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Programme Summary

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Abbreviations and Acronyms

BEmONC: Basic Emergency Obstetric and Newborn Care
BRN: Big Results Now initiative
CBHC: Community Based Health Care
CCHP: Comprehensive Council Health Plan
CEmONC: Comprehensive Emergency Obstetric and Newborn Care
CHW: Community Health Worker
CSOs: Civil Society Organizations
DED: District Executive Director
DHIS: District Health Information System
DTP-HebB-Hib3: Diphtheria, Pertussis, Tetanus, Hepatitis B and *Haemophilus* type b conjugate Vaccine (Pentavalent)
DMO: District medical Officer
EmONC: Emergency Obstetric and Newborn Care
EPI: Expanded Programme on Immunization
GFF: Global Financing Facility
GoT: Government of Tanzania
HBF: Health Basket Fund
HIT: Health Information Team
HRH: Human Resources for Health
HSSP: Health Sector Strategic Plan
IEC: Information, Education and Communication
IPV: Inactivated Polio Vaccine
IVD: Immunization and Vaccines Development
LGAs: Local Government Authorities
M&E: Monitoring and Evaluation
MIN: Mbeya, Iringa and Njombe regions
MNCH: Maternal, Newborn and Child Health
MoH: Ministry of Health, Community Development, Gender, Elderly and Children (Former Ministry of Health and Social Welfare)
MR: Measles and Rubella
NGOs: Non-Governmental Organizations
OPV: Oral Polio Vaccine
PPP: Public-Private Partnership
QIP: Quality Improvement Plan
RAS: Regional Administrative Secretary
RBF: Result Based Financing
REC: Reaching Every Child strategy
RMNCAH: Reproductive, Maternal, Newborn, Child and Adolescent Health
SDD: Solar Direct Drive (Refrigerators)
SWAp: Sector Wide Approach
TDHS: Tanzania Demographic and Health Survey
TFDA: Tanzania Food and Drugs Authority
THMIS: Tanzania HIV and Malari Indicator Survey
ToT: Training of Trainers
TRCS: Tanzania Red Cross Society
U5MR: Under-Five Mortality Rate
UN: United Nations
UNDAP: United Nations Development Assistance Plan
UNICEF: United Nations Children's Fund

Executive Summary

Tanzania has made considerable progress in the reduction of under-five mortality rates over the last 15 years, from 147 in the year 2000 to 67 per 1,000 live births in 2015[1]. These gains are largely due to sustained efforts in a few high impact programmes such as immunization, Vitamin A supplementation, integrated management of childhood illnesses, use of insecticide treated bed nets and better drugs to treat malaria and pneumonia. However, despite the fact that institutional births and delivery by skilled birth attendants have shown increase, maternal and newborn mortality rates still remain very high. A worrying trend is the increase in adolescent pregnancy from 23% in 2010 to 27% in 2015/16. It is known that a 10% increase in adolescent birth rate increases maternal mortality by 2%. Eight percent of all adolescents living with HIV globally live in Tanzania, and 5.9% of maternal deaths are due to HIV/AIDS related causes. Poor quality of care, unavailability of 24-hour open emergency maternal and newborn care services, insufficient number of skilled birth attendants, lack of basic equipment, and long distances from home to health facilities are major deterrents to significant progress towards the reduction of maternal and newborn mortality.

In 2016, UNICEF increasingly focused on equitable access to and enhancing the sustainability of quality reproductive, maternal, newborn, and adolescent and child health (RMNCAH) services. To this end, fundamental was the continued investment of Regular Resources on Health Basket Fund (HBF) to ensure increased community access to basic health services and essential drugs. Under the new MoU with Health Basket Fund partners and GoT, the Basket Fund will be disbursed on the results-based financing (RBF) approach in the health sector. UNICEF actively participated in the development of key indicators for RBF with other HBF partners. In addition, under the HBF, Direct Facility Financing (DFF) is being piloted in 2016/17 for a nation-wide scale up. This is expected to bring the resources directly to where the needs are greatest. For smooth implementation of these plans, strengthening the health system including through data quality and utilization will continue to be the focus of UNICEF, along with partners.

To improve availability emergency obstetric and newborn services from the baseline of 13% (MOHCDGEC/UN agencies supported joint study), capacity of eleven (11) strategically located health centers in hard to reach areas in 4 out of the 26 regions in Mainland was enhanced with task sharing training of 33 health workers for caesarean section. Twenty four facilities received essential equipment, renovations and reliable water supply. Referral services were strengthened in 2 districts of Njombe and 4 districts of Kigoma with the donation of 7 ambulances.

UNICEF signed a two-year contract with Liverpool School of Tropical Medicine for capacity building of 44 selected health centers and dispensary staff in the selected districts with the aim to reduce maternal and newborn mortality. Further, UNICEF provided financial support to assess the quality of services provided in all health 785 facilities in the UNICEF supported regions (Njombe, Mbeya and Songwe regions). The results of the assessment showed that the majority of the facilities (99%) are performing poorly. Facility improvement plans were prepared and are being implemented by the local government authorities with the support of partner agencies. The assessment was built on the principles of the Big Results Now, an initiative launched in 2015 by the past President of Tanzania, and it embraces the strategies recommended by the Child Survival Call to Action “A Promise Renewed “of focusing on populations and geographic regions with high burden of maternal and child deaths with high impact solutions and accountability. In Tanzania, these solutions are directed towards the most significant challenges in the health sector, namely, performance improvement, human resource redistribution, essential medicines and supplies. UNICEF was engaged in the

[1] Tanzania DHS report 2015-2016

design of the BRN initiative and its implementation at the subnational levels to improve the quality of care.

BRN principles have also been embraced by the Health Sector Strategic Plan IV (HSSP IV) which strongly emphasizes on the quality of health services. This focus of the HSSP IV, along with prioritization of other issues such as health promotion, environmental health, nutrition, non-communicable diseases, risk protection and financing for health is expected to lead the country towards the achievements of Sustainable Development Goal 3 as per the country's aspirations. In line with the spirit of HSSP IV, UNICEF supported maternal and newborn care quality improvement (QI) activities in 17 out of the 22 districts of the targeted 4 regions in Mainland and in all 11 districts in Zanzibar, a coverage of nearly 20% of all Tanzania districts, and continues to expand the support to other health facilities in the supported regions. The quality improvement initiative focuses on clinical standards, safe environment including infrastructure, proper waste disposal, community – health facility linkages and accountability, among others.

In 2016, UNICEF continued to provide procurement services for cold chain equipment (CCE) and vaccines, and donated CCE to increase cold storage capacity across the country. UNICEF continued to provide technical and financial support for the implementation of Reach Every Child (REC) strategy which aims at improving the ability of the dispensaries to identify children in hard to reach areas, prepare a micro plan to reach them and follow up to ensure full coverage of vaccines. The new and underused vaccines did not experience any stock out in 2016. The switch from traditional oral polio vaccine, tOPV to more recent bOPV, as per the global recommendations was successfully implemented in all districts of Tanzania with the support of partners. This is expected to contribute significantly to the global polio eradication efforts. The progress in DTP3 coverage was satisfactory. In 2015, 141 (81.5%) districts out of 173 had DTP3 coverage of 90% and above.

To address the main killers of children under five years of age - diarrhea, malaria and pneumonia, UNICEF continued to support the Government with the implementation of distance learning training package developed by WHO for the integrated management of childhood illnesses in UNICEF supported regions. However, a nation-wide scale up is important to further reduce child deaths. There are very few other partners working exclusively for children and it is imperative that UNICEF continues its advocacy and resource mobilization efforts to address these very important issues which are not getting the attention they deserve.

The progress towards elimination of mother to child transmission (EMTCT) of HIV goal in Tanzania remains satisfactory. While the majority of regions attained 90% coverage with antiretroviral among pregnant and breast feeding women living with HIV, only four regions, Dar-es-Salaam, Dodoma, Kigoma and Singida have not attained this target. UNICEF and stakeholders including other partners are analyzing the cause for this and corrective actions will be taken

For health promotion, multimedia communication reached an estimated 2,500,000 people to improve care seeking behavior and utilization of reproductive and child health services in 4 UNICEF supported regions. Overall, the country is showing an improved trend in institutional delivery rate from 51 % in 2010 to 63% in 2015. In Mbeya the rate increased from 43.1 % in 2010 to 64.9 % in 2015.

A partnership agreement was developed between UNICEF and White Ribbon Alliance Tanzania (WRATZ), aimed at increasing advocacy and accountability for maternal and child health. WRATZ broadened the reach to other networks by forming a RMNCAH coalition with 6 networks on 24th October 2016. The coalition will collectively increase the advocacy and accountability efforts around RMNCAH. One of the tasks of the RMNCAH coalition was to develop an advocacy package to

influence the design of the budget for the next fiscal year, and this was done in a collaborative manner. This package was taken to the Parliamentary Group on Safe Motherhood (PGSM), which was revived on 29th of October 2016 with the inclusion of new parliamentarians. The PGSM now has 22 members, both men and women, from 22 of the 26 regions of Tanzania and comprise of members of different political parties. The momentum to influence the budget was kept alive through a big meeting on 7th February 2017 at the national assembly in Dodoma, organized by PGSM with the support of UNICEF and WRATZ in which PGSM members met with 315 parliamentarian in the presence of the Minister of Health. At the meeting, citizens also gave testimony on their experiences with the services available through the comprehensive emergency obstetric care sites. Resolutions were made in which MPs around the country committed to including RMNCAH in the budget of their constituencies. This event and the resolution was captured by the media to strengthen their accountability.

To enhance citizen engagement for accountability, UNICEF has supported the pilot of a mobile based system called Mama na Mwana (mother and child) in line with the national eHealth strategy that builds on the mHealth solutions supported by Ministry of Health, Community Development, Gender, Elderly and Children, with an additional component of feedback by the women on the quality of care they receive. Mama Na Mwana is designed with the ultimate plan of linking with the mhealth platform in the MOHCDGEC to ensure sustainability and a wider reach.

In 2016, collaboration with partners including WHO and CDC, UNICEF contributed to mitigate key bottlenecks experienced in the prevention and response to health emergencies including cholera. UNICEF continued to provide support through the local government and partners to respond to the health needs of Burundian refugee children and women in Tanzania, including equipment, bed nets, medicines, vaccines and behavior change communication materials.

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Strategic Context of 2016

Tanzania has made considerable progress in the reduction of under-five mortality rates over the last 15 years, from 147 in the year 2000 to 67 per 1,000 live births in 2015[2]. However, of great concern is the high death rates of new-born babies and mothers. Tanzania has an unacceptably high maternal mortality ratio of 556 per 100,000 live births. Close to 8,000 women die every year in Tanzania during pregnancy and child birth as a result of conditions that could have been prevented or treated. Progress for the reduction of neonatal mortality also remains slow with the neonatal mortality rate (NMR) currently standing as 25 per 1,000 live births, and neonatal deaths account for 37 per cent of all under-five deaths (TDHS 2015). Neonatal deaths are inextricably linked to the health of the mother during pregnancy and to the conditions of delivery and newborn care. Poor quality of care, unavailability of 24-hour open emergency maternal and newborn care services, insufficient number of skilled birth attendants, lack of basic equipment, and long distances from home to health facilities are major deterrents to safe delivery in the health facility. Despite efforts from the Government and partners, maternal and newborn mortality rates are still very high in Tanzania.

Tanzania has a well-established but complex coordination system in the health sector. Health Sector Wide Approach (SWAp) structures, involving the government and partners, have 13 technical working groups that provide for coordination and alignment of donor support with government plans. UNICEF is an active and influential member of the Health SWAp coordinating structure, and has been in its leadership team from 2014 to 2016 advocating for equitable access to maternal and child health. UNICEF, having the confidence of all development partners in the health sector and strong subnational presence with programmes brings feedback to the high level policy table about the results constrained or achieved and informs how policies and strategies work. Also, UNICEF brings all the learnings from the national level to the ground for discussion and contributes to positive change at the districts and sub-district levels.

In 2016, UNICEF increasingly focused on equitable access to and enhancing the sustainability of quality RMNCAH services. To this end, the continued investment of Regular Resources on Health Basket Fund was fundamental to ensure increased community access to basic health services and essential medicines. Under the new MoU with Health Basket Fund (HBF) partners and the Government of Tanzania, the Basket Fund will be disbursed on the results-based financing (RBF) approach in the health sector. UNICEF actively participated to develop key indicators for RBF with other HBF partners, namely Canada, Denmark, Ireland, Korea, Switzerland, UNFPA and the World Bank. Under the HBF, Direct Facility Financing (DFF) is being piloted in 2016/17 for a nation-wide scale up. This is expected to bring the resources directly to where the needs are greatest. For smooth implementation of these plans, strengthening the health system including through data quality and utilization will continue to be the focus of UNICEF, along with partners.

The Ministry of Health, Community Development, Gender, Elderly and Children under the Health Sector Strategic Plan IV (HSSP IV: July 2015 – June 2020) puts greater emphasis on improving the quality of care. HSSP IV incorporates the Big Results Now (BRN) with a set of tangible objectives and targets in a very clear prioritization and geographical focus. Big Results Now is the initiative aimed at establishing a strong and effective system to oversee, monitor and evaluate the implementation of development plans and programs based on prioritization; detailed monitoring tools; and accountability for performance. Four priority areas for BRN in Health Sector were identified, namely, stock availability of health commodities at primary health facilities, balanced distribution of

[2] Tanzania DHS report 2015-2016

skilled health workers at primary level; reduction in maternal mortality ratio and neonatal mortality rate; and performance management of primary health facilities.

The Big Results Now also embraces the strategies recommended by the Child Survival Call to Action "A Promise Renewed "of focusing on high burden populations and geographic regions, with high impact solutions and accountability. UNICEF is engaged in BRN initiative to improve the quality of services at subnational level by adoption of the BRN principles. Setting up a national accreditation system is an important part of the BRN initiative which UNICEF plans to support. UNICEF's support to BRN which puts strong emphasis on state and mutual accountability, and the commitment expressed by the government through HSSPIV of embracing these principles, will go a long way in strengthening the application and monitoring of these principles. The modality of public participation, especially of pregnant women, to provide feedback about the quality of health services - using mobile technology that UNICEF's new Country Programme (2016-2021) has adopted - ensures that peoples' voices are heard and appropriate actions are taken.

In 2016, UNICEF's increasing focus was on low performing districts of Iringa, Njombe, Mbeya and Songwe regions in the mainland and Zanzibar. In accordance with Health Sector Strategic Plan IV (HSSP IV) emphasis on the quality of health services, UNICEF supported the performance assessment of all 785 health facilities in Mbeya, Iringa, Njombe and Songwe as part of the "Big Results Now" initiative. The results of the assessment showed that the majority of the facilities (99%) are performing poorly. To address some of these issues, UNICEF supported maternal and newborn care quality improvement (QI) activities in 17 out of the 22 districts of these targeted 4 regions in Mainland and in all 11 districts in Zanzibar, which makes 20% of Tanzania districts.

To improve availability emergency obstetric and newborn services from the baseline of 13% (MOHCDGEC/UN agencies supported joint study), capacity of eleven (11) strategically located health centers in hard to reach areas in 4 out of the 26 regions in Mainland was enhanced with task sharing training of 33 health workers for caesarean section. 24 facilities received essential equipment, renovations and reliable water supply. Similar activities were implemented in partnership with UNFPA in Zanzibar. Referral services were strengthened in 2 districts of Njombe and 4 districts of Kigoma with the donation of 7 ambulances. All these activities are expected to contribute to significant reductions in maternal and newborn deaths. Additionally, UNICEF signed a two-year contract with Liverpool School of Tropical Medicine for capacity building of 44 selected health centers and dispensary staff in the selected districts with the aim to reduce maternal and newborn mortality.

Building on the work UNICEF did in previous years to address the main killers of children such as diarrhea, pneumonia, and malaria of procuring medicines including dispersible amoxicillin tablets and co-packaged Zinc and oral rehydration salt, UNICEF implemented the training package developed by WHO for the integrated management of childhood illnesses in UNICEF supported regions, but a nation-wide scale up of this package is important to further reduce child deaths. There are very few other partners working exclusively for children and it is imperative that UNICEF continues its advocacy and resource mobilization efforts to address this very important but no longer in- focus issue.

In 2016, UNICEF continued to provide procurement services for cold chain equipment (CCE) and vaccines, and donated CCE to increase cold storage capacity across the country. UNICEF continued to provide technical and financial support for the implementation of Reach Every Child (REC) strategy which aims at improving the ability of the dispensaries to identify children in hard to reach areas, prepare a micro plan to reach and follow them up to ensure full coverage of vaccines. The new and underused vaccines did not experience any stock out in 2016. The switch from traditional oral polio

vaccine, tOPV to more recent bOPV, as per the global recommendations was successfully implemented in all districts of Tanzania with the support of partners. This is expected to contribute significantly to the global polio eradication efforts. The progress in DTP3 coverage was satisfactory. In 2015 141 (81.5%) districts out of 173 had coverage 90% and above.

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A partnership agreement was developed between UNICEF and White Ribbon Alliance Tanzania (WRATZ), aimed at increasing advocacy and accountability for maternal and child health. WRATZ broadened the reach to other networks by forming a RMNCAH coalition with 6 networks on 24th October 2016. These networks include PANITA (Partnership for Nutrition in Tanzania), FP Network, TGNP (Tanzania Gender Networking Programme), TAWASANET (Tanzania Water and Sanitation Network), MWATA (Medical Women Association of Tanzania), TAMA (Tanzania Midwives Association), plus other member organizations to advocate for RMNCAH. Meetings will be held quarterly. The last meeting was held in January, and the next meeting will be held in the next quarter. The coalition will collectively increase the advocacy and accountability efforts around RMNCAH. One of the tasks of the RMNCAH coalition was to develop an advocacy package to influence the design of the budget for the next fiscal year, and this was done in a collaborative manner. This package was taken to the Parliamentary Group on Safe Motherhood (PGSM).

On 29th of October 2016, following the election to the new parliament, a meeting was convened with the support of our partner White Ribbon Alliance Tanzania (WRATZ) at the parliament which helped the formation of the Parliamentary Group on Safe Motherhood (PGSM) with the inclusion of the newly elected parliamentarians. The PGSM now has 22 members, both men and women, from 22 of the 26 regions of Tanzania and comprise of members of different political parties. Two further meetings on 4th and 5th of November were held with the PGSM and other parliamentarians (60 people) to share the advocacy package that was developed by the WRATZ and other alliance members with UNICEF's support. The sharing of the technical information and data on key MNHC issues has helped the members of parliament to go back to their constituencies and other parliamentary groups with necessary data and information to back up their arguments. WRATZ and UNICEF also participated in another meeting with PGSM on 22 January to share experiences on how the MPs utilized the materials shared and to understand better how they could provide oversight to the design of the budget for the next fiscal year. Some feedback included the following:

> "I contacted the Regional Health Management Team who showed their budget plans to my team. Planning is in its final stages, and RMNCAH has been well addressed in the budget"- The MP for Mtwara Rural District.

> "Kigamboni is a new district in Dar es Salaam, so this should be used as a pilot district. I would like to link WRATZ with the CMHT (Council Management Health Team) to have a sneak peek of what they have prepared in the budget" - MP, Kigamboni.

The momentum to influence the budget was kept alive through a big meeting on 7th February 2017 at the national assembly in Dodoma, organized by PGSM with the support of UNICEF and WRATZ in which PGSM members met with 315 parliamentarian in the presence of the Minister of Health. At the meeting, citizens also gave testimony on their experiences with the services available through the comprehensive emergency obstetric care sites. Resolutions were made in which MPs around the country committed to including RMNCAH in the budget of their constituencies. This event and the resolution was captured by the media to strengthen their accountability.

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1. Using the Ministry's platform to enroll pregnant women and mothers to Mama na Mwana.
2. Training of health care professional in the enrolment of mother to Mama na Mwana through health facilities using technical resources from MOHCDGEC
3. Ministry's data warehouse to store and manage Mama na Mwana data
4. Sharing of data and contact of mothers with the Ministry's mHealth programme.

An example worth mentioning is the community effort in a village called Uturo in Mbarali district in Mbeya region where community mobilization efforts have led to zero maternal and newborn deaths in the village. This case was documented in a short video and continues to be used for our community mobilization efforts. UNICEF facilitated the participation of the key people involved in this initiative to attend the parliamentary session in Dodoma where their work was highlighted to all the parliamentarians by the Minister of Health who also encouraged them to scale up such efforts throughout their constituencies

In 2016, collaboration with partners including WHO and CDC, UNICEF contributed to mitigate key bottlenecks experienced in the prevention and response to health emergencies including cholera. UNICEF continued to provide support through the local government and partners to respond to the health needs of Burundian refugee children and women in Tanzania, including equipment, bed nets, medicines, vaccines and behavior change communication materials.

Planning and Results Outlined by Program Area

UNICEF Health programme is defined within the United Nations Development Assistance Plan (UNDAP II) 2016-2021 and UNICEF Country Programme 2016-2021.

Results for each of the Country Programme Health Outputs (2016-2021) are described below.

Health Outcome 1: Effective coverage of high-impact reproductive, maternal, neonatal, child and adolescent health (RMNCAH) interventions

Health Output 1.1: Strengthened enabling environment (health policy, health system and sector coordination strengthened)

Activities:

- Continue to engage, with other partners, in the review of the National Health Policy 2007
- Provide technical inputs to finalize the code of conduct for partners supporting the health sector (SWAp).
- Policy advocacy for direct facility financing with the aim of strengthening the capacity of health facility governing committees to improve quality of services.
- Financial contribution to Health Basket Funds in mainland and Zanzibar to ensure equitable access to essential medicines and supplies in primary health care facilities
- Strengthen the national capacity to prevent and respond to disease outbreaks, through technical support to national Cholera Task Force and behavior change communication.
- Procurement of essential medicines, vaccines, bed nets, donation of 5 ambulances to 5 health centers in Kigoma region, training and supportive supervision of health workers in the camps and behavior change communication activity for increased quality and utilization of services by the refugees from Burundi
- Participate in the steering committee in Zanzibar to improve linkages between technical working groups and senior Management in the Ministry and support to revive the Zanzibar Maternal, Newborn and Child Health Technical Working Group.

Progress:

- National Health Policy 2007 is expected to be finalized next year.
- Direct Facility Financing is being piloted for a nation-wide scale up.
- The health budget was increased from a little over 1.2 billion in FY 2014/15 to over 1.5 billion TSH in fiscal year 2015/16 (Tanzania Budget Brief FY 2011/12-FY 2015/16), but UNICEF and partners continue to advocate for more resources and increased spending in maternal and child health.
- Advocacy efforts along with other partners continued for resilient health systems for overall health security. Social determinants of health including nutrition and WASH continued to be highlighted through joint advocacy efforts and have been included in the policy commitments of the Government for the year 2016/17 and 2017/18.
- Influx of Burundian refugees continued unabated and reached 183,000. UNICEF provided support to 19,362 children and 3,760 pregnant women with essential health services, and commodities. UNICEF procured 32,000 long lasting insecticide treated nets (LLINs) and all vaccines: 2500 vials of BCG , 2800 vials of bOPV , 2630 vials of DTP-HepB-Hib , 5,700 vials of MR, 15,100 vials of PCV, 9000 vials of Rotavirus and 1510 vials of TT. More than 100 women has already benefitted from ambulance services. Coordination with partners for the refugee response was enhanced with the recruitment of field based consultants.
- Zanzibar Ministry of Health endorsed the national Maternal and Perinatal Death Review and Response guideline and its implementation. UNICEF also supported with development of facility accreditation and reward guidelines and tools, based on which the facilities will be assessed in Zanzibar and linked with performance enhancement initiatives in the coming years.

Health Output 1.2:

District health system strengthened in evidence-based planning and monitoring

Activities:

- Strengthening the district health system by purchasing equipment, improving facility infrastructure and Health Management Information System data quality, analysis and use for planning and monitoring in 4 regions in the mainland ad Zanzibar ;
- Procurement and distribution of essential equipment for maternal and newborn health to 162 dispensaries (about 40% of dispensaries), 23 health centers and 6 hospitals in the selected regions.
- Assessment 44 strategically located high volume health facilities for extensive renovations to enable them to effectively provide emergency obstetric and newborn care and adolescent friendly services in 3 regions.
- Procurement of 7 additional ambulances to Njombe and Kigoma regions to strengthen district capacity for emergency referrals system and 2 pick-up vehicles to Ludewa and Wanging'ombe districts in Njombe region for providing supportive supervision for maternal, child and adolescent health services. This covers about 20% of the population in Njombe.
- Orientation of medical officers from in 4 regions on the maternal and perinatal death reviews and the planning process.
- Orientation training for 31 health managers and trainers following which Work Improvement Teams have been established in 14 health facilities in two districts of Njombe region.

Progress:

- Availability of intensive care services in southern Tanzania for very sick newborns was enhanced through equipment support to Mbeya Regional Hospital, and Mbeya Zonal Referral Hospital- the two largest referral hospitals in the region. This is expected to benefit the 4 selected regions and also the Southern Highland zone as a whole.
- Renovation work is at different stages of completion, with most facilities expected to be completed by the end of the current fiscal year (June 2017). These facilities were selected based on higher volume of deliveries and their strategic locations to enable them to provide emergency obstetric and newborn care in accordance with national guidelines and standards to cover almost all population of the selected districts.
- District medical officers from 17 districts of the 4 regions were oriented on the technique bottlenecks analysis based on data review and advised on planning for corrective action. Based on this work, data quality enhancement activities and support for the planning process have been incorporated in the activities for the next fiscal year 2017/18.
- Building on this work, quality improvement initiatives will be further strengthened in Njombe and expanded to Mbeya and Songwe in the coming year (2017).

Health Output 1.3:

Improved capacity at the subnational level for effective delivery of quality RMNCAH services, including eliminating new HIV infections in children and keeping mothers alive, and pediatric HIV services

Activities:

- Supply of new and underused vaccines supported by GAVI remains optimal with no stock-out, and shortage of traditional vaccines due to delays in funds disbursement by government will be addressed.
- Strengthen the capacity for immunization services provision in Zanzibar through orientation of 202 health workers on new developments in immunization
- Provision of one 30 cubic meter walk-in cold room, 25 refrigerators and 1,160 vaccine carriers.
- Capacity building of 1,000 health workers to provide quality maternal, newborn, child and adolescent health services through short course trainings.
- Task shifting training for caesarean section to 11 teams of health workers (total 33) in order to make services available in hard to reach areas
- Renovation of rooms/conversion into operating theatres and donation of essential theatre and other equipment.
- Improve knowledge and skills of 570 health workers in Zanzibar on routine care of babies following birth, management of premature babies, sick babies and children through Essential Newborn Care and distance learning integrated management of childhood illnesses.
- Provide support to seventeen councils in Mbeya, Iringa and Njombe regions to strengthen clinical management and outcomes for common childhood illnesses with an impressive roll out of distance learning package for integrated management of childhood illnesses.

Progress:

- New and underused vaccines did not experience any stock out in 2016, but there was some shortage of traditional vaccines due to delayed disbursement of funds by the government. To address the funding shortfall, UNICEF pre-financed the procurement of bOPV for the timely switch from traditional oral polio vaccine, tOPV to more recent bOPV, as per the global recommendations. The switch was successfully implemented in all districts of Tanzania with the support of all immunization partners. This is expected to contribute significantly to the global polio eradication efforts.
- Immunization coverage in Tanzania continued to increase leading to a decrease in number of unvaccinated children. DTP 3 coverage for 2015 was 98% and the number of unvaccinated children was 38,047 compared to 47,013 in 2014.
- Operation theaters renovation is under progress and aimed to be completed and functional by the end of 2017
- Currently 93% of primary level health facilities providing clinical care to sick children have at least one health provider who is able to provide integrated services for common childhood illnesses.
- PMTCT programme performance review (2016) shows low enrolment rates of HIV exposed infants into the HIV care program in Mbeya region (58-66%) while other regions recorded rates above 80%. Remedial action to ensure good health outcomes for mothers living with HIV, HIV exposed infants and children living with HIV are being supported.

Health Output 1.4:

Individuals, families and communities are supported to practice healthy behaviors

Activities:

- Develop a 12- episode radio serial drama aimed at households to encourage them to adopt healthy behaviors and for utilization of RMNCAH services
- Develop brochures, posters and fact sheets on adolescent friendly reproductive health services and birth preparedness plans.
- Build interpersonal communication capacity of health workers in 4 districts including Mbeya, Iringa, Njombe and Mufindi District Council following a 5 day training implemented in 6 sessions.
- Identify and train Community health Volunteers and supervisors involving different stakeholders on In Zanzibar how to provide maternal and child health communication and collect information at the community level.
- Enhance awareness of Parliamentarians on RMNCAH issues through civil society organizations

Progress:

- Serial drama broadcasted through two national radio stations and 6 community radios in Mbeya, Iringa, Njombe and Songwe regions reaching over 2,500,000 people.
- 20,000 copies of print materials such brochures, posters and fact sheets on Adolescent Health and birth preparedness were printed and distributed to communities in the 4 regions
- Interpersonal communication skills of 196 health workers from 4 regions were strengthened
- Through the Ministry of Health departments of Zanzibar, Save the Children and other Civil Society Organizations and Tanzania Red Cross Society, a team of 800 out of the target 1,760 Community Health Volunteers (45.5%) and 40 of the targeted 88 supervisors (45.5%) have been identified and trained on communicating RMNCAH messages to families.
- White Ribbon Alliance Tanzania formed a coalition with other networks for improving social accountability on reproductive, maternal, newborn, child and adolescent health
- An orientation package was developed and orientations sessions were held, that have resulted in the members of parliament committing for greater support to RMNCAH.
- Parliamentary group on safe motherhood was revived and advocacy meetings were held for increasing resources to RMNCAH

Financial Analysis

In 2016, Tanzania country office planned activities with a total of USD 4,163,520. During the course of the year, Health Programme received additional ORR from Canada, Korea and Bill and Melinda Gates Foundation. At the end of the year, the health program was implemented with a total amount of USD 12,244,019.

The thematic funding continue to enable UNICEF Tanzania to support strategic interventions which are expected to bring a high level and sustainable results for children, particularly when it is difficult to use an earmarked OR funding for that specific purpose.

The flexibility of the thematic funds allowed UNICEF Tanzania to implement the Star rating assessment, which was the government priority under BRN initiative, which also provides a foundational information for UNICEF's future priority of Quality of Care. A total of USD 228,425 was utilized from the Thematic Fund for this purpose in 2016. UNICEF Tanzania will continue to seek support from thematic funding to build on the important momentum generated to date.

Table 1: Planned Budget for Outcome Area 2016 (US Dollar)

Planned and Funded for the Country Programme 2016 (in US Dollar)

Outputs	Funding Type[1]	Planned Budget[2]
201-01 Enabling Environment	RR	663,047
	ORR	771,652
201-02 District Health System Strengthened	RR	285,000
	ORR	675,716
201-03 Sub-National RMNCAH Services	RR	272,000
	ORR	825,075
201-04 Healthy Behaviours	RR	279,953
	ORR	391,077
Total Budget		**4,163,520**

[1] RR: Regular Resources, ORR: Other Resources - Regular *(add ORE: Other Resources - Emergency, if applicable)*
[2] Planned budget for ORR *(and ORE, if applicable)* does not include estimated recovery cost.
[3] ORR *(and ORE, if applicable)* funded amount exclude cost recovery (only programmable amounts).

Financial Implementation

Large proportion of Regular Resources (USD 1 Million, 24.5% of RR received for Health Program) was used for Health Basket Fund contribution. In addition, due to the refugee influx from Burundi after May 2015, USD 241,069 of RR was reallocated to Emergency response. The overall health program expenditure is summarized in Table 3.

Table 3: Expenditures by Programme Area in 2016 (US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
01-01 Immunization		381,594	109,908	491,502
01-03 Maternal and Newborn health		5,135,122	1,760,480	6,895,603
01-04 Child health		1,154,644	616,455	1,771,099
01-05 Health systems strengthening		259,538	381,281	640,819
01-06 Health and emergencies	333,324	288,705	241,069	863,098
01-07 Health # General		615,846	966,051	1,581,897
Total	**333,324**	**7,835,450**	**4,075,245**	**12,244,019**

Table 4 shows the summary of Thematic Fund utilized in 2016. As planned, Thematic Fund (SC149901) was utilized for the implementation of Star rating under BRN initiative as well as immunization and newborn care activities in 2016.

Table 4: Thematic expenses by programme area (US Dollars)

Row Labels	Expense
01-01 Immunization	22,805
01-03 Maternal and Newborn health	399,835
Total	**422,640**

Table 5: Expenses by Specific Intervention Codes in 2016 (US Dollars)

Row Labels	Expense
01-01-09 Cold chain support	37,162
01-01-10 Logistics support for immunization	348,490
01-01-14 Immunization # General	77,180
01-03-04 Maternal and newborn care including Emergency Obstetric care	6,365,428
01-04-13 Child health # General	1,604,957
01-05-02 Health # MIS	128,133
01-05-03 Health # support for real-time monitoring	27,628
01-05-05 Health systems strengthening # General	384,109
01-06-02 Health # Emergency preparedness	743,298
01-06-03 Health # Emergency response	61,065
01-07-03 Health # General	1,339,282
08-01-06 Planning # General	101,923
08-02-04 DevInfo	12,858
08-02-08 Monitoring # General	31,998
08-03-01 Cross-sectoral Communication for Development	308
08-04-03 Early Childhood Development # General	13,697
08-09-01 Innovation activities	49,233
08-09-02 Construction activities	18,838
08-09-06 Other # non-classifiable cross-sectoral activities	735,647
08-09-07 Public Advocacy	28,776
08-09-11 Emergency preparedness and response (General)	86,802
09-02-06 CO Advocacy and communication	3,789
10-07-12 Management and Operations support at CO	13,997
10-07-13 ICT capacity in CO	11,251
7921 Operations # financial and administration	18,170
Grand Total	**12,244,019**

Future Work Plan

From 2016 UNICEF has started its new country program as a part of new UNDAP II. UNICEF will contribute technically and provide financial support to strengthening Government's capacity for implementing relevant national plans and strategies for improved maternal, child and adolescent health and survival, at the national and subnational levels in mainland and Zanzibar; and improve health services for refugee children and women.

Output 1 area:

- Advocacy work and contribute to dialogue on health budget allocation and expenditure for equitable access to essential health services enhanced
- Contribution to Health Basket Funds and improved sector coordination. Ensure the feedback mechanism works from district to national level on efficiency of fund utilization.
- Capacity of Government to prevent and respond to life threatening conditions like cholera in both mainland and Zanzibar will be further enhanced, including for humanitarian support to refugees

Output 2 area:

- UNICEF will support subnational health systems strengthening by supporting health information data quality improvement, analysis and use for planning and monitoring;
- Provision of essential equipment and supplies for maternal and child health services, renovation of 44 strategic health facilities in low performing and hard to reach districts
- Introduction of quality improvement initiatives for maternal and newborn care

Output 3 area:

- UNICEF will continue to provide technical assistance for the improvement of vaccine and cold chain logistics management including VIMS, SDD and quantification/forecasting.
- Ensure availability of quality maternal, newborn child and adolescent health services in Zanzibar, Mbeya, Njombe, Songwe and Iringa regions improved with a focus on hard to reach populations
- Improve access to services for HIV positive children and women and support PMTCT services
- Enhance collaboration with other sections for adolescent friendly health services and life skills education
- Take lead in collaborating across sectors for early child development including through promotion of care for child development as a parenting strategy.

Output 4 area:

- Positive behavior for maternal and child health practices at the family and community levels strengthened through social behavior change communication, including for demand creation, conducted through radio programs, print materials, community health volunteers and health workers, Mbeya, Iringa, Njombe and Songwe regions in the mainland and in Zanzibar.

The focus of health section will be around **three main results**:

1. In low performing districts, health care facilities with functioning basic water, sanitation and hygiene facilities increased to 30 (2017 status:0; target by 2018: 44)
2. In low performing districts, ANC facilities that are providing PMTCT and pediatric antiretroviral (ART) services increased to 30 or (71%) in UNICEF focus regions (2017status: 25; target 42 by 2020)
3. Twenty (20) strategically selected health facilities that have functional QI team in UNICEF supported districts (2017 status: 14; target: 44 by 2020)

Expression of Gratitude

UNICEF expresses its sincere appreciation to the National Committees that contributed to the vital support to our work in the thematic areas of Health. In 2016, a major part of the Thematic Fund was used for *Star rating* assessment, which was a critical first step towards improving quality of maternal and newborn services. The assessment demonstrated the very poor quality of services and performance in most health facilities in Tanzania, thus providing a strong evidence base to focus more on quality improvement initiatives.

UNICEF plans to continue supporting quality improvement efforts in 2017-2018, with more emphasis on improving the performance of strategically selected health facilities, through improving infrastructure, equipment, training, and other quality improvement initiatives with special emphasis on maternal and newborn care. We are very grateful to the donors of the Thematic Fund which is extremely valuable because of its flexible nature, greater predictability due to longer validity period that allows us plan and engage in a systematic, sustainable way with focus on long term gains for the health sector.

Annex 1. Case Study: Application of Star Rating assessment of health facilities as a quality improvement initiative

Top Level Results: Big Results Now (BRN) is the initiative aimed at establishing a strong and effective system to oversee, monitor and evaluate the implementation of development plans and programs which hinges on: prioritization; detailed monitoring tools; and accountability for performance. The implementation of BRN is for three years, that is, from FY 2015/16 to 2017/18. Star rating aims at improving quality of health facilities through assessing the facilities; star rating and developing Quality Improvement Plans (QIPs) to address the gaps. BRN targets 80% of health facility in country to be rated three star and above by 30th June 2018.

Issue/Background: Four priority areas were identified in Health Sector which affect all services including RMNCAH: Stock availability of health commodities at PHC, balanced distribution of skilled health workers at primary level; reduction in maternal mortality ratio and neonatal mortality rate; and Performance Management of primary health facilities. *Star rating* aims at improving quality of care provided at primary health facilities through assessing the facilities on 12 service areas (including Facility Management, Infrastructure, Infection Prevention and Control, Clinical Services, Client Satisfaction etc.); *Star rating* (0-5 Stars) of facilities followed by development of individual facility Quality Improvement Plans (QIPs) to address the identified gaps. The plan is to link performance on star rating with Result Based Financing (RBF).

Rationale: The "Big Results Now (BRN)" for the health sector is the Presidential initiative started by the former President of Tanzania in 2015 that aims to improve the sector performance and produce measurable results in the next 3 years. The health sector BRN focuses on a) medicines and supplies, b) health workforce, c) performance management d) maternal and newborn health . The MNH component is designed in line with Tanzania's commitment to the Child Survival Call to Action "A Promise Renewed (APR) and has programmatic focus on family planning, care at births and postnatal care. The principles of BRN have been embraced by the Health Sector Strategic Plan IV (HSSP IV- 2015-2020) UNICEF's new Country Programme is well aligned to these national strategies, UNDAP (the one UN Plan) and UNICEF's regional priorities, with a focus on a) empowering and engaging the community in decision making about their health, b) strengthening health systems at the subnational level to ensure availability and quality of services and c) creating an enabling environment through national level engagement. The Performance Management of primary health facilities under the BRN involves four key initiatives that are: 1. Assess, rate and develop specific facility improvement plans for primary level health facilities (80% of health facilities at identified regions are elevated to three stars and above by 2017/18); 2. Implement fiscal decentralization by devolution from council level to health facility level (80% of health facilities achieve financial autonomy by June 2017); 3. Increase social accountability at the facility and community level to address local health priorities/concerns (80% of LGAs have functioning social accountability mechanisms by June 2017); 4. Introduce the use of performance targets and contracts at the primary facilities to address and enforce staff accountability in delivery of quality health services (80% of health facilities have attained 75% customer satisfaction and above by June 2018);

Strategy of implementation: In the initial years of the design and implementation of the BRN, the Presidential Delivery Bureau (PDB) was the coordinator and the sectoral ministries were the implementers, with the Ministerial Delivery Unit (MDU) supporting the Minister to monitor the implementation. However, after the new government came in place in November 2015, the PDB is no longer in existence and the work of the MDU has been institutionalized within the ministries. In

the health sector the MoHCDGEC and President's Office for Regional Administration and Local Government (PO RALG) jointly take the lead in the implementation. The implementation starts with starts with the assessment of all primary health facilities using the BRN-Star Rating Tool; assigning star level to each assessed facility; identifying strengths and gaps existing in primary health facilities; development quality improvement plans to address the identified gaps and conduct health facilities mapping so as to establish their GPS location. Before the actual exercise of Star Rating Assessment, the assessment teams underwent a four days training on the use of Star Rating Tool and ethics with regards to Star Rating Assessment. A quality improvement plan (QIP) is developed with the facility management team which receives a copy of the plan. A copy of the QIPs for all health facilities in the district is also given to the council health management team (CHMT), which the CHMT should use this during supportive supervision visits to follow up on QIPs. Before the assessment team leaves the district and the region, feedback is given to the council health management team (CHMT) district medical officer (DMO) and district executive director (DED) and to the regional medical officer (RMO), regional administrative secretary (RAS) and the regional health management team (RHMT), respectively. This ensures that the senior leadership of the district and region are aware and can provide support for the implementation of the quality improvement plans.

Progress and Results: In 2016, 785 health facilities (dispensaries, health centres and hospitals at Council level) in 3 BRN regions (Mbeya, Iringa, Njombe) have undergone Star rating assessment. These included 28 hospitals, 75 health centers and 682 dispensaries. The highest Star rating achieved was 4 *Stars* by 1 hospital (0.1%), 8 health facilities scored 3 *Stars* (1%); 105 facilities scored 2 *Stars* (13.4%), 436 facilities scored *1 Star* (55.5%) and 235 facilities scored *0 Star* (30%). The assessment findings confirmed the big problem in the quality of care but have also shown that most of the performance gaps do not require large financial resources, but can rather be filled by a better management and more efficient use of available resources. The Quality Improvement Plans (QIPs) are developed jointly by assessors and health facility staff and shared at with District and Regional Health Management Teams as well as with District Executive Directors and Regional Administrative Secretaries. The performance of health facilities will be reassessed at the end of one year and findings compared to baseline. The Thematic Fund contributed to the implementation of this activity by the Department of Health Quality Assurance of the MoH.

Regions	**0 Star**	**1 Star**	**2 Star**	**3 Star**	**4 Star**	**Total**
Mbeya	90	158	46	3	0	297
Iringa	66	146	26	3	0	241
Njombe	79	132	33	2	1	247
Total	**235**	**436**	**105**	**8**	**1**	**785**
	(30%)	**(55.5%)**	**(13.4%)**	**(1%)**	**(0.1%)**	**(100%)**

Lessons learned: This exercise helped national and regional level health authorities better understand the real situation and areas of immediate and medium term objectives. It helped health facilities to better plan and focus on activities to improve quality of services. *Star rating* exercise helps to streamline efforts of government and different stakeholders and expect impact and improvement from budget allocation to district level. Also UNICEF puts strong emphasis on state and mutual accountability, and the commitment expressed by the government will support in strengthening the application and monitoring of these principles. The modality of public participation, especially of

pregnant women, to provide feedback about the quality of health services using mobile technology that this Programme has adopted ensures that peoples' voices are heard and appropriate actions are taken. The introduction of results based financing through the health basket financing mechanism and our continued engagement with HBF partners such as the World Bank will give us further lessons learnt to strengthen the application of results based management (RBM) as we go forward.

Moving forward: Quality Improvement Plans (QIP) support of the low star facilities to move up, using the resources available in the comprehensive council health plans, including those resources that come from the results based financing approach. In course of time, direct facility financing, a mechanism for fiscal decentralization, will enable the facilities to open their own bank accounts, deposit funds which they will have access to and autonomy to use for improving the quality of services. A significant number of challenges noted for the facilities with fewer stars do not need significant financial resources to be addressed; they only need creativity and commitment of health workers and community at large Greater autonomy to health facility governing committees at the local level is key to improve services and engage the wider community in making sure that they support health facilities and demand good quality care. The Ministry of Health and PO-RALG should look for a way forward to enforce CHMT to conduct a productive supportive supervision on a quarterly basis. Supervision of the health facilities which includes follow up of the quality improvement plans under the leadership of PO-RALG will be an effective way that will lead to improved ratings on the subsequent assessments.

Annex 2: Human interest story-Addressing the challenges experienced in the provision of quality maternal and newborn services by task shifting for cesarean section from Mbeya region

The Tanzania Training Center for International Health (TTCIH) is located in the town of Ifakara, which can only be reached after a trip of about two hours on a rough road from Morogoro town, in Eastern Tanzania. In the context of a UNICEF programme on maternal and newborn health in Mbeya region, 21 trainees from seven health centers did the journey. They were identified to undergo a 3 months' training to perform cesarean section and other functions of emergency obstetric and newborn care. This training is referred to as task-shifting training because it focuses on health workers who are lower cadres and were therefore not trained to perform cesarean section during their pre-service training. A UNICEF team paid them a visit and below are the stories of three trainees from Kamsamba health centre in Momba district of Mbeya region. This paper relates their stories, as they were collected in the cozy and vibrant campus of Tanzania Training Centre for International Health in early May 2016.

Lwimiko Mshani (Assistant Medical Officer), who is being trained as a surgeon, shared his experiences and the challenges he faced while working at the health centre. In 2013, an expecting mother with bleeding came to the health center and was diagnosed as a case of placenta praevia, a serious pregnancy complication. She had to be referred to Vwawa hospital, 150 kilometers away from the health centre but there was no ambulance to take her to the hospital. The district had only one ambulance and due to excessive demand on the transport, the district ambulance arrived 24 hours later and mother and baby died just 100 meters before reaching the hospital. Lwimiko Mshani is looking forward to prevent such deaths after his training at the TTCIH

Robert Nkwabi (Assistant Nursing Officer), shared his experience related to issue of geographical location as Kamsamaba health centre which is at the furthest end point of Momba district. In February of 2016, one pregnant woman diagnosed to have abruptio placenta - another life threatening pregnancy complication - visited the facility for treatment. The woman was in critical condition, and the health workers decided to refer her to Vwawa hospital for specialized care. In order to get to Vwawa hospital one must nevertheless cross Lukuwa river. This was not possible at that time as the water volume had risen significantly due to heavy rains – the bridge is usually not passable during the rainy season. As there is no other route, the ambulance had to wait for the river's water to recede and the pregnant woman and baby died in the vehicle during the waiting.

Apart from the transportation challenges, the UNICEF team was informed that some pregnant women had lost their lives due to the lack of essential equipment, supplies and skills of health care providers. In 2015, a pregnant mother who had lost a lot of blood arrived at the health center for management but back then, blood was not kept in the refrigerator and the local health workers did not know how to perform blood transfusion. The pregnant woman died before arrangements to transport her to Vwawa hospital were made. In the same year, the facility also experienced a newborn death. They managed to save a mother who had presented with obstructed labour but they were unable to save

the baby, who was too weak and unable to start spontaneous breathing. Robert regrets that they were unable to save the mother and baby, but he indicates that “they would not have died if we had been able to perform a cesarean operation. We didn’t have a theatre building, equipment and skills to perform surgery”.

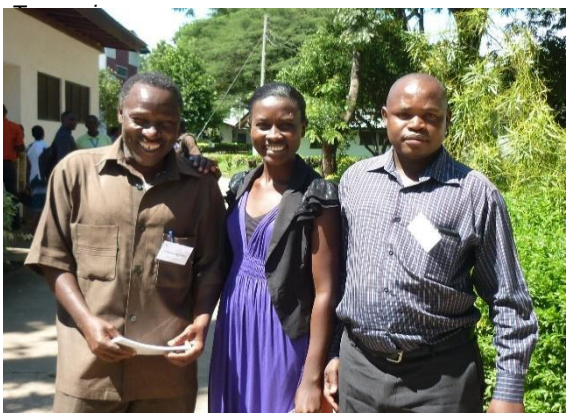
Listening to her colleagues talking about the women and newborn baby who died from pregnancy related complications, Wifrida Lucas (an enrolled Nurse), a shy lady with sunshine smile said that she feels really bad when teenage girls die of pregnancy complications, closely related to social issues of early child-bearing and short birth intervals. Mr. Robert added that most of deaths of babies around the time birth or perinatal death happens to babies of teenage mothers.

These three trainees from Kamsamba health centre, who had felt powerless and terrible due to the fact that they could not save peoples’ life, especially those pregnant mothers and newborns, told the UNICEF team that they are gaining confidence and are feeling excited with the training at Tanzania Training Centre for International Health as they learn both in theory and practice, how to diagnose and treat complications to prevent maternal and newborn deaths.

They were very much enjoying the institution’s practical sandwich course for trainees. The course includes lectures for a group of about 20-25 students, a size designed to cater for proper attention from professors. The trainees also have to perform a certain number of practical acts of surgery in addition to frequent engagement with mentors in small group of people.

*Figure SEQ Figure * ARABIC 2: Task shifting trainees at St. Francis Hospital the theatre, Ifakara Tanzania.*

*Figure SEQ Figure * ARABIC 1. Kamsamba health centre team at the campus of Tanzania Training Centre for International Health- Ifakara,*



The three trainees stressed the importance of strong commitment and good attitude among health workers. They mentioned that health workers should keep themselves motivated and proactively think of what they can do to provide quality maternal and newborn care services. Participation in the training was mentioned to be a very important contribution in building their clinical skills competence and professional growth.

Donor Feedback Form

Dear colleagues,

UNICEF works in a spirit of partnership and value all contributions for the realization of children's rights in Tanzania. Good reporting is a critical aspect of our commitment to deliver tangible and effective results for children, while ensuring the transparency of our interventions.

We are constantly trying to enhance the quality of our reports and their relevance towards our partners' expectations. With this in mind, your feedback is important. We would very much appreciate your frank and specific comments on this report.

We will carefully consider your comments, and would be grateful for any suggestion.

Again, thank you very much for your generous support.

Kindly return the completed form back to UNICEF by email to Bertrand Ginet (bginet@unicef.org).

With our warm regards,

UNICEF Team - Tanzania

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SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____

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_____

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

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_____
_____

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

_____
_____
_____

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____
_____

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

   _____
   _____
   _____

6. Are there any other comments that you would like to share with us?

   _____
   _____
   _____