extent has the Country Office achieved timely disbursement of resources and reporting to facilitate implementation of programmes?

d. To what extent was the country office able to adapt the level and allocation of its resources with a view to mitigating the consequences of the COVID 19 crisis?

e. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

4. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?

b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. **Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:

a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?

b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

c. What are the main comparative strengths of UNFPA in Tanzania; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in the humanitarian – peace - development nexus, in the era of the changing aid environment?

6. **Objective: Existence and functioning of coordination mechanisms**

Possible questions:

a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?

b. To what extent has been UNFPA contribution /role on government/ multisector coordination structures

c. To what extent did the UNFPA Tanzania CO contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

7. **Objective: Coverage**

Possible questions:

a. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalised groups (women and adolescents and youth with disabilities; etc), with a focus in Tanzania?

b. How well does the 8th Country programme integrate aspects of (a) leaving no one behind (b) south South-South and Triangular Cooperation and c) Humanitarian-Peace-Development Nexus.

8. **Objective: Interviewee recommendations**

Possible questions:

a. Is there anything else you would like to mention?

b. Are there any specific recommendations you would like to mention?

UNFPA Tanzania

COUNTRY OFFICE – KEY INFORMANT INTERVIEW GUIDE FOR OPERATIONS AND COMMUNICATION

General Introduction - Purpose of the evaluation

Thank you very much for taking the time to talk with us about your work with UNFPA Tanzania. We anticipate that it will take approximately one hour to respond to these questions. We also want to assure you that your answers are confidential and will only be analysed by pooling together all the data and findings. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA Tanzania so please feel free to share your views and perceptions as we are sure they will enrich this evaluation.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Before we get started, perhaps you can introduce yourself and tell us a bit about your role with UNFPA Tanzania.

Core interview: objectives of the interview guide transformed into questions

9. **Objective: <u>Rationale</u> for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

a. What work are you involved in with UNFPA Tanzania?
b. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including in humanitarian settings?
c. How well do the UNFPA Tanzania activities/work support the national structures that are in place?
d. What role did Communications/Operations play in the CP8?

e. **Objective: <u>Role played</u>**

Possible questions:

f. In what way did your work support the following thematic areas:
i. Sexual and reproductive health and rights/ FP
ii. Gender equity and empowerment?
iii. Adolescents and Youth
iv. Population and Development

f. **Objective: Challenges (Challenges faced in playing roles towards the achievement of outcomes).**

Possible questions:

c. What challenges did you face in playing your role in Communications/Operations?
d. Were the planned activities successfully implemented?

g. **Objective: <u>Lessons Learnt</u>**

Possible questions:

d. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
e. To what extent have the partnerships built by UNFPA Tanzania promoted national ownership of supported interventions, programmes and policies?
f. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

h. **Objective: Interviewee recommendations**

Possible questions:
c. Is there anything else you would like to mention?
d. Are there any specific recommendations you would like to mention?

UNFPA Tanzania– Sexual Reproductive Health and Rights
Key Informant Interview Guide for Implementers of the Programme

General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate /UNFPA's 8th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA Tanzania has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

1. **Objective: <u>Rationale</u> for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender responsiveness)**

Possible questions:

a. What work are you involved in with UNFPA Tanzania?
b. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
c. Who was consulted regarding the design?
d. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

a. To what extent is the CP8 aligned to national priorities in Tanzania (Coordinated Programme of Economic and Social Policies 2017-2024 and the Medium-Term Development Policy Framework 2018-2021; the African Union 2063 agenda)?
b. To what extent is the CP8 aligned to national priorities (sectoral priorities, and coherence with needs of target groups?
c. To what extent is the CP8 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2021)?
d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
e. To what extent has the programme integrated gender and human rights-based approaches?
f. To what extent has the programme targeted and/or reached the adolescents and young people?

g. To what extent has the programme targeted and/or reached the most left behind and furthest behind populations (other than adolescents and young people)?

3. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically focusing on reducing GBV and harmful practices as well as aim to mainstreaming gender equality and human rights dimensions across other output areas (SRHR, MH, FP, adolescents and youth, and PD)?

4. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:
a. To what extent did the interventions supported by UNFPA Tanzania in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA Tanzania and partners and be applied in future programme and policy development?

5. **Objective: <u>Sustainability</u> of the benefits from UNFPA Tanzania support likely to continue, after CP has been completed**

Possible questions:
a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
c. What are the main comparative strengths of UNFPA; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian -peace -development nexus, in the era of the changing aid environment?

6. **Objective: Existence and functioning of <u>coordination</u> mechanisms**

Possible questions:
a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?
b. To what extent has been UNFPA contribution /role on government/ multisector coordination structures?
7. **Objective: Coverage**
Possible questions:

a. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalised groups (women and adolescents and youth with disabilities; etc), with a focus in Tanzania?
b. How well does the 8th Country programme integrate aspects of leaving no one behind?

8. **Objective: Interviewee recommendations**

UNFPA Tanzania – Sexual Reproductive Health and Rights
Key Informant Interview Guide for Other Key Players

UN Agencies, Donors, and Organisations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA's 8th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA Tanzania has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

1. Objective: <u>Rationale</u> for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender responsiveness)

Possible questions:

a. What work are you involved in with UNFPA Tanzania?
b. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including the humanitarian situation for refugees?
c. How well does the UNFPA activities/work support the national structures that are in place?

d. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

a. To what extent is the CP8 aligned to national priorities in Tanzania (Coordinated Programme of Economic and Social Policies 2017-2024 and the Medium-Term Development Policy Framework 2018-2021; the African Union 2063 agenda)?
b. To what extent is the CP8 aligned to national priorities (sectoral priorities, and coherence with needs of target groups?
c. To what extent is the CP8 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2021)?
d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
e. To what extent has the programme integrated gender and human rights-based approaches?

e. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

f. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:
a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

g. **Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:
a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
c. What are the main comparative strengths of UNFPA; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of the changing aid environment?
h. **Objective: Existence and functioning of <u>coordination</u> mechanisms**

Possible questions:
a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?
b. To what extent has been UNFPA contribution /role on government/ multisector coordination structures?
i. **Objective: Interviewee recommendations**

UNFPA Tanzania – Sexual and Reproductive Health and Rights

Focus Group Discussion for adolescents and youth

General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA's Tanzania 8th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

1. **Objective: Rationale for the project and activities undertaken**

Possible questions:

a. What were, and are your priority needs as far as adolescent sexual reproductive health is concerned?

2. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

3. How well does the activity/work of UNFPA Tanzania's fit in with the adolescents and youth in this at district, regional and national level
4. What effect do you think the work should have, with which groups?

5. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. Did your work receive the needed support from UNFPA Tanzania?
b. Did the youth network receive any other support in connection with the UNFPA work and who provided this support?

6. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

a. Can you provide examples of success of the approach/activity (e.g. box game, peer counseling) both long term and short term?
b. To what extent has UNFPA contributed to the advancement of adolescents and youth leadership, through programme interventions for adolescent girls' clubs, FTYM, peer education, AfriYAN and the Youth Advisory Panel.
b. How useful are these activities to communicate the RH messages?
c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

7. **Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:

a. Can the youth networks/youth beneficiaries (adolescent girls' clubs, FTYM, peer educations, AfriYAN members or Youth Advisory Panel members) carry on the work without UNFPA?

b. What will help the youth networks to carry on the SRH work on their own?

8. **Objective: Existence and functioning of <u>coordination</u> mechanisms**

Possible questions:

a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?

b. To what extent has been UNFPA contribution /role on government/ multisector coordination structures

9. **Objective: FGD group recommendations**

UNFPA Tanzania – Sexual and Reproductive Health and Rights
Focus Group Discussion for women of reproductive age (15-49 years) / girls

Women are separated into two groups, 15-24 and 25 and above as some young women will not speak out if included into a group with older adults.

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate UNFPA's 8th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

1. **Objective: <u>Rationale</u> for the project and activities undertaken**

Possible questions:

a. What were, and are your priority needs as far as sexual reproductive health and rights is concerned?

2. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

a. How well does the activity/work of UNFPA Tanzania fit in with the needs of women / girls in this district?

b. What effect do you think the work should have, with women / girls?

3. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. Did the women / girls or your groups receive the needed support from UNFPA?

b. Did the women / girls or your groups receive any other support in connection with the UNFPA work and who provided this support?

4. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

a. Can you provide examples of success of the approach/activity both long term and short term?

b. How useful are these activities to communicate the SRH messages?

c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

5. **Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:

a. Can the women / girls or your groups carry on the work without UNFPA?

b. What will help women / girls or your groups to carry on the SRH work on their own?

6. **Objective: Existence and functioning of coordination mechanisms**

Possible questions:

a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?

b. To what extent has been UNFPA contribution /role on government/ multisector coordination structures?

7. **Objective: FGD group recommendations**

UNFPA – Sexual and Reproductive Health and Rights
Focus Group Discussion for men and men action groups (MAGs)

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate UNFPA's 8th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

1. Objective: <u>Rationale</u> for the project and activities undertaken

Possible questions:
a. What were, and are your priority needs as far as sexual reproductive health and rights is concerned?

2. Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:
a. How well does the activity/work of UNFPA fit in with the needs of men and MAGs in this district?
b. What effect do you think the work should have, with men /MAGs?

3. Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:
a. Did the men or MAGs receive the needed support from UNFPA?
b. Did the men and MAGs receive any other support in connection with the UNFPA work and who provided this support?

4. Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:
a. Can you provide examples of success of the approach/activity (e.g. box game) both long term and short term?
b. How useful are these activities to communicate the SRH messages?

5. Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:
a. Can the men and MAGs carry on the work without UNFPA?
b. What will help the men and MAGs to carry on the SRH work on their own?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

b. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?

c. To what extent has been UNFPA contribution /role on government/ multisector coordination structures?

7. Objective: Lessons learnt and best practices

Possible questions:

a. What would have done differently with the same resources?

b. What was the most and least successful approach in the delivery of CP outputs?

c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

8. Objective: FGD group recommendations

UNFPA – Sexual and Reproductive Health and Rights
Focus Group Discussion for refugees (women or men; adolescents and young people)

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate UNFPA's Tanzania 8th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

1. **Objective: <u>Rationale</u> for the project and activities undertaken**

Possible questions:
a. What were, and are your priority needs?
b. How well have you been consulted about your needs?

2. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:
a. Did you help plan the services you have received?
b. What effect do you think the work should have, with which groups?

3. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:
a. Did you receive the services when you needed them? Were there delays?
b. Did you receive what you expected? Were you consulted afterwards about your use of the items and services?

4. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:
a. Can you provide examples of success of the services or activities?
b. How do you think the activities can be improved?
c. What was helpful for you regarding your health (psychosocial support, learning, access to contraceptives, birth spacing)?
d. Will the activities/services be useful in the future?

5. **Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:
a. Can you carry on the work without UNFPA?
b. What will help you carry on the SRH work on your own?

6. **Objective: Existence and functioning of <u>coordination</u> mechanisms**

Possible questions:

a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

b. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?

c. To what extent has been UNFPA contribution /role on government/ multisector coordination structures?

7. **Objective: Lessons learnt and best practices**

Possible questions:

a. What would have done differently with the same resources?

b. What was the most and least successful approach in the delivery of CP outputs?

c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

8. **Objective: FGD group recommendations**

UNFPA Tanzania – Gender Equality
Key Informant Interview Guide for Implementers of Gender Equality Component

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate UNFPA's 8th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

i. **Objective: <u>Rationale</u> for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender responsiveness)**

Possible questions:

a. What work are you involved in with UNFPA Tanzania?
b. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including the humanitarian situation for refugees?
c. How well does the UNFPA activities/work support the national structures that are in place?

d. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:
g. To what extent is the CP8 aligned to national priorities in Tanzania (Coordinated Programme of Economic and Social Policies 2017-2024 and the Medium-Term Development Policy Framework 2018-2021; the African Union 2063 agenda)?
h. To what extent is the CP8aligned to national priorities (including the sectoral priorities, and coherence with needs of target groups?
i. To what extent is the CP8 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2021)?
j. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
k. To what extent has the programme integrated gender and human rights-based approaches?

e. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:
b. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
c. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

f. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:
e. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
f. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

g. **Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:
g. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
h. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
i. What are the main comparative strengths of UNFPA in Tanzania; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of the changing aid environment?

h. **Objective: Existence and functioning of <u>coordination</u> mechanisms**

Possible questions:
a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?
b. To what extent has been UNFPA contribution /role on government/ multisector coordination structures?

i. **Objective: Interviewee recommendations**

UNFPA - Gender Equality
Focus Group Discussion for Beneficiaries (Separately for women, men, and young people, community structures including community activists, male action groups)

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate UNFPA's 7th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

1. **Objective: <u>Rationale</u> for the project and activities undertaken**

Possible questions:

a. What were, and are your priority needs as far as gender equality and empowerment?

2. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:

a. What were, and are your priority needs in respect to gender equality and women empowerment?

b. How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme?

3. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

a. Were you receiving services in a timely manner/whenever you needed them?

b. Did agency/ institution seek for your feedback on the services/activities being implemented?

c. How well did the agency/institution use this feedback to improve services/activities?

4. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

a. How well has the programme managed to support your gender equality and women empowerment needs? Possible probes: What changes has this programme brought about in your lives?

b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

c. Are there any changes that should be have been made in order to improve services or activities?

5. **Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:

a. Are you engaged in gender equality and women empowerment activities by other agencies or individuals?

b. Do they work together?

6. **Objective: Existence and functioning of <u>coordination</u> mechanisms**

Possible questions:

a. How well has the programme been able to work within existing national, LGA and community structures?

b. Do you think the existing structures are able to take on work/part of the work that is being implemented?

c. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?

d. To what extent has been UNFPA contribution /role on government/ multisector coordination structures

7. **Objective: FGD group recommendations**

UNFPA Tanzania - Population and Development (PD)
Key Informant Interview Guide for Implementers of the PD Component

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate UNFPA's 8th Country Programme (2016/17-2021/22) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future.

In order to preserve anonymity and confidentiality for participants, no names will be recorded during the interviews and group discussions. The data will be reported in a pooled fashion and with no references to any individual participants.

Core interview: objectives of the interview guide transformed into questions

1. **Objective: <u>Rationale</u> for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)**

Possible questions:

a. What work are you involved in with UNFPA Tanzania?
b. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
c. Who was consulted regarding the design?
d. What other actors have been involved, how does this activity contribute to that of others?

2. **Objective: <u>Relevance</u> of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts**

Possible questions:
a. To what extent is the CP8 aligned to national priorities in Tanzania (Coordinated Programme of Economic and Social Policies 2017-2024 and the Medium-Term Development Policy Framework 2018-2021; the African Union 2063 agenda)?
b. To what extent is the CP8 aligned to national priorities (sectoral priorities, and coherence with needs of target groups?
c. To what extent is the CP8 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2021)?
d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
e. To what extent has the programme integrated gender and human rights-based approaches?

3. **Objective: <u>Efficiency</u> of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:
d. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 8th CP?
e. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement

of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

4. **Objective: <u>Effectiveness</u> of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:
a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic scope and target groups successfully reached?
b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. **Objective: <u>Sustainability</u> of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:
a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
c. What are the main comparative strengths of UNFPA; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of new generation UNDAF and changing aid environment?

6. **Objective: Existence and functioning of <u>coordination</u> mechanisms**

Possible questions:
a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of national stakeholders, CSOs, development partners and/or UN coordination mechanisms?
b. To what extent has been UNFPA contribution /role on government/ multisector coordination structures?

7. **Objective: Interviewee recommendations**

Annex 6: CPE Agenda

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
DESIGN PHASE[207]						
Day 1: (19 July 2021)	11h00-12h00 Evaluation Team meeting with Country Representative; and Evaluation Manager.	Evaluation Team; Country Representative; and Programme Staff	Remote Access	Evaluation Team and UNFPA Tanzania Country Office	Evaluation Brief	Evaluation Team brief on CPE expectations; clarification of ToR; clarification of team member roles.
Day 2: (20 July 2021)	09h00-10h00 Evaluation Team 11h00-14h00 ET internal work 14h30-18h00 Document review and drafting design report	Evaluation Team internal meeting ET preparatory work Evaluation Team internal work	Remote Access	Document Review Design Report	Document Review Design Report	Review of the ToR; review of individual agendas; Listing of documents to obtain from UNFPA Tanzania office. Understanding the UNFPA Tanzania 8th CP (2016/17-2021/22) Development of the design report

[207]During the Design Phase, document review and compilation of the design report are conducted simultaneously. Document Review continues throughout the Evaluation process until the Final Evaluation Report is completed and submitted.

Day 3: (21 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 4: (22 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 5: (23 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 6: (24 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 7: (25 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 8: (27 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 9: (28 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 10: (29 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 11: (30 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 12: (1 August 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 13: (2 August 2021)	08h00-18h00	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report

	Document review and drafting design report					
Day 14: (3 August 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 15: (4 August 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 16: (5 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
	Further consultation on design report	Evaluation Manager	Remote Access	Design Report	Design Report	Development of the design report
Day 17: (6 August 2021)	08h00-13h30 Further consultation on design report	Evaluation Team internal meeting	Remote Access	Design Report	Design Report	Development of the design report
	14h00 Submit draft design report to M & E Analyst	Evaluation Team	Remote Access	Design Report	Design Report	Submission of the design report for review by CO
Day 18: (7 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 19: (8 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 20: (9 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 21: (10 August 2021	14h00-16h00 Present CPE Design Report in general briefing session (plenary)	ERG members; CO technical heads	Remote Access	Design Report	Design Report	Present Design Report; validation of the evaluation matrix, the intervention logic and the overall agenda
	15h30-18h30 Incorporate comments on the Design Report	Evaluation Team internal meeting	Remote Access	Design Report	Design Report	Finalisation of the design report

Day 22: (11 August 2021)	08h00-18h00 Further revisions on design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Finalisation of the design report
	14.30-15.30 Brief consultation meeting on field work logistics with EM	Evaluation Manager	Remote Access	Design Report	Design Report	Final agreement on field work logistics
Day 24: (14 September 2021)	08h00-18h00 Evaluation Team internal work	Remote Access	Design Report	Design Report	Finalisation of the design report	08h00-18h00 Further revisions on design report
	15h00 Submit Final Design Report to EM at Tanzania CO	Team Leader	Remote Access	Design Report	Design Report	Receipt and approval of final Design Report
FIELDWORK PHASE						
The times indicated (where possible) are tentative. UNFPA Tanzania CO please provide and confirm these times for each of the programme areas for the Evaluation Team.						
Management and CO Programme Staff Interviews:						
Day 25: (20 September 2021)	9h15-09h45 Interview with Country Representative		UNFPA Tanzania Country Office	Country Representative	CO interview: Senior Management	Detailed brief to the Evaluation Team on management & coordination of CP
	10h00-10h30 Interview with Deputy Country Representative		UNFPA Tanzania Country Office	Deputy Country Representative	CO interview: Senior Management	Detailed brief to the Evaluation Team on management & coordination of CP
	11h00-12h00 Interview with Head: SRH Programme		UNFPA Tanzania Country Office	Chief Technical Specialist, Maternal Health/Family Planning (Head)	CO interview: SRH&R	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	12h30-13h30 Interview with Head: Gender/ GBV Programme		UNFPA Tanzania Country Office	Programme Specialist (Head)	CO interview: GEWE	Detailed brief to the Evaluation Team on the actual portfolio being implemented

	14h00-15h00 Interview with Head: PD/ Data Programme		UNFPA Tanzania Country Office	Programme – PD/Data (Head)	CO interview: PD/ Data	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	15h30-16h30 Interview with Head: Adolescent Sexual and Reproductive Health		UNFPA Tanzania Country Office	Programme - Adolescent Sexual and Reproductive Health (Head)	CO interview: AY	Detailed brief to the Evaluation Team on the actual portfolio being implemented
Day 26 (21 September 2021)	10h30-11h30 Interview with Head: Communication		UNFPA Tanzania Country Office	Programme - Communication (Head)	CO interview: Communication	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	12h00-13h00 Interview with Head (Operations)		UNFPA Tanzania Country Office	Head: Operations	CO interview: Operations	Detailed brief to the Evaluation Team on the actual portfolio being implemented
Day 27: (22 September 2021)	09h00-18h00 Further document review		Remote Access	Document review	Document review	Document review

FIELD PHASE[208]						
National Level IPs (Zanzibar)						
Government Implementing Partner						
18-11-2021	09h00-10h00 Stakeholder 1: ZAC	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 2: MOHSEGC	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 3: MIYCS	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	14h00-15h00 Stakeholder 4: MOHSWEGC - Gender (ZNZ)	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	15h30-16h30 Stakeholder 5: Zanzibar Planning Commission	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
19-11-2021	09h00-10h00 Stakeholder 1: Zanzibar Civil Status Registration Agency	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 2: Zanzibar Department of Disability Affairs	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 3: Office of Chief Government Statistician (OCGS)	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	14h00-15h00 Stakeholder 4: MOHSWEGC - Gender (ZNZ)	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart

[208] IP interviews in this category will be conducted simultaneously by the team of 4 CPE Consultants.

	15h30-16h30 Stakeholder 5: Zanzibar Planning Commission	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
Implementing Partner – NGO/CSO (at National level) (Zanzibar)						
22-11-2021	09h00-10h00 Stakeholder 1: C-SEMA	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
UN Agency/ Donor/ Development Partner						
22-11-2021	10h30-11h30 Stakeholder 1: Zanzibar UN Area Coordinator's office	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h30-13h30 Stakeholder 2: ZAYADESA	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor

FIELD PHASE						
National Level IPs (Tanzania Mainland)						
Government Implementing Partner						
13-12-2021	09h00-10h00 Stakeholder 1: MOHSEGC	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 2: TACAIDS	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 3: PORALG	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	14h00-15h00 Stakeholder 4: SIMIYU SECRETARIAT	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	15h30-16h30 Stakeholder 5: TTCIH	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart

14-12-2021	09h00-10h00 Stakeholder 1: PMO-PLEYD	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 2: MIYCS	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 3: MOHCDGEC-Gender	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	13h30-14h30 Stakeholder 4: NBS	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	15h00-16h00 Stakeholder 5:	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
Implementing Partner – NGO/CSO (at National level) (Mainland Tanzania)						
14-12-2021	09h00-10h00 Stakeholder 1: AGPAHI	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	10h30-11h30 Stakeholder 2: KIWOHEDE	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	12h00-13h00 Stakeholder 3: TRCS	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	13h30-13h30 Stakeholder 4: ZAYADESA	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h00-16h00 Stakeholder 5: IRC	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	16h00-17h00 Stakeholder 6: DKT	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
14-12-2021	09h00-10h00 Stakeholder 1: Shop plus	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level

	10h30-11h30 Stakeholder 2: HDT	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	12h00-13h00 Stakeholder 3: Palladium	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	13h30-14h30 Stakeholder 4: TMARC	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h00-16h00 Stakeholder 5: Advance family Planning	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
14-12-2021	09h00-10h00 Stakeholder 1: Engenderhealth	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	10h30-11h30 Stakeholder 2: Pathfinder	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	12h00-13h00 Stakeholder 3: FEMINA HIPS	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	13h30-14h30 Stakeholder 4: Restless Dev	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h00-16h00 Stakeholder 5: CDF	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
15-12-2021	09h00-10h00 Stakeholder 1: TGNP Mtandao	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	10h30-11h30 Stakeholder 2: ATFGM Masanga	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level

	12h00-13h00 Stakeholder 3: C-SEMA	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	13h30-14h30 Stakeholder 4: Hope for Women and Girls	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h00-16h00 Stakeholder 5: NAFGEM - Network Against Female Genital Mutilation	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
15-12-2021	09h00-10h00 Stakeholder 1: Msichana Initiative	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	10h30-11h30 Stakeholder 2: Anti-FGM Network (coordinated by at Legal Human Rights Center (LHRC))	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	12h00-13h00 Stakeholder 3: Tanzania Data Lab	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	13h30-14h30 Stakeholder 4: Clinton Health Access	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h00-16h00 Stakeholder 5: TAMA	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
15-12-2021	09h00-10h00 Stakeholder 1: TAMA	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	10h30-11h30 Stakeholder 2: AFriYAN	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level

	12h00-13h00 Stakeholder 3: FHI360	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	13h30-14h30 Stakeholder 4:	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h00-16h00 Stakeholder 5:	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
UN Agency/ Donor/ Development Partner/ Academia*						
16-12-2021	09h00-10h00 Stakeholder 1: Irish Embassy	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	10h30-11h30 Stakeholder 2: FCDO	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h00-13h00 Stakeholder 3: Canadian Embassy	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	13h30-14h30 Stakeholder 4: WHO	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	15h00-16h00 Stakeholder 5: WFP	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
16-12-2021	09h00-10h00 Stakeholder 1: USAID	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	10h30-11h30 Stakeholder 2: KFW	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h00-13h00 Stakeholder 3: KOICA	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	13h30-14h30 Stakeholder 4: UNDP (UDB03)	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	15h00-16h00 Stakeholder 5:UNICEF	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
16-12-2021	09h00-10h00 Stakeholder 1: UNESCO	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor

	10h30-11h30 Stakeholder 2: Swiss Development & Cooperation Agency / Swiss Embassy	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h00-13h00 Stakeholder 3: Finnish Embassy	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	13h30-14h30 Stakeholder 4: Norwegian Embassy	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	15h00-16h00 Stakeholder 5: European Union	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
17-12-2021	09h00-10h00 Stakeholder 1: UN Women	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	10h30-11h30 Stakeholder 2: IOM	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h00-13h00 Stakeholder 3: OHCHR	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	13h30-14h30 Stakeholder 4: LSHTM	Focal Person	Remote Meeting	Focal Person	Academic Institution*	Academic

FGDs for Mainland Tanzania can be scheduled from **17-19 December 2021 - at least 2 FGDs per thematic area.

REPORTING PHASE[209]						
Day 46: (5 November 2021)	09h00-18h00 Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection.	Evaluation Team	Remote Access	Debriefing meeting	Evaluation Report	Presentation of emerging findings and preliminary conclusions after data collection.

[209] Data analysis and compilation of Evaluation Report will be conducted simultaneously wherein secondary data will be validated and triangulated with primary data from KIIs and FGDs.

Day 47: (7 November2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 48: (9 November 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18.00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 49: (11 November 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 50: (12 November 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report

	08h00-18h00 Finalise drafting of evaluation report	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	Synthesis of the evaluation findings
Day 51 (14 November 2021)	10h00 Draft CPE Report submitted to UNFPA Tanzania for review	Team Leader	Remote Access	Evaluation Report	Evaluation Report	Submission to EM of the Draft Evaluation Report
Day 52: (16 November 2021)	08h00-18h00 Feedback received from CO and incorporation of comments in the draft Evaluation Report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Synthesis of the evaluation findings
Day 53: (10 December 2021)	09h00-12h00 Morning: Presentation of draft Evaluation Report in a plenary session with ERG and CO staff	CO staff and members of the ERG	Remote Access	Evaluation Report	Evaluation Report	Presentation of the CPE findings and recommendations; open discussions (workshop) with CO staff and ERG members
	14h00-15h00 Afternoon: Evaluation Team internal wrap-up meeting	Evaluation Team		Evaluation Report	Evaluation Report	Analysis of the outcome of the workshop; distribution of tasks; next steps
Day 54: (11 December 2021)	08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and Final PowerPoint Presentation	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Production of Second Draft Evaluation Report
Day 55: (13 December 2021)	08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and PowerPoint presentation	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Production of Second Draft Evaluation Report
Day 56: (16 December 2021)	08h00-18h00 Submit second draft CPE Report to EM	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Submission of the second draft of the Evaluation

						Report to the EM in Tanzania CO
Day 57: (17 December 2021)	10h00 Further comments as received from Tanzania CO based on second draft Evaluation Report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 58: (18 December 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 59: (19 December 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 60: (20 December 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 61: (21 December 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 62: (22 December 2021)	10h00 Submit Final CPE Report to the EM in UNFPA Tanzania Country Office.	Team Leader	Remote Access	Evaluation Report	Final Evaluation Report	Submission of the Final Evaluation Report to the EM, UNFPA Tanzania Country Office.
	Project close-out					