Evaluation of the Government of the United Republic of Tanzania and UNICEF Country Programme 2016 – 2022

Final Report

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EVALUATION OF THE GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA AND UNICEF COUNTRY PROGRAMME 2016 – 2022

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ACKNOWLEDGEMENTS

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CAP	Communications, Advocacy, and Partnerships
C4D	Communication for Development
CCC	Core Commitments for Children (UNICEF)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women (United Nations)
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRC	Convention on the Rights of the Child (United Nations)
CRPD	Convention on the Rights of Persons with Disabilities (United Nations)
CRRF	Comprehensive Refugee Response Framework
CSO	Civil Society Organization
D-by-D	Decentralization by Devolution
DHS	Demographic and Health Survey
DMC	Second Vice-President's Office – Disaster Management Commission (Zanzibar)
DRC	Democratic Republic of the Congo
ECD	Early Childhood Development
EQ	Evaluation Question
ERG	Evaluation Reference Group
ESARO	Eastern and Southern Africa Regional Office
EU	European Union
FGM	Female Genital Mutilation
FYDP	Five-Year Development Plan
GBV	Gender-Based Violence
GCR	Global Compact on Refugees
GEM	Gender-Equitable Men
GDP	Gross Domestic Product
GEEW	Gender Equality and Empowerment of Women and Girls
GFI	Girl-Friendliness Index
GNI	Gross National Income
GRREAT	Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus

HSS	Health Systems Strengthening
ILO	International Labour Organization
JMP	Joint Monitoring Programme (WHO-UNICEF JMP)
KJP	Kigoma Joint Programme (United Nations)
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MDA	Ministries, Departments, and Agencies
MINS	Mbeya, Iringa, Njombe, and Songwe Regions
MKUZA	Strategy for Growth and Reduction of Poverty (Zanzibar)
MLEEWC	Ministry of Labour, Empowerment, Elders, Women and Children (Zanzibar)
MODA	Multiple Overlapping Deprivation Analysis (UNICEF)
MoEST	Ministry of Education, Science and Technology
MoEVT	Ministry of Education and Vocational Training (Zanzibar)
MoH	Ministry of Health (Zanzibar)
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MoHSWGC	Ministry of Health, Social Welfare, Gender and Children (Zanzibar) (from November 2020)
MoRES	Monitoring Results for Equity System (UNICEF)
MTR	Mid-Term Review
OCGS	Office of the Chief Statistician (Zanzibar)
ODA	Official Development Assistance
PO-RALG	President's Office, Regional Administration and Local Government
PO-RALGSD	President's Office, Regional Administration, Local Government and Special Departments
RAM	Results Assessment Module (UNICEF)
RBM	Results-Based Management
REACH	Renewed Efforts Against Child Hunger
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SADDD	Sex, Age, and Disability Disaggregated Data
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SitAn	Situational Analysis
SUN	Scaling Up Nutrition
TACAIDS	Tanzania Committee on AIDS
TASAF	Tanzania Social Action Fund
TCO	Tanzania Country Office (UNICEF)
TOC	Theory of change

TOR	Terms of reference
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDAP	United Nations Development Assistance Plan
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Partnership Framework
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
USD	US Dollar
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organization

MAP OF UNITED REPUBLIC OF TANZANIA

Source: Based on Mapchart.net, 2021

Areas shaded in blue indicate priority Regions for sub-national implementation of the United Republic of Tanzania and UNICEF Country Programme 2016 – 2022.

EXECUTIVE SUMMARY

Evaluation purpose, focus and methods

ES1.   **The independent evaluation** of the Government of the United Republic of Tanzania and UNICEF Country Programme (CP), July 2016 – June 2022, **assesses the performance** of CP 2016--2022 and draws lessons to inform the design of CP 2022 – 2026 as well as the next United Nations Sustainable Development Cooperation Framework (UNSDCF). As requested by UNICEF, this country programme evaluation (CPE) gives particular attention to the CP since the 2018 Mid-Term Review (MTR) and **focuses on the MTR areas of recommendations: convergence programming; equity; gender responsiveness; scaling up and sustainability; and strategic positioning**.

ES2.   The **CPE is guided by an overall CP Theory of Change** reconstructed in consultation with technical staff and management from UNICEF Tanzania Country Office (TCO). The CPE followed a participatory approach based on **appreciative inquiry** with focus on positive results that are **analysed through a realist and contribution assessment** to identify what works well and under what circumstances. This includes the **identification and analysis of success stories** that key stakeholders from TCO, the Government of the United Republic of Tanzania, and partner agencies perceive as significant for promoting rights and protection of children and adolescents. The CPE addressed 18 questions across **relevance, coherence, effectiveness, efficiency, and sustainability.** It was informed by a comprehensive document review, key informant interviews, an online perception survey, and appreciative inquiry workshops with key stakeholder groups.

ES3.   The CPE was launched in October 2020 with primary data collection from February – May 2021. **Due to the COVID-19 pandemic, all interviews and workshops have been online**, which allowed flexibility in data collection and facilitated frank inputs from different stakeholders. Political uncertainty following the October 2020 elections, and then the untimely death of the President in March 2021, reduced participation of the Government and local authorities in key interviews. However, Government and local authorities participated in other data collection tools, namely an online survey and appreciative inquiry workshops.

Findings

Success stories

ES4.   **Stakeholders easily identified success stories in CP implementation**, reflecting not only a very high degree of knowledge among different stakeholder groups about UNICEF and the CP, but also the clear perception of UNICEF as being successful in Tanzania. The **identified success stories share several commonalities** including the change strategies that have been essential for **the success**: developing/leveraging resources and partnerships; innovation in programming and advocacy; programming at scale; integration and cross-sectoral linkages; knowledge management for policy dialogue and outreach; and Communication for Development (C4D).

ES5.   **Other key factors that are highly correlated with the success stories** include UNICEF technical capacity and long-term commitment; the relative size of UNICEF Tanzania in terms of portfolio, budget, and staff allowing leadership and flexibility; evidence generation and knowledge management; listening and partnership capacity; United Nations cooperation; multi-sector and multi-stakeholder programming; and programmes that support systems strengthening at many levels from families, communities, districts, regions, and national level.

ES6.   As part of the appreciative inquiry, participants in the CPE data collections also **identified missed opportunities** for implementation of activities that stakeholders consider UNICEF is good at. Many of the missed opportunities are related to lack of full implementation of key change strategies: gender-responsive programming; business and markets; United Nations Delivering as One; and convergence programming.

Relevance

ES7.   There is a strong two-way relationship between the CP and the national institutional framework related to the rights of children and adolescents, as the **CP is guided by the national institutional framework that is developed through the CP**. The support is **flexible and responsive** to changes in needs and opportunities, as illustrated by UNICEF's responsiveness and adaptability to **COVID-19 and epidemics** such as cholera.

ES8.   The TCO is highly **recognized for its comparative advantage and leadership in promoting children's rights** in Tanzania. Its expertise includes: evidence generation; communication; being there for the long haul; great knowledge and understanding of the functioning of local and national policy, technical capacity; capacity to work in partnership; and adaptability and willingness to take leadership. Its relative size compared to other United Nations agencies also contributes to **TCO's strong strategic positioning**.

Coherence

ES9.   The **participatory but internal MTR** process reflected the interest and attempts of UNICEF to make a substantial revision of the CP in coherence with changing needs and priorities, including the corporate **Strategic Plan 2018–2021** and the increased focus on programming at scale and gender-responsive programming.

ES10.   The **post-MTR phase has seen increased attention to explicit gender equality goals** and the development and implementation of approaches aligned with the Corporate Gender Action Plans (2014-2017 and 2018-2021). So far, there has been **limited interaction with, and mobilization of the national women machinery**.

ES11.   **Human rights approaches underpin the CP** from an equity of access perspective and with a focus on the impact of existing inequalities rather than the underlying causes of these inequalities. The CP is particularly focused on the Convention on the Rights of Children (CRC) while specific initiatives for implementation of the Convention on the Rights of People living with Disabilities (CRPD) have yet to be developed. Still, the CPE finds that the CRPD principles are reflected in some initiatives such as access to school facilities for all children.

ES12.   While not in a systematized manner, **most UNICEF Core Commitments for Children (CCC) are reflected in the programming in the Kigoma Region**, which focuses on support to refugees and host populations and emergency preparedness. For general development programming in the CP the CCC are not considered.

ES13.   Many of the **success stories** identified by stakeholders – including the COVID-19 response, the Kigoma Joint Programme focusing on the humanitarian-development nexus, and the Zanzibar Afya Bora better maternal and child health project – consist of **joint initiatives with other United Nations agencies** based on complementarity and coherence.

Effectiveness

ES14.   As far as available data show, the CP has a **high level of achievements vis-à-vis planned outcomes**; there have been positive changes in performance of institutions and individuals, including **greater attention to inclusiveness in access to basic services** in line with the CRC. Remaining challenges for full achievement of outcomes and outputs are largely linked to the sub-national and national contexts. However, **data are missing for many indicators**; the level of disaggregation is limited; and the result framework has not been updated to fully account for the changes suggested by the MTR. As a result, the CP result framework is still highly sectorized, and convergence programming on early childhood development and adolescents and gender-responsive programming cannot be fully tracked.

ES15.   The **combination of a highly sectored structure with platforms on cross-sectoral initiatives,** such as early childhood development, adolescents, and gender-responsive programming, can be found in UNICEF, government structures, and among many other partners, which in principle should facilitate cooperation around these areas. But many stakeholders express concern about the effectiveness of such arrangements, including the role of the platforms if not allocated sufficient resources and authority. On the other hand, **multi-sector convergence and multi-stakeholder projects at the level of Regions have shown effectiveness** in promoting the rights and protection of children, adolescents, and women.

ES16. **The post-MTR phase has seen increased attention to explicit gender-responsive and gender-transformative approaches** as a basic principle for all CP programming. Donor conditions for gender-responsive and gender-transformative programming have been effective for several multi-stakeholder initiatives, such as the success stories Cash Plus, which promotes adolescent livelihoods and Girls' Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT), which promotes girls' empowerment. These initiatives have been prepared based on gender analysis and are monitored based on gender progress.

ES17. **UNICEF plays a significant role in the joint programming** of United Nations agencies in Tanzania – including the effectiveness of the UNDAP outcome groups that it leads. This role reflects UNICEF strategic positioning, including leadership capacity for joint activities in Tanzania as well as TCO's size compared to other United Nations agencies in the country.

Efficiency

ES18. Overall **technical and financial resources have been assigned and utilized strategically** to achieve defined outcomes and outputs in the CP. However, the renewed focus on equity, convergence, and gender-responsiveness post-MTR has not been fully reflected in resource structure and allocation.

ES19. The TCO organizational structure is efficient for delivering outcomes and outputs set out in the CPD organized around sector areas. **The multi-sector convergence strategy suggested in the MTR is not supported efficiently by the current organizational structure and resource allocation**. The CPE did not identify analyses of alternative structures and strategies.

ES20. The **identified success stories are based on several implementation/change strategies**. The CPE did not identify an overall policy for application of the different strategies, based for instance, on their potential complementarity.

ES21. Efficiency of inter-agency approaches is linked to area-based approaches, joint programming and management, donor commitment, and technical complementarity at sub-national level, and immediate needs at both national and sub-national level. Separate funding cycles, competition for funds, and a weak UNDAP structure work against inter-agency efficiency.

Sustainability

ES22. The CP has contributed directly to an updated national and regional institutional framework related to CRC principles that are already at scale and **the expected behaviour changes among national actors as a direct result of the CP are on track to being achieved by 2022. Still, the sustainability of the changes is uncertain**. The newly released **national five-year development plan (FYDP III),** for instance, integrates several CP initiatives and reflects CRC, CEDAW, and CRPD principles but the planned **implementation relies to a large degree on external input**. **Some success stories, such as birth registration and minimum budget allocations for nutrition, have shown promising expectations for longer-term sustainability** through the CP adaptation of the approach to reflect national capacities.

ES23. There is a growing recognition and application of the need to focus on vertically and horizontally integrated programmes in the CP, including systems strengthening. But **there is limited attention to the transfer of capacity among national stakeholders for implementing the change strategies that have been critical for the CP success stories**, including equity measures and initiatives to promote gender equality.

Conclusions

Overall Conclusions – the theory of change and success stories

ES24. Despite a challenging context, the **CP 2016–2022 has successfully contributed to the overall changes expected** in the reconstructed theory of change for it: strengthened family care and protective practices nurturing child and adolescent development and empowerment; strengthened availability of quality equitable services for children, adolescents, and caregivers; and establishment of an enabling policy and institutional environment for the rights and protection of children, adolescents, and women in alignment with international conventions. **The TCO management has been able to effectively**

manoeuvre in a challenging context through flexibility, knowledge management, being there for the long haul, advocacy, and partnerships – that is, through its **strategic positioning**.

Relevance

ES25.   **CP 2016–2022 is highly relevant** for the national development plans in Tanzania Mainland and Zanzibar, the SDGs, and the national institutional framework related to social development issues. This is the result of the constant dialogue between the national authorities and the TCO and builds on the mutual trust developed during the continuous cooperation for many decades giving the TCO a well-recognized strategic position for supporting all aspects of the rights and protection of children and adolescents throughout Tanzania.

ES26.   **The flexibility and adaptability of the CP is particularly a result of TCO management decisions** to adapt to changing needs, demands, opportunities, and constraints during CP implementation, while the CPD in its form and structure offers limited explicit flexibility and adaptability. The TCO capacity to make executive decisions to adapt the CP responses to changing needs reflects both the overall effectiveness of the leadership, including effective risk monitoring through the well-established network of UNICEF in Tanzania, but also on the size of the TCO in terms of portfolio and budget allowing greater flexibility. The **main limitation to the flexibility and adaptability is the lack of follow-through** with full monitoring and updating of the TCO organizational structure, as illustrated by the MTR process, where many plans are not yet fully reflected in the result framework, for instance.

Coherence

ES27.   **The post-MTR phase has seen increased attention to explicit gender equality goals** and the development and implementation of approaches in coherence with the corporate Gender Action Plans. This has been facilitated by the development of specific assessments and various knowledge products. Among several TCO staff there is recognition and understanding of why gender-responsive programming is a critical change strategy for all thematic programmes. The role of the TCO in its cooperation with the national women's machinery, other United Nations agencies, and civil society in promoting gender responsiveness and gender transformation is not clearly defined.

ES28.   **The CP coherence with the country activities of other United Nations agencies** is highlighted in the performance of specific joint initiatives, such as the Kigoma Joint Project and the Afya Bora project. These successful specific initiatives have been conceptualized, developed, implemented, and evaluated as joint exercises allowing full complementarity and coherence among the inputs of the different United Nations partners. Contrary to this, many question UNDAP II performance and relate this to the different approach to project development, consisting mainly of combining existing agency projects.

Effectiveness

ES29.   According to the CP result framework, **the CP has a high level of achievements vis-à-vis the planned outcomes and outputs**. The overall assessment shows positive behaviour changes both at institutional and individual levels as a result of change strategies such as: capacity development; communication for change; knowledge products, and advocacy; partnerships and joint programming; innovation; and programming at scale. The result framework focuses on the sector programmes and is not structured to monitor integrated horizontal and vertical convergence and gender-responsive and transformative programming, and private sector mobilization, which are other key change strategies for the CP and constitute missed opportunities.

ES30.   The CP has effectively supported the CRC implementation and contributed to greater equality in supply and demand for social services for children, adolescents, and their caregivers. **But the lack of disaggregated data limits the effectiveness of the CP**. The introduction of the **Multiple Overlapping Deprivation Analysis (MODA) in 2015** showed potential for its use as an effective tool for equity-focused programming but it is still not institutionalized in Tanzania. The two other conventions of special importance for equity programming, namely CEDAW and CRPD, are still not fully applied as frameworks of the CP.

ES31.   TCO has developed a strong familiarity, networks, and experience in the Mbeya, Iringa, Njombe, and Songwe Regions from several decades of cooperation. This offers an **excellent location for**

innovation-piloting-modelling-scaling up. To fully exploit MINS cooperation in innovation and modelling for scaling up, there needs to be a strategy to ensure effective support to the overall CP cooperation with different local, regional, and national stakeholders.

Efficiency

ES32. **Generally, financial, and technical resources have been assigned and utilized strategically to achieve defined outcomes and outputs in the CP**. However, the post-MTR renewed focus on equity, convergence, and gender-responsiveness has not been fully reflected in the resource structure and allocation. Human resources, and particularly staff profiles, have not been matched to the post-MTR ambitions of UNICEF Tanzania. Moving towards influencing rather than implementing, multi-sector convergence and life-cycle programming, and gender-responsive and transformative programming requires different sets of staff skills.

ES33. The **existing siloed structure** and the limited authority and resources of the existing convergence programming platforms hinder effective multi-sector programming. Likewise, several of the current cross-sector programmes such as gender, innovation, and private sector are very light structures that are insufficient to ensure mainstreaming.

ES34. However, the **CP is a cooperation between two partners**: the Government of the United Republic of Tanzania and UNICEF, and the challenge of effective and efficient horizontal and vertical multi-sector programming should be seen in the light of the national structure and capacity for multi-sector programming, which is currently questioned.

Sustainability

ES35. **Sustainability in the CP is closely linked to acceleration of scaling up**. The TCO carried out an important scalability analysis of existing CP initiatives in 2018. However, the plan has not been followed through, and **scalability considerations are not sufficiently realistic and dynamic, with clear mobilization of different stakeholder groups and defined results with indicators that can be monitored and reformulated when necessary.** A major challenge is the lack of full implementation of the innovation-pilot-modelling-scaling-up framework as a programming principle for all new activities. This would also require clear exit strategies for identifying for instance when a pilot should or should not lead to modelling and when the pilot should be phased out.

ES36. As sustainability – and scalability – is about government buy-in and moving towards government funding, the full cooperation of national partners in all phases of CP conceptualization, design, implementation, and monitoring and evaluation would be important, even if this meant that the ambitions should be at a different level. Currently, many of the CP initiatives are still seen as UNICEF programmes, which seems to be reflecting that they have not been developed and implemented cooperatively from the concept development stage through implementation and monitoring.

Lessons learned

ES37. The following lessons learned about the CP performance in a dynamic context are considered as transferable to other country programmes in Tanzania and elsewhere.

LL1 **Flexibility and adaptability are key factors of success in CP implementation** and should be reflected where appropriate in adjustments to the results framework. Evidence on the TCO's implementation of the current CP shows the ability to adapt to evolving circumstances through proactive, intentional strategic positioning. This was based on continuous knowledge management, partnerships, work at all vertical levels from village to national level, and leadership.

LL2 **Flexibility and adaptability depend on a willingness to learn and change during implementation**, for example through a thorough, participatory mid-term review with partners of the CP, followed by communication and implementation of its recommendations.

LL3 A CP is a framework that relies on cooperation with many partners. **It is important that all key partners and also other stakeholders are fully informed on adaptations during programme implementation**, including the justification and the implications. Failure fully to do this during the

important MTR in the United Republic of Tanzania has reinforced some stakeholders' perception that the CP is only a UNICEF programme.

LL4 **Multi-sectoral convergence programming can strengthen the achievement of UNICEF's objectives.** This is easier in field activities where thematic sectors are less siloed and can be furthered by critical practices: joint programming, common funding, joint monitoring, and follow-up.

LL5 **In a highly siloed structure, coordination mechanisms for multi-sector convergence programming need to be adequately resourced with sufficient capacity and other resources for this purpose, and to be provided with their own mandate and authority to take full leadership.** They may function as special task forces, or semi-autonomous thematic programmes with their own resource mobilization, theories of change, and partnership arrangements.

Recommendations

ES38.   The recommendations made by the CPE focus on the priority changes that the TCO should make in designing and implementing its next Country Programme.

R1. **Vertical and horizontal convergence programming should be the basic programming principle of the next CP**, **with a focus on systems strengthening** from village level through to national level, based on dynamic capacity assessments at each vertical level to ensure that every child, especially the most disadvantaged and their caregivers, has access to and benefits from quality social services, knowledge, and opportunities, and thereby has a fair chance in life.

This should be addressed through well-defined and targeted multi-sector convergence life cycle strategies, focused on priority deprivation areas for each life cycle. Further attention should be given to the structure of the TCO with establishment of fully capacitated and resourced life cycle programme units vested with sufficient mandate and leadership. Vertical systems strengthening programmes should support the multi-sector convergence life cycle strategies, and the CP results framework should include disaggregated indicators for these strategies.

R2. **The principles of multiple overlapping deprivation analysis should be the basis for CP programming, including monitoring with appropriate indicators.**

This will require institutionalization of multiple overlapping deprivation analysis into the national structure through strategic partnership with the relevant Government and non-government agencies, with corresponding capacity strengthening. The next CP should be based on the principles of a Monitoring Results for Equity System analysis. The availability of disaggregated data at national level and in the CP result framework should be strengthened.

R3. **The principles of the CRPD should be explicitly integrated into the CP.**

This will require increased capacity at the TCO on CRPD programming principles. The strategies for the CP contribution to implementation of the CRPD should be framed around cooperation among United Nations agencies with clear indicators of the role of UNICEF in those partnerships.

R4. **The principles of the Corporate Gender Strategy Plan should be fully applied in the CP.**

This will require programming based on context-specific gender assessments for all initiatives under the CP; full application of sex-disaggregated and gender equality indicators throughout the CP results framework; an update of the 2018 gender review and translation into a TCO strategy for Gender Equality and Empowerment of Women and girls (GEEW); and strengthening of the structure of the TCO, including resource allocation for gender-responsive and transformative programming within the different programme units.

R5. **CP programming should be based on a detailed rolling 'innovation-piloting-modelling-scaling-up model' plan.**

The 2018 scalability analysis should be updated in cooperation with the Governments. Future targeted multi-sector convergence life-cycle strategies should be based on the model. Strategies

for scaling up should be based on systems strengthening from community level to national level. There should be clear indications of exit strategies for the different phases in the model.

R6. **The successful strategic positioning of the TCO in Tanzania, based on its comparative advantage and change strategies, should be translated into an intentional strategic positioning strategy to take further advantage of the comparative advantage of the TCO.**

The strategy should include careful analysis of the strengths of other agencies, including United Nations agencies, with a focus on partnerships and identification of the specific role of the TCO. UNICEF should take a lead role in the formulation of UNSDCF 2022–2026.

1   INTRODUCTION

1.   This report documents the independent evaluation of the Country Programme (CP) of the Government of the United Republic of Tanzania and UNICEF for July 2016–June 2022.[1] The Country Programme Evaluation (CPE) is commissioned and managed by UNICEF Eastern and Southern Africa Regional Office (ESARO) in collaboration with UNICEF Tanzania Country Office (TCO) and the Government of the United Republic of Tanzania. The CPE was conducted by Mokoro Limited, an independent evaluation service provider. The Terms of Reference (TOR) are presented in Annex 1. Following an inception phase in late 2020, the main data collection phase took place between February and May 2021. Annex 2 shows the evaluation timeline.

2.   In line with UNICEF principles of learning and accountability, independent CPEs are called for at least every two programme cycles. Being a formative evaluation with a strong focus on learning, the CPE sets out to draw lessons from CP implementation to inform the design of the next CP for 2022–2026, as well as the next United Nations Sustainable Development Cooperation Framework (UNSDCF), also for 2022–2026.

3.   As requested by UNICEF, the evaluation report for the CPE is organized as follows:

1.	Introduction	Overview of the Evaluation Report.
2.	Country Context	Policy and institutional framework, development plans, demography, socio-economic factors, gender, children's rights and protection and other factors relevant for CP design and performance.
3.	Evaluation Object	Description of the CP: background, design, focus, change theories, and budget.
4.	Evaluation Purpose & Methodology	Evaluation process: scope, focus, methodology, theory of change, data collection approach, analysis framework, ethical issues, and limitations and opportunities.
5.	Findings	What the CPE has verifiably observed and triangulated for the response to the key questions of the evaluation.
5.1	Success stories	Identification of key success stories of the CP, their unpacking, and description of missed opportunities considering the identified strengths of the TCO.
5.2	Relevance	Assessment of the extent to which the design and intended results of the CP are consistent with the needs of children, adolescents, and their caregivers and the priorities of the Government of the United Republic of Tanzania.
5.3	Coherence	Assessment of how well the CP fits with other interventions, policies, and strategies, including gender equality plans, both internally to UNICEF and externally regarding the CP in the development and humanitarian architecture in Tanzania.
5.4	Effectiveness	Assessment of progress that has been made through the CP strategies to address the equity and equality gaps that are affecting the most vulnerable children, adolescents, and their caregivers to have access to and benefit from quality social services, knowledge, and opportunities.
5.5	Efficiency	Assessment of the extent to which UNICEF achieves value for invested resources including considerations of change strategies, partnerships, and joint implementation.
5.6	Sustainability	Assessment of the extent to which national ownership and continuation of positive effects from the CP interventions was ensured, including their potential for scale-up and replication.

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[1] E/ICEF/2016/P/L.3

6.1	Conclusions	Summation of what the findings show, including the strengths and weaknesses of the CP and its TOC and key factors of success and failure for achieving impact.
6.2	Lessons learned	Identification of key lessons from the CP with wider relevance that can be generalized beyond the CP in Tanzania for other contexts.
6. 3	Recommendations	Based on the conclusions, key recommendations are presented for the focus areas of the CPE: Convergence Programming, Equity, Gender, Scalability, and Strategic positioning.

2 COUNTRY CONTEXT

2.1 Governance

4.   **The United Republic of Tanzania is an East African state formed in 1964** when Tanganyika and Zanzibar merged. Zanzibar maintains semi-autonomy and has its own governance structure under the Revolutionary Government of Zanzibar. The CPE report includes general information about the United Republic of Tanzania and makes specific references to **Mainland** and **Zanzibar** when necessary. In March 2017, the Government announced its intention to relocate the capital city from Dar es Salaam to Dodoma, to be completed in February 2019.[2] The Government has relocated government officials, including Ministers, Deputy Ministers, Directors, and other levels, from Dar es Salaam to Dodoma. Some departments and agencies are still located in Dar es Salaam, more than 450 km from Dodoma. While United Nations agencies and other external partners have liaison offices in Dodoma, many have kept their main offices in Dar es Salaam, including UNICEF. Zanzibar has its own Cabinet and House of Representatives and many cooperation partners have offices on the island too.

5.   The **public administration** system in Tanzania consists of 18 line ministries, a number of state ministries, and a number of administrative bodies with executive responsibilities. There have been two major Cabinet reshuffles since the launch of the CPE. The first took place in 2017 and the second after the general election in 2020, but particularly with implications for ministries that are not main cooperation partners for UNICEF. With the untimely passing of the President of the Republic and the confirmation of the new President in March 2021, several ministers and high-level government staff were replaced while the overall structure of the Cabinet remained unchanged. Annex 10 provides a description of the ministries of special interest for UNICEF cooperation in Mainland and Zanzibar. As can be seen in the Annex, UNICEF cooperates with more than 15 ministries and main government institutions in Mainland and more than 11 ministries and main government institutions in Zanzibar.

6.   The work of public administration and legislative implementation is overseen by **parliamentary committees,** including committees on Constitution and Legal Affairs; Administration and Local Government Affairs; and Social Services and Community Development.[3]

7.   The main administrative divisions in Tanzania are Regions, with 26 Regions in Mainland and 5 Regional Administrations in Zanzibar. The Regions are subdivided into Districts, and further into Wards. There are a total of 185 higher-level Local Government Authorities (LGAs) in Mainland and 11 in Zanzibar. At national level, the LGAs are supported by the President's Office – Regional Administration and Local Government (PO-RALG), which plays a key role in the CP.

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[2] The Government of the United Republic of Tanzania (March 2017) Aide Memoire CAB 2/174/01 on intention to relocate the Capital City from Dar es Salaam to Dodoma in four distinct phases between September 2016 and February 2019.

[3] www.parliament.go.tz/committee-types-list accessed 29 December 2020.

2.2   Government Priorities and Policies

8.   The foundation for the Government of the United Republic of Tanzania's priorities and policies is the **Tanzania Development Vision 2025**. The Development Vision envisages a nation that would transform into a middle-income country by 2025, characterized by high quality livelihoods; peace, stability, and unity; good governance, a well-educated and learning society; and a competitive economy capable of producing sustainable growth and shared benefits.[4]

9.   The Development Vision 2025 has been translated into medium- and long-term plans for implementation. The **Five-Year Development Plan** (FYDP) I (2011/12 to 2015/16) focused on addressing growth constraints, while the FYDP-II (2015/16 to 2020/21) focused on transforming the country's resources through the development of the industrial sector. Interventions that support human development and social transformation are also outlined in the plan, with a focus on improving education; health delivery systems; water, sanitation, and hygiene (WASH); urban planning; food security and nutrition; social protection; and good governance. Employment creation, particularly for youth and women, is one of the key cross-cutting areas. The **FYDP-III 2021/22–2025/26 includes a review of FYDP-II.[5]** The following findings from the review are of special interest for the CP.

Table 1 Trends in Key Social Development Indicators

Key Social Development Indicators	2015/2016	2019/2020
Number of classrooms	115,665	136,292
Pass rate for Standard Seven examinations	67%	81%
Gross Enrolment Ratio in pre-primary education[6]	112%	76%
Gross Enrolment Ratio in primary education[7]	91%	110%
Gross Enrolment Ratio in lower secondary education[8,9]	36%	44%
Number of health facilities	7,014	8,783
Under-five mortality rate per 1,000 live births	67	50
Vaccination ratio of children under-1	82%	98%
Ratio of pregnant women making 4 visits to antenatal clinics	39%	81%
Ratio of women giving birth at health facilities	64%	83%
Ratio of underweight children under-five	13%	10%
Ratio of children born underweight (under 2.5 kg)	7%	6%

Source: The United Republic of Tanzania (Jun 2021) "National Five-Year Development Plan 2021/22 – 2025/26"

10.   The overall improvements in education indicators are attributed to the fee-free basic education policy, an improved teaching and learning environment, and partnership between Government, private

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[4] Tanzania Ministry of Finance and Planning (1999) "Tanzania Development Vision 2025".

[5] The United Republic of Tanzania (Jun 2021) "National Five-Year Development Plan 2021/22–2025/26".

[6] The FYDP-III presents a sex-disaggregated overview for enrolment at pre-primary education from 2014–2018, which shows almost parity. According to the Ministry of Education, Science, and Technology Basic Education Data 2021, there was parity among girls and boys in enrolment in pre-primary education in 2021 across all Regions and irrespective of ownership (in total, there was 18,554 pre-primary education facilities – 89 per cent Government owned and 11 per cent non-Government owned).

[7] The FYDP-III does not present sex-disaggregated data for primary education enrolment rates. According to the Ministry of Education, Science, and Technology Basic Education Data 2021, there was parity among girls and boys in enrolment in primary education in 2021 across all Regions.

[8] The FYDP-III does not present sex-disaggregated data for secondary education enrolment rates. According to the Ministry of Education, Science, and Technology Basic Education Data 2021, overall there was parity among girls and boys in enrolment in secondary education in 2021. However, there were significant regional differences and among children 12–17 years of age enrolled in secondary education, the majority were girls.

[9] Please note the following education data for Zanzibar: Gross enrolment ratio in primary education rose from 73 to 97 per cent between 2016 and 2021. The transition rate from primary to O level is 95 per cent (92 per cent boys and 98 per cent girls: MoEVT (2018) Education Management Information System Statistical Abstract 2016–2018). These data reflect the free basic education policy that was launched in 2006 in Zanzibar.

sector, and Faith-Based and Community-Based Organizations. It is also noted that there is relative parity among female and male students in pre- and primary education. During the FYDP II, the students per teacher ratio was increasing due to a general decrease in the number of teachers at primary and lower-secondary level. According to the Education Sector Development Plan 2016/17–2020/21, the priority is 12 years of education for all with special attention to access for all. The increased attention to youth empowerment during FYDP II is recognized, particularly Life Skills education. The review points to other key improvements in health services, including coverage of testing for HIV/AIDS and malaria. As for WASH, it is noted in the review that while important rural and urban water infrastructure has been completed, now reaching 70 per cent of the rural population, only 65 per cent of the water points were functioning.

11.   The review in the FYDP III shows that the total cost of the FYDP II was estimated at TZS 21 trillion annually, of which the public sector was expected to contribute 46 per cent. For the first four years the public sector contributed an average of 41 per cent. It is noted, however, that the Government achieved its goal of collecting 98 per cent in planned tax revenue. Finally, according to the review the monitoring and evaluation (M&E) strategy in the FYDP II was not implemented fully.

12.   Overall, it can be noted that the macroeconomic targets of FYPD II have largely been achieved while 70 per cent of the social service targets have been achieved. The main challenges for achieving social service targets are identified in the review as "limited access, equitable, and quality especially in remote rural areas." Project preparation is weak with limited human capacity for project development and the lack of proper M&E with disaggregated, timely, and compatible data limits generation of compatible evidence for future planning, policy, and decision-making.

13.   **FYDP III 2021/22–2025/26** sets out to continue the focus on macroeconomic stability and consolidate the middle-income status while ensuring a high level of human development; improve the quality of social services while still ensuring full coverage; improve the quality of human resources and skills development; and improve the engagement and participation of the private sector and non-state actors with special attention to women, youth, and people with disabilities. It is noted that the not-for-profit private sector owns approximately 40 per cent of primary health and 25 per cent of education facilities in Tanzania.

14.   The overall development framework for Zanzibar is outlined in the **Zanzibar Vision 2020**, launched in 2002.[10] Vision 2020 is based on a multi-sectoral approach, with the overall objective of eliminating urban and rural hunger and poverty and creating a robust, resilient, and competitive economy. Zanzibar Vision 2020 is implemented through five-year Strategies for Growth and Reduction of Poverty (MKUZA). The current MKUZA III, 2016–2020, fully integrates the Sustainable Development Goals and focuses on structural reform from traditional agrarian activities to sustainable high-productivity industrial and service sector activities to eradicate extreme poverty and to enhance well-being and basic social services for all.

15.   **Zanzibar Development Vision 2050** focuses on human development and is structured around four pillars: 1/Economic Transformation, 2/Human Capital and Social Services, 3/Infrastructural Linkages, and 4/Governance and Resilience.[11] The vision integrates findings from the evaluation of the Vision 2020, which showed a high level of achievement in several sectors, including health, clean and safe water, education for both girls and boys, and poverty eradication. The evaluation also showed shortcomings, including infant mortality, weak transition from primary to secondary education and limited development to modern sector employment.[12] The recommendations of the 2020 Vision evaluation include innovative approaches for poverty eradication; good governance including decentralization, fighting corruption, and promoting human rights; equitable social service supply; and food security including nutrition.

16.   **Decentralization** has been on the political and development agenda since independence, and major reform processes have been launched, including the Local Government Reform Programme started in 1996 and accompanied by a Decentralization by Devolution (D-by-D) policy in Mainland. With the D-by-D policy, in principle LGAs have the core functional responsibility for the delivery of services, including

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[10] [Zanzibar Vision 2020](#), Accessed 29 December 2020.
[11] The Revolutionary Government of Zanzibar (2020) "[Development Vision 2050 – Responsibly Transforming Livelihoods.](#)"
[12] Zanzibar Planning Commission (2020) "Evaluation of Zanzibar Vision 2020."

education, health, and water and sanitation. Moreover, they are responsible for mobilization of their own resources, while line ministries are responsible for regulatory and sector policies. The decentralization process has been analysed by many scholars who generally conclude that it has been flawed.[13] The scholars partly explained this by the lack of proper preparation, different perceptions of what decentralization should entail, and the assumption that LGAs would have the capacity to mobilize and manage resources for service delivery. In Zanzibar, D-by-D was introduced in 2017, targeting primary health, education, and water. Early challenges included understanding of its application among the selected government ministries and departments. It also triggered unexpected competition for resources between the sectors and subsectors.[14] In April 2021, it was announced that the Government of Zanzibar had decided to cancel the D-by-D programme.[15]

2.3   Sustainable Development Goals

17.   **The Sustainable Development Goal (SDG) Index** for Tanzania was 56.6 in 2020, ranking the country at 131 out of 193 countries.[16] Among the 17 SDGs, one goal was achieved in Tanzania in 2019, namely the targets set for climate change. Significant challenges remain for reaching the targets in areas of sustainable livelihoods such as poverty; hunger; health; and WASH. Moreover, the scores have decreased on quality education and other targets.

18.   The Government presented its first Voluntary National Review of SDG implementation to the United Nations High Level Political Forum in 2019, where the focus was Empowering People and Ensuring Inclusiveness and Equality.[17,18] To support the preparation of the Voluntary Report, the United Nations fielded a Mainstreaming, Acceleration and Policy Support (MAPS) mission to Tanzania in 2018. It is stated in the report that there are data challenges, including the **lack of baseline data for several SDG indicators, lack of monitoring and routine data, data incomparability, coverage, and problems with the timeliness and accessibility of data.** This is in line with the challenges identified by the Government in the review of FYDP II as explained in section 2.2.[19]

19.   UNICEF has focused on **44 child-related indicators across the 17 SDGs for regular monitoring**.[20] The latest monitoring of the 44 indicators for Tanzania from October 2020 is based on pre-COVID-19 data. The monitoring shows that overall Tanzania was on track for reaching the targets by 2030, with targets already met for wasting and overweight among children under five.[21] However, it is also noted that there are no data for 13 of the 44 indicators[22] and acceleration is needed for 16 indicators, including indicators related to stunting and mortality of children under 5, neonatal mortality, HIV among adolescent boys and girls and children under 5, essential health services, access to medicine and

[13] See for instance, Likwelile, S., & Assey, P. (2018) "Decentralization and development in Tanzania" for Economic Development and Institutions research programme. www.edi.opml.co.uk. and Mollel, Henry Abraham, and Albertjan Tollenaar "Decentralization in Tanzania: design and application in planning decisions". International Journal of Public Administration 36.5 (2013): 344-353.

[14] CPE interviews.

[15] UNICEF TCO and AllAfrica (2021) "Tanzania: Zanzibar rescinds D-by-D programme."

[16] Sachs et al. (2020) "The Sustainable Development Goals and Covid-19. Sustainable Development Report 2020." Cambridge: Cambridge University Press. The SDG index is an indicator of the achievement in realizing the 17 SDGs.

[17] Government of the United Republic of Tanzania (2019) "Voluntary National Review (VNR) 2019 Empowering People and Ensuring Inclusiveness and Equality."

[18] The focus on the Voluntary National Report 2019 was: Goal 4: Ensuring Inclusive and Quality Education for All and Promoting Lifelong Learning; Goal 8: Decent work and Economic Growth; Goal 10: Reduced Inequalities; Goal 13: Taking Urgent Action to Combat Climate Change and its Impact; Goal 16: Access to Justice for All; Build Effective Accountable Inclusive Institutions at All Levels; and Goal 17: Strengthening the Means of Implementation and Revitalizing Partnerships for Sustainable Development.

[19] The United Republic of Tanzania (Jun 2021) "National Five Year Development Plan 2021/22–2025/26."

[20] UNICEF (2019) "Progress for Every Child in the SDG Era: Are we on track to achieve the SDGs for children? The situation in 2019."

[21] UNICEF (2020) "Progress for Every Child in the SDG Era – United Republic of Tanzania."

[22] Data not available for indicators related to Maternal mortality, Adolescent birth rate, Malaria incidence, proficiency levels at the end of secondary school, health, learning and psychological development of children 36-59 months.

vaccine, early education, gender-based violence (GBV), early marriage, female genital mutilation, and birth registration. Still, the Tanzania National Health Portal[23] reports improving health trends for SDG 3 as presented in Table 2. Compared with other African countries, Tanzania was classified as number 19 among African countries for the highest maternal mortality ratios in 2017;[24] number 31 for the highest mortality ratio for children under five among 48 Sub-Saharan Africa countries in 2016;[25] and 36 for highest neonatal mortality ratio among 48 Sub-Saharan Africa countries in 2016.[26]

Table 2 SDG 3 (Health) trends

Health Indicator	1996	2005	2010	2016	2020
Maternal mortality ratio Per 100,000 live births	529	578	454	556	292
Neonatal mortality ratio Per 1,000 children under 28 days of age	32	32	26	25	n/a
Under five mortality ratio Per 1,000 children under five	137	112	81	67	n/a

Source: *Tanzania National Health Portal – Ministry of Health, Community Development, Gender, Elderly, and Children*

2.4   Demography

20.   According to the last population census in 2012, there were 43.6 million inhabitants in Mainland and 1.3 million in Zanzibar.[27] The annual population growth rate is 2.7 per cent, and the **population was estimated at 53 million in 2016 and 60 million in 2020, with a normal distribution among men and women over the life cycle**.[28] The population is young, with 44 per cent aged 14 years or younger and 6 per cent under five. Young adolescents, that is children between 10 and 14 years, make up 13 per cent of the population while older adolescents, that is young people between 15 and 19, make up 11 per cent. Estimated life expectancy at birth was 68 years for women and 64 years for men in 2020 in Mainland, while it was 70 years for women and 65 for men in Zanzibar.[29]

21.   According to estimates, 35 per cent of the population lived in urban areas in 2020 compared to 32 per cent in 2015. This corresponds to an annual increase in urban population of 0.79 percentage points over the last ten years.[30] While rural poverty continues to be higher than urban poverty at 33 and 16 per cent respectively in 2018, the high urbanization rate has resulted in an increasing number of informal settlements, hampering local authorities' delivery of basic social services.[31] Urban poverty is particularly challenging in Dar es Salaam, with increasing consumption inequality and inequality of opportunities.[32]

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[23] Tanzania National Health Portal – Ministry of Health, Community Development, Gender, Elderly, and Children.
[24] The World Fact Book, www.cia.org.
[25] Child Mortality data Portal. United Nations Inter-Agency Group for Child Mortality Estimation.
[26] Child Mortality data Portal. United Nations Inter-Agency Group for Child Mortality Estimation.
[27] National Bureau of Statistics (2013) "2012 Population and Housing Census – Population Distribution by Administrative Areas."
[28] Overall: 2016: 26.6 million female and 26.5 million male, and 2020: 29.9 million female and 29.9 million male. Among children under 5 the distribution was: 2016: 4.4 million girls and 4.5 million boys, and 2020: 4.8 million girls and 4.9 million boys. In 2020, there were 32.0 million children under 18: 16.2 million boys (50.6%) and 15.8 million girls (49.4%).
[29] National Bureau of Statistics & Ministry of Finance and Planning and Office of the Chief Government Statistician & Ministry of Finance and Planning Zanzibar (2018) "National Population Projections."
[30] United Nations (2018) "Revision of World Urbanization Prospects."
[31] Gwaleba, M. (2018) "Urban Growth in Tanzania: Exploring Challenges, Opportunities and Management." International Journal of Social Science Studies. 6 (12) 47.
[32] World Bank Group (2019) "Tanzania Mainland Poverty Assessment."

2.5   Economy and Poverty

2.5.1   Economy

22.   Since 2020, Tanzania has become a **lower-middle-income** country that has seen one of Africa's fastest economic growth rates, with over six per cent annual growth in Gross Domestic Product (GDP).[33] Tanzania reached the middle-income country status five years ahead of the goal set in the Tanzania Development Vision 2025 (TDV 2025) in 1999, particularly due to economic growth in mining, construction, and transport.[34] According to the FYDP III, the Government of Tanzania expects that the classification to a lower-middle income country will have implications on grants and Tanzania will need to enhance domestic revenue sources.[35]

23.   However, the latest Tanzania Economic Update from February 2021 highlights that because of COVID-19, Tanzania faced recession in 2020 and real GDP growth fell from 6 per cent in 2019 to 2 per cent in 2020.[36] Particularly challenging is human development and Tanzania's Human Capital Index (HCI) remains well below the average for lower-middle income countries.[37] In fact, children born in Tanzania today will only reach 39 per cent of their lifetime potential with complete education and full health and the growth needs to be more focused on sustainable human development.[38] The newly released FYDP III reflects this by its principle of sustaining the economic growth while ensuring a high level of human development.

24.   The Mainland economy depends largely on agriculture, which accounts for slightly less than one quarter of GDP and employs more than 65 per cent of the workforce. The service sector, particularly tourism, is a major component of the economy in Zanzibar, contributing 51 per cent to the Zanzibar economy in 2019.[39] At national level, **food production and availability** are satisfactory in most years but with great inter-annual and geographic variations. A national food security assessment, for instance, found that 79 per cent of households reported deficits in food crop production in 2015/2016.[40] The Comprehensive Food Security and Nutrition Assessment for January 2020 reported limited food availability and 1 million people being severely food insecure (IPC levels 3 and 4).[41] **Food accessibility** is mainly driven by income. In 2015, it was estimated that the food basket constituted more than 50 per cent of the average monthly income for the bottom two income quintiles of the population, and food access is constantly threatened.[42] The most important accessibility challenges are in the Lake Zone, while one of the CP focus areas, the Southern Highlands, enjoyed the best food accessibility.

2.5.2   Poverty

25.   The latest poverty assessment for Mainland shows that the national poverty rate fell from 34 to 26 per cent and extreme poverty fell from 12 to 8 per cent between 2007 and 2018. However, poverty

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[33] The World Bank reclassified Tanzania from a lower-income to lower-middle-income country (LMIC) on 1 July 2020. World Bank Group (Jul 2020) "New World Bank country classifications by income level: 2020-2021."

[34] Tanzania Ministry of Finance and Planning (1999) "Tanzania Development Vision 2025."

[35] The United Republic of Tanzania (Jun 2021) "National Five-Year Development Plan 2021/22–2025/26."

[36] World Bank Group (Feb 2021) "Raising the Bar – Achieving Tanzania's Development Vision" Tanzania Economic Update. Issue 2015.

[37] The Human Capital Index assesses Learning and Employment outcomes across 5 distinct age groups, on a scale from 0 (worst) to 100 (best), using among others survival and stunting rates. Tanzania ranked 152 out of 174 countries in 2020.

[38] World Bank Group (Feb 2021) "Raising the Bar – Achieving Tanzania's Development Vision".

[39] The United Republic of Tanzania (2020) "National Accounts of Tanzania Mainland 2013–2019" and Zanzibar Investment promoting Authorities (2019) "Zanzibar at a glance – Economy" quoting Office of the Chief Government Statistician, Zanzibar 2019.

[40] Tanzania Food Security and Nutrition Analysis System – MUCHALI (2017) "Comprehensive Food Security and Nutrition Assessment Report."

[41] Tanzania Food Security and Nutrition Analysis System – MUCHALI (Jan 2020) "Comprehensive Food Security and Nutrition Assessment Report."

[42] Cochrane, B and A. D'Souza (2015) "Measuring access to food in Tanzania: A food basket approach" USDA Economic Information Bulletin Number 135.

declined faster between 2007 and 2012 than it has since – in 2012 it stood at 28 per cent.[43] In Zanzibar, people living under the national poverty line fell from 30 per cent in 2014/15 to 26 per cent in 2020.[44] Due to the COVID-19 pandemic, the World Bank estimates that an additional 600,000 people have been pushed below the poverty line in Tanzania, particularly in urban areas.[45, 46] Moreover, the declining economy is expected to increase the fiscal deficit, putting more pressure on basic social services.

26.   While nationally 25 per cent of the population lives in severe multidimensional poverty, in the rural areas it is 42 per cent.[47] The proportion of people affected by multidimensional poverty varies greatly among the Regions and between urban and rural areas. The indicators contributing most to the overall poverty index are nutrition and school attendance – each contributing around 20 per cent with some regional differences. Poverty is closely related to the rights and protection of children and adolescents. For instance, birth registration took place in 8 per cent of poor households and 63 per cent of rich households in 2010–2016.[48] Other factors closely linked to poverty include female headed households, early marriage, and disability. For instance, in Zanzibar most families of people with disabilities lived below the poverty line in 2018.[49]

2.6   Children and Adolescents' Rights and Protection

27.   Tanzania has ratified 10 out of 18 United Nations Human Rights Conventions and their related protocols,[50] including the Convention on the Rights of the Child (CRC) and the protocols on children in armed conflict, sale of children, child prostitution, and child pornography; the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);[51] and the Convention on the Rights of Persons with Disabilities (CRPD).[52, 53]

28.   In addition, and of special importance for the CPE, Tanzania has signed the following African Conventions under the African Union African Charter on Human and Peoples' Rights: Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; the African Charter on the Rights and Welfare of the Child; and the African Youth Charter.

29.   Tanzania submitted the combined third and fifth reports to the **Committee on the Rights of the Child in 2012**. The sixth report was due on 9 January 2020 but has not been finally approved for submission. The Committee provided observations and recommendations on the combined third and fifth report in January 2015.[54] The concerns of the Committee included insufficient follow-up to

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[43] World Bank Group (2019) "Tanzania Mainland Poverty Assessment."

[44] Revolutionary Government of Zanzibar (2020) "Annual Sustainable Development Goals (SDGs) Implementation Report 2019/2020."

[45] World Bank Group (June 2020) "Tanzanian Economic Update – Addressing the Impact of COVID-19". The World Bank classified 14 million Tanzanians as 'poor' in 2018.

[46] World Bank "Tanzania at a Glance." Accessed 1 June 2021.

[47] Multidimensional poverty reflects 10 weighted indicators: Child Mortality, Nutrition, Years of schooling, School attendance, Living Standards, Cooking fuel, Toilet, Water, Electricity, Floor, Assets. Oxford Poverty and Human Development Initiative – Global MPI 2020.

[48] AfECN (2018) "Tanzania Country Profile." Based on numbers from UNICEF and World Bank.

[49] Institute of Development Studies (2020) "Disability Inclusive Development Tanzania Situational Analysis June 2020 update."

[50] Human Rights Conventions – United Nations Human Rights, Office of the High Commissioner.

[51] The CEDAW was ratified by the United Republic of Tanzania in 1985. Please see Chapter 2.7 for implementation of CEDAW in Tanzania.

[52] The CRPD was ratified by the United Republic of Tanzania in 2009 and followed up with the Persons with Disabilities Act in 2010 for its implementation. With the Act, the national definition of disability is in line with the international definition: "a person with a physical, intellectual, sensory, or mental impairment and whose functional capacity is limited by encountering attitudinal, environmental, and institutional barriers." The responsible MDAs for implementation of the Act are health, local government authorities, public service management, community development, labour, and education.

[53] For more detailed analysis and data on children and adolescents' rights and protection, the CPE refers to other studies.

[54] UN Committee on the Rights of the Child (CRC) (3 March 2015) "Concluding observations on the combined third to fifth periodic reports of the United Republic of Tanzania" CRC/C/TZA/CO/3-5."

recommendations from 2006, particularly regarding resources for children, birth registration, corporal punishment, harmful practices, and juvenile justice. The recommendations covered issues that need to be addressed and rectified for Tanzania to be compliant with the CRC,[55] including integrated implementation; child rights budgeting; raising the minimum age for marriage to 18 years; abolition of discrimination against girls and women, including pregnant girls and teenage mothers; protection of children with albinism; full birth registration coverage; abolition of corporal punishment of children; child-friendly justice; abolition of female genital mutilation; elimination of institutionalization of children; free education as a constitutional right without hidden costs; elimination of stigma, discrimination, and violence against children with disabilities; abolition of child labour; and child- and youth-focused statistics disaggregated by age, sex, and geographical location. Several of these challenges are addressed in the FYDP III 2021/22–2025/26 as shown in section 2.2.[56]

30.   For the **African Charter on the Rights and Welfare of the Child**[57] ratified in 2003, the Government submitted the first periodic report in 2008 and a consolidated second, third, and fourth report in October 2015.[58] The 2010 observations from the African Committee of Experts were similar to the 2014 comments from the CRC, including concerns about norms and practices and the lack of legislation in Mainland to allow pregnant schoolgirls to return to school.[59] The Concluding Observations of the African Committee of Experts were prepared in July 2017[60] and included recognition of advancement in implementing the Charter in Tanzania, particularly the legislative framework, reduction in under-five mortality, improving the juvenile justice system, junior councils in most districts, birth registration, early childhood development plans, and removal of school fees for early secondary education.

31.   On behalf of Tanzanian girls, the Legal and Human Rights Centre and Centre for Reproductive Rights submitted a report to the Committee in 2019 complaining about the conditions for girls in the school system, including forced pregnancy testing and expulsion of girls if pregnant. The complaint was admitted by the African Committee of Experts on the Rights and Welfare of the Child in September 2020.[61] Recently, concrete improvements towards non-discrimination of pregnant girls have taken place in Tanzania. In April 2021, the Minister for Education and Vocational Training in Zanzibar urged directors and heads of units in the Ministry to **ensure that girls return to school after giving birth**. The Minister called for community awareness on the matter to ensure accountability of the ministries, departments, and agencies (MDAs). In June 2021, the Government of Tanzania announced that **school dropouts including pregnant girls will be offered opportunities to return to school through alternative colleges**.[62]

2.7   Gender Equality and Empowerment of Women and Girls

32.   Several studies and evaluations commissioned by development partners point to **shortcomings in the enabling environment for a gender-transformative policy**, including limited attention to gender budgeting, weak implementation strategies, misconceptions of the meaning of gender mainstreaming and empowerment of women and girls and even lack of knowledge on gender equality, and weak monitoring

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[55] Committee on the Rights of the Child (2014) "List of issues in relation to the combined third to fifth periodic reports of the United Republic of Tanzania" Sixty-eighth session (12–30 January 2015) CRC/C/TZA/Q/3-5.

[56] The United Republic of Tanzania (Jun 2021) "National Five-Year Development Plan 2021/22 – 2025/26."

[57] ACERWC. Accessed 29 December 2020.

[58] The United Republic of Tanzania (2015) "Consolidated 2nd, 3rd and 4th Reports on the Implementation of the African Charter on the Rights and Welfare of the Child by the Government of the United Republic of Tanzania."

[59] Concluding Recommendations by the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) in the Republic of Tanzania Report on the Status of Implementation of the African Charter on the Rights and Welfare of the Child. Accessed 29 December 2020 – Undated.

[60] African Union (2018) "Concluding Observations and Recommendations of the African Committee of Experts on the Rights and Welfare of the Child to the Government of the United Republic of Tanzania on its Combined Second, Third, and Fourth Periodic Report on the implementation of the African Charter on the Rights and Welfare of the Child."

[61] The African Committee of Experts on the Rights and Welfare of the Child (2020) "Admissibility Ruling Communication Legal and Human Rights Center and Center for Reproductive Rights (on behalf of Tanzanian girls) v United Republic of Tanzania."

[62] UNICEF TCO.

instruments with limited involvement of NGOs and actors in the private sector.[63] Some sector improvements, though, can be observed, such as the almost parity among girls and boys in the enrolment in pre- and primary education.[64]

33. According to the African Child Policy Forum (ACPF) 2020 Report, **Tanzania is characterized as a less girl-friendly country**, with a Girl Friendliness Index (GFI) of 0.45, ranking Tanzania as number 32 out of 52 African countries.[65] The GFI is based on proxies for girls' rights to protection, supply of health, nutrition and education services, and participation.[66] **The major shortcomings in Tanzania are related to girls' protection, while the country scores better on supply of basic services**. More specifically, the report shows limited implementation of critical laws in Tanzania, including laws that prohibit domestic violence and laws that guarantee equal inheritance rights among girls and boys. Several other factors explaining the low GFI in Tanzania include the lack of a legal framework against corporal punishment in schools and alternative care institutions. Female Genital Mutilation (FGM) was criminalized in 1998 and since then, the prevalence of FGM has fallen from 18 to around 10 per cent of females aged between 15 and 49 years.[67] On the other hand, the GFI report also shows that relatively few adolescent girls and boys in Tanzania show signs of mental health problems.[68] This single source of data should be treated with caution, though, and more research is needed.

34. Overall, the l**imited availability of reliable and timely statistics on women and girls' empowerment and gender equality is a major challenge for effective gender-responsive programming** in Tanzania. During interviews for this CPE, several stakeholders reported on the **lack of sex-disaggregated data in many areas related to sustainable development**.

2.8 Humanitarian Needs and Emergencies

35. **Humanitarian needs in Tanzania are mainly linked to refugees from Burundi and the Democratic Republic of the Congo (DRC)** fleeing political violence. According to the United Nations High Commissioner for Refugees (UNHCR), as of 30 April 2021 there were 260,394 persons of concern, that is persons with a need for humanitarian protection, of whom 67 per cent were from Burundi and 33 per cent from the DRC.[69] As of 31 July 2021, Tanzania hosted 251,299 refugees and asylum-seekers, mainly from Burundi (68.5 per cent) and the DRC (31.3 per cent). Eighty-four per cent of the refugees are hosted in three camps in Nyarugusu, Nduta, and Mtendeli on the western border of Kigoma Region, in addition to some smaller camps in the neighbouring Regions of Tabora and Katavi.[70] According to the Humanitarian Situation Reports from UNICEF, 50 per cent of the refugees in the camps are children under 18 years of age. Trends in refugee numbers are shown in Figure 1 below.

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[63] See for instance CGIAR Research Program on Climate Change, Agriculture and Food Security (2016) "Gender-responsive policy formulation and budgeting in Tanzania: do plans and budgets match?" and Mujwahuzi, L. S., A. N. Sikira, and J. Lyimo-Macha. "Gender Mainstreaming Strategies in Local Government Authorities in Tanzania." African Journal of Applied Research (AJAR) 4.2 (2018): 191-202.

[64] See for instance The United Republic of Tanzania (Jun 2021) "National Five-Year Development Plan 2021/22–2025/26."

[65] African Child Policy Forum (2020) "The African Report on Child Wellbeing 2020: How friendly are African governments towards girls?" Addis Ababa: African Child Policy Forum (ACPF).

[66] The Girl Friendliness Index (GFI) builds on the African Child Policy Forum's Child Friendliness Index (CFI), which is a rights-based statistical tool to measure the extent to which African governments are living up to their commitment to all children, as they are obliged to do by the international and regional child rights laws, including the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). It is based on three dimensions (protection, provision, and participation) and 23 indicators, such as number of laws and policies related to girls, prevalence of child marriage, education expenditure of GDP, girls' school enrolment and completion rates (preschool, primary, secondary), under-five mortality rates for girls, and stunting and wasting of girls under five.

[67] DHS (2016) "Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-2016."

[68] Indicators used as proxies for mental health: Loneliness, Worry, Suicide plan, Attempted suicide.

[69] UNHCR Operational Portal for Tanzania.

[70] UNHCR Operational Portal for Tanzania.

36.   In August 2017, the Governments of Burundi and the United Republic of Tanzania and United Nations High Commissioner for Refugees agreed on a joint plan on **Voluntary Repatriation of Burundian Refugees**. As of 31 July 2021, 132,363 Burundian refugees have been repatriated from Tanzania (52 per cent female and 48 per cent male), leaving 149,847 registered refugees from Burundi in Tanzania.[71]

37.   Since 2017, the **North Mozambique Region** has experienced instability with violent attacks on the civilian population from non-state actors. According to UNHCR there were 668,000 Internally Displaced Persons in the region by the end of April 2021,[72] and many Mozambicans are seeking asylum in Tanzania.[73]

Figure 1 Trends in number of refugees in Tanzania January 2016–April 2021
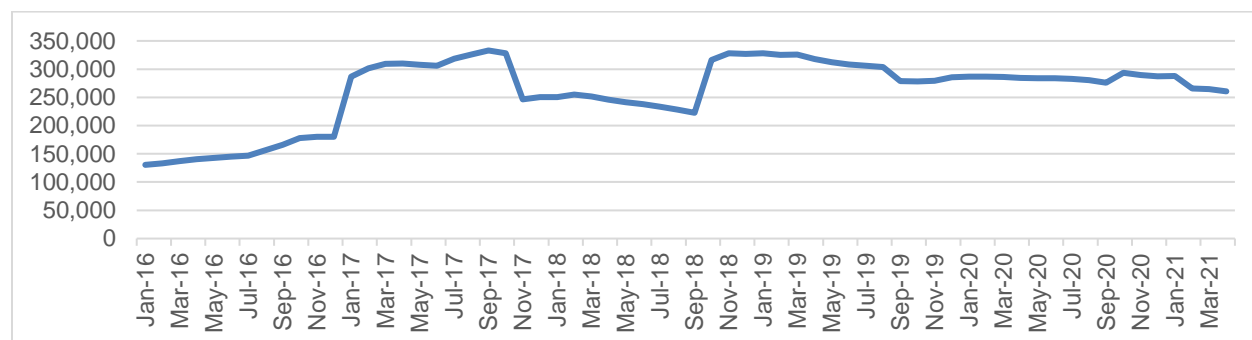
Source: UNHCR Operational Portal for Tanzania, accessed 1 June 2021

38.   The **main refugee-hosting Region, Kigoma**, has been identified as one of the Regions with the highest needs for development investment in Tanzania. The Tanzania Human Development Report 2017 showed that the **Human Development Index (HDI) in Kigoma was 0.472 in 2015**, compared to the national average of 0.614.[74] The relatively low HDI is particularly explained by income poverty. The multidimensional child deprivation analysis presented by UNICEF in 2017 showed that Kigoma was the fourth worst-performing Region.[75] Sixteen United Nations agencies are working together on the **Kigoma Joint Programme (KJP) 2017–2022 to support both refugees and host populations with an increasing focus on the humanitarian–development nexus**.[76]

39.   Tanzania was signatory to the **Comprehensive Refugee Response Framework (CRRF)**,[77] but withdrew in 2018. A direct triggering factor was funding conditions from the World Bank for displaced

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[71] UNHCR (Dec 2020) "Voluntary Repatriation of Burundian Refugees."

[72] UNHCR Operational Portal for Tanzania.

[73] Data on the humanitarian situation along the border with Mozambique are scarce. For instance, the data portal of UNHCR for Tanzania does not include data on Mozambican asylum seekers. During interviews, the CPE learned about a joint United Nations effort for developing a sustainable response plan.

[74] UNDP (2017) "Tanzania Human Development Report 2017."

[75] UNICEF Tanzania Subnational Engagement Strategy 2017–2021 November 2017. The 12 indicators used for the multidimensional child poverty analysis are from different surveys mainly from 2015 but some from 2010 and 2011.

[76] United Nations-Tanzania (2017) "UN Joint Programme for the region of Kigoma – 2017–2021." Extended to 2022.

[77] The Global Compact on Refugees (GCR) was approved by United Nations Member States in December 2018. It provided a framework for responsibility-sharing, funding predictability and effective and efficient use of resources; a multi-stakeholder approach; and evidence-based policies and programmes. The GCR was the outcome of the 2016 New York Declaration for Refugees and Migrants, adopted by the United Nations General Assembly, that called for the development and implementation of a Comprehensive Refugee Response Framework (CRRF). As a signatory to the Declaration, Tanzania also launched the national CRRF in 2017 as one of 12 pilot countries reconfirming their pledges to receive and protect refugees, renew national refugee policy, and provide durable solutions by enhancing education and employment. Tanzania thereby also confirmed its commitment to a 'whole of society' approach and the humanitarian–development nexus when addressing the refugee situation.

persons based on mixed loans and grants.[78] Since then refugees have seen their opportunities for movement and self-sustained livelihoods restricted.[79]

40.   **Cholera** has been a continuous health threat in Tanzania, with frequent outbreaks. The frequent **floods, the limited epidemic control in neighbouring countries, and poor WASH conditions in refugee camps, urban slums, and other challenged areas exacerbated these outbreaks**. A major cholera outbreak started in August 2015, and ended in December 2018 with 4,688 cases, 84 deaths, and a case fatality rate of 1.8 per cent. There was a short cholera outbreak from May to June 2019 with 233 cases, 3 deaths, and a case fatality rate of 1.3 per cent. It is now considered to be controlled.[80] The Revolutionary Government of Zanzibar launched its **Zanzibar Comprehensive Cholera Elimination Plan** in September 2019. The Government of the United Republic of Tanzania is finalizing a similar control plan for Mainland, which is planned to be launched in 2021.[81]

41.   According to a 2018 study from the Ministry of Health, Tanzania Field Epidemiology and Laboratory Training Programme and the National Institute for Medical Research, **an Ebola outbreak in Tanzania constitutes a real public health threat because of the situation in the DRC**.[82] The study further notices that the preparedness for an Ebola outbreak was moderate and needed improvement in all the prioritized Regions. Officially, no Ebola case has been detected in Tanzania. WHO, though, has questioned this on several occasions.[83]

42.   As already mentioned, the current **COVID-19 pandemic** has had severe socio-economic impacts in Tanzania.[84] The Government's containment policy initially included suspension of international flights, movement restrictions, a ban on large gatherings and the closure of schools, but these measures were lifted in June 2020. In May 2020, a food security assessment in the context of COVID-19 estimated that up to 2.1 million people could need food assistance because of the socio-economic impacts of the pandemic.[85] The official numbers of people infected with COVID-19 remain low. In June 2021, the Government of Tanzania released official figures on COVID-19 with 1,017 confirmed cases and 21 deaths.[86] The Government budgeted USD 470 million for public vaccination[87] and the country received around 1 million vaccine doses from global initiative COVID-19 Vaccines Global Access (COVAX).[88]

43.   There have been 16 major **natural disasters** in Tanzania from January 2016 to November 2020,[89] predominantly floods, with 148 fatalities and more than 300,000 people affected. According to the Natural Risk Profile prepared by the United Nations Office for Disaster Risk Reduction (UNDDR) on average **150,000 people are affected by floods annually** in Tanzania.[90]

2.9   International Cooperation

44.   The Government of the United Republic of Tanzania presented its **five-year Development Cooperation Framework in 2017**.[91] The Framework builds on positive results over the previous decades

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[78] Carciotto, Sergio, and Ferraro, Filippo. "Building Blocks and Challenges for the Implementation of the Global Compact on Refugees in Africa." Journal on Migration and Human Security 8.1 (2020): 83-95.
[79] UNHCR (2018) "Tanzania Country Refugee Response Plan January 2019–December 2020."
[80] UNICEF TCO.
[81] UNICEF TCO.
[82] Kishimba, R. S. et al. (2018) "Is Tanzania prepared to respond and prevent Ebola Outbreak?" in Tanzania Public Health Bulletin, Vol 1. Issue 1. Ministry of Health, Community Development, Gender, Elderly and Children. According to the study, the fatality rate of the 2018 outbreak in DRC was 64 per cent.
[83] See for instance WHO (2019) "WHO signals alarm over possible unreported Ebola cases in Tanzania."
[84] World Bank Group (June 2020) "Tanzanian Economic Update Addressing the Impact of COVID-19."
[85] WFP (2019) "Food Security Overview – Context of COVID-19 – Tanzania."
[86] WHO Coronavirus (COVID-19) Dashboard.
[87] Voanews.com. Accessed 27 July 2021.
[88] WHO – United Republic of Tanzania.
[89] The numbers are based on the International Disaster Database (EM-DAT) (EM-DAT | The international disasters database (emdat.be)). EM-DAT registers natural disasters with more than 10 fatalities and/or 100 affected and/or call for international assistance and/or declaration of a state of emergency.
[90] UNISDR (2018 and 2019) "Disaster Risk Profile Tanzania."
[91] Ministry of Finance and Planning (2017) "Development Cooperation Framework."

in line with the 2005 Paris Declaration on Aid Effectiveness, the 2008 principles of the Accra Agenda for Action (AAA), and the 2011 Busan Partnership for Effective Development Cooperation, including focus on ownership, inclusive partnerships, harmonization, result-orientation, mutual accountability, and capacity development. The Framework highlights **existing challenges in development cooperation, particularly regarding aid predictability, fragmentation, ownership, partnership, and conditionalities**.

45.   Some of these challenges were addressed in the **2017 Kaberuka process,**[92] which is a joint initiative between the Government of the United Republic of Tanzania and the Development Partner Group. Recommendations from the process included establishment of a more systematic and continuous dialogue between the Government and development partners, aid transfer mechanisms, capacity development, and innovations.

46.   To this end, the defined objectives of the **Development Cooperation Framework 2017/18–2024/25** are 1/Strengthen national ownership and government leadership in development programming and cooperation; 2/Ensure effective management of resources for development results; 3/Strengthen both domestic and mutual accountability for all partners; and 4/Promote Tanzania's benefits from increased trade, and domestic and foreign investment. According to the Framework, this will require the Government to be in the driver's seat for development assistance, including coordination and needs identification. Government departments will need to have adequate capacity for development cooperation and transaction costs related to development cooperation need to be minimized.

47.   **Official Development Assistance (ODA)** has remained almost stable over recent years. With the high annual growth rate in Tanzania over the last decade, this also means that ODA as a percentage of Gross National Income (GNI) has been declining. It constituted 4 per cent in 2019, compared to 9 per cent in 2010. Likewise, ODA as a component of central government expenditure decreased from 70 per cent in 2010 to 30 per cent in 2018.[93] The impact of the World Bank's 2020 reclassification of Tanzania as a lower-middle income country on ODA remains to be seen. Earlier forecasts of a reduction should be seen in the light of the ongoing COVID-19 pandemic, which might also have an influence on the level of remittances.

3   EVALUATION OBJECT

48.   **UNICEF has cooperated with the Government of the United Republic of Tanzania through in-country programmes since 1965**. Initially, the focus was on nutrition but was soon complemented by WASH, education, child protection, nutrition, and health, and later HIV/AIDS.

49.   The **July 2016 to June 2021 Country Programme** of Cooperation between the Government of the United Republic of Tanzania and UNICEF is presented in the Country Programme Document (CPD),[94] which was approved by the UNICEF Executive Board in February 2016. The CP was originally designed for the period July 2016–June 2021 but was **extended for 12 months to June 2022** to be aligned with the national Five-Year Development Plans (FYDPs) and the common United Nations Development Assistance Programme (UNDAP).

50.   According to the CPD the Monitoring Results for Equity System (MoRES) was used for development of the CPD, including a series of sector Situation Analyses (SitAns).[95] In addition, the SitAns prepared for UNDAP II informed the CPD. The **overall bottlenecks** for ensuring protection of children, adolescents, and their caregivers are identified as social norms, gender dynamics, poverty and limited support for parents and families.

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[92] Centennial Group International & UONGOZI Institute (2017) "Development Cooperation for Emerging Tanzania; Findings, Recommendations, and the Road Ahead."
[93] Aid at a glance charts - OECD.
[94] E/ICEF/2016/P/L.3.
[95] Advocacy, Child Participation, and Partnerships; Child Protection; Children and AIDS; Education; Health; Nutrition; WASH; and Zanzibar (Nutrition, Health, Child Protection, and HIV and AIDS).

51. An **overall vision, goal, purpose, or objective** for the CP is not defined in the CPD. However, according to the website for the TCO, the CP's **"aim** is that Tanzanian children, especially the most disadvantaged children and families, have access to and benefit from quality social services, knowledge and opportunities, and thereby have a fair chance in life."[96]

52. The intended **rights holders** of the CP are presented as the **target group** and consist of children, adolescents,[97] and women affected by poverty, adversity, and exclusion, with the overall goal of leaving no one behind and reaching the furthest behind first, in line with the UNICEF Strategic Plan 2018–2021.[98] To support this target group, the CP works with several **duty bearers** at various levels, primarily key MDAs in Mainland and Zanzibar;[99] United Nations agencies through UNDAP and various joint programmes;[100] Regional and Local Government Authorities (LGAs) particularly in the **key focus Regions**: Mbeya, Iringa, Njombe, and Songwe Regions, Zanzibar, and Kigoma Region;[101] service providers of the LGAs including schools and health centres; and Civil Society Organizations (CSOs).[102] The CPE team has prepared a stakeholder analysis which is presented in Annex 7.

53. To improve the situation of children affected by poverty, adversity, and exclusion, the CP is organized around **seven thematic programmes and one programme on effectiveness**. The CP's outcome statements or intended changes are all at a thematic / programme level and are presented in the following table.

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[96] "UNICEF Tanzania"

[97] Referring to United Nations definitions, UNICEF applies: Adolescents: 10–19 years, Youth: 15–24 years, and Young People: 10–24 years, which is the term that covers all adolescents and youth. To facilitate harmonized use of age groups for adolescents, the Committee on the Rights of the Child suggests using 'Adolescents' as the period from 10 to 18 years in its "General comment No. 20 (2016) on the implementation of the rights of the child during adolescence." The African Youth Charter from 2006 states in its definitions that for the Charter Youth or Young People shall refer to persons between 15 and 35 years. Tanzania has ratified the Youth Charter and reflects this definition in the National Policy on Youth Development from 2007. The UNICEF mandate covers children up to 18 years but considering the agenda setting role of youth over 18 years, UNICEF activities for adolescent's rights go beyond 18 years. In UNICEF corporate strategies 2014–2017 and 2018–21 adolescents are identified as a key target group. Overall, it is from the Strategy Plan 2018–2021 that UNICEF includes a clear focus on the rights of adolescents.

[98] UNICEF TCO (Nov 2017) "UNICEF Subnational Engagement Strategy 2017–2021".

[99] The CP is particularly being implemented in cooperation with the following **Mainland MDAs**: Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC); Ministry of Constitutional and Legal Affairs; Ministry of Education, Science, and Technology; Ministry of Home Affairs; Ministry of Finance and Planning; Ministry of Foreign Affairs and East African Cooperation; Ministry of Information, Culture, Artists, and Sports; Ministry of Water and Irrigation; Ministry of Communication & ICT; Prime Minister's Office – (Labour, Employment, Youth, Employment and Persons with Disability); Prime Minister's Office – Tanzania Commission for AIDS (TACAIDS); President's Office – Regional Administration and Local Government (PO-RALG); President's Office – Public Sector Management and Good Governance; Vice President's Office (Union and Environment); and National Bureau of Statistics (NBS). In Zanzibar, the CP is particularly being implemented in cooperation with the following **Zanzibar MDAs**: Ministry of Planning and Finance; Zanzibar Planning Commission (ZPC); President's Office – Regional Administration, Local Government and Special Departments (PO-RALGSD); President's Office – Constitution, Legal Affairs, Public Services and Good Governance; Office of the Chief Statistician of Zanzibar (OCGS), Ministry of Health (MoH) – since November 2020 the Ministry of Health, Social Welfare, Gender and Children; Zanzibar AIDS Commission (ZAC); Ministry of Education and Vocational Training (MoEVT); Ministry of Labour, Empowerment, Elders, Women and Children (MLEEWC) – since November 2020 the Ministry of Health, Social Welfare, Gender and Children; Ministry of Land, Housing, Water and Energy; and Second Vice-President's Office – Disaster Management Commission (DMC).

[100] **Main United Nations partners** for joint programmes are UNFPA, WHO, UNHCR, UNDP, ILO, and WFP.

[101] Please refer to Map of the United Republic of Tanzania at the start of the Report.

[102] UNICEF classifies CSOs into four main categories: international non-governmental organizations (INGOs), national non-governmental organizations (national NGOs), community-based organizations (CBOs), and academic institutions.

Table 3 Outcome / Change Statements of the Country Programme 2012–2022

Thematic Programme Component	Outcome / Change statement
Health	Effective coverage of high-impact reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) interventions
HIV/AIDS	Improved, scaled up and equitable use of proven HIV prevention, treatment, care, and support interventions
Water, Sanitation, Hygiene (WASH)	Vulnerable children are born, stay and live in improved hygienic environments with adequate safe water supply and sanitation facilities at home, schools and health facilities
Nutrition	Increased coverage of equitable, quality, and effective nutrition services among children under 5 years old
Education	Improved and equitable access to and completion of quality, inclusive basic education with a focus on improving learning outcomes
Child Protection	Girls and boys have access to and are better served by a national child protection system that prevents and responds to physical, sexual, and emotional violence, abuse, neglect, exploitation, and harmful social practices, and ensures children have adequate adult care
Social Inclusion	Child poverty (monetary and multidimensional) is reduced through quality, evidence-based policies, programmes, and budgets for all children, especially the most marginalized, at national and subnational levels
Programme Effectiveness	Improved efficiency and effectiveness of UNICEF and partners across all outcome areas.

54.   **Compared to the former CP** (2012–16) there are several changes in the focus of the thematic programmes. As such Nutrition and Health were combined into one programme in the CP 2012–16 while they are now separated. Communication, Advocacy, and Partnerships (CAP) as well as Emergency Preparedness and Response were two individual programmes in the CP 2012–2016. They have both been mainstreamed in the seven thematic programmes of the CP 2016–2022.

55.   The **geographic focus** is not defined in the CPD, but it is noted that the programme will strengthen **capacities of both national and local government institutions**. A subsequent subnational engagement strategy (November 2017) defines the **objective of subnational interventions** in terms of strengthening local governance systems and capacities to plan, fund, implement and monitor sustainable initiatives to improve the well-being of children and women in selected subnational areas of the country. Moreover, it is stated in the engagement strategy that the focus at subnational level will be convergence programming around Early Childhood Development (ECD) and adolescent initiatives.[103]

56.   The TCO carried out an **equity analysis for each Region in 2015**, based on 12 key child development indicators[104] combined with **general perceptions** about local capacity on health, nutrition, HIV/AIDS, and child protection. As a result, **four priority Regions** in which a Multiple Overlapping Deprivation Analysis (MODA) showed medium equity levels were selected in Mainland, as well as **Zanzibar**, which has relatively high equity levels.[105] Kigoma was also included as a priority Region. Kigoma has a high inequity level and is the Region where most refugees are concentrated, particularly in the district of Kibondo. The focus of the CP in Kigoma therefore focuses on the

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[103] UNICEF Tanzania Subnational Engagement Strategy 2017–2021, November 2017. The 12 indicators used for the multidimensional child poverty analysis are from different surveys mainly from 2015 but some from 2011.

[104] Covering WASH, education, HIV/AIDS, nutrition, maternal health, and multidimensional poverty as defined in the Human Development Report (HDR) and the Demographic and Health Survey (DHS) 2010.

[105] Multiple Overlapping Deprivation Analysis (MODA) is a UNICEF methodology which provides a comprehensive approach to the multidimensional aspects of child poverty and deprivation.

humanitarian-development nexus. Some CP initiatives, such as birth registration, are implemented at national scale across all Regions. The **geographic scope** of the CP can be summarized as follows: [106]

- Mbeya, Iringa, Njombe, and Songwe[107] Regions (collectively known as MINS) in the Southwest and Southern Highlands of Tanzania
- Zanzibar in its entirety (5 Regions)[108]
- Kigoma in Western Tanzania for refugee response
- Dar es Salaam for responses to urban poverty
- Nationwide for overall programmes.

57.   In addition, the geographic scope should be seen in the light of the **principle of flexibility of the CPD**. According to the TCO, the **CP was implemented in 85 districts in 12 Regions** in 2018/19 through initiatives including health, nutrition, WASH, education, child protection, and birth registration for children under 5 years of age.

58.   A **Mid-Term Review (MTR)** of the CP was carried out as an internal TCO exercise in mid-2018. The rationale for the MTR was developments in the national context, with increased focus on infrastructure and economic growth, improved knowledge for evidence-based prioritization and programming for children and women, and the new corporate Strategic Plan 2018–2021 with updated change strategies. In the Corporate Strategic Plan 2014–2017,[109] these strategies are referred to as implementation strategies. The CPD applies all corporate implementation strategies for the CP. They were then modified to the full set of corporate strategic change strategies as an outcome of the MTR.

59.   As can be seen in Table 4 below, major strategic changes in the corporate strategy 2018–2021 include the focus on 1/Programming at scale, 2/Gender-responsive programming, 3/Advocacy, and 4/United Nations cooperation through new change strategies. The former implementation strategies 1/Service delivery and South-South and Triangular cooperation were not retained in the key change strategies.

Table 4 Implementation / Change Strategies of CP 2016–2022[110]

Corporate Strategic Plan 2014–2017	Corporate Strategic Plan 2018–2021
Implementation Strategies	Change Strategies
1. Capacity Development 2. Evidence generation, policy dialogue, and advocacy 3. Partnerships 4. South-South and Triangular cooperation 5. Identification and promotion of innovation 6. Support to integration and cross-sectoral linkages and 7. Service delivery	1. Programming at Scale results for children 2. Gender-responsive programming 3. Winning support for the cause of children from decision-makers and the wider public 4. Developing and leveraging resources and partnerships for children 5. Leveraging the power of business and markets for children 6. United Nations working together 7. Fostering innovation in programming and advocacy for children and 8. Using the power of evidence to drive change for children.

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[106] Please refer to Map of the United Republic of Tanzania at the start of the Report.

[107] Songwe was created as a Region in January 2016 when the Region of Mbeya was divided in two.

[108] Island of Unguja: Zanzibar Central/South, Zanzibar North, and Zanzibar Urban/West; and island of Pemba: Pemba North and Pemba South.

[109] E/ICEF/2013/21

[110] The Corporate Strategic Plan 2014–2017 operates with 'implementation strategies' while the Corporate Strategic Plan 2018–2021 operates with 'change strategies.'

60.   The MTR showed that the CP was achieving planned outputs, and the outcomes were considered to be on track to be achieved in 2021.[111] The MTR included identification of challenges in achieving the planned results in 2021 for two of the 29 outputs; both related to health: strengthening of district health systems in evidence-based planning; and a need for greater focus on sustainability and institutionalization. The MTR argued that moving from individual programmes to upscaling and scalability should be a critical factor for future programming. Moreover, the strategies for convergence in programming needed to be strengthened and formulated more explicitly. Finally, the MTR identified a need to move from gender sensitivity to gender responsiveness.

61.   The MTR summarizes the major **suggested changes in the CP approach** as follows:

- Move from doing to influencing
- Strengthen scaling-up based on evidence-based 'scalability' criteria
- Strengthen coordination with United Nations partners and others
- Strengthen convergence programming based on a life cycle-based approach for ECD and adolescents.

62.   The total planned **budget** of the CP 2016–2021[112] is USD 228 million of which 43 per cent is from regular resources and 57 per cent from other resources. The budget for the former CP 2011–2015 was USD 148 million. The budget distribution by outcome area can be seen below in Figure 2.

Figure 2 Summary Budget for Tanzania CP 2016–2021 (1,000 USD)
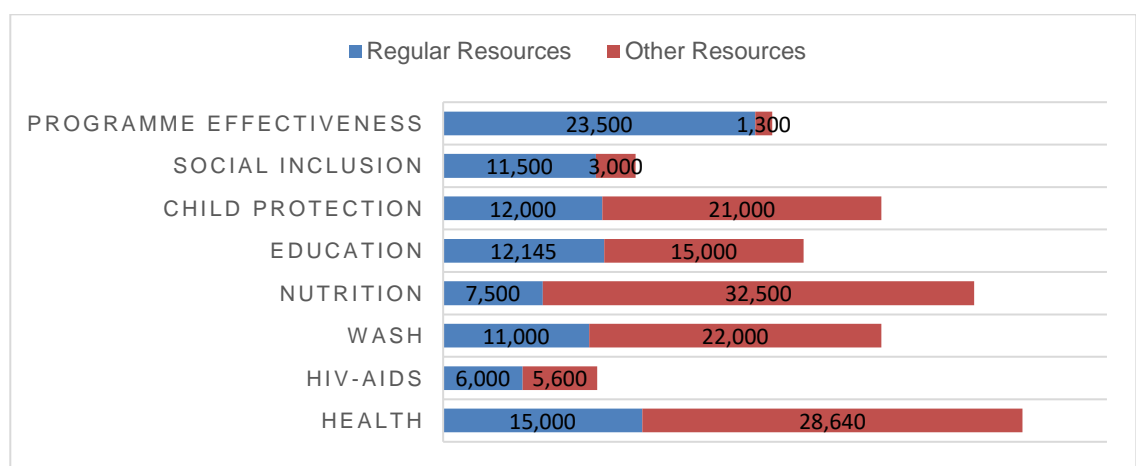
Source: Country Programme Document E/ICEF/2016/P/L.3

63.   The planned budget for the current programme cycle is substantially higher than for the previous programme cycle, CP 2011–2016, with an increase in other resources of around 26 per cent.[113,114]

64.   The TCO main office is located in Dar es Salaam with field offices in Zanzibar, Mbeya to cover MINS Regions, and Kibondo to cover Kigoma Region. In addition, there is a liaison office in Dodoma. Table 5 below shows the distribution of staff.

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[111] Please see Table 8 for the level of achievements of the outcomes.

[112] The Summary Budget is presented in the Country Programme Document E/ICEF/2016/P/L.3 and was repeated in the TCO presentation at the CPE launch meeting. The CPE Team has not seen an updated version that reflects the 12 months programme extension.

[113] The CP 2011–2015 had a total budget of USD 148 million, which was later increased when the CP was extended from four to five years.

[114] UNICEF Annual Report 2016, Tanzania.

Table 5 Staff numbers at UNICEF Tanzania Country Office

	2016	2020
Total staff	113	150
Dar es Salaam	97	109
Dodoma		3
Kibondo	3	8
Zanzibar	10	15
Mbeya	3	15
Men	61	75
Women	52	75
International Professional Staff	34	38
National Officers	35	67
General Service Staff	44	45

Source: TCO

65. The CP was developed and aligned with the United Nations Development Assistance Framework (UNDAF) in Tanzania. The **current United Nations Development Action Plan, UNDAP II 2016–2022**, aims at inclusive growth; a healthy nation; resilience; and democratic governance, human rights, and gender equality, reflecting Tanzania Development Vision 2025 and Zanzibar Vision 2020. In the design, the CP is contributing directly to all areas except resilience.[115] The contribution includes leading outcome groups and participating in joint programmes with other United Nations Agencies. The United Nations Country Team (UNCT) in Tanzania undertook an MTR of UNDAP II in 2019 and concluded that overall, there were great challenges in achieving the targets, and the underlying theories of change were weak.

4 EVALUATION PURPOSE AND METHODOLOGY

4.1 Purpose and Scope

66. The UNICEF Eastern and Southern Africa Regional Office (ESARO) commissioned the independent CPE, in close collaboration with UNICEF Tanzania Country Office (TCO). The CPE was conducted by an independent evaluation team fielded by Mokoro Limited. The Terms of Reference (TOR) for the CPE are attached in Annex 1. Following the well-established UNICEF country programme cycle, consisting of preparation, programming, implementation, and monitoring and evaluation, CPEs are called for at least once in every two programme cycles to feed into subsequent CP documents and United Nations Development Assistance Frameworks (UNDAFs). As such, **CPEs are exercises with a strong focus on learning and accountability** about the overall CP process. The **CPE specific objectives** are to:

- Assess relevance, coherence, effectiveness, efficiency, and sustainability
- Identify promising interventions
- Draw lessons and provide recommendations that can inform the planning process for the CP 2022–2027 and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2027.

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[115] However, the Thematic Results Group on Resilience forms the 'home' and platform of the Kigoma Joint Programme 2017–2021 to discuss overall strategic issues and form the glue and synergies between the themes. It is also the internal decision forum for the programme and includes all the participating agencies including UNICEF.

67.   Considering the conclusions and recommendations of the extensive MTR process of the CP in 2018, UNICEF requested that the **CPE focuses on**:

- **Convergence programming**, including the two existing convergence programmes on Early Childhood Development (ECD) and Adolescent programming
- **Equity,** in the rights of vulnerable children affected by poverty, adversity, and exclusion
- **Gender responsiveness** and gender-transformative impact
- Acceleration of initiatives to **scale** and sustainability
- The **strategic positioning** of UNICEF in relation to its mandate on the rights and protection of children and adolescents.

68.   **Overall, the CPE time scope** is July 2016–March 2021, with assessments of likely impact for the extended CP ending in June 2022. Considering the extensive internal MTR process in 2018 and in line with the CPE focus as outlined above, UNICEF requested during the inception phase that the CPE particularly focus on the **post-MTR period**.[116]

69.   In line with the CP coverage, the **geographic scope** of the CPE covers Tanzania Mainland and Zanzibar in their entirety with focus on national level coverage; the Regions of CP implementation at subnational level (Mbeya, Iringa, Njombe, and Songwe (MINS)), the Kigoma Region for responses to refugees and the humanitarian–development nexus; and Dar es Salaam for urban poor response.

70.   The **primary intended users of the CPE** are:

- UNICEF internal stakeholders[117]
- The Governments of Tanzania Mainland and Zanzibar including all relevant MDAs; regional secretariats; LGAs; and research and technical institutions
- Parliamentary committees
- Civil society organizations
- The United Nations system in Tanzania, including the UNCT
- Donors and other cooperating partners.

71.   The intended users are further described in the stakeholder analysis presented in Annex 7.

4.2   Methodology

4.2.1   Reconstruction of the CP theory of change

72.   As requested in the TOR, the CPE applies a theory-based approach to analyse CP contributions to change. During the inception phase the CPE reconstructed a theory of change (TOC) for the overall CP to help understand the logic behind the CP approach. The reconstructed TOC was based on the CPD, thematic TOCs prepared in preparation of the CPD and revised during the MTR, the results frameworks, and general observations. **The reconstruction process was participatory** and included a workshop with TCO technical and management staff. It was validated during subsequent workshops and presentations with TCO and the Evaluation Reference Group.[118] A summary diagram of the reconstructed TOC is presented in Figure 3 below.

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[116] The MTR process did not follow traditional evaluation criteria (relevance, coherence, effectiveness, efficiency, sustainability, impact). While some statements can be seen as reflecting a certain evaluation criteria, these statements are not presented in a systematic manner and the indicators and measurements leading to the statements are not clear.

[117] Primarily TCO, ESARO, Headquarters Management, and the Executive Board.

[118] The Evaluation Reference Group (ERG) was formed at the launch of the CPE in October 2020 to support the evaluation process, including to facilitate participation of relevant stakeholders, provide quality assurance, and support dissemination. The Group is chaired by the ESARO Evaluation Manager, and its members consist of representatives from TCO (5 members), MDAs (6 members), CSOs (1 member) and other United Nations agencies (1 member).

73. **In brief, the TOC shows** that the CP is designed to address 1/gender inequality; 2/access to basic services; and 3/the rights and protection of children, adolescents, and women throughout Tanzania. This will be done through improving 1/family care and practices; 2/availability and quality of basic services; and 3/the enabling institutional environment. These changes will be reached through direct changes for mothers, children, adolescents, and their caregivers in health, HIV/AIDS, WASH, nutrition, education, child protection, and child poverty. The **pathways for these changes** consist of a set of change strategies of which some are developed into proper cross-sectoral programmes in support of thematic and multi-sector programmes. The major **assumptions** that underpin the change pathways consist of 1/external assumptions that are given but critical for the CP performance and 2/causal or implementation assumptions that are the core of the TOC. The major external and causal assumptions are tested in the CPE. A full narrative description of the TOC is presented in Annex 4.

Figure 3 Reconstructed Theory of Change, Tanzania Country Programme 2016–2022
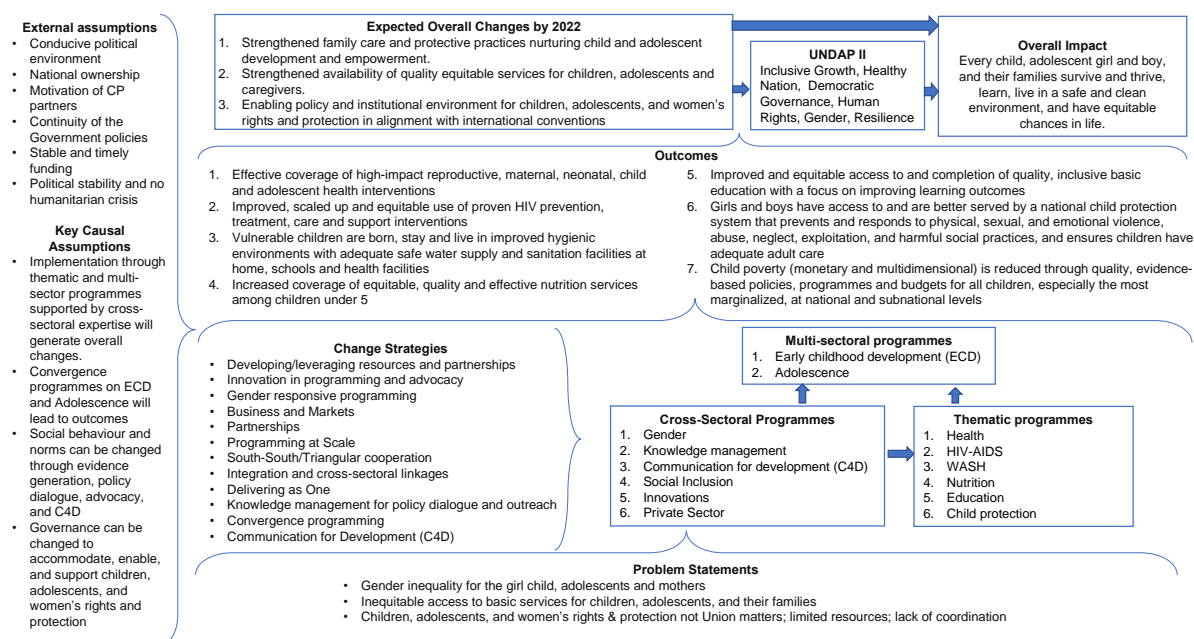
74. Based on the reconstructed TOC, a preliminary document review, a stakeholder analysis, interviews with key internal and external stakeholders,[119] and a context analysis, the **CPE developed an inception report presenting the CPE methodology**.[120] A summary of the methodology and its implementation during the CPE process is described in the following sub-sections.[121]

4.2.2　　　Participatory and inclusive approach

75. To ensure the usefulness of the CPE, the **evaluation methodology puts emphasis on ownership of evaluation results** through a participatory approach. This has included **active participation of TCO staff** in workshops at various stages of the evaluation, including for the reconstruction of the TOC, validation of the methodology, participation in interviews and appreciative inquiry workshops, corroboration of preliminary findings and identification of key conclusions. The planned methodology included active TCO participation in identification of lessons learned and recommendations, but time constraints prevented this. **Other key CP stakeholders, including MDAs and LGAs, national institutes, donors, United Nations agencies, and CSOs** participated in the CPE through interviews, an online perception survey, and appreciative inquiry workshops. In addition, the evaluation team engaged

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[119] By internal stakeholders, the CPE refers to UNICEF staff and by external stakeholders to non-UNICEF stakeholders, including Government representatives, United Nations, and CSOs.

[120] The stakeholder analysis and the documents reviewed are presented in Annexes 7 and 9.

[121] A detailed description of the methodology is presented in the Inception Report.

with the Evaluation Reference Group during validation of the inception report and the draft evaluation report. Annex 6 presents the list of persons who have participated in key informant interviews and appreciative inquiry workshops.

76. The participatory approach to **data collection** was applied through an **appreciative inquiry approach**.[122] The approach is premised on the belief that by focusing on positive results, the evaluation becomes a more constructive and inclusive exercise, promoting ownership of its findings, conclusions, and recommendations. The world of evaluation approaches and methods is large and confusing, with many overlapping definitions. For instance, 'appreciative inquiry' is referred to as a 'data collection method' in the UNICEF Result Based Management Handbook,[123] while the United Nations Evaluation Group (UNEG) refers to it as an 'evaluation methodology'.[124] For the CPE, appreciative inquiry was used as a **qualitative data collection approach**, focusing on learning from successful experiences, exploring the CP's results and impacts, and identifying perceived key contributing factors. By focusing on strengths and opportunities identified through narratives or perceptions, the CPE provides a positive outlook for future programming. This does not mean that challenges and problems are ignored. Rather, they have been addressed from a positive and learning perspective.

77. Key to the successful application of appreciative inquiry as a data collection approach has been the **engagement of key stakeholders** in the process of identifying: 1/success stories, contributing factors, and challenges; 2/missed opportunities; 3/positive and negative unexpected results; and 4/how these can be used in future programming. These elements have been addressed through different data collection modalities that are described below.

4.2.3 Evaluation framework

78. To assess the TOC, the CPE has used:

- Identification of **success stories** as perceived by internal and external stakeholders, as well as the underlying change strategies and factors that have generated the success stories. This allows verification of the change strategies of the TOC.

- An evaluation matrix, with questions organized around traditional evaluation criteria as requested by the TOR highlighting the CPE focus areas of **convergence programming, equity, gender equality and empowerment of women and girls (GEEW), scalability, and UNICEF strategic positioning**. Table 6 presents the evaluation criteria and the main evaluation questions (EQs). The questions closely reflect the original questions presented in the TOR but with some further development and adaptation based on the CP document review and the dialogue with the TCO during the inception phase. **The evaluation questions, furthermore, reflect a special request from the UNCT to address specific questions related to UNDAP II.[125]** Annex 5 provides the full evaluation matrix with indicators, measurements, and sources of information.

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[122] Appreciative Inquiry was developed in the 1980s by D. Cooperrider and colleagues at the Case Western Reserve University in Ohio as a research tool to organizational change with focus on strengths rather than weaknesses. It is based on the belief that people and organizations will be drawn towards constructive actions in the future by affirming positive moments of their past (Michael, S. (2005) "The Promise of Appreciative Inquiry as an Interview Tool for Field Research" Development in Practice, Vol. 15, No. 2 (Apr 2005), pp. 222–230). Cooperrider has identified five principles of Appreciative Inquiry: Constructionist, Simultaneity, Anticipatory, Poetic, and Positive stressing the importance of perceptions. Over the years, Appreciative Inquiry has developed and been adapted to different contexts, including development evaluations (see for instance www.betterevaluations.com).

[123] UNICEF (2017) "Results-Based Management Handbook."

[124] UNEG (2015) "UNEG Handbook for Conducting Evaluations of Normative Work in the UN System."

[125] UNDAP II has not been evaluated and there are no plans for an external evaluation. Several United Nations partners had planned country programme evaluations like this CPE. The independent CPE team suggested coordination and harmonization of the different country programme evaluations, but without success. During the CPE inception phase, the CPE team received a request from UNICEF to reflect the following UNDAP II related questions in the CPE evaluation matrix: "What was the extent to which interagency governance and management structures at country level encouraged synergies among agencies, enabled optimization of results and avoidance of duplication? What were the factors that facilitated or adversely impacted upon commitment and implementation to the inter-agency approach? Did these factors operate/manifest differently at national and sub-national levels?"

Table 6 Main Evaluation Questions and Assessment Criteria

Evaluation Criteria and coverage	Evaluation Questions
Relevance: Assessment of the extent to which the design and intended results of the CP are consistent with the needs of children, adolescents, and their caregivers and the priorities of the Government of the United Republic of Tanzania.	EQ1 To what extent is the CP guided by national priorities, clear programme theories, and relevant programme strategies appropriate to the changing context and emerging issues, and has the capacity to respond and adjust as necessary?
	EQ2 To what extent has UNICEF been able to position itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other United Nations agencies and development partners – and how were these harnessed to help achieve the results?
Coherence: Assessment of how well the CP fits with other interventions, policies, and strategies both internally to UNCEF and externally regarding the CP in the development and humanitarian architecture in Tanzania.	EQ3 To what extent are the CP focus and approach flexible and adaptable to changing needs?
	EQ4 To what extent have CP strategies addressed gender equality and equity, particularly the alignment with UNICEF Gender Action Plans (2014–2017 and 2018–2021), and national Gender framework, and the plans of the Gender working group of the Development Partners Group?
	EQ5 To what extent have human rights approaches been applied in the CP strategies?
	EQ6 To what extent are CP strategies aligned with the Core Commitments for Children (CCC) in Humanitarian Action?
	EQ7 To what extent is the CP linked to and achieving synergies and coordination with other United Nations agencies, including in response to emergencies, such as Ebola and COVID-19?
Effectiveness: Assessment of progress that has been made through the CP strategies, including convergence programming, to address the equity gaps that are affecting the most vulnerable children, adolescents, and their caregivers to have access to and benefit from quality social services, knowledge, and opportunities.	EQ8 To what extent has the CP achieved its outcomes and outputs, or is likely to achieve them, including any differential results across gender, Region, socio-economic status, and age?
	EQ9 Did the CP contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality?
	EQ10 To what extent are programmes, communications, and advocacy efforts gender-responsive/transformative, and, relatedly, are UNICEF TCO resources and staff capacitated to integrate and implement gender-responsive/transformative programmes?
	EQ11 To what extent has convergence programming changed national and regional approaches to children, adolescents, and women's rights and protection?
	EQ12 To what extent have United Nations inter-agency and management structures at country level encouraged synergies among agencies, enabled optimization of results and avoidance of duplication?

These questions had been shared with all country programme evaluations. The CPE team translated these questions in EQ7, EQ12, and EQ16.

Evaluation Criteria and coverage	Evaluation Questions
Efficiency: Assessment of the extent to which UNICEF achieves value for invested resources including considerations of management of funds, management of partnerships, operational planning strategies, implementation of activities and delivery of outputs.	EQ13 Were resources (funds, human resources, time, expertise etc.) allocated and utilized strategically to track and achieve results, including equity, inclusiveness, and gender-related objectives?
	EQ14 To what extent have the convergence strategy, the programme structure, and the office structure supported the delivery of the Country Programme? Were the chosen strategies and approaches the most cost-effective and efficient? Were there alternatives that would have worked better, and what are those?
	EQ15 How does the complementarity of the implementation/change strategies play out in CP implementation?
	EQ16 What were the factors that facilitated or adversely affected commitment and implementation to the inter-agency approach? And did these factors operate/manifest differently at national and subnational levels?
Sustainability: Assessment of the extent to which continuation of positive effects from the CP interventions were ensured, including their potential for scale-up and replication.	EQ17 To what extent are the positive changes and effects of the CP sustainable at the relevant levels including community, Regional, and national? To what extent have the adopted CP strategies contributed to or been designed in a way that they will contribute to sustainability of results, especially equity and gender-related results?
	EQ18 To what extent have the programme strategies, plans, and tools, particularly those with an equity and gender focus, been institutionalized in systems, policies, mechanisms and strategies among government, NGOs/civil society, and other partners and stakeholders? Will the strategies/plans/tools be more widely replicated or adapted? Is it likely that they will go to scale?

4.2.4   Data collection

79.   Based on the **appreciative inquiry approach**, focusing on strengths and opportunities identified through narratives or perceptions, the CPE is informed by the following four data collection tools:

Secondary data sources through:

1/ **A desk study**. Around 300 background documents were reviewed, including context documents, programme documents, internal and external evaluations, studies, assessments, policies, strategies, and operational guidelines. The documents were identified with support from the TCO and other CP stakeholders, including the ERG. The review paid special attention to the evaluation questions outlined in the Evaluation Matrix, and to success stories: secondary data from documents were assembled in matrices structured to facilitate answering the evaluation questions and accurately narrating the success stories. **The reviewed documents are presented in Annex 9**.

Primary data sources through:

2/ Individual online **interviews** with 58 key informants, primarily from UNICEF, other United Nations agencies, donors, and CSOs, at national and Regional levels, based on individually adapted semi-structured questionnaires.[126] The **individuals participating in the interviews were purposively selected**, based on their roles and positions related to the CP and UNDAP.

3/ An online **perception survey** among key CP partners assessing their appreciation of the CP as well as UNICEF's strategic position and role in promoting children's rights and protection in Tanzania. The perception survey received 56 responses from a wide range of stakeholders.[127] The content of the online perception survey is presented in Annex 11. The participants for the online perception

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[126] 4 Mainland MDAs, 5 Zanzibar MDAs, 4 Donors, 4 international NGOs, 4 national NGOs, 1 Private sector, 1 Research institution, 1 International Financial Institution, 27 UNICEF TCOs, 7 other UN agencies.

[127] 9 national and international NGOs, 24 MDAs, 3 LGAs, 1 Donors, 7 UN, 12 Other including Research Institutions. The online survey was administered to 198 stakeholders.

survey were selected based on a long list of CP partners prepared by the TCO and additional partners identified by the CPE team.

4/ Three **appreciative inquiry workshops** were conducted online: 1/UNICEF national staff, with participation of 13 staff members;[128] 2/MDAs, with participation of five representatives from national authorities in Tanzania and Zanzibar, and 3/CSOs with participation of representatives from seven national and international NGOs operating in Zanzibar and Mainland. The structure of the online appreciative inquiry workshops was simple. Participants were asked to identify 1/ UNICEF success stories in Tanzania (at any level process or result wise) and 2/ key factors leading to success.[129]

80. The key informants for the primary data collection were selected through a careful and **purposive sampling of participants for the different data collection modalities.** The participants included 1/**internal stakeholders** consisting of TCO staff and 2/**external stakeholders** with representatives from the Government of Tanzania, the Government of Zanzibar, donors, United Nations agencies, national and international NGOs, and research institutes.[130] Because this was a strategic evaluation **the ultimate target group of the CP, or the rights holders**, namely children, adolescents, and their caregivers did not participate in the primary data collection. However, their points of view were part of the collected secondary data, for instance thematic and mid-term and endline evaluations carried out under the CP.[131]

81. For all primary data collection modalities, the **option of using Kiswahili instead of English** was provided with interpreters and written text in both languages. However, the Kiswahili option was only used in a few instances. **Anonymity was ensured in all data collection**, including in the appreciative inquiry workshops, where participants could write input on a virtual flipchart anonymously. No informant opted out of participating during data collection. Annex 11 presents the primary data collection tools, including the CPE commitment to participants for anonymity.

82. The majority of key informants showed **gender sensitivity and familiarity with gender terms and goals**. Among the few that showed limited familiarity and understanding of gender equality discourse, there were both women and men. Still, to comply with general norms for evaluation reporting, it should be noted that around 55 per cent of participants in primary data collection were female.[132]

4.2.5 Data analysis

83. The data analysis is based on a **realist evaluation approach** combined with contribution analysis, to explain what works, how, for whom, to what extent, and in what circumstances. Key to realist evaluations is the assumption that nothing works everywhere or for everyone, and that **context is critical for programme results**. This requires a good understanding of the context. It is why the highly participatory approach has been essential for the CPE, to complement the comprehensive document review. The robustness of the explanatory framework is based on the broad range of data sources that have been **triangulated** throughout the data analysis.

84. Recognizing the challenges of capturing the results of complex programmes implemented in complex systems through many actors' activities, the **data analysis** has also been guided by an overall **contribution analysis approach** to assess the CP's contribution to Tanzania's capacity to protect and

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[128] The staff members were selected from among the staff members who were not being interviewed. Special attention was given to ensure thematic and geographic representation.

[129] The CPE suggested in the inception report that the workshops would also lead to identification of positive and negative expected and unexpected results. However, the time allocated to the workshops and the very constructive participation in the identification of success stories and enabling factors precluded this. Unexpected results were also sought in the other primary data collections but without identification of any major unexpected results.

[130] The CSOs participating in the primary data collection were sampled for their relation to the CP and the CRC in general. As such, the sampling did not consider, for instance, whether the CSOs were youth-led.

[131] Most mid-term and endline evaluations carried out under the CP include interviews and focus groups with ultimate rights holders, such as the [Endline Evaluation of the Afya Bora ya Mama na Mtoto (2015-2019)](#) that includes focus groups and interviews with adolescent boys and girls and mothers and caregivers to inform the evaluation. See Likewise, for the context analysis, the CPE has used Demographic and Household Surveys (DHS) that are informed by household surveys, interviews, and focus groups.

[132] There was no major difference in the distribution among men and women in the three primary data collection tools.

ensure the rights of children, adolescents, and their caregivers as well as to support achievement of the objectives of UNDAP II.

85. In keeping with the **principles of a participatory approach**, the CPE preliminary findings were presented for feedback from the TCO, which then was discussed further and translated into inputs to conclusions in a CPE-facilitated workshop with TCO participants. The original plans for a similar approach for lessons learned and recommendations did not take place due to time constraints.

4.3   Ethical Issues

86. The CPE was developed by a team of **independent consultants with no prior direct involvement in the CP implementation**. The national consultants on the team have been participating in some separate advisory functions organized by the TCO during the CP implementation, mainly related to nutrition and gender. Furthermore, Mokoro carried out an independent evaluation of CP nutrition activities.[133] These activities are not considered to cause any conflict of interest with the CPE.

87. The CPE is guided by the "Norms and Standards" and the "Ethical Guidelines for Evaluation" developed by the United Nations Evaluation Group (UNEG),[134] as well as UNICEF corporate guidance for equity-focused and gender evaluations. All CPE team members are well-acquainted with the different set of norms and ethical guidelines, and the work was undertaken in **full compliance with requirements of independence, impartiality, credibility, no conflicts of interest, and accountability**.

88. In its interaction with stakeholders, **the CPE team ensured that privacy and respect for rights were honoured**. Ahead of each interview, the evaluators informed key informants about the purpose of the evaluation, the criteria applied, the intended use of findings, and the basic principle of full anonymity of participants to ensure informed consent. All informants in the primary data collection were informed that they could end their participation at any time. Similarly, the appreciative inquiry workshops were implemented with opportunities for anonymous inputs from participants and the online perception survey informed participants about the anonymity of the answers (please refer to Annex 11 for further details). The findings in the report are referenced, but without divulging the sources of primary data.

89. **Gender equality in line with UNICEF guidelines** was applied when selecting data collection sources, with due consideration for the Tanzania contexts and in consultation with implementing organizations that have prime knowledge of local conditions.

90. The evaluation did not interview **children and adolescents**. As part of the secondary data collection, it used relevant information from the TCO's available consultations with children and adolescents.

91. The **ethical approval process** required by UNICEF, the Government of Tanzania, and the Government of Zanzibar consisted of several components. First, based on the approved Inception Report, Mokoro, in cooperation with UNICEF, applied for an Ethics Review by the UNICEF-certified independent group Health Media Lab, which was obtained before primary data collection with key informants was launched. Secondly, based on the clearance from the Ethics Review Board, Mokoro, with support from UNICEF, applied for a research permit from the Tanzania Commission for Science and Technology (COSTECH) to carry out the primary data collection in Tanzania, as well as from the Second Vice President's Office in Zanzibar. Additional material requested by COSTECH, including the final semi-structured interview guidelines, was submitted. The two final approvals were never officially received, apparently due to the post-election uncertainly in government offices, the COVID-19 pandemic, and the passing of the incumbent President. The CPE consulted UNICEF and other United Nations agencies about the procedures and was informed that primary data collection could proceed even if the final official research approval had not been received. The TCO also sought an approval letter from PO-RALG and from relevant ministries to allow the CPE team to proceed with data collection and interviews with stakeholders at government, Regional and council level in Mainland and at district level in Zanzibar.

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[133] Mokoro (2018) "Evaluation of the Bringing Nutrition to Scale Project in Iringa, Mbeya and Njombe Regions" UNICEF Tanzania.
[134] United Nations Evaluation Group (2017) "Norms and Standards for Evaluation.."

However, the letter was never obtained, again apparently due to the challenging context in Tanzania during the CPE data collection.

4.4   Evaluation Limitations and Opportunities

92.   The CPE team considers the following as key challenges, but also opportunities, in the realization of the CPE.

93.   The **CPE took place during very challenging times in Tanzania**.

- The COVID-19 pandemic was a critical context factor throughout the CPE. As a result, **all primary data collection had to be organized and implemented online.** While this was a challenge, it was also a positive learning element in the sense that the interviews, workshops, and presentations took place smoothly. Compared to traditional in-country data collection for evaluations, the online possibilities also made the exercise much more flexible, so interviews and workshops could be scheduled over a longer period. Moreover, online interviews often create spaces for frank and open discussions due to the safe place offered by sitting in a closed environment compared to face-to-face interviews that typically take place in office environments. The online workshops offer a level of anonymity that cannot be created in face-to-face workshops, for instance through use of anonymously filled in stickers to be shared on the workshop screen. As mentioned above, rights holders were not key informants to the CPE. This allowed online primary data collection with participation of the same stakeholders that will typically participate in conventional data collection for CPEs.

- Tanzania held general elections (Parliamentary and Presidential) in October 2020, causing **uncertainty among many MDAs about their role in the CPE as national partners**. The challenge was reinforced by the untimely passing of the incumbent President in March 2021. As a result, the CPE faced enormous challenges in securing interviews with MDAs, particularly in Mainland during both the inception phase and the main primary data collection. Likewise, support from PO-RALG to ensure regional and local administration participation failed, apparently because of the general political uncertainty. As a result, very few MDA and Regional and LGA representatives participated in the CPE interviews. However, the online perception survey – and to a certain degree the appreciative inquiry workshops – had good participation of MDA representatives.[135] Whether this reflects a preference for anonymity cannot be determined based on the available information. The challenges in obtaining the interviews led to a longer data collection phase than planned, and certainly a lack of direct open dialogue with these critical stakeholders. The CPE has considered this in the analysis of the data and compensated with information collected with the other primary and secondary data collection tools.

94.   In addition to the challenges in securing interviews with MDAs for the CPE, there are **two groups of key informants and stakeholders that have had particularly limited representation in the CPE, namely human rights protection institutions and the private sector**. National human rights protection institutions did not respond to invitations to participate in the different data collection tools, while the CPE secured one interview with a national private sector association. The document review has provided some relevant information on both the private sector and human rights protection institutions, but the lack of their perceptions is a limitation that the CPE has considered in the analysis and interpretation of the collected data. Furthermore, although document review was a rich source of data, there are of course some gaps in the thematic information from surveys and other sources, which the CPE sought to fill from interviews.

95.   The CPE is to a large degree informed by perceptions of different stakeholders. **Differentiation of the CP under review compared with former CPs can be complicated, particularly for external stakeholders, let alone distinguishing the post-MTR phase**. On the other hand, the most recent experience clearly dominates the perceptions collected. For instance, many internal and external

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[135] The outcome of the perception survey did not reveal great differences between national authorities and others (CSOs, UN agencies, others). In fact, they are all in agreement on what UNICEF is good at.

stakeholders[136] have clear perceptions about the success of UNICEF in responding to the COVID-19 pandemic, while no external stakeholders referred to earlier health emergencies, and only one informant referred to the role of UNICEF to support people affected by floods. The triangulation principle applied in the CPE, including the substantive document review, mitigates some of these challenges.

5   FINDINGS

5.1   Key findings from the stakeholder-identified success stories of CP 2016-2022

Key findings from the identified success stories of CP 2016–2022

F-SS1 - Both internal and external stakeholders readily identified success stories, which reflects not only a very high degree of knowledge among different stakeholder groups about UNICEF and the CP, but also the clear perception of UNICEF as being successful in Tanzania.

F-SS2 - The success stories reflect the 'eye of the beholder' and are all nuanced but are instances where the achievements in terms of contributing to the rights of children and adolescents and protection are seen as outweighing the challenges.

F-SS3 - The main implementation and change strategies that have been essential for the identified success stories are: developing/leveraging resources and partnerships; innovation in programming and advocacy; programming at scale; integration and cross-sectoral linkages; knowledge management for policy dialogue and outreach; and Communication for Development (C4D).

F-SS4 - Key factors that have been highlighted as critical in the success stories include UNICEF technical capacity and long-term commitment; the size of UNICEF Tanzania, allowing leadership and flexibility; evidence generation and knowledge management; listening and partnership capacity; Delivering as One; multi-sector and multi-stakeholder convergence programming; and vertical systems strengthening from families, communities, districts, Regions, and national level.

F-SS5 - Two of the external factors from the reconstructed TOC have been confirmed as critical for success stories: political will and commitment, including an enabling institutional environment; and long-term, sustained funding from national sources.

F-SS6 – The identified missed opportunities for the CP for implementing what stakeholders perceive UNICEF as being successful at, reflect several implementation and change strategies from the TOC, namely: gender-responsive programming; business and markets; South-South/triangular cooperation; Delivering as One; and convergence programming.

5.1.1   Areas of UNICEF implementation with key identified success stories

96.   Through the CPE appreciative inquiry approach, internal and external stakeholders identified key success stories from the implementation of the CP in Tanzania.[137] The approach also allowed identification of key factors leading to the success. The underlying criteria for identification of an initiative

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[136] By 'internal stakeholders', the CPE refers to UNICEF staff while 'external stakeholders' include MDAs, donors, CSOs, private sector, and other United Nations agencies.

[137] Principally from the following primary data sources: key informant interviews; online perception survey; and workshops with TCO staff, CSO representatives, and MDAs. The primary data collection was complemented with information gathered in progress reports and studies of UNICEF and other stakeholders in Tanzania.

as a success story were perceived impact and change with regard to specific issues related to the rights and protection of children and adolescents. As such, the perceived success stories are directly linked to the strategic position of UNICEF in Tanzania in promoting the rights of children and adolescents and protection through the combination of the implementation and change strategies.

97. **An overall finding for the CPE from the appreciative inquiry exercises was the ease with which success stories were identified**, reflecting not only a very high degree of knowledge among different stakeholder groups about UNICEF and the CP, but also the clear **perception of UNICEF as being successful in Tanzania**.

98. Overall, six key areas of intervention were identified during the CPE **as representative** of the key success stories identified by both internal and external stakeholders through the different data collection tools. **Each area of intervention has different components or clearly identifiable projects perceived as success stories**. Further analysis of the success stories in these areas of intervention is presented in Annex 3. Table 7 below summarizes the most often identified specific success stories, organized around different areas of intervention. It should be noted that many of the success stories identified during the data collection by different stakeholder groups are characterized by being multi-sectoral, and the assignation to specific areas of intervention does not reflect that these areas are more successful than others. But the areas were indeed identified by many of the stakeholders participating in the primary data collection of the CPE when presenting the success stories and for analytical purposes.

Table 7 Summary of perceived Success Stories of CP 2016–2022

Areas of Intervention	Key Success Stories in the specific Area
Water, Sanitation, and Hygiene (WASH)	• Support for policy development (National Strategy for the Elimination of Open Defecation, National Water Policy and National Environmental Health and Sanitation Strategy) • School WASH • Strong recent engagement with Songwe Region authorities, who are committed to achieving Open Defecation Free (ODF) status
Health and HIV/AIDS	• ONGEA Talk Radio[138] • HIV testing modelling among young girls and women • Scaled-up access to combination HIV prevention interventions for adolescents and young women • Cash Plus[139] model for reaching vulnerable adolescents with Sexual & Reproductive Health and HIV education and livelihood training.

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[138] ONGEA – or talk in Kiswahili – is a communication-focused initiative to support targeted communication, including HIV information for greater awareness and increased demand for HIV services. ONGEA uses several communication outlets, such as local radio edutainment through drama series, listenership clubs, and social media platforms with support from the CP for capacity development of local radio stations and support to involvement of adolescents in communication production. ONGEA was launched in May 2019, starting in eight districts within MINS. In 2020, the programme was expanded to full coverage area of 27 districts (CP Result Framework). ONGEA is broadcast weekly by 17 community and private radio stations in MINS for free ("Edutainment Radio Programme Breaks Cultural Taboos to Address Risky Sexual Behaviour, HIV and Teenage Pregnancies amongst Adolescents in Tanzania" in UNICEF Tanzania (2021) "Gender Equality Promising Programming Practices").

[139] The Cash Plus programme, with the full title "An Adolescent Livelihood, Health and Well-being Intervention as part of Tanzania's Productive Social Safety Net Programme" was launched in 2017 in a collaboration with UNICEF Office of Research – Innocenti and within a national partnership with the Tanzania Social Action Fund (TASAF), the Tanzania Commission for AIDS (TACAIDS) and funding from Irish Aid. As such, Cash Plus builds on existing nation-wide structures such as cash transfer and TACAIDS. The multi-sector programme integrates social protection, child protection, life skills, HIV and AIDS, gender transformation, and livelihoods support and was implemented as a pilot to test the model to contribute to "adolescent boys and girls 14 to 19 years from poor households transitioning safely into a productive and healthy adulthood in Tanzania." Cash Plus was first piloted in four rural districts in the Southern Highlands and has now been implemented in 10 districts in Iringa and Mbeya

Areas of Intervention	Key Success Stories in the specific Area
	• Zanzibar Afya Bora ya Mama na Mtoto (Better Maternal and Child Health)[140] • Community-based service delivery model to access antiretroviral and viral load suppression among adolescents living with HIV
Child Protection	• Support for development of Strategy for Progressive Child Justice Reform, 2020/21–2024/25 • Support for the national District Case Management System • Child justice system strengthening • Birth registration • National Plan of Action to End Violence against Women and Children (VAWC) in Tanzania 2017/18–2021/22 facilitated and approved • Communication for Development (C4D) on VAWC, notably in Zanzibar schools • Positive Parenting agenda contributing to gradual change in social attitudes to gender and parenting
Adolescent Programming	• Girls' Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT)[141] • Cash Plus with livelihood skills • Youth for Communication (Y4C) Hub • National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW)
Nutrition	• Infant and Young Child Nutrition (IYCN) services • National Nutrition Survey • Accelerating stunting reduction • Village Health and Nutrition Days
Emergency and	• Kigoma Joint Programme (KJP) with a focus on the humanitarian–development nexus[142]

Regions and four districts in Kigoma. As a pilot, the programme has been evaluated carefully with both a midline and an endline evaluation.

[140] The joint UNICEF–UNFPA project in Zanzibar Afya Bora better maternal and child health (2015–2019) aimed to improve maternal, newborn, and child and adolescent health in Zanzibar in cooperation with the Ministry of Health in Zanzibar. The project was funded by the Government of Canada. The project was designed to address maternal and child mortality, and in addition, improve the overall health and well-being of mothers and children in Zanzibar with two specific outcomes: 1/health system that delivers equitable and integrated health services, and 2/coverage of quality emergency obstetric, newborn and child health services, including high impact nutrition interventions.

[141] The GRREAT initiative, with the full title "Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania" is a five-year initiative (April 2019 to March 2024)[141] implemented as a joint programme by the Government, UNICEF and UNFPA, with financial support from Global Affairs Canada (GAC), and in partnership with other United Nations agencies and NGOs. The multi-sector programme integrates health, nutrition, HIV/AIDS, and education and aims at "improved sexual and reproductive health, rights and well-being among vulnerable adolescent girls in all 22 districts in Mbeya and Songwe regions and Zanzibar through system strengthening, demand generation, and nutrition services".

[142] The Joint United Nations programme for Kigoma, KJP (2017–2021) focuses on the humanitarian–development nexus with target groups identified as host populations, refugees, and migrants. It clearly reflects the key principles of the Grand Bargain in humanitarian actions developed at the World Humanitarian Summit in 2016 and the related New Way of Working for implementing the nexus. KJP is considered as a key instrument for UNICEF response in the four districts hosting the three camps in Kigoma. Overall, in the CP, the KJP is classified as a cross-cutting Humanitarian programme. KJP was launched in September 2017 in partnership with the Kigoma Regional Secretariat and relevant LGAs, development partners, refugees, the host community, and civil society.

Areas of Intervention	Key Success Stories in the specific Area
humanitarian responses	• COVID-19 response • Zanzibar Cholera Elimination Plan

99.   As can be seen in the discussion of the success stories in Annex 4, the stories reflect the 'eye of the beholder' and the experience is nuanced. For instance, School WASH has been identified by many different stakeholders as a success for increasing access to hygiene for students, particularly girls and children with disabilities. But the initiative has also been mentioned by other stakeholders as challenging because of the high-cost model that is used, and scalability and sustainability are questioned. It should be mentioned that both the positive and the challenging version of the story have been identified by different stakeholder groups, including TCO staff. TCO staff are clear that more affordable school WASH models are feasible and intend to promote those in future CPs.

5.1.2   Key factors that have been critical for the success stories

100. The different data collection tools have revealed several internal and external factors that are perceived as critical for the success of UNICEF in Tanzania. Many stakeholders refer to the importance of **UNICEF technical capacity and understanding of the national and local context,** developed through a perceived **long-term commitment** after many years of cooperation in Tanzania. The local network and trust that have been established in the MINS Regions and Zanzibar are considered critical for the achievements at Regional and local level. At national level, too, **UNICEF is regarded as a trusted technical and policy partner**, playing a strategic role in promoting the rights and protection of children and adolescents.

101. Another critical factor for the success of UNICEF is its **relative size** in Tanzania. UNICEF is the biggest United Nations agency in the country, contributing around 50 per cent of total investment of the United Nations in Tanzania. In terms of staff, it had 150 staff members in 2020 and 134 in 2016. Its size allows UNICEF to engage actively and take a leadership role in different initiatives, as well as having **greater flexibility**. This has for instance been critical for UNICEF leadership in the United Nations response to the COVID-19 pandemic. Likewise, it has been noted by development partners that UNICEF has greater ease in supporting emerging smaller initiatives, for instance under the Tanzania Social Action Fund, because of its size.

102. **Evidence generation and knowledge management** have been highlighted by many internal and external stakeholders as a critical success criterion for the different thematic areas. In fact, several stakeholders highlight UNICEF support to **evidence generation and knowledge management as a success in** itself. Still, it is also noted by many, including the Government's own self-assessment of the SDG process and the review of the FYDP II as described above in Chapter 2, that data management with quality data is a general problem for socio-economic development in Tanzania.[143] However, as a success factor, it has been highlighted that UNICEF is working to improve knowledge management at many levels, for instance work with the national and subnational statistical services and support to development of regular surveys. Some highlighted examples are support to nutrition surveys at different levels and support for the National WASH Data Technical Working Group in ensuring the inclusion of key WASH indicators in the forthcoming Demographic and Health Survey (DHS). UNICEF also supports the upcoming DHS.[144] Moreover, good and targeted communication products such as the **budget briefs prepared by the TCO** for different sectors are perceived as an important factor for the success of UNICEF in promoting the agenda for children and adolescents in Tanzania.

The programme includes 16 United Nations agencies and consists of seven thematic areas: 1/Sustainable energy and environment; 2/Youth and women's economic empowerment (UNCDF is leading – but UNICEF is not participating); 3/Ending violence against women and children (UNICEF lead); 4/Education with a focus on adolescent girls and young women (UNESCO lead – UNICEF participating); 5/WASH (UNICEF lead); 6/Agriculture with a focus on developing local markets; and 7/Health, HIV/AIDS, and Nutrition (WHO leads – UNICEF participates).

[143] Key qualifiers for good data include accessibility, comprehensiveness, compatibility, integrated systems, timeliness, and level of disaggregation, including sex, age, and socio-economic background.

[144] The fieldwork for the next Standard DHS is planned for October 2021 to February 2022. DHS Programme.

103. Some MDAs and Regional and local authorities have highlighted that generally, the success of UNICEF in Tanzania is closely linked to its **capacity to listen while not imposing** in the cooperation with government institutions. This is closely linked to the success factor of partnership on equal terms with different stakeholders.

104. **Capacity development** is a major factor for the initiatives identified as successful, particularly when it is built on participatory assessments and forms part of a vertical system strengthening strategy integrating all levels from families, communities, districts, Regions to national level.

105. Overall, as can be seen, several of the critical factors for success mirror **the implementation and change strategies of the TOC,** particularly when they are implemented in an integrated and complementary manner. The main implementation and change strategies that have been essential for the identified success stories are: developing/leveraging resources and partnerships; innovation in programming and advocacy; Delivering as One; partnerships; programming at scale; integration and cross-sectoral linkages; knowledge management for policy dialogue and outreach; and Communication for Development (C4D).

106. Reported **external factors that have been critical for the success correspond to the external assumptions in the reconstructed TOC**: political will and commitment, including an enabling institutional environment. A highlighted example of this is from Zanzibar, where the Government has decided to continue implementation of the programme for reducing transmission of HIV from mother to child. Likewise, **national ownership and institutionalization of activities launched by UNICEF** have been highlighted as success stories, particularly related to **birth registration**. Motivation of CP partners is also a critical factor of success, for instance as has been seen in the Zanzibar Comprehensive Cholera Elimination Plan. And finally, stable and timely funding, as is for instance the case of the Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT) initiative launched in 2019 with five-year funding from the Government of Canada, that is perceived by many as a promising initiative. The initiative is being implemented in Mbeya and Songwe Regions and Zanzibar. It should also be noted that one of the two external assumptions that has not proved correct, namely political stability, has challenged the CP. The other assumption that has not proved valid, namely no humanitarian crises, has been addressed by two success stories: the Kigoma Joint Programme and the COVID-19 pandemic response.

5.1.3   Missed opportunities in the light of UNICEF's strengths

107. During interviews, many internal and external stakeholders outlined missed opportunities for the UNICEF portfolio in Tanzania. These were typically reflections of the positively perceived capacity and strategic positioning of UNICEF. Around 20 per cent of the interviewed stakeholders, particularly external stakeholders, said that they could not see any missed opportunity for UNICEF in Tanzania. The most prominent missed opportunities identified are as follows.

- Harmonization of messages under **ONE UN – One Voice**. UNICEF is highlighted by many for its good communication skills and capacities and should take the lead in harmonized C4D within the United Nations Development Assistance Framework.[145] This position is furthered by the perceptions of many stakeholders that the lack of harmonization of the messages among the different United Nations agencies greatly weakens the impact of UNICEF and other agencies.

- The **One Voice** notion is also behind another identified missed opportunity but related to coordination with a multi-stakeholder forum facilitated by UNICEF, building on its strong convening power. UNICEF used to convene a joint platform for MDAs and CSOs working on a Children's Agenda, particularly related to the CRC. This allowed greater harmonization of focus, approaches, and messages, but the platform has not been active for several years. According to various stakeholders, critical remaining challenges for the rights and protection of children and adolescents, such as corporal punishment, could greatly benefit from a re-established and strengthened multi-stakeholder platform, with participants including faith leaders, the private sector, and other influencers.

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[145] UNDAP II and the upcoming UNSDCF.

- Overall, the **application of the principles of Delivering as One**[146] is seen as a missed opportunity by many external and internal stakeholders. The Kigoma Joint Programme is highlighted as a success of integrated United Nations programming and implementation. Lessons should be learned from the initiative, which has allowed, for instance, convergence programming in projects such as Health Plus,[147] integrating health, HIV, child protection, and nutrition. Through the joint and integrated approach, the project covers all children aged 0 to 18 years in the communities covered. Sustainability has been questioned though by several internal and external stakeholders. The other success of Delivering as One in Tanzania that is mentioned is the joint premises in Dodoma. However, this is still far from the principles of Delivering as One and the lack of application is perceived as a missed opportunity, considering that initiatives where agencies work together in complementary ways, such as the Kigoma Joint programme, the Zanzibar Afya Bora better maternal and child health project, and the Girls' Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT), have shown the advantages of multi-stakeholder initiatives. A decisive factor for the success of the two initiatives has been **donor commitment and engagement**.[148]

- The next missed opportunity that has been mentioned by both internal and external stakeholders also relates to recent changes to the TCO's portfolio and is linked to the support to Decentralization-by-Devolution (D-by-D). Several internal and external stakeholders have pointed to the successful support to D-by-D and the fact that UNICEF has been a leading actor in the support to **operationalization of the Government's decentralization policy in both Mainland and Zanzibar**. However, the general perception is that, over recent years, and particularly in the post-MTR period, UNICEF has put more emphasis on centralization, while leaving great opportunities for mobilizing and strengthening regional authorities and LGAs, which is a necessary component of systems strengthening. What various stakeholders have argued is that systems strengthening, as an integrated vertical exercise that integrates and strengthens the whole system from families to national level – or vertical convergence programming – should ensure **compatibility of different change strategies applied at different levels**. An example of this is knowledge management, where a great resource of **village data registers** is not fully used in the overall support to information management.

- The systems strengthening should, furthermore, be seen in the context of piloting, modelling, and scaling-up and missed opportunities. Another promising initiative that has not been exploited sufficiently is the use of the scalability analysis carried out as part of the MTR process, that in itself was considered successful by many internal stakeholders. **The lack of follow-through of the scalability analysis** and suggestions is considered as a major missed opportunity. In fact, some external stakeholders are wondering why UNICEF has so many pilots without apparent consequences, with inadequate modelling in some cases and insufficient acceleration towards scaling-up. This is related to some general concerns among many partners about the **limited understanding of UNICEF programming, piloting, modelling, and scaling-up policy**. The role of Government in the scalability analysis processes and the programming of the piloting–modelling–scaling-up policy seems to have been limited to consultation, where the Government is only brought in when the programmes have been drafted.

- With the general focus on climate change and environment in development cooperation, the CP has not been very vocal about these two interrelated subjects, on which the response of UNICEF has been particularly seen in relation to emergencies, such as floods and cholera, rather than prevention and mitigation and a strategy for how these change factors should be addressed. The missed opportunity is particularly related to **raising the voice of children and adolescents in**

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[146] In 2006, the United Nations General Assembly adapted the Delivering as One Approach: one leader, joint operation, common premises, and joint communication and Tanzania was one of 8 countries selected to pilot the new initiative, creating great expectations. General Assembly of the United Nations: Delivering as ONE.

[147] The Health Plus project (2018-2022) in Kigoma is known as 'Jumuiya za Afya na Ujana Salama': Scaling up synergetic community-based interventions to improve lives of the most vulnerable children, adolescents, and women in Kigoma. UNICEF is supporting the Health Plus in four districts. It is funded by IrishAid funded and implemented by UNICEF, UNFPA, WFP, WHO, UNAIDS and UNESCO under the leadership of WHO.

[148] It has been noticed, for instance, that the United Nations Programme in Zanzibar is not integrated, as is the case in Kigoma. One of the differences is lack of funding and donor conditions.

climate change and environmental programming and giving greater attention to the issues in Situational Analyses. It should be noted that the MTR process does not refer to climate change or environmental degradation but that the TCO's internal review of 2020 results mentions that climate change will be addressed by the CPE. The TCO has recently launched a background study to inform a more systematic approach to address the missed opportunity through a climate, energy, and environment landscape analysis of the impact on children in Tanzania. The study will inform the climate strategy of the new CPD.

- **Mobilizing and engaging parliamentarians** in different phases of programming, implementation, and monitoring and evaluation using the extensive network of UNICEF with the governance structure at national and subnational levels. The mobilization would lead to greater Government buy-in and ensure greater alignment with Government policies. This is particularly highlighted in relation to challenges in accelerating scaling-up and sustainability. Recently, the TCO has been responding to the call for exploiting this opportunity and the CPE learned about recent TCO dialogues with parliamentarians and relevant parliamentarian committees.

- The **mobilization of the private sector for the CRC** is another missed opportunity that several external and internal stakeholders have referred to. The CP has established partnerships with the private sector for service delivery, where the costs are borne by the private sector, for instance telecoms companies, to support cash transfers and surveys. The challenge of mobilizing the private sector is especially seen in relation to the integration of the private sector as an engaged national partner that explicitly applies the principles of the CRC, CEDAW, and CRPD in the corporate portfolio and not only as an implementing partner.

- The operational consequences of the COVID-19 pandemic have had a positive impact on efficiency at the TCO in terms of implementing a hitherto missed opportunity for greater use of **online opportunities of internal and external communication**, which has reduced operational costs and led to more efficient and participatory meetings and provided more opportunities for decentralized programming internally.[149] Still, it is felt that the communication opportunities and decentralized programming opportunities are not exploited sufficiently for cross-border/regional issues. This is particularly an issue for UNICEF support to refugees, where there is no direct communication between the UNICEF field office in Kigoma and UNICEF Burundi, for instance. Online communication opportunities have not been followed up sufficiently with efficient processes for decentralized programming.

- The CP offers great opportunities for **gender transformation and gender-responsive programming**, particularly since the CP reorientation developed during the MTR process, including the new Gender Strategy and the strengthening of gender expertise. Still, several stakeholders have highlighted that UNICEF is missing an opportunity to use the CP to effectively transform gender relations and thereby improve the quality of life for girls and boys, and women and men in cooperation with other national gender resources. Various reasons for the missed opportunity have been highlighted by different stakeholders. First, many observe that the TCO has traditionally not played a major role in Gender Equality and Empowerment of Women (GEEW) activities and is not recognized as a major GEEW player, in contrast to other United Nations agencies in Tanzania, particularly UN Women, and the United Nations Population Fund (UNFPA). The lack of tradition for GEEW as a mainstreamed CP priority means that the technical resources are still limited in many programmes.

108. As can be seen from the review of missed opportunities, they reflect the **implementation and change strategies from the TOC** that were not identified as critical for the success stories, namely: gender-responsive programming; business and markets; South-South/triangular cooperation; Delivering as One; and multi-sector and multi-actor convergence programming.

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[149] According to UNICEF TCO.

5.2   Relevance

5.2.1   CP alignment with national priorities and relevance of TOCs

EQ1 – To what extent is the CP guided by national priorities, clear programme theories, and relevant programme strategies appropriate to the changing context and emerging issues, and has the capacity to respond and adjust as necessary?

$\Rightarrow$ There is a strong two-way relationship between the CP and the national institutional framework related to the rights of children and adolescents in the sense that the CP is guided by the national institutional framework that is developed through the CP. The support is flexible and responsive to changes in needs and opportunities.

Key Findings EQ1

F-EQ1.1 – The CP is well-aligned with national priorities in both Mainland and Zanzibar and designed to contribute to the national development frameworks of the Government of Tanzania and the Government of Zanzibar reflected in national policies, strategies, and plans of action developed and updated as a result of the CP.

F-EQ1.2 – The TCO has developed great experience, networks, and local knowledge in MINS, which is of importance for innovation, modelling, and scaling-up. While geographic focus and staying in the Regions for the long haul is important, the CPE also finds that there should be a well-documented and transparent strategy for the selected geographic areas and the role of the CP subnational activities in the overall national programme. This is particularly important considering that there are great needs for support to the rights and protection of children and adolescents in other Regions too.

F-EQ1.3 – The geographic location for subnational activities in Zanzibar and Kigoma is highly relevant, considering the specific needs, contexts, and other actors in these Regions.

F-EQ1.4 – The CP's continued support to the national institutional framework for key sectors, such as WASH, health, HIV/AIDS, education, nutrition, and child protection, reflects the national governance structure organized around sectors. Principles of convergence programming, gender equality, and scalability are included in the resulting policies, strategies, plans of action and guidelines.

F-EQ1.5 – The CP's increased focus on systems strengthening with capacity development is found to be highly relevant, particularly when the systems are well-defined from families, communities, districts, Regions, to national level and based on vertically integrated approaches.

F-EQ1.6 – The CP's successful response to COVID-19 as identified in success stories is found to be a key example of the CP's flexibility to adjust to emerging issues.

F-EQ1.7 – The TCO has effectively leveraged its key strategic position in the traditional sectors of UNICEF: nutrition, WASH, education, child protection and the sector programmes have contributed to an update of the institutional framework and some behaviour changes. Moreover, the focus on adolescent programming and ECD has resulted in a corresponding national policy framework.

Discussion of EQ1 findings

109. The CPD outcomes should, in principle, be changes in performance of individuals or institutions.[150] The seven outcome statements for the focus areas of the CP are a mixture of changes in supply and demand as can be seen in the CP theory of change (Figure 3). They are all in areas of great relevance for Tanzania and contribute directly to the expected socio-economic outcomes of the FYDP II (2016/17–2021/22)[151] and more directly to the specific sector interventions of the FYDP II: Education, Health, Water, Food and Nutrition, and Social Protection. **The relevance of the CP to the national priorities is**

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[150] UNICEF (2017) "Results-Based Management Handbook."
[151] Ministry of Finance and Planning (2016) "National Five-Year Development Plan 2016/17–2020/21."

further confirmed by the reflection of the CP focus areas, programmes, and projects in the upcoming FYDP III, as shown in the analysis of the FYDP III in the context chapter in section 2.2. The seven CP outcome statements are all SDG-relevant and as such they also contribute directly to the Strategies for Growth and Reduction of Poverty (MKUZA) III for Zanzibar.[152]

110. As part of the CPD development, **Government representatives were consulted**, but they did not participate actively in all phases of the development. Similarly, the MTR process was not based on full participation of representatives from relevant MDAs and LGAs. On the other hand, both external and internal stakeholders noted during the CPE that planning of concrete activities is done as joint exercises within the CP framework. For instance, targeting and national response to HIV/AIDS are prepared in partnership between the Tanzania Committee on AIDS (TACAIDS) and UNICEF.

111. The CPD output statements should in principle express planned changes. **The outputs in the results framework presented in Annex 8 almost uniquely focus on national and subnational capacities to deliver**, which is in line with the need for strengthening the capacities of MDAs and regional authorities and LGAs that has been highlighted by many external and internal stakeholders during the CPE interviews.

112. However, some evaluations carried out under the CP indicate that the focus of capacity development strategies does not sufficiently consider existing capacity at village and ward level, but rather becomes overly theoretical instead of building on practical knowledge, for instance.[153] The CPE did not identify rolling capacity development strategies based on regular assessments. During CPE interviews, some internal and external stakeholders pointed to the singularity of capacity development activities, such as **one-off training with no plans for continuous training** in the form of refreshers and training of new staff. This is considered to reduce the role of capacity development support considering the challenges that several UNICEF staff have mentioned of high staff turnover among MDA and LGA staff in the field.

113. Overall, there is a call for more vertically and horizontally integrated capacity development strategies in line with the **systems- strengthening** thinking. In fact, capacity development in general was used as a general reference to systems strengthening by many stakeholders participating in the primary data collection. The systems-strengthening concept has gained traction in UNICEF support globally to different thematic areas over recent years and can be seen as closely linked to multi-stakeholder programming. For the health sector, UNICEF published the corporate Health Systems Strengthening (HSS) approach in 2016 in response to the needs observed when evaluating the responses to the 2014 Ebola epidemic. The HSS is defined as "actions that establish sustained improvements in the provision, utilization, quality and efficiency of services delivered through the health system and encourage the adoption of healthy behaviours and practices."[154] The HSS concept is applied widely by other development actors such as WHO and the World Bank and the principles are now widely applied in other thematic sectors too, such as social protection and WASH. **During the CP implementation, the TCO has given increased attention to the systems-strengthening approach**. An internal workshop was organized in October 2020 to identify ways forward. The systems-strengthening approach applied consisted of the following pillars: Governance, Financing, Information Systems, Service Delivery, Commodities/Infrastructure, and Human Resources. It was concluded that the CP contributes to all pillars within the individual thematic areas but that **more efforts were needed to build multi-sector convergence approaches and thinking systems in a more holistic manner**.[155]

114. An important part of the CP's contribution to the national development plans is support to the development of the **national institutional framework for the thematic programmes** of UNICEF. As such, the CP has played a significant role in the development and updating of national policies, strategies, plans of action, and guidelines for key sectors such as water, health, education, nutrition, and child protection. **The institutional framework support is part of a long-term collaboration between**

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[152] The Revolutionary Government of Zanzibar (2017) "Zanzibar Strategy for Growth and Reduction of Poverty ZSGRP III: MKUZA III 2016–2020."

[153] See for instance Mokoro (2018) "Evaluation of the Bringing Nutrition to Scale Project in Iringa, Mbeya and Njombe Regions" and Jimat & NUDEC (2019) "Evaluation of the In-service National Training Programme for Nutrition Officers in Tanzania."

[154] UNICEF (2016) "The UNICEF Health Systems Strengthening Approach - A synopsis."

[155] UNICEF TCO.

UNICEF and the Government. For instance, UNICEF supported the development of the National Nutrition Strategy (2011/12–2015/16), the National Multisectoral Nutrition Action Plan (July 2016–June 2021), and through the current CP, UNICEF has provided technical support for the development of the next nutrition plan. The **support is evidence-based and includes knowledge generation and advocacy support**, for instance in the form of budget briefs, and is found to be highly relevant. Moreover, the CP has been relevant for introducing emerging multi-sector programmes such as adolescent development, resulting in the recent Government approval of the National Accelerated Investment Agenda for Adolescent Health and Wellbeing (NAIA_AHW 2020/21–2023/24), which was a key activity under the Girls' Reproductive Health, Rights, and Empowerment Accelerated in Tanzania joint initiative (UNICEF and UNFPA). Likewise, UNICEF support to **multi-sector convergence programming** responds to needs recognized in the national institutional framework in Tanzania. In preparation for the Zanzibar Comprehensive Cholera Elimination Plan 2018–2027, for instance, the "need for sustained multi-sector programming" was highlighted.[156] Consequently, the first objective of the Plan is to "ensure effective multi-sectoral coordination in eliminating local cholera transmission in Zanzibar."[157]

115. The institutional framework developed with UNICEF contributions reflects the principles of scalability, integrated programming, and gender equality, although gender transformation is still clearly formulated as objectives and policies.

116. The CP **geographic focus** strategy builds on:

- **National support** to key sector ministries and departments with focus on institutional support.
- Multi-sector support to **Zanzibar** in direct cooperation with the Government of Zanzibar in light of the semi-autonomous status of Zanzibar.
- Regional support to **MINS**. The four Regions were selected for geographic focus in earlier CPs mainly because of the relatively high stunting and HIV rates. A 2015 equity analysis with assessment of 12 key child development indicators[158] at regional level was combined with general perceptions about local capacity on health, nutrition, HIV/AIDS, and child protection. As a result, the MINS Regions were selected as priority Regions in Mainland. The Multiple Overlapping Deprivation Analysis (MODA)[159] showed medium equity levels but high stunting and HIV rates.
- Urban poverty in **Dar es Salaam**, in light of the high urbanization level with increasing numbers of disfranchised children and youth.
- Humanitarian support to **Kigoma** in response to the large refugee population and the needs of the host population in that impoverished Region.

117. Overall, the CPE finds that the **CP strategy of working at different administration levels is highly relevant,** considering the need for systems strengthening, although several internal and external stakeholders question the rationale for selecting MINS Regions over others with high inequity levels.

118. External and internal stakeholders interviewed for the CPE have confirmed the high relevance of the **national focus** as well as specific regional programmes for **Zanzibar and Kigoma**. As such, several stakeholders note the differences between Zanzibar and Mainland on several critical context factors, including levels of decentralization and the capacities of LGAs and district authorities. Moreover, funding in general for Zanzibar programmes is seen as more challenging than for Mainland. The potential role of Zanzibar as an incubator for innovation, piloting, modelling, and scaling-up of more vertically and horizontally integrated programmes has been noted particularly internal stakeholders. The Afya Bora

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[156] See for instance, presentation at the 3rd Global Task Force on Cholera Control (GTFCC) WASH working group meeting 27-28th Feb. 2018.

[157] Revolutionary Government of Zanzibar (2018) "Zanzibar Comprehensive Cholera Elimination Plan (ZACCEP) 2018 – 2027." It should be noted that the Plan includes cost estimates for multi-sectoral coordination with a recognition of the necessity of advocacy for a budget line for multi-sectoral coordination.

[158] WASH, education, HIV/AIDS, nutrition, maternal health, and multidimensional poverty as defined in the Human Development Report (HDR) and DHS 2010.

[159] UNICEF has advocated for the institutionalization of MODA in Tanzania for many years, however, with some resistance from the Government side. It should be noted that the 2015 MODA was prepared in collaboration with the National Bureau of Statistics (NBS) based on a 2014–15 Panel survey. However, so far only a summary of the result has been publicized and that was only in 2019.

better maternal and child health programme in Zanzibar is a good example of an integrated programme that has been scaled up with full coverage of Zanzibar through support to the decentralization process and capacity strengthening at local level. It should also be noted that the programme is a multi-stakeholder partnership with the Government of Zanzibar, UNICEF, UNFPA, and Save the Children. The final evaluation highlights the flexibility of the project as a factor of success and recommends attention to maintenance of the capacity development achieved during the process and use of the strengthened Community Health Service for future initiatives.[160]

119. For the relevance of CP support to the MINS Regions the CPE found several different and contradictory arguments with **no clear trend as to different stakeholder groups' preference for certain Regions**.[161] Many stakeholders highlighted the comparative advantage of UNICEF in having developed a strong knowledge base and network in specific Regions where innovations can be tested and modelled before scaling up in a relatively well-known and controlled environment. For these stakeholders, being in the Regions for the long term is particularly important. On the other hand, some stakeholders highlight that other Regions have greater needs for support to the rights and protection of children and adolescents. Moreover, several stakeholders noted that challenges such as stunting in the MINS Regions are still among the highest in the country despite UNICEF nutrition support to these Regions since 1990. Some stakeholders noticed that UNICEF is often the only United Nations agency in the MINS Regions,[162] preventing Delivering as One and a broader multi-stakeholder and multi-sector approach.

120. Many stakeholders also stressed the need to address the fact that high urban multidimensional child poverty and the activities to address urban poverty in Dar es Salaam are still limited. Overall, though, there is a general agreement on the **importance of focus,** and that currently the CP is spread too thin. In summary, the findings show that a regional focus is important, it is important to stay in the Regions for the long haul, and selection of focus Regions can be justified on several grounds. What is important is to have clear and transparent strategies for the justification of selected Regions within the overall framework of the national programme.

5.2.2   UNICEF comparative advantages and strategic positioning

EQ2 – To what extent has UNICEF been able to position itself as a strategic partner in the country context? What are UNICEF's comparative strengths in the country – particularly in comparison to other United Nations agencies and development partners – and how were these harnessed to help achieve the results?

⇒ The TCO is highly recognized for its comparative advantage and leadership in promoting children's rights and protection in Tanzania. Contributing to this is particularly evidence generation; communication; being there for the long haul; great knowledge and understanding of the functioning of local and national policy; technical capacity; capacity to work in partnership; and adaptability and willingness to take leadership. The TCO's relative size compared to other United Nations agencies is also a contributing factor to its strong strategic positioning.

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[160] Development Solutions (2020) "Afya Bora ya Mama na Mtoto Project - Zanzibar - Final Evaluation."

[161] According to the latest DHS for Tanzania with data from 2015/2016, compared to other Regions the MINS have low to medium teenage childbearing; medium to high institutional deliveries with skilled assistance; medium to high vaccination coverage; low to medium anaemia in children; medium to high use of iodized salt; low prevalence of malaria in children; medium domestic violence; **but** medium to high stunting rates. Tanzania demographic and health survey and malaria indicator survey 2015-2016.

[162] United Nations Volunteers have a small office in Mbeya.

Key Findings EQ2

> F-EQ2.1 – Among internal and external stakeholders, UNICEF Tanzania has a well-known reputation for supporting the national implementation of the CRC in Tanzania, although the knowledge of the Convention among the public is limited.
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> F-EQ2.2 – The CP reflects the main principles of the key international human rights frameworks, particularly the CRC, which furthermore reflects the leadership and clear mandate of UNICEF. The two other key human rights conventions, CEDAW and CRPD, are both reflected in the CP but in a much less systematic manner.
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> F-EQ2.3 – UNICEF has a clear comparative advantage in promoting children's rights and protection. This advantage is the result of the long presence of UNICEF in Tanzania and its multi-faceted work through many of the implementation/change strategies.
>
> F-EQ2.4 –The approach for use of different implementation/change strategies is not always clear, but overall, all are being applied – although at different levels. The strategies are being used as part of intentional strategic positioning.

Discussion of EQ2 findings

121. The stakeholders who participated in the CPE primary data collection have a clear perception of the role of UNICEF in terms of improving the conditions of children in Tanzania. **The mandate of UNICEF in terms of promoting national implementation of the CRC** is particularly mentioned by internal UNICEF informants. As part of the CRC mandate, the CP has been supporting the Government in fulfilling its obligations vis-à-vis the CRC Committee, including the preparation of national reports. The CPE did not identify a national plan for implementation of earlier recommendations on Tanzania's reports to the CRC Committee, but noted that the latest report, which was due in January 2020, has been delayed and has still not been officially approved and submitted. During the CP implementation, the TCO has used the CRC as a vehicle for promoting its principles and potential role in Tanzania. To mark the 30th anniversary of the CRC in 2019, young people were mobilized to go to the communities to advocate for the CRC. However, it was noted that in 90 per cent of the communities there was no knowledge of the Convention; and, as highlighted in the Country Office Annual Reports (COARs), despite progress on some key child rights issues, multidimensional child deprivation remains high. This should be seen in the light of the relatively limited public investment in the social sectors and in decentralization processes over the last years.

122. The roles of the two other conventions of special importance to the mandate of UNICEF, namely **CEDAW and CRPD,** were not mentioned by stakeholders as a focus of the work of UNICEF in Tanzania during the CPE interviews. Still, the CP is contributing to the implementation of these two Conventions through specific activities such as education facilities benefiting children with disabilities. The implementation of the CRPD is something most development partners see as an emerging issue that needs much more attention. As shown in the review of the FYDP III in section 2.2, there is also increasing national attention to the needs of people living with disabilities, specifically in social sector development. The UNCT has recently established a CRPD working group under UNICEF leadership. UNICEF does not have cooperation agreements with the national gender institutions and agencies responsible for CEDAW implementation, as will be developed further in section 6.1.4.

123. **For the CPE, evaluation of the strategic positioning of UNICEF in Tanzania is about the place of UNICEF in the context of Tanzania,** which depends on the TCO mandate and its distinctive core competencies or comparative advantages. The key question is how effective the CP is in supporting adherence to the principles of the CRC in Tanzania, given the socio-political environment.[163] Other key factors related to the CPE's understanding of strategic positioning concern partnerships with national and

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[163] 'Strategic positioning' is an often-used term in organizational analysis of United Nations agencies, but there are few, if any, guidelines on what it is, why it is important, how to improve it, and how to measure it. It might be argued that positioning by nature is strategic – and positioning is part of the overall strategy.

local authorities; and the relevance of the focus: geographic, implementation vs. influencing, convergence programming, capacity development, and system strengthening.

124. There is general agreement among key CP stakeholders that UNICEF has a **clear comparative advantage in promoting children's rights and protection**. This advantage is the result of the long presence of UNICEF in Tanzania and its multi-faceted work through many of the implementation/change strategies. Furthermore, stakeholders particularly highlight evidence generation; communication; being there for the long haul; UNICEF's great knowledge and understanding of the functioning of policy, development and humanitarian work at subnational and national levels, including its sensitivity to the political climate; its technical capacity; its capacity to work in partnership, including joint programmes; multi-sector programmes; and its flexibility and adaptability and willingness to take leadership, for instance in technical working groups under the United Nations Country Team. These are all factors that have been highlighted in the discussion on success stories presented in section 5.1.2, which shows the impact of the strategic positioning of UNICEF, for instance in moving the adolescent agenda forward in Tanzania.

125. As shown in section 5.1 on Success Stories, many external stakeholders have highlighted **the relative size of UNICEF compared to other United Nations agencies in terms of portfolio, investment, and staff**. However, to nuance the picture it should also be noted that some stakeholders have highlighted that compared to the World Bank and other international financial institutions, the effectiveness of UNICEF in influencing national policy is limited, particularly in an environment where the national development priorities have been infrastructure investments. The appreciation of UNICEF expressed by all national stakeholders in the perception survey, though, seems to suggest an understanding of the important role of UNICEF in influencing, irrespective of its relative size compared to international financial institutions.

126. Finally, the CPE finds that among external stakeholder groups participating in the primary data collection **no clear differences could be identified regarding what different stakeholder groups perceived the TCO to be good at**. The success stories described in section 5.1 were all identified by different internal and external stakeholder groups during interviews, appreciative inquiry workshops and the online perception survey. Furthermore, the outcome of the perception survey that was only administered to external stakeholders did not reveal great differences between national authorities and others (CSOs, UN agencies, and others). In fact, they are **all in agreement on what the TCO is good at, expressed in terms of technical support in different forms.** 'Financial' aspects were only mentioned by one LGA and in relation to what they would like the TCO to support in the future – and it was not financial support alone but financial and technical support, in addition to other aspects. On the other hand, in the interviews with implementing partners several NGOs referred to the TCO's role in funding local level activities.

5.3 Coherence

5.3.1 CP's flexibility and adaptability to changing needs

EQ3 – To what extent are the CP focus and approach flexible and adaptable to changing needs?

⇒ The CP has shown a high level of responsiveness and adaptability to COVID-19 and epidemics such as cholera. While the MTR process reflects responsiveness to a changing environment and suggests coherence with the corporate Strategic Plan 2018–2021, the follow through of the suggested changes has yet to be fully implemented.

Key Findings EQ3

F-EQ3.1 – The participatory but internal MTR process reflects the interest and attempts of UNICEF to make a substantial revision of the CP in coherence with changing needs and priorities, including the

corporate Strategic Plan 2018–2021 and the increased focus on programming at scale and gender-responsive programming.

F-EQ3.2 – While the principles of new ways of working were introduced in the MTR process, the results framework basically remained unchanged, and several planned changes have not yet been realized, although some recent initiatives show preparatory work for new directions. The proposed changes were mainly presented in traditional sectors.

F-EQ3.3 – The communication around the MTR process to key partners has not been sufficient to avoid misunderstandings around the implications. Considering UNICEF's strategic positioning and important network, this can lead to unfortunate misunderstandings.

F-EQ3.4 – Emergency preparedness and responses (Cholera, Ebola, COVID-19) are key examples of the CP's flexibility and possibility for reassignment of resources when critical needs emerge.

F-EQ3.5 – The TCO leadership in the response to COVID-19 is found to be very successful, considering the national context. Change strategies such as C4D were critical for this success. The continuous CP focus on COVID-19 and adaptation to the national context has been critical for the resumption of responses in light of Government policy.

Discussion of EQ3 findings

127. In terms of the **flexibility of the CP to adapt to changing needs**, the CPE finds that the MTR was an important exercise, taking a new look at what could and should be done to effectively respond to the needs of children and adolescents in Tanzania, based on a comprehensive analysis of the CP and the national context. The MTR created momentum for accelerating scalability, and for moving towards influencing and leveraging and away from small-scale direct implementation projects, for instance suggesting greater attention to convergence programming for ECD and adolescents and calling for gender transformation. Internal and external stakeholders have confirmed the relevance of the suggested modifications and shift. However, the follow-through has been hampered by the changes in the national socio-political context, including the COVID-19 pandemic. Moreover, while the shifts and modifications highlighted future directions, the results framework of the CP remained mostly the same, with only minor modifications of outcome and output statements. Based on primary and secondary data, the CPE finds that the CP by and large continued with business as usual in the post-MTR phase. As such, some MTR decisions, for instance to discontinue funding to school WASH, have not been fully implemented. Likewise, the results framework lacks systematic indicators on gender transformation, convergence programming, and the strengthening of upstream work.

128. **In response to the MTR suggested directions, recent initiatives have been launched**, for instance gender studies related to AIDS and assessment of capacity needs at local level to ensure that policies are translated and contextualized at local level. **These initiatives are still in the development phase,** and while they are a positive development, the full implementation of the changed directions resulting from the MTR still need to be fully defined and implemented. Other adjustments that have been made in response to the MTR include the 2020 mapping exercise of the private sector in Tanzania, which was carried out as part of a proposal on how to mobilize and engage with the private sector within the different thematic and multi-sector programmes. Likewise, office-wide task forces on ECD and adolescents have been established to promote convergence programming among the thematic and cross-sector programmes. The task forces still respond directly to the heads of the thematic programmes under which the two focus areas have been placed, namely the Health thematic programme for ECD and the Education programme for adolescent development. To promote the multi-sector approach, overall responsibility for the ECD and adolescent convergence programmes lies with the Deputy Representative for programmes.

129. For external stakeholders there is a lot of **concern about the meaning of the suggested MTR modifications and shifts**. The move towards influencing and leveraging, for instance, is seen by some partners as a move of all UNICEF activities towards the national level, rather than a move towards vertical systems strengthening from families, communities, districts, Regions to national level instead of direct service delivery, for instance.

130. The 2020 **COVID-19 pandemic** has been highlighted by all interviewed stakeholders as a **success story of the flexibility and adaptability of the CP to a changing environment supported by the quick response that UNICEF global systems can provide.** UNICEF was one of the first agencies in Tanzania to have plans for a response to the pandemic, including adaptation of existing programmes. This required, for instance, that the level of activities in some thematic programmes to be slowed down. Through the UNICEF emergency pool, staff members can be recruited within 72 hours, and a regional team came on board within four weeks. The management structures of the CP have allowed the redirection of funds to specific COVID-19-related activities. This included a response to a demand from the Ministry of Education when the pandemic broke out and education and school WASH activities were adapted to focus on hygiene. In other sectors, adaptation happened as well, for instance greater focus on mental health as part of the child protection programme. Within the framework of the Tanzania Social Action Fund (TASAF), for instance, supported payment procedures and conditions were adapted to ensure purchase and distribution of soap and buckets for hand washing. Moreover, the COVID-19 response offered an opportunity to include distribution of sanitary pads for adolescents, which had traditionally been limited. The flexibility proved to be critical in the light of a changed Government position regarding the need to respond to COVID-19 a few months into the pandemic, putting more challenges to raising additional funds.

131. **Communication for Development (C4D)** is one of the key change strategies that has been applied successfully in most CP projects and initiatives, including for emerging issues where flexibility and adaptability are critical. One example of this referred to by several internal and external stakeholders is C4D as a key component of UNICEF support to the **COVID-19 response**, applying the standard components, including surveys to track behaviour changes. The C4D initiative in support of the COVID-19 response is implemented with approval of the Ministry of Health, Community Development, Gender, Elderly and Children. In Kigoma, the C4D work in support of the COVID-19 response has included adapting the messages to the refugee context, including translating messages into French.

5.3.2 Gender equality and equity

EQ4 – To what extent have CP strategies addressed gender equality and equity, particularly the alignment with UNICEF Gender Action Plans (2014–2017 and 2018–2021), and national Gender framework, and the plans of the Gender working group of the Development Partners Group?

⇒ The post-MTR phase has seen more attention to explicit gender equality goals and the development and implementation of approaches aligned with the Corporate Gender Action Plans (2014–2017 and 2018–2021). It is a long process and important background and context analyses have been prepared. Several joint initiatives with other United Nations partners have seen important advances on gender responsiveness.

Key Findings EQ4

F-EQ4.1 – Various knowledge products on gender equality within the thematic programmes and focus areas of the CP have been developed, such as assessments on adolescent boys and girls in the education system and a review of Business Marketing and Media Advertisements in Tanzania. Likewise, a compendium on good gender practices has been compiled.

F-EQ4.2 – These knowledge products are appreciated among directly addressed stakeholders but are little known in general within the TCO. The CPE did not identify a follow-up plan for the use of the gender knowledge products being developed but noted the ongoing preparation of a TCO gender concept note on entry points for gender-responsive programming. The role of the national gender institutions and agencies in the development of the knowledge products such as the review of business marketing is not presented.

F-EQ4.3 – Success stories such as GRREAT and Cash Plus have put special focus on gender responsiveness and gender-transformative activities. This has included the introduction of new

methods for measuring young men's and women's attitudes towards gender. A main finding of the evaluation of the Cash Plus is the lack of sustaining early positive results in gender perceptions among young men.

F-EQ4.4 – The TCO is applying the Gender Equality Marker for most initiatives. However, the CPE could not confirm the use of the marker for general planning and monitoring purposes beyond the gender focal points.

F-EQ4.5 – National mechanisms for the promotion of gender equality and empowerment of women and girls (National Women Machinery) are not mobilized as partners, and there is no systematic use of multi-stakeholder partnerships.

Discussion of EQ4 findings

132. One of the six focus areas of the MTR process was the performance of the TCO towards gender results, in terms of both programmatic and institutional strengthening.[164] The review makes a long list of recommendations based on various categorizations, including the key thematic programme areas; the goal areas of the corporate Strategic Plan 2018–2021; and goal areas for adolescents. However, there seems to be **some lack of clarity in the use of the gender continuum** and the understanding of the attention to gender in the different sector programmes. For instance, the CPE found that the perceptions about positive gender equality impact are often limited to the number of women participating. **A basic problem highlighted in the gender programmatic review is the lack of sex-disaggregated data**, which is still a challenge; even the CP results framework provides very few disaggregated indicators. Still, **the post-MTR phase has seen increased attention to explicit gender equality goals and to development and implementation of activities in line with the Corporate Gender Action Plans (2014–2017 and 2018–2021)** – although the indicators referring to gender are limited to statements about "gender being considered".

133. **The Cash Plus programme is identified as a success story** by many stakeholders for the areas of adolescent and HIV/AIDS programming, partly because of its special attention to **addressing existing negative gender norms** within its overall aim of seeking safe transitions to a healthy and productive adulthood. **To support the programme's focus on gender equality, the Gender-Equitable Men (GEM) Scale was introduced** to address the issues of measurement of impact on gender norms among adolescents.[165] The GEM is a measurement of men's support for gender equality and of their attitudes towards gender norms.[166] The GEM scale applied in the Cash Plus baseline study uses 24 different indicators on adolescent boys' attitudes towards violence, sexual relationships, reproductive health, and domestic chores.[167] The 2020 impact evaluation of Cash Plus showed increased gender-equitable attitudes among young men. The endline study, however, showed that **the gains were not sustained across the 24 indicators, and showed a general decrease from 0.88 on the GEM scale at midline to 0.27 points on the GEM scale 12 months later.**[168] According to the TCO, the positive outcome of the Cash Plus programme implemented in Mbeya and Iringa will be used for advocating scaling-up. The CPE

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[164] Ranchod, S. (Apr 2018) "Gender Programme Review – UNICEF Tanzania." The review states that "The two priority areas for this CPD (2016 – 2021) are Early Childhood Development/Care and Childhood Development (ECD/CCD) and Adolescents." The CPE does not read the CPD in this way but has noticed that the priorities are defined in terms of the four UNDP II pillars and the eight CP outcome areas.

[165] The Cash Plus programme was launched in 2017 in collaboration with the UNICEF Office of Research – Innocenti and within a national partnership with the Tanzania Social Action Fund (TASAF), the Tanzania Commission for AIDS (TACAIDS) and funding from Irish Aid. The programme has been implemented in 10 districts in Iringa and Mbyea Regions.

[166] See for instance Singh, A.L. et al. "Measuring Gender Attitude: Using Gender Equitable Men Scale (GEMS) in Various Socio-Economic Settings" in UN Women (2013), "Making Women Count - An Annual Publication on Gender and Evaluation by UN Women Multi Country Office for India, Bhutan, Sri Lanka and Maldives."

[167] UNICEF (2018) "A Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood: Baseline Report."

[168] Chzhen, Yekaterina, et al. "Impacts of a cash plus intervention on gender attitudes among Tanzanian adolescents." *Journal of Adolescent Health* 68.5 (2021): 899-905.

did not identify more detailed plans for this. Likewise, the CPE **did not identify an indicator in the CP post-MTR results framework that corresponds to the GEM scale.**

134. The Cash Plus programme is also one of the **success stories in the recent knowledge product prepared by the TCO on 12 Gender Equality Promising Programming Practices in the CP**.[169] The highlighted practices include various programmes in the context of primary and secondary education and social protection. The supporting activities include a variety of measures such as training of teachers in gender-sensitive education; empowerment of women and girls to speak up; role plays; awareness-raising campaigns on issues such as violence against children and women; empowerment of out-of-school boys and girls; community support; and upgrading of physical infrastructure such as school WASH facilities, to promote privacy, safety, and respect for adolescent girls. The CPE finds that **the wide variety of measures taken to bring about the success stories in promoting gender equality highlight the attention of the CP to local needs and capacities.** The success stories are not described in the context of overall systems, or the justification for choosing some measures rather than others. Likewise, while it is mentioned that many of the identified success stories are ready for scaling-up, it is not clear what that would imply and how acceleration processes for scaling-up would fit with other similar ongoing initiatives launched with the support of other partners.

135. Other knowledge products on gender roles include a review of **gender roles in business marketing and media advertisements in Tanzania**.[170] The study concludes that gender negative stereotyping is still predominant in private marketing in Tanzania, although it also identifies differences among sectors. The role of the national gender institutions and agencies in the study is not indicated in the final document.

136. As part of the corporate UNICEF Gender Policy,[171] the Gender Equality Marker should be applied to track resource allocation and use in relation to gender equality programming. In principle, there are three categories, according to the level of resource allocation for gender programming. **In the 2017–2018 TCO annual work plan, most of the marked output statements were marked as some allocation to gender programming or none**, while only two initiatives were marked as cases where gender equality programming was a principle of the initiative.[172] **There has been no major change in the 2019–2020 annual work plan, although not all sectors use the gender marker.** To strengthen the usefulness of the gender marker as an objective measure and guide, the outputs in the work programmes are now marked by UNICEF Headquarters, while originally, they were marked by the respective thematic programmes at the TCO.[173] The UNCT also carried out Gender Equality Scorecard assessments across the agencies in 2018, showing, amongst other things, the very weak use of the Gender Equality Marker. The CPE could not verify any increased use of the Gender Equality Marker, for instance for planning and monitoring purposes beyond the gender focal points.

137. Finally, it should be noted that the CPE did not find any systematized use of partnerships, for instance with the national gender institutions and agencies, to promote gender equality.

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[169] UNICEF Tanzania (2021) "Gender Equality Promising Programming Practices." The practices are identified through an appreciative inquiry approach.

[170] UNICEF (not dated) "Gender stereotypes and socialization of children and adolescents – A review of business marketing and media advertisements in Tanzania".

[171] UNICEF (2010) "UNICEF Policy on Gender Equality and the Empowerment of Girls and Women."

[172] Education Output: "1.2 Relevant MDAs, select LGAs, schools and communities have increased capacities to ensure inclusive access and completion of basic education, especially for the most vulnerable children and adolescents, in a safe and protective environment" and Social Inclusion output "1.3 Children access an inclusive and integrated social protection system at both national and sub-national level."

[173] Information from TCO.

5.3.3 Application of human rights approaches

EQ5 – To what extent have human rights approaches been applied in the CP strategies?

⇒ Human rights approaches as promoted by the CRC are underpinning the CP. The implementation of other human rights conventions including the CEDAW and the CRPD is still not fully articulated.

Key Findings EQ5

> F-EQ5.1 – Human rights approaches are underpinning the CP from an equity of access perspective and with a focus on the impact of existing inequalities rather than the underlying causes of these inequalities. The CP is particularly focussed on the CRC while implementation programmes for CEDAW and CRPD have yet to be developed.

Discussion of EQ5 findings

138. According to the UNICEF Strategic Plan 2014-2017, **human rights are a cross-cutting issue** that, together with gender equality, and humanitarian action, should cut across the seven thematic outcome areas.[174] The corporate Strategic Plan 2018-2021 further details that the human rights principle is guided by the CRC, CEDAW, and CRPD. This is to be done through the change strategies presented in Table 4 in chapter 3. The CPE finds that **human rights approaches do underlie the CP, although they are rarely spelled out as such.** Instead, they are mostly referred to from an equity perspective in line with the three human rights conventions just mentioned. The African Union frameworks on Youth and the Children's Charter are also highly relevant for the TCO, and their principles are reflected in the CP.

139. Both primary and secondary data show that **the CRPD has received very limited attention at the level of the CP and of the UNDAP and other United Nations agencies in general.** When asked about the CRPD, both internal and external stakeholders either revealed lack of knowledge of the CRPD and its principles or said that people living with disabilities are only now beginning to receive some systematic attention. The ESARO does not have a regional adviser on disability, and there is very limited programming guidance on children living with disabilities. Within the UNCT, for instance, UNICEF is leading a working group under the 'Leaving no one behind' group to explore how to support the implementation of the CRPD in Tanzania. This was partly a result of the COVID-19 response, where the specific inequalities for people living with disabilities came out in the first assessments.

140. **In the MTR, the equity and human rights aspects were further highlighted** as one of the six focus areas, with a special background presentation on 'Where are the children left behind' focusing on geographic disparities from a multidimensional child poverty perspective as described above in the discussion of the findings to EQ1. As such, the equity analysis was more focused on the outcomes of existing inequities such as stunting, number of births attended by skilled health professionals, under 5 birth registration, HIV prevalence, and households with improved drinking water, rather than the factors leading to inequality in access to basic services. For instance, disability as a factor that, according to the CRC, should not limit any child's rights, is not mentioned in the MTR document. In the results framework there are some indicators on equity within specific thematic sectors, but no general indicators on access to basic services that would support understanding of the underlying factors.

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[174] Health; HIV/AIDS; WASH; Education; Nutrition; Child Protection; and Social Inclusion.

5.3.4 Alignment with the Core Commitments for Children in Humanitarian Action

EQ6 – To what extent are CP strategies aligned with the Core Commitments for Children (CCC) in Humanitarian Action?

⇒ Most of the CCC are reflected in the programming in the Kigoma Region with focus on support to refugees and host populations and emergency preparedness although not in a systematized manner. For general development programming the CCC are not considered.

Key Findings EQ6

F-EQ6.1 – Most of the CCC are reflected in the Kigoma programming, including support to the humanitarian–development nexus, rights holders' capacity to claim their rights, and children's protection, while not necessarily in a systematized manner.

F-EQ6.2 – Some CCC have still not been fully reflected in the Kigoma programme, including children's participation in programme preparation, implementation, and monitoring. A gender consultancy has recently been launched to prepare a gender analysis in the context of the United Nations Kigoma Joint Programme, while the programme was prepared without the gender context analysis required by the CCC.

F-EQ6.3 – The CCC are implicitly reflected in the CP support to emergency preparedness, including national action plans for cholera eradication. But generally, the CCC are not known among non-humanitarian staff members. Still, the CCC are not only relevant for humanitarian contexts, but also for development contexts.

Discussion of EQ6 findings

141. **The CPD gives relatively limited attention to emergencies and humanitarian crises**, the latter being referred to in terms of responses to support refugees. The MTR emphasizes the needs of the refugees in the Kigoma Region and the need to strengthen the Kibondo Field Office to respond to needs of the refugees and the host populations. This is in line with the CCC and translated into the joint multi-sectoral Kigoma Joint Programme (KJP) 2017–2021.[175,176] **The KJP thus includes the sectors highlighted in the CCC – nutrition, education, health, WASH, child protection, and HIV/AIDS – in an integrated manner, with UNICEF in partnership with other United Nations agencies.** According to UNICEF staff, the CCC are being used particularly for management, including monitoring, and are considered to provide good guidance.[177]

142. **The MTR outlines suggestions for strengthening the humanitarian–development nexus**, with increased support to the host population. This is justified by the fact that Kigoma is one of the poorest Regions in Tanzania with a high multidimensional child deprivation rate according to 2012 mapping.[178] The latest Demographic and Health Survey (DHS) data from 2015–2016 confirm that Kigoma has weak child development indicators compared to other Regions.[179] Through its support to the humanitarian–development nexus, UNICEF has supported government-recruited social welfare officers to work in both the refugee camps and the host communities. Likewise, UNICEF is supporting the implementation of the

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[175] UNICEF was also part of a Joint United Nations Programme (2007–2011) aiming at linking humanitarian and development activities through support to the Kigoma Regional Secretariat and Local Government Authorities (LGAs), which allowed for the building a good relationship.

[176] The KJP is mainly funded by the Governments of Norway, Ireland (IrishAid), Sweden and Korea (KOICA). In line with the CP, the KJP has been extended to June 2022 in line with UNDAP II. There is no formal commitment of extended funding from donors.

[177] The CPE only found limited explicit references to the CCC in the results framework, mainly in the form of a general statement from 2017.

[178] REPOA (2016) Multidimensional Child Poverty Mapping in Tanzania quoted in Annex 6, MTR (2018) "Who and where are the left-behind children in Tanzania." Please note that the public version of the quoted document does not include any regional data.

[179] Tanzania demographic and health survey and malaria indicator survey 2015–16.

national Integrated Programme for Out of School Adolescents (IPOSA) and establishment of Police Gender and Children's Desks (PGCDs) in the Kigoma Region. The possibilities for the CP to align with the CCC in Humanitarian Action have been hampered, however, by the **Government's withdrawal from the CRRF in 2018** as described in section 2.8, and its reluctance to integrate the refugee response in development initiatives. This stance reinforces the criticality of external support to the large refugee populations in Kigoma. During the primary collection, the CPE identified some operational challenges in working with the Regional government due to the distances between the Kibondo Field Office and the regional administrations in Kigoma capital, a drive of more than four hours. Moreover, the regional administrations require travel authorizations, which can take several days to obtain. It has also been noted that most of the other United Nations agencies have their field offices in Kasulu, almost three hours' drive from Kibondo.[180]

143. The CP work in Kigoma that is directed at the host populations includes CCC principles such as accountability to affected populations. In CP **development activities in other Regions some of the CCC principles are also reflected such as strengthening the capacities of children, adolescents, and households to claim their rights and hold LGAs accountable.** For instance, in cooperation with the Women's Centre, the child protection programme has been providing legal education and training for children's clubs at schools. Still, these accountability focused activities are not fully systematized in CP implementation according to internal stakeholders interviewed for the CPE. During the CPE data collection, it was also noted that **the CCC are not mandatory knowledge for UNICEF staff working in humanitarian and emergency contexts.** Still, according to internal stakeholders interviewed for the CPE, there is a general awareness of the CCC among UNICEF staff working in Kigoma. This is explained by the humanitarian staff's familiarity with the   better-known Sphere standards,[181] which have many similarities with the CCC.

144. To achieve the CCC strategic gender-responsive programmes and services design and delivery of programmes in all sectors shall be based on context-specific gender analysis.[182] **A gender consultant has recently been recruited to undertake this analysis in the context of the Kigoma Joint Programme (KJP).** It is not clear to the CPE why such an analysis was not undertaken as part of KJP preparation. Other CCCs that apparently have not been systematically applied in the refugee and nexus responses are related to children's participation in project development, implementation, and monitoring.

145. The CPE found that the **CCC principles are applied in the CP's emergency preparedness work**, particularly as they relate to support for the Governments of both Mainland and Zanzibar in reviewing their Disaster Management Policies and promotion of the mainstreaming of disaster management in sector strategies and plans. The emergency preparedness support also included capacity development. For epidemics, the CP has responded to various outbreaks with follow-up in terms of greater future preparedness. For instance, in 2019 the WASH programme supported response to the Ebola outbreak and followed up with support to an Ebola Virus Disease (EVD) WASH Infection Prevention and Control (IPC) plan and training of health care staff.[183] In 2019, the WASH programme also provided support to the Zanzibar Government for the development of the Zanzibar Comprehensive Cholera Elimination Plan (ZACCEP), in line with the emergency preparedness and integrated response principles of the CCC.

146. Finally, it should be noted that **several external stakeholders interviewed for the CPE were unaware of UNICEF support to humanitarian responses in Tanzania**. The CPE finds that this is especially relevant to the TCO's strategic positioning.

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[180] Kibondo is close to two of the three camps in Kigoma: Nduta and Mtendeli camps, which justified the original location of the Kigoma Field Office in Kibondo in 2015 when the refugee population was at its highest. In addition, UNHRC has a sub-office both in Kibondo and Kasulu. However, the general development and the key strategy of focusing on the humanitarian–development nexus has overtaken this initial justification.

[181] The Sphere Project was launched in 1997 by the coalition of key humanitarian actors, including UNICEF, to improve the quality of response and accountability as outlined in the Humanitarian Charter and Minimum Standards in Disaster Response with a set of minimum indicators for humanitarian responses.

[182] www.corecommitments.unicef.org.

[183] UNICEF annual results assessment module.

5.3.5 Synergies and coordination with other United Nations agencies

EQ7 – To what extent is the CP linked to and achieving synergies and coordination with other United Nations agencies, including in response to emergencies, such as Ebola and COVID-19?

⇒ Many of the identified success stories – including the COVID-19 response, the Kigoma Joint Programme focusing on the humanitarian–development nexus, and the Zanzibar Afya Bora better maternal and child health project – consist of joint initiatives with other United Nations agencies based on complementarity and coherence.

Key Findings EQ7

F-EQ7.1 – UNICEF Tanzania participates in several successful joint United Nations initiatives such as the Kigoma Joint Programme, the joint Zanzibar maternal and child health project, Afya Bora, and the Girls' Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT). The success of these initiatives is generally ascribed to the synergies and coordination.

F-EQ7.2 – Experience from the joint programming approach has been carried over to the recent COVID-19 response, which has proved to be a solid case study of the advantages of United Nations cooperation in emergency preparedness and response.

Discussion of EQ7 findings

147. As described in the discussion of missed opportunities in section 5.1.3 many stakeholders consulted for the CPE consider **the incomplete application of the Delivering as One approach as a weakness of United Nations in Tanzania**. For the CP, this reflects the fact that one of the identified factors driving the perceived success stories is the United Nations cooperation around initiatives such as the Kigoma Joint Programme, GRREAT, and the COVID-19 response, which involved joint work with various United Nations agencies such as UNDP, UNESCO, ILO, UNFPA, UNHCR, and WHO for integrated multi-sector and multi-stakeholder responses from the concept, resource mobilization, through implementation and monitoring. This has allowed, for instance, improved supply and access to basic services such as education and health.

148. Several stakeholders have pointed to the fact that **United Nations joint programming is most successful at Regional level**, although it has also been pointed out that while there is generally a good cooperation among the United Nations agencies in Zanzibar, there is a fundamental difference between that cooperation and the Kigoma Joint Programme (KJP), namely the joint funding of the KJP.

149. The **positive experience from the joint programming approach in the KJP and the Zanzibar cooperation has been carried over to the COVID-19 response** where the immediate needs of the country and the needs for significant resources provided a good case for United Nations cooperation. As noted above, the COVID-19 response is highlighted by many internal and external stakeholders as a success story, with special reference to the immediate response and leadership of UNICEF in the well-coordinated United Nations response. Through the joint response, all activities considered to be relevant to COVID-19 impact were adjusted, for instance radio instruction for education, pension payments, and psycho-social response in Zanzibar. The successful development of national cholera elimination plans, as discussed in section 2.8 and the findings responding to EQ1, is based on multi-stakeholder partnerships with participation of UNICEF and other United Nations agencies.

5.4 Effectiveness

5.4.1 Achievement of CP Outcomes and Outputs

EQ8 – To what extent has the CP achieved its outcomes and outputs, or is likely to achieve them, including any differential results across gender, Region, socio-economic status, and age?

⇒ The available data and assessments suggest that the CP implementation outcomes and outputs have been or are likely to be achieved. However, the assessment suffers from a lack of disaggregated data as well as indicators without monitoring data.

Key Findings EQ8

F-EQ8.1 – Available monitoring data and assessments suggest that the CP has achieved or is likely to achieve the majority of its planned outcomes and outputs. Remaining challenges for full achievement of outcomes and outputs are to a large degree linked to the subnational and national contexts.

F-EQ8.2 – Through the CP, equitable access for children, adolescents, and their caregivers to services such as WASH, nutrition, child protection, health and education has improved as a result of CP support to both supply and demand factors at different levels from local-level implementation to national-level institutional frameworks.

F-EQ8.3 – Monitoring of outcomes and outputs is constrained by limited availability of data and is suffering from limited availability of disaggregated data. Likewise, the monitoring of synergies and convergence programming is constrained by a highly sectorized results framework and the overall structure of the monitoring functions at the TCO.

F-EQ8.4 – Identified underlying causal assumptions in the reconstructed Theory of Change (TOC) have been confirmed as valid, thereby confirming the effectiveness of the change strategies, although some of them have not been fully exploited and cross-fertilization opportunities across sectors have not been used fully.

Discussion of EQ8 findings

150. Overall, available data and assessments suggest that the **CP has achieved or is likely to achieve the planned outcomes and outputs as defined in the CPD**. This is shown in Table 8 with levels of achievement as reported in the CP results framework at the end of 2020.[184] The levels of achievement at the end of 2020 evidently reflect the particularity of that year due to the COVID-19 pandemic, which called for reassignment of resources and thereby limited achievements of the planned outputs and outcomes in some areas. The assessments in Table 8 are prepared by the TCO and the CPE team does not have any reason to question them, given the information obtained from other sources. Still, the assessment is to a large degree subjective, and affected by the fact that **achievement values for many indicators are still lacking.** The table also compares the level of end of 2020 achievements with the ones reported in the MTR in 2018. As can be seen, one outcome area, Social Inclusion, has been particularly affected by the socio-political context in Tanzania since the MTR, and the likelihood of achieving the planned outcome in terms of reduction of child poverty is now low, basically due to lack of public social investment for the poorest families as well as investment in the Regions. In fact, **the share of public spending on health, education and/or social protection for the vulnerable has decreased from the baseline value of 4 per cent in 2016 to 2.6 per cent in 2020, according to the CP results framework.**

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[184] The CP results framework includes end of year monitoring data where annual progress on results vis-à-vis planned outputs and outcomes is reported through indicator measures taking into account changing targets.

Table 8 Level of Achievements of Planned Outputs and Outcomes in 2018 and end of 2020

Result Areas in the TCO Results framework		From MTR	End 2020
Health			
Outcome	Effective coverage of high-impact reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions.	On track	On track
Output	Strengthened enabling environment (health policy, health system and sector coordination strengthened).	On track	On track
Output	District health system strengthened in evidence-based planning and monitoring.	*Constrained*	*Constrained*
Output	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 paediatric HIV services.	On track	On track
Output	Individuals, families, and communities are supported to practice healthy behaviours.	*Constrained*	Discontinued during MTR
HIV/AIDS			
Outcome	Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions.	On track	On track
Output	Strengthened national and subnational capacity for qualitative and quantitative data collection on adolescents, disaggregation (age & sex), analysis and use across sectors and in selected LGAs.	On track	On track
Output	Government, private sector, and communities' leadership strengthened for a sustainable HIV response, including reduction of stigma and discrimination.	On track	On track
Output	Adolescents and key populations have increased access to quality HIV prevention, care, treatment and support services, in selected LGAs.	On track	On track
WASH			
Outcome	Vulnerable groups have increased access to safe and affordable water supply, sanitation, and hygiene.	On track	On track
Output	Select MDAs are better able to formulate policies, plans and guidelines for the sustainable management of water, sanitation, and hygiene.	On track	On track
Output	Select LGAs have enhanced capacity to plan and implement sustainable water, sanitation and hygiene services.	On track	*Constrained*
Output	Education and health systems in selected districts have enhanced capacity and provide sustainable, inclusive WASH services in schools and health facilities.	Not highlighted	On track
Output	Children and their families, particularly in selected districts, are better informed and motivated to practice good hygiene and sanitation.	Not highlighted	*Constrained*
Nutrition			
Outcome	Increased coverage of equitable, quality and effective nutrition services among children under five years old.	On track	On track
Output	Nutrition service providers have strengthened capacities to deliver Early Childhood Nutrition services, especially in priority Regions.	Not highlighted	On track
Output	Government authorities at national and subnational level are better able to deliver nutrition services for school-age children, adolescent girls and women, especially in priority Regions.	Not highlighted	On track
Output	Strengthened health system capacity to provide integrated management of severe acute malnutrition.	Not highlighted	*Constrained*
Output	Government authorities at national and subnational level have enhanced governance and partnership capacities to manage a multi-sectoral nutrition response.	Not highlighted	On track
Output	Government multi-sectoral nutrition information system is strengthened for knowledge generation and evidence-based decision making.	Not highlighted	On track
Output	Improved Infant and Young Child Feeding services available.	On track	On track reformulated

Result Areas in the TCO Results framework		From MTR	End 2020
Output	Improved Micronutrient supplementation and fortification services available.	On track	On track reformulated
Output	Improved Integrated Management of Severe Acute Malnutrition services available.	On track	On track reformulated
Output	Improved capacities of relevant MDAs and select LGAs to implement a multi-sectoral nutrition response at national, regional and district level.	On track	On track reformulated
Output	Operationalized multi-sectoral nutrition information and surveillance systems.	On track	On track reformulated
Education			
Outcome	Improved and equitable access to and completion of quality, inclusive basic education.	On track	On track
Output	Relevant MDAs and select LGAs and communities have enhanced capacities to deliver quality and relevant formal basic education.	On track	*On track*
Output	Relevant MDAs, select LGAs, schools and communities have increased capacities to ensure inclusive access and completion of basic education, especially for the most vulnerable children and adolescents, in a safe and protective environment.	On track	*Constrained*
Output	Relevant MDAs and select LGAs and CSOs have improved capacities to formulate, implement and monitor evidence-based policies, strategies and plans.	On track	On track
Child Protection			
Outcome	Strong enabling environment in place that promotes the legislative, political, budgetary and institutional factors that ensure the protection of children.	On track	On track
Output	Tanzania has a strengthened enabling environment in place that promotes the protection of children.	Not highlighted	On track
Output	Communities have the capacity to effectively prevent and respond to practices and behaviours harmful to children.	On track	On track (targeted members of communities) [185]
Output	National duty bearers are able to deliver resourced, functional, comprehensive & coordinated child protection prevention and response services for children at risk or in need of care and protection.	On track	On track ('Government' instead of 'National') [186]
Output	Increased birth registration in 10 more Regions using simplified birth registration system in mainland Tanzania.	On track	On track (children < 5) [187]
Social Inclusion [188]			
Outcome	Child poverty in all its forms is reduced through quality, evidence-based policies, programmes and budgets for all children, especially the most marginalized, at national and subnational levels.	On track	*Constrained*
Output	Strengthened national capacity to collect, analyse and use data and evidence on the situation of children, with focus on disparities and vulnerabilities.	Not highlighted	On track
Output	Government at central and subnational levels has strengthened capacity to improve equity focus and priorities for children in policies, plans, and budgets.	Not highlighted	*Constrained*

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[185] Reformulated to "Targeted members of Communities have enhanced capacity to effectively prevent and respond to practices and behaviours harmful to children (in UNICEF targeted districts)."

[186] Reformulated to "Government duty bearers at levels are better able to deliver resourced, functional, comprehensive & coordinated child protection and prevention and response services for children at risk or in need of care and protection."

[187] Reformulated to "More children under 5 have a birth certificate in Tanzania Mainland."

[188] Referred to as "Social Policy" in Table 1 in the MTR.

Result Areas in the TCO Results framework		From MTR	End 2020
Output	Strengthened national and subnational capacity to develop and implement a child sensitive, inclusive and integrated social protection system.	Not highlighted	*Constrained*
Output	Evaluations contribute in an effective and efficient manner to results for children.	Not highlighted	On track
Output	The situation of children, with focus on disparities and vulnerabilities, is defined, analysed and used within strengthened national and subnational data systems.	On track	Reformulated [189]
Output	Children, particularly the most vulnerable, are prioritized in national and subnational policies, plans and budgets.	On track	Reformulated [190]
Output	Children access an inclusive and integrated social protection system at both national and subnational level.	On track	Reformulated [191]
Programme Effectiveness			
Outcome	Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	On track	On track
Output	Programme Coordination (Deputy Representative): UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes.	On track	On track
Output	External Relations (Chief of Communication): UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders.	On track	On track
Output	Programme Planning and Monitoring: UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes.	On track	*Constrained*
Output	Communication, Advocacy and Partnerships: UNICEF staff and partners are provided with tools, guidance and resources for effective advocacy and partnerships on child rights issues with stakeholders.	On track	On track
Output	Cross-sectoral approaches (Programme): Strategies to address cross-cutting issues related to child rights are developed and applied.	On track	On track
Output	Cross-sectoral approaches (Operations): Strategies to address cross-cutting issues related to child rights are developed and applied.	On track	On track
Output	Evaluations contribute in an effective and efficient manner to results for children.	Not highlighted	On track
Output	Operational support in Field Offices.	Not highlighted	On track

Source: Based on information from MTR and the CP Result Framework 2020

151. The **challenge of missing values for many of the outcome indicators** can be seen in the more detailed outcome and output table in Annex 8, which shows that less than half of the indicator targets had either been fully achieved by the end of 2020 or are likely to be achieved by 2022. Out of 29 outcome indicators, 13 had achieved the target value by the end of 2020 or were assessed as likely to be achieved by 2022. All WASH outcome indicators have been fully achieved, while for the other results areas there are some indicators that have only been partially achieved. The lack of fulfilment of the Theory of Change (TOC) external assumptions contributes to this under-achievement, as also explained in the TCO's annual analysis of the results framework.[192]

152. The output statements in the CPD should in principle be shorter-term changes in skills and capacities of individuals or institutions. **The output statements presented in the CP results framework in Annex 8 almost uniquely focus on national and subnational capacities to deliver, which is in**

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[189] Reformulated without reference to the subnational level.

[190] Reformulated without reference to the subnational level.

[191] Reformulated without reference to the subnational level.

[192] Among the key external assumptions that have not been realized in 2020 are, in particular, political stability, and no major humanitarian situation taking place during the CP implementation.

line with the need for strengthening the capacities of MDAs and LGAs that has been highlighted by many external and internal stakeholders during CPE interviews.

153. An **analysis of the reconstructed TOC** is presented in a summarized version in Figure 3, and with a full narrative version in Annex 4, **shows that the key underlying causal assumptions of the TOC have been confirmed to a certain level**. As such, implementation through thematic and multi-sector programmes supported by cross-sectoral expertise contributes to the generation of the overall changes, although both internal and external stakeholders participating in the CPE data collection pointed to the **lack of full exploitation of the cross-sector linkages**. The available results framework is not structured to assess these linkages, however. While the CPE could confirm some levels of vertical and horizontal communication and coordination among stakeholders at all levels, the existing structure of the TCO, which many internal and external stakeholders refer to as siloed, limits the full development of this assumption. On the other hand, the success stories identified during the CPE point to successful vertical systems approaches, for instance for birth registration. Likewise, the multi-sector and multi-stakeholder approaches suggested as an underlying causal assumption of the TOC have been identified as key factors for the success stories.

154. The **analysis of the underlying causal assumptions of the TOC**, furthermore, shows the **effectiveness of the TOC in addressing the identified key barriers** such as social norms, governance structure, capacity, and coordination and harmonization through evidence generation, policy dialogue, advocacy, capacity development, and C4D. The application of change strategies for partnerships and joint United Nations programmes has, furthermore, been confirmed as an underlying causal assumption addressing effectively identified barriers and thus contributing to changes. This has been confirmed through assessments of joint initiatives such as GRREAT, Cash Plus, and Kigoma Joint Programme that have all been identified as success stories.

155. Finally, the CPE finds that **innovative approaches** have been effective in contributing to addressing key barriers, for instance for rolling out the birth registration through embedding the birth registration in existing health and nutrition monitoring of children. Still, being an organization that promotes innovative approaches and thinking as a key change strategy, procedures set in place or initiatives established to focus on learning from failures represent an opportunity currently missed. The CPE did not identify systematic learning from failures or less successful undertakings.

156. The CPE finds that **most of the building blocks of Results-Based Management (RBM)** are in place, although not always completely:

- thematic TOCs, but no overall TOC
- results frameworks
- monitoring and evaluation (M&E) processes, although with limited disaggregated data
- documented feedback loops, including the extensive MTR and regular reflections on key programmatic issues such as convergence programming and scalability
- knowledge management and learning systems
- transparent systems with regular communications about the results.[193]

157. However, the CPE also finds that **key components of the RBM system are not exploited fully**. The lack of an overall programme Theory of Change (TOC) seems to reflect the **siloed structure of the TCO** that many internal and external stakeholders referred to. Moreover, the RBM building blocks are not sufficiently integrated – that is, while there are feedback loops, they do not lead to comprehensive changes of all related RBM components. This is the case for instance with the MTR process that did not lead to a major overhaul of the results framework with clear indicators on the 'new' focus areas. Furthermore, the effectiveness of the M&E system suffers from the limited availability of disaggregated data.

158. The CPE finds that the current TCO organizational structure of **M&E functions** within each thematic programme **limits cross-thematic fertilization opportunities**. A similar challenge is found with the

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[193] See for instance UNICEF Tanzania Country Office Annual Reports (COARs) 2016, 2017, 2018, 2019, 2020 and Result Assessment Modules (RAMs) and the detailed website www.unicef.org/tanzania.

knowledge management and learning systems. While the evaluations prepared under the CP are well-documented, they do not sufficiently inform about cross-thematic fertilization opportunities. Overall, the CPE found limited references to most of the evaluations during primary and secondary data collection, although some evaluations of cross-sector and innovative programmes such as Cash Plus stood out as being of more general value for the CP.

5.4.2 Equity, gender-responsiveness and gender transformation

EQ9 – Did the CP contribute to the reduction of inequities and exclusion and progress towards the achievement of greater gender equality?

$\Rightarrow$ The CP has contributed to greater attention to inclusiveness in access to basic services in line with the CRC. In the post-MTR phase, important preparatory work has been launched towards greater gender equality through the CP.

Key Findings EQ9

F-EQ9.1 – The equity principles of the CRC are reflected in the CP design and implementation and have contributed to greater inclusiveness in specific programme areas. Moreover, through advocacy, knowledge products, and systems strengthening the CP has contributed to increased attention to equity and inclusiveness at national level, particularly to the equity and inclusiveness principles of the CRC.

F-EQ9.2 – The basic equality principles of the CEDAW are reflected in the CP implementation, particularly post-MTR.

Discussion of EQ9 findings

159. The TCO has shown persistence in its advocacy for the CRC, even when national priorities might challenge some of the CRC principles, such as the rights of pregnant adolescent girls to education and the prevention of all forms of violence against women and children. Moreover, the TCO supports national and alternative reports to the CRC Committee. The process for the Government's submission of the combined fifth and sixth reports is highly delayed for reasons beyond UNICEF's control. Many recommendations from the CRC Committee to earlier reporting cycles are still relevant. The CPE could not identify any active strategy and plan for implementation of CRC Committee recommendations, either at the level of UNICEF or at the level of the Government.

160. In terms of achieving the outcomes related to equity and inclusiveness, **the outcome indicators in the CP results framework** are relatively **weak in terms of measuring changes in institutional and individual performance leading to greater equity and inclusiveness**. For instance, under the health outcome, the data for verifying equity and inclusive achievements are limited to two very specific indicators: "live births attended by a skilled health personnel" and "district or equivalent administrative units with at least 80% coverage of DTP-containing vaccine[194] for children <1 year". While those indicators are important, they are not representative for the CP's broader support to the health sector. Furthermore, as noted under EQ8 above, many outcome indicators do not have data for targets and progress. Still, **for the outcome indicators with some relevance to supply change, the results indicate greater coverage**, although that does not show anything about improved access for vulnerable households, children, and adolescents.

161. Some information collected during the CPE indicates **greater inclusiveness in certain specific programme areas**, such as lockable doors in school sanitation blocks, facilitating adolescent girls' participation in education; or improved access at some school premises facilitating access of children with disabilities. Similarly, CP support to the national institutional framework has increased attention to equity issues, including the increased attention to the CRPD. However, it is still on a very general level, which needs to be translated into strategies and action programmes. The national sector budget briefs prepared

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[194] Diphtheria, tetanus, and pertussis.

with CP assistance have further raised attention to equity and inclusiveness at national level, particularly to the equity and inclusiveness principles of the CRC.

162. The basic principles of CEDAW are reflected in the CP in terms of equality in opportunities and responsibilities of men and women, for instance through support to girls' empowerment in programmes such as life skills for adolescent girls. As mentioned under EQ5, **some CP activities also address the role of men in promoting gender equality**. However, **the monitoring of the implementation of CEDAW principles in the CP is hampered by the lack of sex-disaggregated indicators and data, let alone gender data**. Assessment of the CP's contribution to gender equality is hampered by lack of appropriate baselines and systematic gender and sex-disaggregated data collection and analysis.

163. Several external stakeholders interviewed for the CPE noted the **low profile of the TCO in CEDAW-related work in Tanzania**, for instance with limited participation in different working groups. The CPE could not confirm this perception but finds it important for the TCO's opportunities for strategic positioning. The fact that other United Nations agencies in Tanzania, such as UN Women and UNFPA, have very strong CEDAW-related portfolios, has been mentioned as contributing to the limited strategic positioning of TCO in promoting a gender-transformative agenda.

5.4.3   TCO resources and capacities for gender focus

EQ10 – To what extent are programmes, communications, and advocacy efforts gender-responsive/transformative, and, relatedly, are UNICEF TCO resources and staff capacitated to integrate and implement gender-responsive/transformative programmes?

⇒ Overall programmes, communications, and advocacy have limited clear gender-responsive and gender-transformative considerations and the TCO has yet to develop and implement an integrated strategy for ensuring full gender-responsive/transformative mainstreaming, including updating in-house gender capacity and communication.

Key Findings EQ10

F-EQ10.1 – Since the MTR there has been increased attention to ensuring reflections on gender-responsive and gender-transformative programming as a basic principle for all CP programming. However, there is still a great deal of confusion among both internal and external stakeholders about the implications of these terms.

F-EQ10.2 – While statements about gender aspects are common in most communications and documents in line with the corporate Gender Strategic Plan 2018–2021, the process is still in the defining phases, with background assessments being undertaken, while implementation of recommendations from a TCO gender equality study in 2018 is far from completed.

F-EQ10.3 – Gender resources at the TCO have been reinforced but are still scarce compared to the requirements for support to mainstreaming of gender-responsive programming.

F-EQ10.4 – Donor conditions for gender-responsive and gender-transformative programming have been effective for several multi-stakeholder initiatives, such as Cash Plus and GRREAT, that have been prepared based on gender analysis and monitored based on gender progress.

Discussion of EQ10 findings

164. Both internal and external stakeholders have highlighted **major challenges to implementing the MTR suggestions for moving towards gender-responsive programming** and planning for **gender transformation** when relevant. However, the CPE found a certain level of confusion among several internal stakeholders on the implications and the difference between gender-responsiveness and gender transformation. In particular, stakeholders have pointed to the lack of analysis of root causes of gender

inequality in Tanzania and the **need for an integrated long-term gender equality vision**. According to stakeholders this should be based on existing resources, including the national gender institutions and agencies and strong partnerships on gender in all CP programme with other United Nations agencies, the Department of Gender, and national NGOs and resource centres specialized in gender analysis and implementation of the CEDAW. These perceptions are aligned with informants' views that **CP success stories with potential gender-transformative impacts are linked to joint programmes** such as GRREAT and the Zanzibar Afya Bora better maternal and child health, which are implemented, for instance, in cooperation with UNFPA and Save the Children. Overall, external stakeholders have also pointed to the low profile of UNICEF in promoting GEEW in Tanzania, and the limited focus on girls and boys and men and women when working on GEEW, as discussed in EQ9.[195] It is recognized that, in principle, programmes such as good parenting are the right way to go, but the effectiveness and sustainability of the approach have yet to be confirmed.

165. Still, **the post-MTR phase has seen more attention to gender mainstreaming** and to work through the gender cross-sector programme supporting the technical areas, although with **limited staff capacities, considering the large and multi-faceted CP**. According to the corporate guidance, there should be one gender review per programme cycle. As mentioned under EQ4 above, this was carried out in preparation of the MTR. However, there is still no gender analysis as such for the Situational Analyses (SitAns), although some overall GEEW considerations are provided in the individual sectors but with limited intersectoral harmonization. Most of the many recommendations from the gender review in 2017 are still valid. One of the main challenges for their implementation is lack of technical capacity and lack of a coordinated TCO approach with interlinkages between the different thematic, cross-sector, and multi-sector programmes; in brief an overall TCO gender strategy. The CPE learned though that the **TCO is currently preparing a gender concept note for future gender programming, focusing on identifying entry points**.

166. The CP interventions that are addressing gender responsiveness most systematically are some of the successful interventions, particularly GRREAT, Afya Bora better maternal and child and health project, and birth registration – all funded by the Government of Canada, which requested strengthened attention to gender equality in the projects in line with the donor's feminist international Assistance policy from 2017.[196]

5.4.4 Impact of convergence programming on national and Regional approaches

EQ11 – To what extent has convergence programming changed national and regional approaches to children, adolescents, and women's rights and protection?

$\Rightarrow$ Multi-sector convergence programming at the level of the focus Regions has shown effectiveness in promoting the rights and protection of children, adolescents, and women while overall national policy frameworks for multi-sector convergence programming have yet to be fully developed and monitored for effectiveness.

Key Findings EQ11

F-EQ11.1 – Addressing adolescent challenges based on their different capacities, aspirations, energy, creativity, and special vulnerabilities is not new within UNICEF and UNCT cooperation with the Government of Tanzania.

F-EQ11.2 – The principles of integrated programming, convergence programming, cross-sectoral programming, multi-sector programming etc. resonate as positive and interesting among both internal

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[195] It is important to remember that the information by stakeholders during interviews are based on perceptions and often with blurred timelines or deeper knowledge of recent development.
[196] See for instance "Canada's Feminist International Assistance Policy."

and external stakeholders. However, it is a long way from being a good idea to being implemented in an effective manner, which will require radical changes in the different systems.

F-EQ11.3 – The combination of a highly sectored structure with platforms on cross-sectoral initiatives such as ECD and Adolescents can be found in both UNICEF, Government structures, and among many other partners, which in principle should facilitate cooperation around these areas. However, many stakeholders express concern about the effectiveness of such arrangements, including the role of the platforms if not placed at the highest level of decision making. This challenge is not unique to Tanzania.

Discussion of EQ11 findings

167. While the CRC targets all children below the age of 18, it is also recognized in the CRC that different phases in the child's life are linked to different needs and capacities. The 2011 Global UNICEF State of the World's Children Report had the title: "Adolescence: An Age of Opportunity". It highlights key challenges for adolescents: teen pregnancies, early marriage, violence and abuse and lack of access to an appropriate protection system. **The TCO followed up on the global report through the document "Adolescence in Tanzania", which was published by UNICEF in cooperation with UNCT, UNFPA, UN Women, the International Labour Organization (ILO), the World Food Programme (WFP),the United Nations Educational, Scientific and Cultural Organization (UNESCO), the Children for Dignity Forum, Save the Children, and UNAIDS in 2011.**[197] Moreover, corporate UNICEF has responded to the recognized needs of adolescents with a set of corporate measures to ensure greater investment in educational opportunities and skills training for adolescents at the national level.**[198]** While both the TCO and the UNCT have long recognized that the special challenges and opportunities of adolescents need to be addressed in an integrated multi-sector and multi-stakeholder manner, the CP includes programmes on adolescents within the thematic sector programmes, such as adolescent-friendly health services and support to out-of-school adolescents. In response to this t**he MTR concluded that the approach of integrating adolescent programming into the existing sectors such as education and nutrition was not sufficient to effectively address the needs of Tanzania's adolescent population**.

168. Based on MTR recommendations, **a special Theory of Change (TOC) was developed for adolescent programming**, with the following outcome statement: "the most vulnerable and excluded adolescent girls and boys are healthy, well-nourished, protected, educated, and empowered and enjoy rights as they transition into adulthood". This was based on assumptions that integrated programming and implementation, focusing on 1/changes in systems and services, behaviour, and policies and financing; and 2/health, education, social, and economic assets, will improve opportunities for vulnerable and excluded adolescents. However, the outcome statement is not integrated into the CP results framework and the implementation of the adolescent TOC has been challenging. Some of the challenges are structural, with the establishment of an adolescent task force under the education thematic programme while one of the successful adolescent programming initiatives, GRREAT, is placed under the HIV/AIDS thematic programme. The role of the task force is to coordinate, but **there is still uncertainty among different thematic programmes about this role and about the overall TCO strategy** to ensure a harmonized approach to adolescents within the sector programmes. Part of the challenge seems to be the uncertain allocated leadership and mandate of the task force. Moreover, there are **challenges for the TCO in identifying adolescent specialists with life cycle and cross-sectoral approach experience**.

169. As described in the success stories, **the adolescent approach has been successful within specific projects at very different levels**, including GRREAT; Cash Plus with livelihood skills; the Youth for Communication (Y4C) Hub; and the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW). According to internal stakeholders, experience in

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[197] The United Nations support to the national adolescent agenda dates even further back. For instance, UNFPA supported in 2003 the development of a national Adolescent Health and Development Strategy (UNFPA & IPPF (2003) "Addressing the Reproductive Health Needs and Rights of Young People since ICPD: The contribution of UNFPA and IPPF - Tanzania Country Evaluation Report").

[198] See for instance UNICEF corporate Strategic Plans 2014–2017 and 2018–2021.

implementing GRREAT and Cash Plus, which call for a cross-sector approach, shows t**he advantage of implementation under the Field Offices where programmes, by default, become more integrated**. However, the level of decentralization and the unbalanced matrix management structure of the TCO do not fully support the use of this opportunity, as the staff feel more committed to their thematic sections than to the integrated programming demands. It should also be noted that the challenges in finding the right model to support adolescents are universal. Many challenges remain in Tanzania, as shown in recent studies. A 2020 study, for instance, showed that the behaviour and attitudes among HIV service providers are still a challenge in Tanzania, creating "a climate of uncertainty and stigma."[199]

170. **C4D** initiatives are also seen as a significant enhancement of cross-cutting integration across the CP, as discussed for instance in section 5.1.2 and the discussion of findings for EQ3 and EQ8, although some structural challenges within the TCO remain to be addressed in this regard, as discussed further under EQ13. The TCO has a mainstreamed C4D structure, with a coordinator whose role is to promote integration and complementarity between C4D interventions in the various programmes and to lead a C4D Technical Working Group. Every programme section in the TCO has a C4D-related output, with C4D results mainstreamed within the various sections. Another continuing challenge is the design and use of appropriate performance indicators for C4D. Understanding of C4D concepts and approaches continues to be developed in the TCO, and the C4D contribution to UNICEF's work on COVID-19 in Tanzania has helped make C4D more visible and understood in the TCO and beyond. But the strategy for national ownership of C4D remains sectoral, for example in health.

171. The increased focus on **Early Childhood Development** (**ECD)** in the post-MTR period is in line with the UNICEF commitment to the 'Nurturing Care Framework' that was launched in collaboration with the World Health Organization (WHO) and the World Bank in 2018.[200] The framework focuses on **ECD based on a multi-sectoral approach**. The suggested ECD approach is also based on the life cycle as outlined in the ECD TOC outcome statement prepared for the MTR: "all children 0-5 (especially the most vulnerable and excluded) develop to their full potential", with assumptions around health, WASH, nutrition, responsive caregiving, and education. **The ECD is structured within the TCO in the same way as the Adolescent programme, namely with the overall programme coordination being placed in one sector as described in EQ3**, while the other sections are responsible for their specific ECD programming. The challenges outlined for the Adolescent programme seem less pronounced for ECD, which was explained in some of the interviews by the fact that the ECD work builds on long-established traditions for integrated programming in nutrition and health, which are key sectors for ECD.[201] **The CP has supported ECD at many different levels, including the National Multi-Sectoral Early Childhood Development Programme (NM-ECDP) and strengthening of the capacities of the Social Welfare Officers to provide multi-sector support. Moreover, the CP results framework includes one outcome on ECD capacity.**

172. In 2020, **ESARO carried out a reflection** on different organizational structures put in place for ECD in the country offices in the region, with the overall aim of promoting vertical and horizontal integration, including **multi-sectoral, multi-stakeholder, and geographic convergence**.[202] The structure applied in the **TCO is referred to as "Staff member supporting ECD placed in a section and guided through a matrixed approach by the Deputy Representative"**. The participants in the reflection recommended that 1/the definition of the structure should be defined by the overall objective of the convergence programme; 2/the structure should be defined within existing UNICEF programme mechanisms such as the CPD; 3/ the Deputy Representative, Programmes, should lead and drive the convergence programme agenda at CO level; 4/the different thematic programmes should allocate commensurate resources to the convergence programme; and 5/the CO should advocate for and support corresponding national programming.

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[199] Bylund, S., et al. (2020) "Negotiating social norms, the legacy of vertical health initiatives and contradicting health policies: a qualitative study of health professionals' perceptions and attitudes of providing adolescent sexual and reproductive health care in Arusha and Kilimanjaro regions, Tanzania."

[200] WHO, World Bank, UNICEF (2018) "Nurturing care for early childhood development - A framework for linking Survive and Thrive to Transform health and human potential."
[201] As described in chapter 3, nutrition and health were integrated in one thematic programme in the last CP.
[202] Information provided by UNICEF TCO.

173. Based on the information collected through both secondary and primary data, the CPE finds that **the TCO organizational structure for the ECD and adolescent programming follows most of the ESARO recommendations**. However, the CPE questions if the organizational structure has been defined based on the Theories of Changes developed for the two convergence programmes. Moreover, the MTR identifies stunting as an entry point for ECD while a concept note on adolescent programming prepared for the MTR includes outline opportunities for adolescent programming in all TCO thematic programmes. It should also be noted that the Ministry of Information, Youth, Culture, and Sports[203] is responsible for the National Youth Development Policy of 2007 while the national ECD task under the Ministry of Health, Community Development, Gender, Elderly and Children is responsible for national ECD policy. The CPE could not identify any alternative structures that had been discussed before the TCO chose the existing one for the ECD and Adolescents convergence programmes within the TCO.

174. What emerges from all the CPE's data sources on the concept of convergence is **the limited familiarity with the convergence concept among both internal and external stakeholders**. Convergence programming as a concept is little used or known within other agencies or in the Government. The 2020 UNICEF technical note on convergent programming to end child marriage and promote gender equality provides a general typology on convergent programming, including geographic convergence, thematic convergence, and vertical coordination.[204] However, **in the CP context, convergence programming is limited to thematic or multi-sector convergence while vertical convergence, for instance, integrating different levels from families, communities, districts, Regions to national level, would be relevant for systems strengthening.** Overall, convergence programming resonates as positive and interesting among both internal and external stakeholders, although many highlight the need for guidance and the need for additional resources, including capacity in cross-sectoral work. **The combination of a highly sectored structure with platforms on cross-sectoral initiatives such as ECD and adolescents can be found in both UNICEF, Government structures and among many other partners** – and with challenges when the role and mandate of the multi-sector platforms are not well-defined. Many stakeholders express concern about the effectiveness of such setups, including the role of the platforms if not placed at the highest level of decision making. This challenge is not unique to Tanzania.

175. **A multi-sector and multi-stakeholder approach to ECD has been on the agenda in Tanzania for more than two decades.** In 2000 the Tanzania ECD Network (TECDEN) was established to promote a multi-sectoral approach to respond to children's needs.[205] In 2010 the Intersectoral Early Childhood Development Policy was drafted after a multi-year consultative process under a national ECD steering committee, secretariat, and technical committee.[206] The ECD policy seeks to integrate education, health, nutrition and social and child protection and each relevant government entity nominated ECD focus points. A 2012 peer reviewed study noted that the focal points had good and productive formal communication while the organizational structure was less efficient.[207] The policy has never been approved. In 2020, the TCO commissioned an analysis of the national ECD institutional framework in consultation with the national ECD Task Force.[208] The preliminary version of the study highlights the opportunities for bringing back the multi-sectoral ECD agenda through the ECD task force established in 2017 with participation of government authorities, CSOs, donors, and United Nations agencies. A national conference in 2018 concluded that there was a need for a national ECD programme. The CPE found that there is a **general agreement among different ECD stakeholders that these many different structures are not efficient and that siloed programmes and policies continue**. The CPE did not identify a proper organizational study for how to promote horizontal and vertical ECD multi-sector

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[203] The National Youth Development Policy was developed by the Ministry of Labour, Employment, and Youth Development, that has since been transformed into other ministries.
[204] UNICEF (Apr 2020) "Technical Note on Convergent Programming." Technical note prepared on convergent programming to end child marriage and promote gender equality.
[205] www.tecden.or.tz.
[206] Neuman, Michelle J., and Amanda E. Devercelli. "Early childhood policies in sub-Saharan Africa: challenges and opportunities". International Journal of Child Care and Education Policy 6.2 (2012): 21-34.
[207] Neuman, Michelle J., and Amanda E. Devercelli. "Early childhood policies in sub-Saharan Africa: challenges and opportunities". International Journal of Child Care and Education Policy 6.2 (2012): 21-34.
[208] Africa Early Childhood Network (2020) "National Multi-Sectoral Early Childhood Development Programme" UNICEF Tanzania. First Draft – Internal document.

programmes taking into account the transaction costs. The CPE recognizes that the draft study includes some suggestions for future structure.

5.4.5 Role of UNCT and working groups for synergies and coordination

EQ12 – To what extent have United Nations inter-agency and management structures at country level encouraged synergies among agencies, enabled optimization of results and avoidance of duplication?

⇒ The different platforms for the United Nations cooperating in Tanzania as well as donor requirements have promoted joint projects among certain United Nations agencies. Some of the Delivering as One principles have been applied for certain specific operational structures such as the joint office in Dodoma and the Harmonized Approach to Cash Transfers (HACT).

Key Findings EQ12

F-EQ12.1 – UNICEF plays a significant role in the Delivering as One process – including the effectiveness of the UNDAP outcome groups that UNICEF is leading. This role reflects the relative size of UNICEF compared to other United Nations agencies in Tanzania, but also its leadership capacity for joint activities. This has been furthered by the long-term presence of UNICEF in Tanzania and its being a well-respected partner to the Governments in both Mainland and Zanzibar.

F-EQ12.2 – While UNICEF plays an important role in the United Nations Country Team and UNDAP, the structure of UNDAP II has made it difficult for UNICEF and its sister United Nations agencies to perform efficiently in accordance with the principles of Delivering as One. Still, some joint programmes among United Nations agencies, such as the Kigoma Joint Programme, are considered successful because of the multi-stakeholder and multi-sector approach applied from the definition of the programme.

Discussion of EQ12 findings

176. Interviews with internal and external stakeholders during the CPE pointed to **the leadership role of the TCO in the UNCT and in outcome and other working groups**. This is closely linked to the strategic positioning as described in EQ2. Reflecting the leadership role of UNICEF, several of the outcomes of the UNDAP II target children, adolescents, and women. However, while **UNICEF plays an important role in the United Nations Country Team and UNDAP working groups**, the structure of UNDAP II is generally considered inefficient**.** During the CPE primary data collection, key United Nations stakeholders noted that the United Nations reform so far has been a missed opportunity in Tanzania. The UNDAP II is not considered to be strategic and focused, but rather a compilation of 20 different agency programmes. Moreover, many stakeholders have noted during CPE primary data collection that the UNDAP process suffers from limited engagement and commitment of the Government of the United Republic of Tanzania. For instance, there has only been one UNDAP steering committee meeting with the Government since 2016.

177. On the other hand, **the joint programmes that are identified as success stories**, including the Kigoma Joint Programme, GRREAT, and the Zanzibar Afya Bora better maternal and child health project, have been **programmed from the start as joint and complementary initiatives,** including joint concept notes, resource mobilization, and implementation and monitoring. As highlighted in the Success Stories, this increases the possibilities for constructive complementarity. Overall, the CPE finds that a critical factor for constructive and effective joint United Nations programming is donor engagement from the concept stage. It was also noted during data collection that The Kigoma Joint Programme was set up as an area-based programme with a focus on multi-sector programming in a very impoverished Region where refugee responses are the responsibility of United Nations. Critical for the programme's success

has been that it was developed as a joint process among 16 United Nations agencies and with strong cooperation of donors from the initial development of the programme.

178. The findings and discussions under Success Stories and EQ2 further describe the relevance, opportunities, and challenges identified for TCO participation in joint programming in Tanzania.

5.5 Efficiency

5.5.1 Strategic planning and use of resources for equity and GEEW

EQ13 – Were resources (funds, human resources, time, expertise etc.) allocated and utilized strategically to track and achieve results, including equity, inclusiveness, and gender-related objectives?

$\Rightarrow$ Overall resources have been assigned and utilized strategically to achieve defined outcomes and outputs in the CP. However, the post MTR renewed focus on equity, convergence, and gender responsiveness has not been fully reflected in resource structure and allocation.

Key Findings EQ13

F-EQ13.1 – Overall, available resources have matched the ambitions of the CP, while some challenges have been highlighted in the cross-sector and multi-sector areas, particularly gender and convergent adolescent and ECD programmes.

F-EQ13.2 – Human resources, and particularly staff profiles, have not been matched to the post-MTR ambitions. Temporary contracts are being used to fill the gap of recruitment restrictions, lowering overall efficiency due to forced contract breaks among others. The challenge of short-term staffing is especially an issue among humanitarian staff.

F-EQ13.3 – The TCO is recognized for its empowering working culture and there is a very low turnover of national staff, which is positive. There does not appear to be a profile mapping and assessment of possibilities for upgrading current staff profiles to match emerging needs in terms of convergence programming and of influencing rather than implementing.

F-EQ13.4 – Some of the principles of United Nations Delivering as One are reflected in the overall CP management, including the United Nations Harmonized Approach to Cash Transfers (HACT) and joint office spaces in Dodoma and Zanzibar, reducing costs in general.

Discussion of EQ13 findings

179. Overall, **available resources have matched the ambitions of the CP thematic programmes**, although there have been challenges in some areas, particularly the cross-sector programmes areas such as gender and the multi-sector convergent adolescent and ECD programmes. This is closely linked to the siloed structure of the TCO, where the thematic programmes are responsible for managing their resources and also responsible for resource mobilization. In principle, the cross-sector and multi-sector programmes do not mobilize their own resources and are generally light structures with one or two specialists working in support of the thematic programmes. For the C4D cross-sector programme, the funding trend was largely positive in 2016–2017, but turned downwards in 2018–2020 (19 per cent of TCO expenditure in 2018, 13 per cent in 2020).[209,210,211] **The structure with each thematic programme mobilizing its own resources means that various thematic programmes might be in contact with the same donor**, which is further complicated considering that the landscape of traditional donors for the

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[209] UNICEF-ESARO (2016) "UNICEF ESAR: communication for development (C4D) at a glance – 2016."
[210] UNICEF-ESARO (2016) "UNICEF ESAR: communication for development (C4D) at a glance – 2017."
[211] UNICEF-ESARO(2021) "ESARO C4D checklists for SBCC articulation into CP cycles. Orientation to Tanzania CO, 23 March 2021." PowerPoint presentation.

CP is relatively big consisting of around 15 embassies. It should be mentioned, though, that decentralized resource mobilization, with direct contacts between the thematic programmes and the donors, proved to be efficient for the flexibility and additional resource mobilization in the COVID-19 response, with support from the cross-sector resource mobilization unit. A more detailed assessment of the efficiency and effectiveness of the resource mobilization structure at the TCO is beyond the scope of the CPE.

180. The existing TCO structure, with some functions being repeated within the thematic programmes, such as resource mobilization and evaluations, also includes some overlaps among the cross-sector and other support programmes. Interviews and review of the CP results framework, including the Country Office annual reports, show that there **are potential overlaps especially between the functions of Communication, Advocacy and Partnership (CAP), which reports to the Director, and Communication for Development (C4D)**, which reports to the Deputy for programmes. So far there is no joint communication approach or strategy for C4D and CAP, although some plans were made in 2019.

181. Several external stakeholders interviewed for the CPE **mentioned an apparent resource inefficiency through the many projects that are often referred to as pilots, but seem to have no exit strategies, and where what is being tested remains unclear, as described under EQ1**. The CPE finds that this is closely linked to the **lack of a clear integrated process, planned from the start with innovation–piloting–modelling–scaling-up**.

182. The **resource challenge of the many transactions linked to the relatively small projects and initiatives has been pointed out by TCO staff**. They have also noted, however, that there are some imminent changes to the administrative processes, expected to lead to fewer disbursements to the individual ministries. At present, some transfers are for as little as USD 400. The annual theme of the office culture programme in 2021 is fraud, and it was noted during primary data collection that it is more difficult to control fraud in a system with many small transactions.

183. Some of the principles of United Nations **Delivering as One** are reflected in the general CP management, including the United Nations Harmonized Approach to Cash Transfers (**HACT**) and joint office spaces in Dodoma, **reducing costs in general**.

184. In terms of **human resources**, the CPE did not find evidence of a profile mapping or that staff profiles have been matched to the post-MTR ambitions. **The TCO is recognized for its empowering working culture, and there is a very low turnover of national staff**, which is generally positive. The CPE finds that mapping and assessment of possibilities for upgrading current staff profiles to emerging needs in terms of convergence programming, and influencing rather than implementing, seems overdue. **Because of recruitment restrictions, the TCO makes use of temporary contracts to fill staffing gaps.** However, this lowers overall efficiency due to forced contract breaks, insecurity, etc. The **challenge of short-term staffing is especially an issue among humanitarian staff**.

185. The CP context leads to a number of inefficiencies: the national decentralization process in Tanzania is still incomplete, and there is frequent duplication of efforts with limited implementation capacity at all levels, particularly in Mainland.

5.5.2   Impact of the TCO structure on the efficiency of convergence programming

EQ14 – To what extent have the convergence strategy, the programme structure, and the office structure supported the delivery of the Country Programme? Were the chosen strategies and approaches the most cost-effective and efficient? Were there alternatives that would have worked better, and what are those?

⇒ The TCO organizational structure is efficient for delivering outcomes and outputs set out in the CP and organized around sector areas. The multi-sector convergence strategy suggested in the MTR is not supported efficiently by the current organizational structure and resource allocation. The CPE did not identify analyses of alternative structures and strategies.

Key Findings EQ14

F-EQ14.1 – The TCO's current organizational structure, with traditional thematic programmes as the backbone of the CP, supplemented by cross-sector and multi-sector programmes and convergence platforms with limited capacity, is not efficient for promoting convergence. It is characterized by add-ons to existing structures and getting the best out of what exists, rather than defining the structure based on the CP's ambitions.

F-EQ14.2 – The life cycle approach reflected in the ECD and adolescent programming ambitions is recognized by many stakeholders as important, but not matched efficiently in the thematic programme structure.

F-EQ14.3 – At the programme level, there are good practices of multi-sector convergence programming, for instance Health Plus in Kigoma, Zanzibar, and the MINS Regions.

Discussion of EQ14 findings

186. Several internal stakeholders participating in the primary data collection for the CPE have pointed to the current **TCO organizational structure** discussed above under EQ13 as complicated and not efficient for promoting the multi-sector convergence programmes. Please see Annex 13 for a presentation of the current organizational structure of TCO. The diagram does not identify though the authority of the different elements in the structure and the full lines of communication. The CPE finds that the organizational structure is mainly because of the traditional thematic programmes as the backbone of the CP, supplemented by cross-sector and multi-sector programmes. As such, it is characterized by add-ons to existing structures and getting the best out of what exists, rather than defining the structure based on the CP's new ambitions. The limited capacity and mandate of the task forces is a major contributor to the weakness of the structure.

187. It should also be noted that **working in a multi-sectoral manner is practised in several initiatives in the CP, such as Health Plus,** integrating health, nutrition, and child protection, and **GRREAT**, integrating health, nutrition, HIV/AIDS, and education while targeting adolescent girls and promoting gender transformation. The facilitating factor in these good practices in multi-sector programming is the clear joint programme, assuring integration and a common approach rather than the current attempts limited to harmonization of the overall TCO convergence programmes.

188. The CP 2011–2016 was organized in a more integrated manner. The CPE did not identify any assessments of the former structure, or justification for the reorganization to the current arrangements, in the current CPD.

5.5.3 Complementarity of the implementation/change strategies

EQ15 – How does the complementarity of the implementation/change strategies play out in CP implementation?

$\Rightarrow$ The identified success stories are based on several implementation/change strategies. The CPE did not identify an overall strategy for application of the different strategies based for instance on their potential complementarity.

Key Findings EQ15

F-EQ15.1 – Implementation/change strategies are being efficiently applied in various initiatives leading to success stories, characterized by the application of several of the strategies during implementation indicating complementarity.

F-EQ15.2 – While implementation/change strategies related to communication, advocacy, knowledge management, and leadership and partnerships are highlighted as areas where TCO has special

competencies, other strategies still need to be further developed and adjusted to needs such as private sector mobilization and gender-responsive programming.

Discussion of EQ15 findings

189. As shown in the analysis of the identified success stories, the **implementation/change strategies play a defining role in these success stories,** and the stories are often based on several change strategies such as partnerships, multi-sectoral convergence programming, knowledge management, and advocacy and communication.

190. The justification for the use of different implementation/change strategies is not always clear in the programme documents, but overall, **all strategies are being applied, although at different levels**. External stakeholders interviewed for the CPE have very little or no knowledge of the role of implementation and change strategies and why and how they are applied in CP activities. However, during interviews and in the online perception survey, external stakeholders would often refer to communication, advocacy, knowledge management, and leadership bringing many actors together as being areas in which the TCO is especially strong. Those areas correspond directly to several change strategies. On the other hand, **external stakeholders do not refer to development of innovative approaches in Tanzania, private sector mobilization, or fostering innovation** as areas where the TCO has comparative advantages. **Likewise, the strategy for acceleration for scaling-up has often been questioned** during the CPE by both internal and external stakeholders**.**

191. So far, partnerships with civil society organizations have taken the form of contracts with UNICEF, serving as implementing agencies. Several stakeholders noted during data collection that the partnership concept is much wider than that, and the partnerships should be balanced relationships for exchanging information, harmonizing approaches, and working towards complementarity in line with the change strategy "Developing and leveraging resources and partnerships for children" as presented in chapter 3 and based on the corporate Strategic Plan 2018–2021. Another expression of the concern about the nature of the partnerships is **the discontinuation of the joint platform for MDAs and CSOs working on the Children's Agenda**, particularly the CRC, as described in the discussion of missed opportunities in section 5.1.3.

192. **The role of the private sector has been very limited in the CP until recently**, despite the change strategy of leveraging the power of business and markets for children. Application of the change strategy of gender-responsive programming has received greater attention in the TCO since the MTR, as described in the discussion to the findings to EQ9. Moreover, some initiatives such as GRREAT have been able to fully integrate gender responsiveness and move towards gender transformation. There seems to be a **strong influence of donor requirements on the level of gender-responsiveness in programmes,** and thus for the application of this change strategy.

5.5.4   Factors for successful inter-agency programming

EQ16 – What were the factors that facilitated or adversely affected commitment and implementation to the inter-agency approach? And did these factors operate/manifest differently at national and subnational levels?

$\Rightarrow$ Efficiency of inter-agency approaches are linked to area based approaches, joint programming and management, donor commitment, and technical complementarity at subnational level, and immediate needs at both national and subnational level. Separate funding cycles, competition for funds, and a weak UNDAP structure work against inter agency efficiency.

Key Findings EQ16

F-EQ16.1 – The efficiency of inter-agency programming with United Nations agencies has particularly been facilitated by an area-based approach, joint programming and management, donor commitment, technical complementarity, and recognition that the needs are beyond what one agency can respond to. The urgency of emergencies such as COVID-19 emphasizes this last point.

F-EQ16.2 – Inhibiting factors for inter-agency cooperation among United Nations agencies include the weakness of the UNDAP to offer genuine joint programming rather than a compilation of existing agency programmes; separate funding cycles; and competition for funding.

Discussion of EQ16 findings

193. The **success stories identified by internal and external stakeholders highlight some of the factors promoting efficient inter-agency programming**, including joint programming and management, donor commitment, technical complementarity, and recognition that needs are beyond what one agency can respond to. The urgency of emergencies such as COVID-19 underlines this last point. Moreover, according to other United Nations agencies, the success of the KJP is closely linked to the area-based approach, allowing integrated programming covering all people in need through the complementary actions of the participating United Nations agencies.

194. The **inhibiting factors for efficient Delivering as One** are linked to the individuality of the agencies, with different visions, goals, programming schedules, and accountability frameworks. These aspects are not sufficiently addressed in the design of the UNDAP II, which mostly consists of a compilation of existing agency programmes rather than programmes that have been designed, implemented, and monitored as joint initiatives, such as the Kigoma Joint Programme, Cash Plus, and GRREAT.

5.6   Sustainability

5.6.1   Sustainability at community, Regional, and national level of CP initiatives

EQ17 – To what extent are the positive changes and effects of the CP sustainable at the relevant levels including community, Regional, and national? To what extent have the adopted CP strategies contributed to or been designed in a way that they will contribute to sustainability of results, especially equity and gender-related results?

$\Rightarrow$ The CP has contributed to immediate positive behaviour changes for both supply and demand at community, Regional, and national level. The initiatives that have been successful in being scaled up, particularly Birth Registration, rely on sustainability considerations in the updated approaches. Sustainability considerations for equity and gender related results are still to be fully developed and implemented.

Key Findings EQ17

F-EQ17.1 – While the expected behaviour changes among national actors as a direct result of the CP are on track to being achieved by 2022, the longer-term impacts are questioned, given the lack of clear strategies for how the behaviour changes will be sustained. Some success stories such as birth registration and minimum budget allocations for nutrition have shown promising expectations for longer-term sustainability through adaptation of the approach to national capacities.

F-EQ17.2 – While there is a growing recognition and application of the need to focus on vertically and horizontally integrated programmes in the CP, including systems strengthening, there is limited attention to the transfer of capacity among national stakeholders for implementing the change

strategies that have been critical for the CP success stories, including equity measures and gender equality impacts.

F-EQ17.3 – The scalability analysis prepared during the MTR process was a major and critical exercise that still needs to be fully implemented. While scaling-up is included as a goal in most programme documents, the CPE did not identify realistic and responsive scalability strategies specifying the potential roles of different stakeholders, including Government, the private sector and CSOs.

Discussion of EQ17 findings

195. In the context of the CP, **sustainability is considered in terms of the long-term viability of the programme's approach; or in other words: will the approaches introduced under the CP be accepted and replicated by local and national stakeholders over the long term**? With the corporate Strategic Plan 2018–2021 and the MTR, a concept closely related to sustainability was reinforced, namely the **change strategy of programming at-scale results for children**. According to the Strategic Plan, this will entail, among others, national capacity to respond holistically to children's needs and achievement of outcomes in terms of behaviour change.

196. As can be seen in Table 8, the planned outcomes and outputs are formulated in terms of **behaviour change and they are mostly on track to be achieved**. Still, it should also be noted that immediate positive behaviour changes do not necessarily translate into long-term changes if they are not continuously supported. The discussion on the findings on EQ4 on gender equality and equity describes that the Cash Plus initiative – identified as a success story – showed promising male behaviour changes towards gender norms at the midline evaluation of the initiative. However, 12 months later these changes could not be confirmed. Anecdotal evidence from the data collection also points to other examples where impacts that can be seen ex-post are limited. Several internal and external stakeholders link this to lack of exit strategies – or rather long-term strategies for sustaining impacts when transferring ownership to national stakeholders. It should be noted, though, that the number of national technical staff has doubled during the CP implementation while the number of international staff has remained almost unchanged.[212] This should in principle strengthen the national capacity base for CRC related work and contribute to continuity.

197. The UNICEF 2020 technical note on scaling up efforts to end child marriage[213] suggests that scaling-up can be 1/horizontal, with replication of successful interventions to expand the geographic coverage and increase the target population and/or 2/vertical, which institutionalizes successful approaches and innovations with vertical systems strengthening as a goal. **The CP is applying a mix of both horizontal and vertical scaling-up approaches and thus in principle it is designed to achieve scaling-up and sustainability at various administrative levels.** Still, it should be noted that there is some unclarity in goals and visions, and in linkages to other change strategies such as knowledge management. While the knowledge management work has effectively and efficiently contributed to the success stories, the level of transferring the full TCO capacity for knowledge management could not be fully assessed by the CPE; although anecdotal evidence suggests that in implementing the change strategies the sustainability objective is limited to the final outcome and not sustainability in ensuring the process that achieves it. The CPE finds that there has been **limited attention to the national capacity for implementing change strategies such as knowledge management and advocacy.** The CPE **acknowledges the CP support to national statistical systems, including surveys such as the Demographic and Health Survey,** which has also been highlighted in the various primary data collections of the CPE.

198. As described in section 5.1.3 on missed opportunities, the TCO carried out a **scalability analysis of 31 interventions** as part of the MTR process. The analysis was based on a scalability analysis framework developed by the Brookings Institute, based on drivers (ideas, a vision for scale, leadership, external catalysts, and incentives and accountability) and spaces (fiscal and financial, political, policy,

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[212] Please refer to Table 5 in chapter 3 of this report.
[213] UNICEF (April 2020) "Technical note on scaling up efforts to end child marriage."

organizational, partnership, cultural, learning).[214] The analysis showed that, among the 31 interventions of the CP, only 12 had government-owned scale-up plans.[215] **The scalability exercise is considered as successful by many** internal and external stakeholders. The exercise is now also described as a good practice on the new UNICEF corporate PPPX Brand Strategy and Design website page on Programming at Scale. However, as described earlier, the **lack of follow-through to the analysis and suggestions is considered a missed opportunity by both internal and external stakeholders**. Most of the interventions scoring low on the scalability analysis thus continue under the CP. The U-report,[216] for instance, which is piloted with the University of Dar es Salaam, is still managed as an innovation four years after it was launched. The CPE learned from the interviews that the University has plans for replicating the experience, although the funding was not assured. **The challenges of follow-through on the scalability plans are closely linked to the challenges with national policy priorities having favoured investment in productive infrastructure** over recent years. With the FYDP III and the increased commitment to human development as shown in section 2.2, the remainder of the CP might offer a chance to address some of these challenges.

199. Many stakeholders interviewed for the CPE have highlighted that the **challenges of accelerating scaling-up within the CP are linked to the limited use of an integrated process planned from the start with innovation–piloting–modelling–scaling-up clearly identified**, as indicated in the discussion to the findings under EQ13. Successful interventions such as the joint Afya Bora better maternal and child project in Zanzibar have applied the integrated process more explicitly. According to some internal and external stakeholders participating in the different primary data collections of the CPE, it is expected that the Government of Zanzibar might institutionalize and fund the main elements of the Afya Bora approach in the future. However, the CPE did not find clear evidence of the Government's commitment that this will indeed happen.

200. For some of the **other promising initiatives where scaling-up has been accelerated, such as birth registration, the TCO has supported the simplification of the system and pegged it to vaccination campaigns to reduce the costs and strengthen possibilities for successful institutionalization**. Moreover, the **birth registration initiative,** which is one of the most quoted success stories of the CP, includes **critical factors for a successful and dynamic model for scale-up**, including capacity development, gender equality, C4D with targeted communication, private sector mobilization, evidence-based advocacy, and continuous development of innovative approaches. Likewise, the Zanzibar Afya Bora better maternal and child health project is an excellent case of the application of the Innovation-piloting-modelling-scaling up model.

201. The strengthening of the **enabling environment** for the child justice system has also been highlighted by many stakeholders as a TCO success story leading to Tanzania's second five-year Strategy for Progressive Child Justice Reform 2020/21-2024/25. Good progress has been made with the introduction of child-friendly courts, benefiting from the proactive and constructive attitude of the justiciary to enhancing the child justice system. There has also been progress in strengthening data management and information systems, including UNICEF support for the national District Case Management System. The CPE finds that the work should be **sustainable without imposing an unrealistic burden on the Government Budget**.[217]

202. By working on the **concept of minimum budget allocation for nutrition** through multiple systems-strengthening activities at local level,[218] the TCO's support to the nutrition sector has greatly contributed to the improved nutrition funding status. Thus, for the 2020/21 budget, 20 of the 27 Regions planned above the national policy of a minimum budget for nutrition of TZS 1,000 per child under five.[219] Likewise,

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[214] Brookings Institute (2008) "Scaling Up: A Framework and Lessons for Development Effectiveness from Literature and Practice."

[215] UNICEF Tanzania Country Office (Oct. 2019) "Programming at Scale - Reflections and learning from UNICEF Tanzania."

[216] U-Report is a messaging tool developed by UNICEF's Office of Innovation Innocenti to empower young people to engage with and speak out on issues that matter to them.

[217] See for instance Mashamba, J.C. (2019) "Reforming and strengthening child justice in Tanzania. An evaluation report of the five-year Strategy for Progressive Child Justice Reform" Dar es Salaam: Child Justice Forum.

[218] Including governance, knowledge management, service delivery, human resources, and financing.

[219] UNICEF TCO (July 2020) "Accelerating Stunting Reduction in Mbeya, Iringa, Njombe and Songwe Regions

the TCO has been advocating for greater Government investment in the rights and protection of children and adolescents, through **knowledge products such as sector budget briefs**. Lately, the TCO has increased its advocacy work with parliamentarians and other high-level decision makers.

203. **The challenge of accelerating programmes to scale is common among development partners operating in Tanzania.** According to several external stakeholders, this should be seen in the difficult context of uncertain national funding for social development initiatives.

5.6.2 National absorption and adaptation capacity

EQ18 – To what extent have the programme strategies, plans, and tools – particularly those with an equity and gender focus – been institutionalized in systems, policies, mechanisms and strategies among government, NGOs/civil society, and other partners and stakeholders? Will the strategies/plans/tools be more widely replicated or adapted? Is it likely that they will go to scale?

$\Rightarrow$ The CP has contributed directly to an updated national and regional institutional framework related to CRC principles that are already at scale while support to institutionalization of gender policies has been limited. The newly released national five year development plan (FYDP III) integrates several CP initiatives and reflects CRC, CEDAW, and CRPD principles and with multi stakeholder participation at various levels. However, the planned implementation is still greatly reliant on external input.

Key Findings EQ18

F-EQ18.1 – The newly released FYDP III 2021/22–2025/26 reflects national institutionalization of many components of the CP. However, the planned implementation is still greatly reliant on external input.

F-EQ18.2 – While there are overall positive developments in the paths towards institutionalization of the CP strategies, policies and mechanisms, evidence shows challenges in sustaining the impacts and change in social behaviour, which will require long-term support and cooperation in line with the principles of the CRC.

Discussion of EQ18 findings

204. The national absorption and adaptation of CP strategies and approaches are closely linked to national development priorities. The recently published FYDP III 2021/22–2025/26[220] shows a renewed focus on human development with improvement in the quality of social services while still ensuring full coverage, reflecting institutionalization of the key focus of the CP strategies. Likewise, **FYDP III gives special attention to women, youth, and people with disabilities**.

205. The social development initiatives of the FYDP III 2021/22–2025/26[221] include a number of UNICEF projects and generally reflect many components of the UNICEF CP 2016–2022, **confirming the institutionalization of many aspects of the CP** and generally promoting the rights and protection of children, youths, and women with special attention to people living with disabilities and general equity aspects. More specifically, the following programmes are fully aligned with the CP and will be based on UNICEF programmes:

- Social protection coverage to both the formal and the non-formal sectors, including cash transfers to poor households
- Strengthened education, including access, new schools and pre-primary school facilities; capacity for teaching quality; improvement of literacy skills in early grades through UNICEF support

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Period: November 2014 – May 2020 – Final Report to DFID."
[220] The United Republic of Tanzania (Jun 2021) "National Five Year Development Plan 2021/22 – 2025/26."
[221] The United Republic of Tanzania (Jun 2021) "National Five Year Development Plan 2021/22 – 2025/26."

- Improve rural and urban water supply and improve school WASH facilities
- Strengthen LGAs and decentralization and improve basic service delivery of regional and local government administrations through UNICEF support
- Strengthen primary health services through strengthening of regional and local government administrations, including UNICEF support to reduce stunting and violence against women through UNICEF support
- Strengthen alternative care for children
- Strengthen efforts against gender-based violence and violence against children, including police gender and children's desks; women and children protection committees; child help lines; child protection desks at schools; positive parenting education; training of adolescents in health and well-being; parenting groups; and junior councils
- Increase under-five births registration to 100 per cent
- Strengthen ECD, including day care centres and community based ECD centres.

206. Overall, several internal and external stakeholders noted during the CPE interviews that **education and ECD are among the most promising social sector initiatives for future national ownership of donor-supported programmes. This is fully confirmed in the FYDP III, although there is also a strong focus on child protection and health**.

207. The overall positive development in key social development indicators shown in Table 1, based on a review of the FYDP II, and review of CP outcome and output achievements shown in Table 8 (with further details on indicators in Annex 8) confirm **positive behaviour change among various stakeholders.** This positive change ranges from the increased number of caregivers who enrol their children in primary schools, to LGAs which organize community health and nutrition days, and national authorities which develop and update the institutional framework **for the promotion of rights and protection for children and adolescents.** The level of institutionalization of these behaviour changes cannot be confirmed by the CPE. Rather, the CPE noted several examples where positive trends during CP support were not sustained post-support. It should also be noted that even among the general positive development in social indicators shown in Table 1, indicators of enrolment rates of children in pre-primary education show negative development over the last five years, for both gross and net enrolment ratios. While it is explained in the FYDP III that this is mainly a result of a sudden increase in 2016 in response to the free basic education policy, these results do **reflect general challenges in sustaining positive developments in social behaviour changes.**

208. CP systems-strengthening efforts focus on technical capacity for service delivery and development and planning of an institutional framework. The CP is also supporting national and subnational knowledge management and evidence generation capacity, including the Bureaux of Statistics in both Mainland and Zanzibar. On the other hand, the CPE did not find evidence that other factors enabling the CP success stories, such as advocacy and communication and innovation capacity, have been systematically included in the systems-strengthening efforts.

209. The most-quoted example of promising scaling-up is the birth registration programme. It includes critical factors for a successful and dynamic model for scale-up, with implementation of change strategies such as capacity development, GEEW, C4D with targeted communication, private sector mobilization, evidence-based advocacy, and continuous development of innovative approaches. **The model is relatively simple, which drives its success.**

6 CONCLUSIONS, LESSONS LEARNED, AND RECOMMENDATIONS

6.1 Conclusions

6.1.1 Overall Conclusions – the theory of change and success stories

210. **The CP 2016–2022 has successfully contributed to the overall changes expected in the reconstructed theory of change for the CP**: 1/strengthened family care and protective practices nurturing child and adolescent development and empowerment; 2/strengthened availability of quality equitable services for children, adolescents, and caregivers; and 3/establishment of an enabling policy and institutional environment for the rights and protection of children, adolescents, and women in alignment with international conventions. Several of the external assumptions of the overall CP theory of change have not been fulfilled, including a conducive political environment, national ownership, political stability, and no humanitarian crisis. **The TCO management has been able to effectively manoeuvre in this challenging political climate through flexibility, knowledge management, being there for the long haul, advocacy, and partnerships – that is, through its strategic positioning**.

211. This strategic positioning for promoting children's rights and protection throughout Tanzania is reflected in the **positive perception of UNICEF in Tanzania among stakeholders from the Government of the United Republic of Tanzania as well as the Revolutionary Government of Zanzibar, donors, other United Nations agencies, and civil society organizations**. Common among these many different stakeholder groups was their identification of many perceived success stories of UNICEF, particularly based on several of the change strategies from the overall CP Theory of Change, namely partnerships, innovation and adaptation, programming at scale, cross-sectoral programming, knowledge management, and advocacy and communication.

212. The strong strategic position is also the background for the identification of a number of **'missed opportunities' or initiatives and activities in which many stakeholders consider that based on UNICEF strategic positioning active engagement and leadership by UNICEF would make a difference for children and adolescents.** The missed opportunities are linked to change strategies that have not been implemented as effectively as others, particularly gender-responsive programming; business and markets; South-South/triangular cooperation; Delivering as One; and convergence programming. But those are also strategies that are dependent on effective partnerships with others, such as effective gender-responsive programming and business and markets. This means that, for the overall Theory of Change to be fully effective in generating the identified changes, more internal capacity, including human, technical, financial, and time resources, would need to be fully considered for all change strategies.

6.1.2 Relevance

213. **The Country Programme 2016–2022 is highly relevant for the national development plan, the SDGs, and the national institutional framework related to social development issues**. This relevance is a two-way connection. On the one hand, the CP is guiding the national policies and priorities for promoting the rights and protection of children, adolescents, and their caregivers. At the same time, the focus of the CP is being guided by the need for further development and implementation of the same national policies and strategies. This is the result of the constant dialogue between the national authorities and the TCO. **It builds on the mutual trust developed during the continuous cooperation in Tanzania for many decades, giving the TCO a well-recognized strategic position for supporting all aspects of the rights and protection of children and adolescents throughout Tanzania**. Whereas the thematic programme theories of change and implementation strategies are guided by the national priorities combined with UNICEF Strategic Plans, the lack of an overall CP Theory of Change developed in cooperation with the national authorities reinforces the siloed structure of the TCO. This affects the CP capacity to respond to overall national plans through effective complementarity of the technical programmes and a cross-sector approach.

214. **The room for flexibility and adaptability of the CP is particularly a result of TCO management decisions to adopt to changing needs, demands, opportunities, and constraints during CP implementation, while the CPD in its form and structure offers limited explicit flexibility and adaptability**. The TCO capacity to make executive decisions to adapt the CP responses to changing needs reflects both the overall effectiveness of the leadership, including effective risk monitoring through the well-established network of UNICEF in Tanzania, and also the size of the TCO, which allows greater flexibility. The flexibility and adaptability are thus an overall reflection of the TCO's leadership and resources.

215. The main limitations for flexibility and adaptability are the limited follow-through with full monitoring and updating of the TCO organizational structure as proposed in one of the adaptability instruments, namely the MTR process. **Many of the suggested MTR changes are not fully reflected in the CP results framework**, for instance.

216. Overall, **the focus of support in the MINS Regions is justified, based on needs**, UNICEF experience in working in these four Regions for many years, and continued challenges with several SDG indicators relevant for children, such as stunting and high HIV rates. The Regions were selected for geographic focus in earlier CPs based on some challenging indicators, although they are not necessarily the Regions with the highest levels of inequalities for children, adolescents, and their caregivers across all indicators linked to children and adolescents' rights and protection. There are still challenges in the MINS regions and support from UNICEF is still needed to strengthen local and regional systems. The continued role of the MINS in the CP as a laboratory for innovation–piloting–modelling–scaling-up, as suggested by the TCO, is fully justified considering the TCO's familiarity with and experience in the Regions and the close network established with local stakeholders. The familiarity with the MINS and the long-term cooperation perspective will furthermore allow to fully integrate demographic transition aspects in the implementation of the innovation–piloting–modelling–scaling-up model.

6.1.3   Coherence

217. The **post-MTR phase has seen more attention to explicit gender equality goals and the development and implementation of approaches aligned with the Corporate Gender Action Plans (2014–2017 and 2018–2021)**. This has been facilitated through gender expertise support to the thematic programmes' implementation of gender-responsive programmes and the development of various knowledge products to support the process, such as a review with recommendations, a compendium with good gender practices, and the development of a TCO gender strategy. However, it is a long process, that needs an integrated and comprehensive CP gender strategy and **resources dedicated to its implementation.**

218. **The lack of clarity among many staff members on the different terms along the gender continuum reflects limited recognition and understanding of why gender-responsive programming is a critical change strategy for all thematic programmes**, and why gender equality is not just a matter of 50 per cent men and 50 per cent women participating in all activities and decision-making bodies. Staff require a full understanding of dynamic gender relations, which are highly contextual and therefore would need regular and context-specific gender analysis. Still, while gender equality is not just a matter of 50:50, there is a fundamental need for sex-disaggregated data in addition to gender equality data, both of which are in short supply in CP implementation and the results framework.

219. Several of the **joint United Nations programmes with UNICEF participation and funded by the Government of Canada are good examples of how an explicit focus on gender-responsive programming based on gender analysis can lead to innovative activities such as addressing negative gender norms**. These programmes not only show the advantages of explicit gender-responsive programming, but the linked monitoring and evaluation framework has also pointed to the need for long-term visions and plans for effective gender equality programmes in line with the Corporate Gender Action Plans, the joint activities under the Development Partners Gender group, and the national gender policy.

220. **The TCO plays a key role in UNDAP design, focus, and programming**. While the performance of the overall UNDAP is weak, the performance of specific joint programmes with UNICEF and other United Nations agencies is effective, including the Kigoma Joint Programme addressing the needs of refugees and host populations in the impoverished Kigoma Region through integrated area-based programming. A

key contributing factor to the effectiveness of these programmes is the fact that they have been conceptualized, developed, implemented, and evaluated as joint exercises, allowing full complementarity and coherence among the inputs of the different United Nations partners. This has also been the case for joint responses to health emergencies such as Ebola and COVID-19, for example where the TCO played a critical role in advocacy and awareness-raising and adapting existing sectoral programmes to the COVID-19 challenges, for instance.

6.1.4 Effectiveness

221. As far as available data show, the CP has a high level of achievements vis-à-vis the planned outcomes, that is changes in performance of institutions and individuals. However, data are missing for many indicators; **the level of disaggregated data is limited; and the output and outcome result framework has not been updated to fully account for the changes in focus of the CP post-MTR**. As a result, the assessed effectiveness of the CP is to a large degree based on perceptions of both the TCO and partners. Still, there is good reason to conclude that the reconstructed Theory of Change reflects the effectiveness of the change strategies, including the ones that have not been applied in an optimized manner. There is room for strengthening CP effectiveness through more strategic implementation of change strategies around gender-responsive programming; business and markets; Delivering as One; programming at scale; and integration, cross sectoral linkages, and convergence programming. The other change strategies have been more effectively implemented, namely developing/leveraging resources and partnerships; innovation in programming and advocacy; partnerships; knowledge management for policy dialogue and outreach; and Communication for Development (C4D).

222. While the **CP has effectively supported the implementation of the CRC** and thereby also contributed in principle to limiting inequalities in supply and demand for social services for children, adolescents, and their caregivers, the lack of disaggregated data for full focus on inequalities limits the effectiveness of the CP. **The introduction of the Multiple Overlapping Deprivation Analysis (MODA) in 2015** showed potential for its use as an effective tool for equity focused programming. However, MODA has still to be institutionalized in Tanzania and fully applied in the CP results framework.

223. The two other conventions of special importance for equity programming, namely **CEDAW and CRPD, are still not fully applied as frameworks of the CP**. Still, the CP is contributing to the implementation of the two conventions in terms of specific activities such as education, and facilitating access for children with disabilities. The implementation of the CRPD is something most development partners see as an emerging issue that needs much more attention in Tanzania. This has led the UNCT to establish a CRPD working group under UNICEF leadership. UNICEF is not cooperating with the national institutions responsible for CEDAW implementation, which limits the opportunities for effective gender-responsive and gender-transformative CP programming through partnerships.

224. **To fully exploit the role of the MINS in modelling for scaling-up, there needs to be a clear strategy to ensure that the modelling role supports overall CP effectiveness in systems strengthening in cooperation with different local, regional, and national stakeholders**. Such a role would also require acceptance of, and learning from, failure as a basic principle of CP implementation. The CPE has seen some positive examples of learning from failure such as the scalability analysis, but there has been limited follow-through.

225. Finally, **CP effectiveness has been improved through joint programmes with other United Nations agencies, making it possible to address complex needs** with integrated and complementary programmes. Furthermore, the effectiveness of the joint programming for the CP reflects UNICEF's strategic positioning in Tanzania and the recognition of comparative advantages.

6.1.5 Efficiency

226. **Generally, resource allocation to the thematic programmes has been adequate, relative to the ambitions of the CP. However, some of the cross-sector programmes, particularly gender, are under-resourced, considering the gender equality priority**. This is mainly a result of the current structure of the TCO and of programming principles where cross-cutting issues such as gender equality should be mainstreamed within the existing thematic programmes. However, gender mainstreaming experience since the Beijing World Conference on Women in 1995 shows the **importance of a strong**

gender mainstreaming support structure tasked with several overall responsibilities such as conceptualizing and developing appropriate gender models and strengthening the cross-sectoral aspects of gender mainstreaming, including overall programmes. This would require sufficient staff, leadership, finance, and technical and organizational resources based on a CP gender mainstreaming strategy.

227. The existing thematic programmes are well-developed, based on UNICEF's strategic position, and important for continued UNICEF support. However, the **existing siloed structure and the limited capacity of the existing convergence programming platforms hinder effective multi-sector programming**. With the strengthened focus on vertical and horizontal convergence programming, allocation of higher authority to the convergence programming platforms is required to break down the siloed structure of the TCO to ensure full convergence benefits. Integrated vertical systems strengthening is required to sustain and further develop the improvements in the provision, utilization, quality, and efficiency of services, and to encourage the adoption of healthy behaviours and practices, for effective implementation of the CP and contribution to the overall changes.

228. However, the CP is a cooperation between two partners: the Government of the United Republic of Tanzania and UNICEF and the challenge of **effective and efficient horizontal and vertical multi-sector programming should be seen in the light of the national structure and capacity for multi-sector programming.** While there are several attempts for improving structures for ECD, for instance, the capacity is still questioned by many stakeholders.

229. **The post-MTR updated focus and implementation strategy – moving from implementation to influencing; multi-sector convergence programming and life-cycle programming; and strengthening Field Offices – will require efficient deployment of a different staff skill set**. While UNICEF offers a number of online staff training modules, there would be a need for proper updating, training, and new recruitment if necessary to match the revised CP focus and implementation strategy.

6.1.6 Sustainability

230. **Sustainability in the CP is closely linked to acceleration of scaling-up**. The TCO carried out an important scalability analysis of existing CP initiatives in 2018. However, the plan has not been followed through, and scalability considerations are not sufficiently realistic and dynamic, with clear mobilization of different stakeholder groups and defined results with indicators that can be monitored and reformulated when necessary. **A major challenge is the lack of full implementation of the innovation–pilot–modelling–scaling-up framework as a programming principle for all new activities.** This would also require clear exit strategies for identifying, for instance, when a pilot should or should not lead to modelling and when the pilot should be phased out.

231. **Sustainability – and scalability – is about Government buy-in and moving toward Government funding.** The full cooperation of national partners in all phases of CP conceptualization, design, implementation and monitoring and evaluation is therefore important, even if this means that the ambitions should be at a different level. Currently, many of the CPs are still seen as UNICEF programmes. This indicates that they have not been developed and implemented on a fully collaborative basis from the concept development stage through implementation and monitoring.

6.2 Lessons learned

232. Key to the CPE methodology is the participatory and inclusive approach for co-generation of conclusions, lessons learned, and recommendations. Unfortunately, time constraints did not allow this process to be fully followed through. The following lessons learned were developed by the CPE team in line with the findings and the dialogue that they had had with different stakeholder groups during data collection. An important input to the lessons learned are the key findings on success stories, including the process that generated the success stories, where participants in the online perception survey recommended what others could learn from the CP 2016–2022.

233. While the CPE has confirmed the assumption set out in its methodology that programme performance and results are conditioned by the context, that is nothing works everywhere or for everyone, the success of the CP is based on some basic programming principles.

234. The following lessons learned about the CP performance in a dynamic context are transferable to other country programmes in Tanzania and elsewhere.

6.2.1　　　Flexibility and Adaptability

LL1 Flexibility and adaptability are key factors of success in CP implementation and should be reflected where appropriate in adjustments to the results framework. Evidence on the TCO's implementation of the current CP shows the ability to adapt to evolving circumstances through proactive, intentional strategic positioning. This was based on continuous knowledge management, partnerships, work at all vertical levels from village to national level, and leadership. The evidence from this CP shows that, through continuous evidence generation, strong partnerships, and strong familiarity with the context at all levels, a Country Office could monitor the context and programme performance. The TCO's ability to adapt appropriately was grounded in a flexible programme and strong partnerships with donors. This lesson suggests that flexibility and adaptability strategies should be explicitly developed for country programmes and other cooperation frameworks. The strategies should clearly indicate how and when programmes will be adapted and how this will be reflected in the results framework.

LL2 Flexibility and adaptability depend on a willingness to learn and change during implementation, for example through a thorough, participatory mid-term review with partners of the CP, followed by communication and implementation of its recommendations. The TCO's internal MTR process was well-prepared and organized. It led to a refocus of the CP and updated thematic programme theories of change. The highly participatory nature of the MTR proved to be important, getting all staff on board. However, the follow-through of the suggestions for important changes to the CP has been hampered by the lack of a fully updated results framework that guides the daily work of the thematic, multi-sector, and cross-sector programmes. Finally, the communications around the MTR results have not been effective. The TCO lacks a specific communication strategy to ensure that all CP partners get a full understanding of the justification and implications of the MTR suggestions. A CP is a framework that relies on cooperation with many partners. It is important that all key partners as well as other stakeholders are fully informed on adaptations during programme implementation, including the justification and the implications.

LL3 In all phases of CP cooperation between the national government and UNICEF, including programme design, implementation monitoring and adaptation, the partnership should be fully honoured, going beyond simple consultation. In the United Republic of Tanzania, the MTR process did not reflect the nature of the CP as a cooperation of two partners: the Government and UNICEF. It was mainly limited to a UNICEF exercise, with some consultations with the Government. This has reinforced the notion that the CP is only a UNICEF programme.

6.2.2　　　Multi-sectoral Convergence Programming

LL4 Multi-sectoral convergence programming can strengthen the achievement of UNICEF's objectives. This is easier in field activities where thematic sectors are less siloed. Success stories identified by this CPE show that this easier multi-sectoral convergence programming has been furthered by critical practices: joint programming, common funding, and joint monitoring and follow-up, which in some organizational academic language is referred to as cross-sectoral programming.

LL5 In a highly siloed structure, coordination mechanisms for multi-sector convergence programming need to be adequately resourced with sufficient capacity and other resources for this purpose, and to be fully provided with their own mandate and authority to take full leadership. In a highly siloed structure like that of the TCO, these coordination mechanisms are critical for the implementation of multi-sectoral convergence programming at overall programme level. They may function as special task forces, or semi-autonomous thematic programmes with their own resource mobilization, theories of change and partnership arrangements.

6.3   Recommendations

235. Key to the CPE methodology is the participatory and inclusive approach for co-generation of conclusions, lessons learned, and recommendations. Unfortunately, time constraints did not allow this process to be fully followed through. As often is the case, however, many conclusions were formulated in the form of recommendations. The following recommendations are developed by the CPE team in line with the findings; the conclusions discussed with the TCO staff in a co-generation workshop; and the dialogue that the CPE had with different stakeholder groups during data collection. They focus on the priority changes that the TCO should make in designing and implementing its next Country Programme.

Recommendations	Priority – Responsible – Timeline	Rationale	Key Findings
Convergence Programming			
1. **Vertical and horizontal multi-sector convergence programming should be the basic programming principle of the next CP**, **with a focus on systems strengthening** from village level through national level, based on dynamic capacity assessments at the different vertical levels to ensure that every child, especially the most disadvantaged and their caregivers, has access to and benefits from quality social services, knowledge, and opportunities, and thereby has a fair chance in life. This should be addressed through: ⇒ Capacity analysis of the national horizontal and vertical multi-sector context and support to improve the efficiency and effectiveness of the multi-sector structures. ⇒ Well-defined and targeted multi-sector convergence life cycle strategies for early childhood, primary school age children, young adolescents, older adolescents, and women of reproductive age. ⇒ Focusing the strategies on priority deprivation areas for the specific life cycle, taking into account 1/the national setting, building on existing national life cycle-based strategies and structures, for instance ECD and adolescent policies; 2/TCO comparative advantage and capacity; 3/potential for partnerships with other United Nations agencies; and 4/potential partnerships with CSOs at local, regional, and national level. ⇒ Giving further attention to the structure of the TCO with establishment of fully capacitated and resourced cross-sector life cycle programme units vested with sufficient mandate and leadership. The existing thematic programmes should be considered as support units to the life cycle programme units. This should be	Priority: High Responsible: TCO management in cooperation with the Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar. Timeline: preparation and implementation of CP 2022–2026	Multi-sector convergence programming is a critical contributing factor for the identified success stories. The existing thematic programmes are well-developed and based on UNICEF strategic position, and important for continued UNICEF support. However, the existing siloed structure and the limited capacity of the existing convergence programming platforms hinder effective multi-sector programming. With the strengthened focus on vertical convergence programming, the convergence programming platforms should have higher authority to break down the siloed structure. Integrated vertical systems strengthening is required to sustain and further develop the improvements in the provision, utilization, quality, and efficiency of services delivered and encourage the adoption of healthy behaviours and practices. The principles of integrated programming, convergence programming, cross-sectoral programming, multi-sector programming etc. resonate as positive and interesting among both internal and external stakeholders but there is still a lot of confusion about the concepts. It is therefore important that the TCO engage partners in strategic discussions on convergence programming principles and use UNICEF comparative advantage in communication to ensure that all partners have the same understanding of the principles and the directions.	F-SS4 F-SS6 F-EQ1.4 F-EQ1.5 F-EQ1.7 F-EQ2.3 F-EQ3.2 F-EQ3.3 F-EQ7.1 F-EQ7.2 F-EQ8.3 F-EQ8.4 F-EQ11.1 F-EQ11.2 F-EQ12.1 F-EQ13.1 F-EQ13.2 F-EQ13.3 F-EQ14.1 F-EQ14.2 F-EQ14.3 F-EQ16.1 F-EQ17.2

Recommendations	Priority – Responsible – Timeline	Rationale	Key Findings
reflected in the results framework, which should be structured around the life cycle programmes. ⇒ Development of vertical systems-strengthening programmes to support the multi-sector convergence life cycle strategies, based on rolling integrated capacity assessments at all vertical levels for life cycle-based convergence programming. In line with the transit to influencing rather than doing, the systems-strengthening programmes should be strategic in terms of UNICEF required input, emphasising advisory and capacity-strengthening roles rather than implementation. ⇒ Establishing a results framework with disaggregated indicators for the multi-sector convergence life cycle strategies. ⇒ Engaging partners in strategic discussions on convergence programming principles and using UNICEF comparative advantage in communication to ensure that all partners have the same understanding of the principles and the directions.			
Equity			
2. **The principles of multiple overlapping deprivation analysis should be the basis for CP programming**, including monitoring with appropriate indicators. This will require: ⇒ Institutionalization of multiple overlapping deprivation analysis (MODA) into the national structure through strategic partnership with the relevant Government and non-government agencies, and capacity strengthening to carry out multiple deprivation analysis for all levels from village to national level. ⇒ Basing the CPD 2022–2026 on the principles of a Monitoring Results for Equity System (MoRES) analysis, including Sex, Age and	Priority: High Responsible: TCO management in cooperation with the Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar, including the National Bureau of Statistics, the Office of the Chief Government Statistician in Zanzibar, and the monitoring functions within the line ministries. Timeline: preparation and implementation of CP 2022–2026	Overall, the perception is that the CP 2016–2022 is based on general equity principles supporting poor and deprived children, adolescents, and their caregivers. However, the existing monitoring data do not allow for full deprivation-focused programming. The multiple overlapping deprivation analysis – MODA – developed by UNICEF provides a comprehensive approach to the multidimensional aspects of child poverty and deprivation considered to be a necessary component for improved programming towards the overall CP objective. Earlier experiences from the application of MODA in 2015 were positive and provided important data developed in cooperation with the	F-EQ1.5 F-EQ2.3 F-EQ5.1 F-EQ6.1 F-EQ8.2 F-EQ8.4 F-EQ9.1 F-EQ17.2

Recommendations	Priority – Responsible – Timeline	Rationale	Key Findings
Disability disaggregated data (SADDD) as appropriate across life cycle groups. ⇒ Structuring the multidimensional analysis around the main life cycle phases: early childhood, primary school age children, young adolescents, older adolescents, and women of reproductive age. ⇒ Strengthening the availability of disaggregated data at national level and in the CP results framework to allow monitoring for the most deprived children, adolescents, and caregivers. **3. The principles of the CRPD should be explicitly integrated into the CP.** This will require: ⇒ CP strategies for how the CP will contribute to support the full implementation of the CRPD in Tanzania. ⇒ Increased capacity at the TCO on CRPD programming principles. ⇒ In addition to strategic partnerships with Government and civil society, the strategies for the CP contribution to implementation of the CRPD should be framed around cooperation among United Nations agencies with clear indicators of the role of UNICEF in those partnerships. ⇒ Strengthening the CP results framework with disaggregated indicators and data. The disaggregation should allow full monitoring of supply, demand, and support to children and adolescents living with disabilities, and of gender equality. The gender equality indicators should go beyond sex-disaggregated data.		National Bureau of Statistics, However, it still needs to be fully institutionalized. To allow proper monitoring of the CP focus on deprivation and poverty, disaggregated data are necessary in the CP results framework, which should be based on the MODA principles. The roles of the two other conventions of special importance to the conditions of UNICEF's equity mandate, namely CEDAW and CRPD are not fully and explicitly addressed in the CP 2016–2022. Both Conventions have a general interest for all United Nations agencies, and it is important that future support be well-coordinated and harmonized. No Monitoring Results for Equity System (MoRES) analysis appears to have been done for the CPD, and relatively limited information on equity was available to the CPE.	
Gender-responsiveness and Transformative Impact			
4. The principles of the Corporate Gender Strategy Plan should be fully applied in the CP.	Priority: High	The post-MTR phase has seen more attention to explicit gender equality goals and the	F-SS6 F-EQ4.2

Recommendations	Priority – Responsible – Timeline	Rationale	Key Findings
This will require: ⇒ Programming based on context-specific gender assessments for all initiatives under the CP. ⇒ Full application of sex and age disaggregated and gender equality indicators throughout the CP results framework, including gender-responsive outputs for each outcome area with specific gender equality indicators. All indicators should at least be sex and age disaggregated where relevant and complemented with gender equality indicators where possible and available. ⇒ An update of the 2018 gender review and translation into a TCO gender equality and empowerment of women strategy with full attention to gender needs in the life cycle-based programmes and clear identification of gender-responsive initiatives and activities as well as gender-transformative ones. The strategy should also indicate how knowledge products will be used. ⇒ CP programming based on explicit and well-defined partnerships with the national women machinery, other United Nations agencies and civil society. ⇒ Strengthening of the structure of the TCO, including resource allocation for gender-responsive and transformative programming within the different programme units. The cross-sector gender programme unit should be reinforced with sufficient leadership capacity and resources.	Responsible: TCO management in cooperation with the Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar, including the Director of Gender. Timeline: preparation and implementation of CP 2022–2026	development and implementation of approaches aligned with the Corporate Gender Action Plans (2014–2017 and 2018–2021). However, it is a long process, with limited resources dedicated to its implementation. A basic problem highlighted in the 2018 TCO gender programmatic review is the lack of sex-disaggregated data, which is still a challenge; even the internal CP results framework provides very few disaggregated indicators. Over recent years, various gender assessments have been done for the specific sectors, such as an assessment of adolescent boys and girls in the education system and a review of business marketing and media advertisements in Tanzania. Likewise, a compendium on good gender practices has been compiled. These knowledge products are appreciated among directly addressed stakeholders but are little known in general. The CPE did not identify a follow-up plan for the use of the gender knowledge products being developed.	F-EQ4.3 F-EQ4.4 F-EQ4.5 F-EQ9.2 F-EQ10.1 F-EQ10.2 F-EQ10.3 F-EQ10.4 F-EQ13.1 F-EQ17.2
Acceleration of Scalability			
5. **CP programming should be based on a detailed rolling innovation–piloting–modelling–scaling-up model plan.**	Priority: High Responsible: TCO management in cooperation with the Government	Programmatically, the TCO is exploring different models with the implicit end goal that the Government will buy in. However, scalability	F-SS3 F-EQ1.2 F-EQ1.4 F-EQ3.1

Recommendations	Priority – Responsible – Timeline	Rationale	Key Findings
This will require: ⇒ An update of the 2018 scalability analysis in cooperation with the Governments. ⇒ Basing future targeted multi-sector convergence life cycle strategies on the models, with clear indications on the specific roles of the thematic programmes in the different phases. ⇒ Development of the models in close cooperation with the Government to ensure realistic scalability plans that take full account of national capacity and buy-in. The rolling plans should be revised and adapted regularly in cooperation with the national partners. ⇒ Clear indications of exit strategies for the different phases in the models. ⇒ Strategies for scaling-up that are based on systems strengthening from community level to national level. ⇒ Clearly specifying and justifying the role of MINS for development of scalable models in the next CPD, with explicit reference to the approach recommended above.	of the United Republic of Tanzania and the Revolutionary Government of Zanzibar. Timeline: preparation and implementation of CP 2022–2026	considerations are not sufficiently realistic and dynamic, with clear mobilization of different stakeholder groups and defined results with indicators that can be monitored and reformulated when necessary. While the 2018 scalability analysis exercise was an important step towards concrete actions on scalability, there is no evidence of plans for follow-through on the recommendations. Scalability is about Government buy-in and moving toward Government funding. However, many of the CP programmes are still seen as UNICEF programmes. They have not been developed and implemented on a cooperation basis from the concept development stage through implementation and monitoring. A contributing factor of success is the focus on systems strengthening from village level to national level; influencing and oversight support are an important part of system strengthening too. Overall, the Regional support to MINS is highly relevant, based on needs and UNICEF experience in working in these four Regions for many years. The TCO familiarity, networks, and experience in the Regions is important for developing scalable models for systems strengthening. However, this role is not clearly stipulated in implementation of the current CP. It should be made more explicit if the MINS Regions continue to be a key area of CP implementation.	F-EQ3.2 F-EQ3.3 F-EQ14.3 F-EQ17.3
Strategic Positioning			
6. **The successful strategic positioning of the TCO in Tanzania, based on its comparative advantage and change strategies, should be translated into an intentional strategic positioning strategy** to take further advantage of the comparative advantage of the TCO.	Priority: High Responsible: TCO management. Timeline: preparation and implementation of CP 2022–2026	There is general agreement that UNICEF has a clear comparative advantage in promoting children's rights and protection. This advantage is the result of the long presence of UNICEF in	F-SS1 F-SS4 F-SS6 F-EQ1.2 F-EQ1.6 F-EQ1.7 F-EQ2.1

Recommendations	Priority – Responsible – Timeline	Rationale	Key Findings
This will require: ⇒ Careful analysis in the strategy of the strengths of other agencies, including United Nations agencies, and with a focus on partnerships with identification of the specific role of the TCO. ⇒ Inclusion of intentional strategic positioning in the CP results framework with indicators. ⇒ Continued development of the following strategies that are critical for the TCO's well-recognized comparative advantage and leadership: evidence generation; communication; being there for the long haul; deep knowledge and understanding of the functioning of policy, development and humanitarian work at subnational and national levels, including sensitivity to the political climate; technical capacity; capacity to work in partnership, including joint programmes; multi-sector programmes; and flexibility, adaptability and willingness to take leadership. ⇒ A leading role for UNICEF in the formulation of UNSDCF 2016–2022, which should be based on experience and lessons learned from the UNDAP I and UNDAP II. The new UNSDCF should therefore be focused on a limited number of multi-sector areas that should be developed as joint programmes. ⇒ Strategic connection to the wider system in Tanzania, including structures and organizations that are not involved in traditional development and humanitarian cooperation. Special focus should be given to strategic partnerships with innovation institutions, including disruptive innovation.		Tanzania and its multi-faceted work through many of the implementation/change strategies. The recognized strategic positioning of the TCO is particularly a result of the following strategies: evidence generation; communication; being there for the long haul; its great knowledge and understanding of the functioning of policy, development and humanitarian work both at subnational and national level, including its sensitivity to the political climate; its technical capacity; its capacity to work in partnership, including joint programmes; multi-sector programmes; and its flexibility, adaptability and willingness to take leadership. While UNICEF plays an important role in the UNCT and UNDAP, the structure of the UNDAP II is generally considered inefficient and far from the principles of Delivering as One. Because of UNICEF's strategic position and capacities, it can make a key contribution to the formulation of the new UNSDCF 2016–2022.	F-EQ2.3 F-EQ3.5 F-EQ4.2 F-EQ7.1 F-EQ7.2 F-EQ12.1 F-EQ13.4 F-EQ15.2 F-EQ16.2

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