

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR TANZANIA

Annual session 2022

Comments by Belgium	UNFPA country/regional office response to comments
<ul style="list-style-type: none"> ● Under the late president Magufuli, it was very sensitive to work on topics such as family planning. Under current president Hassan there seems more openness to discuss these issues. To what extent has this regime shift altered the modus operandi and the country programme of UNFPA in Tanzania? 	<ul style="list-style-type: none"> ● UNFPA remains fully committed to advancing the ICPD Programme of Action in Tanzania and adapts its interventions, as it does everywhere, based on national circumstances. Recognizing there are constraints in the promotion of voluntary family planning in mainland Tanzania and Zanzibar, the 9th country programme will scale up efforts to improve the enabling environment for promoting family planning, including by strengthening demand for family planning information and services, and supporting the development of resilient supply systems through strategic partnerships.
<ul style="list-style-type: none"> ● One of the key pathways through which UNFPA wants to end GBV and change social norms is through “promoting positive masculinity and engaging men and boys as clients, partners and change agents for norms that perpetuate GBV”. Which output indicator reflects the work with men and boys on changing social norms? 	<ul style="list-style-type: none"> ● UNFPA efforts to promote positive masculinity is a key component of the CPD's gender-transformative approach and its results are reflected under output 3, where men, in their roles as - clients, partners and change agents, are expected to, directly and indirectly, influence the support for adoption and implementation of commitments/declarations to be made by communities with support of UNFPA. This is captured most notably in the indicator “Number of commitments/declarations made by communities with support of UNFPA to end (a) female genital mutilation and (b) child marriage” . Activities in this space will lead to the overall empowerment of women, girls, young people and vulnerable population groups to exercise their reproductive health rights and utilize SRH and GBV prevention and response services in a safe and supportive environment and thus contribute to the attainment of all the outcome indicators covering outputs 1, 2 and 3. ● In addition, the detailed annual results matrix that the Country Office will prepare as a part of the operational planning process will further measure results that are directly related to working with men and boys.

<ul style="list-style-type: none"> ● In the previous country programme UNFPA worked in 8 regions in mainland and all parts of Zanzibar. One of the key lessons from the previous country programme includes ‘localized region-specific actions with effective geographical coverage and thematic convergence of a set of interventions that brings synergy, economies of scale and greater impact than a programme that is isolated and spread thin and wide’. Given this key lesson, will UNFPA work in less regions in the new country programme? Will UNFPA remain active in the same regions, or will it shift to new regions? For the new programme UNFPA aims at a 50% geographical coverage of each region. How large was the coverage of the regions in the previous country programme? ● The results framework regularly refers to “the selected regions”. Can these selected regions already be mentioned? 	<ul style="list-style-type: none"> ● For the 9th CPD, UNFPA is developing a composite index to determine regions most left behind with respect to the three transformative results. To determine this and given that there is no such aggregate impact or outcome level data for the transformative results at regional levels, UNFPA plans to use proxy indicators for maternal health, family planning and GBV to rank regions based on distance from the three transformative results, thus applying the leave no one/region behind principle. ● Based on the above evidence-based approach and anticipated resource needs, UNFPA will work with the Government to determine the number of regions to be targeted under the 9th CPD. Two pre-determined criteria for inclusion of a region in the 9th Country Programme cycle are: (i) being a region that has a current on-going programme and where such programme continues work from the 8th CPD into the 9th CPD and (ii) being a region with high number of city/urban poor population. ● Previously, UNFPA worked only in one or two districts in the ten regions where the 8th Country Programme was implemented, but it is important to note that a region comprises of between 5 to 7 districts. Hence the observation in the Mid-term Review of the 8th CPD that UNFPA was spreading thin and wide for impact. UNFPA intends to remedy this and is currently working on unpacking the implementation strategy for the 9th CPD and the target regions will be defined following this exercise, building on the lessons from the Mid-Term Review. UNFPA Tanzania Country Office is happy to share the list of selected regions with the Embassy of Belgium.
<ul style="list-style-type: none"> ● The end evaluation of the previous country programme reads “During CP8 fieldwork it was noted that all CSOs working with support from UNFPA do not 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 	<ul style="list-style-type: none"> ● UNFPA collaborates with implementing partners, including government ministries, departments and agencies, local government entities, and NGOs (international and local) to deliver programme results at country level. Implementing partners, including NGOs, are selected through a competitive process where capacity to execute, manage and deliver the intervention results is assessed. Additionally, budgetary allocation to implementing partners varies from year to year and on a case-by-case basis, based on capacity

<p>for a short time and go away after completing a given task. Nevertheless, some CSOs/IPs were 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 do not have direct management responsibilities to the field workers.” For the new country programme, how much of the budget will be allocated to implementing partners? Are these implementing partners international NGOs or local NGOs? How does UNFPA judge the efficiency of subcontracting to implementing partners who do not have local offices? Is UNFPA planning on having a physical presence in each of the regions it is planning on working?</p>	<p>assessments and programme needs. For example, in the 8th CPD, between 42 - 60% of the budget was executed by implementing partners.</p> <ul style="list-style-type: none"> ● Some interventions require continued local presence with an office based in the implementation site. However, as mentioned previously, capacity and systems for financial, human resources and programme management are key considerations for selection of partners. Based on such an assessment, UNFPA has in some instances engaged with an implementing partner at national level that has the necessary systems for risk mitigation and uses such a system to a sub-contract another organisation based in the field/project site. . The efficiency of implementing partners is assessed based on ability to deliver agreed results, cost of services delivered and the fiduciary and programme management risks involved in engaging that partner. ● UNFPA will not have direct field presence in all the regions where the 9th CPD will be implemented. However, UNFPA will maintain field presence in selected zones, where each Zonal Office oversees selected regions in that zone. This has been the arrangement in the 8th CPD and UNFPA, and is expected to continue in the 9th CP.
<ul style="list-style-type: none"> ● Does UNFPA have an idea of the cost per Couple-Years of Protection generated by UNFPA procured family Planning Commodities? How does this compare with other actors? 	<ul style="list-style-type: none"> ● UNFPA procures and delivers commodities to the national supply chain system. The estimated CYP is based on UNFPA procured commodities and not family planning services delivered. This cost includes the cost of procurement and freight charges. For the 8th Country Programme, UNFPA spent around \$ 45 million on commodities and generated over 20 million Couple Years of Protection; this gives an average of \$2.2 of procured commodity per couple protected.
<ul style="list-style-type: none"> ● The Tanzanian Marriage Act at the moment still allows child marriage. This seems one of the key laws to be changed for UNFPA to reach its objectives. Is the Marriage Act one of the 6 national policies and plans UNFPA is intending on developing or reviewing? 	<ul style="list-style-type: none"> ● Among other laws, policies and plans to be addressed under output 1, UNFPA will focus on generating support for the amendment of, as well as subsequent mobilisation of support for implementation of, the Marriage Act at the local level and with religious and cultural leaders. Furthermore, UNFPA will continue its support for the development of the NPA-VAWC II for mainland and Zanzibar, respectively – both of which focus on prevention

	<p>and response to child marriage. The operational plan of the 9th CPD will detail the specific laws, policies and plans to be monitored and targeted for advocacy in the 9th programme.</p>
<ul style="list-style-type: none"> ● P. 10 list of one the UNFPA Strategic Plan Outcome Indicators “Proportion of women aged 20-24 years who were married or in a union before age 15 or before age 18. Baseline: 30.5% (before 18 years) and 5.2% (before 15 years); Target: 20% and 15%, respectively.” A targeted increase from 5,2% to 15% married before 15 years seems a mistake? ● Additionally, the recently published Social Institution and Gender Index (SIGI) by UN WOMEN has more recent (2021) data on child marriage and indicates that the targets put forward by UNFPA are already met. 	<ul style="list-style-type: none"> ● We thank Belgium for this comment. ● The correct reference is included in the UNSDCF outcome indicator 1.15: Proportion of women aged 20-24 years who were married or in a union before age 15 or before age 18. Baseline: 30.5% (before 18 years) and 5.2% (before 15 years); ● Target: 24.4% and 4.4%, respectively. Source: TDHS-MIS 2015-16, TDHS 2021 and 2026. The amendment has been made in the 9th CPD. ● Regarding the findings from the SIGI report from 2022, UNFPA has taken note of the reported reduction from 30.5% (TDHS 2015/10) to 16% (SIGI, 2021). However, as the methodologies in the two surveys are different and no prior comparable SIGI study has been undertaken, UNFPA will continue to reference the TDHS for baseline and end-line values - including with an adjustment of the 2022 baseline value once the results from the ongoing TDHS become available. Due to its reliability, validity, frequency of production and since it is already being used in the national development plan and UN Cooperation Framework, TDHS is preferred for use in comparing performance.
<ul style="list-style-type: none"> ● The 2022-2027 results framework uses 2015/16 baseline data for the unmet need for family planning. This is the same baseline year as the previous country programme (although in the previous country programme the indicator ‘contraceptive prevalence rate’ was used. Is it useful to use this indicator if no recent data is available? ● Additionally, the recently published Social Institution and Gender Index (SIGI) by UN WOMEN has more recent (2021) data on the unmet need for family planning. 	<ul style="list-style-type: none"> ● There is no recent data for the unmet need and contraceptive prevalence rate. The Tanzania Demographic Health Survey will be conducted in 2022, and the data is expected to be available at that time. These outcome indicators are prioritized in the National Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition Plan (2021-2025/26) and it is important to continue with this indicator since it is not attributed to UNFPA performance only, but rather UNFPA contributes to performance of the National Plan. ● As stated above, the methodology used in SIGI and TDHS are different. Therefore, changing the baseline or target based on SIGI and not TDHS may provide a challenge in measuring actual progress. It will also be difficult to align the programme results to the

	<p>national plan that has used the same TDHS baseline data and source for their data. TDHS applies an established methodology used across countries and can be used to compare within and across countries.</p>
<ul style="list-style-type: none"> ● Number of HIV/AIDS testing, care and treatment facilities in selected regions integrating reproductive health and family planning services. Baseline (2020) of 52 seems to be the same as baseline (2016) from the previous country programme? Also, the 2021 target (175) seems to be the same as the 2027 target? The end evaluation of the previous country programme does not provide an explanation why this target was not reached. To what extent has the strategy been adapted to achieve the target this time? 	<ul style="list-style-type: none"> ● This indicator was not achieved during the 8th CP due to (a) limited resources; (b) challenging indicator definition – which recognised integration as FP/HIV services provided under the same roof and; (c) the service package was not clearly defined. UNFPA has recognized these challenges and has since put measures in place to ensure that this target is achieved. The Country Office will: <ul style="list-style-type: none"> ○ Conduct a study to assess and document implementation of SRHR/FP and HIV integration; ○ The study will inform different approaches that are used by implementers to integrate SRHR/FP and HIV services and will assist in defining/developing a standard package of service
<ul style="list-style-type: none"> ● “The evaluation of the eighth country programme noted several achievements that will provide the foundation for the new country programme: the procurement of family planning commodities, which covered 100 per cent and 49 per cent, respectively, of family planning commodity needs for Zanzibar and mainland Tanzania,” ● How does this number of 100% correspond with a baseline value of 4% of service delivery points with no stock-out of contraceptives in the last three months? ● The country programme performance summary lists as an explanation for the high stockout rate “The stockout rate at the last mile was contributed significantly by lack of female condoms which was on requested due to low demand of the commodity”. Has this indicator been adapted so that lack of 	<ul style="list-style-type: none"> ● Based on reproductive health (family planning) quantification needs for Zanzibar, UNFPA procured 100% of the contraceptive needs for Zanzibar. In other words, UNFPA procured all the family planning commodities as per quantification needs of Zanzibar and provided these to the Central Medical Stores. The Central Medical Store deals with distribution across service delivery points. ● The 4% service delivery points with no stock out of contraceptives is another measure applied at service delivery points, based on facilities assessments. The overall country figure indicated that 4% of facilities had no stock out in the last three months before the survey. In this case, one key concern was low availability of female condoms across facilities. 4% of facilities had five of the tracer commodities including female condoms; while most of the facilities did not have female condoms among the tracer commodities. ● The 9th Country Programme will focus more heavily on supply chain system strengthening and demand generation to ensure that commodities are demanded and are available at service delivery points to address the issue of commodity supply, including the female

<p>demand for female condoms does not distort the usefulness of this indicator anymore?</p>	<p>condom through such interventions as capacity building of health care workers and packaging of the product through a push system.</p> <ul style="list-style-type: none"> ● The indicator is a global UNFPA supplies indicator and applied across many countries.
<ul style="list-style-type: none"> ● Why has the indicator “Couple-Years of Protection generated by UNFPA procured family Planning Commodities” been discontinued in the new country programme? 	<ul style="list-style-type: none"> ● The Country Office is only able to provide a few selected indicators per output at the level of the country programme document- due to word limitations. However, the CYP will be included in the detailed annualised results matrix and operational plan for the 9th CPD, which also tracks other key indicators that contribute to the output.

<p>Comments by Denmark</p>	<p>UNFPA country/regional office response to comments</p>
<ul style="list-style-type: none"> ● We note with appreciation the alignment between the country programme document and the Tanzania UNSDCF and cross-cutting considerations around joint delivery with other UN agencies. 	<ul style="list-style-type: none"> ● We thank Denmark for this positive feedback.
<ul style="list-style-type: none"> ● We would like to remark that although the present version of the country programme document references findings from the common country analysis (CCA) and references the engagement of UNFPA in its development (para.14), it does not present analysis as an area of joint activity where UNFPA will contribute to the UN DS reform going forward (stated intentions are limited to: contributions plans, implementation efforts, advocacy initiatives, reporting and evaluations). In line with UNFPA’s commendable involvement in the CCA to date, Denmark recommends also including in the document text explicit mention of UNFPA’s intentions to engage in joint 	<ul style="list-style-type: none"> ● This comment is well noted. ● Paragraph 39 of the CPD has been updated to reflect UNFPA contribution to the UN reform process through “joint assessments and analysis”. ● In addition, paragraphs 15, 27, 29, 33, 35, 39, 44 and 45 underscore UNFPA engagement in UN reform, UN processes and in joint UN delivery.

<p>assessments and analysis during the programme period as a crucial step in the joint planning process.</p>	
<ul style="list-style-type: none"> ● We note the country programme document’s one reference to World Bank data, but no further mention of International Financial Institutions such as the World Bank and African Development Bank as relevant partners under the UNSDCF. While recalling the substantial engagements of these actors with Tanzania (World Bank national IDA total net commitments to Tanzania stand at \$4.8 billion, and involvement in regional projects at \$698.3 million total) hereunder with direct relevance for the mandate, strategy and planned country activities of UNFPA (i.e. World Bank Country Partnership Strategy 2018-22 focus area on boosting human capital and social inclusion with the objective ‘Improve the quality of health care and education’) and the significant cumulative commitments of the African Development Bank Group’s in Tanzania (including to the health sector), Denmark recommends to include information about strategies and commitments of International Financial Institutions to Tanzania in the context description of the ‘Programme rationale’ and ‘Partnership’ sections of the country programme document with view to ensuring complementarity between these and the UNFPA country programme. 	<ul style="list-style-type: none"> ● Thank you very much for this recommendation. ● The role of International Financial Institutions is fully recognized by UNFPA, and has been explicitly added in paragraph 20, as well as in the Results and Resources Framework as “Development Partners” more broadly. ● UNFPA has developed an Integrated Partnership and Resources Mobilization Plan in support of UNFPA Tanzania 9th Country Programme Document (2022 – 2027) which provides further details on working with the International and Regional Financial Institutions. That Plan also provides a comprehensive outline of strategies to leverage and mobilize resources from international and regional financing institutions for increased and innovative financing and investment/allocation of resources for the ICPD agenda. These strategies include (i) engagement in existing and new initiatives for negotiating financing instruments with regional and IFIs; and (ii) advocacy with the government for increased resources allocation towards the transformative agenda and securing government multi-year pledge commitment for UNFPA.
<ul style="list-style-type: none"> ● Overall good content that covers the rights areas/topics that are most urgent and are challenges in Tanzania. The different areas/topics overlap very well and gives a holistic view of where UNFPA should be focusing in Tanzania. 	<ul style="list-style-type: none"> ● We thank Denmark for the positive feedback.

<ul style="list-style-type: none"> ● We notice that LGBTQI+ is not mentioned, which would be important to ensure that the “Leave No one behind” principle is applied. 	<ul style="list-style-type: none"> ● UNFPA is firmly committed to leaving no one behind and to targeting its interventions at a diversity of vulnerable groups. ● Within the UNSDCF governance structure, UNFPA is an active member of the UN Gender and Human Rights Coordination Mechanism. It is this body within the UN system that is assigned the role to provide recommendations to the UNCT based on the CCA findings and analysis of key human rights state reports and Member State recommendations. The analysis and advice from the UN Gender and Human Rights Coordination Mechanism is used to provide guidance and ensure adherence to the “Leave No One Behind” principle in joint UN advocacy efforts on sensitive and human rights issues, and thus their inclusion in UNSDCF joint work plans and programmes. ● UNFPA and partners within the HIV and AIDS fraternity have adopted the language of working with “key populations” as nationally accepted terminology to address those population groups most at risk of HIV (see paragraph 6 and 31). Hence, UNFPA has referenced “key populations’ in the 9th CPD.
<ul style="list-style-type: none"> ● Several places only SRH is mentioned and not the last R for rights. We suggest adding the rights-part where relevant, e.g., in para 27: “... implement and monitor delivery of SRHR and GBV programmes, including support to sector-specific management information systems for evidence-based planning and delivery; and (d) building linkages between SRHR and GBV prevention and response programmes with...” output 2 (see below), para 29: “.... scaling up humanitarian response and the provision of integrated and high-quality SRHR and GBV information and services...”, para 33: “...implement and monitor the delivery of programmes on youth SRHR, including by....” 	<ul style="list-style-type: none"> ● In all contexts, CPDs support the principle of national ownership and are tailored to national circumstances while advancing the ICPD Programme of Action and in alignment with the UNSDCF. Specific terminology may therefore vary in different contexts. ● That said, the CPD has a very strong human rights focus and reflects UNFPA commitment to advancing rights and choices of women and girls in Tanzania. For its part, the UNSDCF outcome refers to “all people in the United Republic of Tanzania.” ● For example, paragraph 26, output 1 focuses on policy, advocacy and accountability on reproductive health and rights. Explicitly stating this at output level provides a high-level commitment that allows advocacy, development of policies and promoted accountability. The rights language is also integrated in several other places in the document. ● In addition, UNFPA will partner with other UN agencies through the Country Management Team and the UN Gender and Human Rights Coordination Mechanism on joint advocacy and dialogue with its national partners to progressively advance a human rights alignment

	<p>in programme areas of relevance for the advancement of the human rights issues and the ICPD agenda, including for SRH in the United Republic of Tanzania.</p> <ul style="list-style-type: none"> ● UNFPA also actively supported the UN report on Universal Period Review for Tanzania in 2021.
<ul style="list-style-type: none"> ● We suggest adding ‘comprehensive’ to para 18: the urban poor; comprehensive sexuality education in vocational and technical education linked to youth-friendly services;..... 	<ul style="list-style-type: none"> ● The language used in the CPD and its indicators is aligned to the language that is considered culturally accepted and adopted by the Government of the United Republic of Tanzania in its national policies, strategies and guidelines. However, as has been the approach during the 8th CPD, UNFPA will continue to work closely with the Government to provide technical support for the development of content of national strategies, guidelines and job aids to support implementation that is nonetheless compliant with the global guidelines and protocols for comprehensive sexuality education developed by United Nations agencies, such as the UNFPA, UNICEF and UNESCO.
<ul style="list-style-type: none"> ● We suggest adding rights to “Output 2. Capacities of systems, institutions and communities strengthened to provide people-centred, high-quality and comprehensive SRHR information and services, including supplies and services to address HIV and GBV in humanitarian and development contexts.” 	<ul style="list-style-type: none"> ● UNFPA acknowledges that achieving the three transformative results demands a strategic focus and adherence to human rights-based approaches, including promotion of rights for all. ● The language used in the CPD is therefore strongly rights-based while also ensuring that it and its indicators are aligned to the language that is considered culturally accepted and widely used by the Government of the United Republic of Tanzania in its national strategies and guidelines. ● However, as stated in the CPD, paragraph 41 – and informed by its active engagement in the analysis and follow-up on recommendations made in the 2021 Universal Periodic Review of the United Republic of Tanzania - UNFPA will continue engaging in joint UN advocacy and dialogue with national partners for strong action on human rights issues and the ICPD agenda.

<ul style="list-style-type: none"> ● We suggest adding sexual to “Output 3. Women, girls, young people and vulnerable population groups are empowered through gender-transformative approaches to exercise their sexual and reproductive health rights and utilize SRH and GBV prevention and response services in a safe and supportive environment”. However, we understand that sexual rights are sensitive in Tanzania. 	<ul style="list-style-type: none"> ● Thank you for the comments and observation. ● As mentioned previously, the language used in the CPD and its indicators is aligned to the language that is considered culturally accepted and widely used by the Government of the United Republic of Tanzania in its national strategies and guidelines. UNFPA is committed to supporting all vulnerable groups and to promoting rights and choices for all.
<ul style="list-style-type: none"> ● Indicators are the right ones but could be formulated more ala: “Increase in a, b, c,.....”, instead of “Number of a, b, c,.....”. 	<ul style="list-style-type: none"> ● The language proposed in the 9th CPD is aligned to UNFPA guidelines for CPD indicator definition, which guides that CPD indicators should be neutrally formulated with the use of number, proportion etc. and accompanied by quantitative or qualitative baselines and targets that demonstrate the expected change over the five-year timeframe covered by the CPD. So, the increase of a, b, c or any degree of change are reflected in the target, rather than in the indicator language.
<ul style="list-style-type: none"> ● Under indicators to output 4 in framework, we suggest adding ‘comprehensive’ to the following two indicators: Existence of comprehensive sexuality education manual for out-of-school youth and in vocational and technical education and Number of vocational and folk development colleges implementing comprehensive sexuality education programmes 	<ul style="list-style-type: none"> ● The language used in the CPD and its indicators is aligned to the language adopted by the Government of the United Republic of Tanzania in its national strategies and guidelines, particularly the National Life Skills Education Framework for Out-of-School Youth and in-school sexuality education materials, which is currently under finalization. UNFPA continues to work closely with the Government to promote alignment of curriculum content to global guidelines and protocols for comprehensive sexuality education developed by United Nations agencies, such as UNFPA, UNICEF and UNESCO.

Comments by Finland	UNFPA country/regional office response to comments
<ul style="list-style-type: none"> ● Page 3; 8.: include to key drivers of GBV: low implementation of laws and regulations on local levels, 	<ul style="list-style-type: none"> ● The 9th country programme fully recognizes the drivers of GBV highlighted in the comments from Finland. These are mentioned in paragraph 3 which addresses gaps in implementation of laws and policies, and paragraph 8 which speaks to deeply rooted social

<p>strong status of traditional and social norms, discrimination in the family, restricted civil liberties</p>	<p>and cultural factors. Interventions to address these issues are elaborated in paragraphs 27 (b) and (c). Influencing these key drivers is a major focus of output 1, 2, 3 and 4 of the CPD.</p>
<ul style="list-style-type: none"> ● Page 5; 19: Instead of PWDs, mentioned PWDs and particularly women and girls with disabilities. (The furthest left behind group among PWDs, should be recognised) 	<ul style="list-style-type: none"> ● The comment is well noted. ● The CO agrees that women and girls with disabilities are among the furthest left behind, and who are disproportionately affected by poor SRH and GBV outcomes. In rolling out the country programme implementation plan, UNFPA will strengthen partnerships with organizations working with persons with disabilities, and others such as Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), to develop clinical guidelines for management of SRH services including delivery care for persons with disabilities.
<ul style="list-style-type: none"> ● Page 6; 25: engaging men and boys as clients? What does that mean? 	<ul style="list-style-type: none"> ● In the 9th CPD, UNFPA will apply strategies to promote “positive masculinities” to address values, norms and practices that perpetuate gender-based violence by working with men and boys to end GBV, in their role as users of services, partners and change agents/decision-makers. ● In this context, UNFPA will work with men and boys as users of services who need to be reached with information and counselling services to increase the use of integrated SRHR services and prevent GBV. The programme will also work with men and boys as partners to provide support to women and girls in preventing GBV and facilitating access to services; and as change agents, to challenge and change harmful beliefs and practices that perpetuate GBV.
<ul style="list-style-type: none"> ● Page 6; 26: should implementation be mentioned already in this output? 	<ul style="list-style-type: none"> ● The 9th CPD focuses both on development, harmonisation and strengthening of laws, policies and plans to address reproductive health and rights, including through their implementation and strengthened enforcement to improve prevention and response to GBV. Paragraph 27 focuses on implementation, including under strategy (c) strengthening the capacity of the Government and civil society organizations to better coordinate, implement and monitor delivery of SRH and GBV programmes, including support to sector-specific management information systems for evidence-based planning and delivery. Please note

	<p>that the focus on implementation is not limited only to new policies/plans that will be developed or reviewed. Implementation support will also be provided to advance existing and progressive policies and plans, where gaps in implementation currently exist.</p>
<ul style="list-style-type: none"> ● Page 6-7; 29: Persons with disabilities, especially women and girls with disabilities and their right to SRHR and GVB services should be mentioned. Service providers do not have the capacity to provide disability inclusive services right now, this should be acknowledged as a notable challenge. Add organisations of persons with disabilities to women' and youth-led organisations for capacity building. This notion is partly covered in chapter 30 and 31. 	<ul style="list-style-type: none"> ● Persons with disabilities have been identified as a key target group to be reached/served within the 9th CPD. UNFPA acknowledges the strong influence of service providers' attitudes and capacities in addressing the needs of vulnerable groups including access to SRHR information and services, free from stigma and discrimination. ● Output 2 focuses on quality of care, including capacity building of service providers to ensure the application of a client-centred approach, that also meets the needs and requirements of persons with disabilities. ● UNFPA recognizes the role of national organisations of persons with disabilities as indicated in paragraphs 30 and 31 (b).
<ul style="list-style-type: none"> ● Pages 7-8; 35: Challenges related to data collection take place on very local level at districts and villages. There might not be clear procedures or tools for collecting any data, the work is done manually meaning there is lot of room for human errors. Supporting data collection at the local level could be mentioned here 	<ul style="list-style-type: none"> ● As indicated in section 35, the UNFPA CPD includes interventions that will improve the collection, packaging, availability, use and dissemination of data and information across key sectors on key development issues linked to SRH, population dynamics and gender equality, at national and local levels. Strategies under this output include capacity building and support for the strengthening of existing routine, integrated data systems, data collection, analysis and use to support planning and monitoring access to and use of services at local levels in a sustainable manner.
<ul style="list-style-type: none"> ● Page 10, results and resources framework: will the indicators be disaggregated by sex and disability when relevant? 	<ul style="list-style-type: none"> ● Where relevant and feasible, UNFPA will work with its partners to strengthen national and local systems for routine data collection and analysis by sex, age and disability disaggregated data. The Country Office will also work with its programme-based implementing partners to include sex, age and disability disaggregated data for relevant CPD indicators in project-based reporting.

Comments by Ireland	UNFPA country/regional office response to comments
<ul style="list-style-type: none"> ● Ireland fully supports UNFPA’s focus on promoting the ICPD agenda in Tanzania, specifically promoting access to sexual and reproductive health services and rights; and on tackling the pervasive social norms and attitudes that drive high levels of GBV and harmful practices in Tanzania, which hinder women and girls’ empowerment, participation and agency. 	<ul style="list-style-type: none"> ● UNFPA thanks Ireland for this positive feedback.
<ul style="list-style-type: none"> ● Ireland welcomes UNFPA’s support for the digitalization of census data, as an important public good and benchmark for gender policy and programming. 	<ul style="list-style-type: none"> ● UNFPA thanks Ireland for this positive feedback.
<ul style="list-style-type: none"> ● Ireland encourages UNFPA to support efforts to strengthen human resources for health in Tanzania. 	<ul style="list-style-type: none"> ● UNFPA recognizes that Tanzania's health system is faced with human resources for health challenges – inadequate numbers, lack of required skills and unequal distribution of staff. ● Paragraph 17 outlines four interlinked strategies which includes (b) strengthening supply side systems – to achieve results on maternal health, family planning and GBV through the five outputs of the CPD. ● Output 2 focuses on building capacity of systems (paragraph 28). Under this output the programme will: (a) strengthen institutional and technical capacities and the capacity of community-based delivery systems for the implementation of policies, service-delivery standards and quality of care in the provision of emergency obstetric care, family planning and youth-friendly HIV and GBV services; (b) support coordinated preservice and in-service training of key cadres to deliver high-quality SRH and GBV services, including by initiating training of midwives (paragraph 29). This output provides the basis for building human resources for health capacity (new midwives being trained, existing health workers with midwifery skills having their competencies for quality SRH services enhanced) to

	<p>deliver on the three transformative results: zero unmet need for family planning, zero preventable maternal death and zero GBV including harmful practices.</p> <ul style="list-style-type: none"> ● UNFA is a member of the Development Partners Group for Health and the Government led Human Resources for Health Technical Working Group, together with others such as WHO, UNICEF, etc. UNFPA will use these platforms and partnerships to continue advocating for issues that affect the number, availability and motivation of human resources for health
<ul style="list-style-type: none"> ● Ireland welcomes UNFPA’s engagement in UN reform and joint programme under the UNSDCF and in particular its collaboration with UNICEF to support and empower Tanzania and refugee adolescents and youth in Kigoma region. 	<ul style="list-style-type: none"> ● Thank you for the positive comment. ● This contribution by UNFPA and the proposed joint way of working with other UN entities in humanitarian and development contexts is illustrated in paragraphs 20 and 39, and in the Results and Resources Framework. The 9th country programme will seek geographical convergence and deepen joint programming with other United Nations entities, especially with UNDP, UNICEF, UN-Women, UNAIDS, UNESCO, UNHCR and WHO (paragraph 20)
<ul style="list-style-type: none"> ● Ireland welcomes the development of a costed evaluation plan for the 2022-27 Country Programme. 	<ul style="list-style-type: none"> ● Thank you for the feedback. ● Indeed, a costed Evaluation Plan for the 9th CPD has been prepared and shared. This aligns with provisions in paragraphs 43 to 46 of the 9th CPD.

Comments by the Netherlands	UNFPA country/regional office response to comments
<ul style="list-style-type: none"> ● The Netherlands applauds the UNFPA on the specific attention for countering GBV, HIV and promoting SRHR. The Netherlands believes that raising awareness on these topics is an important step in improving welfare and wellbeing in Tanzania, with women and youth, especially girls. The Netherlands underlines the point raised in the CPD that men 	<ul style="list-style-type: none"> ● We thank the Government of the Netherlands for these positive comments. ● UNFPA welcomes the important observation on the role of men and boys in raising awareness and changing attitudes. Therefore, their positive engagement has been highlighted across the CPD.

<p>and boys should be equally involved in this awareness-raising programme.</p>	
<ul style="list-style-type: none"> ● Concerning the topics targeted by the programmes of UNFPA, awareness-raising is a crucial part of achieving UNFPA’s goals. It would be important to include communication campaigns or other awareness-raising tools in the projects. 	<ul style="list-style-type: none"> ● UNFPA recognizes the role of communication campaigns and other awareness raising tools including use of community radios and social media platforms. Paragraphs 30 and 31 focus on mobilisation and communication campaigns for awareness raising.
<ul style="list-style-type: none"> ● Youth are mentioned often in the document, but it would be important to include more strongly the element of empowering youth and treating them as actors and not only as beneficiaries. Since it is one of the goals to stimulate youth participation in Tanzania, the UN itself should share best practices and examples by working in a youth-led way. Therefore, youth-led organisations should be mentioned even more as allies and partners. How will the UNFPA ensure youth participation and empowerment? 	<ul style="list-style-type: none"> ● UNFPA acknowledges that achieving the transformative results in the United Republic of Tanzania demands a strategic focus on adolescents and youth/young people. Paragraph 30 and 31 particularly (b) and (c) focus on empowerment of youth and youth-led organisations in the programme interventions. ● Paragraph 33 highlights some of the high-level interventions for ensuring youth empowerment in leadership and decision making and for their greater involvement in decision making at national and regional levels. ● During the 8th CPD, UNFPA conducted a national assessment on youth participation. Findings from this study will be used to inform the interventions for meaningful youth participation.
<ul style="list-style-type: none"> ● Regarding output 1, could UNFPA elaborate on the ways it plans to engage with the government in order to achieve these goals? How will UNFPA work on tackling socio-cultural barriers that prevent people from e.g., family-planning and use of contraceptives? 	<ul style="list-style-type: none"> ● UNFPA will engage with the government in implementing the broad interventions mentioned in paragraphs 27 (a), (b), (c) and (d), including through policy advice to position and integrate reproductive health and rights in national policies, plans and reports, and strengthening the capacity of the Government and civil society organizations to better coordinate, implement and monitor delivery of SRH and GBV programmes. The country programme operational plan will elaborate further on the strategies and actions that will be employed in delivering these results. UNFPA will also collaborate closely with UN and

	<p>donor coordination platforms in building alliances for policy advocacy with the government.</p> <ul style="list-style-type: none"> ● Output 3 (paragraph 30) and interventions listed in paragraph 31 focus on socio-cultural barriers, including working with religious and cultural institutions in addressing some of the beliefs, norms and practices that adversely impact access to SRHR/family planning. The programme also intends to engage men and boys as clients to utilize family planning services, as partners to support their spouses to access and use voluntary family planning, and as change agents to remove the societal beliefs and norms that disempower women and girls.
<ul style="list-style-type: none"> ● Could in that regard also be aimed for youth participation on the political side: not only add the importance of including the youth element in policy documents, but also stimulate youth involvement in decision and policy making in all outputs (not only specifically output 4). 	<ul style="list-style-type: none"> ● Given the demographics, youth participation in decision making is key. Output 4 (paragraph 32, 33) underscores the importance of youth empowerment and building their leadership and advocacy capacity to engage meaningfully in decision making. Youth structures, such as National Youth Councils, will be supported to enable strengthened youth participation. ● UNFPA is pleased to note that some of the work on developing youth competencies in leadership and participation has contributed to strengthened youth participation in governance, with several youth beneficiaries of the programme in Zanzibar elected for political office.

Comments by Sweden	UNFPA country/regional office response to comments
<ul style="list-style-type: none"> ● Positive to see strong alignment with essential country frameworks; both the Tanzanian government's third Five Year Development Plan III, Tanzania Development Vision 2025 and the UN's joint Sustainable Development Country Framework. 	<ul style="list-style-type: none"> ● We thank Sweden for this positive feedback.

<ul style="list-style-type: none"> ● Great to see how the new country programme builds upon the lessons of the previous country programme as it caters for continuity. 	<ul style="list-style-type: none"> ● We thank Sweden for this comment.
<ul style="list-style-type: none"> ● Country programme puts many essential development challenges in focus. In relation to Sweden’s current development cooperation strategy with Tanzania (2020-2024) the following areas offer the strongest match in terms of prioritised development issues: <ul style="list-style-type: none"> ○ SRHR including the educational components, ○ Women’s rights and ending GBV, ○ National Census ○ Sexual and reproductive health, mainland and Zanzibar – relevant and needed 	<ul style="list-style-type: none"> ● The UNFPA Tanzania Country Office looks forward to deepening partnership with the Embassy of Sweden/SIDA in Tanzania to jointly address the common development challenges and opportunities as identified in both the CPD and the development strategy of the Embassy of Sweden.
<ul style="list-style-type: none"> ● Good to see both mainland Tanzania and Zanzibar targeted. The programme document however does not clarify how the intervention logic and approaches might have to differ to support change on the mainland respective on Zanzibar. For example, the role of religion and religious institutions/actors for the SRHR agenda as well as the implications of educational and lifestyle differences. The current document is not highlighting how the need to differentiate between Zanzibar and mainland will be managed, and it is important to be perceptive about the differences 	<ul style="list-style-type: none"> ● This feedback is well noted. ● A hallmark of the new Strategic Plan is ensuring tailored responses to different contexts. Paragraphs 13, 18 and 19 of the 9th CPD, highlight the “regionalised approach” that will be applied to prioritize the regions that are furthest away from achieving the transformative results. This will also take into account the unique needs across regions, and as well the unique needs within mainland Tanzania and Zanzibar. ● UNFPA will apply a differentiated approach co-created with partners working in each region, to address the unique drivers of poor sexual and reproductive health status in that specific region. This approach is intended to facilitate targeted and differentiated programming, taking into account the variations that exist in lifestyle, culture, religion,

	<p>level of education, patriarchal systems, across specific regions, and which impact on sexual and reproductive health and wellbeing of the respective populations.</p> <ul style="list-style-type: none"> ● Additionally, the programme will engage in targeted work with custodians of culture, with the UNFPA Liaison Office in Zanzibar providing targeted support in that region, while the UNFPA offices in mainland (Dar es Salaam, Dodoma and Kigoma) will support the roll-out of the programme in those respective regions.
<ul style="list-style-type: none"> ● Under the section for Programme and Risk Management there is no mention of how the work will be coordinated outside of the main coordinator which is the Ministry of Finance and Planning. The programme document could benefit from more explicitly clarifying which forums and institutions/actors are vital to include to ensure alignment with key national stakeholders and initiatives 	<ul style="list-style-type: none"> ● In keeping with the strategic focus of a CPD, paragraph 20 broadly identifies the key stakeholders and collaborators that will support the delivery of programme results, including development partners, government, private sector, NGOs. The Results and Resources Framework also includes a column for partner contributions, which identifies key government ministries, departments and agencies: NGOs, private sector, the academia and the UN system. Details on the coordination mechanisms will be articulated in the country programme implementation plan. ● In addition to the 9th CPD, the country office has developed an Integrated Partnership and Resources Mobilisation Plan, which identifies key partners that the programme will engage, including the development partners group, as well as sector working groups to expand reach, alliance for advocacy, innovation and resource mobilisation. This plan can be shared with partners as needed.
<ul style="list-style-type: none"> ● The programme document does not explicitly explain how the human rights-based approach and principles are applied in programming of activities. The programme is more clear on how aspects of gender equality will be approached. For example, the descriptions of component A and B differs from component C on GBV and violent practices that more clearly describes its interlinkages with the Universal Periodic Review and ICPD25 	<ul style="list-style-type: none"> ● The human rights-based approach is a key programming principle and in this case, is also an accelerator that has been integrated across the entire country programme document. ● Sections A (paragraph 21) and B (paragraph 23 and 24), outline where work with duty bearers and rights claimants are reflected in the list of interventions. Paragraphs 17 and 27, the interventions under each output, and the Results and Resources Framework also highlight where we work with duty bearers (focus on laws, policies, accountability, financing and institutional systems strengthening), rights claimants (empowerment, building of agency and creating demand for actions of duty bearers including provision of

	<p>services), all of which reflect the strong commitment to and focus on a human rights-based approach to programming.</p>
<ul style="list-style-type: none"> ● It will be key for the programme to strengthen and reinforce existing structures at the local government level. For example, component C point 27: while it is very good to link interventions to end GBV with women’s economic empowerment initiatives such as TASAF, it is at the same time vital that UNFPA also ensures close linkages to the local government empowerment fund for women, youth and people with disabilities. (Local Government Finance Act, chapter 290 section 37A, provides for loans amounting to 10 percent of Local Councils’ revenue to be issued interest-free based on the distribution of 4% for Youth, 4% for Women and 2% for People with disabilities). 	<ul style="list-style-type: none"> ● The comment is well noted. ● UNFPA agrees that it is important to ensure linkages with existing structures at local government level, particularly those established to economically empower women, youth and persons with disabilities, such as the 10% (4:4:2) allocation of loan. While paragraph 27 subsection (d) provides an example of proposed engagement with the Tanzania Social Action Fund (TASAF) and other village loan schemes, the programme will explore additional opportunities to strengthen linkages with the Government in this regard. ● UNFPA is currently testing an initiative in Tanzania mainland (Shinyanga) with a group of first time young mothers and other populations who have undergone vocational training and require support to establish start-ups. The 9th country programme will explore opportunities to collaborate with the regional administration on affirmative action for vulnerable groups in terms of employment, financial and business opportunities.
<ul style="list-style-type: none"> ● Component C, point 26 on Output 1. Sweden would like to see pinpointed laws in need of change here at the output indicator level rather than the broader description of “laws, regulations and policies”. This is a very important area, and with a broader description it risks being too vague. 	<ul style="list-style-type: none"> ● This comment is well noted. ● The Country Office is preparing a country programme implementation plan that will elaborate on the specific laws and policies that the programme will support the government in addressing, including the marriage act, review of the National Plan of Action on Violence Against Women and Children (NPA-VAWC), review of the National Population Policy in Mainland Tanzania and in Zanzibar, National Youth Development Policy, etc. These priority documents/areas have been informed by national consultations, and will be included in the annual results and resources framework to strengthen accountability, monitoring and evaluation.

Comments by the United States of America	UNFPA country/regional office response to comments
<ul style="list-style-type: none"> ● With regard to the Program Rationale, we note that the implementation of the country programme document would benefit from an updated demographic dividend analysis to capture the latest population policies and statistics to guide policy, programs and investments to harness the country’s youth bulge. In addition, we appreciate the strides the Government of Tanzania has made in terms of funding allocation for family planning; however, we note that there continues to be a need for increased disbursements for family planning when considering the country’s health financing picture (Program Rationale 3). 	<ul style="list-style-type: none"> ● The Country Office thanks the United States of America for this comment. ● Indeed, UNFPA is working with the Ministries of Finance and Planning in Tanzania mainland to update the 2017 Demographic Dividend analysis report, and working with the Zanzibar Planning Commission to prepare a Demographic Dividend Analysis report for Zanzibar. ● Gaps remain in Government allocation and disbursement of funds towards family planning and SRH at national level. UNFPA, in collaboration with partners, including USAID, advocated and supported the Government of Tanzania to develop its FP2030 Commitment that includes a 10% annual increase in domestic funding for FP. The commitment which runs up to 2030, states, “By 2030, the Government of Tanzania increases domestic resources to finance family planning commodities by at least 10% annually from the current annual allocation of 14 billion Tanzania shillings, and disburses fully.” ● The 9th CPD paragraphs 3 and 4 highlight the gaps in financing and disbursement for family planning, and paragraphs 21, 26 and 27 include strategies to advocate for increased financing, disbursement and accountability for the funds. ● The UNFPA Tanzania Country Office will continue to work with the Development Partners Group for Health, the Family Planning Donor Working Group and the Government’s Family Planning Technical Working Group and other mechanisms to advocate for increased government budget allocation, fund disbursement and accountability for the 10% as indicated in the FP2030 Commitment of the Country.
<ul style="list-style-type: none"> ● In relation to challenges affecting family planning services as described in the program rationale, we encourage UNFPA to further explore issues around supply chain collaboration and data sharing. In particular, there is still work to be done to ensure interoperability between data systems to enable 	<ul style="list-style-type: none"> ● UNFPA acknowledges the need to harmonize and strengthen the supply chain systems in the country, including the Logistics Information Management System. This will improve data systems (see paragraph 21 (e), data sharing and use); 27 (c) on management information systems, and paragraph 35 which covers some challenges of the data systems to be addressed). These planned interventions include a focus on data visibility and use that apply

<p>visibility on stock movement as well as delays in accessing the GFPVAN for data on Tanzania. As a result, the country program document could more directly acknowledge the issues presented by lack of data sharing as opposed to overall weakness in the supply chain system (Program Rationale 5).</p>	<p>to the three transformative results: maternal health, family planning and Harmful practices and GBV.</p>
<ul style="list-style-type: none"> ● With regard to the references to gender inequality, we encourage UNFPA to expand the narrative regarding how gender inequality contributes to and drives gender-based violence, including harmful social norms. We would also be interested in clarifying which year's data is being reported for the United Nations Gender Inequality Index (Program Rationale 8). 	<ul style="list-style-type: none"> ● The theory of change for the 9th CPD elaborates how gender inequality contributes to and drives gender-based violence, including harmful social norms. The theory of change, which informed the CPD, can be made available upon request. The Country Office will further unpack these issues when the programme adopts the “regionalised approach”, which will be based on assessments of drivers and manifestations of gender inequality, and their linkages to GBV and harmful practices with interventions that will be specifically designed to address the needs and requirements of women and girls with contextualized, gender-responsive programmes in each region. ● The Gender Inequality Index is drawn from the 2021 UN Common Country Analysis, referencing the UNDP Human Development Report for 2020.
<ul style="list-style-type: none"> ● With regard to the Programme Priorities and Partnerships, we urge UNFPA to consider the mental health needs of youth and adolescents. In particular, the country program could be strengthened by greater engagement of men and boys, including taking into account the high rates of violence, depression, and substance abuse experienced by men and often linked to harmful norms around masculinity. We encourage the integration of activities and legal and policy reforms that promote positive masculinity while ensuring that such efforts do not compromise women's safety, ability to make decisions, and access services (Program Priorities 19). 	<ul style="list-style-type: none"> ● The comments and suggestions are well noted. ● Paragraph 31 (g) mentions promoting mental health and psychosocial support for adolescents and youth in the context of GBV. ● Paragraphs 25 (c) and 31 (b) propose to work with men and boys to address barriers to SRHR and GBV with a focus on positive masculinity within the wider male involvement programme, including working with men and boys as users of services, partners and change agents. Working with men and boys as users of services could provide an opportunity to address the drivers that enable GBV against women and girls, and will facilitate reaching them (men and boys) with essential services for psycho-social and mental support. In the 8th Country Programme, UNFPA and partners supported development and use of the Engaging

	<p>Men as Partners Programme (EMAP), using the manual for EMAP during implementation. The 9th CPD will be building on that work.</p>
<ul style="list-style-type: none"> ● Regarding the approaches to address the unmet need for family planning and preventable maternal deaths, we encourage UNFPA to incorporate additional health financing modes and demand-side interventions that improve access to family planning and address the affordability of services, such as health insurance schemes, promotion of total market approaches, subsidies, etc. (Program Priorities 21 & 23) 	<ul style="list-style-type: none"> ● These comments are well noted. ● Some of these aspects are covered in output 1 paragraphs 26 and 27 (policy, financing and accountability), output 2, paragraphs 28 and 29 (system strengthening for service delivery) and output 3, paragraphs 30 and 31 on community empowerment and social and behaviour change communication – that will drive actions on demand generation interventions. See also paragraph 21 (a) financial risk protection schemes which include health insurance and other packages. ● Partnership with public and private sectors in some cases, especially on family planning services and commodities, will strengthen the total market approach. Such partnerships are a continuation of existing advocacy and coordination undertaken by UNFPA and USAID-funded “Shops Plus” projects in the country.
<ul style="list-style-type: none"> ● With regard to the approaches to address gender-based violence and harmful practices, we support the need to integrate GBV into human rights mechanisms and note the importance of building a human rights culture to foster a set of values to inform daily lives and establish minimum standards for full equality and a life of dignity. 	<ul style="list-style-type: none"> ● Thank you for the feedback. ● The human rights-based approach is one of the key accelerators of the 9th CPD. UNFPA will continue to contribute to the UN report on Human Rights Issues within the framework of the UPR, and in normative support for the implementation and tracking of progress of key human rights recommendations, including those emerging from the 2021/22 Universal Periodic Review, CEDAW, CRC with the aim of progressively work towards the fulfilment of the rights and status of women and girls to a life free of violence
<ul style="list-style-type: none"> ● Related to Output 4, we encourage UNFPA to consider the demographic dividend analysis and recommends conducted by Pathfinder International and the World Bank, which received significant buy-in from the Ministry of Finance and Planning. 	<ul style="list-style-type: none"> ● The Ministry of Finance and Planning in Tanzania mainland has asked UNFPA to support the Government to update the Demographic Dividend report (2017). For Zanzibar, the Country Office will support the development of a separate Demographic Dividend report planned to be ready by December 2022. The preparatory work on both reports has been initiated.

<ul style="list-style-type: none"> ● Also related to Output 4, we are interested to understand if there are ages targeted for the strengthened skills and opportunities for adolescents and youth. The United States development support has a focus on strengthened leadership among 15–35-year-olds, including creating opportunities for engagement and providing avenues for youth to gain critical knowledge and skills to advance Tanzania’s long-term prosperity while shaping the country for the future they desire. We also note the need for attention to in- and out-of-school youth interventions the support boys in positive masculinity and respecting their female peers. 	<ul style="list-style-type: none"> ● We are pleased to note the complementarity of actions between UNFPA and the United States Government to empower adolescents and youth. ● UNFPA is working closely with the Prime Ministers’ Office (Labour, Employment, Youth and Disability) to jointly execute the youth empowerment programme in Tanzania mainland and with the Ministry of Youth, Culture and Sports in Zanzibar. UNFPA uses the definition of youth as contained in the 2006 National Youth Development Policy that UNFPA is currently supporting, with the review planned to be completed by December 2022. The National Youth Policy in Zanzibar was already supported in the previous programme. Both policies define youth as 15 – 35 years, and this aligns with the age group that your strategy targets as well. So, there are opportunities to explore collaborative work and bring synergies. ● In line with the UN International Guidelines, UNFPA technical guidance for the development and implementation of national sexuality education and life-skills based programmes for in- and out-of-school adolescents will promote the integration of aspects of gender equality, bodily autonomy, GBV and positive masculinity. ● In addition, as part of implementing the 9th CPD, UNFPA is developing a programme to promote positive masculinity that reaches mobilised and captive audiences of men and boys with messages, exposure to role models, etc.
<ul style="list-style-type: none"> ● With regard to monitoring and evaluation, we strongly encourage inclusion of language regarding disaggregated data: Routine sex-disaggregated and gender-sensitive data collection and reporting will help the measurement of progress towards achieving program objectives, make course corrections if an activity is exacerbating gender inequality, or scale-up or replicate models that demonstrate progress in achieving gender equality and women’s empowerment. We also note that the country program would benefit from identifying or collecting additional information and/or data 	<ul style="list-style-type: none"> ● This recommendation has been integrated in the revised monitoring and evaluation section of the 9th CPD in paragraph 43. ● In Output 1 paragraph 27 (c) and paragraph 35 (c) and (d) we are focusing on strengthening referrals and information management system including information generated from GBV response services. This work on referrals and information system will be multi-sectoral involving community (Protection Committees), police (through Police Gender and Children Desks), health (through One Stop Centres) and justice sectors.

<p>to understand how government, civil society organizations, and communities can prevent and respond to gender inequality and F/GBV, whether these institutions provide services (i.e., referrals) to victims, and whether the victims have the ability to take advantage of these services.</p>	
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