United Republic of Tanzania

Common country programme document
July 2011-June 2015

The draft common country programme document for the United Republic of Tanzania (CP/FPA-ICEF-WFP/DCCP/2011/TZA/1) was presented to the Executive Board for discussion and comments at its 2011 first regular session (8-11 February 2011).

The document was subsequently revised, and this final version was approved at the 2011 annual session of the Executive Board on 23 June 2011.

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Introduction

1.   The Government of the United Republic of Tanzania and the United Nations country management team agreed that for the July 2011 to June 2015 period, the United Nations in Tanzania will develop a single United Nations Development Assistance Plan (UNDAP). This plan is to capture the entire range of activities supported by the United Nations in Tanzania, including Zanzibar. It integrates the requirements of the United Nations Development Assistance Framework (UNDAF) with the country programme documents of four individual organizations — United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and World Food Programme (WFP) — and, particularly, with the country programme actions plans signed by the Government of the United Republic of Tanzania.

2.   The plan builds on lessons learned from the previous UNDAF, the Delivering as One pilot, including recommendations of the Delivering as One country-led evaluation (2010). The new approach reduces duplication in planning requirements for United Nations organizations and partners. It provides a collective, coherent and strategically focused plan aligned to national priorities articulated in the poverty reduction strategies for Mainland Tanzania and Zanzibar: MKUKUTA II and MKUZA 2010-15 (the National Strategy for Growth and Reduction of Poverty and the Zanzibar Poverty Reduction Plan). This new approach also encompasses the national response to the Millennium Development Goals, key sector planning and policy documents, and the current humanitarian situation.

3.   The assistance plan articulates the precise contribution of the United Nations to Tanzania's national development priorities and international commitments, thereby enhancing transparency as well as accountability to both the Government of the United Republic of Tanzania and donors. The plan systematically applies the five programming principles of gender equality, environmental sustainability, capacity development, a human rights-based approach and results-based management, and the plan mainstreams relevant cross-cutting issues. The plan reflects the recommendations of a national-level prioritization processes involving the Tanzanian Government, development partners, civil society organizations, and all resident and non-resident United Nations organizations in Tanzania.

4.   To further simplify the programming processes of the four organizations — UNDP, UNFPA, UNICEF and WFP — the Tanzanian Government proposed a common country programme document to the joint meeting of the Executive Boards of UNDP/UNFPA and to UNICEF and WFP in January 2010. This document was based on the assistance plan and in lieu of organization-specific country programme documents. The Boards of UNDP/UNFPA and UNICEF approved the request at their respective June 2010 sessions on an exceptional basis. The Bureau of the Executive Board of the WFP agreed at its 14 September 2010 meeting to align itself with the decisions of other United Nations funds and programmes with the draft programme document submitted at the Board's first regular session of 2011, for approval at the annual session of 2011. The programme document is in line with: the United Nations Development Group (UNDG) common framework for the country programme outline and country programme document; the June 2010 decisions of the four organizations; and United Nations General Assembly resolution 64/289.

I. Situation analysis

5. Although Tanzania's economic progress has been significant, achievement of the first Millennium Development Goal (eradicate extreme poverty and hunger; ensure full and productive employment and decent work for all) has been elusive. Despite some deceleration following the global financial crisis in 2008, annual gross domestic product (GDP) growth since 2001 has been greater than 7 per cent, well above the sub-Saharan African average. Underlying this success are sharply improved economic fundamentals resulting from macroeconomic and financial reforms. The macroeconomy has been steady despite global shocks. Inflation has been less than 10 per cent for most of the period, moving up to 10.3 per cent in 2008 as a result of food and fuel crises. The exchange rate has been stable on the back of improved foreign exchange reserves and moderate inflation. Levels of external debt were reduced from a high of 52.5 per cent in 2003 to 33.1 per cent of GDP in 2008, with the country benefiting from participation in the Heavily Indebted Poor Countries Debt Initiative.[1]

6. Despite economic growth, income poverty declined only marginally from 35.7 per cent in 2000-2001 to 33.6 per cent in 2007. As the population grew (2.9 per cent in 2008), the number of poor Tanzanians increased by 1.3 million over the decade, reaching 12.9 million on the mainland, with vast geographical disparities in poverty incidence and depth. Such rapid population growth poses challenges for achieving all of the Millennium Development Goals, including the first one. Growth occurred in areas where employment generation is low, while employment for the half a million people entering the labour market each year was in poorly remunerated agriculture and in the informal sector. This was another driver of poverty. Although fast-growing, Tanzania's industrial sector is one of the smallest in Africa (22.6 per cent by GDP contribution) and adds little to employment creation. Agriculture, the largest sector, accounts for: one quarter of GDP; 85 per cent of exports; 80 per cent of the overall employment; and 90 per cent of the employment of women.

7. Tanzania has made little progress towards reducing extreme hunger and malnutrition. The 2010 Global Hunger Index ranks the situation as "alarming". Children in rural areas suffer substantially higher rates of malnutrition and chronic hunger, although urban-rural disparities have narrowed as regards both stunting and underweight. Food poverty declined from 21.6 per cent in 1991 to 16.6 per cent in 2007. Nationally, the percentage of children under 5 who are underweight hardly dropped. (The figure was 22 per cent in 2004-2005 and 21 per cent in 2010.) The absolute number of people affected by chronic hunger remains high. The food consumption of 4.1 per cent of the households in rural Mainland Tanzania is considered "poor", and in 18.9 per cent of the households it is "borderline poor".

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[1] All data for this Situation Analysis section is from: United Republic of Tanzania, *Poverty and Human Development Report 2009*; United Republic of Tanzania, *Millennium Development Goals Report Mid-Way Evaluation: 2000-2008*; National Bureau of Statistics/ICF Macro, *Tanzania Demographic and Health Survey 2010 Preliminary Report* (October 2010); United Republic of Tanzania, *Tanzania Gender Indicators Booklet 2010*; Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission, National. Bureau of Statistics, Office of the Chief Government Statistician, Macro International, *Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08* (November 2008).

8.   While on a national level Tanzania regularly produces sufficient food for its requirements, many regions (particularly in central, south-east and north-east Tanzania) are vulnerable to hunger and food insecurity. Food insecurity results mainly from insufficient access to food at the household level. This leads in turn to the adoption of unpromising strategies for responding to such recurrent shocks as high food prices, drought, pests and diseases. Environmental management and climate-change adaptation among rural producers is inadequate as are the safety nets that might mitigate the effects of recurring livelihood shocks.

9.   Low rural sector productivity arises mainly from inadequate infrastructure investment; limited access to farm inputs, extension services and credit; limited technology as well as trade and marketing support; and heavy dependence on rain-fed agriculture and natural resources. Despite reform efforts, lasting structural change has proven elusive. Off-farm employment in the poorly paid informal sector is rising. Rural private sector and community institutions are undeveloped, further compounding inefficiencies and service gaps.

10.   Tanzania's fast-growing population of 43 million (which includes 1.3 million people on Zanzibar) is highly dependent on the environment and natural resources for its livelihood. Thus unsustainable harvesting of natural resources, water-source encroachment and unchecked cultivation, coupled with global climate change, pose challenges both for achieving the Millennium Development Goal related to the environment and for maintaining any achievements. Resource utilization and management are stretched with rising demand for: fresh water; food; natural products; land for crops and grazing; shelter; and wood and charcoal for household energy. This rising demand contributes to deforestation and environmental degradation. Illegal fishing threatens the sustainability of the fishing industry. Access to land resources and demands for various needs, including conservation and natural resources management, gives rise to conflicts. Capacities for managing natural resources, including climate-change adaptation and mitigation, are inadequate to meet the scale of the challenge.

11.   Following the abolition of school fees in 2001, increases in primary school enrolment have been rapid, while pre-primary and secondary education has likewise shown steady expansion in the last few years. That said, Tanzania's progress towards Millennium Development Goal 2 (achieving universal primary education) still faces challenges. These include ensuring cohort completion (62.5 per cent in 2008) and education quality. (In 2009 the pupil-to-teacher ratio was quite high: 54:1.) Another challenge is posed by the passing rate for primary school students who have reached the final level (52.7 per cent passed in 2008). Disparities exist in access to pre-primary and secondary schools. Residence (urban versus rural), household wealth and educational background all play a part. Disability, orphaning, child labour and other forms of vulnerability are additional barriers. Quality standards are noticeably declining at both the primary and secondary levels. This is a consequence of the rapid increase in the school-age population, and also of the fact that the expansion in enrolment has not been matched by an expansion in the supply of qualified teachers and quality educational materials, nor by investments in school safety, basic sanitation and hygiene. Many Tanzanian schools are neither healthy nor safe environments, particularly for adolescent girls.

12.   The number of girls and boys in primary school is nearly equal. In secondary schools, the number of girls as a percentage of total enrolment increased from

43.2 per cent to 46.8 per cent from 1992 and 2007. Gender equity markedly declines from the outset of secondary school; girls make up only 35 per cent of the total number of students who complete secondary school. Compared to boys of the same age, girls' performance in mathematics and science, as well as on school-level examinations, is particularly poor. In higher education, girls' enrolment as a percentage of total enrolment reached 34 per cent in 2007.

13.   By the age of 14 (lower secondary school), approximately half of Tanzania's children have left the schooling system. One third of children attend secondary school, and less than 1 per cent enrol in institutions of higher education. Alternative opportunities for formal learning, basic literacy and vocational education do not meet the demand.

14.   Tanzania's impressive achievements in child health continue. Under-5 mortality rates (Millennium Development Goal 4) continue to drop — from 147 deaths per 1,000 live births in 1999, to 81 in 2010. Likewise infant mortality declined from 99 deaths per 1,000 live births in 1999, to 51 in 2010. Neonatal mortality accounts for 30 per cent of the deaths of children under 5 years old. Improved child mortality is due in part to the recent improvements in malaria control. Other contributing factors have been: vaccination against measles, Vitamin A supplementation and other preventative programmes, including those aimed at preventing mother-to-child transmission of HIV. By contrast, neonatal deaths (26 per 1,000 live births in 2010) have been associated with poor maternal health during pregnancy and inadequate obstetric and neonatal care at delivery.

15.   Tanzania lags in the area of maternal health. The maternal mortality ratio in 2010 is estimated at 454 deaths per 100,000 live births, lower than the previous figure of 578 in 2004, but below the Health Sector Strategic Plan III target of 265 by 2015. About half of all deliveries are assisted by skilled attendants or take place in a health facility. The "three delays" — in the decision to seek care, in reaching appropriate care, and before intervention at a facility — contribute significantly to the high maternal mortality and morbidity. The weakness in institutional preparedness to respond — as a result of inadequate equipment and supplies, and of insufficient and unskilled staff — affects the quality of obstetric and newborn care. There is a need both for skilled health providers across the system and for filling the vacant posts. (65 per cent are vacant.) There is also a need for continued commitment to the current national health sector and primary health-care development efforts including: increasing the number of health centres offering packages of essential care; overcoming shortages of equipment and reproductive health supplies; addressing human resources challenges; effective health-care financing; and improving information and referral systems and linkages with community mobilization efforts.

16.   Gender inequities underlie the persistently high levels of maternal deaths in Tanzania and the lack of progress in maternal health. High maternal mortality is linked with high fertility rates and the low socio-economic status of women. The total fertility rate in Tanzania over two decades has changed only slightly, from 5.8 in 1996 to 5.4 in 2010. Rural women have more than two more children on average than their urban counterparts (rural 6.1, urban 3.7). The proportion of married women using contraception has risen steadily — from 13 per cent in 1996 to 27.4 per cent in 2010. With only 12 per cent of women 15 to 24 years using modern contraception, teenage pregnancy rates are high. More than half of women

under the age of 19 are either pregnant or already mothers, and one in three teenagers in the poorest households has given birth at least once. Teenage pregnancies — often a consequence of early marriage — carry a higher risk of maternal death.

17. Poor nutrition is common among women of reproductive age. One in two is chronically anaemic; one in ten has a low body mass index, which indicates chronic energy deficiency and leads to increased risks during pregnancy. Child malnutrition rates are also high. Among children under age 5, 35.4 per cent were stunted and 20.7 per cent were underweight in 2010. Anaemia affects more than two thirds of all children, while 8 per cent suffer from severe anaemia. Lack of breastfeeding of infants can contribute to nutritional problems. Forty-one per cent of newborns are not breastfed in the first hour of life, and fewer than 15 per cent up to the age of six months. Complementary foods given to infants are often inappropriate and adulterated with unclean water. An overhaul of nutrition and other health policies, strategies and plans in support of maternal and child health is required in order to achieve several of the Millennium Development Goals.

18. Tanzania's progress on Millennium Development Goal 6 — combating HIV and AIDS, malaria and other diseases — has been remarkable, but has emphasized vertical interventions in HIV and malaria. Malaria transmission, which plays a large part in child mortality, has been reduced significantly. Malaria prevalence in Zanzibar dropped from 46.2 per cent of the population in 2002 to 0.8 per cent in 2006. This was a result of improved malaria control as well as of wide and free distribution and use of insecticide-treated nets. Nevertheless, malaria continues to be a severe challenge on the mainland where the prevalence was 18.1 per cent in 2007-2008.

19. HIV prevalence declined from 7 per cent in 2004 to 5.7 per cent in 2008 in Mainland Tanzania, and stabilized around 0.6 per cent in Zanzibar. Disparities in prevalence exist among different socio-economic groups. Among young people aged 15 to 24 (20 per cent of the total population) HIV prevalence declined, but infection among girls of the same age is disproportionately high (4 per cent compared to 1 per cent for young men). Only 39 per cent of young women and 42 per cent of young men have comprehensive knowledge about HIV. Low and inconsistent condom use, low perception of the risks, and high-risk behaviour, including multiple concurrent sexual partners and age-disparate sexual relationships, are factors fuelling transmission. Though Zanzibar has low levels of HIV prevalence, it is high there among the most at-risk populations — intravenous drug users (15 per cent), sex workers (10 per cent) and men who have sex with men (12 per cent). (Comparable data on prevalence rates among at risk populations on the mainland is unavailable.) Members of these populations are subject to stigmatization and discrimination, and have limited access to services and information.

20. HIV prevention, care and treatment services have been significantly scaled-up nationwide. More than 70 per cent of centres providing antenatal care now offer services in the field of prevention of mother-to-child HIV transmission. Nevertheless, significant service gaps remain. Only 68 per cent of HIV-positive pregnant women and 50 per cent of HIV-exposed infants receive anti-retroviral prophylaxis to prevent mother-to-child transmission. Integration of HIV and sexual-and-reproductive health services is limited. People living with HIV and AIDS still

lack many services and participate only indirectly in prevention and policy-advocacy efforts.

21. Efforts to mitigate the social and economic impact of HIV and AIDS have expanded, yet much remains to be done. Cumulatively, the epidemic has orphaned more than 1.3 million Tanzanian children since 1985. Many receive assistance under the interventions of the National Costed Plan of Action for Most Vulnerable Children. Of the total HIV-positive population in Tanzania, 840,000 (56 per cent) are women between 15 and 49 years old.

22. Access to safe drinking water for the rural population is low (58.7 per cent in 2009). In formal urban settlements the figure is 84 per cent. Only 33 per cent of households have access to improved latrines. The dire condition of water, sanitation and hygiene facilities in schools and health centres is cause for concern. Water supply sustainability is a national challenge strongly correlated with poverty and locality. That is, it is a particular challenge for rural and informal urban localities. Until national solutions emerge, it is critical to provide more support to caregivers at the household level to respond to water, sanitation and health challenges.

23. Formal social-security programmes and health insurance cover a negligible, mostly urban-based and relatively well-off portion of the population, providing even these people only modest benefits. Most people have no protection against contingencies, livelihood shocks or severe deprivation. A draft National Social Protection Framework targeting vulnerable groups exists, but associated operational modalities as well as institutional arrangements, services and resources are still lacking. A more comprehensive framework for establishing safety nets and new models for social transfers is required. The impact of existing social assistance programmes — social security, ageing and disability — in reducing poverty and hunger similarly need attention.

24. The enactment of the Law of the Child Act in November 2009 marked an opportunity to create a protective environment for children. Children's care and development takes place in an environment of acute domestic insecurity. There are more than 2 millions orphaned or abandoned children, and 20 per cent of the 5 to 17 year olds are engaged in child labour. Only 8 per cent of children under 5 have a birth certificate. Massive external investment in the National Costed Plan of Action programme improved access to food, education and health services, though services are not yet comprehensive or available to all vulnerable children. Significant gaps in protection remain. The structures, systems and services for extending effective protection to children subject to abuse, exploitation and violence, and for children with disabilities, are lacking. There is an urgent need to increase and train personnel, develop monitoring and referral systems, strengthen district and national data collection, and promote shared awareness of child protection needs at both the community level and among those involved in the enactment and enforcement of legislation.

25. The Government recognizes in the new MKUKUTA and MKUZA that good governance is fundamental to achievement of the Millennium Development Goals and to improvements in the quality of life and social well-being of citizens.

26. Tanzania is a stable, peaceful, parliamentary democracy. During the last two decades, political pluralism has been introduced and multi-party elections have been held every five years since 1995. Nevertheless, political parties have paltry and

indistinguishable political platforms due to such problems as inadequate capacities and lack of gender equality (that is, a lack of advancement of women to leadership positions).

27. Although the Parliament of the United Republic of Tanzania and the Zanzibar House of Representatives are increasingly active in overseeing the work of the executive branches, there are still many weaknesses in ensuring government transparency and accountability. These include weaknesses in the oversight of the implementation of poverty reduction strategies. Recently developed plans for the national legislatures indicated significant capacity needs in the areas of oversight, the making of laws and the representation of citizens.

28. The broad-based national governance assessment and consultative process of the African Peer Review Mechanism is under way. Political reconciliation in Zanzibar is still tentative and will require continued support. In Mainland Tanzania, conflicts over natural resource use and rights need addressing through strengthening local dialogue and dispute-resolution mechanisms.

29. The Tanzanian Government faces significant capacity challenges in managing development and achieving the Millennium Development Goals. Monitoring and reporting on the implementation of poverty reduction strategies continue to require improvement, and the coordination of implementation and of evidence-based planning and budgeting needs strengthening. Aid management, including as regards dialogue with stakeholders, still poses a significant challenge. Several reform programmes are under way, but have been slow to achieve results. Additional reform coordination is required while comprehensive efforts to address corruption need further support.

30. The concept of rule of law, including human rights and legal traditions, is not widely understood or applied. Implementation in the justice sector is flawed by corruption, disadvantages for women and children (including gender violence and some cultural norms), and inadequate protection of the rights of the poor. While Tanzania is a signatory to the international human rights regime, implementation is constrained by the lack of a national action plan for incorporating human rights in national law, the justice system and public education.

31. The right to life, safety and support in life-threatening emergencies is a challenge. Tanzania is vulnerable to recurring natural disasters, climate change, declining environmental sustainability and food insecurity. These challenges require well-organized, multisector early warning systems and preparation for emergencies.

32. Tanzania is prone to the influx of refugees, often for long periods of time. The United Nations is currently assisting some 100,000 refugees in north-west Tanzania as well as the vulnerable host communities.

II. Past cooperation and lessons learned

United Nations Development Assistance Framework

33. The current 2007-2010 UNDAF and the four organization country programmes have been extended until mid-2011 to enable full alignment of the Development Assistance Plan with the national budget cycle. The Development Assistance

Framework supports the implementation of MKUKUTA and MKUZA, in line with the guiding principles of the Joint Assistance Strategy for Tanzania of the Tanzanian Government and development partners.

34. UNDAF outcomes follow the outcomes and indicators of the national poverty reduction strategies. Since the outcomes are wide-ranging, the United Nations has not always been able to assess its distinct contributions to national development. The lesson learned is that the Development Assistance Plan outcomes should be defined with sufficient specificity to allow the distinct United Nations contribution to be measured.

Delivering as One initiatives

35. The decision of the Government of the United Republic of Tanzania in 2007 to be one of the eight Delivering as One pilots transformed United Nations activities in Tanzania. The United Nations pilot programme began after the Tanzanian Government approved the Development Assistance Framework and the four organization's country programme documents. Nonetheless, the country management team was able to adjust its operations. The "one leader", "one fund" and "one voice" aspects of the Delivering as One approach have been particularly successful. Eleven joint United Nations programmes were established within the Assistance Framework. Financial support from other development partners to the "one fund" is indicative of their confidence in the ongoing reform process.

36. The joint programmes offer lessons for improving programming and results. The "one programme" approach was established two years into UNDAF's organization-specific country programme document cycle. Implemented through the joint programmes, it responded to national priorities in sectors in which the United Nations had expertise. The approach involved collaboration among United Nations organizations and partners in drafting joint work plans, budgets and programme results, in parallel with (and in some cases superseding) organization activities identified in the Development Assistance Framework and organization country programme documents. The joint planning and reporting processes increased coherence and coordination. According to the findings of the 2010 country-led evaluation of the Delivering as One approach, factors contributing to better programmes included: joint programming; clear division of labour based on the comparative advantage and mandate of each organization; increased mutual accountability; an empowered country management team; and performance-based funding through the "one fund" approach.

37. In a process that strived for inclusiveness and participation, ensuring strategic focus has proved to be challenging. The main challenge of the joint programmes is the existence of multiple initiatives and projects put together without adequate mechanisms for prioritizing and results-based planning. Another concern is weak monitoring and evaluation mechanisms and lack of joint annual reviews, by which constraints could be detected earlier and corrective measures taken. United Nations organizations and implementing partners have varying capacities to participate in joint programmes. Finally, the systems and operational support for Delivering as One interventions were put in place gradually, and were therefore not implemented in full or used to their full potential. This includes basket funding, full

implementation of the principles regarding a harmonized approach to cash transfers (HACT principles), and joint procurement.

The four organizations

World Food Programme

38.   The WFP country programme aimed at reducing vulnerability to food insecurity in the drought-prone central and northern regions, and at building national capacities. These objectives were pursued through four integrated WFP initiatives: the food for education (FFE) and food for assets (FFA) programmes; targeted supplementary feeding; and HIV/AIDS programmes. Through the food for education programme, in 2010 WFP reached approximately 640,000 children in 1,167 schools with school meals, increasing attendance and exam pass rates. WFP supported the Tanzanian Government in developing a draft national school-feeding policy and provided technical support to strengthen the national Comprehensive Food Security and Vulnerability Analysis (CFSVA) and food security monitoring system. The WFP food for assets programme supported communities affected by chronic hunger in drought-prone areas in order to improve resilience to shocks and protect assets. The targeted supplementary feeding programme promoted pre- and post-natal health and addressed the problem of low-birth-weight children. It increased immunization and growth-monitoring coverage by providing, as part of regular mother-and-child services, a monthly take-home ration to pregnant and lactating women as well as to moderately malnourished children in two districts. The WFP AIDS programme supported food-insecure people affected by HIV and AIDS. WFP procured food locally, supporting smallholder farmers, and engaged local transport services. The 2010 country programme evaluation concluded that interventions: contributed to improved food security at individual and household levels; were effective in creating productive safety nets; and are likely to have long-term impact. For instance, some of the target areas of the food for assets programme no longer need emergency assistance during droughts. The exception is the HIV and AIDS programme which lacks direct linkages to other programmes. Based on the lessons learned hereby, WFP plans to enhance opportunities for partnership and linkages with existing Tanzanian Government policies and priority programmes, including in the field of disaster risk reduction. WFP also plans to work closely with the Tanzanian Government on policies and strategies integrating the safety net programmes into budgets and plans. The idea is eventually to hand these programmes over to the Government.

United Nations Development Programme

39.   The UNDP country programme aimed to: enhance pro-poor development, wealth creation, democratic governance and development management, and to mainstream national development policies related to the environment, HIV and AIDS, and gender. The focus was on national capacity development and policymaking. The UNDP contribution strengthened dialogue, capacity and ownership of the poverty reduction strategy monitoring and evaluation systems involved in the production of the national Poverty and Human Development Report and the Millennium Development Goals Report. UNDP also helped improve the national capacity to promote inclusive economic growth, to monitor poverty, and to achieve evidence-based development planning and decision-making at the national

and local levels. UNDP supported Tanzania in piloting the Millennium Development Goals Acceleration Framework. Strengthened systems and tools for the management of external resources, such as the Aid Management Platform, and capacities to adopt an integrated trade strategy were established. In the field of democratic governance, support given by UNDP to the introduction of a permanent electronic registry of voters improved the effectiveness of electoral management bodies and added credibility to the political process. UNDP also supported the design and implementation of strategies to help national institutions combat corruption and to promote a holistic and participatory approach to corruption prevention. Further, it assisted in the integration of environmental issues into national poverty reduction efforts, including in local income-generation activities. Capacities for environment conservation and management of land, forest, water and wildlife resources and biodiversity reserves were developed. UNDP developed coordination capacities for a national response to climate change both as regards adaptation and as regards integrating alternative energy solutions in national policy. The organization strengthened capacities for disaster risk reduction and improved human security. UNDP assisted in HIV and AIDS mainstreaming and capacity-building for the national multisector response to this challenge. UNDP made a management contribution to the Delivering as One pilot, administering the "one fund" and acting as a managing agent of five United Nations joint programmes.

United Nations Population Fund

40.   The UNFPA country programme focused on policy dialogue, advocacy, and capacity- and partnership-building in areas of population and development, reproductive health and rights, and gender equality. Through technical support, UNFPA strengthened production and utilization of disaggregated population data, including providing ongoing support for the preparation of the 2012 census. UNFPA led efforts to ensure integration of population and environmental issues in the poverty reduction strategies, sector policies and programmes. Increasing the availability of disaggregated data drew policymakers' attention to gender disparities. UNFPA engaged in four of the joint programmes, playing a management role for the joint programme to reduce maternal and newborn mortality. UNFPA continued to participate in the health sector-wide approach, including in the Health Basket funding mechanism, to ensure accountability and predictability of funds for reproductive and child health. Responding to gaps in skills, UNFPA supported pre-service and in-service training of health providers. UNFPA advocated for dedicated budget lines for contraceptives and increased budget allocations, and it procured selected contraceptives for Mainland Tanzania and Zanzibar so that a consistent supply would be ensured. The management, leadership and technical capacities of the two national AIDS commissions were built, and support was given to the development of the National Costed Plan of Action. Strategic partnerships with faith-based organizations continued to address reproductive health and rights, gender equality and HIV prevention. UNFPA improved access to youth-friendly health services and enhanced youth leadership and participation in the review and development of selected national and sector- specific frameworks, plans and strategies. The UNFPA gender leadership provided support for mainstreaming gender in sectoral plans and strategies; gender monitoring and evaluation across ministries, departments and agencies; and addressing gender-based violence, as well as for promoting greater utilization of gender policy guidelines and mainstreaming instruments.

United Nations Children's Fund

41.   UNICEF contributed to results at national and subnational levels as well as upstream policy formulation and capacity-building and downstream support to quality service provision by national partners. In the area of child protection, sustained advocacy and technical support resulted in drafting and enactment of the comprehensive Law of the Child Act. In the health field, UNICEF supported the development and implementation of the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths, the National Nutrition Strategy, and the scale-up plan for the prevention of mother-to-child transmission of HIV during pregnancy and childbirth. UNICEF supported the National Multi-Sector HIV Prevention Strategy, National Costed Plan of Action, National Life Skills Education Framework, and the national strategy for care and support in education services for HIV prevention. In the field of education, UNICEF supported the establishment of primary school basic standards and the national primary school in-service teacher training strategy. In the area of water, sanitation and hygiene, efforts culminated in bringing together four key ministries to define roles in support of one lead governmental entity in the sector: the Environmental Health and Sanitation Unit in the health ministry. Furthermore, UNICEF convened and mobilized civil society organizations around child rights. At the subnational level, UNICEF supported the scaling up of national programmes in seven districts by strengthening capacities to ensure: that district planning and budgeting prioritizes children; delivery of facility-based services; and enhanced community awareness. UNICEF successfully scaled up national programmes, although confinement to learning districts limited its ability to respond to vulnerabilities elsewhere, particularly in HIV and AIDS prevention and nutrition. This has been highlighted in reviews.

Common lessons learned

42.   By focusing on upstream policy work, United Nations organizations were able to have a transformational impact on a national level in many areas, as well as the sustained technical-level engagement necessary for the adoption and finalization of new policies and legislation. Greater reliance on the internal division of labour and more effective delegation between organizations contributed to coherence, efficiency and policy results. Between now and 2015, the United Nations needs to further expand these efforts to intensify harmonization among all development partners, contributing to stronger partnerships between multilateral and bilateral development organizations.

43.   The United Nations contribution to the national policy dialogue is increasingly a measure of its relevance in Tanzania. Going forward, the expectations of the United Nations system as a whole to support national reform processes will require the United Nations organizations involved to make commensurate investments in capacities to deliver results and leadership, both programmatically and at the policy level. Efforts to strengthen joint and mutual accountability and transparent reporting on results need to be scaled-up in support of resource mobilization for the United Nations system.

44.   Programmes need to be aligned with national policies to ensure maximum impact and address sustainability. New modalities such as sector basket funding can

be useful to leverage United Nations technical support and limited resources. One of the comparative advantages of the United Nations in this area is its ability to support building national capacity by managing and leading a process that involves many development partners.

45. Inadequate national capacities to implement endorsed policies and strategies, as well as to address overlaps and conflicting policies, are key implementation constraints that require attention, including support for coordination and harmonization. Capacity development should build on participatory assessments and focus more on the strengthening of systems and institutions, along with human resource development. To increase the impact of national programmes, it will be useful to strengthen performance at a decentralized level by demonstrating effective approaches and enhancing the capacities of central institutions.

United Nations Development Assistance Plan

46. The United Nations Development Assistance Plan responds to these lessons. It is the complete programme of cooperation across all United Nations organizations working with the Tanzanian Government, including specialized and non-resident organizations. It is a tool for jointly formulating realistic work plans and budgets for all United Nations organizations, plans and budgets that are aligned with their capacities and the division of labour of the Joint Assistance Strategy for Tanzania. Interventions are prioritized, focused and contain an interlinked strategy that aims at a coherent overall programme, aligned, where possible, to sector policies, national strategies and structures. Linkages to regional and global initiatives are stated in the Plan at the sectoral level. In this way greater synergy is forged between United Nations plans and multilateral and bilateral support. Quality plans and monitoring and evaluation matrices in the Plan will lead to annual reviews, reporting against targets and allowing for enhanced performance-based funding. This will have a synergistic effect, increasing the value of organization inputs.

III. Proposed programme

47. The common country programme document is anchored in the 2011-2015 Development Assistance Plan. The principal and strategic contributions of the four organizations are designed in response to the situation analysis and the lessons learned from past cooperation. They align with the national priorities, are consistent with global and regional initiatives, and target improved partner capacities for: pro-poor growth; enhanced sector capacities for delivery of comprehensive basic social services; and stronger governance and accountability, encompassing human rights, gender responsiveness, humanitarian assistance and disaster risk reduction.

Pro-poor growth

Economic growth and reduction of poverty

48. The common country programme document provides strategic inputs to pro-poor, inclusive economic development. The comparative advantage of the United Nations lies in its ability to enable national stakeholders. It will provide

technical assistance to the Government of the United Republic of Tanzania to create an inclusive growth model.

49. UNFPA will provide technical and financial assistance to the Tanzanian Government and to higher-learning and research institutions to generate and utilize disaggregated demographic and housing data for a more comprehensive approach to: economic development; integration of population and environmental issues into planning and budgeting frameworks; and strengthened expertise in analysis and data gathering related to population, environment and poverty linkages. The organization will support the National Bureau of Statistics' 2012 census; establish an Integrated Management Information System (IMIS), and coordinate and implement the Tanzania Statistical Master Plan, which involves the establishment of routine administrative and vital records systems.

50. WFP will support the capacity of national institutions to conduct periodic rapid vulnerability analyses and the Comprehensive Food Security Vulnerability Assessment. WFP will also support the implementation of the Tanzanian Government's compact investment plan for the Comprehensive Africa Agriculture Development Programme. This targets improved agricultural production and community asset creation within the framework of strengthened food and nutrition security.

51. UNDP will support capacity development of ministries, departments and agencies so they can formulate and implement policies and strategies that improve income and promote employment. South-South exchanges will enable prompt adoption of techniques and initiatives that are proving beneficial. Support for contract management and the development of public-private partnerships across Mainland Tanzania and Zanzibar will be explored.

52. The United Nations will build capacities in relevant ministries and the private sector to broaden market opportunities, including within the East African Community Common Market. UNDP will provide technical assistance to the Tanzanian Government's coordination of a broad trade-sector programme and support streamlining of regional integration regulations. Through the global knowledge network of UNDP it will provide trade policy options that advance human development, and, via the Enhanced Integration Framework, promote further integration within the East African Community.

53. Interventions by WFP will focus on strengthening value along the agricultural supply chain. One important way the United Nations can achieve tangible results in Tanzania is by providing assistance in the area of disaster risk reduction, in particular to bolster national capacity where it is lacking. Using this approach, productive safety nets — including the food for assets and food for education programmes — will strengthen community resilience, reduce vulnerability and enhance local food access and availability. These efforts will include capacity support for the local transport sector and more sustainable market access for small producers across the entire agricultural cycle, thus promoting household economic growth and reducing hunger.

Environment and climate change

54.   The United Nations will support the Tanzanian Government to ensure that key sector ministries, departments and agencies and local government authorities integrate environmental concerns and climate-change adaptation and mitigation in their strategies and plans. Enhanced Tanzanian Government capacity will ensure coordination and monitoring of natural resource use at national and local levels in key target sectors, including agriculture, water, health, forestry, wildlife and tourism, energy, and coastal zone resources.

55.   UNDP will support the Government and other partners to articulate a vigorous national response to climate change and rapid environmental degradation. Building on its global network of expertise and its corporate thrust to address climate change adaptation and mitigation, UNDP will help build capacities to coordinate and mainstream efforts at the sector level and to reinforce implementation at the local level. UNDP will also use its comparative strength as a trust fund manager to facilitate establishment of an investment fund for climate change. UNDP will assist in developing mitigation strategies through training and technical support to national institutions, including those in the private sector, as well as by the promotion of: renewable energy sources, improved energy standards, efficient technologies and "clean practices" (to help preserve the environment). UNDP will continue supporting development of a national framework for reducing emissions from deforestation and forest degradation, as well as of local capacity to manage forest carbon projects.

56.   WFP will support inclusion in local plans of best practices that promote community adaptation to climate variability, strengthen resilience to shocks, and improve access to food. These practices include small-scale water catchments, soil conservation and feeder roads.

57.   UNDP will support capacity development for improved enforcement of laws on the environment and of regulations protecting ecosystems, as well as for sustainable management of natural resources. UNDP will support awareness-raising related to the Environmental Management Act, facilitating formulation of environmental plans and strategies at the local government level, as well as strengthening technical, financial and governance capacities for sustainable land and forest management.

58.   With strategic support from the Global Environment Facility, UNDP will continue to strengthen national capacity for sustainable management of protected areas as well as of coastal forest and marine ecosystems. This will include strengthening policy and regulatory frameworks. Assistance will be provided to help develop: national frameworks for mainstreaming sustainable land management into national economic growth goals, as well as financing of and payment for ecosystem services related to carbon, water and biodiversity. In Zanzibar, support will be given to institutions for the management of forests and protected areas.

Quality of life and social well-being

Education

59.   Addressing equitable access to quality education at all levels, including alternative learning opportunities for illiterate adults, the Development Assistance Plan will provide assistance to a range of initiatives aimed at improving learning quality and teaching within and outside the formal education system.

60.   UNICEF will support implementation of the national policy on integrated early childhood development. It will also support improvements in the quality of teacher education programmes for basic education in priority subjects, and enhanced resource allocations to priority districts for evidence-based planning, management and quality assurance.

61.   WFP will assist the Tanzanian Government in finalizing a national school-feeding policy and implement a school-feeding scheme to promote lower drop out rates and improved learning. The scheme will provide markets for smallholder farmers and a safety net for children in poor households.

62.   UNICEF will support finalization and implementation of "second chance" policies and guidelines for learners whose school attendance has been disrupted, particularly by pregnancy. Children with disabilities and other vulnerabilities, such as those living with albinism, will be a particular focus. As regards alternative learning opportunities for out-of-school children, UNICEF has been supporting the mainstreaming of an integrated post-primary education system in selected districts. UNFPA will strengthen the provision of youth life-skills education in the areas of sexual and reproductive health and HIV prevention.

Health and nutrition

63.   The Development Assistance Plan provides for extensive United Nations engagement and for capacity-building of the health system.

64.   The United Nations will support the national Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths. UNFPA and UNICEF will jointly accelerate implementation of this Plan, particularly in low-performing regions in Mainland Tanzania. UNFPA will equip Zanzibar health facilities to provide quality family planning, basic and comprehensive emergency obstetric care, post-natal services, and integration of sexual and reproductive health and HIV and AIDS services.

65.   The United Nations contributes to capacity development for integration of nutrition into national and subnational policies, plans and budgets, as well as contributing to the strengthening of institutional arrangements for providing services. UNICEF will support nutrition services in high-risk regions through development of guidelines and the introduction of nutrition workers at subnational levels. WFP supports the capacity of the Ministry of Agriculture and of local government authorities to plan and budget in a nutrition-sensitive fashion, emphasizing food fortification and dietary diversity. WFP further assists ministries, departments and agencies in providing targeted and time-bound supplementary feeding (combined with appropriate nutrition messaging) in areas with high levels of malnutrition and acute hunger.

66.   The availability and supply of essential medicines and health commodities across the country will be addressed through technical support, including through an information system for supply chain management. UNICEF support will strengthen vaccine and related cold-chain capacity. UNFPA will further strengthen the sexual and reproductive health supply chain, focusing on supplies of contraceptives and other reproductive health items.

67.   Priority will be given to community health structures that promote the use of local care. UNICEF will support a review of these structures, develop guidelines and implement distance-learning schemes for community-owned resource persons. The organization will build Ministry of Health communications capacities related to evidence-based programmes. UNFPA will provide client-oriented information and other demand-stimulating interventions to promote improved health-care seeking behaviour, including by young people.

68.   The United Nations will provide technical support for the development of a national health sector training plan to guide human resources planning nationally and address human resources issues at all levels. UNFPA will propose alternative approaches to health worker skills development and support the implementation of an integrated pre-service nursing curriculum in Zanzibar. The technical assistance provided by UNICEF will include curriculum development, job aids and supervision tools for training and accrediting community health workers in zonal centres.

69.   The United Nations will provide technical assistance to strengthen routine health data collection and analysis, enabling national and subnational health authorities to direct health services to low-coverage areas. UNICEF will facilitate the scaling up of innovative approaches to data and information capture, including approaches involving mobile phone technologies. It will also facilitate the integration of child survival and nutrition indicators into national and subnational surveys.

HIV and AIDS

70.   The United Nations prioritizes capacity-building and technical assistance to promote universal access to prevention, care and support based on the UNAIDS Outcome Framework priority areas. To ensure the greatest access to quality services, including a community-based continuum of care, UNICEF focuses on service-provider capacity in the public sector, among civil society organizations and in networks of people living with HIV and AIDS. UNFPA will support expansion and integration of family planning services for women living with HIV. WFP will advocate and give policy and technical advice to local government authorities. The aims are to encourage budgeting for a food and nutrition component as part of treatment and management strategies for HIV and AIDS (transitioning from direct food assistance), and to encourage specialized partners, along with government, to take over existing programmes.

71.   The United Nations will support implementation of a comprehensive multisector HIV prevention strategy, emphasizing high-risk settings (high-prevalence regions, schools, learning institutions) and high-risk groups (out-of-school adolescents, girls, youths, most-at-risk populations). UNFPA will support the implementation of the HIV prevention strategy, focusing on comprehensive condom programming, life-planning skills for out-of-school youth, equipping media and civil society organizations for social and behaviour change communication, and

addressing prevention among discordant couples (in which one partner is infected and the other is not). UNICEF will support the scaling up of interventions that reduce vulnerability and prevent HIV infection and sexual violence among adolescent girls and young people in high-prevalence regions.

72. UNDP will continue supporting capacity development at the Tanzania Commission for AIDS (TACAIDS) and the Zanzibar AIDS Commission (ZAC). The aims are: to promote leadership and coordination of the national response; to promote sensitivity to human rights issues and advocacy for people living with HIV and AIDS; and to address misconceptions, stigmas and discrimination. UNFPA will support the implementation of the Gender Operational Plan for HIV and AIDS. UNICEF will assist in the production of advocacy and communication packages for the national AIDS response, with a focus on children and young persons.

73. The United Nations will assist disaggregated data analysis to promote enhanced understanding of the drivers of the epidemic as well as of the human rights issues involved in working with the most-at-risk populations. UNFPA will facilitate research on sexual risk behaviours and on updating communication strategies to better target women and youth, including people living with HIV and AIDS. UNICEF will commission an analysis of national survey data to inform the planning and implementation of the national HIV and AIDS response and to support the monitoring of the National Costed Plan of Action for effectiveness and responsiveness.

Water, sanitation and hygiene

74. UNDAP has an upstream focus, providing technical assistance and capacity development for improved national mechanisms: for enhanced water, sanitation and hygiene; for sanitation and hygiene coordination initiatives; for national water resources management; and, in Zanzibar, for water supply and to leverage sector funds.

75. UNICEF will help ministries, departments and agencies coordinate and harmonize coverage of child, girl-friendly and accessible water, sanitation and hygiene within schools. The strategy includes increased fund allocations for ministries, departments and agencies to develop and roll out national school water, sanitation and hygiene guidelines and comprehensive campaigns to promote social and behavioural change.

76. UNICEF will contribute to a coordinated national response to issues affecting household sanitation, hygiene and water treatment as well as safe water storage. A national advocacy campaign on sanitation and hygiene, with a special focus on Zanzibar, will be supported, as will promotion of hygiene and sanitation, communication about these matters, and the development of the evidence base for appropriate water, sanitation and hygiene strategies. UNICEF will support the capacity of organizations representing vulnerable groups to influence national water, sanitation and hygiene policy dialogue on equity and sustainability of water supplies.

Social protection

77. In support of national goals for adequate social protection and to promote the rights of the vulnerable, the Development Assistance Plan focuses on promoting the

adoption, scaling-up and better integration of public and other mechanisms in Tanzania to address socio-economic vulnerabilities and deliver protection services for Tanzanian children and families. UNICEF will technically support the development of a coherent social protection policy and regulatory framework, and the establishment of institutional mechanisms for coordination of social-protection interventions. WFP will promote interventions related to providing food security, nutrition-related safety nets and broader social protection.

78.   In addressing the need for more protective services for children and vulnerable families, UNICEF will support the Tanzanian Government in the development of a tested strategy for child protection. It will make use of the experience of piloting child protection models and strengthened child protection responses within the National Costed Plan of Action.

79.   UNFPA will allocate resources to develop better understanding among decision makers and communities of violence and the abuse of women. UNICEF and UNFPA target gaps in legislation, strategies and policies needed to protect children, young people and women from abuse, violence and exploitation. Such efforts include promoting an effective national response on the issue of birth registration. UNICEF will also support the development of technical skills and competencies of relevant duty bearers to prevent and respond to incidents of such abuse.

Governance, accountability and human rights; emergency and refugees

Governance, accountability and human rights

80.   The United Nations will assist comprehensive strengthening of national capacities to manage development at national and subnational levels.

81.   UNDP will help strengthen key national institutions for policy coordination and planning, including financing, budgeting and MKUKUTA monitoring. UNICEF will provide support for enhanced institutional capacity at the subnational level for planning, budgeting, monitoring and reporting. UNICEF will support further policy development and enhancing the availability of data regarding children in national monitoring systems.

82.   The Tanzanian Government's capacity to manage and coordinate international development assistance will be strengthened through the development of strategies, action plans and an improved aid management system to facilitate national leadership. UNDP will assist ministries, departments and agencies to better coordinate core public sector reforms with the goal of more coherent and rapid improvements in good governance, and UNDP will help the Government of Zanzibar identify and support select core reforms.

83.   Assistance will be provided so that ministries, departments and agencies, as well as non-State actors, can advance key national strategies to combat corruption.

84.   UNDP will continue supporting the improvement of election management capacities via the application of integrated systems throughout the electoral cycle. This will be done with a view to extending assistance to the 2015 election process if requested.

85.	Interventions to strengthen parliaments will respond to the corporate plans of each legislature, enabling the members to better fulfil their responsibilities to provide representation, develop legislation and provide oversight, including oversight of poverty reduction strategies. Support for political parties will encourage the development of platforms and promote internal democracy and the leadership of women.

86.	UNDP will support completion of the African Peer Review Mechanism and provide strategic support to governance needs in the emerging East African Community. In the context of the UNDP conflict prevention and recovery mandate, reconciliation and dialogue at the local level in Mainland Tanzania and Zanzibar will be supported.

87.	UNDP, in collaboration with United Nations partners, will support human rights promotion and protection capacities through development of a comprehensive national human rights action plan and human rights education strategy. UNICEF will help relevant ministries, departments and agencies, as well as civil society, coordinate, collect and compile information to enable the fulfilment of the Tanzanian Government's reporting obligations under such instruments as the Convention on the Rights of the Child. In conjunction with UNFPA, UNICEF will also help with reporting obligations under the Convention on the Elimination of All Forms of Discrimination against Women.

88.	The United Nations supports the Tanzanian Government reforms of the justice system on behalf of women and children. UNICEF will provide technical assistance to develop policies and strategies for strengthening child and juvenile justice in line with the Law of the Child Act and international standards. The Organization will also support the strengthening of human resources in the judicial system and among law enforcement agencies. The aim here will be the implementation of procedures that are sensitive to the needs of women and children and respectful of their rights. UNFPA will focus specifically on the review and reform of laws in Zanzibar that concern gender-based violence.

Emergency preparedness and response

89.	The United Nations will contribute to enhancing the emergency preparation and response capacities of the Tanzanian Government and of Tanzanian communities. Emphasis will be on the delivery of coordinated emergency preparedness and responses in the areas of: water, sanitation and hygiene; health; education; protection; agriculture; food security and nutrition. UNICEF will facilitate linkages between ministries, departments and agencies and other stakeholders to promote the assessment of emergencies, information-sharing, monitoring and overall response. It will help high-risk districts and shehias (village councils) create emergency preparedness and response plans, including allocated resources and integrated communication strategies. WFP will focus on strengthening the early warning systems of agricultural line ministries and communities. It will support the food-security components of emergency nutrition assessments, along with the development of an inter-ministerial contingency plan for Zanzibar. UNFPA will support procurement of equipment and supplies to address sexual and reproductive health and gender-based violence in line with the minimum initial service package for reproductive health in emergencies. It will also support

incorporation of background demographic data for emergency preparedness into the Integrated Management Information System (IMIS). UNDP will strengthen government disaster risk reduction planning and coordination capacity, with a focus on Zanzibar.

90.   The United Nations has a unique global mandate to support humanitarian action wherever such action is required. It therefore will commit resources to continue support for camp-based refugees in Tanzania. WFP will take the lead among the United Nations organizations in ensuring access to food assistance based on needs. (WFP budgets for food assistance to refugees as part of its Protracted Relief and Recovery Operations.) UNFPA will support access to high quality, gender-sensitive sexual and reproductive health and HIV prevention information, skills and services. UNICEF will provide supplies and services for child health, education and protection.

IV.   Programme management, monitoring and evaluation

91.   The Development Assistance Plan will be jointly implemented by the United Nations organizations, the Tanzanian Government and non-State actors within the framework of the division of labour agreed to in the Joint Assistance Strategy for Tanzania and in light of the overarching goals of improved national ownership and effective partnership.

92.   Management and institutional arrangements for programme implementation will utilize national processes and systems. Where relevant, other modalities for programme implementation will be utilized. The Assistance Plan will conform to the national annual planning cycle (July to June), thus facilitating the meaningful participation of the United Nations in national planning and review processes.

93.   Organizations will carry out resource-mobilization strategies consistent with their global mandates and partnership requirements. This work will be complemented by continued use of the "one fund" to support partnership and resource mobilization under the Assistance Plan.

94.   Sector and programme working groups will undertake all inter-organization coordination related to planning, monitoring and reporting against the Assistance Plan.

95.   The United Nations organizations will draw upon their respective global and regional knowledge networks, as well as taking advantage of opportunities for South-South cooperation. The United Nations organizations and implementing partners will be jointly accountable for the delivery of Assistance Plan outcomes and outputs. The mainstreaming of cross-cutting considerations will be assessed as part of the programme performance criteria. A four-year integrated Assistance Plan monitoring and evaluation plan will be developed for coordinated, strategic and joint monitoring of progress. The monitoring and evaluation will be centred on pre-defined indicators, baselines and annual targets. In addition, a Delivering as One monitoring and evaluation matrix, aligned to the 2015 vision for Delivering as One in Tanzania, will track progress in achieving programmatic and operational efficiencies.

96.   The reporting against Assistance Plan targets will use, where possible, existing national systems such as the MKUKUTA monitoring system. As part of the

proposed programme, the United Nations organizations will support the strengthening of national monitoring and evaluation capacities, in order to improve data availability and quality.

97.   The United Nations organizations will report on achievements at the outcome and output level and a United Nations Development Assistance Plan annual report will be presented to the joint steering committee of the Government of the United Republic of Tanzania and the United Nations. This reporting will include: constraints and challenges faced in implementation processes; lessons learned; financial expenditures; mainstreaming of cross-cutting considerations; compliance with the triennial comprehensive policy review and the Paris principles on aid effectiveness; and measures for the sustainability of the programme beyond the lifetime of the Assistance Plan global agreements.

98.   The Assistance Plan will also will be subject to systematic review and, where necessary, to revision, so as to ensure the continued relevance of United Nations efforts in Tanzania. An evaluation of the Assistance Plan will be undertaken in the penultimate year of its implementation, in addition to programme- or organization-specific evaluations.

List of Abbreviations

AMP	aid management platform
ANC	antenatal care
APRM	African Peer Review Mechanism
ART	anti-retroviral therapy
ARV	anti-retroviral
AU	African Union
CC	climate change
CCPD	common country programme document
CMT	United Nations country management team
CORPS	community-owned resource persons
CPD	country programme document
CSO	civil society organization
DaO	Delivering as One
DFID	Department for International Development (United Kingdom)
DRR	disaster risk reduction
EAC	East African Community
EIA	environmental impact assessment
EMA	Environment Management Act
EMB	Electoral Management Body
EMoC	emergency maternal obstetric care
FFA	food for assets (programme)
FFE	food for education (programme)
GDP	gross domestic product
HACT	harmonized approach to cash transfers
IMIS	Integrated Management Information System
INSET	in-service teacher training
ITN	insecticide-treated net
JAST	Joint Assistance Strategy for Tanzania
LED	local economic development
LGA	local government authority
M&E	Monitoring and Evaluation
MAF	Millennium Development Goals Acceleration Framework

MAIR	MKUKUTA Annual Implementation Report
MDAs	ministries, departments and agencies
MDGR	Millennium Development Goals Report
MKUKUTA	National Strategy for Growth and Reduction of Poverty (acronym from Swahili name)
MKUZA	Zanzibar Poverty Reduction Plan (acronym from Swahili name)
MMS	MKUKUTA Monitoring System
MP	Member of Parliament
NACSAP	National Anti-Corruption Strategy and Action Plan
NBS	National Bureau of Statistics
NCPA	National Costed Plan of Action for Most Vulnerable Children
PHDR	Poverty and Human Development Report
PLHIV	people living with HIV and AIDS
PMTCT	prevention of mother-to-child transmission (of HIV)
PRS	poverty reduction strategy
RCU	reform coordination unit
REDD	reducing emissions from deforestation and forest degradation
SBCC	social and behaviour change communication
SLM	sustainable land management
SME	small and medium-sized enterprise
TACAIDS	Tanzania Commission for HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDAP	United Nations Development Assistance Plan
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WFP	World Food Programme
ZAC	Zanzibar AIDS Commission

Annex 1

UNDP results and resources framework for the United Republic of Tanzania, July 2011-June 2015

Resources for July 2011-June 2015:   Regular: $43,050,000   Others: $59,913,000   Total: $102,963,000

Programme Component: Poverty Reduction (including achieving the Millennium Development Goals) MKUUTA Goal 1.2 Reducing income poverty through promoting inclusive, sustainable and employment-enhancing growth MKUZA Goal 1.2 Promote sustainable and equitable pro-poor and broad-based growth				
UNDAP Outcomes	**UNDAP Outputs**	**Indicator, Baseline & Targets**	**Key Partners**	**Indicative Resources (in US dollars)**
Key national institutions develop/enhance evidence-based pro-poor economic development policies and strategies	Select national policies incorporate strategies for enhancing job-rich dividends and poverty reduction	*Indicator:* MDAs incorporate sectoral policies consistent with national pro-poor strategies *Baseline:* tourism policy; agricultural policy; Kilimo Kwanza strategy document; employment policy; trade policy: there is no long-term growth plan; national capacity development plan *Target:* MDAs incorporate sectoral policies consistent with national pro-poor strategies	Ministry of Finance and Economic Affairs; Planning Commission; Zanzibar Ministry of Finance and Economic Affairs	Regular 4,215,000 Other 800,000
Relevant MDAs, LGAs and non-State actors enhance structures and policies for promoting viable pro-poor business sectors and SMEs	Relevant MDAs, LGAs and private sector collaborate in promoting investment and local economic development	*Indicator:* LGAs supported in LED plans *Baseline:* Mapping of LED-related institutions identifying their mandates and functional assignments; analysis of macro policies related to LED *Target:* Guidelines for private and public investment-targeting prepared and adopted	Attorney General's Chambers; Ministry of Industry Trade and Marketing; local government; Planning Commission; private sector foundation; Zanzibar Business Council; Zanzibar Investment Promotion Authority; Zanzibar Ministry of Tourism, Trade and Industry	Regular 1,810,000 Other 400,000

Relevant institutions improve national capacities to promote regional integration and international trade	Trade mainstreamed in key plans and strategies of selected MDAs with more products, goods and services integrated along the value chains within the country and EAC; relevant institutions and MDAs harmonize trade-related instruments, services, standards and policies to smooth EAC integration and competitiveness	*Indicator:* Effective coordination of trade-related initiatives by Ministry of Industry and Trade *Baseline:* Weak coordination capacity *Target:* National dialogue on state of trade development in Tanzania held	Ministry of Industry Trade and Marketing; Tanzania Chamber of Commerce, Industry and Agriculture; Zanzibar Ministry of Tourism, Trade and Industry; Zanzibar Chamber of Commerce, Industry and Agriculture; EAC; Ministry of East Africa Cooperation; Zanzibar Ministry of Tourism, Trade and Industry; academia; Enhanced Integrated Framework	Regular 1,900,000 Other 2,350,000
Programme Component: Environment and Energy for Sustainable Development **MKUKUTA Goal 1.4 Ensuring food security and climate change adaptation and mitigation** **MKUZA Goal 1.2 Promote sustainable and equitable pro-poor and broad-based growth** **MKUKUTA Goal 1.5 Allocating and utilizing national resources equitably and efficiently for growth and poverty reduction, especially in rural areas** **MKUZA Goal 1.2 Promote sustainable and equitable pro-poor and broad-based growth**				
Key MDAs and LGAs integrate CC adaptation and mitigation in strategies and plans	National capacity and strategies for CC adaptation in place	*Indicator:* # of CC resilience initiatives that address risks vulnerability and CC impacts; *Baseline:* Consolidated information on climate risk vulnerability, CC impacts and adaptation options in place *Target:* At least 4 CC resilience initiatives implemented in the coastal, semi-arid and semi-humid zones	Vice President's Office Division of Environment; Prime Minister's Office; regional administration; local government; Japan; DFID	Regular 1,580,000 Other 4,050,000
	National capacity to adopt and implement mitigation strategies for a low-carbon and resource-efficient development path enhanced	*Indicator:* Manufacturing and tourism enterprises incorporate low-carbon and energy efficient technologies *Baseline:* Minimal enterprise adoption of low-carbon and energy efficient technologies *Target:* 3 additional enterprises incorporating low-carbon and energy efficient technologies for the first time (12 in total)	President's Office Division of Environment; Ministry of Energy and Minerals; UNIDO	Regular 3,770,000 Other 11,300,000

	National governance framework for REDD and capacity to manage programmes for reducing the loss of forest carbon in place	*Indicator:* REDD issues incorporated into national policy *Baseline:* No REDD strategy; REDD issues are new to the country *Target:* National REDD strategy implemented as per agreed schedule	President's Office Division of Environment; Ministry of Natural Resources and Tourism; UNEP; FAO; Norway	Regular 1,200,000 Other 4,100,000
Relevant MDAs, LGAs and non-State actors improve enforcement of environment laws and regulations for the protection of ecosystems, biodiversity, and the sustainable management of natural resources	National and local levels have enhanced capacity to coordinate, enforce and monitor environment and natural resources	*Indicator:* LGAs formulate environment plans and strategies in line with EMA *Baseline:* Minimal understanding of environment issues among LGAs *Target:* Support to LGAs to formulate environment plans and strategies in line with EMA	Vice President's Office Division of Environment; Prime Minister's Office; regional administration; local government; UNEP; Global Environment Facility	Regular 1,210,000 Other 4,100,000
	Technical, financial and governance capacities for sustainable land and forest management enhanced	*Indicator:* # of key policies mainstreaming SLM *Baseline:* Few key policies mainstream SLM *Target:* At least three additional policies mainstream SLM	Vice President's Office Division of Environment; Prime Minister's Office; regional administration; local government; UNEP; Global Environment Facility	Regular 1,360,000 Other 4,900,000
	Improved capacity for sustainable management of protected areas, coastal forest and marine ecosystems, including policy and regulatory frameworks	*Indicator:* Business plans show improved financial scorecard for national system of coastal forest protected areas and target landscapes (Rufiji, Kilwa, Lindi and Zanzibar) *Baseline:* No business plans for coastal forest protected areas *Target:* Business plans implemented in coastal forest protected areas and target landscapes (Rufiji, Kilwa, Lindi and Zanzibar)	Vice President's Office Division of Environment; Ministry of Natural Resources and Tourism; Global Environment Facility	Regular 1,433,000 Other 5,350,000
Programme Component: HIV/AIDS **MKUKUTA Goal 2.3 Improving survival, health and well being of all children, women and vulnerable groups** **MKUZA Goal 2.2 Improved health delivery systems particularly to the most vulnerable groups**				
Relevant CSO and PLHIV networks effectively coordinate and participate in decision-making forums	CSOs, including PLHIV umbrella organizations and networks, coordinate their constituencies and operationalize participatory processes	*Indicator:* CSOs, including PLHIV umbrella organizations and networks, effectively coordinate their constituencies *Baseline:* Limited communication within networks; limited internal capacities; limited strategic guidance to CSOs *Target:* Networks participating in CSO forum; each network has a functional internal communication mechanism; strategic plans for key networks have achieved 20% of their targets, according to agreed schedule	National Council of NGOs; National Council of PLHIV; TACAIDS; ZAC; Zanzibar Association of PLHIV; private sector; Zanzibar Ministry of Health and Social Welfare; Prime Minister's Office; regional administration; local government; Chief Minister's Office; participating UN organizations	Regular 850,000 Other 588,000

TACAIDS and ZAC provide effective guidance to the national HIV/AIDS response, based on evidence and per agreed human rights standards	Existing M&E systems and sector reviews optimized to provide strategic information to decision makers and implementers at all levels for evidence-based planning	*Indicator:* LGA managers (women and men) and selected district-level HIV M&E implementers trained *Baseline:* Revised M&E system established; 50% of selected HIV M&E implementers trained in data-collection tools and guidelines: *Target:* 100% of selected HIV M&E implementers trained in data-collection tools and guidelines	Ministry of Health and Social Welfare; TACAIDS; ZAC; Zanzibar Ministry of Health and Social Welfare	Regular 950,000 Other 421,000
	TACAIDS and ZAC have appropriate technical capacity to support MDAs, LGAs and non-State actors to mainstream human rights and gender considerations in the national response to HIV/AIDS	*Indicator:* Staff in TACAIDS and ZAC trained in mainstreaming human rights, gender and key population concerns in strategic plans *Baseline:* Less than 10% of staff in TACAIDS and ZAC trained in mainstreaming human rights, gender and key population concerns in strategic plans *Target:* 80% of staff in TACAIDS and ZAC trained in mainstreaming human rights, gender and key population concerns in strategic plans	Ministry of Health and Social Welfare; TACAIDS; ZAC; Zanzibar Ministry of Health and Social Welfare; Prime Minister's Office; regional administration; local government; Chief Minister's Office; participating UN organizations	Regular 1,350,000 Other 1,000,000
	Appropriate policies and guidelines for an enhanced HIV & AIDS response are developed and disseminated; TACAIDS and ZAC mobilize resources and provide leadership, coordination and oversight of recipients and stakeholders	*Indicator:* Regional and district offices receive the necessary policy and guidelines documents (prevention strategy, PMTCT, male circumcision guidelines, global HIV and AIDS policy) *Baseline:* Policy and guidelines regularly developed and reviewed; minimal dissemination of policies and guidelines to regional and district offices *Target:* 90% of regional and district offices in receipt of updated policies and guidelines	Ministry of Justice and Constitutional Affairs, Ministry of Health and Social Welfare; TACAIDS; ZAC; Zanzibar Ministry of Health and Social Welfare; Prime Minister's Office; regional administration; local government; Chief Minister's Office, participating UN organizations	Regular 1,300,000 Other 1,444,000

Programme Component: Democratic Governance
MKUKUTA Goal 3.1 Ensuring systems and structures of governance uphold the rule of law and are democratic, effective, accountable, predictable, transparent, inclusive and corruption-free at all levels
MKUKUTA Goal 3.2 Improving public service delivery to all, especially to the poor and vulnerable
MKUKUTA Goal 3.3 Promoting and protecting human rights for all, particularly for poor women, children, men and the vulnerable
MKUZA   Goal 3.3 Strengthen the rule of law, respect for human rights and access to justice
MKUZA   Goal 3.4 Improve democratic institutions and national unity

Relevant MDAs advance key national strategies for good governance	Anti-corruption and other select core reforms strengthened; select public sector reforms in Zanzibar are developed and accelerated	*Indicator:* NACSAP III operational *Baseline:* Implementation of NACSAP II under way *Target:* NACSAP III implemented (including recommendations of NACSAP II) as per plan *Indicator:* New workplan for core RCU implemented *Baseline:* No comprehensive RCU workplan *Target:* RCU meets regularly as per workplan requirements	Ministry of Justice and Constitutional Affairs, Zanzibar Ministry of Constitutional Affairs and Good Governance; Ministry of Community Development Gender and Children; Prevention and Combating of Corruption Bureau; Prime Minister's Office; Zanzibar Ministry of Labour, Youth, Women and Children Development; Ministry of Finance; Sweden; Canada; DFID	Regular 7,500,000 Other 1,600,000
Leads to more effective aid management and aid coordination	A national strategy and action plan for aid effectiveness is adopted and implemented by Government and development partners; the aid management system is improved to better incorporate reporting and dissemination of relevant data; national leadership in the dialogue structure is strengthened and donor coordination improved	*Indicator:* JAST for aid effectiveness implemented *Baseline:* No JAST II *Target:* JAST II operational as per agreed schedule	Ministry of Finance; Ministry of Finance and Economic Affairs; Zanzibar & Mainland; DFID	Regular 2,062,000 Other 900,000
Select MDAs and LGAs have increased capacity for planning, budgeting, monitoring and reporting	The Planning Commission plays an active role in improved national policy coherence	*Indicator:* % of President's Office Planning Commission and key staff from Prime Minister's Office, Ministry of Finance and Economic Affairs; Ministry of Industry Trade and Marketing; and Ministry of Agriculture Forestry and Food Security trained on policy and analytical issues	Ministry of Finance; Ministry of Finance and Economic Affairs; Prime Minister's Office; President's Office Planning Commission	Regular 1,350,000 Other 850,000

		Baseline: No training plan for policy and analytical issues in place *Target:* 70% of President's Office Planning Commission and key staff from Prime Minister's Office, Ministry of Finance and Economic Affairs; Ministry of Industry Trade and Marketing; and Ministry of Agriculture Forestry and Food Security trained on policy and analytical issues		
	An effective national development (MKUKUTA and MKUZA) monitoring and reporting system is operationalized; capacities of selected MDAs and LGAs are developed in areas of poverty and policy analysis, public finance and management	*Indicator:* MMS reports incorporate sector-specific statistics *Baseline:* Biannual PHDR, annual MAIR *Target:* Timely and improved MAIR 2013/14, timely and improved PHDR 2014, timely and improved MDGR 2014	Ministry of Finance, Ministry of Finance and Economic Affairs (Mainland and Zanzibar); DFID; general budget support (GBS) partners	Regular 11,200,000 Other 1,500,000
Tanzanian Government advances fulfilment of its international treaty obligations	A comprehensive national human rights action plan is developed	*Indicator:* National human rights action plan developed *Baseline:* No national human rights action plan *Target:* Comprehensive national human rights action plan adopted and ready for implementation	Commission for Human Rights and Good Governance; CSOs; Ministry of Justice and Constitutional Affairs	Regular 760,000 Other 800,000
Key institutions effectively implement their election and political functions	The National Assembly and House of Representatives better fulfil their representative, legislative and oversight responsibilities; MPs effectively oversee the monitoring and analysis of the PRSs	*Indicator:* Annual PRS review by National Assembly and House of Representatives; *Baseline:* No reviews undertaken *Target:* Annual Parliamentary reports and recommendations produced	National Assembly; House of Representatives	Regular 6,723,000 Other 2,000,000

	Election management bodies better manage the election cycle through the application of integrated management systems	*Indicator:* % of recommendations from post-election evaluations on which action taken by EMBs; *Baseline:* Recommendations from post-election evaluations *Target:* Action taken on 100% of recommendations (2014)	National Assembly; House of Representatives; Netherlands; Norway; Sweden; DFID	Regular 6,020,000 Other 10,000,000
	Political parties develop comprehensive policy platforms; political parties improve internal party democracy; women assume leadership roles and positions in politics	*Indicator:* Parties publish updated policy platforms *Baseline:* 5 principal parties produce policy platforms *Target:* Policy platforms available	National Electoral Commission; Prime Minister's Office, regional administration and local government; Zanzibar Electoral Commission	Regular 3,540,000 Other 850,000
	APRM results improved and EAC governance development supported	*Indicator:* A Government response to the APRM country report/action plan *Baseline:* 0 reports to AU *Target:* Government reports to AU *Indicator:* Meetings with EAC governance institutions conducted *Baseline:* 0 meetings *Target:* UN quarterly meetings with EAC governance institutions	CSOs; political parties; registrar for political parties	Regular 610,000 Other 100,000
Programme Component: Crisis Prevention and Recovery **MKUKUTA Goal 3.4 Ensuring national and personal security and safety of properties** **MKUZA Goal 3.3 Strengthen the rule of law, respect for human rights and access to justice**				
Prime Minister's office and Chief Minister's office disaster management departments effectively lead emergency preparedness and response with a focus on areas most susceptible to disasters; select communities participate in democratic and peaceful discourse	Operational framework and dialogue structure for implementation of the disaster management policies in Mainland and Zanzibar in place; community conflict prevention and resolution dialogue structures established in select areas	*Indicator:* National operational guidelines in place and evaluated *Baseline:* Guidelines for Mainland need updating following review; guidelines for Zanzibar not yet in place *Target:* Updated national operational guidelines for both Mainland and Zanzibar in place, reviewed and evaluated	Prime Minister's office and Chief Minister's office disaster management departments; CSOs; Ministry of Ministry of Home Affairs; Ministry of Justice and Constitutional Affairs; Zanzibar	Regular 2,250,000 Other 500,000

Annex 2

UNFPA results and resources framework for the United Republic of Tanzania, 2011-2015

Indicative resources: Total $33.85 million: $18.8 million (regular resources); $0.8 million (programme coordination and assistance); $14.25 million (other resources)

UNFPA programme component: population and development

National strategies for growth and reduction of poverty: Mainland (MKUKUTA) goal 1.2: Reducing income poverty through promoting inclusive, sustainable and employment-enhancing growth; Zanzibar (MKUZA) goal 1.2: Promote sustainable and equitable pro-poor and broad-based growth
United Nations Development Assistance Plan (UNDAP) strategic area: economic growth
UNFPA strategic plan (goal 1): systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction

UNDAP outcome: Key national institutions develop and enhance evidence-based, pro-poor economic development policies and strategies

UNDAP outputs	Indicators, baselines and targets	Partners	Indicative resources
Relevant ministries, departments and agencies, higher learning institutions and other research institutions utilize population variables in developing sector policies and plans	Indicator: percentage of planned surveys conducted on time Baseline: to be determined; Target: 100% Indicator: percentage of survey reports with appropriately disaggregated data; Baseline: to be determined; Target: 100% Indicator: number of social sector ministries that incorporate sex, age, education, income and geographical location variables in economic and development plans. Baseline: to be determined; Target: all social sector ministries	National Bureau of Statistics, Prime Minister's Office — Regional Administration and Local Government; Zanzibar office of the Chief Government Statistician, Zanzibar Ministry of Finance and Economic Affairs, academia	$5 million from regular resources; $3 million from other resources

UNFPA programme component: reproductive health and rights

National strategies for growth and reduction of poverty: Mainland (MKUKUTA) goals: 2.3: improving the survival, health and well-being of all children, women and vulnerable groups; and 3.4: ensuring national and personal security and safety of properties. Zanzibar (MKUZA) goals: 2.2: improved health-delivery systems, particularly for the most vulnerable groups; and 3.3: strengthen the rule of law, respect for human rights and access to justice
UNDAP strategic area: health, HIV and AIDS, emergencies and refugees
UNFPA strategic plan (goal 2): universal access to reproductive health by 2015 and to comprehensive HIV prevention by 2010 for improved quality of life

UNDAP outcome: Relevant ministries, departments, agencies and local government administrations develop, implement and monitor policies, plans and budgets for the effective delivery of health services

UNDAP outputs	Indicators, baselines and targets	Partners	Indicative resources
Ministries of Health and Social Welfare and local government administrations' capacity to plan, implement, monitor and evaluate the One Plan for Maternal, Newborn and Child Health is improved	Indicator: percentage of comprehensive council health plans with increased allocations for maternal, neonatal and child health activities; Baseline: to be determined; Target: at least 25% increase Indicator: percentage of health centres providing basic emergency obstetric and newborn care, and adolescent friendly health services; Baseline: 22%; Target: 40%	Central medical stores, Prime Minister's Office, Ministries of Health and Social Welfare, development partners, civil society, non-governmental and faith-based organizations	$11.75 million from regular resources; $10.25 million from other resources

UNDAP outcome: Tertiary and district health facilities in Zanzibar increase the coverage of quality emergency obstetric care, newborn, child and post-natal services		
Tertiary and district health facilities in Zanzibar are equipped to provide quality emergency obstetric care, newborn and postnatal services	Indicator: percentage of facilities with increased facility-based deliveries; Baseline: to be determined; Target: 90% Indicator: percentage of service-delivery points with at least three modern methods of contraception in stock consistently; Baseline: to be determined; Target: at least 50%	Central medical stores, Ministries of Health and Social Welfare, local government administrations, development partners, civil society organizations and non-governmental organizations
UNDAP outcome: Ministries of Health and Social Welfare, local government administrations and *shehias* (villages) strengthen community health structures and communication strategies for promoting health and nutrition behaviour		
Evidence-based, integrated communication strategies for improving behaviour and the uptake of services, including adolescent health and nutrition, are developed and implemented	Indicator: percentage of health facilities providing adolescent sexual and reproductive health services; Baseline: to be determined; Target: increase of at least 20% Indicator: new family planning acceptors in targeted regions; Baseline: to be determined; Target: 30% increase	Prime Minister's Office - Regional Administration and Local Government, Ministries of Health and Social Welfare, development partners, civil society, non-governmental and faith-based organizations
UNDAP outcome: Ministries of Health and Social Welfare and local government administrations develop human resources for health policy and plans		
Alternative approaches to health worker skills development and utilization are in place	Indicator: percentage of health facilities implementing task shifting model in selected districts; Baseline: to be determined; Target: to be determined, based on task shifting model and district-specific action plan	Prime Minister's Office, Ministries of Health and Social Welfare, civil society, non-governmental and faith-based organizations, academia, professional associations and training institutes
UNDAP outcome: An effective national integrated supply chain and management system for medical supplies is operationalized		
Medical supply systems for quantification, procurement, storage and distribution are accurate, centrally linked and computerized	Indicator: percentage of districts using computerized stock management systems to forecast contraceptives; Baseline: 0; Target: 40% of districts	Central medical stores, Ministries of Health and Social Welfare, local government administrations, development partners, Prime Minister's Office
UNDAP outcome: Tanzania AIDS Commission and Zanzibar AIDS Commission provide effective guidance to the national HIV/AIDS response, based on evidence and per agreed human rights standards		
Existing monitoring and evaluation systems and sector reviews are optimized to provide strategic information to decision makers and implementers at all levels for evidence-based planning	Indicator: Number of studies conducted and reports disseminated to decision makers and implementers during the country programme cycle; Baseline: 0. Target: 5	Ministries of Health and Social Welfare, Parliament, Prime Minister's Office - Regional Administration and Local Government, Tanzania and Zanzibar AIDS commissions, Ministry of Community Development, Gender and Children; Zanzibar Ministry of Social Welfare, Women's Development and Children, Ministry of Education and Vocational Training, academia, civil society and faith-based organizations, development partners
AIDS commissions have appropriate technical capacity to support ministries, departments and agencies, local government administrations, and non-state actors to mainstream human rights and gender considerations in the national response to HIV/AIDS	Indicator: percentage of social sector HIV reports documenting human rights, gender and youth-specific activities; Baseline: to be determined; Target: 100%	
UNDAP outcome: Selected ministries, departments and agencies, local government administrations and non-state actors implement evidence-based HIV prevention programmes		

National and subnational coordination mechanisms for HIV prevention are functional and guide implementation of the national multisectoral prevention strategy	Indicator: percentage of annual sector reports submitted reflecting implementation of their HIV prevention strategy; Baseline: to be determined; Target: 60%	Local government administrations, Ministries of Health and Social Welfare, Prime Minister's Office - Regional Administration and Local Government, Tanzania AIDS Commission, Ministry of Community Development, Gender and Children, Ministry of Education and Vocational Training, civil society, faith-based and non-governmental organizations, media and professional associations
Selected ministries, departments, agencies, local government administrations and civil society organizations implement their HIV prevention interventions aligned with the national multisectoral prevention strategy	Indicator: Number of life skills implementers for out-of-school youth utilizing the national life skills training manual; Baseline: to be determined; Target: All implementers	
Quality and coverage of behaviour change communication interventions for young people are operationalized, expanded and evaluated	Indicator: percentage of young people in selected high prevalence regions using a condom at their last high-risk sexual encounter; Baseline: 30% male, 43% female; Target: 20% increase in each category	
UNDAP outcome: Ministries, departments and agencies and civil society organizations reach and mobilize most-at-risk populations to utilize appropriate user-friendly HIV/AIDS services		
Ministries, departments and agencies, and civil society organizations provide user-friendly HIV and AIDS services to most-at- risk populations	Indicator: number of facilities providing comprehensive HIV and AIDS services for most-at-risk populations in line with standard guidelines; Baseline: 0. Target: 4 facilities	Ministries of Health and Social Welfare, Zanzibar AIDS Commission, Zanzibar Ministry of Social Welfare, Women's Development and Children, Ministry of Education and Vocational Training, civil society, faith-based and non-governmental organizations, media and development partners
Zanzibar AIDS Commission, ministries, departments and agencies, and civil society organizations implement programmes to link most-at-risk populations to available services and reduce risk behaviour in young people	Indicator: percentage of civil society organizations and government health facilities providing sexual and reproductive health/HIV services to young people; Baseline: 0; Target: 30%.	
Communication and advocacy strategies to promote the utilization of HIV/AIDS services by people living with HIV, most vulnerable children and others are operationalized	Indicator: communication and advocacy strategy reflecting service utilization by people living with HIV and other vulnerable groups is available; Baseline: 0; Target: communication and advocacy strategy in use	
UNDAP outcome: Disaster management departments of the Prime Minister's Office and the Chief Minister's Office effectively lead emergency preparedness and response, with a focus on areas most susceptible to disasters		
Operational framework and dialogue structure for implementation of the disaster management policies in the mainland and in Zanzibar are in place	Indicator: national operational guidelines for disaster management reflect reproductive health, gender and population concerns; Baseline: concerns not reflected. Target: concerns reflected in national guidelines	Prime Minister's Office - Regional Administration and Local Government, Zanzibar Chief Minister's Office, disaster management departments
UNDAP outcome: Relevant ministries, departments and agencies, local government administrations, and non-state actors are prepared, have adequate sectoral capacity and provide an effective, coordinated response in water, sanitation and hygiene, health, education, protection, agriculture, food security and nutrition in emergencies		

Ministries of Health and Social Welfare coordination mechanism for health in emergencies is functional and has enhanced response capacity	Indicator: percentage of emergency health stocks prepositioned to provide reproductive health services; Baseline: 0; Target: 100%	Ministries of Health and Social Welfare, civil society, faith-based and non-governmental organizations, Tanzania Red Cross Society	
UNDAP outcome: Refugees have access to basic services and protection in line with international norms and standards			
Refugees' access to quality, gender-sensitive sexual and reproductive health and sexual gender-based violence services according to the minimum initial service package is enhanced	Indicator: percentage of refugees accessing sexual and reproductive health services; Baseline: 90%. Target: 100%	Disaster management departments of the Prime Minister's Office and the Chief Minister's Office, Ministries of Health and Social Welfare, civil society, faith-based and non-governmental organizations, Tanzania Red Cross Society and local governments	
UNFPA programme component: gender equality			
National strategies for growth and reduction of poverty for Tanzania: Mainland (MKUKUTA) goals 2.6 and 3.1: Ensuring systems and structures of governance uphold the rule of law and are democratic, effective, accountable, predictable, transparent, inclusive and corruption-free at all levels; 3.3: Promoting and protecting human rights for all, particularly for poor women, children, men and the vulnerable. Zanzibar (MKUZA) goals 2.6 and 3.3: Strengthen the rule of law, respect for human rights and access to justice			
UNDAP strategic areas: social protection and governance			
UNFPA strategic plan (goal 3): gender equality advanced and young girls empowered to exercise their human rights, particularly their reproductive rights, and live free from discrimination and violence			
UNDAP outcome: Government addresses priority gaps in legislation, strategies and guidelines to protect children and women from abuse, violence and exploitation			
UNDAP outputs	**Indicators, baselines and targets**	**Partners**	**Indicative resources**
Increased response to gender-based violence by law enforcement agents	Indicator: number of community gender-based violence committees competent to respond to cases; Baseline: to be determined; Target: At least a two-fold increase from the baseline	Parliament, Zanzibar Ministry of Social Welfare, Women's Development and Children; Ministry of Community Development, Gender and Children; Faith-based, non-governmental and civil society organizations, the media and professional associations	$2.05 million from regular resources; $1 million from other resources
UNDAP outcome: Government advances the fulfilment of its international treaty obligations			
Adherence to key treaties and the universal periodic review is continuously monitored, reported on and relevant commissions' observations are followed up	Indicator: report on the Convention on the Elimination of All Forms of Discrimination against Women submitted on time; Baseline: 2008 report on the Convention combines three reports into one report; Target: 2012 single report submitted on time	Commission for Human Rights and Good Governance, relevant ministries, faith-based, non-governmental and civil society organizations, private sector, trade unions and the media	
UNDAP outcome: Government justice system better protects the rights of women and children in contact or in conflict with the law and is better able to respond to their needs			
An effective, gender-sensitive legal framework to address gender-based violence is in place	Indicator: number of gender-based violence cases reported annually; Baseline: to be determined; Target: at least 10% annual increase in reported cases	Prime Minister's Office, Parliament, academia, professional associations, Commission for Human Rights and Good Governance, relevant ministries, media, faith-based, non-governmental and civil society organizations	

Annex 3

UNICEF programme of cooperation with the Government of the United Republic of Tanzania, 2011-2015: summary results matrix and summary budget table

More comprehensive data on children and women can be found at www.childinfo.org .

Summary results matrix

Programme component (and related focus area of the medium-term strategic plan)	Programme component results (UNDAP outcomes with UNICEF contributions)	Key progress indicators, baselines and targets (for each programme component result)	Major partners, partnership frameworks and cooperation programmes
Child and maternal health and nutrition	Strengthen national health systems, maternal and newborn care, community-based health care and early childhood development, as well as nutrition, for scaled-up delivery of health and nutrition services, to accelerate child survival and development gains and improve maternal health		
	Ministry of Health and Social Welfare and local government authorities (LGAs) produce quality and timely data for evidence-based planning and decision-making.	Indicator: comprehensive council health plans (CCHPs) in selected LGAs targeting interventions as per gaps identified at annual reviews. Verification: CCHP, annual review reports. Baseline: to be determined (TBD). Target: CCHPs in more than (>) 70 per cent (%) of selected LGAs targeting interventions as per gaps identified at annual reviews.	**United Nations** World Health Organization (WHO), UNFPA, WFP **Government** Prime Minister's Office — Regional Administration and Local Government, Ministry of Health and Social Welfare, Ministry of Agriculture, Food and Cooperatives, Ministry of Community Development, Gender and Children, Ministry of Education and Vocational Training, Ministry of Industry, Trade and Marketing, Ministry of Labour, Employment and Youth Development, Ministry of Finance and Economic Affairs, Tanzania Food and Drug Authority, National Bureau of Statistics, central medical stores Zanzibar Ministry of Agriculture, Livestock and Environment, Zanzibar Ministry of Regional Administration and Special
	Ministry of Health and Social Welfare, LGAs and *Shehias* (subdistricts) strengthen community health structures and communication strategies for promoting health and nutrition behaviours.	Indicator: Health Promotion Unit of Ministry of Health and Social Welfare implementing the health and nutrition communication strategy. Verification: assessment report; partner report; communication strategy; opinion survey. Baseline: no communication strategy. Target: targets for first implementation phase of communication strategy met. Indicator: infants aged less than (<) 6 months in targeted LGAs who are exclusively breastfed. Verification: evaluation report. Baseline: TBD. Target: 50% increase. Indicator: proportion of pregnant women in targeted regions delivered by skilled health personnel. Verification: service statistics and survey reports. Baseline: TBD. Target: 30% increase.	
	Relevant ministries, departments and agencies (MDAs) and LGAs integrate nutrition into policies, plans and budgets and strengthen institutional arrangements for delivery of services.	Indicator: nutrition institutional arrangements established and regions having trained nutrition coordinators. Verification: policy/legal document; partner reports. Baseline: unclear division of labour between MDAs and LGA structures; no nutrition coordinators at regional level. Target: All regions have one trained nutrition coordinator; National Nutrition Strategy II approved with clarity in institutional roles. Indicator: health facilities in targeted districts providing quality nutrition services, as per essential nutrition actions. Verification: evaluation report. Baseline: TBD. Target: improved quality of nutrition services, as per essential nutrition actions.	

	Ministry of Health and Social Welfare and LGAs develop human resources for health policy and plans.	Indicator: proportion of accredited health institutions providing priority training. Verification: partner reports. Baseline: needs assessment to be undertaken and priority training agreed. Target: 50% of accredited institutions providing the required training.	Departments, Zanzibar Ministry of Health and Social Welfare, Zanzibar Ministry of Labour, Youth, Women and Children Development, Zanzibar Ministry of Tourism, Trade and Industry, Zanzibar Office of the Chief Government Statistician **Other** CSOs, faith-based organizations (FBOs), international non-governmental organizations (NGOs), academia, media, professional associations, training institutes, development partners
	Relevant MDAs and LGAs develop, implement and monitor policies, plans and budgets for effective delivery of health services.	Indicator: proportion of comprehensive council and district health plans that meet the set criteria for approval. Verification: CCHP review reports. Baseline: TBD. Target: 70%. Indicator: proportion of health centres providing basic emergency obstetric and newborn care, adolescent-friendly health services, Integrated Management of Childhood Illnesses. Verification: service availability, statistics reports; Tanzania Service Provision Authority. Baseline: 22% (5% for basic). Target: 70% health-care centres provide basic services.	
	An effective national integrated supply chain and management system for medical supplies is operationalized.	Indicator: proportion of facilities reporting stock-outs of medicines, vaccines and contraceptives in selected regions. Verification: stock management reports. Baseline: limited information on stock-outs. Target: less than 25% of facilities in selected regions report stock-outs of medicines, vaccines and contraceptives.	
Water, sanitation and hygiene	Focus on school WASH, household sanitation and hygiene and emergency WASH, for scaled-up and coordinated delivery of evidence-based WASH interventions, to accelerate child survival, education and development		
	The Government adopts evidence-based measures to enhance decision-making, equity and inclusion of women, children and vulnerable populations in WASH.	Indicator: number of reports or documentation annually produced for the WASH sector and other key sectoral reports addressing or responding to equity issues. Verification: Water Sector Development Programme annual/mid-year report, health sector programme annual report. Baseline: annual equity report by Tanzania Water and Sanitation Network (with WaterAid support). Target: two stand-alone and two key sector reports / documentation, with equity focus included.	**United Nations** UN-Habitat, WHO **Government** Prime Minister's Office — Regional Administration and Local Government, Ministry of Education and Vocational Training, Ministry of Health and Social Welfare, Ministry of Water and Irrigation, National Environment Management Council Zanzibar Ministry of Education and Vocational Training, Zanzibar Ministry of Health and Social Welfare, Zanzibar Water Authority, Zanzibar Bureau of Statistics **Other** Comprehensive Community Based Rehabilitation of Tanzania, WaterAid, academia, research institutions, University of Dar es Salaam, CSOs, FBOs, NGOs
	The Government implements a coordinated, scaled-up national response for improved sanitation and hygiene.	Indicator: donors supporting a national scaled-up response for improved sanitation and hygiene. Verification: reports to the National Steering Committee for Sanitation and Hygiene. Baseline: some money available under Water Sector Development Programme. Target: two major development partners/ sector-wide approach funding sanitation and hygiene in 50% of districts in Tanzania. Indicator: households in target areas practising positive WASH behaviour. Verification: baseline and evaluation report. Baseline: TBD. Target: 20% increase in targeted areas.	
	Relevant MDAs provide a coordinated, harmonized response for increased coverage and improved quality of child-friendly (esp. girl-friendly) and accessible school WASH.	Indicator: national school WASH programme operational. Verification: Ministry reports. Baseline: initial discussion on national programme or institutional mechanisms. Target: national school WASH programme implementation ongoing in more than 40 districts.	

Children and AIDS	Support scale-up of an evidence-based and comprehensive national HIV and AIDS response on PMTCT and paediatric AIDS, HIV prevention and care, and support for OVC, with a clear focus on children, adolescents and young people, and other vulnerable groups		
	Tanzania Commission for AIDS (TACAIDS) and Zanzibar AIDS Commission (ZAC) provide effective guidance to the national HIV/AIDS response, based on evidence and human rights standards.	Indicator: TACAIDS and ZAC have systems for quality data management, monitoring and evaluation and knowledge sharing. Verification: systems inventory report; review report. Baseline: limited data management, monitoring and evaluation and knowledge sharing. Target: improved data availability, data quality, and enhanced utilization. Indicator: staff in TACAIDS and ZAC trained in mainstreaming human rights, gender and key population concerns in strategic plans. Verification: gender and human rights audit reports; medium-term expenditure frameworks. Baseline: less than 10% of staff in TACAIDS and ZAC trained in mainstreaming human rights, gender and key population concerns in strategic plans. Target: 80% of staff in TACAIDS and ZAC trained in mainstreaming human rights, gender and key population concerns in strategic plans.	**United Nations** UNAIDS, UNDP, UNFPA, United Nations Educational, Scientific and Cultural Organization (UNESCO), Food and Agricultural Organization of the United Nations (FAO), United Nations Development Fund for Women (UNIFEM), WFP, WHO **Government** Parliament, Prime Minister's Office — Regional Administration and Local Government, Ministry of Community Development, Gender and Children, Ministry of Health and Social Welfare, Ministry of Justice and Constitution Affairs, Ministry of Education and Vocational Training, Ministry of Labour, Employment and Youth Development, Ministry of Agriculture, Food and Cooperatives, Ministry of Livestock Development and Fisheries, TACAIDS Zanzibar Ministry of Health and Social Welfare, Zanzibar Ministry of Labour, Youth, Women and Children Development, Zanzibar Ministry of Education and Vocational Training, Zanzibar AIDS Commission, **Other** CSOs, FBOs, NGOs, academia, media, professional associations
	Selected MDAs, LGAs and non-State actors (NSAs) implement evidence-based HIV prevention programmes.	Indicator: proportion of women aged 15-24 years in high prevalence regions having comprehensive knowledge of HIV-prevention methods. Verification: Demographic and Health Survey (DHS), Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS); follow-up knowledge, attitudes and practices (KAP) survey. Baseline: TBD, based on regions selected. Target: >85%. Indicator: proportion of women aged 15-19 years in high prevalence regions who reported using a condom during last sexual intercourse. Verification: DHS, THMIS; follow-up KAP survey. Baseline: TBD, based on regions selected. Target: >50%.	
	Zanzibar MDAs and CSOs reach and mobilize most-at-risk populations to utilize appropriate user-friendly HIV/AIDS services.	Indicator: proportion of most-at-risk populations, including young people, utilizing appropriate and user friendly services. Verification: quarterly service coverage reports; annual service coverage reports. Baseline: 8 CSOs and 1 MDA working with most-at-risk populations reporting out of those that are working on HIV. Target: 50% of most-at-risk populations reached with appropriate user-friendly HIV/AIDS services.	
	Relevant MDAs, LGAs and NSAs effectively operationalize the National Costed Plan of Action (NCPA) for most vulnerable children (MVC).	Indicator: selected MDAs with medium-term expenditure frameworks reflecting NPA and strategies for MVCs. Verification: medium-term expenditure frameworks. Baseline: limited capacity and budget to implement NCPA for MVCs. Target: increased budgeting of NCPA activities in MDA budgets, compared to previous year.	
	Selected MDAs, LGAs and NSAs deliver increased quality of HIV/AIDS care and treatment services.	Indicator: health-care facilities provide care and treatment services, according to national guidelines. Verification: Tanzania Service Provision Authority; annual care and treatment reports. Baseline: no regular assessment and reports of quality of care and treatment services. Target: increase in quality care and treatment services provided in targeted regions according to national guidelines.	

Child protection	Focus on child justice, child protection systems strengthening and birth registration, to protect children from abuse, exploitation and violence in line with government commitments within frameworks of the Law of the Child Act (2009) and the national PRS		
	The government justice system protects the rights of women and children in contact or conflict with the law, and is better able to respond to their needs.	Indicator: justice system incorporates international standards for child justice and juvenile justice. Verification: review report; evaluation report. Baseline: inadequate reflection of international standards in child and juvenile justice. Target: increased reflection of international and national standards, as per implementation strategies. Indicator: rehabilitation and reintegration services in place in detention centres and in pilot areas. Verification: partner reports. Baseline: lack of community prevention, rehabilitation and reintegration programmes for children to be formally referred, diverted and sentenced, and a lack of such services in detention centres. Target: rehabilitation services in place in detention centres and in the pilot areas and roll-out plans finalized.	**United Nations** International Organization for Migration, UNFPA, UNIFEM **Government** Parliament, Prime Minister's Office — Regional Administration and Local Government, Ministry of Community Development, Gender and Children, Ministry of Education and Vocational Training, Ministry of Home Affairs, Ministry of Health and Social Welfare, Ministry of Justice and Constitution Affairs, Ministry of Labour, Employment and Youth Development, Commission for Human Rights and Good Governance, National Bureau of Statistics Zanzibar Ministry of Health and Social Welfare, Zanzibar Ministry of Education and Vocational Training, Zanzibar Ministry of Labour, Youth, Women and Children Development, Zanzibar Chief Justice, **Other** CSOs, FBOs, NGOs, academia, media, professional associations
	MDAs, LGAs, law enforcement agencies and selected CSOs have improved technical skills to prevent and respond to cases of abuse/violence/exploitation of children.	Indicator: MDAs, LGAs and other child protection duty bearers have technical skills to prevent and respond to child protection issues. Verification: training reports; partner reports. Baseline: ad hoc training sessions going on. Target: > 80% targets set in multisectoral capacity-building strategy met. Indicator: districts with trained duty bearers respond effectively to child protection issues. Verification: evaluation report. Baseline: TBD. Target: first-phase districts respond effectively.	
	The Government addresses priority gaps in legislation, strategies and guidelines to protect children and women from abuse, violence and exploitation.	Indicator: government legislation, strategies and guidelines reviewed and adequately address abuse, violence and exploitation against children. Verification: legislation, strategies guidelines, assessment report. Baseline: presence of Anti-trafficking Act and the Law of the Child Act; no regulations and implementation strategy; inadequate enforcement of legislation and regulations with regard to gender-based violence. Target: government legislation, strategies and guidelines adequately address abuse, violence and exploitation. Indicator: national birth registration strategy for children under 5 years approved and operationalized. Verification: strategy document; evaluation report; and survey data. Baseline: draft national birth registration strategy for children under 5 years available. Target: midterm targets of the national birth registration strategy achieved.	
	Decision makers and communities understand issues concerning violence and abuse against children, including available protection services.	Indicator: referrals of child victims of violence to protection services. Verification: Department of Social Welfare of Ministry of Health and Social Welfare, magistrates, police and other child-protection duty bearer reports. Baseline: TBD. Target: 20% increase. Indicator: understanding of decision makers on violence against children issues and public statements to address these issues. Verification: KAP survey (baseline, midterm and end of term); national press and television monitoring. Baseline: TBD. Target: 30% increase in understanding; increase in public statements.	

		Indicator / Verification / Baseline / Target	
	Relevant MDAs integrate child protection into their national programmes.	Indicator: NCPA-MVC provides response on child protection issues. Verification: NCPA 2011-2015 evaluation report. Baseline: 2007-2010 NCPA does not adequately address child protection issues. Target: increased response to child protection issues, operationalized by NCPA. Indicator: Government has a tested strategy to scale up child protection in Tanzania in relevant MDAs. Verification: pilot evaluation report; scale-up strategy document. Baseline: pilot initiated. Target: costed national child protection scale-up strategy approved.	
	MDAs produce, utilize and report disaggregated data on abuse, trafficking, exploitation and violence against women and children according to agreed timeframes.	Indicator: data available on abuse, trafficking, exploitation and violence against women and children. Verification: survey reports, sectoral information systems. Baseline: insufficient disaggregated data on violence, abuse and exploitation of women and children. Target: increase in data availability from surveys and sectoral information systems.	
	Local service providers respond effectively to women and child victims of abuse, violence and exploitation in select areas.	Indicator: child and women who are victims of abuse, violence and exploitation have access to quality protection services. Verification: local service provider plans; progress reports; evaluation. Baseline: limited service provision and inadequate quality of services for women and children who are victims of abuse, violence and exploitation. Target: increase in access and quality services provided by targeted local service providers.	
Education equity and quality	Contribute to the realization of MDGs 2 and 3, the United Nations Girls' Education Initiative and Education for All through education systems capacity development, by enhancing learning and the school environment and by focusing on equity, gender and life skills		
	The Ministry of Education and Vocational Training expands provision of alternative learning opportunities to include less teacher-dependent learning modes, focusing on out-of-school children and illiterate adults.	Indicator: number and types of additional options available for alternative learning opportunities. Verification: Ministry of Education and Vocational Training reports; SITAN report. Baseline: number and type for alternative learning opportunities TBD. Target: two additional, feasible options for alternative learning opportunities, of which one is less teacher-dependent. Indicator: proportion of females registered in new alternative learning opportunities programmes. Verification: monitoring reports. Baseline: 2011 total enrolment TBD. Target: 50% of learners participating in pilot are female.	**United Nations** UNESCO, WFP **Government** Prime Minister's Office — Regional Administration and Local Government, Ministry of Community Development, Gender and Children, Ministry of Education and Vocational Training, Tanzania Institute of Education, Ministry of Health and Social Welfare Zanzibar Ministry of Health and Social Welfare, Zanzibar Ministry of Education and Vocational Training, Zanzibar Ministry of Regional Administration and Special Departments, Zanzibar Ministry of Labour, Youth, Women and Children
	The Ministry of Education and Vocational Training improves quality of teacher education programmes for basic education in priority subjects.	Indicator: proportion of districts implementing In-service Teacher Education (INSET) strategy and its operational guidelines. Verification: monitoring reports; evaluation report. Baseline: INSET modules not in place. Target: 50%. Indicator: proportion of pilot teacher education institutes meeting Pre-Service Teacher Education (PRESET) curriculum delivery minimum standards set by Ministry of Education and Vocational Training. Verification: monitoring reports; evaluation report. Baseline: PRESET modules not in place. Target: >70% teacher education institutes. Indicator: proportion of teachers who completed the INSET demonstrating Ministry of Education and Vocational Training	

		teacher competencies. <u>Verification</u>: inspectorate reports; evaluation reports; classroom observation reports. <u>Baseline</u>: Ministry of Education and Vocational Training teacher competency framework not in place. <u>Target</u>: 40% demonstrating 60% of competencies.	Development, Zanzibar districts **Other** CSOs, FBOs, NGOs, training institutes
	Relevant MDAs operationalize national policy on Integrated Early Childhood Development	<u>Indicator</u>: oversight mechanism for relevant MDAs to operationalize Integrated Early Childhood Development policy in place and functional. <u>Verification</u>: minutes; monitoring reports; medium-term expenditure framework documents. <u>Baseline</u>: oversight inadequate, no meetings; no monitoring reports. <u>Target</u>: two oversight inter-ministerial meetings held annually.	
	Relevant MDAs undertake evidence-based planning, management and quality assurance at national, district, ward and school levels.	<u>Indicator</u>: proportion of allocations to low-performing districts. <u>Verification</u>: medium-term expenditure frameworks. <u>Baseline</u>: limited evidence base; TBD. <u>Target</u>: increase in allocations to low-performing districts. <u>Indicator</u>: districts have evidence-based education plans. <u>Verification</u>: district education plans. <u>Baseline</u>: limited evidence base. <u>Target</u>: basic education management information systems inspectorate data incorporated in district plans.	
Social policy analysis and development	Seek to influence the design of policy, legislative and budgetary frameworks, geared towards the realization of children's rights, including in the area of social protection, in an equitable manner		
	Government coordinates a multisectoral social protection response to the needs of economically deprived and insecure groups.	<u>Indicator</u>: approved National Social Protection Framework (NSPF) implemented, as per agreed schedule. <u>Verification</u>: NSPF; implementation plan, review and evaluation reports. <u>Baseline</u>: NSPF pending adoption; weak coordination across sectors. <u>Target</u>: national social protection response evaluated and recommendations shared with all stakeholders. <u>Indicator</u>: coverage of national social protection interventions to respond to the needs of economically deprived groups. <u>Verification</u>: evaluation report. <u>Baseline</u>: limited coverage of social protection interventions, mostly small-scale, sporadic and donor-funded. <u>Target</u>: increase in social protection coverage (national programmes, additional vulnerable groups, geographical), as per national implementation plan.	**United Nations** International Labour Organization, Office of the High Commissioner for Human Rights, UNDP, UNESCO, UNFPA, WFP, WHO **Government** Prime Minister's Office — Regional Administration and Local Government, Ministry of Natural Resources and Tourism, Ministry of Community Development, Gender and Children, Ministry of Education and Vocational Training, Ministry of Information, Culture and Sports, Ministry of Industry, Trade and Marketing, Ministry of Justice and Constitution Affairs, Ministry of Labour, Employment and Youth Development, Ministry of
	Government advances fulfilment of its international treaty obligations.	<u>Indicator</u>: National Human Rights Action Plan developed. <u>Verification</u>: National Human Rights Action Plan. <u>Baseline</u>: no national human rights action Plan; management structure for National Human Rights Action Plan in place; consultations with stakeholders started. <u>Target</u>: annual review of National Human Rights Action Plan conducted; annual targets defined in Action Plan met; new annual workplan for the National Human Rights Action Plan set. <u>Indicator</u>: reports submitted on time to regional and international bodies. <u>Verification</u>: Convention on the Rights of the Child, Convention on the Elimination of Discrimination against Women, African Charter for the Rights and Welfare of	

		the Child, state of conservation report, labour-related reports. <u>Baseline:</u> Convention on the Rights of the Child due in 2012, state of conservation report; all labour reports due in 2010 were submitted past deadline. <u>Target:</u> submissions as per established schedule.	Agriculture, Food and Cooperatives, Ministry of Finance and Economic Affairs, Ministry of Health and Social Welfare, Commission for Human Rights and Good Governance Zanzibar Ministry of Tourism, Trade and Industry, Zanzibar Ministry of State, Finance and Economic Affairs, Zanzibar Ministry of Education and Vocational Training, Zanzibar Ministry of Labour, Youth, Women and Children Development, Zanzibar districts **Other** CSO, FBOs and NGOs, media, private sector, trade unions
Emergency preparedness and response	Support capacity development of the Government to effectively lead national emergency preparedness and response, with a focus on areas most susceptible to disasters, and provide support to refugee programmes in north-western Tanzania		
	Communities have access to improved credible emergency information to enable early action.	<u>Indicator:</u> information on emergency preparedness and response disseminated through local disaster committees. <u>Verification:</u> field trip reports; LGA reports; food-security assessment reports; evaluation report. <u>Baseline:</u> insufficient emergency information for communities; food-security information at national level. <u>Target:</u> local disaster committees effectively disseminate information on emergency preparedness and response.	**United Nations** FAO, UNDP, UNFPA, United Nations High Commissioner For Refugees (UNHCR), WFP, WHO **Government** Prime Minister's Office, Prime Minister's Office — Regional Administration and Local Government, Ministry of Agriculture, Food and Cooperatives, Ministry of Education and Vocational Training, Ministry of Health and Social Welfare, Ministry of Livestock Development and Fisheries, Ministry of Water and Irrigation, Ministry of Natural Resources and Tourism, Ministry of Home Affairs Zanzibar Chief Minister's Office – Disaster
	Relevant MDAs, LGAs, and NSAs are prepared, have adequate sectoral capacity and provide an effective intra-coordinated response in WASH, health, education, protection, agriculture, food security and nutrition in emergencies.	<u>Indicator:</u> relevant sectors providing coordinated emergency response. <u>Verification:</u> meeting minutes; assessment reports; training reports by sector; joint evaluation. <u>Baseline:</u> TBD in June 2011. <u>Target:</u> increased collaborative or coordinated emergency response to 75% of emergencies with over 50,000 affected people.	
	The disaster management departments of the Prime Minister's Office and the Chief Minister's Office effectively lead emergency preparedness and response, with a focus on areas most susceptible to disasters.	<u>Indicator:</u> high-risk districts and *Shehias* with costed emergency preparedness and response plans. <u>Verification:</u> reports on response to emergencies in affected regions; copies of plans on file at Prime Minister's Office and Chief Minister's Office. <u>Baseline:</u> reports from past emergency interventions; some plans available but not consolidated. <u>Target:</u> 20 emergency preparedness and response plans at district level operationalized (5 in Zanzibar *Shehias* and 15 mainland districts).	

	Refugees have access to basic services and protection in line with international norms and standards.	Indicator: proportion of refugees with access to basic services and protection. Verification: annual UNHCR Standards and Indicators Report. Baseline: 60,000 refugees in camps have access to basic services and protection. Target: 90% of an estimated 20,000 refugees have access to basic services and protection.	Management Department, Zanzibar Ministry of Health And Social Welfare, Zanzibar Ministry of Agriculture, Livestock and Environment, Zanzibar Water Authority **Other** Tanzania Red Cross Society, CSOs, FBOs, NGOs
Planning, monitoring and evaluation	Strengthen planning, monitoring and evaluation nationally and internally, within the United Nations system, focus on targeting inequities around children in subnational plans and budgets and increase tracking and reporting of results on children		
	Select MDAs and LGAs have increased capacity for planning, budgeting, monitoring and reporting.	Indicator: LGAs produce plans and reports following agreed planning, budgeting, monitoring and reporting quality standards. Verification: LGA plans and reports. Baseline: TBD, based on planned evaluation. Target: at least 20 LGAs produce plans and reports following agreed planning, budgeting, monitoring and reporting quality standards.	**United Nations** United Nations Capital Development Fund, UNDP, UNIFEM **Government** President's Office Planning Commission, Prime Minister's Office — Regional Administration and Local Government, Ministry of Agriculture, Food and Cooperatives, Ministry of Community Development, Gender and Children, Ministry of Finance and Economic Affairs, National Bureau of Statistics Zanzibar Ministry of State, Finance and Economic Affairs **Other** Academia, CSOs, FBOs, NGOs, private sector

Summary budget table

Programme	Regular resources	Other resources	Total
	(In thousands of United States dollars)		
Child and maternal health and nutrition	15 000	25 670	40 670
Water, sanitation and hygiene	8 000	10 600	18 600
Children and AIDS	6 500	11 380	17 880
Child protection	7 200	12 220	19 420
Education equity and quality	8 500	10 180	18 680
Social policy analysis and development	3 300	540	3 840
Emergency Preparedness and Response	5 000	640	5 640
Communication, advocacy and partnerships	3 800	200	4 000
Planning, monitoring and evaluation	3 300	600	3 900
Cross-sectoral costs	14 092	1 278	15 370
Total	**74 692**	**73 308**	**148 000**

Annex 4

WFP United Republic of Tanzania country programme, 2011-2015

WFP TANZANIA COUNTRY PROGRAMME 200200 (2011-2015)	
Number of beneficiaries	2,521,400
Duration of project	4 years (1 July 2011-30 June 2015
WFP food tonnage	239,995 mt
Cost (United States dollars)	
WFP food cost	97,206,792
Total cost to WFP	175,025,307

Situation analysis — food security situation[1]

1.   The comprehensive food security vulnerability assessment (CFSVA) findings reveal that poor food consumption, a proxy indicator for food security, is strongly associated with the ownership of productive assets and vulnerability to shocks affecting crops and livestock. Households with poor consumption experienced greater exposure to plant diseases and animal pests, are more likely to be headed by women, and have low expenditure and wealth index scores. Food-insecure households own fewer livestock, cultivate fewer crops and do not use modern inputs.

2.   The country's food self-sufficiency over the past eight years[2] has ranged between 88 and 112 percent.[3] Although Tanzania is typically food self-sufficient at the national level, there are localized food deficits at the regional, district and household levels. The most food-deficit regions[4] include Arusha, Manyara, Lindi, Mtwara and Singida; even in years of a national surplus, these regions experience food deficits. In contrast, regions of Rukwa, Ruvuma, Iringa and Mbeya in the southern highlands produce surpluses and are regarded as the national granary; these are the main sources for commercial supplies and a part of the surplus is procured by the National Food Reserve Agency (NFRA) for government emergency stocks for deficit areas.

3.   The asymmetrical agricultural production in Tanzania is compounded by poor market integration, interregional taxation, weak road infrastructure, long distances between surplus and deficit areas, and cereal export bans. These limits to trade result in a large difference between prices for the producer and for the consumer,

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[1] For detailed situation analysis see the common country programme document (CCPD).
[2] 2002/03 to 2009/10.
[3] Measured by the "self-sufficiency ratio" (SSR).
[4] SSR below 100 percent.

with local cereal prices above import parity levels. High prices affect access to food for low-income households.

4.   Household agricultural production is low and is characterized by the use of traditional inputs, hand tools and rain-fed agriculture. There is a low level of land ownership. Agricultural labour opportunities are seasonal and limited during droughts, constraining household income and purchasing power. Accelerating land degradation is of particular concern in food-deficit regions, resulting in increased susceptibility to climatic shocks, which deepen negative coping strategies, poverty and seasonal hunger.

5.   The high prevalence of stunting and micronutrient deficiencies, such as iron deficiency anaemia, are the main nutritional problems.[5] The 2010 Demographic and Health Survey (DHS) indicates 42 per cent of children under 5 are stunted,[6] 4.8 per cent are wasted and 21 per cent are underweight. The regions of Arusha, Kagera, Kigoma, Manyara, Mbeya, Morogoro, Mtwara, Mwanza, Ruvuma, Shinyanga, Singida and Tanga have prevalences of stunting between 35 and 50 percent; Dodoma, Iringa, Lindi and Rukwa have prevalences over 50 percent.[7] The prevalence of stunting is significantly higher for boys than for girls and much more common among rural children.

WFP strategic focus

6.   WFP activities are aligned with Tanzania's Poverty Reduction Strategy (PRS)[8] and the United Nations Development Assistance Plan (UNDAP) July 2011-June 2015, and integrated in the CCPD.[9] The PRS is designed to address gaps in attaining the Millennium Development Goals, prioritizing agriculture, food security and nutrition security as key drivers for growth. The Comprehensive Africa Agriculture Development Programme (CAADP) compact was signed in July 2010 and WFP will support the Government to implement the CAADP investment plan, with specific attention to Pillar 3, Food supply and hunger.

7.   The WFP activities are based on the WFP Country Strategy 2011-2015, focusing on: (i) ensuring continuity and building on experience and best practices from previous programmes; (ii) prioritizing food-insecure areas and the most vulnerable households; (iii) supporting a demand-driven and participatory approach; (iv) enhancing strategic and local partnerships; (v) ensuring alignment and coherence with government policies and strategies related to agricultural development, nutrition and food security; (vi) supporting the government goals for environmental sustainability and climate change adaptation/mitigation; (vii) equitable access to

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[5] See the CCPD.

[6] Height-for-age below -2 standard deviation.

[7] National Bureau of Statistics and ORC Macro. 2010. Tanzania Demographic and Health Survey, 2010. Dar es Salaam, Tanzania and Calverton, MD, United States of America.

[8] MKUKUTA II and MKUZA II

[9] WFP's Executive Board Bureau agreed at its 14 September 2010 meeting to align with the other United Nations funds and programmes, submitting the draft CCPD at its First Regular Session of 2011 for approval at its Annual Session of 2011. The CCPD is in line with the United Nations Development Group (UNDG) Common Framework for the Country Programme Outline and Country Programme Document, the four agencies' June 2010 decisions and United Nations General Assembly Resolution A/RES/64/289.

quality education at all levels for boys and girls; (viii) improving survival, health, nutrition and well-being, especially for children, women and other vulnerable groups; and (ix) providing adequate social protection and rights to vulnerable groups.

8. The WFP country programme will focus on the following two priorities:[10]

- *Food security and nutrition support* (Strategic Objectives 2, 4 and 5)[11] for people living in environmentally fragile and chronically food-insecure areas who face recurrent hunger periods, struggle to access food and to meet their basic food and nutrition needs, are more vulnerable to shocks and require direct assistance. Focused around productive safety nets and nutrition, activities include food for education (FFE), food for assets (FFA) and nutrition support.

- *Investments in community food and nutrition security* (Strategic Objectives 2 and 5) for communities that are able to meet their basic food and nutrition needs but require further investment to ensure future food security and reduced vulnerability. Activities include enabling government policy for hunger and nutrition solutions, linking small producers to markets and strengthening food security information systems.

9. The food assistance safety net approach of FFA, FFE and nutrition activities on a district-wide basis in the most food-insecure areas is aimed to contribute to the development of targeted communities affected by recurrent shocks and chronic hunger. Priority will be given to strengthening programme linkages with local government priorities, plans and budget processes, paving the way for a transition to wholly government-owned safety net programmes. Complementary partnerships and commitments from stakeholders will be important.

10. WFP integrates capacity development in its programme activities and will work hand in hand with government counterparts and communities in the design, implementation and monitoring of the activities, including training and peer-to-peer learning between districts, especially for school feeding. This capacity development approach will facilitate the transition to government ownership and implementation by local government authorities and allow WFP to gradually focus more on policy and technical support.

11. *Food for education — Component 1.* Schoolchildren at 1,167 primary schools (full day and boarding) will receive two cooked school meals a day during the 195 school days per year: a mid-morning porridge of fortified corn-soya blend (CSB) and a school lunch consisting of cereals, pulses and vegetable oil. Based on food security indicators combined with enrolment, attendance and drop out rates, FFE will target Arusha, Dodoma, Manyara, Shinyanga and Singida regions. In addition, WFP will support the Ministry of Education and Vocational Training (MoEVT) to

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[10] There are three priorities in the WFP Country Strategy: the first priority is emergency assistance and assistance to refugees, addressed through emergency operations (EMOPS) and protracted relief and recovery operations (PRROs); the second and third priorities are addressed through this country programme.

[11] Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures; Strategic Objective 4: Reduce chronic hunger and undernutrition; and Strategic Objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase.

pilot the use of micronutrient powders to fortify the mid-day meal; if successful, WFP will incorporate the process in all 1,167 schools under the FFE component.

12. WFP will work with communities and local non-governmental organizations (NGOs) to continue supporting the improvement of sanitation, hygiene and school infrastructures, particularly fuel-efficient stoves and rainwater harvesting tanks. The Government will implement a national deworming programme.

13. WFP will continue to support MoEVT in developing a national school feeding strategy and guidelines to support implementation of school feeding. School nutrition is now incorporated in the Ministry's education and training policy. A national policy is a critical step towards facilitating a sustainable national FFE programme. Concurrent to policy support, WFP will continue to develop capacity at central and district level to train education officials to manage school feeding activities, and to support the existing Education Sector Management Information System (ESMIS) database.

14. ***Food for Assets — Component 2.***[12] The evaluation of the previous WFP country programme recommended a more focused and long-term strategy in its FFA activities. Through a disaster risk reduction lens, FFA will strengthen community resilience, reduce vulnerability and enhance local food access and food availability throughout the agricultural cycle for people who are unable to mitigate recurring economic, climatic or seasonal shocks that cause "poor" or "borderline" consumption.[13] Food will be an incentive to participate in asset-creation activities and participants will receive take-home rations during the lean period when access to food is poor and prices are high. A food basket of cereals, pulses and vegetable oil will be provided according to standardized work norms. Based on the rural daily labour wage rate and average market prices, the daily ration for FFA activities is equivalent to approximately 90 per cent of household expenditure on food.[14]

15. To strengthen resilience and promote adaptation to climate variability, FFA activities will include soil and water conservation measures (water harvesting systems and soil fertility enhancement measures), basic community socio-economic infrastructure, irrigation, homestead productivity intensification and income-generating activities, and tree nursery development. Community targeting and local-level participatory planning will ensure that the most vulnerable and food-insecure households are given priority to participate in FFA activities and be direct beneficiaries of the assets created or rehabilitated. A portion of the FFA food (5-15 per cent) will be reserved for the most vulnerable households that are unable to work because of age, disabilities, pregnancy, chronic illness, etc. These beneficiaries will engage in less strenuous activities. WFP will draw on market and feasibility studies to explore combinations of transfers for food, cash and vouchers.

16. The projects will be integrated into the district-level agricultural and development plans. A lasting impact on community food security will be achieved through the design of synergetic projects using the Local-Level Participatory Planning and Implementation Approach (LLPPIA). In addition to developing capacity of local entities, this approach will enhance the community project

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[12] The FFA activities will take place for a six-month period according to the agricultural calendar.
[13] As measured by the food consumption score.
[14] Alpha values for cereals 1.72 (local purchase) and 1.67 (regional purchase).

ownership. Programme success or the triggers to graduate from food assistance will be based on community and household asset scores and food consumption data.

17. ***Nutrition Programmes — Components 3 and 4.*** The supplementary feeding programme (SuFP) will aim to reduce levels of global acute malnutrition (GAM) among children under 5 and pregnant and lactating women and will ensure continuity of the current programme in districts with a GAM rate above the national average, while gradually shifting to a new approach that addresses stunting. The SuFP will provide CSB and vegetable oil to 12,000 children under 5 and pregnant and lactating women with moderate acute malnutrition in health centres or posts in the prioritized districts.[15]

18. The mother-and-child health and nutrition (MCHN) programme will help reduce stunting levels among children under 2. A ration of CSB will be given to all pregnant and lactating women for six months before and after delivery as well as to children 6-24 months who attend health centres. The MCHN programme will also contribute to improving mother and child health by encouraging them to use health and nutrition services. WFP, NGOs and other United Nations agencies will provide technical assistance in community-based approaches to counselling and education on nutrition and infant/young child feeding practices.

19. To address micronutrient deficiencies, WFP will continue to help accelerate food fortification. Advocacy and technical support will be provided, in collaboration with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the World Bank, for safe and cost-effective food fortification promoting the use of locally produced commodities. Research will focus on the feasibility of, and support to, small/medium-scale processing and fortification, especially in rural areas. As locally fortified foods become available, WFP will explore means by which vouchers can be used in conjunction with food responses to support the development of markets for the MCHN programme.

20. Technical support to the Government will be provided for strengthening the Nutrition Information Management System for programmatic planning. In collaboration with the Tanzania Food and Nutrition Centre (TFNC) and other stakeholders, sentinel centres for nutrition monitoring will be established in various locations.

21. ***HIV and AIDS — Component 5.*** Based on a review of WFP's comparative advantages and recommendations from the evaluation of the previous country programme, WFP's engagement in HIV and AIDS will shift to an integrated strategy focusing on policy, nutrition advocacy and integrating support to people affected by HIV and AIDS into WFP activities. The hand-over process started in the 2007-2011 country programme; in the 2011-2015 country programme, WFP will continue food assistance to anti-retroviral therapy (ART) patients, most-vulnerable children (MVC)[16] and families through cooperating partners for six months, while supporting linkages with organizations specializing in HIV and AIDS that can provide necessary food support. WFP will follow the progress of the beneficiaries

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[15] Entry criteria is weight-for-height less than -2 and greater than -3 z-score for children under 5; mid-upper arm circumference (MUAC) between 18.5 and 21 cm for pregnant women in the second and third trimesters, and lactating women with a child under 6 months.

[16] MVC includes orphans attending boarding vocational training centre under the food-for-training (FFT) activity.

for six months following exit from the programme and will address HIV and AIDS-related vulnerabilities within its broader social and livelihood support programme, as well as through health and nutrition services.

22. At the national level, WFP will advocate for strengthening the national HIV policy, which places the Government at the centre of interventions that focus on food assistance, with an emphasis on nutrition for people living with HIV (PLHIV). Under the UNDAP, WFP will contribute to an inter-agency approach of strengthening the TFNC and Tanzania Commission for AIDS (TACAIDS) to provide technical support, and will ensure that future policy incorporates nutrition and food security components for PLHIV.

23. ***Linking smallholder farmers to markets.*** Building on the current activities under the Purchase for Progress (P4P) Initiative, WFP will continue to use its food purchasing capacity to combat hunger and improve food security. In partnership with United Nations agencies, NGOs, farmer groups and government ministries, Alliance for a Green Revolution in Africa, the African Development Bank, the World Bank and others, the capacity of smallholder farmers will be reinforced to raise farmer incomes through the direct sale of agricultural products to local or regional markets. Credit facilities, improved storage capacities and post-harvest handling, quality control, and the use of improved seeds and fertilizers will boost the capacities for smallholder farmers to undertake market-oriented farming activities. WFP will explore opportunities to further link farmer groups to local FFE activities, integrate communities that have graduated from FFA to smallholder procurement, and link with partners for small-scale agro-processing and food fortification.

24. ***Strengthening food security and nutrition information systems.*** The 2010 CFSVA, which was implemented by the National Bureau of Statistics, with technical oversight and analytical support from WFP and other government offices, will serve as the benchmark for measuring improvements in household and community food security. The Government also leads periodic rapid vulnerability assessments at least twice a year. While the Government demonstrates clear capacity to monitor the food security situation at national level, district capacity for early warning and nutrition monitoring remains weak. Consequently, further capacity development through training, investment in data collection and analysis, and joint assessments[17] are required to ensure that WFP and the Government can respond to localized and structural causes of hunger.

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[17] Including: Developing capacity of food security information teams and rapid vulnerability assessments, strengthening early warning systems, geographical-risk mapping and disaster risk reduction database for flood-prone areas.

TABLE 1: BENEFICIARIES BY COMPONENT (average per year)*			
	Men/boys	**Women/girls**	**Total**
Component 1 – FFE	352 114	366 486	718 600
Component 2 – FFA	122 500	127 500	250 000
Component 3 – SuFP	5 880	42 120	48 000
Component 4 – MCHN	34 839	69 261	104 100
Component 5 – HIV and AIDS**	14 504	15 096	29 600
TOTAL AVERAGE/YEAR	**529 249**	**616 251**	**1 145 500**

 * The cumulative number of people receiving food assistance during the country programme is 2,521,400. The total average beneficiaries per year has taken into account the possible 10 per cent overlap of SuFP and MCHN beneficiaries.

** For the HIV and AIDS programme the figure is for the first six months only (July-December 2010).

Programme management, monitoring and evaluation

25. The Government at central, regional and district levels will guide all interventions. WFP will use its expertise in capacity development and training to enhance the ability of the Government and other partners to implement the activities.

26. WFP expects to buy 54 per cent of the food requirements locally, and also to procure for WFP projects implemented in neighbouring countries. WFP works with large traders, but is also fostering relationships with smallholder farmer groups. To reduce transport costs, purchases closer to the beneficiaries will be favoured. A cost comparison with import parity will be applied for all local food procurement. Food arriving by ship to Dar es Salaam will be transported by road to extended delivery points in Arusha and Dodoma and to schools in districts or villages.

27. As a baseline for the activities, WFP will draw on the 2010 CFSVA, DHS and two forthcoming baseline surveys for school feeding and productive safety nets that include household socio-economic indicators. The monitoring plan will be linked to the overall programme strategy and be implemented with the support of field monitors based in sub-offices. WFP will reinforce its monitoring system to ensure measurements of programme impact against the baseline data.

28. This country programme has benefited from the evaluation of the 2007-2011 country programme conducted in 2010. A decentralized midterm evaluation will focus on identifying any potential adjustments required in the implementation strategy as well as assessing the overall performance — relevance, coherence, efficiency, effectiveness and sustainability — of this country programme.

29. WFP will require a shift in the staff profile and skills so that they emphasize programme management and capacity development, as well as advisory skills and negotiation skills, in order to enable staff to engage with, and provide policy and technical advice to, the Government. In the course of the country programme, WFP will invest in training to develop staff in these areas.

TABLE 2: DAILY FOOD RATIONS BY COMPONENT *(g/person/day)*					
Food type	**Component 1 – FFE***	**Component 2 – FFA**	**Component 3 – SuFP**	**Component 4 – MCHN**	**Component 5 – HIV and AIDS****
Cereals	120	400	-	-	MVC 300 ART 450
Pulses	30	70		-	MVC 50 ART 60
Vegetable oil	5	30	20	-	MVC 20 ART 25
CSB	40	-	230	Woman 250 Child 210	MVC 80 ART 120
Total	**195**	**500**	**250**	**Woman 250** **Child 210**	**MVC 450** **ART 655**
Total kcal/day	*725*	*1 900*	*1 097*	*Woman 1 000* *Child 840*	*MVC 1 715* *ART 2 477*
% Kcal from protein	13.9	11.4	15.1	Woman 18.0 Child 13.5	MVC 12.7 ART 12.7
% Kcal from fat	15.6	22.2	27.7	Woman 18.0 Child 13.5	MVC 19.6 ART 18.5
Number of feeding days per year	195	180	90	365	180

 * WFP will pilot adding micro-nutrients to the midday meal.

** For HIV, each beneficiary will receive a family ration, based on an average of five people per family; under FFT, orphans
    attending boarding vocational training centre will receive a mid-morning snack and a lunch at the centre.

TABLE 3: TOTAL FOOD REQUIREMENTS BY COMPONENT (2011–2015) *(mt)*						
Food type	**Component 1 – FFE**	**Component 2 – FFA**	**Component 3 – SuFP**	**Component 4 – MCHN**	**Component 5 – HIV and AIDS**	**Total**
Cereals	67 220	72 000	-	-	2 084	141 304
Pulses	16 805	12 600	-	-	299	29 704
Vegetable oil	2 801	5 400	346	-	122	8 669
CSB	22 407		3 974	33 381	556	60 318
Total	**109 233**	**90 000**	**4 320**	**33 381**	**3 061**	**239 995**
% of total requirements	**45.5**	**37.5**	**1.8**	**13.9**	**1.3**	**100**

BUDGET SUMMARY FOR TANZANIA COUNTRY PROGRAMME 200200 (2011-2015) (*US$*)						
	Component 1	**Component 2**	**Component 3**	**Component 4**	**Component 5**	**Total**
Food (*mt*)[18]	109 233	90 000	4 320	33 381	3 061	**239 995 mt**
Food	43 575 053	32 557 728	2 419 684	17 506 920	1 147 408	**97 206 792**
Total by component	**43 575 053**	**32 557 728**	**2 419 684**	**17 506 920**	**1 147 408**	**97 206 792**
External transport						6 412 017
Landside transport storage and handling (LTSH)(*total*)						35 106 469
LTSH *(per mt)*						*146.28*
Other direct operational costs						7 104 501
Total direct operational costs						145 829 779
Direct support costs[19]						17 745 275
Indirect support costs[20]						11 450 254
Total WFP costs						**175 025 307**

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[18] This is a notional food basket for budgeting and approval. The contents may vary.

[19] Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

[20] The indirect support cost rate may be amended by the Board during the project.

DIRECT SUPPORT REQUIREMENTS (*US$*)	
Staff and staff-related costs	
International professional staff	5 188 794
Local staff - national officers	1 738 321
Local staff - general service	3 663 560
Local staff - overtime	28 000
International consultants	1 535 000
Staff duty travel	2 283 000
Subtotal	14 436 675
Recurring expenses	
Rental of facility	336 000
Utilities general	160 000
Office supplies and other consumables	160 000
Communications services	400 000
Equipment repair and maintenance	64 000
Vehicle running cost and maintenance	1 080 000
Office set-up and repairs	80 000
United Nations organization services	200 000
Subtotal	2 480 000
Equipment and capital costs	
Vehicle leasing	285 600
Communications equipment	323 000
Local security costs	220 000
Subtotal	828 600
TOTAL DIRECT SUPPORT COSTS	**17 745 275**

WFP LOGICAL FRAMEWORK			
Results	**Performance indicators**	**Risks, assumptions**	**Resources required**
UNDAP OUTCOMES[21] MoEVT has a system in place for national school feeding, prioritizing food insecure areas Relevant ministries, departments and agencies (MDAs) undertake evidence-based planning, management and quality assurance at national, district, ward and school levels Local government authorities (LGAs), agriculture support organizations and smallholder farmers increase agricultural productivity, access to markets and food security Key MDAs and LGAs integrate climate change adaptation and mitigation in their strategies and plans Government coordinates a multisectoral social protection response to the needs of economically deprived and insecure groups Relevant MDAs and LGAs integrate nutrition into policies, plans and budgets and strengthen institutional arrangements for delivery of services Selected MDAs, LGAs and non-State actors deliver increased quality of HIV and AIDS care and treatment services	**UNDAP Outcome Indicators** Government implementation strategy and guidelines for national school feeding in place Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions District-level management information system (MIS) for basic education established and use of data, particularly with regards to equity and quality related indicators, increased Better knowledge-sharing on agriculture productivity, food fortification and marketing Hazard risk reduced in targeted communities, including climate change adaptation Select LGAs incorporate climate change adaptation programmes in their plans and budgets Evidence base strengthened to inform social protection programme design options targeted to priority groups Priority regions and districts deliver essential nutrition services effectively National institutional arrangements prioritize nutrition in policies, plans and budgets Targeted anti-retroviral therapy (ART) patients have improved nutrition status in the first six months of ART MoHSW and LGAs have enhanced capacities to provide quality HIV care and treatment services including tuberculosis (TB)/HIV collaborative services and nutrition	Limited inter-ministry linkages to support agriculture and food security and a mismatch between national ministry budgetary allocations and government priorities A lack of a conducive and enabling environment for the private sector, limiting their full participation in the agriculture and food security sector Climate change and climate variability increase the number or severity of natural disasters, forcing the Government to divert funds from development to emergency interventions	

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[21] The Tanzania UNDAP integrates WFP outcomes and indicators in its different sectors.

<table>
<tr><th colspan="4" align="center">WFP LOGICAL FRAMEWORK</th></tr>
<tr><th>Results</th><th align="center">Performance indicators</th><th align="center">Risks, assumptions</th><th align="center">Resources required</th></tr>
<tr><td colspan="4">Country programme component 1: Food for education</td></tr>
<tr><td colspan="3">Strategic objective 4: Reduce chronic hunger and undernutrition</td><td>US$79,662,240</td></tr>
<tr><td>Outcome 1

Increased access to education and human capital development in assisted schools</td><td>Enrolment: Average annual rate of change (Target: 3%);
Attendance rate (Target: 86%)
Drop out rates for girls and boys (Target: to be determined in 2010 school feeding baseline survey
Gender ratio: ratio of girls to boys enrolled (Target: 1)
Pass rate for girls and boys for grade VII (Target: 45%)</td><td>Communities and schools are committed to fulfilling their obligations related to kitchens, water and fuel</td><td></td></tr>
<tr><td>Output 1.1

Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions</td><td>Number of women, men, girls and boys receiving food and non-food items, by category and as % of planned figures (Target: see beneficiary table)
Quantity of food and non-food items distributed, by type, and as % of planned distribution
(Target: see food requirements table)</td><td></td><td></td></tr>
<tr><td colspan="4">Strategic objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase</td></tr>
<tr><td>Outcome 2

MoEVT has a system in place for national school feeding, prioritizing food-insecure areas</td><td>Approved system in place for national school feeding programme (Target: national system functions)</td><td>National commitment to implementation of school feeding</td><td></td></tr>
<tr><td>Output 2.1

Government implementation strategy and guidelines for national school feeding in place</td><td>Strategy and guidelines with clear roles and responsibilities at national, district and ward level
(Target: School feeding guidelines and implementation strategy operational at national, district and ward level)</td><td></td><td></td></tr>
<tr><td>Output 2.2

District-level MIS for basic education established and use of data, particularly with regards to equity and quality related indicators, increased</td><td>Share of districts with school feeding activities that have functioning ESMIS database
(Target: 100%)</td><td>Stakeholders collaborate in ESMIS development</td><td></td></tr>
</table>

WFP LOGICAL FRAMEWORK			
Results	**Performance indicators**	**Risks, assumptions**	**Resources required**
Country Programme Component 2: Food for assets			
Strategic objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures			US$65,635,858
Outcome 3 Adequate food consumption over assistance period for targeted households at risk of falling into acute hunger	Household food consumption score: percentage of targeted households with food consumption score >35 (Target: 80%)	No major emergencies that impact livelihoods or health status of targeted population	
Output 3.1 Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions	Number of women, men, girls and boys receiving food and non-food items, by category and as % of planned figures (Target: see beneficiary table) Quantity of food and non-food items distributed, by type, and as % of planned distribution (Target: see food requirements table)		
Outcome 4 Hazard risk reduced at community level in targeted communities	Community asset score: percentage of targeted communities with an asset score over set threshold (Target: to be determined by project baseline); Household asset score: % of targeted households with an asset score over set threshold (Target: to be determined by project baseline)	Effective and reliable marketing systems for food and non-food items	
Output 4.1 Built or restored disaster mitigation assets by targeted communities	Number of assets constructed/rehabilitated (Target: to be determined on the basis of implementation plan)	Non-food items and access to extension services ensured	
Strategic objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase			
Outcome 5 Broader policy frameworks incorporate hunger solutions	Percentage increase in Government's funding for hunger solution tools in national plans of action (Target: 20%)	Progress made on local level influences national policymaking	
Output 5.1 Select LGAs incorporate climate change adaptation/disaster risk reduction programmes in their plans and budgets	Share of WFP-initiated FFA projects incorporated into district development and budget plans (Target: 100%)		

	WFP LOGICAL FRAMEWORK		
Results	**Performance indicators**	**Risks, assumptions**	**Resources required**
Output 5.2 Evidence base strengthened to inform social protection programme design options targeted to priority groups	Lessons learned on different transfer mechanisms inform social protection policy choices (Target: lessons learned documented and distributed)		
Country programme component 3: Supplementary feeding programme			
Strategic Objective 4: Reduce chronic hunger and undernutrition			US$3,150,521
Outcome 6 Improved nutritional status of targeted women, girls and boys	Supplementary feeding recovery rate (Target: > 75%)/ defaulter rate (Target: < 15%) Average length of enrolment in supplementary feeding (Target: < 60 days)		
Output 6.1 Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions	Number of women, girls and boys receiving food and non-food items, by category and as % of planned figures (Target: see beneficiary table) Quantity of food distributed, by type, and as % of planned distribution (Target: see food requirements table)	District health management teams fulfil its role supporting SuFP	
Country programme component 4: Mother-and-child health and nutrition			
Strategic objective 4: Reduce chronic hunger and undernutrition			US$24,344,340
Outcome 7 Improved nutritional status of targeted women, girls and boys	Prevalence of stunting among targeted children under 2 (Target: 10% reduction/year) Prevalence of targeted women practicing exclusive breastfeeding and correct introduction of complementary foods (Target: to be determined) Percentage of children aged 24 months who completed all vaccinations according to the schedule in the national protocol (Target: to be determined)		
Output 7.1 Pregnant and lactating women counselled on proper childcare and feeding practices	Percentage of supported pregnant and lactating women who received antenatal/post-natal check-ups (Target: to be determined)	Health personnel are motivated and have time to provide adequate counselling sessions	

WFP LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions	Resources required
Output 7.2 Food and non-food items distributed in sufficient quantity and quality to targeted women, girls and boys under secure conditions	Number of women, girls and boys receiving food and non-food items, by category and as % of planned figures (Target: see beneficiary table) Tonnage of food distributed, by type, and as % of planned distribution (Target: see food requirements table)	District health management teams fulfil its role supporting MCHN programme	
Strategic objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase			
Outcome 8 Better knowledge-sharing on agriculture productivity, food fortification and marketing.	National protocol for fortification of foods adopted	Adequate coordination of producers of fortified foods	
Output 8.1 Capacity and awareness for food fortification developed through WFP-organized actions/training	Number of best mechanisms for food fortification identified; Number of small scale farmers trained on food fortification; Quantity of equipment and communication materials provided		
Outcome 9 National institutional arrangements prioritize nutrition in policies, plans and budgets	Percentage increase in Government's funding for hunger solution tools in national plans of action	Progress made on local level influences national policymaking	
Output 9.1 Capacity for nutrition-sensitive design, planning and budgeting is developed	Number of districts planning and budgeting for MCHN activities		
Outcome 10 Priority regions and districts deliver essential nutrition services effectively	Number of targeted communities with health facilities with sufficient staff to provide agreed services	Sufficient human capital to fill positions at all levels	
Output 10.1 Capacity and awareness for MCHN developed through WFP-organized actions/training	National protocol for MCHN adopted		

WFP LOGICAL FRAMEWORK

Results	Performance indicators	Risks, assumptions	Resources required
Country Programme Component 5: HIV and AIDS			
Strategic objective 4: Reduce chronic hunger and undernutrition			US$ 2,232,348
Outcome 10 Increased survival of adults and children with HIV after 6 and 12 months of *anti-retroviral therapy* (ART)	ART survival rate: % of adults and children with HIV known to be on treatment 6 and 12 months after initiation of ART (Target: to be determined)		
Outcome 11 Targeted ART clients have improved nutritional status in the first six months of ART	Prevalence of malnutrition among WFP-assisted ART patients in clinics (Target: to be determined)		
Output 11.1 Food and non-food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions	Number of women, men, girls and boys receiving food and non-food items, by category and as % of planned figures (Target: see beneficiary table) Quantity of food distributed, by type, and as % of planned distribution (Target: see food requirements table)		
Strategic objective 5: Strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase			
Outcome 12 MoHSW and LGAs have enhanced capacities to provide quality HIV care and treatment services including TB/HIV collaborative services and nutrition	Food assistance and nutrition components are incorporated in national HIV policy document and implemented		
Output 12.1 Agreed hand-over and mainstreaming strategies in place	Number of hand-over and mainstreaming strategies agreed to between WFP and partners		