



Economic and Social Council

Distr.: Limited
21 March 2022

Original: English

United Nations Children's Fund

Executive Board

Annual session 2022

14–17 June 2022

Item 6 (a) of the provisional agenda*

Draft country programme document**

United Republic of Tanzania

Summary

The draft country programme document (CPD) for the United Republic of Tanzania is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$92,065,000 from regular resources, subject to the availability of funds, and \$128,350,000 in other resources, subject to the availability of specific-purpose contributions, for the period July 2022 to June 2027.

* E/ICEF/2022/9.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 22 March to 11 April 2022. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2022 annual session and in the other designated languages four weeks in advance.

Programme rationale

1. The United Republic of Tanzania has a population of 60 million, including 30 million children under the age of 18 years.¹ High fertility rates and declining death rates have initiated a demographic transition in which a youth bulge is expected for decades to come. At the same time, rural-urban migration is driving rapid urbanization. The urban share of the population is expected to rise by more than one third over the next 10 years, reaching 42 per cent in 2030; in Zanzibar it already exceeds 60 per cent.² Tanzanian social service systems were built for a predominantly rural population where rural residents were the most disadvantaged, but urban areas now show greater deprivations in some child rights indicators, including neonatal, under-five and maternal mortality rates.³

2. In 2020, following two decades of economic growth, the country graduated to lower-middle-income status.⁴ Shocks related to the coronavirus disease 2019 (COVID-19) pandemic slowed gross domestic product growth from 8.1 per cent in 2019 to an estimated 4.4 per cent in 2020, with a slight recovery to 5.2 per cent in 2021.⁵ The poverty rate had been falling moderately (from 28 per cent in 2012 to 26 per cent in 2019), with population growth driving absolute numbers of the poor upward.⁶ Before the pandemic, 74 per cent of children lived in multidimensional poverty and 30 per cent lived in basic needs poverty, with substantial regional disparities.⁷ One million Tanzanians are estimated to have fallen below the national poverty line in 2020 as COVID-19 affected the economy.⁸

3. In 2021, political change and national development plans opened the door to national prioritization of sustainable human development and engagement between the Government and civil society, the private sector and development partners. The openness is occurring under the leadership of the country's first female Head of State, President Samia Suluhu Hassan. Her presidency has created an important symbol of what girls and women can achieve. The COVID-19 pandemic has now been acknowledged and preventive measures, including vaccination, are being prioritized. The national commitment to children is evident in plans for adolescent well-being, early childhood development (ECD), inclusive education and universal health coverage.

4. The large future working age population makes the protection, health, nourishment, education and empowerment of children and adolescents critical for stability and sustainable development. During the previous country programme cycle there were improvements in many child rights indicators, including under-five, infant, neonatal and maternal mortality, stunting, HIV incidence among children, and access to water and sanitation services, but progress has been slow and uneven. Of the eight Sustainable Development Goals that directly relate to children, the country is on track to achieve one (decent work and economic growth), making moderate improvements

¹ UNICEF, *The State of the World's Children 2021*, October 2021.

² UNICEF Tanzania, *Sustainable Development Goals and Children in Tanzania, 2019*; World Bank, *Tanzania Economic Update*, Issue 16, 2021.

³ Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015–16, 2016.

⁴ Calculated from World Bank Group, <<https://data.worldbank.org/>> accessed on 28 December 2021.

⁵ Tanzania National Bureau of Statistics, *Highlights on Third Quarter Gross Domestic Product (July-September) 2021*, Base Year 2015, December 2021.

⁶ World Bank, *Tanzania Economic Update*, Issue 15, 2021.

⁷ UNICEF, 2019; Household Budget Survey (HBS) 2017/18 (mainland) and HBS 2019/20 (Zanzibar).

⁸ World Bank, *Tanzania Economic Update*, Issue 16, 2021.

on three (gender; water and sanitation; and peace, justice and strong institutions), and stagnating on four (poverty, hunger, health and education).⁹

5. Two phases of the life course are critical for Tanzanian children: adolescence and early childhood. The constraints adolescents face in realizing their rights reflect their experiences throughout the life course. The learning and skills needed for the future of work – especially for the competitive, industrial and newer (e.g., digital, green) economies envisioned in national plans – is unavailable to most of them. Almost 3.2 million children (aged 7–17 years) are out of school, of which 1.2 million have never attended school, with rural and poor girls the most deprived.¹⁰ More girls than boys complete primary education, but girls drop out disproportionately from the age of 12 years onward.¹¹ The net secondary enrolment rate is only 27 per cent.¹² Contributing to poor educational outcomes are inadequate water, sanitation and hygiene (WASH) services in schools, including menstrual hygiene services, and violence against children, including corporal punishment by teachers and violence from older peers.¹³ Physical punishment is widely accepted, and many girls experience sexual violence during adolescence.¹⁴ Child marriage and adolescent pregnancy are common, especially among rural communities and the poor on the mainland, reflecting poor educational opportunities and social norms. In 2015–2016, 3 in 10 women aged 20–24 years were married by the age of 18 years, and more than one quarter of girls and women aged 15–19 years had started childbearing.¹⁵ Finishing quality education, employment opportunities and access to sexual and reproductive health services were the top priorities identified in a recent UNICEF-supported, youth-led survey of more than 34,000 Tanzanian children and young people.

6. Deaths among children, adolescents and women of childbearing age cluster around childbirth. Maternal mortality ratios and neonatal mortality rates are high – at 524 per 100,000 live births and 20 per 1,000 live births, respectively – and neonatal mortality accounts for 40 per cent of under-five mortality.¹⁶ High rates of adolescent pregnancy and poor adolescent and maternal nutrition contribute to these deaths.¹⁷ New HIV infections and low adherence to antiretroviral therapy contribute to high rates of mother-to-child transmission of HIV, which are disproportionately seen among adolescent girls and young women.¹⁸

7. For children who survive the risks surrounding childbirth, a complex web of health, nutrition and social factors challenge the realization of ECD. More than 60,000 children die each year between the neonatal period and the age of 5 years.¹⁹ Stunting

⁹ [Sustainable Development Report 2021 website](#), accessed on 1 February 2022.

¹⁰ Ministry of Education, Science and Technology (MOEST), Education Sector Analysis (ESA) for Tanzania Mainland, 2021.

¹¹ Ranchod, Sarita, Gender Programme Review: UNICEF Tanzania, 2018; MOEST, *Global Initiative on Out-of-School Children*, 2018.

¹² World Bank, Tanzania Economic Update, Issue 15, 2021.

¹³ MOEST, 2018; Nkuba, Mabula, Katharin Hermenau and Tobias Hecker, “Violence and Maltreatment in Tanzanian Families” in *Child Abuse and Neglect*, 2018.

¹⁴ United Republic of Tanzania, Violence Against Children in Tanzania, 2011; Nkuba, Mabula, Katharin Hermenau and Tobias Hecker, “Violence and Maltreatment”; TDHS 2016.

¹⁵ TDHS 2016.

¹⁶ [United Nations Inter-agency Group for Child Mortality Estimation \(IGME\), 2020](#), accessed on 13 December 2021; World Health Organization and others, *Trends in Maternal Mortality 2000 to 2017*, 2019.

¹⁷ TDHS 2016; Ranchod, Sarita, Gender Programme Review, 2018; United Republic of Tanzania, Tanzania National Nutrition Survey 2018 (TNNS), 2019.

¹⁸ Joint United Nations Programme on HIV/AIDS (UNAIDS), [HIV Estimates with Uncertainty Bounds 1990–Present](#), accessed on 13 December 2021; United Republic of Tanzania, Annual National PMTCT Report, 2020.

¹⁹ IGME, 2020.

affects nearly one third of Tanzanian children under age 5 (22 per cent in Zanzibar).²⁰ Malnutrition is most prevalent among poor children and those whose mothers have no or low levels of education.²¹ Parenting practices – including early stimulation, nutrition, responses to childhood illnesses, positive discipline and male involvement – remain suboptimal.²² Access to quality, comprehensive nurturing care services is lacking, especially for children with disabilities.²³ The introduction of fee-free, compulsory pre-primary education in 2016 led to enrolment increases, but the net pre-primary enrolment rate is only 34 per cent,²⁴ with children with disabilities accounting for less than 0.1 per cent of those enrolled.²⁵ While 82 per cent of Tanzanians living with HIV were on antiretroviral therapy in 2020, coverage for children (aged 0–14 years) was just 54 per cent.²⁶

8. Steady improvements have been made in WASH services and practices, yet they remain inadequate, contributing to the spread of diseases that lead to stunting and poor health among children and adolescents. Three in five households have access to improved drinking water (98 per cent in Zanzibar); only one in five uses improved, non-shared toilets; and less than half have a place for washing hands with soap and water.²⁷

9. The risks of exacerbating humanitarian crises stem mainly from climate change, instability in neighbouring countries and the impacts of COVID-19. The increasing frequency and intensity of droughts and floods reduce access to clean and safe water and sanitation and contribute to food insecurity, disease transmission and economic losses, especially among vulnerable people. Projected climate-change impacts are significant enough to curtail progress toward sustainable development and poverty reduction targets.²⁸ Vulnerabilities associated with sea-level rise are experienced especially in Zanzibar. Despite voluntary repatriation, the country has almost 250,000 refugees and asylum seekers, mostly from Burundi and the Democratic Republic of the Congo; 55 per cent of them are children.²⁹ Severe resource constraints contribute to the inadequacy of services and protection reaching refugee children, adolescents and women. The COVID-19 crisis has revealed gaps in the shock resilience of Tanzanian systems.

10. The country programme evaluation and midterm review, as well as partner feedback, have yielded two main lessons. First, to transform its programming into substantial and sustainable results for children, leaving no one behind, UNICEF must accelerate integrated, gender-transformative programming, especially around the rights of adolescents and young children. Second, multi-partner, multisectoral support for strengthening Tanzanian systems is the most effective strategy for UNICEF to contribute to the country's achievement of the Sustainable Development Goals.

²⁰ TNNS, 2019.

²¹ TDHS, 2016.

²² Government of the United Republic of Tanzania, National Agenda for Responsible Parenting and Family Care, 2019.

²³ National Multisectoral Early Childhood Development Programme 2021/22–2025/26, 2021.

²⁴ United Republic of Tanzania President's Office, Regional Administration and Local Government, Basic Education Statistics Report, 2021; Ministry of Education and Vocational Training (Zanzibar), Zanzibar Statistical Abstract 2017–2019, 2021.

²⁵ NMECDP, 2021

²⁶ UNAIDS, Country Factsheets: United Republic of Tanzania 2020, 2021.

²⁷ TDHS, 2016

²⁸ United Republic of Tanzania, Vice President's Office, Nationally Determined Contribution, 2021.

²⁹ Office of the United Nations High Commissioner for Refugees, Tanzania Refugee Situation Statistical Report as at 31 December 2021.

Programme priorities and partnerships

11. The country programme of cooperation between the Government of the United Republic of Tanzania and UNICEF is based on an analysis of the concluding observations of the Committee on the Rights of the Child and the recommendations of the universal periodic review, and is fully aligned with the National Five-Year Development Plan 2021/22-2025/26 and the Zanzibar Development Plan 2021–2026. It derives from the United Nations Sustainable Development Cooperation Framework (UNSDCF), which is fully aligned with the Sustainable Development Goals. The UNSDCF and the country programme support the themes of the national plans – “realizing competitiveness and industrialization for human development” and “blue economy for inclusive growth and sustainable development,” respectively. The country programme contributes to three of the four strategic priorities of the UNSDCF: people; planet; and enabling environment. Programme development was informed by technical and strategic consultations with counterparts in the Government, United Nations partners, development partners, implementing partners and youth leaders.

12. The overall goal of the country programme is inclusive and sustainable socioeconomic development that enables all children and adolescents, including those with disabilities, to reach their full potential, lead a healthy life, consume nutritious diets, access quality learning and protection, and meaningfully participate in society, leaving no one behind. The vision is that the country can achieve its national objectives if it reaps the benefits of the demographic dividend. This will require the well-being and empowerment of adolescent girls and boys, which is connected with children’s good start to life. The programme’s theory of change is therefore built around adolescence and early childhood.

13. UNICEF will integrate its work on these two stages of life into the programme’s seven components: health, HIV, nutrition, WASH, education, child protection and social policy. Maintaining a sector-based structure for operational and programmatic delivery will enable continuity in the country office’s work with national partners and effectiveness in engaging with national structures. The prioritization of multisectoral work will respond to lessons learned while supporting new policy directions, especially the national agenda for adolescent health and well-being, the national multisectoral ECD programme and the policy enabling pregnant adolescents and young mothers to return to school or access learning opportunities.

14. UNICEF will deploy a combination of change strategies, including the following:

(a) **Systems strengthening:** The programme’s overarching strategy is to strengthen national and local social sector systems for the delivery of comprehensive, quality services to children and adolescents. Leveraging programmatic synergies will be central to this strategy. Concentrating on primary and community health services, the country office will use an integrated approach to health systems strengthening that shifts the focus from vertical interventions to comprehensive interventions that address the whole child/person throughout the life course. To support equitable service delivery, UNICEF will help the Government to address governance and financing; human resources; medicines and commodities; and health information systems. Lessons from recent health emergencies informed the model’s design as it relates to emergency preparedness and response.

(b) **Partnerships and participation:** UNICEF will convene and collaborate with partners, including United Nations agencies; children’s, adolescent, youth and women’s groups; development partners; private sector; academia; civil society; parliamentarians; faith leaders; and social media influencers. UNICEF will facilitate

the engagement of Tanzanian networks of children, adolescents and youth with decision makers at all levels.

(c) Social and behaviour change and gender-transformative programming: UNICEF will seek to empower Tanzanians at family, community and national levels to address harmful social norms, including discriminatory gender norms and those related to violence against children. Gender socialization and positive masculinities for men and boys will be promoted. All programming will aim to remove the structural barriers to gender equality.

15. UNICEF will consolidate its work in Kigoma, the Southern Highlands and Zanzibar, demonstrating models for scalability with clear metrics for success. Programming convergence with other United Nations agencies will deepen in Kigoma and will be pursued in emerging areas with significant inequities where agencies have complementary expertise, such as programming in Zanzibar around WASH, urban poverty reduction and cholera elimination. Through the joint United Nations office in Dodoma, the capital city, UNICEF will expand policy engagement and technical assistance.

16. The country programme will respond to urbanization, humanitarian situations and challenges to disability inclusion with a focus on resilient, responsive and equitable systems for reaching the most vulnerable. In urban programming, UNICEF will explore ways to apply its expertise in maternal mortality reduction, ECD and WASH. It will continue efforts to strengthen service delivery to children and adolescents in humanitarian situations and to ensure full protection of children's rights in all contexts.

Health

17. The health component will contribute to the UNSDCF strategic priority "people", wherein Tanzanian people, especially the most vulnerable, increasingly utilize quality services. Specifically, the component will contribute to improving the survival, health and well-being of mothers, newborns, children and adolescents through expanded coverage and quality of promotive, preventive and curative health services. UNICEF will support government efforts to strengthen ECD services, reduce preventable child and maternal deaths, and improve sexual and reproductive health among adolescents. It will support communities to adopt healthy and beneficial behaviours, including those related to ECD, with particular attention to gender equality. To increase the readiness and resilience of primary health care systems to provide equitable and accessible health services, UNICEF will advocate for and support sustainable financing mechanisms, improved human resource management, reliable and consistent resource availability and a strengthened emergency preparedness and response framework. Emphasis will be placed on improving the quality of health-service delivery, ensuring that it is effective, safe, age- and gender-responsive, respectful and responsive to community needs. Opportunities to enhance sustainable energy use in health-care facilities will also be pursued.

HIV

18. The HIV component will contribute to the UNSDCF strategic priority "people". The component is designed to fast track the end of AIDS by enabling more children, adolescents and pregnant and breastfeeding girls and women, especially the most vulnerable, to utilize quality, resilient and equitable HIV prevention, treatment and care services. UNICEF will advocate for and support equity-focused policies, sustainable and equity-based financing, strategic information and strengthened capacity for multisectoral HIV programmes and sexual and reproductive health programmes. Emphasis will be placed on working through government systems to improve the quality of HIV treatment and care services and information in

communities, schools and health facilities. Gender-transformative programming – including programming targeting men and boys – will be prioritized to reduce inequalities and harmful social norms that contribute to the disproportionate burden of HIV on adolescent girls and young women. The empowerment of adolescents and young people will be central to the component’s work, and partnerships with the private sector and donors will be prioritized.

Nutrition

19. The nutrition component will contribute to the UNSDCF strategic priority “people”. The component is aimed at reducing the triple burden of malnutrition – stunting and wasting, micronutrient deficiencies and overweight and obesity – as it affects children, adolescents and women of reproductive age. By strengthening health and food systems at all levels, including linkages with the social protection system, UNICEF will contribute to increased utilization of equitable quality services and the adoption of diets and practices for optimal nutrition, growth and development. UNICEF will advocate for increased domestic financing of nutrition programmes, support improved quality and use of data for decision-making and strengthen human resources for nutrition. Multisectoral linkages, coordination and governance for nutrition will be reinforced, and local systems will be strengthened for the empowerment of communities and women. Working across sectors and at the community level, UNICEF will promote male involvement in nutrition programming, appropriate maternal, infant and young child feeding practices and appropriate WASH, ECD and health-seeking behaviours.

Water, sanitation and hygiene

20. The WASH component will contribute to the UNSDCF strategic priorities on “people” and “planet.” The “planet” priority relates to natural resource management, climate change impacts and clean energy. The component will support government efforts to expand the use of basic and resilient WASH services and the adoption of appropriate hygiene practices by women, children, adolescents and their families, especially the most vulnerable. With a focus on the needs of girls and women, UNICEF will help to strengthen key sector institutions and human resources, empower communities to improve their WASH status, and promote investment in WASH infrastructure and the adoption of infection prevention and control procedures in schools and health-care facilities. It will advocate for national policy and budgetary improvements in the sector, with attention to climate, energy and environmental responses. Recognizing the climate risks, history of cholera outbreaks and large urban population in Zanzibar, the WASH team will collaborate with other United Nations agencies in comprehensively addressing these issues.

Education

21. The education component will contribute to the UNSDCF strategic priority “people”. The component is designed to ensure that more children and adolescents, especially the most vulnerable, access equitable, inclusive, quality early and basic education and relevant skills-development opportunities and that they learn at grade-appropriate levels in safe and protective environments. The component will reach in- and out-of-school children and adolescents, with special attention to adolescent girls. UNICEF will advocate for increased domestic financing and human resources for education and will support improved quality and use of data for decision-making. To help address negative social norms, especially around gender and violence, UNICEF will strengthen the links between education and other sectoral and community systems. UNICEF will continue strengthening disaster risk reduction and sustainable energy solutions in schools and will promote the integration of climate issues into curricula. Building on lessons learned from the COVID-19 pandemic, it will

strengthen its support for digital/distance learning approaches and investment in both high- and low-technology solutions to ensure continuity and acceleration of learning.

Child protection

22. The child protection component will contribute to the UNSDCF strategic priorities on “people” and “enabling environment.” The “enabling environment” priority addresses the quality of government institutions and systems. The component is aimed at enabling more children and adolescents to live in an environment that condemns child protection violations and provides equitable access to quality, preventive and gender-responsive child protection services. This will be achieved through higher prioritization of at-risk children by duty-bearers; access to quality civil registration and child protection services; harmonized and well-informed laws, policies and budgets; and increased knowledge and engagement of children, families and communities on preventing and responding to violence. Systems-strengthening support will focus on routine data collection, the social service workforce, cross-sectoral coordination, and standards and oversight. Particular attention will be given to planning and budgeting capacities at national and district levels. UNICEF will engage adolescents in school-based violence prevention and will pursue gender-transformative programming to promote male involvement in positive parenting and address discriminatory norms and practices that condone violence.

Social policy, research and evaluation

23. Contributing to the UNSDCF strategic priority “enabling environment”, this component is aimed at enhancing national programmes that benefit children and contribute to the alleviation of poverty, vulnerability and socioeconomic inequities. UNICEF will support statistical and public financial management systems and strengthening of social protection and research and evaluation at national and local levels. It will support better and more frequent data disaggregation and collection across key indicators. It will advocate for a healthier balance between economic and social investments and support budget transparency, credibility, monitoring and accountability. It will advocate for expanded coverage of social protection systems and help to address gaps in institutional capacities and coordination. It will cultivate a culture of evidence and build capacities – nationally and within UNICEF – for interpreting and utilizing research and evaluation findings to inform decision-making and programming.

Programme effectiveness

24. The component will support programme delivery, including managing for results and field coordination. Its responsibilities will include coordination of cross-cutting programming (such as advocacy and communications, social and behaviour change, gender, and emergency preparedness and response), promotion of innovation across programme components and the management of resource mobilization and partnerships.

Summary budget table

| <i>Programme outcome</i> | <i>(In thousands of United States dollars)</i> | | |
|--|--|------------------------|----------------|
| | <i>Regular resources</i> | <i>Other resources</i> | <i>Total</i> |
| Health | 13 000 | 32 500 | 45 500 |
| HIV | 5 100 | 7 300 | 12 400 |
| Nutrition | 6 600 | 25 500 | 32 100 |
| Water, sanitation and hygiene | 8 800 | 14 500 | 23 300 |
| Education | 9 350 | 21 200 | 30 550 |
| Child protection | 9 800 | 21 600 | 31 400 |
| Social policy, research and evaluation | 9 500 | 1 150 | 10 650 |
| Programme effectiveness | 29 915 | 4 600 | 34 515 |
| Total | 92 065 | 128 350 | 220 415 |

Programme and risk management

25. The programme will be coordinated as part of the UNSDCF and implemented and monitored in cooperation with the Government, under the leadership of the Ministry of Finance and Planning. UNICEF will co-lead or support relevant United Nations country team working groups.

26. Risks to programme implementation include natural disasters, health emergencies and the spillover effects of conflicts in neighbouring countries. Resource mobilization may be constrained by the country's graduation to lower-middle-income status, the impact of COVID-19 on donor economies and partners' prioritization of more visible humanitarian crises. UNICEF will focus on influencing the Government's resource allocations and mobilizing international climate-related funds.

27. UNICEF will adjust programme implementation to reflect the findings of the Common Country Assessment and the UNICEF Situation Analysis, which are expected to be regularly updated. UNICEF will hold regular reviews with partners to assess risks, define risk-control and mitigation measures and monitor the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources, with a particular focus on protection from sexual exploitation and abuse. Management of the harmonized approach to cash transfers will be strengthened to mitigate risks in programme implementation.

28. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

29. Results monitoring will be aligned with UNSDCF monitoring. The integrated results and resources framework forms the basis for programme monitoring and

evaluation. The strategic evaluations will focus on documenting and assessing the programme's success in yielding the intended results through strengthened local systems. UNICEF will conduct periodic internal programme reviews and organize joint monitoring visits. UNICEF will use and strengthen government data-collection systems to generate disaggregated data for monitoring. UNICEF will engage affected populations in the design and implementation of its interventions and embed accountability to affected populations in the country office's priorities and workplans. To help strengthen government systems, UNICEF will seek to embed its own performance monitoring mechanisms into those of government authorities.

Annex

Results and resources framework

United Republic of Tanzania – UNICEF country programme of cooperation, July 2022–June 2027

| |
|---|
| Convention on the Rights of the Child: Articles 34, 6–12, 17–29, 32–37, 39–40 |
| National priorities: Tanzania Vision 2025; National Five-Year Development Plan 2021/22–2025/26, Zanzibar Development Plan 2021–2026, Sustainable Development Goals: 1–6, 9–10, 13, 16–17 |
| United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF: Outcomes 1, 3–4 |
| Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5 |

| UNSDCF outcomes | UNICEF outcomes | Key progress indicators, baselines (B) and targets (T) ^a *UNSDCF indicator | Means of verification | Indicative country programme outputs | Major partners, partnership frameworks | Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) | | |
|--|--|--|--|--|---|---|--------|--------|
| | | | | | | RR | OR | Total |
| 1 People By 2027, people in the United Republic of Tanzania, especially the most vulnerable, increasingly utilise quality, gender transformative, inclusive and integrated basic education, health (with particular focus on RMNCAH [reproductive, maternal, newborn, child and adolescent health], AIDS, TB [tuberculosis], malaria & | 1 Health By 2027, more children, adolescents and women benefit from increased effective coverage of promotive, preventive, and curative reproductive, maternal, newborn, child and adolescent health services. | Percentage of newborns receiving postnatal care within two days of birth (B) Mainland (ML): 72% Zanzibar (ZNZ): 71% (T) ML 85%; ZNZ: 85% | District Health Information System (DHIS-2) | 1.1 Increased capacity to practice healthy behaviours. 1.2 Equitable promotive, preventive and curative primary health services 1.3 Improved maternal, newborn, child and adolescent health services | Government partners on the mainland and in Zanzibar United Nations partners, development partners (DPs), academic institutions, civil society organizations (CSOs) | 13 000 | 32 500 | 45 500 |
| | | Proportion of births delivered in a health facility* (B) ML: 82%; ZNZ: 66% (T) ML: 98%; ZNZ: 90% | DHIS-2 | | | | | |
| | | Proportion of children <1 year receiving second dose of measles-containing vaccine at national level (B) ML: 83%; ZNZ: 53% (T) ML: 95%; ZNZ: 95% | Ministry of Health/World Health Organization (WHO)/UNICEF joint reporting form | | | | | |

| UNSDCF outcomes | UNICEF outcomes | Key progress indicators, baselines (B) and targets (T) ^a *UNSDCF indicator | Means of verification | Indicative country programme outputs | Major partners, partnership frameworks | Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) | | |
|--|--|---|---|--|---|---|--------|--------|
| | | | | | | RR | OR | Total |
| epidemic-prone diseases), nutrition, WASH and protection services. | | | | | | | | |
| 1 People | 2 HIV By 2027, more children, adolescents and pregnant and breastfeeding girls and women, utilize quality, resilient and equitable HIV prevention, treatment and care services and are free from stigma. | Percentage of HIV-positive women who receive antiretroviral therapy during pregnancy and/or labour and delivery* (B) 84% (T) 95% | Joint United Nations Programme on HIV/AIDS (UNAIDS) HIV estimates | 2.1 Increased equitable access to quality HIV services 2.2 Enhanced capacity in combination HIV prevention and SRHR [sexual and reproductive health and rights] interventions | Government partners on the mainland and in Zanzibar United Nations, DPs, CSOs, faith-based organizations (FBOs), academic institutions; private sector | 5 100 | 7 300 | 12 400 |
| | | Percentage of children (0–14 years) and adolescents (10–19 years) living with HIV who receive antiretroviral therapy B: 54% children; 71% adolescents* T: > 95% children; > 95% adolescents | UNAIDS HIV estimates | 2.3 Increased skills on HIV prevention, treatment and care | | | | |
| | | Percentage of adolescents aged 15–24 years who have comprehensive knowledge about HIV and AIDS (B) ML: 37%; ZNZ: 27% (T) ML: 60%; ZNZ: 60% | Tanzania HIV Impact Survey | 2.4 Increased capacity for HIV policies, financing and data | | | | |
| 1 People | 3 Nutrition By 2027, more children, adolescents and women use | Percentage of infants under the age of 6 months who are exclusively breastfed (B) ML: 59%; ZNZ: 30% (T) ML: 70%; ZNZ: 40% | Tanzania National Nutrition Surveys (TNNS) | 3.1 Increased access to affordable, quality, nutritious diets | Government partners on the mainland | 6 600 | 25 500 | 32 100 |

| UNSDCF outcomes | UNICEF outcomes | Key progress indicators, baselines (B) and targets (T) ^a *UNSDCF indicator | Means of verification | Indicative country programme outputs | Major partners, partnership frameworks | Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) | | | |
|--|---|--|--|---|--|---|--------|--------|--|
| | | | | | | RR | OR | Total | |
| | equitable quality services and adopt quality diets and practices that support optimal nutrition, growth and development. | Percentage of children aged 6 to 23 months who are fed a minimum diverse diet* (B) ML: 36%; ZNZ: 19% (T) ML: 50%; ZNZ: 25% | TNNS | 3.2 Increased access to quality nutrition services 3.3 Increased skills for appropriate nutrition practices 3.4 Increased capacity to plan and implement multisectoral nutrition programmes | and in Zanzibar United Nations, DPs, CSOs, academic institutions | | | | |
| Percentage of young children who benefit from vitamin A supplements twice yearly (B) ML 90%; ZNZ: 90% (T) ML 90%; ZNZ: 90% | | Multisectoral Nutrition Information System | | | | | | | |
| Percentage of pregnant women taking iron and folic acid supplements for 90+ days during pregnancy for the prevention of anaemia (B) ML: 29%; ZNZ: 13% (T) ML: 50%; ZNZ: 20% | | TNNS | | | | | | | |
| 1 People 3 Planet By 2027, people in the United Republic of Tanzania especially the most vulnerable, contribute to and benefit from more inclusive and gender-responsive management of natural resources, climate change resilience, disaster risk reduction and | 4 WASH By 2027, more people, particularly the most vulnerable, use equitable water, sanitation and hygiene services | Proportion of the population using at least basic drinking water services* (B) 61% (T) 75% | WHO /UNICEF Joint Monitoring Programme (JMP) reports | 4.1 Improved capacity to provide climate-resilient WASH services 4.2 Increased WASH access and use 4.3 Improved WASH in schools and health-care facilities 4.4 Increased capacity to support social change for WASH access | Government partners on the mainland and in Zanzibar United Nations, DPs, CSOs, FBOs, private sector | 8 800 | 14 500 | 23 300 | |
| | | Percentage of population using at least basic sanitation services* (B) 32% (T) 75% | JMP | | | | | | |
| | | Percentage of population with a hand-washing facility with soap and water available at home (B) 48% (T) 80% | National Sanitation Management Information System, Health Management | | | | | | |

| UNSDCF outcomes | UNICEF outcomes | Key progress indicators, baselines (B) and targets (T) ^a *UNSDCF indicator | Means of verification | Indicative country programme outputs | Major partners, partnership frameworks | Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) | | |
|---|--|--|--|--|---|---|--------|--------|
| | | | | | | RR | OR | Total |
| increased use of efficient renewable energy | | | Information System | | | | | |
| | | Percentage of schools with basic drinking water, sanitation and hygiene services (B) basic drinking water: 55.3%; basic sanitation: 30.3%; basic hygiene: 17.6% (T) basic drinking water: 75%; basic sanitation: 60%; basic hygiene: 85% | Standardized national assessments; Education Management Information System | | | | | |
| | | Number of people in humanitarian situations who use safe drinking water (B) 520,000 (T) 2,680,000 | UNICEF programme monitoring reports | | | | | |
| 1 People | 5 Education By 2027, more children and adolescents, benefit from equitable and inclusive quality early learning, basic education and skills development opportunities for improved learning outcomes at grade and age-appropriate levels | Gross enrolment ratio in pre-primary education (B) ML: 78.5% (boys: 78.9%, girls: 78.1%); ZNZ: 85.1% (boys 84%, girls 86.2%) (T) ML: 79% (boys 79%, girls 79%); ZNZ: 90% (boys 90%, girls 90%) | Basic Education Statistics in Tanzania (BEST) reports, Zanzibar Statistical Abstract | 5.1 Increased capacity to provide basic and non-formal education 5.2 Improved systems to deliver basic and non-formal education | Government partners on the mainland and in Zanzibar United Nations, DPs, academic institutions, CSOs, private sector | 9 350 | 21 200 | 30 550 |
| | | Percentage of children (Standard II) reaching minimum level of proficiency in reading (B) ML: 38.7% (T) ML: 50% | National Reading, Writing Arithmetic's Assessment Reports, National Examination | 5.3 Multiple learning pathways and skills development | | | | |

| UNSDCF outcomes | UNICEF outcomes | Key progress indicators, baselines (B) and targets (T) ^a *UNSDCF indicator | Means of verification | Indicative country programme outputs | Major partners, partnership frameworks | Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) | | |
|--|--|--|---|---|---|---|--------|--------|
| | | | | | | RR | OR | Total |
| | | | Council of Tanzania | 5.4 Education departments and institutions have strengthened capacity for evidence-based education policies | | | | |
| | | Transition rate between primary and lower secondary education (B) ML: 77.4% (boys: 78.2%; girls: 76.7%), ZNZ: 97.3% (boys 96.4%, girls 98.1%) (T) ML: 82% (boys: 82%, girls: 82%) ZNZ 98.0% (boys 98%, girls 98%) | BEST; Zanzibar Statistical Abstract | | | | | |
| | | Gross enrolment ratio in lower secondary* (B) ML: 46% (boys: 43.8%, girls: 48.1%); ZNZ: 55.7% (boys: 50.8%, girls: 60.6%) (T) ML: 51% (boys: 50%, girls: 52%); ZNZ: 60% (boys: 55%, girls: 65%) | BEST; Zanzibar Statistical Abstract | | | | | |
| | | Percentage of out-of-school children of basic education school age (B) ML: 7%; ZNZ: 27% (T) ML: 4%; ZNZ: 21% | Education Sector Performance Monitoring Report, Out of School Assessment Zanzibar | | | | | |
| 1 People 4 Enabling environment By 2027, people in the United Republic of Tanzania, especially the most vulnerable, participate in and | 6 Child protection By 2027, more children and adolescents benefit from an equitable and integrated child protection system | Percentage of children in conflict with the law subject to a diversion order or a non-custodial measure B: ML: 33%; ZNZ:89% T: ML: 70%; ZNZ: 95% | Tanzania Police Force Annual Reports, District Community Rehabilitation Programme Quarterly Reports | 6.1 Increased knowledge, attitudes, skills and agency for child protection 6.2 Increased capacity to deliver | Government partners on the mainland and in Zanzibar United Nations, DPs, NGOs, private | 9 800 | 21 600 | 31 400 |
| | | Percentage of ministries, departments and agencies | President's Office, regional | | | | | |

| <i>UNSDCF outcomes</i> | <i>UNICEF outcomes</i> | <i>Key progress indicators, baselines (B) and targets (T)^a</i> <i>*UNSDCF indicator</i> | <i>Means of verification</i> | <i>Indicative country programme outputs</i> | <i>Major partners, partnership frameworks</i> | <i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i> | | |
|---|--|---|---|--|---|--|-----------|--------------|
| | | | | | | <i>RR</i> | <i>OR</i> | <i>Total</i> |
| benefit from government institutions and systems that promote peace and justice, are gender responsive, inclusive, accountable and representative, and are compliant with international human rights norms and standards. | | (MDAs) with responsibility for child protection and local government authorities (LGAs) that fund child protection interventions (B) ML: LGAs: 25%, MDAs: 50%; ZNZ: MDAs: 0% (T) ML: LGAs: 70%, MDAs: 100%; ZNZ: MDAs: 100% | administration and local government | child protection services 6.3 Increased capacity to manage the child protection system 6.4 Increased capacity to deliver on the birth and death registration systems | sector, academic institutions | | | |
| | | Percentage of women and men aged 15–19 years who agree that a husband is justified in hitting or beating his wife for specific reasons (B) girls: 59.1%, boys: 49.6% (T) girls: 50%; boys:40% | Tanzania Demographic and Health Survey | | | | | |
| | | Proportion of children under 5 years of age whose births have been registered with a civil authority (B) ML: 58% (girls: 29%; boys: 29%) (T) ML: 85% (girls: 42.5%; boys: 42.5%) | Registration Insolvency and Trusteeship Agency | | | | | |
| 4 Enabling environment | 7 Social policy, research and evaluation Children and other vulnerable groups have universal access to basic services, effectively delivered through | Share of public spending on health (B) ML: 6.7%; ZNZ: 11.9% (T) ML: 7.2%; ZNZ: 12.4% | Ministry of Finance and Planning, budget books, budget speech | 7.1 Strengthened statistical systems to generate evidence for policy advocacy | Government partners on the mainland and in Zanzibar United Nations, DPs, | 9 500 | 1 150 | 10 650 |
| | | Number of households reached by cash transfer programmes (B) 886,724 | Tanzania Social Action Fund annual reports | 7.2 Strengthened Public Finance Management | | | | |

| UNSDCF outcomes | UNICEF outcomes | Key progress indicators, baselines (B) and targets (T) ^a *UNSDCF indicator | Means of verification | Indicative country programme outputs | Major partners, partnership frameworks | Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars) | | |
|----------------------------------|--|--|--|--|--|---|--------|-------|
| | | | | | | RR | OR | Total |
| | strengthened social protection, statistical and public financial management systems at national and local government levels. | (T) 1,200,000 [2025] | | systems to rebalance social and economic investments | academic institutions, think tanks | | | |
| | | Proportion of children living in multidimensional poverty (B) ML: 88.3%; ZNZ: 66.1% (T) ML / ZNZ: 2% annual decrease | Household budget surveys | 7.3 Improved social protection systems | | | | |
| | | Proportion of children living in monetary poverty (B) ML: 30.1%; ZNZ: 30.1% (T) ML / ZNZ: 1% annual decrease | Household budget surveys | 7.4 Strengthened capacity for child- and equity-focused research and evaluation | | | | |
| 8 Programme effectiveness | Percentage of country programme results on track or achieved (B): 93% (T): 100% | Insight | 8.1 Programme coordination 8.2 Communication 8.3 Planning and monitoring 8.4 Emergency and field coordination 8.5 Social and behaviour change communication, gender 8.6 Advocacy partnerships 8.7 Private and public sector partnerships 8.8 Innovation, knowledge management | Government partners on the mainland and in Zanzibar United Nations, DPs, CSOs, FBOs, private sector | 29 915 | 4 600 | 34 515 | |

| <i>UNSDCF outcomes</i> | <i>UNICEF outcomes</i> | <i>Key progress indicators, baselines (B) and targets (T)^a</i> <i>*UNSDCF indicator</i> | <i>Means of verification</i> | <i>Indicative country programme outputs</i> and digital transformation | <i>Major partners, partnership frameworks</i> | <i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i> | | |
|------------------------|------------------------|---|------------------------------|--|---|--|----------------|----------------|
| | | | | | | <i>RR</i> | <i>OR</i> | <i>Total</i> |
| | | | | | | | | |
| | Total resources | | | | | 92 065 | 128 350 | 220 415 |

^a Baselines and target are disaggregated by mainland and Zanzibar unless the data source is not providing this information, or the programme only covers one specific area.