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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for the United Republic of Tanzania

Proposed indicative UNFPA assistance: \$71.5 million: \$30.4 million from regular resources and \$41.1 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (July 2016 - June 2021)

Cycle of assistance: Eight

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	15.2	34.5	49.7
Outcome 2	Adolescents and youth	1.4	1.6	3.0
Outcome 3	Gender equality and women's empowerment	7.5	2.5	10.0
Outcome 4	Population dynamics	4.8	2.5	7.3
Programme coordination and assistance		1.5	-	1.5
Total		30.4	41.1	71.5

I. Situation analysis

1. The United Republic of Tanzania (Mainland and semi-autonomous Zanzibar), with a population estimated at 45 million, has a high fertility rate of 5.2 children per woman, contributing to an annual population growth of 2.7 per cent. Annual economic growth has been 7.0 per cent for a decade, yet income distribution is uneven (Gini-coefficient 0.34). Some 44 per cent of Tanzanians are below age 15. Among women, 47 per cent are of reproductive age, with a high adolescent fertility of 116 births per 1,000 women aged 15-19 years. More than 20 per cent of maternal deaths occur among 15-24 year olds, partly because youth-friendly sexual and reproductive health services are available in only a third of health facilities.

2. The maternal mortality ratio fell from 578 per 100,000 live births in 2004 to 432 per 100,000 live births in 2012. Skilled birth attendance stood at 51 per cent in 2010. Only 9 per cent of upgraded health centers offer emergency obstetric and newborn care, and about 3,000 women suffer obstetric fistulae annually, of whom only 20 per cent can access surgery.

3. Contraceptive prevalence stood at 27 per cent on Mainland and 12 percent in Zanzibar in 2010, with an unmet need of 25 per cent and 31 per cent, respectively. Stock-outs were reported in 73 per cent of facilities. Sociocultural values favour large family size; misconceptions about family planning and potential side effects are widespread.

4. HIV prevalence declined from 7.0 per cent in 2004 to 5.1 per cent in 2011/2012 in Mainland, and stabilized at 0.6 per cent in Zanzibar, although prevalence was high nationally, at 31 per cent, among female sex workers. Only 40 per cent of females and 47 per cent of males aged 15-24 years have comprehensive knowledge about HIV. Early sexual debut, transactional and cross-generational sex, low or inconsistent condom use and poor risk perception are factors fuelling transmission.

5. Tanzania ranks in the top 15 per cent on the world disaster risk index. It hosts more than 150,000 refugees, most of whom are women and children.

6. Sexual and gender-based violence, including harmful cultural practices such as female genital mutilation and child early and forced marriage, affect one in three women. Weak institutional mechanisms fail to prevent violence and dampen the response. Some 37 per cent of women aged 20-24 years were married before age 18; in 2010, the prevalence of female genital mutilation was 15 per cent.

7. Despite improvements in national and regional data collection and reporting, the lack of population-based information remains a challenge to sound programme development and policy formulation. Government capacity for data analysis is limited, which impedes optimal utilization of census and survey data for development planning and decision-making. The Government will embark on preparations for the 2022 census in 2016/2017.

II. Past cooperation and lessons learned

8. The seventh country programme corresponded to the first United Nations Development Assistance Plan under the 'Delivering as One' modality, which in turn supported implementation of the national Five-Year Development Plan, in line with the guiding principles of the Joint Assistance Strategy for Tanzania.

9. The cooperation led to (a) development and utilization of national operational guidelines for integration of HIV care and treatment into maternal, newborn and child health programmes; (b) development of a re-entry policy and guidelines for pregnant adolescent learners; (c) a comprehensive revision of the life skills manual for out-of-school youth and development of the national Adolescent Sexual and Reproductive Health Strategy; (d) establishment of contraceptive strategic reserve, logistics management information and integrated logistics systems; (e) renovation of six high-burden health centres and three skills labs; (f) inclusion of emergency obstetric and neonatal care module in pre- and in-service training courses for nurses, midwives and

physicians; and (g) support for nearly 100,000 refugees through capacity-building of partners in use of the Minimum Initial Service Package for reproductive health in crisis situations. Programmatic gaps remain in the provision of emergency obstetric and newborn care to rural districts and to refugees, and in the nation-wide roll-out of adolescent-friendly sexual and reproductive health services.

10. The gender programme supported women and girls in the prevention of and response to violence, including (a) inclusion of specific legal provisions in the proposed Constitution; (b) advocacy interventions leading to public statements against sexual and gender-based violence by the President and community leaders; (c) establishment of a Zanzibar inter-ministerial committee to fast-track cases; and (d) training of 34 judiciary to run special court sessions to increase access to justice for survivors of gender-based violence. Remaining programmatic gaps include the inadequate capacity of civil society, communities and law enforcement units to respond in a coordinated and effective manner to sexual and gender-based violence and harmful practices.

11. The successful 2012 Census was assisted by UNFPA with technical contributions towards accurate and complete coverage, including remote areas; and mobilization of significant resources from donors that enabled timely completion of field operations and report production. The main notable gap is the dependence on international consultants to analyse and structure data and to devise studies of significance and correlation.

12. Evaluative evidence supports the programme emphasis on youth awareness and services, given the youthfulness of the country and noting the age and gender skew of HIV prevalence towards adolescent girls. Key lessons from evaluations include the following: (a) absolute numbers of maternal deaths are more effective than rates for advocacy and policy dialogue and therefore should be assessed and reported at health-facility level; (b) comprehensive emergency obstetric and neonatal care services require multisectoral collaboration; therefore, involvement of bureaus responsible for maternal death surveillance and response at levels is essential; and (c) reaching marginalized and out of school adolescents to promote life skills education and HIV prevention strategies requires programming that adopts holistic and cross-cutting approaches over a single approach.

III. Proposed programme

13. The proposed eighth country programme aligns with Tanzania National Vision 2025, Long-term Perspective Plan 2011-2025; National Strategy for Growth and Reduction of Poverty; Zanzibar Strategy for Reduction of Poverty; United Nations Development Assistance Plan II (2016/2017-2020/2021); and the UNFPA Strategic Plan 2014-2017.

14. Direct beneficiaries will be 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 programme elements will be implemented in an integrated manner and will address humanitarian preparedness and response.

A. Outcome 1: Sexual and reproductive health

15. 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. Key interventions will (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.

16. 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. Key interventions include (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; (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.

17. Output 3: Increased national capacity of government, civil society organizations and private institutions to deliver comprehensive maternal health services. Key interventions include (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.

B. Outcome 2: Adolescents and youth

18. 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. Interventions aim to (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 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.

C. Outcome 3: Gender equality and women's empowerment

19. 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. Interventions will (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.

D. Outcome 4: Population dynamics

20. 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. Key interventions include (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 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.

IV. Programme management, monitoring and evaluation

21. The Ministry of Finance shall be the coordinating authority for the programme which will oversee the delivery of programme outputs and outcomes, along with the ministries responsible for health, youth and gender. The President's Office Planning Commission will coordinate the implementation and monitoring of population related issues.

22. National execution, through a harmonized approach to cash transfers, will be the preferred implementation modality, following appropriate risk and capacity analysis of potential implementing partners to be selected through a competitive process, based on strategic and comparative advantages. UNFPA will programme jointly with other United Nations agencies in four thematic areas: creating a healthy nation; inclusive economic growth, democratic governance and effectiveness; human rights and gender equality; and building resilience. An integrated communications, partnership and resource mobilization plan will be developed to facilitate delivery of the programme, and as appropriate will be undertaken jointly with other United Nations entities.

23. UNFPA and Government will jointly develop and implement a monitoring and evaluation plan, conduct field monitoring visits, carry out semi-annual, annual and thematic programme reviews, along with a mid-term review of the country programme. Final evaluation will be done jointly through the United Nations 'Delivering as One' modality, with operations research, innovation and sharing of good practices as cornerstone programme elements. In the event of unforeseen circumstances, UNFPA may, in consultation with Government, re-programme activities to respond to emerging issues.

24. UNFPA staff will provide technical, operational and programme expertise to implement the programme. Human resources assessment recommendations will be implemented in consultation with the regional office and headquarters to ensure the appropriate skills mix for effective and efficient implementation of the programme. UNFPA will allocate resources for skills development to strengthen staff management and development effectiveness. Using a South-South cooperation strategy, the country office may seek technical assistance from other country offices, the regional office, headquarters and selected partners.

RESULTS AND RESOURCES FRAMEWORK FOR TANZANIA (2016-2021)

National priority: Access to quality primary health care, reproductive health services for all, reduction in infant and maternal mortality rates				
UNDAP outcomes: Improved access to equitable, acceptable and affordable quality health services				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>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</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Contraceptive prevalence rate <i>Baseline: 27 (Mainland) and 12 (Zanzibar); Target: 45 (Mainland) and 20 (Zanzibar)</i> Percentage of total live births attended by skilled health personnel <i>Baseline: 51; Target: 80</i> Percentage of budget allocation for Reproductive, Maternal, Neonatal, Child and Adolescent Health in Comprehensive Council Health Plans nationally <i>Baseline: 9.7; Target: 21</i> 	<p><u>Output 1:</u> Increased national and sub-national government capacity to deliver integrated sexual and reproductive health services, with a particular focus on adolescents and young people</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of humanitarian response plans with Minimum Initial Service Package incorporated <i>Baseline: 0; Target: 2</i> Number of HIV/AIDS care and treatment facilities in selected regions integrating reproductive health and family planning <i>Baseline: 52; Target: 175</i> Number of health facilities in target districts providing adolescent friendly reproductive health services as per national protocol <i>Baseline: 4; Target: 20</i> 	Prime Minister's Office; Regional Administration and Local Government; Ministry of Health and Social Welfare; Zanzibar Ministry of Health; Commission for AIDS; Zanzibar AIDS Commission; Engender Health; Marie Stopes Tanzania; Kiota Women Health and Development; UN agencies, Amref Health Africa, Tanzania Red Cross and Crescent Society, Comprehensive Community Based Rehabilitation in Tanzania, private sector; Tanzania Midwives Association; Kilimanjaro Christian Medical University College; United Nations agencies	\$49.7 million (\$15.2 million from regular resources and \$34.5 million from other resources)
	<p><u>Output 2:</u> 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</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Couple-Years of Protection generated <i>Baseline: 6,076,687; Target: 9,786,565</i> Percentage of service delivery points with no stock-out of contraceptives in the last six months <i>Baseline: 27; Target: 70</i> 		
	<p><u>Output 3:</u> Increased national capacity of government, Civil Society Organizations and private institutions to deliver comprehensive maternal health services</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Proportion of health centres that meet basic and comprehensive emergency obstetric and new born care signal functions criteria in selected regions <i>Baseline: 9 and 2 respectively; Target: 18 and 5 respectively</i> Number of midwifery national schools that have at least one basic and comprehensive emergency obstetric care one emergency obstetric and neonatal care facility accredited as midwifery training centre <i>Baseline: 0; Target: 4</i> 		
<p>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</p>	<p><u>Output 4:</u> Increased government capacity and civil society organizations to design and implement comprehensive programmes to reach marginalized adolescents and implement community-based life</p>	<p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Percentage of districts youth-led organizations with the capacity to provide out-of-school youth with life skills and sexuality education using national guidelines. <i>Baseline: 0; Target: 37</i> 	Ministry of Information, Youth, Culture and Sports; Tanzania; Kiota Women Health and Development; UN agencies	3.0 million (\$1.4 million from regular resources and \$1.6 million from other resources)

<p>health</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Percentage of young people with comprehensive knowledge on HIV, disaggregated by sex. <p><i>Baseline: 40 for women and 47 for men; Target: 60 and 65 respectively</i></p>	<p>skills education programmes that promote human rights and gender equality</p>			
<p>National Priority: Good governance and the rule of law: strong adherence to and respect for the rule of law</p> <p>UNDAP outcome: Enhanced prevention of and respond to violence against women and children</p>				
<p>Outcome 3: Gender equality and women's empowerment</p> <p>Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Percentage of women aged 15-49 who approve of a husband/partner beating his wife/partner under certain circumstances. <p><i>Baseline: 53.5 (national), 73 (Lake Zone); Target: 40 (national), 50 (Lake Zone)</i></p>	<p><u>Output 5:</u> 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</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of adolescent girls completed empowerment programmes in selected districts for protected from female genital mutilation and child marriage. <i>Baseline: 200; Target: 800</i> Multi-sectoral coordination mechanism that monitors the implementation of the national plans of action addressing violence against women and children established and operational. <i>Baseline: No; Target: Yes</i> 	<p>Tanzania Media Women Association; Tanzania Gender Networking Programme, Ministry of Community Development, Gender and Children; Ministry of Empowerment, Social Welfare, Youth, Women and Children; Children's Dignity Forum</p>	<p>\$10.0 million (\$7.5 million from regular resources and \$2.5 million from other resources)</p>
<p>National Priority: A strong and competitive economy</p> <p>UNDAP Outcome: The economy is transformed for greater pro-poor inclusiveness, competitiveness and increased opportunities for decent and productive employment</p>				
<p>Outcome 4: Population dynamics</p> <p>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</p> <p><u>Outcome indicator:</u></p> <p>Number of national and sectoral development plans that address population dynamics in setting development targets</p> <p><i>Baseline: 2; Target: 4</i></p>	<p><u>Output 6:</u> 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</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of databases with population based-data for mapping of socio-economic and demographic inequalities <i>Baseline: 4; Target: 10</i> Number of population related policies developed <i>Baseline: 0; Target: 2 (Mainland and Zanzibar)</i> Percent of enumeration areas for 2022 census completed <i>Baseline 0; Target 70</i> 	<p>National Bureau of Statistics, President's Office Planning Commission, Ministry of State, President's Office (Zanzibar)</p>	<p>\$7.3 million (\$4.8 million from regular resources and \$2.5 million from other resources)</p> <p>_____</p> <p>Total for programme coordination and assistance: \$1.5 million from regular resources</p>