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United Nations Population Fund

Country programme document for the United Republic of Tanzania

Proposed indicative UNFPA assistance:	$84.6 million: $24.6 million from regular resources and $60 million through co-financing modalities or other resources
Programme period:	Five years (2022-2027)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2022-2027

Note: The present document was processed in its entirety by UNFPA.

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I. Programme rationale

1. The estimated population of the United Republic of Tanzania was 59.4 million in 2021, with 76.9 per cent of the population living in rural areas and 44 per cent below the age of 15 years. The annual population growth rate is 3.1 per cent; the total fertility rate is 4.9, and it is higher among rural, uneducated and poorest households. With an age dependency ratio of 92, the burden of care is high, straining the national budgets for health, education and other human development sectors. This contributes to high consumption, leading to slower capital accumulation for investment and socioeconomic development. A demographic dividend analysis with updated population policy will be required to guide investment to harness this youth bulge.

2. The United Republic of Tanzania has made notable progress on several development indicators. The economic growth rate is 4.8 per cent; in 2020, the gross national income (GNI) per capita was $1,080, affording the country a lower-middle-income status. However, its human capital index is 0.39, pushing the United Republic of Tanzania away, by some years, from graduating from the 'least developed countries' (LDCs) category. Income is unevenly distributed (Gini coefficient of 0.384), with 26 million Tanzanians (49 per cent) living on less than $1.90 per day and with more female-headed households in poverty (20.3 per cent) than male-headed ones (14 per cent). Furthermore, the COVID-19 pandemic adversely impacted several sectors, including tourism, which contributes 10.7 per cent of GDP (World Bank 2021). The Tanzania Development Vision 2025 underscores the importance of investments in economic and social development, with an emphasis on human capital; education and training; health and social welfare; social protection; and mitigating the impact of climate change among the key development priorities.

3. The Common Country Analysis (CCA, 2021) shows that the Government has several policies and plans in place to empower women and girls and address gender-based violence (GBV); ensure universal access to sexual and reproductive health (SRH); protect vulnerable groups and promote women and youth development, including through social action funds; and protect and promote the enjoyment of human rights by all, including persons with disabilities (PWDs). However, policy incoherence, financing gaps and weak implementation produce suboptimal results across sectors. Accountability for commitments and resource allocation decisions are low, partly affected by the political positions of key leaders and influencers, ambivalent socio-cultural voices and the limited participation of affected population groups in decision-making. Health financing remains below the international benchmark, including low disbursement for family planning.

4. The Tanzania Demographic Health Survey (THDS) 2015/2016 shows the contraceptive prevalence rate is 32 per cent on the mainland and 14 per cent in Zanzibar, with unmet needs for family planning of 22 per cent and 28 per cent, respectively. The contraceptive prevalence rate among young people is 18.9 per cent and the unmet need for girls aged 15-19 years is 26.5 per cent on the mainland and 42 per cent in Zanzibar. Family planning services are affected by socio-cultural factors, misconceptions, low skills of providers, low budget allocations and a weak supply-chain system.

5. The United Republic of Tanzania has a high adolescent fertility (132 pregnancies per 1,000 girls aged 15-19 years) and a high teenage pregnancy rate (27 per cent) (TDHS). Child marriage and teenage pregnancy account for 30 per cent of all cases of school dropouts. Only 15-25 per cent of primary and secondary schools provide sexuality education and only 30 per cent of health facilities offer youth-friendly services. Moreover, adolescents with disabilities face significant challenges to inclusion and access to SRH services, resulting in low levels of knowledge and utilization (CCA). Youth participation in decision-making is low and not drawn from a constituency-base (UNFPA, 2021).

6. The HIV prevalence is 4.7 per cent, though significantly higher among female youth (3.4 per cent), compared to their male counterparts (0.9 per cent). Only 37 per cent of young people have comprehensive knowledge on HIV prevention; and only 32 per cent use condoms

for dual protection. The CCA notes that early sexual debut, transactional and cross-generational sex, poor risk perception and harmful gender norms are negative factors that perpetuate HIV transmission. In addition, large gaps exist in combination HIV prevention for young women, their male partners and key populations.

7. The TDHS puts the maternal mortality ratio at 556 per 100,000. Currently, 22 per cent of the health facilities that are closest to the population provide a full package of emergency obstetric and newborn care services. Skilled birth attendance stands at 79 per cent on the mainland and 69 per cent in Zanzibar. The 2019 midterm review of the health-sector strategic plan showed that maternal deaths are high, occurring mostly within health facilities in the peripartum period, thus raising concerns on the quality of care and the competencies of providers. More maternal deaths are being recorded in poor urban and peri-urban areas. The CCA notes that early and unintended pregnancies and the high HIV prevalence among women are contributing to the high and stagnant levels of maternal mortality.

8. The United Republic of Tanzania ranks 140 out of 162 countries on the United Nations Gender Inequality Index. Some 42 per cent of the women aged 15-49 years had ever experienced physical or sexual violence while 31 per cent of young women aged 20-24 years are married by the age of 18. The national prevalence of female genital mutilation (FGM) is 10 per cent, though it is higher in some regions. The media reports cases of sexual exploitation and abuse in some institutions, including in universities. The key drivers of GBV and harmful practices include the limited capacities of institutions to prevent and respond to GBV; gender inequality; unequal power dynamics; a desire to inhibit the agency of girls and women with respect to sexuality; lack of empowerment and bodily autonomy; poverty and notions of patriarchy and male dominance over women and girls. The mobilization of the custodians of culture, including religious and traditional leaders, as change agents is among the game-changing interventions to address the deeply rooted and pervasive socio-cultural factors that are key drivers for the poor GBV and SRH outcomes in the country.

9. The Government plans to conduct its Population and Housing Census in August 2022. The 2016 Data Gap Assessment Report by the National Bureau of Statistics shows that surveys only met 39 per cent of the country's data demand. The CCA notes that most surveys aggregate data at higher levels, limiting their use for lower-level planning and for identification of those most left behind. It also notes that the national statistical system has multiple sectoral and subnational systems, using different technology platforms; this hinders interoperability and the establishment of a one stop data portal. Administrative information systems need support to produce high-quality, complete and timely data.

10. The country is prone to natural disasters, with more than 70 per cent of all natural disasters being climate change-related, such as recurrent droughts and floods. Strengthening the capacity of health and protections systems is key to improving preparedness, response and resilience to threats posed by climate change and humanitarian events. The Government continues to proactively manage these disasters. The country hosts more than 250,000 refugees, 78 per cent of whom are women and children. UNFPA continues to provide essential SRH and GBV services to the refugees and the host population. There is an increased attention to repatriating refugees, which calls for cross-border programmes for returnees. The United Nations Kigoma Joint Programme is designed to address the humanitarian-development continuum and respond to referral needs for services for the refugees and to build the resilience of individuals, communities and institutions.

11. The evaluation of the eighth country programme noted several achievements that will provide the foundation for the new country programme: the procurement of family planning commodities, which covered 100 per cent and 49 per cent, respectively, of family planning commodity needs for Zanzibar and mainland Tanzania, averted an estimated 7,694 maternal deaths; 839,986 unsafe abortions; and 3,524,695 unintended pregnancies; and saved $190,471,782 in health care costs. It also led to a 95 per cent availability of family planning commodities in health facilities. Access to emergency obstetric and newborn care and youth-friendly services was increased through the establishment of an additional 103 health

facilities and accountability was enhanced through the maternal and perinatal death surveillance and response system. Essential SRH and GBV prevention and response services were extended to refugees and host communities in Kigoma and during the COVID-19 outbreak. Nine Police Gender and Children Desks and three one-stop centres for GBV case management were established.

12. The eighth country programme supported mainland Tanzania and Zanzibar to develop: the National Population Policy; a higher diploma curriculum for midwifery and anaesthesia; sector strategic plans, including the Reproductive, Maternal Newborn, Child and Adolescent Health Plan III; Family Planning Costed Investment Cases; and COVID-19 Guidelines for Reproductive Health Services. It supported the development of the National Youth Policy; National Standards for Provision of Adolescent-friendly Services; the Youth Participation Strategy; Youth Council Regulations; and the Shinyanga Regional Strategic Plan on GBV. The programme also supported digitalization and expansion of civil registration and vital statistics to private facilities, established population and disability databases and supported preparations for the 2022 Census.

13. Key lessons from the eighth programme include: (a) localized region-specific actions with effective geographical coverage and thematic convergence of a set of interventions brings synergy, economies of scale and greater impact than a programme that is isolated and spread thin and wide; (b) UNFPA can support routine administrative data to help identify the "left behind" categories rather than wait for the Census or surveys every five years; (c) there is a stronger need to address the deeply rooted and pervasive socio-cultural factors that have held back improvements in GBV and SRH outcomes; (d) interventions that focus on the 'most left behind' groups will have greater impact in accelerating progress on the three transformative results; and (e) UNFPA strategic field presence increases local engagements and timely actions in humanitarian and development contexts.

14. UNFPA supported the elaboration of the United Nations Sustainable Development Cooperation Framework (UNSDCF), including the CCA; it utilized its comparative advantage in work on sexual reproductive health and rights, including maternal health and family planning; adolescents and youth development; a human rights-based approach; 'leaving no one behind', including PWDs; GBV prevention and response services; and population data and statistical systems to support the delivery of joint results.

II. Programme priorities and partnerships

15. The new country programme is well aligned to the national Five-Year Development Plan III for mainland Tanzania, and the Zanzibar Development. The programme priorities are directly derived from three outcomes of the UNSDCF: (a) people; (b) prosperity; and (c) an enabling environment.

16. Within the framework of UNFPA Strategic Plan, 2022-2025, the programme mobilizes efforts to achieve the three transformative results, in both development and humanitarian contexts, by supporting the government and national partners to accelerate actions to enhance universal access to SRH, especially voluntary family planning, which has sustainable benefits and ripple effects on increasing contraceptive use, reducing the unmet need for family planning, preventing maternal deaths and lowering new HIV infections and GBV cases.

17. The programme will use five accelerators to accelerate actions on maternal health, family planning and GBV through the five outputs. It embraces gender equality, human rights principles and gender-transformative approaches in challenging social norms and practices that perpetuate inequalities and vulnerabilities. It leverages partnerships and coalitions to advocate for policies and resource allocation; uses South-South and triangular cooperation for knowledge sharing and skills transfer; and adopts innovations and technology to accelerate progress towards the transformative results. It embraces a continuum of resilience building at the institutional, community and individual levels through four interlinked

strategies: (a) creating an enabling environment; (b) strengthening supply side systems; (c) empowering and mobilizing demand through social and behaviour change; and (d) supporting data systems to generate evidence for actions.

18. Building on the achievements and addressing the unfinished business of the previous country programme, the new programme utilizes the comparative advantage of UNFPA and adopts a regionalized approach to integrated GBV and SRH programme delivery, and will pursue new areas through flagship programmes on: advancing midwifery; integrated reproductive health services for the urban poor; sexuality education in vocational and technical education linked to youth-friendly services; greater youth involvement in decision-making; and the digitalization of census data.

19. The programme will prioritize the regions that are farthest away from achieving the three transformative results, ensuring 50 per cent geographical coverage of each region, with integrated sets of interventions to ensure context-specific responses to institutional and socio-cultural factors that perpetuate inequalities and vulnerabilities. Interventions will target the population groups most left behind and that are disproportionately affected by poor SRH and GBV outcomes, especially young people, adolescent girls and women, including first-time young mothers, PWDs, refugees and those living in poor urban and peri-urban areas.

20. Under the overall leadership of the United Nations country team and within the UNSDCF, the programme will seek geographical convergence and deepen joint programming with other United Nations entities, especially with UNDP, UNICEF, UN-Women, UNAIDS, UNESCO, UNHCR and WHO. UNFPA will also work with government institutions at national and regional levels, traditional and new donors, international and regional financial institutions, the private sector, academia, faith-based groups, parliamentarians, youth- and women-led organizations and affected communities to mobilize and leverage resources, draw on expertise and innovations, extend reach and gain influencers/advocates.

A. Unmet need for family planning

21. The programme will focus on five pathways to end the unmet need for family planning: (a) mobilizing resources, domestic financing and accountability for family planning, including positioning family planning in financial risk-protection schemes; (b) procuring family-planning commodities and strengthening supply chains to the ‘last mile’; (c) developing public and private-sector capacities to deliver high-quality family planning information and services integrated with HIV and other reproductive health care, tailored to unique situations using high-impact practices, including proven service-delivery modes; (d) scaling up demand-side interventions, building the agency of women, girls and young people and addressing socio-cultural barriers; and, (e) generating strategic information for programming and policy decisions.

22. By addressing the unmet need for family planning, the programme will also contribute to UNFPA strategic plan outcomes on ending preventable maternal death and GBV. Interventions will cut across strategic plan outputs on policy and accountability; quality of care and services; gender and social norms; adolescents and youth; and humanitarian response. While the United Republic of Tanzania has favourable policies on family planning, more political and socio-cultural support, including financing, is needed to accelerate implementation.

B. Preventable maternal deaths

23. Accelerating actions to end preventable maternal deaths, especially those occurring within health facilities in the peripartum period, will focus on: (a) improving readiness and functionality of facilities to deliver high-quality maternal health services, including emergency obstetric care; (b) improving the quality of care, including maternal and perinatal death surveillance and response; (c) scaling up demand-side interventions and addressing factors that delay care at home, in communities and within facilities. This will include proven

and cost-effective interventions to prevent child marriage and teenage pregnancies in order to prevent maternal deaths, especially for those furthest behind; (d) improving the quantity and quality of midwives trained in accredited midwifery training colleges, to ensure "a midwife at every birth"; and (e) providing the Minimum Initial Service Package in emergencies.

24. Interventions to be supported under each identified pathway will be fully aligned to the UNFPA strategic plan outputs on policy and leadership accountability for maternal deaths; quality of care; population change; gender and social norms; adolescents and youth; and humanitarian response.

C. Gender-based violence and harmful practices

25. Ending GBV and harmful practices requires significant work on the pervasive social norms underlying these practices. Pathways for accelerating progress towards this transformative result includes multi-level and multisectoral actions within development-humanitarian contexts, focused on: (a) tackling social norms and adverse power relations around GBV and harmful practices; (b) increasing the agency of women and girls and linking them to livelihood and economic empowerment opportunities; (c) promoting positive masculinity and engaging men and boys as clients, partners and change agents for norms that perpetuate GBV; (d) delivering survivor-centred GBV prevention and response services, including psychosocial and mental health care in protection, health, justice and community support systems; (e) strengthening multisectoral coordination and the GBV information management systems used for advocacy and planning; and, (f) ensuring GBV is integrated in human rights mechanisms.

26. *Output 1. Laws, policies and plans, and accountability frameworks are developed, harmonized and strengthened to address reproductive health and rights, including prevention and response to GBV for all people, in particular women, adolescents and youth, PWDs and those in humanitarian contexts*.

27. This output focuses on securing an enabling environment by integrating reproductive health and rights into national policies, plans, budget frameworks and accountability mechanisms for national ownership, investment and acceleration of actions on the three transformative results. This is expected to increase utilization of SRH services, thereby contributing to UNSDCF Outcome 1. This output will be achieved through: (a) policy advice to position and integrate reproductive health and rights in national policies, plans and reports, including in universal health coverage policies and programmes, and disaster preparedness, risk reduction and response plans; (b) advocacy to secure financial, political and socio-cultural support for implementation and accountability on the reproductive health and rights-related policies and plans, including the voluntary national commitments on ICPD25, Family Planning 2030 and the Universal Periodic Review, (c) strengthening the capacity of the Government and civil society organizations to better coordinate, implement and monitor delivery of SRH and GBV programmes, including support to sector-specific management information systems for evidence-based planning and delivery; and (d) building linkages between SRH and GBV prevention and response programmes with those for economic empowerment, including with the Tanzania Social Action Fund and village loan schemes.

28. *Output 2. Capacities of systems, institutions and communities strengthened to provide people-centred, high-quality and comprehensive SRH information and services, including supplies and services to address HIV and GBV in humanitarian and development contexts.*

29. Interventions will address supply-side factors by strengthening the readiness and resilience of service delivery systems, scaling up humanitarian response and the provision of integrated and high-quality SRH and GBV information and services. It contributes to UNSDCF Outcome 1, which seeks to ensure that people in the United Republic of Tanzania, especially the most vulnerable, including women, girls and young people, utilize high-quality, gender-transformative, inclusive and integrated reproductive, maternal, newborn, child and adolescent health services. The output will: (a) strengthen institutional and

technical capacities and the capacity of community-based delivery systems for the implementation of policies, service-delivery standards and quality of care in the provision of emergency obstetric care, family planning and youth-friendly HIV and GBV services; (b) support coordinated preservice and in-service training of key cadres to deliver high-quality SRH and GBV services, including by initiating training of midwives; (c) enhance the capacity in reproductive health commodity security up to the 'last mile'; (d) strengthen the capacity of national partners, including women- and youth-led organisations, to plan, implement, monitor and coordinate SRH and GBV response services during preparedness, emergency and recovery phases; and (e) assess, train and mobilize selected public institutions and private-sector partners against sexual exploitation and abuse and sexual harassment linked to the case management system.

30. *Output 3. Women, girls, young people and vulnerable population groups are empowered through gender-transformative approaches to exercise their reproductive health rights and utilize SRH and GBV prevention and response services in a safe and supportive environment.*

31. The interventions for this output will be implemented in the same geographical areas as the output on systems strengthening to simultaneously optimize supply and demand. The output will target women, girls, young people, including PWDs, HIV key population groups and refugees, empowering them to adopt healthy lifestyles and use SRH and GBV services within a supportive social environment to sustain the change. The interventions will respect cultural values while tackling deeply rooted norms that drive GBV and harmful practices and poor SRH choices. The output will: (a) support community-based campaigns, mobilization and awareness raising to promote family planning, maternal health, HIV prevention and actions against GBV and harmful practices, using social media and mass media approaches; (b) mobilize social structures, at national and community levels (including change agents, men and boys, PWD organizations, youth- and women led-organizations, religious and traditional leaders and other community gatekeepers) to address socio-cultural barriers hindering SRH and GBV prevention and response; (c) support affirmative action to empower vulnerable populations, including first-time young mothers, adolescents and youth, and PWDs, while linking such groups to SRH and GBV services and income-generating opportunities; and (d) promote mental health and psychosocial support counselling, including in humanitarian contexts, to mitigate and respond to GBV.

32. *Output 4. Strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership, voice and participation, and to build human capital.*

33. The United Republic of Tanzania has a great potential to harness the demographic dividend. Achieving the transformative results demands a strategic focus on young people. This output proposes affirmative action to build the agency of adolescents and youth so that they can make informed decisions about their bodies, their lives, and their world, to embrace a healthy lifestyle, adopt positive health-seeking behaviour and contribute to national development. It contributes to UNSDCF Outcome 4, which seeks to ensure that the most vulnerable participate in and benefit from national institutions and systems that promote and uphold human rights and gender equality. The output will: (a) support policy advice and accountability in mainstreaming youth issues in national policies and plans in health, education and employment sectors and leverage resources for investing in youth development; (b) strengthen the capacities of youth structures and develop youth competencies in leadership for a greater youth voice and participation in decision-making at national and regional levels; (c) support the integration of comprehensive sexuality education and menstrual health hygiene in school-based and school-linked youth-friendly services and in out-of-school youth interventions; and (d) strengthen the capacity of the Government and civil society organizations to coordinate, implement and monitor the delivery of programmes on youth SRH, including by linking SRH interventions with livelihood and economic development interventions, such as the Youth Fund.

34. *Output 5. National data systems are strengthened to account for population dynamics and population groups left behind in development and humanitarian policies and*

programmes, as they relate to ending unmet needs for family planning, ending preventable maternal death, and ending GBV and harmful practices in the United Republic of Tanzania.

35. This output aims at integrating population dynamics and evidence into policies and plans at national and local government levels, while increasing the use of innovations and information technologies. The interventions include: (a) advocacy and policy advice for the review of policies on population and the mainstreaming of population dynamics in sectoral and regional/urban-level policies, plans and reports; (b) supporting the census, surveys and integrated data systems and performing in-depth analyses on thematic issues related to SRH, GBV and vulnerability in order to identify the population groups most left-behind; (c) improving the packaging, availability, use and dissemination of data and information across key sectors on key development issues linked to SRH, population dynamics and gender equality, at national and local levels; and (d) building national and regional-level capacities in (i) coordinating data producers and users; (ii) data management, including data disaggregation, analysis, dissemination and use; and (iii) handling of big data, small-area estimation and geospatial statistics to track child, early and forced marriage, female genital mutilation, and SRH services coverage and use. This output contributes to UNSDCF Outcome 4, which aims at ensuring the most vulnerable benefit from systems that are inclusive, responsive and accountable.

III. Programme and risk management

36. The Ministry of Finance and Planning, working closely with UNFPA, will be the government coordinating authority for programme planning, implementation, monitoring and review.

37. UNFPA will use both direct and national execution modalities in implementing the programme, in collaboration with government institutions, the private sector, academia and civil society, including non-governmental and community-based organizations, to deliver the programme outputs. The harmonized approach to cash transfers will be used, following the risk and capacity assessment of each implementing partner. The partners will be selected using competitive and strategic partnership approaches.

38. The programme proposes a staff realignment to match staff competencies with the requirements for effective delivery of the programme. It will benefit from technical, operational and programmatic support of UNFPA staff at regional and headquarters levels, while also leveraging South-South and triangular cooperation for technical assistance.

39. UNFPA will contribute to the United Nations reform process through increased engagement with other agencies, participation in joint assessments and analyses, joint programming, providing strategic leadership in outcome and result groups, and other contributions to relevant UNSDCF plans, implementation efforts, advocacy initiatives, reporting and evaluations.

40. Programme risks include: (a) unrest due to local government and general elections, (b) declining donor resources for programmes, given the impact of the COVID-19 pandemic, and potential financing implications associated with the country's lower-middle-income status; (c) the burden of the COVID-19 context, which limits interactions for effective programme delivery, and its effect on the country's revenue to finance and sustain programmes; and (d) legal frameworks that limit observance of some of the human rights principles.

41. To mitigate these risks, the programme will develop a contingency plan for elections; advocate jointly with other United Nations agencies on sensitive and human rights issues; use the integrated partnership and resource mobilization plan to guide partnerships and the diversification of funding sources, including through innovative financing. It will jointly apply COVID-19 prevention measures and remote programming. Resources may be redirected to support emergency response in consultation with the Government.

42. This country programme outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

43. UNFPA and partners will jointly develop and implement a monitoring and evaluation plan that emphasizes disaggregation and gender-sensitive data colletion and reporting. The plan will guide monitoring of risks, programme and financial performance through field visits, annual programme reviews, spot checks, audits and other assurance activities. Depending on the context, programme results monitoring will use various modalities, including in-person, remote and hybrid models, and will be further guided by lessons learned in response to the ongoing COVID-19 pandemic.

44. A midterm review and an evaluation at the end of the country programme will be conducted, contributing, where possible, to the evaluation of the UNSDCF. Thematic and project-specific evaluations, documentation of innovation and sharing of good practices will also be undertaken.

45. UNFPA will support the United Nations country team processes by engaging and providing strategic leadership in outcome and result groups, relevant UNSDCF plans and joint programmes, and on reporting and quality assurance, including UN INFO.

46. UNFPA will support national efforts, including developing the capacity for results-based management by its partners, to strengthen results-based monitoring, reporting and evaluation.

RESULTS AND RESOURCES FRAMEWORK FOR THE UNITED REPUBLIC OF TANZANIA (2022-2027)

NATIONAL PRIORITY: The 3rd Five-Year National Development Plan for the United Republic of Tanzania: Pillar I: Economic Growth; Pillar II: Social Development; and Pillar III: Good Governance. Zanzibar Development Plan: Pillar II: Human Capital and Social Services; and Pillar IV: Governance and Resilience

UNSDCF OUTCOME 1: By 2027, people in the United Republic of Tanzania, especially the most vulnerable, increasingly utilize quality, gender-transformative, inclusive and integrated basic education, health (with particular focus on reproductive, maternal, newborn, child and adolescent health, HIV and AIDS, tuberculosis, malaria and epidemic-prone disesases), nutrition and protection services.

RELATED UNFPA STRATEGIC PLAN OUTCOME: By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction of preventable maternal deaths has accelerated. By 2025, the reduction in gender-based violence and harmful Practices has accelerated.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicators: • Proportion of women (aged 15-49 years) who have their need for family planning satisfied with modern contraceptives *Baseline: 54% (2015/6); Target: 62%* • Proportion of births attended by skilled health worker *Baseline: 77% (2021); Target: 85%* • Per cent of women and girls aged 15-49 years subjected to physical or sexual violence in the past 12 months *Baseline: 22.3% (2015/16); Target: <15%* Related UNFPA Strategic Plan Outcome indicator(s): • Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods *Baseline: 54%; Target: 62%* • Proportion of births attended by skilled health personnel *Baseline: 77% (2021); Target: 85%* • Proportion of women aged 20-24 years who were married or in a union before age 15 or before age 18. *Baseline: 30.5% (before 18 years) and 5.2% (before 15 years); Target: 24.4% and 4.4%, respectively*	Output 1: Laws, policies and plans, and accountability frameworks are developed, harmonized and strengthened to address reproductive health and rights, including prevention and response to GBV for all people, in particular women, adolescents and youth, PWDs and those in humanitarian contexts.	• Number of national policies and plans developed or reviewed that address reproductive health and rights *Baseline: 0 (2021); Target: 6* • Amount of government budget disbursement for reproductive health and family planning programmes *Baseline: $7 million (RH), 4 million (FP) (2019); Target: 10% increase for each/year* • Humanitarian/refugee response plan developed with – Minimum Initial Service Package on reproductive health in emergencies *Baseline: Yes (2021); Target: Yes (annually)* • Existence of multi-stakeholder coordination mechanisms supported by UNFPA for: (a) reproductive health; (b) GBV, (c) adolescents and youth; and (d) organizations of persons with disabilities *Baseline: Yes, partial (2020); Target: Yes (all)* • Proportion of regional and district hospitals in the selected regions that have institutionalized maternal and perinatal death surveillance and response *Baseline: 0 (2021); Target: 80%* • Maternal health integrated in Universal Periodic Reports *Baseline: No (2021); Target: Yes*	Ministries for education, finance and planning, health, gender, youth; local government administrations in both mainland Tanzania and Zanzibar; national AIDS control and AIDS commissions in Zanzibar and the mainland; Parliamentary caucuses in Zanzibar and the mainland; non-governmental organizations (NGOs); civil society organizations (CSOs), including faith-based and youth-led groups; UNICEF, WHO, UNHCR UNDP, UN-Women, WFP; development partners; the private sector, and foundations	$4.6 million ($1.5 million from regular resources and $3.1 million from other resources)
	Output 2: Capacities of systems, institutions and communities strengthened to provide people-centred, high-quality and comprehensive SRH information and services, including supplies and services to address HIV and GBV in humanitarian and development contexts.	• Percentage of service delivery points with no stock-out of contraceptives in the last three months *Baseline: 4% (2020); Target: 20%* • Percentage of health facilities in target regions that provide full package of emergency obstetric and newborn care services *Baseline: 22% (2020); Target: 50%* • Number of national training schools supported and accredited on standards of International Confederation of Midwives that initiated training of midwives *Baseline: 0 (2020); Target: 5*		$46 million ($10 million from regular resources and $36 million from other resources)

		• Number of health facilities in target regions providing adolescent-friendly reproductive health services as per national protocol *Baseline: 31 (2020); Target: 61* • Number of one stop centres and police gender and children desks established for managing GBV cases based on national protocol *Baseline: 3 and 9 (2021); Target: 13 and 19, respectively* • Number of people who received life-saving interventions in humanitarian contexts *Baseline: 26,640 (2021); Target: 33,301* • Number of HIV/AIDS care and treatment facilities in targeted regions integrating family planning services *Baseline: 52 (2020); Target: 175*		
	Output 3: Women, girls, young people and vulnerable population groups are empowered through gender-transformative approaches to exercise their reproductive health rights and utilize SRH and GBV prevention and response services in a safe and supportive environment.	• Number of commitments/declarations made by communities with support of UNFPA to end (a) female genital mutilation and (b) child marriage *Baseline: (a) 0, (b) 0;(2020); Target: (a) 10, (b) 20* • Proportion of protection committees in target regions at (a) district and (b) ward levels that are made fully functional with UNFPA support *Baseline: (a) 10%, (b) 10% (2020); Target: (a) 50%, (b) 50%* • Number of regions with healthy choices radio programme *Baseline: 0 (2021); Target: 10* • Proportion of districts in the target regions with active groups of first-time young mothers and PWDs supported by UNFPA *Baseline: 0 (2021); Target: 50%*		$9.5 million ($3 million from regular resources and $6.5 million from other resources)
NATIONAL PRIORITY: The 3rd Five-Year National Development Plan for the United Republic of Tanzania: Pillar I: Economic Growth; Pillar II: Social Development; and Pillar III: Good Governance. Zanzibar Development Plan: Pillar II: Human Capital and Social Services; and Pillar IV: Governance and Resilience.				
UNSDCF OUTCOME 4: By 2027, people in the United Republic of Tanzania, especially the most vulnerable, participate in and benefit from government institutions and systems that promote peace and justice, are gender responsive, inclusive, accountable and representative, and are compliant with international human rights norms and standards.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction of preventable maternal deaths has accelerated. By 2025, the reduction in gender-based violence and harmful practices has accelerated				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicators: • Proportion of seats held by women and youth (aged 15-35 years) in: (a) national parliaments; (b) local governments (disaggregated by age and disability) *Baseline: (a) 37% (national); (b) 30% (local) (2021);*	Output 4: Strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership, voice and participation, and to build human capital.	• Existence of sexuality education manual for out-of-school youth and in vocational and technical education *Baseline: No; Target: Yes* • Number of vocational and folk developmentcolleges implementing sexuality education programmes *Baseline: 0 (2020); Target: 24* • Existence of guidelines on youth participation in decision-making structures and processes	Ministries for education, health, gender, youth, local government and regional administration in Zanzibar and the mainland; AIDS commissions; Parliamentary caucuses	$6.2 million ($3.8 million from regular resources and $2.4 million from other resources)

Target: (a) 40%; (b) 40% UNFPA Strategic Plan indicator(s): • Proportion of SDG indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics *Baseline: 27% (2019); Target: 60%* • The United Republic of Tanzania conducted its 2022 Population and Housing Census *Baseline: No (2021); Target: Yes*		*Baseline: No (2021); Target: Yes* • Number of (a) national and (b) regional-level institutions that engage youth in decision-making as per guidance *Baseline: (a) 0, (b) 0 (2021); Target: (a) 5, (b) 12* • Existence of national youth policies in the United Republic of Tanzania *Baseline: No (2021); Target: Yes* • Existence of multisectoral coordination mechanism on youth that advocates for investments in youth *Baseline: No; Target: Yes, fully*	in Zanzibar and the mainland; NGOs; CSOs, including faith-based and youth-led groups; UNDP, UNICEF, UN-Women, UNHCR, Development Partners; the private sector, and foundations	
	Output 5: National data systems are strengthened to account for population dynamics and population groups left behind in development and humanitarian policies and programmes, as they relate to ending unmet needs for family planning, ending preventable maternal death, and ending GBV and harmful practices in the United Republic of Tanzania .	• Number of population policies and strategies developed that address population dynamics *Baseline: 0 (2021); Target: 3* • Number of functional databases supported to facilitate mapping of socio-economic and demographic inequalities *Baseline: 3 (2020); Target: 5* • Number of South-South and triangular cooperation partnerships established for strengthening population data systems and data generation and use *Baseline: 0 (2021); Target: 2 (2026)* • Number of completed population-based reports, including subnational population projections, routine vital statistics produced *Baseline: 0 (2022); Target: 6* • The United Republic of Tanzania collects and uses geo-referenced data *Baseline: No (2021); Target: Yes*	Ministries of finance and planning of Zanzibar and the mainland; Zanzibar Planning Commission; national statistics authorities in Zanzibar and the mainland; academic and research institutions; development Partners; NGOs; the private sector	$17.1 million ($5.1 million from regular resources and $12 million from other resources) ——— Programme coordination and assistance: $1.2 million from regular resources