



# UNFPA TANZANIA

**Meeting the needs of  
women and young  
people in Tanzania**



**KEY ACHIEVEMENTS 2011 - 2013**



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## Foreword

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The past two years of our work in Tanzania have been a rewarding experience. In this period we expanded coverage of our interventions and used new innovations to ensure that we maximise impact for our beneficiaries and seek better value for money in the results that we deliver.

The past two years have been a time for expansion of the UNFPA programme which forms part of the UNDAF (UN development assistance plan 2011-2015). It has been a time of diversifying partnerships, strengthening our work in family planning (FP), in prevention of Gender based violence and in working with and for young people.

Access to emergency obstetric care was increased in target regions. Increased financing was made available for family planning commodities and interventions especially supply chain aspects of life saving commodities. To address maternal health we have catalytic interventions in strengthening midwifery workforce. All of the work in sexual and reproductive health (SRH) was done with integration of services in mind.

Investing in young people was a strong feature of our work, to ensure they have increased access to SRH especially to the most vulnerable youth in remote areas. Our advocacy and capacity building has focused on harnessing the possibilities of a demographic dividend knowing that the key to Tanzania's aim of reaching middle income status lies in it.



We focused our gender programme to respond to management of gender based violence (GBV) cases by strengthening capacities of health sector and also law enforcement agents to respond to GBV cases and raised public awareness by partnering with media to strengthen investigative journalism

Support to the in the 2012, Population and Housing census provided important evidence to be used by policy makers and planners.

We acknowledge the leadership of the Government of Tanzania in the development sector and the unique platforms available for aid coordination and harmonisation. We are appreciative of our donors without whom the achievements highlighted in this report would not have been realized. All the implementing partners have been instrumental in achieving these results.

We look forward to a continued collaboration with partners to ensure that Tanzania progresses forward in a sustainable development. We face the coming year with confidence knowing that the challenges that come with it are only stepping stones to ensure that the full potential of young people are achieved and that women are empowered to gain more control over their lives.

## 1. What we do

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UNFPA's work around the world is to promote universal access to sexual and reproductive health (including family planning) aiming to deliver a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

In Tanzania, UNFPA has been working with the government since 1975. In collaboration with other partners, UNFPA support to the government is geared towards the advancement of reproductive health and rights, realisation of gender equality, prevention of gender based violence, promotion of youth sexual reproductive health and development as well as strengthening national capacities in population and development including data collection, analysis and integration of population variables in planning frameworks.

## 2. Who we work with

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Fundamental to its operation, UNFPA work is rooted in supporting governments implement their national development and poverty reduction strategies in line with agreed international development and human rights standards. Working as a part of the UN system and guided by the One UN<sup>1</sup> initiative, UNFPA works with other UN agencies to provide a more coherent, more

1 One UN is an initiative by the UN system to develop approaches that would enhance the coherence, efficiency and effectiveness of the UN at country level and reduce transaction costs for host countries.

effective and efficient support. From July 2011 the UN agencies in Tanzania are operating under a single business plan: the UN Development Assistance Plan (UNDAP). The plan captures the entire range of activities supported by all UN agencies in Tanzania. Through the One UN, UNFPA works with government, civil society and community organizations to deliver on its mandate. UNFPA partners include NGOs, faith-based organisations, foundations and the private sector

Some of our partners include;

**Government ministries and departments:** Ministries of Health and Social Welfare, Community Development, Gender and Children, Youth, Home Affairs, Constitutional and Legal Affairs, National Bureau of Statistics, President's Office Planning Commission

**Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs):** Tanzania Media Women Association (TAMWA), Tanzania Youth Coalition (TYC), KIWOHEDE, Medical Women Association of Tanzania (MEWATA), Marie Stopes, AMREF, Tanzania Gender Network Programme (TGNP), Children's Dignity Forum, and Masanga Centre, Tanzanian Interfaith Partnership, Graça Machel Trust

**Institutions:** The University of Dar es Salaam; Other UN Agencies and development partners

## 3. Country context

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In Tanzania, although maternal mortality ratio estimated at 454 deaths per 100,000 live births



Tanzania has a youthful (10-24 constituting 31% of the total population), and growing population (2.9%), where approximately 23% of adolescents begin childbearing by 19 years, and 4 in 10 women are married by 18 years. The high adolescent's fertility rate (TFR 116/1,000) is partly a reflection of low contraceptive use among adolescents (CPR 16% among women 15 to 24 years). Tanzanian's adolescents engage in sex at young ages and over 30% of adolescent girls have experienced some form of sexual abuse by the time they are 18 years old, and more than 70% of adolescent boys and girls have experienced physical violence.

Though a majority of Tanzanian women (89%) are working, more than 53% are not being paid, and for those receiving cash earnings (approximately 30%), 17% have no say on expenditure being made. Findings from the 2010 DHS show that acceptability of wife beating is higher among women (54%) than men (38%) for different reasons, including refusing to have sex with him. Approximately 40% of women have ever experienced physical violence, 20% of women experienced sexual violence, usually perpetrated by their partners or former partners and 10% of married women had their first sexual intercourse forced against their will. In Tanzania, approximately 15% of women have undergone female genital mutilation/cutting; with 32% of these occurring before age one, and with no improvements in overall prevalence in recent years.

Given this context, a Tanzanian woman's and girl's ability to make autonomous informed decisions about sexuality and reproduction, free from any form of discrimination, coercion and violence

remains a challenge; jeopardizing efforts in promoting gender equality and of ensuring basic reproductive rights.

## 4 Strategy of engagement

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UNFPA's support to the government of Tanzania is delivered on the principles of the human rights based approach, emphasising aspects of gender equality and equity. The programme has an upstream component which includes; advocacy and policy dialogue; engagement to the sector wide approach and health basket; capacity building of decision makers in key areas of reproductive health, gender rights and use of data for development; and working with national authorities to ensure Tanzania is well represented in regional and global fora on matters related to the ICPD Programme of Action.

UNFPA downstream work is evidence based and is strategically focused to reach the most marginalized people. This geographic focus is determined by reproductive and maternal health indicators such as maternal mortality ratios, contraceptive prevalence rates, total fertility rate, HIV prevalence especially among women and young people, family planning needs, prevalence of gender based violence including FGM/C. Focus is on the poorest regions, experiencing high fertility rates, low contraceptive prevalence rate (CPR), high rates of school girl's dropout, high rates of child marriage, gender based violence and adolescents' pregnancy. Integration of services and identifying synergies for optimising results is a strong feature

of the downstream interventions. As seen in the map total fertility rates are highest in lake, west and central zones. The trend correlates with lower contraceptive prevalence rates in area. In Zanzibar, the northern part of Unguja and all regions in Pemba have low CPR. Most of UNFPA's downstream work in Zanzibar covers the entire island.

## 5 Highlights and key results

### 5.1 Reproductive Health

#### 5.1.1 Emergency obstetric and newborn care (EmONC)

UNFPA focus is to improve access to quality services including EmONC and at the same time improve knowledge of the rights holders to recognise pregnancy related complications



*Aziza awaiting delivery at her home town in Kishapu, Shinyanga region*

Aziza is a 17 year old girl living in Kishapu district, Shinyanga region. She was working as a domestic worker in Dar es Salaam where she was impregnated by a man who later denied responsibility. Due to this she was forced to return home to her mother in Shinyanga. At the time we met her, she was 9 months pregnant, severely malnourished and awaiting her delivery date. The neighbouring health centres and hospitals refused to admit Aziza for fear of delivery complications that she might face because they felt she was too young and would not be able to deliver safely, thus: she was referred to the regional hospital in Shinyanga town. However, coming from a poor family, she could not afford the transportation fare needed to get her to the hospital on time.

The team that met Aziza informed the Regional Hospital in Shinyanga town of her case. The regional hospital Doctor in charge, took quick action and an ambulance was sent to pick up Aziza from her home. Aziza was able to give birth safely to a baby girl at the regional hospital. She is among one of the few girls who are lucky to receive emergency care during pregnancy. In mainland Tanzania, about 23% of young girls aged 15 – 19 have begun child bearing, 17% have had a live birth and 6% are pregnant with their first child. Young girls in rural areas are more likely to start child bearing than their urban counterparts and there is a strong inverse relationship between education and early childbearing.

The regional hospital in Shinyanga did not for a long time have an ambulance for emergency cases and instead women in labour were brought to the hospital using bicycles and sometimes bare foot. UNFPA Tanzania procured an ambulance for the regional hospital

in a timely manner and seek medical attention to minimise maternal morbidity and mortality. Most complications can be addressed if timely quality care is accessed. Thus health facilities in remote areas for marginalized populations have been prioritised for support.

In Tanzania, the regions in western zone (namely, Shinyanga, Geita, and Simiyu) have the poorest maternal health outcomes. During this reporting period, most of UNFPA's work on increasing availability of EmONC services on the Mainland was targeted to these 3 regions. In Zanzibar the target was to district with highest demand.

## Increasing access to EmONC services

A total of **10 Health Centres** were upgraded (8 in West Tanzania and 2 in Zanzibar) to provide Comprehensive Emergency Obstetric and Newborn Care (CEmONC). To ensure effective provision of EmONC services, as part of the task shifting strategy, 27 staff (21 from West Tanzania and 6 in Zanzibar) from these centres were supported for a 3 month CEmONC-competency based training at Ifakara Health Institute. Upgrade to 5 additional health centres in West Tanzania is underway and will be completed within 6 months. Mothers are now receiving appropriate care including C sections in these facilities.



*The first caesarean section delivery at Ushetu Health Centre in Shinyanga*

Ushetu Health Centre in Kahama is among the centres that UNFPA upgraded to provide CEmONC. It received an ambulance, EmONC equipment and staff training. It has a catchment of over 50,000 populations.

## Strengthening referral system

To facilitate access to these centres and ensure quick referral of women who develop complications during and after delivery, UNFPA **procured 17 ambulances** (15 in Mainland and 2 in Zanzibar). Through this

support, UNFPA has enabled women in remote areas to access lifesaving caesarean sections in a timely manner.

Through these efforts, the numbers of beneficiaries utilizing the services increased by three fold<sup>2</sup>.

To maintain quality of care and dignity of mothers whilst in labour, UNFPA made available theatre linen, gowns and towels to the maternity ward in Mnazi Mmoja Hospital in Zanzibar.

### 5.1.2 Voluntary family planning services

#### Family Planning Commodity supply

One of the key components of the UNFPA mandate is to ensure that individuals are able to freely choose the number and decide on the spacing of their children. Currently the unmet need for contraceptives amongst married women stands at 25%. A key component of addressing

2 UNFPA Annual Report, 2012/2013

the need is to have commodity security and skilled service providers.

### Commodity procurement

In March 2013, the government expressed concern that the country was facing an acute shortage of condoms. The UNFPA response was immediate, part of a shipment to the region was re-routed to Tanzania to avoid stock out and over 15 million male condoms were delivered to MSD for the public sector. The estimated couple-years of protection (CYP) from the commodities procured is about 661,367 CYP. Overall the progress in contraceptive security is promising; the more coordinated and timely procurement of commodities to Zanzibar has meant that there has been no stock-out from 2011 to date. In the meantime, UNFPA is working with MOHSW to introduce comprehensive forensic rape kits, which will include emergency contraceptives, STI prevention medication and forensic evidence collection materials. A milestone was reached through the support, as this is the first time emergency contraceptives and female condoms have been made available through the public sector, a breakthrough which will greatly improve options for those accessing contraceptives through the public sector.



*UNFPA Representative a.i, Mariam Khan, handing over keys to the ambulances procured by UNFPA to the former Minister for Health and Social Welfare, Hon. Hassan Mwinyi. Ms. Khan also handed over contraceptive commodities on the same day.*

Table 2: Contraceptive procured in 2013

Contraceptive type	Quantity	Couple Years of Protection	USD Amount
Male Condoms	15,314,400	127,620	\$ 438,808.28
Female Condoms	357,000	2,975	\$ 204,718.90
IUCD's	13,000	45,500	\$ 5,563.00
Implanon Implants	147,328	368,320	\$ 1,435,431.25
Jadelle Implants	26,000	98,800	\$ 230,573.09
Progestin Only Pills	9,024	602	\$ 4,493.20
Emergency Contraceptives	351,000	17,550	\$ 91,250.00
<b>Grand Total</b>	<b>16,217,770</b>	<b>661,367</b>	<b>\$2,410,837.72</b>

### Capacity building:

**Method mix:** To ensure that a broad range of modern contraceptive methods are available at service delivery points, UNFPA supported the refresher training of over 200 (120 in Zanzibar and 81 in Tabora and Mwanza) health staff on both long-acting and permanent methods of contraception.

**Logistic management system:** UNFPA Tanzania has also contributed to strengthening national capacity for managing contraceptives and essential life-saving medicines both at regional, district and service delivery points. UNFPA supported capacity building of 15 staff from MoHSW central level as well as its own staff on quantification and forecasting of national level commodities. In addition, 1,200 health workers in Shinyanga, Tabora and Kigoma Regions were trained to use the electronic Logistic Management Information System.

### Demand generation activities

Uptake of family planning services in Tanzania has had modest improvements - mostly concentrated among women in rural areas<sup>3</sup>. In 2013, there were 2.1 million users. Family planning services are offered in 5,366 (80%) out of 6,734 health facilities in on mainland Tanzania (Draft report of MTR of national roadmap for RMNCH, 2013) and in all 150 (100%) of health facilities on Zanzibar (HMIS data).

UNFPA uses a number of evidence based interventions to reach a wide number of clients. These include mass media campaigns including newspaper articles, radio shows and TV adverts, community mobilisation interventions including support to outreach service provision (including music festivals and other events attracting young people), and other interventions broadly aimed at behaviour change communication, social marketing, health education and health

**Innovation:** The Logistic Management Information System (eLMIS) is part of the MOHSW to strengthen Logistic Management Information System in the country. The system is paper based at facility level and is electronic at district level. The system was developed with an eye on sustainability, and ensuring last mile communication thus **requiring health facility personnel to use cell phones to send logistics data via text message (SMS) to a toll-free number**. This data is then transmitted to a website that analyses and displays the information. The ILS gateway will feed into the e-LMIS and it has been rolled out in about half of the regions in the country. With support from the RMNCH UNCoLSC, UNFPA with other donors is supporting the ministry to roll-out the eLMIS countrywide. Regular reporting from this system is anticipated and will ensure transparent status of commodities and allow for timely follow up to reach a state of local level commodity security.

<sup>3</sup> Tanzania Mid Term Review of the Health Sector Strategic Plan III 2009-2015, October 2013

promotion. As a result, new acceptors of family planning services in Shinyanga have increased from 65,293 in 2010 to 90,000 in 2013 while that in Zanzibar has increased from 16,896 in 2011 to 30,042 in 2013.

In Zanzibar knowledge and skills of MOH to develop SRH and family planning message was enhanced, that led to development of 20 prototype materials TV and radio messages, brochures, posters and fact sheets were made available for distribution.

Using GPRHCS funding for the districts in Zanzibar with the lowest CPR, UNFPA has initiated an auto-rickshaw based outreach service. The service includes short term and long acting methods provided by skilled staff through mobile outreach.

In collaboration with Tanzania Interfaith Partnership (TIP), UNFPA ran a pilot campaign on promoting and up-scaling of family planning among the faith based communities in Mara and Shinyanga, where contraceptive prevalence rates are the lowest in the country. The pilot ran for 2 months in June and July 2013 and 18 peer educators including faith leaders were trained in Kishapu and Musoma. Awareness raising campaigns were offered to 28 faith leaders and 2 local government staff from Maganzo village in Kishapu district. Outreach services were provided in collaboration with government health care providers and more than 500 men and women were provided with family planning services. The pilot also resulted in creation of family planning

statements of perspective by the Christian Council of Tanzania (CCT) and the National Muslims Council of Tanzania (BAKWATA). A video with some faith leaders making statements on family planning was also produced.

### **Advocacy and policy dialogue**

Through a number of engagements, working with partners increased commitment of the government and key partners to family planning related issues has been advocated for with some clear progress. High level dialogues and bilateral meetings with senior government officials and partners (Ministers of Health and Finance; DFID, USAID, and other key decision makers on both mainland and Zanzibar) led to increased national discussion and potential funding opportunities for family planning commodities. UNFPA co-supported the first National Family Planning Conference with a theme of 'Local solutions to local problems' which brought together over 500 delegates including key policy makers, service providers, researchers, NGOs and FBOs. Formal and informal engagements with members of parliament advocating for increased resources for family planning have taken place regularly. It is seen as a positive sign that the efforts led to the Government making available additional 3.5 billion Tanzanian shillings from the budget to procure family planning commodities. Working with family planning 2020 partners, there has been increased visibility of family planning at both national and sub-national levels with high level government officials promoting use of family planning to ensure families can space their births.

Efforts are ongoing to mobilise the private sector for engaging more actively in the maternal health particularly family planning field.

### 5.1.3 Midwifery workforce

One of the key priorities of UNFPA's work in Tanzania is to address the shortage of human resources for health particularly midwives and with a focus on rural and hard to reach areas where poorest and majority of women live. A midwife often makes a difference between whether a mother lives or dies before, during and after childbirth. This is to say maternal mortality and morbidity can be significantly impacted with skilled midwives and those with midwifery skills especially in hard to reach communities. In Tanzania nursing and midwifery are merged, although many midwives do not even practice the skills as they may be posted in other wards. UNFPA is supporting the government to increase availability of quality midwifery workforce in line with MMAM (2007-2017); support institutional strengthening of nursing schools and practical sites; enhance skills of in-service midwives and support capacity building of tutors from different nursing schools.

#### New midwives

To address acute shortages of midwives, UNFPA Tanzania with J and J support, is supporting a fellowship scheme to increase numbers of trained midwives for deployment in hard to reach/retain areas. By the end of this reporting period, 20 pre-service young nurse-midwives from hard to reach areas of Zanzibar were enrolled on a bursary

support into a 3-year competency based diploma midwifery course and 8 others from Mainland were enrolled on a 2-year certificate course. A bonding scheme has been put in place, which reflects a commitment between student, parents and government to ensure that upon completion of their midwifery course, the new midwives are deployed back to their respective areas. It is expected that this will increase availability of skilled midwives for those living in the poorest rural areas.



*Midwifery students at College for Health Science in Zanzibar*

#### In-service training for midwives and assistant medical officers

In addition, UNFPA promotes a learning culture intended to update health workers' professional knowledge, skills, values, and practice. Through in-service training for midwives, nurses and

doctors UNFPA ensures that the health care system continues serving clients while meeting the demands of a changing health care practice. UNFPA support both long and short term trainings to midwives, nurses and doctors in a range of specialties including EmONC and fistula management, essential newborn care, Post Abortion Care (PAC), post-partum care, family planning, youth friendly services.

During this reporting period, 24 Assistant Medical Officers (AMO) and anaesthetist in hard to reach areas were trained on to perform CEmONC and anaesthesia services through an innovative task shifting model which allows AMOs and anaesthetists to perform caesarean sections and other procedures that were once strictly performed by medical doctors.

In Zanzibar, addition, 12 Clinical Officers are being supported for two years training to become Assistant Medical Officers (AMO) and upon completion they will be placed in various health facilities in Zanzibar.

### **Strengthening institutional capacity**

UNFPA Tanzania has contributed in strengthening institutional capacity of the nursing institutions to improve production of quality and quantity of midwives to the underserved and hard to reach areas. This was achieved through renovating and equipping skill laboratories in Newala (Tanzania mainland) and Zanzibar at the College of Health sciences and practical sites; procuring books

and other learning materials; IT equipment to facilitate up to date library services as well as training sites and training of trainers including clinical instructors.

### **Renovation of training sites:**

In Zanzibar, renovation and equipping of one skills laboratory along with development of manuals for implementing a three years competency based nursing and a midwifery curriculum has been completed. Moreover, two practicum sites for nursing and midwives students have been renovated and upgraded at Muembeladu Maternity Home and Kivunge Cottage Hospital. On the mainland, renovation work for two additional skills laboratory in Newala and Nachingwea districts has begun. Also in place are plans for renovations of the practicum sites in the district hospitals of the two districts.

### **Tutor training:**

The success of midwives is dependent on availability of good quality trainers. Knowing this, UNFPA supports the enhancement of the knowledge and skills of tutors and clinical instructors. By the end of this reporting period, 5 tutors were enrolled for a Masters of Education degree programme through distance learning allowing them to study while at work. Additionally, short refresher course was offered to 25 tutors and 40 in-service clinical instructors on supervisory skills, midwifery and EmONC and PMTCT.

#### **5.1.4 Prevention and treatment of STIs including HIV**

UNFPA works with the National AIDS Commissions of Tanzania mainland and Zanzibar, NGOs, FBOs, and the media to support HIV prevention efforts at national and sub-national levels. The main focus of UNFPA's work in HIV response in both Zanzibar and Mainland has been on prevention. Key activities includes; condom programming, enhancing youth and women's access to HIV prevention information and services, integration of SRH and HIV services, life skills based SRH/HIV education for young people out of school and addressing the gender and cultural dynamics of the HIV epidemic from a human rights-based approach.

##### **Integration of HIV and SRH services:**

An operational research has shown that increasing contraceptive use in HIV-positive women and men can reduce the numbers of unintended pregnancies and thus reduce maternal death and vertical transmission of HIV. Limited access to family planning services, including poor integration of family planning in HIV services both before and after delivery contribute to the high unmet need for family planning services among HIV-affected couples.

The operational research on integration of family planning in HIV Care and treatment in selected districts and health facilities in Shinyanga Region led to 52 staff across 16 Care and Treatment centres being trained on integration techniques and the centres are now providing integrated FP-

HIV care and treatment services. Additionally, a local NGO is being supported to scale up FP-HIV integration including voluntary counselling and testing (VCT) in selected districts building from the evidence provide by the operational research. As a result, 76 members from selected council health management team were oriented on scale up of FP HIV integration initiative, 32 care and treatment and 20 VCT service providers were trained on integration. Following these efforts, 332 people leaving with HIV (PLHIV) in selected VCT in Shinyanga and Simiyu were enrolled into using FP methods in 2013.

##### **Comprehensive condom programming**

UNFPA Tanzania supported Tanzania commission for AIDS (TACAIDS) to conduct the rapid comprehensive condom programming assessment in 2013. It is envisaged that this assessment will provide information on the important next steps required to improve condom programming to prevent HIV transmission in Tanzania. Other expected outcome of the assessment includes understanding of the current status of condom programming, including the level of policy support and the adequacy and sustainability of condom procurement and supply.

##### **HIV prevention among key populations**

UNFPA supported activities that strengthened CSOs capacity to serve young people, in particular youth key populations (sex workers, MSM and IDUs) in Zanzibar. Support provided included refurbishment of 2 youth friendly health centres (KMKM and Rahaleo in Zanzibar), training of 35

youth peer educators and the installation of a toll free line for SRH and HIV/AIDS. Furthermore, UNFPA worked with Key population networks in Zanzibar, and supported them to organize outreach sessions for key populations. Their capacity was built through training on stigma reduction related to HIV and a capacity of CSOs to advocate for the rights of the key population was enhanced. Sensitization meetings with religious leaders, shehas, teachers and other community leaders were held on the importance of using the available SRH services and on how to motivate youth to utilize SRH services.

Accessibility to quality HIV and STI prevention services for key population was also increased. This was achieved through establishment of one youth friendly health centre specifically targeting youth key populations with SRH and HIV & STI prevention services. Furthermore, UNFPA supported outreach services specifically for KPs, provided by KP network and KP peer educators. Important enabling factors included use of existing policies and guidelines and existence of youth networks focusing on key populations. More work is still needed especially to address existing barriers such as stigma and some religious and social cultural values that act as a barrier to access of SRH service by key populations.

### **5.1.5 UNFPA's engagement in sector wide approach including health sector basket**

As a member of both the health sector wide approach (SWAP) committee and health sector basket financing committee, UNFPA contributes to joint efforts of health systems strengthening, and

uses this opportunity to ensure adequate funding, capacity and focus on SRH services. UNFPA joined the health basket in 2004 and has been pursuing prioritization of reproductive health. The health basket has played a crucial role in the setup of comprehensive and participatory district level health planning, budgeting, monitoring and reporting. The health basket has been the main source of funds to the districts contributing to about 50% of all district health resources.

## **5.2 Adolescents and young people**

UNFPA in Tanzania continues to invest in young people's SRH rights as a corner stone to their successful transition into adulthood. The program is reaching marginalized and poor young people especially young girls who have or are vulnerable to a) dropping out of school; b) experience child marriage and/or other forms of gender based violence; c) become pregnant while still children. In 2013 programme interventions focused at the national level and in Shinyanga and Zanzibar regions. Both regions have poor youth reproductive health indicators including high child marriage prevalence rates, high adolescent's fertility rates, and low contraceptive prevalence rates; gender based violence and minimal use of ASRH information and services by young people.

### **5.2.1 Reaching the most vulnerable poor young girls:**

UNFPA through Packard funds is pioneering an initiative that will address key challenges including, how to reach and empower the most

vulnerable and poorest young girls. Started in June 2013, the program has been able to secure full commitment to adolescent girls' initiative from the Kahama district and Shinyanga regional authorities, to build a network of young poor girls, and to identify and equip community centres within the project site. The innovative initiative is using a multi-sector approach for the provision of a) income generation skills and activity; b) supporting re-integration of pregnant girls back to school; and c) providing information and promote uptake on/of sexual and reproductive health services. The baseline study established the root cause analysis for women's and girls "disempowerment" and alluded to the fact that some existing cultural beliefs and practices were discriminatory. Thus far a total of 250 young girls have been reached, five youth networks consisting of poor adolescent girls, most having already had a baby has been established and four community centres in Kahama identified as a platform for the girls to learn. The community based youth bonanzas reaching a total of 300 young people were useful in ensuring engagement of the community as a whole in understanding ASRH issues and supporting the need for young people's uptake of the services.

On a population of 49,852 in the four wards of Lunguya, Busoka, Mhongolo and Shilela, 619 influential people were reached with information to promote access to FP information and services to young people. The targeted audience was the community leaders, parents and influential people who can in turn impact the broader community.

Catarina passed her standard seven exams in 2012 and was selected to join a government secondary school. She joined the school in January, but, in June 2013, she was sent back home with a few other students because



her parents failed to pay her school fees. She went to visit her grandmother and while there, she got sick and at the hospital they found she was six month's pregnant. Her grandmother broke the news to her parents who were very angry. She was left afraid to go back home and face her parents; she knew that her dreams to go back to school were already shattered.

*"I would love to go back to school but now I just can't" (Catarina)*

Catarina admitted to be in a relationship with her boyfriend of 3 years (since she was in primary school), a boy from a neighbouring house who is in his first year at the University. The boy accepted the pregnancy as his and promised to help take care of the child when it is born.

She has attended clinic twice, the first visit at six months pregnant, and she admitted not to know other FP method apart from condom and loop.

*"I only know about condoms and loop I would like to know if there are other ways to protect myself from getting pregnant" (Catarina)*

As a participant in the UNFPA/Packard and GoT supported interventions, Catarina aspires to go back to school if given another chance.

The interventions are designed to empower young girls with knowledge on sexual and reproductive health, equip them with skills on income generating activities and life skills techniques. Most importantly, the interventions make available opportunities for young out of school girls to re-enrol back to formal education. The project encourages girls like Catarina to avail opportunities and maximize their potential and that of their children for a bright future.

Youth events/bonanzas organized at every ward (4 wards) have provided a better way to reach young people and community members with ASRH information. A total number of 456 girls, boys and other community members were reached with SRH and FP messages and services, which were provided during the events. A total of 70 boys and 102 girls were provided with male and female condoms, and 34 girls were provided with pills. The use of local traditional dancing troops to spread the SRH and FP messages have made it easy for parents/community members and young people to understand the importance of delaying sexual debut, delaying marriages, and importance of using FP services if and when sexually active.

Five networks of adolescent girls (with 306 members) were formed in four wards. The networks provide girls with an opportunity to formulate small groups for income generating activities. The entrepreneurship training provided for them will assist the first 15 girls in each ward to start up small businesses to improve their lives.

FP outreach services conducted by the district health providers at around the four wards provided 242 community members with FP services, whereby 143 females aged between 10-30 years were provided with birth control pills, and 99 youth were provided with male and female condoms

In an effort to enhance well-being and increase opportunities to out of school adolescent girls into leading more productive life, 60 girls in 4 wards (15 girls from each ward) were provided with life skills, entrepreneurship and SRH training. The 5

days training conducted at the District Vocational Training Centre (DVTC) influenced girls into taking a leadership and advisory role to other girls and those who are in school into encouraging them to delay sex, marriage and plan better child spacing.

In improving literacy and numeracy, 22 adolescent girls who are out of school were enrolled to Folk Development College (Mwanza FDC) in Kahama town for a 6 months course and 3 girls have been identified to enrol into Qualified Training (QT) classes at Kishimba secondary school by January 2014. QT is a crash course for those who did not complete their secondary education; they attend classes for a certain period, and given exams which will determine which grade to be placed into back to secondary education

### **5.2.2 Access to ASRH services by young people:**

UNFPA is a member of the ASRH task force within the Ministry of Health and Social Welfare which reports to the Health sector SWAP committees.

As part of joint efforts to strengthen health systems and in ensuring adequate funding, and capacity for provision of youth friendly ASRH service provision nationwide, UNFPA made available 2000 copies of National Standards for Adolescent Friendly Reproductive Health Services and 6000 copies of “Advocacy/IEC advocacy” package, for undertaking nation-wide ASRH advocacy related interventions. Particularly in Shinyanga, ASRH advocacy meeting targeting decision makers

was conducted and action plans to prioritize adolescent reproductive friendly services in the region and district were developed and integrated into the comprehensive district plans - Kahama district. Community based initiatives targeting young people and community members with messages on access to sexual reproductive health services, child marriage, early child bearing, family planning and investing in young people were undertaken in Kahama district, Shinyanga region.

In Zanzibar, a nationwide youth friendly services' needs assessment identified capacity gaps in ASRH service delivery, and resulted in the refurbishment of two youth friendly health facilities (KMKM and Rahaleo) in Unguja, Zanzibar.

### 5.2.3 Policy and advocacy for investing in adolescents and young people:

UNFPA developed a policy and advocacy tool kit necessary to bring attention to national and district economic planners on the demographic window of opportunity resulting from the existing young population base in Tanzania. The tool kit reflects on the rationale for investing in young people so as to ensure that Tanzania is in a position to harness the demographic dividend. It consists of;

- i. analysis on the demographic window of opportunity in Tanzania and proposed strategic investments in family planning, prevention of child marriage, reduction/prevention of gender based violence, keeping girls in school and ensuring access to ASRH

necessary to capitalize on the window of opportunity;

- ii. Census 2012 wall chart that highlights the population growth momentum, population growth rates and differentials of population growth rates by regions;
- iii. Shinyanga/Zanzibar specific regional data analysis on the population structure and health and education outcomes; and
- iv. A brief information sheet on the youth of Tanzania/Zanzibar.

Within the UN system a UN Tanzania inter-agency task force on youth and development has been initiated for which UNFPA is a co-chair. The task force will spearhead UN's joint efforts on youth in 2014, and will ensure a program focus on young people in the next UN program cycle. In Zanzibar, the UN inter-agency task force on youth development has improved UN collaboration in the following areas a) shared database on youth organizations and network; b) increased collaboration on life skills and sexuality education for young people; c) joint recognition of the need to include young people in planning and implementation.

Collaboration between partners and the government is anticipating having a co-ordination forum on youth development to ensure that national development priorities and dialogues are sensitized to reap opportunities of the anticipated demographic dividend.

#### 5.2.4 Availability of Comprehensive Sexuality Education to young people out of schools

UNFPA successfully collaborated with UNESCO to write the country analysis on adolescents and youth in Tanzania, which reflected on the status of comprehensive sexuality education and ASRH services and was part of the regional report on “young people today, time to act now “. In 2014, this information will be used to mobilize political commitment to the delivery of comprehensive sexuality education for in and out of schools adolescents. In Zanzibar and in collaboration with UNICEF and the Ministry of Youth, life planning skills manual and facilitator’s guide for out of school youth is being finalized.

### 5.3 Gender equality

#### 5.3.1 Female Genital Mutilation

Ending female genital mutilation (FGM) is among UNFPA’s priorities in Tanzania. In partnership with Government of Tanzania, UNICEF, and other key partners, efforts to end FGM are primarily focused on enforcement of the law criminalizing these practices. Interventions focus on working with duty bearers of various sectors as well as community and religious leaders to increase their capacity and accountability to respond to and prevent FGM. It also involves raising awareness of and provision for alternative rites of passages for the right holders. Key achievement so far includes:

Enhancing the capacity and accountability of the

law enforcement agents; UNFPA in collaboration with TGNP supported the Tanzania Police Force in their reform to respond to GBV cases by training 47 Police officers in Tarime. The training focused on appropriate management of domestic violence and FGM cases. Five police stations in Tarime were equipped with computer sets for data management and communication. The judiciary was also involved in these trainings; with a view of organising special court sessions in the future for GBV cases, to enable timely access to justice. The latter is a direct follow up of the Great Lakes commitments made to address GBV.

At the Masanga Centre in Mara region, a primary school premise run by the Roman Catholic Sister of Charity offers alternative rites of passage to



*The Regional Police Commander for Tarime (left), signing documents in receipt of computer sets for 5 police posts in the region.*

girls at risk of FGM; UNFPA supported 350 girls who were under threat to undergo FGM during the annual ceremony in 2012 and 2013. Support included provision of counselling to the girls and their parents to ensure that the girls would not be forced to undergo the harmful practice at a later stage.

In Mara based schools, 40 teachers across schools in Tarime district were trained on prevention of FGM. Furthermore, fact sheets on child marriage and FGM were developed by UNFPA and disseminated widely including within police force and the intervention schools, to raise awareness of the magnitude of the problems and how best to address the key challenges.

UNFPA supported building capacity of journalist in appropriate reporting on GBV specifically on harmful practices. This included 23 journalists from Mara who were trained on techniques to end FGM, as well as a further 67 journalists from other regions. Commitment has been made by Editor's forum and they have provided space in their respective media outlets for features and reports on cases and in raising public awareness.

Health providers have been trained on management of GBV cases, with a focus on rape, using the training tools developed together with the Ministry of Health and Social Welfare. TV clips were jointly developed with TAMWA, police and health care providers on what a survivor should do in cases of rape, to enable timely emergency health care and evidence collection to enable access to justice. A significant breakthrough in cases of rape is the reform of the process which

now allows the survivor to seek medical attention prior to registering the case at the police station.

### 5.3.2 Child marriage

UNFPA Tanzania uses the human rights-based approach to ensure that the needs of married adolescent girls are met and that child marriages and other harmful practices are eliminated. Duty bearers capacity to respond to and prevent child marriage was strengthened through evidence-based advocacy; work with rights holders focused on increasing community awareness of harmful nature of child marriage to increase demand for a change in legislation in cases of child marriage.

UNFPA has worked closely with its partners to ensure that media is well informed on strategies to end child marriage. In these efforts, 90 journalists have been trained on child marriage/GBV response and reporting. TV and radio clips on ending child marriage/rape response have been developed and aired.

A Critical Issue Brief on Child Marriage was produced and dialogue with members of parliament – the law makers on child marriage were conducted.

Working with local communities, UNFPA supported the training of 30 participants from Civil Society Organizations (CSOs) in seven regions in Tanzania on GBV as a human rights violation. Moreover, 11 sessions based on Gender and Development Seminar Series (GDSS) were conducted and reached a total number of 1072 participants. The GDSS sessions created awareness on key issues for the new constitution and has

served as a platform to engage more actively in constitutional processes.

UNFPA supported 100 people to attend the High Level Panel on ending Child Marriage at the International Day of the Girl Child, where the Minister for Constitutional and Legal Affairs along with representatives from CSOs, and the Bishop of the Morogoro Diocese of the Lutheran Church – a representative of the Maasai Community, and hailing from a region where child marriage prevalence is high, discussed the matter. The event was covered on national TV, radio and newspapers and included a video message from her Excellency



*Sitting in the middle is the Minister for Constitutional and Legal Affairs Hon. Mathias Chikawe, to his left is the Bishop of the Morogoro Diocese of the Lutheran Church, at the high level panel on ending child marriage during the International Day of the Girl Child.*

Graça Machel, whose trust was part of the organising team of the event.

In Zanzibar, UNFPA has supported the Ministry of Social Welfare, Youth, Women and Children Development (MSWYWCD) in the review of discriminatory laws, of which the review of Kadhi's Court Act has been done, amendments made and the new bill is expected to be finalized in 2014 to better protect the rights of women in relation to marriage, divorce and inheritance.

### 5.3.3 Prevention and treatment of GBV

UNFPA Tanzania continued to support the National committees in response to prevention of Gender Based Violence (GBV). As a result the President of Zanzibar has assigned an Inter-ministerial Committee on GBV to monitor on a quarterly basis GBV case management by their respective institutions.

UNFPA supported the initial establishment of the One Stop Centre at Mnazi Mmoja Referral Hospital in Zanzibar. During the past 2 years, nearly 2,000 (80% were below 18 years) GBV survivors received treatment, counselling and legal advice. Based on this initiative, the government has escalated the establishments of additional one stop centres in four more districts of Zanzibar.

On the Mainland UNFPA has participated in the rolling out of the National GBV Clinical Management Guidelines and Policy Guidelines, which were launched in December 2012. This has included support to Medical Women Association of Tanzania to implement the guidelines for the One Stop Centres as well as regional trainings

for health care providers. The national pilot for forensic rape kits is currently ongoing to support this work

### 5.3.4 Raising awareness through public events

Through the 16 Days of Activism campaign, community were informed of and encouraged to use the Police Gender and Children's Desks. Over 20,000 brochures outlining the police services for child and adult survivors of GBV were developed in Kiswahili and disseminated widely. Moreover, UNFPA Tanzania helped develop and reproduce the policy and management guidelines to add as tools to the health service providers trained on GBV response.

Gender festival is an annual open forum that brings together likeminded individuals and organizations to raise awareness on pertinent issues affecting women. The 2013 Festival drew participants from grassroots – hard to reach communities - to national, regional and international communities. During the 2013 festival, UNFPA supported participation of representatives from hard to reach communities of Shinyanga and Mara and coordinated workshops on FGM and family planning together with partners, including the MenEngage Network of Tanzania.

In 2013 secondary school girls were engaged and participated in women empowerment agenda and were encouraged and urged to break the silence on GBV issues especially on the adolescent pregnancy



*Inspector General of Police, Said Mwema next to UNFPA Representative a.i. Mariam Khan, during the national launch of the 16 Days of Activism, together with The Irish Ambassador and Deputy Minister for Justice and Constitutional Affairs .*



*A participant with hearing disability contributing to the agenda at the Gender Festival in September 2013*

and child marriage. An Interschool Valentine day Discussion was conducted with the aim to empower girls to make informed and responsible decisions in matters affecting their love and sexual relations. UNFPA has also supported national partners who have been engaged in the Tanzania constitutional review process to discuss and lobby on issues affecting women and girls due to harmful traditional practices, with a specific focus on the minimum age of marriage. The TGNP Gender and Development Seminar Series have continued to be used to empower women and the community in general. About 2,375 participants, out of whom 1,642 being women and 733 men attended and participated in these open seminars as of June 2013.

Several traditional leaders in Mara were engaged and oriented on human rights and prevention of GBV including FGM; they subsequently expressed willingness to support girls who did not want to undergo FGM and foresaw significant reduction of the practice by 2015.

### **Partnerships in action**

Partnership has been merged with the Tanzania Interfaith Partnership in equipping faith leaders in knowledge and tools to advocate against FGM and Child Marriage in the Lake region, and educating communities on abandoning harmful practices. This was also combined with the work undertaken by Children Dignity Forum (CDF) on both FGM and prevention of child marriage. UNFPA work with Tanzania Gender Networking Programme has increased community participation in preventing and responding to

GBV. The end of 2013 also saw an exciting partnership being formalised as UNFPA Tanzania signed a memorandum of understanding with the Graça Machel Trust, where collaboration to date has centred around ending child marriage.

### **Male involvement**

UNFPA Tanzania continues to participate in the steering committee of the MenEngage Network where interventions have included workshops collaboratively organised during Gender Festival as well as TV and radio clips on importance of male involvement in ending FGM and child marriage. UNFPA in collaboration with the Tanzania Interfaith Partnership (TIP), another MenEngage network member, trained 18 leaders as peer educators in support of engaging men in SRHR and women empowerment in Kishapu and Musoma districts; and 28 leaders were sensitised on family planning issues in Kishapu district. The two districts are in regions with high prevalence of Child marriage and low CPR (Kishapu, Shinyanga region) and high prevalence of GBV (Musoma, Mara region).

## **5.4 Population and development**

A population and housing census is the primary source of information about the number and characteristics of a given population in each locality. UNFPA supports the government of Tanzania in improving the understanding of the links between population data and reproductive health, gender equality and poverty. Integration of population dynamics (including the high population growth

4 Household budget survey 2012.

rates, shifts in age structure, urbanization and migration) into development planning processes has been challenging. Development programs that are based on sound socioeconomic and demographic data are more likely to respond to the needs of poor people, especially young people. For the past 20 years robust economic growth (approximately 6 to 7% per year) has not translated into corresponding reduction in poverty (decline from 33% to 29% in past decade), and thus there has been minimal impact on the reduction of poverty and inequalities in Tanzania<sup>4</sup> while absolute numbers of those living in poverty have increased. Strengthened efforts for making population data available and understood by decision makers have been undertaken.

### 5.4.1 Census - using data for better planning

In collaboration with DFID, UNFPA supported the enumeration of the population and housing census which was undertaken in August 2012. Subsequently, UNFPA support dissemination of the census data and population characteristics. Two main reports released from that are; 1) Population distribution by administrative Units, 2013 and; 2) Age and sex profiles.

Additionally UNFPA is providing both; technical and financial support to prepare and produce the following analytic reports in 2014; a) Population Dynamics; b) Fertility and Nuptiality; c) Mortality (maternal) and health; d) Census Methodological report.



*Launching the Population and Housing Census, 31 December 2012 at Mnazi Mmoja grounds Dar-Es-Salaam*



*The Vice President of Zanzibar, Seif Sharif Hamad and UNFPA Representative, a.i., Mariam Khan during the SWOP launch in North A district*

4 Household budget survey 2012.

In 2013, an independent midterm review of the collaboration between NBS, UNFPA and DFID in supporting population and housing census documented the Tanzanian experience, and will be used as a best practice in future supports.

### State of the World Population

Every year UNFPA launches a report on the State of the World Population (SWOP). In Tanzania, UNFPA supported the launch of the SWOP in North A in Zanzibar, a district that has one of the lowest contraceptive rates (CPR) of 7.4%.

#### 5.4.2 Working for and with young people

UNFPA worked closely with young people through youth serving organizations and succeeded in seeking opportunities for ensuring that young people's voices are being heard. A Youth Networks consisting of youth led and youth serving organizations of over 100 organizations based in 23 regions of Tanzania, including Zanzibar was established, ICT platforms being the main mode of communication. Each of these organizations is able to reach at least 1,000 young people through its activities. The network consists of organizations working with disabled youth, young girls, youth living with HIV, and adolescents. In addition to the network, UNFPA worked directly with the UNFPA Youth Advisory Panel (YAP) a core group of 24 young people who advise UNFPA on different processes from a young person's perspective, and who are engaged in development and implementation of UNFPAs activities that target the youth. For example, both in Zanzibar and the mainland, YAP members



*Some representatives of youth organisation discuss SRH issues facing young people in Tanzania.*



*Jerry Silaa, Mayor of Ilala municipal motivating young people on available opportunities during the SRH consultation meeting.*

have been involved in outreach activities, providing information on adolescent sexual and reproductive health (ASRH) to fellow young people, e.g. at concerts, debates and seminars as well as international UN events. In Zanzibar, improvements are already visible: implementing partners such as the Ministry of Health and Ministry of Social Welfare are increasingly involving young people in their work.

UNFPA also built capacity of the YAP members to communicate youth issues through social media in their respective organizations. In addition, UNFPA established several platforms for engagement with the youth using social media. These are;

- i. UNFPA Youth Network – Tanzania group: <https://www.facebook.com/groups/464390286969291/> consisting of more than 1,300 members.
- ii. UNFPA Tanzania Page: <https://www.facebook.com/UNFPATZ>
- iii. UNFPA Youth Advisory Panel – Tanzania group: <https://www.facebook.com/groups/138762766288331/>
- iv. UNFPA Tanzania Twitter page: <https://twitter.com/UNFPATanzania>

These platforms were used to facilitate the engagement of young people in mini surveys, opinion polls and information campaigns on ASRH.

To ensure engagement is productive, UNFPA published and shared a) synthesis on young people’s situation in Tanzania and in Zanzibar, b) a brochure on Female genital mutilation (FGM); c) fact sheet on child marriage in Tanzania; and d) two documentaries on challenges facing young people in Tanzania entitled “Listen to us” and “Youth speak out on ASRH”. In addition, UNFPA hosted seminars focusing on the same thematic areas with a total of 80 young leaders from the network. This information was also shared with strategic youth serving organizations such as Marie Stopes and Youth of United Nations association. UNFPA supported 120 representatives of youth organizations to participate in the constitutional review process towards articulating the needs of young people including the need to increase the minimum age of marriage to 18.

UNFPA has also broadly supported youth related advocacy in country. Through this advocacy and policy dialogue, and involvement of young people UNFPA has succeeded in a) supporting a process that led the integration of population issues into the Post MDG 2015 Country Report<sup>5</sup> which sets the pace for future development priorities in Tanzania; b) supported a joint publication on “the future youths of Tanzania want”<sup>6</sup>; and C) provided technical assistance on the chapter of “Population Structure, mortality and morbidity” of the Tanzanian Human Development Country report 2014.

5 National post-MDG development Agenda consultative; the national synthesis Report.

6 Joint publication Restless development and UNFPA: The world we want: Tanzanians youth perspective on Development - Beyond 2015.



*A member of the UNFPA Youth Advisory panel providing information on SRH to a member of the public at the 2013 Sauti za Busara festival in Zanzibar*

### 5.4.3 Demographic information for informed planning and decision making

Working with the Demographic Training Unit of the University of Dar es Salaam, UNFPA supported the development of materials for short course trainings in population studies. The curriculum for population and development studies was developed after conducting a needs assessment exercise. This was followed with a training of all district planners in Zanzibar on the integration of population dynamics into relevant plans. Between 2011 and 2013, capacity for over 270 district planners was strengthened on how to use demographic information for more appropriate and people centred planning. In 2013, UNFPA supported the undertaking of

institutional assessment of training, coordinating and planning units to re-define the strategy for integration. Findings from the assessment will in the long run guide the process of integration, advocacy and co-ordination of population related interventions in development plans and processes; particularly as it pertains to prioritizing young people.

UNFPA supported the government of Zanzibar to review and set up a system for collecting data on civil registration and vital statistics which was piloted in 2013. Training for data capture and entry will be provided to the CRVS officers and Shehas at district level. In addition, the piloting of both the Shehia community based information system and the civil registration system in two districts in Zanzibar will set the stage for scaling up of the community based information system in the whole of Zanzibar which is a key input in planning for development programs including those of young people. These findings will be disseminated to relevant partners and used as a basis for scaling up of the community based information system in Zanzibar.

## 6 Way forward

In the coming year, UNFPA Tanzania looks forward to take advantage of the many opportunities in meeting the needs of women adolescents and young people in Tanzania. We take a pivotal responsibility within the context of UNDP and in the spirit of “Delivering as One” to deliver our mandate and ensure increased access to SRH services, realization of reproductive rights and

reduction of maternal mortality. We look forward to maintain the gains we have achieved but also expand coverage to meet even more people, particularly the marginalized and vulnerable poor women and youths.

In SRH, UNFPA will continue to support the Government of Tanzania in its commitment to meet the FP2020 goals and ensure that more people have access to family planning services. In particular, UNFPA will work with other partners to strengthen national capacity on management of RH commodities; strengthen efforts to increase demand for and supply of modern contraceptives and improve quality family planning services. We aim to scale-up maternal and newborn health services including increased access to BemONC and CEmONC services in high burden dispensaries and health centres. We will continue support increasing access to skilled birth attendance by improving capacity of the training institutional and improving skill laboratories for midwifery trainings. We will work to strengthen the comprehensive condom programming and improve accessibility of integrated HIV and SRH services especially to key populations.

Our work with young people has never been so important. In the coming year we hope to continue working for and with youth to promote their leadership and participation in development. This will include strategically advocating for investment in youth development to ensure that Tanzania is able to reap the benefits of the anticipated demographic dividend. Particularly for policy dialogue the focus will be on

addressing issues of child marriage, teenage pregnancy, gender based violence, increase use of family planning services and investment in young people. In particular we will work with district level authorities and increase capacity for use and utilization of data and build a case for importance of investing in young people; we will work to improve capacity for provision of life planning skills and peer education; work with health team to increase youth friendly services at health facilities and overall increase ASRH knowledge among strategic partners including for youth serving organizations. Particular emphasis will be to reach marginalized and disadvantaged adolescents and youth especially girls.

All our work will be done with an eye on gender equality. We will continue efforts to ending widespread GBV including Child Marriage and FGM. In the coming year UNFPA will continue working with law enforcement agents to provide favourable environment for women and children to report on cases; work with media to ensure reporting on GBV is done with proper consideration of ethical and safety considerations; work with health staff to ensure proper clinical management of cases. Initiatives to engage high-level duty bearers started last year, plans are made to strengthen their actual engaged through the inter-ministerial GBV forums, parliamentarians' caucuses and other key stakeholders' fora. At the community level and through inter-faith partnership, we will engage with community and cultural leaders, and local media to derive evidence and raise community awareness on child marriage, teenage pregnancy and gender based violence.



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