Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.
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As UNFPA marks the implementation of the first year of its eighth country programme (2016/17 - 2020/21) in Tanzania, it does so in a country that is experiencing change. Tanzania is moving steadily towards middle-income status, and changes in the population structure have resulted in a very youthful population. It is essential to ensure that the fruits of development are equitably shared and that no one is left behind.

Improving access to quality sexual and reproductive health services, including voluntary family planning for women and men, young people and people living in humanitarian settings is at the core of our mandate. This year we have increased contraceptive availability at health facilities, with the government committing additional resources to their procurement. The lack of power to decide whether, when or how often to become pregnant can limit education, delay entry into the labour force and reduce earnings. Increasing access to voluntary family planning empowers more women to make decisions about the timing and spacing of pregnancies, leads to better health outcomes, and is one of the most cost-effective investments available. The numbers in this report speak for themselves. Between July 2016 and June 2017, contraceptives supplied by UNFPA helped avoid 666,945 unintended pregnancies, averted 1,786 maternal deaths and prevented 197,987 unsafe abortions.

Of concern are the number of women dying before, during and after childbirth in Tanzania. There is no acceptable rate of preventable maternal and infant mortality. We have collaborated with our partners to renovate and equip eight health centres with the aim to reduce the long distances that women have to travel to access quality maternal health services and to make motherhood safer. Midwives, assistant medical officers and newly-qualified doctors have all been trained in emergency obstetric and newborn care so that they have the lifesaving skills needed to reduce maternal and newborn morbidity and mortality.

We recognize the power of youth and the need to ensure that their sexual and reproductive health and rights are realized. This year has seen the establishment of adolescent and youth-friendly reproductive health services, and innovative approaches to deliver sexual and reproductive health programmes have been developed for youth by youth. If this large group of the population are to realize their potential
and to contribute to the development of the country they must participate in decision-making processes and have a voice. We support youth-led and youth-serving organizations to advocate for their human rights and assisted with the review of the National Youth Development Policy to ensure that the final policy and implementation strategy deliver on the rights of youth.

We will continue our work with government and other partners for a Tanzania where girls and women can live free from fear, violence and discrimination. Our partnerships with government, national institutions and non-government organizations have yielded results in tackling gender-based violence with more cases of violence and abuse being reported to the police and successfully prosecuted. There has also been a decrease in female genital mutilation, but efforts must be coordinated and further strengthened to eliminate this human rights’ violation in Tanzania for good.

Harnessing data to inform policy and plans; assess performance; and strengthen accountability has been an important component of our work with national statistics institutions. We are supporting government to localize sustainable development goal indicators for country reporting and to prepare for the 2022 Census. We will continue to strengthen the capacity of government to collect data disaggregated by age and sex to ensure inclusive and sustainable development, as well as an understanding of the critical linkage between population dynamics and sexual and reproductive health, gender equality, and other socioeconomic indicators.

UNFPA’s experience in sexual and reproductive health and rights, ending gender-based violence, as well as in a number of other key areas of work, continue to demonstrate results, but we must maintain the gains and scale-up efforts. Our engagement with youth and women is a powerful contribution to a more gender-equitable and prosperous country. Join us in reading more about our activities and successes this year.

Ms. Jacqueline Mahon
UNFPA Representative, United Republic of Tanzania.
Active in Tanzania since 1975, UNFPA Tanzania is a UN ‘Delivering as One’ country where a total of 15 resident agencies, in addition to eight non-resident agencies, support the implementation of the United Nations Development Assistance Plan II (UNDAPPII 2016-2021) where UNFPA leads the UNDAPPII Thematic Results Group on Democratic Governance, Gender Equality and Human Rights.

UNFPA Tanzania has now entered its eighth country programme. The five-year programme from 2016-2021 supports the Government of Tanzania’s second Five-Year Development Plan (FYDP II 2016-2022) and the Revolutionary Government of Zanzibar’s Strategy for Growth and Reduction of Poverty III, 2016-2020 (MKUZA III) in alignment with the National Visions (the Tanzania Development Vision 2025 and Zanzibar Vision 2020); the Sustainable Development Goals; the United Nations Development Assistance Plan II (UNDAPPII 2016-2021); and UNFPA’s corporate Strategic Plan 2018-2021.

UNFPA, the United Nations sexual and reproductive health agency, is the lead UN agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. Its primary focus is:

- To end the unmet need for family planning
- To end preventable maternal deaths
- To end gender-based violence and harmful practices.

With the aim to leave no one behind.

As part of the “Delivering as One” modality UNFPA provides support to Tanzania in the areas of:

- Sexual and reproductive health and rights
- Adolescents and youth
- Gender equality and women’s empowerment
- Humanitarian response
- Population data for development
Where we work

UNFPA implements programmes across the Tanzania Mainland and Zanzibar, including the Lake Zone: Geita, Kagera, Mara, Mwanza, Shinyanga, and Simiyu Regions; the Eastern Zone: Dar es Salaam; the Western Zone: Kigoma and Tabora Regions; the Southern Zone: Lindi and Mtwara Regions; and Zanzibar: Unguja and Pemba.

UNFPA programme beneficiaries

UNFPA programme beneficiaries include women, young people, including adolescent girls, marginalized populations, and those seeking refuge in Tanzania, with a geographical focus on districts with poor sexual and reproductive health and rights indicators.

UNFPA Tanzania aims to ‘leave no one behind’, based on the principle of ‘reaching the furthest behind first’.

22,311,295 population in UNFPA programme areas

11,452,259 (51 per cent are women)¹

4,239,147 (19 per cent are youth)²

315,681 are refugees³

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¹ Females are estimated to constitute 51 per cent of the total population in UNFPA programme areas.
² Youth aged 19-24 are estimated to constitute 19 per cent of the total population in UNFPA programme areas.
³ Up to June 2017.

The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the United Nations concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.
Contraceptives:
Increasing availability and options

When women can access contraceptives, they can avoid unintended pregnancies and the related risks, including unsafe abortion. Tanzania has a high fertility rate at 5.2\(^5\) among married women aged 15-49 and a high rate of teenage pregnancy among adolescents aged 15-19; 27 per cent of whom have either given birth or are pregnant. Large geographic variations exist with some regions recording a teenage pregnancy rate as high as 45 per cent.\(^6\) Access to voluntary family planning allows young women at increased risk of health problems and death from early childbearing to space and delay pregnancies and allows older women who face increased pregnancy-related risks to prevent pregnancies.\(^7\)

Currently the unmet need for family planning – those women who want to space or limit births but are not currently using contraception – among married women aged 15 to 49 in Tanzania is 22 per cent, again with regional variations from a low of 10 per cent in Lindi (Mainland Tanzania) to a high of 37 per cent in Kaskazini, Pemba (Zanzibar). Contraceptives promote health, and also promote and facilitate female empowerment. They enable sexually active men and women of all ages to make decisions about their relationships, bodies and their lives. When women and young people are able to choose if, when and how often to have children, more girls can stay in school and more women can decide to enter or remain in the workforce; ultimately entire families, communities and countries thrive.

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4 Access to voluntary family allows women and men to secure their rights to decide freely, and for themselves, whether, when, and how many children they want to have. The concept of family planning as a human right is important; it counters any misperceptions that it is a form of population control.

5 High fertility is defined as a total fertility rate (TFR) of 5.0 or higher. (Determinants and Consequences of High Fertility. World Bank Group. June 2010). A rate of two children per woman is considered as the replacement rate for a population, resulting in relative stability in terms of total population size. Rates above two children indicate populations growing in size. High and sustained levels of fertility lead to continued and steady population growth and pose almost insurmountable challenges to governments striving to meet the Sustainable Development Goals. (World Fertility Report 2015. United Nations).

6 Tanzania Demographic and Health Survey (TDHS) 2015/16.

Between July 2016 to June 2017, UNFPA ensured the increased availability of quality modern family planning methods in Tanzania by procuring:

- **3,027,000** injectables
- **400,000** female condoms
- **2,160,000** combined contraceptive pills
- **277,256** implants
- **28,800** male condoms
- **445,000** intrauterine contraceptive devices

These contraceptives were distributed free of charge by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Government of Tanzania; and the Ministry of Health, the Revolutionary Government of Zanzibar, at all health facilities.
Government efforts in developing, coordinating and implementing reproductive, maternal, newborn and child health guidelines and committing resources to family planning, complemented by UNFPA’s procurement of commodities, improved contraceptive availability at health facilities from 27 per cent in 2015/16 to 41 per cent in 2016/17. The estimated couple-years of protection (CYP) provided by the commodities UNFPA procured was 3,738,083. This means that 666,945 unintended pregnancies were avoided; 1,786 maternal deaths were averted; and 197,987 unsafe abortions were prevented. UNFPA invested $US6,071,238 in the procurement of family planning commodities. This in turn saved $US24,946,335 in terms of both families’ direct health care costs and expenditure by health care systems on pregnancy-related care. This means that for every single dollar spent on contraceptives four dollars were saved.

UNFPA supported the Ministry of Health, the Revolutionary Government of Zanzibar, to develop a family planning costed implementation plan. This plan will be used as an advocacy tool to highlight the financial gains that the Government of Zanzibar can make by investing in voluntary family planning commodities and also as a resource mobilization tool to effectively implement family planning interventions.

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8 UNFPA Service Delivery Point Survey 2016.
9 Estimated annual financial impact of family planning commodities procured in 2016.
Advocating for increased investment in reproductive health commodities

UNFPA’s Service Delivery Point Survey, 2016, highlighted that contraceptives were still only available in less than half of the country’s health facilities. To address this gap, UNFPA took the lead in advocating for an increase in the national budget allocated to procure contraceptives. UNFPA supported MoHCDGEC through the Reproductive and Child Health Section – in collaboration with the Tanzania Commission for AIDS (TACAIDS) and the National AIDS Control Programme (NACP) – to conduct a workshop to undertake forecasting and quantification of reproductive, maternal, newborn and child health (RMNCH) commodities, including condoms. The workshop aimed to quantify the impending shortage of condoms for 2017-2018 and to build capacity for the national quantification of contraceptive supply needs.

The quantification report of December 2016, developed at the workshop, indicated that there was a $US36 million deficit for the procurement of family planning commodities. Several meetings were held with UNFPA’s partners including the United States Agency for International Development (USAID), the Department for International Development (DFID, UK), and the Reproductive and Child Health Section under MoHCDGEC. Advocacy efforts resulted in the Government of Tanzania increasing the national budget for family planning commodities from $US2.3 million in 2016/17 to approximately $US6.7 million in 2017/18.
Strengthening logistic management systems

Contraceptives may be available but there must be systems in place to ensure that they reach the women who need them. The acquisition of reproductive health commodities cannot be considered in isolation from their effective and timely distribution. UNFPA provided technical assistance to strengthen the logistics management system by training 323 service providers on the Electronic Logistic Management Information System (eLMIS) and the Integrated Logistic System (ILS) Gateway in selected regions across the country, particularly in areas where there had been a high turnover of staff. UNFPA’s support resulted in an improvement in commodity security at the national level but challenges remain in ensuring universal coverage at all healthcare facilities across the country.

To increase uptake and demand for contraceptives, MoHCDGEC, through the Reproductive and Child Health Section in collaboration with UNFPA and other partners, developed TV and radio spots, specifically on the importance of emergency contraceptives in the response to rape.

Addressing barriers to the uptake of voluntary family planning services

There may be influences at multiple levels – from male partners, parents, peers and family members to the broader community – that affect a woman’s health-seeking behaviour. UNFPA undertook a qualitative study to explore the factors that influence the utilization of voluntary family planning services in Zanzibar. In many communities men are the decision-makers, and with this in mind, UNFPA supported the establishment of male groups to increase their awareness of the benefits of voluntary family planning. The Ministry of Health, the Revolutionary Government of Zanzibar, identified nine umbrella groups, comprising three subgroups, where the majority of members were men who met regularly and were active in their communities. These groups are based in Unguja and Pemba (main islands of the Zanzibar Archipelago). Two members of each group attended a training of trainers workshop that focused on men’s role in voluntary family planning and promoting gender equality. Participants then cascaded the training to their group members.

In addition, the language around voluntary family planning can sometimes be confusing to religious leaders and efforts were undertaken so that it is understood in terms of birth spacing and planning rather than as a form of restriction or population control. UNFPA scaled up its engagement with religious leaders and working with the Tanzania Interfaith Partnership developed family planning statements for both Christian and Muslim communities.

Rights-based voluntary family planning – improving the quality of care

Healthcare providers have a human rights-based approach to voluntary family planning when they are able to effectively communicate and counsel clients on contraceptives so that clients are aware of the choices that are available to them; and their choices are respected. UNFPA trained 277 service providers on family planning methods: 50 from Zanzibar; 88 from the Lake Zone (Mainland Tanzania); and 139 from Mtendeli and Nduta refugee camps in Kigoma Region.
**Tanzania reproductive health indicators***

**TOTAL FERTILITY RATE**  
(Married women aged 15-49)  
5.2

**MATERNAL MORTALITY RATIO**  
(Deaths per 100,000 live births among women aged 15-49)  
556

**MODERN CONTRACEPTIVES**  
(Married women aged 15-49)  
Prevalence rate  
32%  
Unmet need  
22%

**TEENAGE PREGNANCY RATE**  
(Adolescents aged 15-19)  
27%

**ANTENATAL COVERAGE RATE**  
(4+ ANC visits - women aged 15-49)  
51%

**BIRTHS ATTENDED BY SKILLED BIRTH ATTENDANTS**  
(Women aged 15-49)  
64%

**UNDER-FIVE MORTALITY RATE**  
(Live births to women aged 15-49)  
67  
deaths per 1,000 births

**INSTITUTIONAL DELIVERIES**  
(Women aged 15-49)  
63%

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* Source: TDHS 2015/16.
Systematic action against maternal deaths

According to the TDHS 2015/16, the maternal mortality ratio (MMR) was estimated at 556 deaths per 100,000 live births. There is no evidence, therefore, to conclude that the MMR has changed substantially over this last decade. This means that 11,000 women die every year in Tanzania during pregnancy or within 42 days of the termination of a pregnancy. To tackle maternal mortality effectively, it is essential to capture the key factors behind each death.

UNFPA supported the institutionalization of the Maternal and Perinatal Death Surveillance and Response (MPDSR) in Zanzibar, a key step forward in counting and examining the cause of every prenatal and maternal death with the aim of improving the quality of care for pregnant women. The electronic MPDSR database has been validated and is now operational in Zanzibar.

Improving Tanzania’s maternal health care and boosting midwifery skills

Midwives are on-the-ground health workers who safeguard the health and lives of mothers and their newborns as they bring life into the world. If all pregnant women had access to midwifery services, millions of lives would be saved every year. Midwives who are educated and regulated to international standards can provide 87 per cent of the essential care needed by women and newborns.10

Many midwives in Tanzania do not have the skills they need to ensure safe pregnancies and safe births and this is exacerbated by staff shortages. In 2014 the staffing shortages across all levels of the health system stood at 52 per cent.11

UNFPA provided technical support to review and roll-out the midwifery scope of practices and competences in line with the International Confederation of Midwives. In collaboration with the Tanzania Midwives Association (TAMA), midwives have received training on emergency obstetric and newborn care and lifesaving skills.

At the policy level, UNFPA supported the review and development of three national nursing and midwifery policy strategic documents: the Clinical Instructors Policy Guidelines for Nursing and Midwifery; the Nursing and Midwifery Skills Laboratory Methodology Policy Guidelines; and the National Nursing and Midwifery Strategic Plan (2015-2019). The guidelines ensure that students gain the appropriate knowledge, skills and attitudes under the supervision of clinical instructors and have the opportunity to practice these skills outside a clinical setting before dealing directly with patients.

The National Nursing and Midwifery Strategic Plan (2015-2019) outlines priority areas and is aligned with other health sector policies and strategies such as the National Health Policy (2007), the Health Sector Strategic Plan (HSSP IV – 2015-2020) and the Road Map Strategic Plan to Accelerate the Reduction of Maternal, Newborn and Child Deaths (One Plan II - 2016-2020).

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Sister Deborah Yohana Vital, a midwife who goes to the last mile to ensure that women in remote communities have safe and healthy pregnancies

Sister Deborah Yohana Vital is a Certified Midwife at Newala District Hospital, Mtwara Region. She is passionate about treating and being of service to others.

She conducts four outreach visits per week to remote communities in the hospital’s catchment area to provide antenatal and postnatal care, family planning services, and childhood vaccinations. Sister Deborah completed additional training with the Tanzania Midwives Association (TAMA), supported by UNFPA. When she travels to villages for her weekly outreach visits, she carries a backpack with equipment and supplies, including a stock of prenatal vitamins that she distributes to expectant mothers.

In a highly remote context where many women live hours from the nearest health facility, it is essential that pregnant women receive antenatal care, including prenatal vitamin supplementation, and that potential pregnancy complications are identified at an early stage to ensure that women have healthy pregnancies.

Sister Deborah says that UNFPA’s support to midwives in Newala District has enhanced her skills to deal with complications during childbirth, such as excessive bleeding after delivery. And with the provision of equipment such as a warmer incubator and an oxygen machine, the hospital now has better facilities to save the lives of newborns.
Innovative strategies to build the capacity of healthcare workers in rural Tanzania

A skilled workforce is a key pillar to reducing maternal and newborn mortality in Tanzania. There is a critical shortage of skilled healthcare workers at all levels, particularly nurses, clinicians and midwives, and this is most pronounced in rural and hard-to-reach areas.

The changes brought about by the advent of new technologies has provided an innovative platform for the on-going training of healthcare workers in low resource settings with poor infrastructure. In March 2016, UNFPA, in collaboration with the government, piloted the Mobile Learning System (MLS).

The MLS Technology Kit contains a WiFi battery, a palm-size portable projector, portable speakers, and a solar-charger kit so is ideal for those areas where there are frequent power cuts. Each kit contains ten multi-media, interactive e-training modules with animated content for healthcare workers on maternal and newborn life-saving skills, including how to treat postpartum haemorrhaging, eclampsia and pre-eclampsia, sepsis, obstructed labour, and the provision of post-abortion care that together account for more than 90 per cent of all maternal deaths.

The MLS pilot has now been scaled up and is functional in 25 sites (10 on Zanzibar and 15 on the Tanzania Mainland). The MLS is effective, efficient, user-friendly and cost-effective both in the time saved and the costs averted by healthcare workers attending in-house training. Healthcare staff can use the portable learning device at their facilities. UNFPA oriented 416 healthcare workers on how to use the MLS. In rural areas, the MLS fulfils the function of qualified trainers.
Making motherhood safer

Making motherhood safe is a human right, and is at the core of UNFPA’s mandate. Pregnancy and childbirth are life-changing experiences for a woman; yet they can also be life-threatening when women do not have access to quality health care services. Universal access to emergency obstetric and newborn care (EmONC) services, basis and comprehensive, is essential to reduce maternal and newborn mortality.

Basic emergency obstetric and newborn care (BEmONC) services can be provided by skilled staff at primary health care centres. Services include: administering antibiotics; manual removal of the placenta; removal of retained products following a miscarriage or abortion; assisted vaginal delivery; and basic newborn resuscitation care. Comprehensive emergency obstetric and newborn care (CEmONC) services, typically delivered in hospitals, are interventions provided to pregnant women and newborns experiencing potentially fatal complications. These interventions include all of the basic functions in addition to performing caesarean sections; safe blood transfusions; and the provision of care to sick and low-birth weight newborns, including resuscitation.

As pregnant women and their newborns are at the highest risk of death and morbidity during labour, childbirth and the first week after birth, investing in improved access to and quality of care, especially EmONC, is essential. The provision of EmONC services encourages Tanzanian women to give birth at health facilities instead of at home where they run the risk of losing their lives or experiencing an acute or chronic morbidity with often unskilled birth attendants. Global evidence indicates that for every woman who dies from complications during pregnancy, an estimated 20 to 30 more experience chronic or acute morbidities. Most of these maternal deaths and morbidities are preventable with increased access to EmONC and skilled birth attendance.

In Zanzibar, there are 310 maternal deaths per 100,000 live births. Recognizing the need to improve the provision of EmONC on Zanzibar, UNFPA began working with the Ministry of Health in late 2016 on a mentorship programme to build the knowledge and address the skills gap among healthcare providers. Two senior obstetrician-gynaecologists were posted to medical facilities in Unguja and Pemba to mentor medical doctors, medical officers, and midwives, with the goal of building their capacity to provide high quality EmONC services.

The UNFPA-supported mentorship programme is proving very successful as an effective approach to transfer knowledge and skills. Healthcare professionals can increase their knowledge and skills without the need to leave their duty station for training and workshops; this is essential in an area such as Zanzibar where human resources for health are constrained, while providing on-the-job training ensures that healthcare staff can apply their practical training in their daily activities.

Making the impossible possible through task shifting

A lack of sufficiently skilled and competent human resources in the health sector is a major challenge on Zanzibar and on Mainland Tanzania. Task shifting for the provision of EmONC services (basic and comprehensive) can potentially improve access to lifesaving interventions and contribute to reducing maternal and newborn morbidity and mortality.

UNFPA, in collaboration with UNICEF, supported the Afya Bora ya Mama na Mtoto Project15 (Accelerating Maternal, Newborn and Child Health in Zanzibar) to increase both the quantity and quality of the workforce available to provide CEmONC on Zanzibar. Ten Assistant Medical Officers (AMOs) and nine nurses received training on CEmONC and anaesthesia over a three-month period at the Tanzanian Training Centre for International Health in Ifakara. An AMO is a critical mid-level healthcare worker who assumes added responsibilities and performs more tasks at primary health care facilities as well as at district hospitals. Building their capacity to provide CEmONC is critical as they already have surgical skills.

Two years after training this approach has yielded results with appropriate mentorship and deployment. The AMOs who attended the CEmONC task shifting course, who have been placed in facilities where they can apply their skills, are saving lives.

Task shifting increases access to emergency care for mothers and their newborns

After graduating as an Assistant Medical Officer (AMO), Sharif was supported by UNFPA to attend a three-month task shifting training course in the provision of comprehensive emergency obstetric and newborn care (CEmONC).

Sharif now works at Chake Chake District Hospital, Pemba Island (one of the main islands forming part of the Zanzibar Archipelago) on the maternity and gynaecology wards. His main responsibility is to support CEmONC services.

Sharif currently performs caesarean sections without any supervision. Sharif says: “In my first month, I was mentored and coached by senior colleagues and performed ten caesarean deliveries under supervision. I gained skills and experience quickly because the hospital is very busy and there is a shortage of staff.” In one year, Sharif performed more than 100 caesareans deliveries.

“Task shifting for AMOs addresses the skills gap in the provision of CEmONC. I would recommend this course to my fellow AMOs to help pregnant women, especially in areas such as Pemba where there are limited specialists. Personally, I feel very fulfilled seeing my efforts save lives.”

15 The Afya Bora ya Mama na Mtoto Project is funded by the Government of Canada and aims to improve maternal, newborn and child health in Tanzania.
Reaching out to rural women with quality emergency obstetric and newborn care

Tanzania has a high burden of maternal and newborn mortality. The lack of quality maternal and newborn health services are a reflection of broader challenges that span across both the Tanzanian Mainland and Zanzibar health systems, and nowhere is this more evident than at the primary health care level where the majority of Tanzanians live. Since 2013, UNFPA has been supporting the government to increase access to quality reproductive, maternal, newborn and child health services in rural and hard-to-reach areas with the aim to reduce the long distances that women have to travel to access these services.

In 2016, UNFPA supported the government to upgrade eight high-burden health centres in Mwanza, Shinyanga, and Geita Regions to provide CEmONC. This brings the number of health centres that have been upgraded to provide CEmONC since 2013 to 14. In addition, five primary health care units on Zanzibar were upgraded to provide BEmONC. Equipment has been procured for these renovated centres as well as ambulances to strengthen the referral system. A mentorship and coaching system has been put in place to enhance the skills of healthcare providers. Fifty-six healthcare workers received intensive training that enabled them to perform caesarean sections. One hundred and sixteen healthcare personnel from Zanzibar and the Tanzania Mainland were trained in BEmONC. At UNFPA-supported CEmONC facilities there were 5,231 deliveries, of which 5 per cent (268) were caesarean sections, while at BEmONC sites there were 1,728 deliveries.

These combined efforts have increased the capacity of rural health centres to provide BEmONC and CEmONC services, including caesarean sections, that reduce the risks of women dying during pregnancy, childbirth or after giving birth.

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16 The upgrading of rural health facilities to provide CEmONC and BEmONC services was supported by the Reproductive, Maternal, Newborn and Child Health (RMNCH) Trust Fund (TF) that was established and operated from 2013 to 2016, with extensions for completion of activities for some countries in 2017. Initial funding was provided by the Norwegian Ministry of Foreign Affairs in late 2013 and by the United Kingdom Department for International Development (DFID) in late 2014.
HIV and AIDS

HIV prevalence among adults on the Tanzania Mainland is estimated at 5.0 per cent (6.5 per cent females; 3.5 per cent males). This corresponds to approximately 1.4 million people aged 15 to 64 years living with HIV in Tanzania. There are marked disparities among age groups, geographical regions and socio-demographic subgroups.\(^\text{17}\)

In Zanzibar the HIV prevalence among the general population is low at below 1 per cent, but the prevalence of HIV among key populations is relatively high; ranging from 2.6 per cent among men who have sex with men (MSM) to 19.3 per cent among female sex workers (FSWs).\(^\text{18}\)

Prevalence among 15 to 24-year-olds is 1.4 per cent (2.1 per cent females; 0.6 per cent males). The disparity in HIV prevalence between males and females is most pronounced among younger adults, with women in the age groups 15 to 19; 20 to 24; 25 to 29; 30 to 34; and 35 to 39 with a prevalence rate of more than double that of males in the same age groups.

HIV and sexual and reproductive health and rights linkages

The integration of sexual and reproductive health and rights (SRHR) and HIV services is an important part of the global response to HIV and SRH. Key populations, who typically have higher HIV prevalence than the general population, are often not reached with health services, including for SRHR and HIV, increasing their vulnerability to negative SRHR and HIV outcomes, as well as to stigma, discrimination, and violence.\(^\text{19}\)

The intrinsic connections between HIV and SRHR are well-established, especially as HIV is predominantly sexually transmitted or associated with pregnancy, childbirth and breastfeeding.\(^\text{20}\) Providing integrated services enables clients to receive as many quality services as possible at the same time and in the same place including the elimination of mother-to-child transmission of HIV, antenatal and maternal and child health care and family planning services.\(^\text{21}\) Hence, an integrated approach to the management of HIV and SRH

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18 Integrated Biological and Behaviour Surveillance (IBBS) 2012.
19, 21 HIV and SRHR linkages infographic snapshot Tanzania 2016.
   Available at: esaro.unfpa.org/sites/default/files/pub-pdf/Tanzania_HIVSRHR_infographic_snapshot_en.pdf.
makes good ‘people’ sense as it benefits clients and service providers alike and improves efficiency in service provision.

In Tanzania, people living with HIV can visit care and treatment centres (CTCs) every month, which provides an opportunity to integrate voluntary family planning into these centres and increase access to contraception for women living with HIV and their partners.

Following the successful integration of voluntary family planning services into HIV CTCs in 2014 and 2015, UNFPA scaled up its support for integrated services at 15 health facilities; 14 in Geita Region (Mainland Tanzania) and one in Zanzibar. Forty healthcare workers (15 on Mainland Tanzania and 25 from Zanzibar) from CTCs received training on the provision of quality family planning services using the National Guidelines for the Integration of Maternal, Newborn, Child Health and HIV/AIDS Services.

Harnessing community efforts to effectively respond to HIV and AIDS

Community participation in the response to HIV is an essential element of programmes and has played a central role in the fight against HIV since the onset of the epidemic. UNFPA supports the Zanzibar AIDS Commission (ZAC) to mobilize, build capacity and provide guidance to community-led HIV, sexual and reproductive health (SRH) and gender-based violence (GBV) initiatives.

With UNFPA’s support ZAC conducted trainings for 166 participants selected from the youth committees of 12 Shehias (wards) in Unguja and Pemba, Zanzibar. The training aimed to build the capacity of the district committee to implement HIV, SRHR and GBV initiatives. Youth peer educators were mobilized to conduct outreach sessions on SRHR, HIV prevention and anti-stigma messages in 20 secondary schools in Unguja and Pemba. Two training workshops were conducted in Unguja and Pemba to build the knowledge of female religious leaders (Amiras) on SRHR and HIV. Seventy Amiras were trained to engage in SRHR and HIV discussions with madrasa (religious schools for the study of the Islamic religion) students.
**Young people reaching out to the most vulnerable**

UNFPA works with youth in Zanzibar; pro-active members of society who want to see change. Sada Mohamed Zahran is a volunteer with UNFPA’s partner the Zanzibar Youth Education Environment Development Support Association (ZAYEDESA) in Pemba working as an outreach peer educator (OPE).

UNFPA works with youth-serving organizations to ensure that young people have access to sexual and reproductive health information and services, particularly the most marginalized and most-at-risk. OPEs, like Sada, assist ZAYEDESA in its UNFPA-funded programme targeting key populations at risk of HIV.

“We do a range of activities – voluntary HIV testing and counselling, group therapy sessions with female sex workers, drama performances and cinema shows to raise awareness about HIV and its stigma. We also hold dialogue sessions with community leaders and the media to reduce stigma. I have seen with my own eyes how this really works,” says Sada.

UNFPA has been supporting ZAYEDESA for five years both directly and through the Zanzibar AIDS Commission focusing on reaching the most vulnerable and marginalized groups. With UNFPA’s support, ZAYEDESA has reached thousands of people, including youth, who are at risk of contracting HIV with information and messages on how to protect themselves from sexually transmitted infections, including HIV.

Sada adds: “If we can end stigma and educate everyone about the importance of getting tested and treated for HIV, I believe we can make Pemba, and the rest of Zanzibar, a healthier and happier place for everyone!”
Expanding commodity choice in the public sector

In 2016, MoHCDGEC, in collaboration with Population Services International (PSI) and TACAIDS, launched a condom branded ZANA; meaning “tool of reality”. ZANA is being distributed free of charge in the public sector.

ZANA was introduced to counter perceptions that unbranded government condoms are of an inferior quality compared to commercial alternatives. UNFPA supported TACAIDS to develop educational and promotional materials for ZANA condom, targeting youth and key and marginalized populations. The developed materials have been pre-tested in selected regions among specific subpopulations (fishermen, Boda Boda riders, university students) and following the consensus of the National HIV Condom Sub-Committee, chaired by TACAIDS, are now finalized. The materials will be used as part of the wider promotion of the branded public sector ZANA condom.

ZANA will be targeted at individuals with low incomes who cannot afford to buy the commercial or subsidized condoms as well as marginalized and key populations.

Expanding the distribution of condoms beyond traditional outlets

UNFPA supported TACAIDS to hold a five-day workshop, in collaboration with MoHCDGEC and key stakeholders, to develop the Condom Distribution Guide. The guide aims to expand the distribution of public sector condoms beyond traditional outlets, such as health facilities. The guide will contribute to the implementation of the National Comprehensive Condom Programming Strategy 2016-18. Key partners who attended the workshop included the Ministry of Health (Reproductive and Child Health Section), Population Services International (PSI), T-Marc, and representatives from local government authorities.

Strengthened comprehensive condom programming in Tanzania.

Health facilities integrated voluntary family planning and HIV care and treatment services.

Healthcare providers from CTCs trained on integrating family planning services into HIV care and treatment services.
Definition | Age | Proportion of total population
--- | --- | ---
Adolescents | 10-19 years | 23 per cent
Youth | 15-24 years | 19.6 per cent
Young people | 10-24 years | 38 per cent

Educating young people about their SRHR is at the heart of UNFPA’s work in Tanzania. But a lack of discussion about sex and sexuality at home and school, due to cultural sensitivities, make young people’s access to sex education a challenge. Exacerbating this is that only 30 per cent of service delivery points in the country meet national standards for the provision of adolescent and youth-friendly reproductive health services and limited resources are allocated to the equitable delivery of these.

In 2016, UNFPA provided financial assistance to renovate four sites to provide adolescent and youth-friendly reproductive health services. UNFPA’s implementing partner, the Zanzibar Youth Education Environment Development Support Association (ZAYEDESA), completed the renovations in Central (South Region), Zanzibar, while Kiota Women’s Health and Development (KIWOHEDE), a local NGO, oversaw the renovation of three facilities on the Tanzania Mainland; two in Kishapu (Shinyanga Region) and one in Nyamagana (Mwanza Region). Fifty healthcare workers on the mainland were trained to provide adolescent and youth-friendly reproductive health services.

The adolescent and youth-friendly reproductive health services adopt a multi-pronged approach to reach young people including visiting schools and madrassas as well as through a network of trained peer educators who are supported by health facility staff to increase awareness about SRHR and other issues facing young people in their communities.

Some 41,507 marginalized young people in rural areas accessed adolescent and youth-friendly reproductive health services in UNFPA’s programme areas, and 1,470 adolescents in Zanzibar were reached with age-appropriate information on SRHR, teenage pregnancy, gender-based violence and HIV.

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22 National Strategy on RMNCAH 2016-20 One plan II.
Generating innovative solutions to tackle sexual and reproductive health challenges

Low educational attainment among teenage mothers and young people and limited knowledge about sexual and reproductive health often result in their inability to negotiate safer sex, the use of contraception or birth spacing. Teenage pregnancy has increased by 4 per cent since 2010; by 2016 one in four adolescents aged 15-19 had begun childbearing.23

When a girl becomes pregnant, her life can change radically. Her education may end and her job prospects diminish. She becomes more vulnerable to poverty and exclusion and her health often suffers.24 Complications from pregnancy and childbirth are a leading cause of death among adolescent girls. Some of the drivers of teenage pregnancy include poverty, GBV and low educational attainment, with poor, rural adolescent girls at a greater risk of becoming pregnant than their wealthier, urban counterparts. Girls who lack choices and opportunities or have limited or no access to sexual and reproductive health information and services are more likely to become pregnant.

To tackle some of the challenges facing the adolescents of Tanzania, UNFPA collaborated with the UNFPA East and Southern Regional Office to design the Innovation Accelerator, dubbed “AMUA”, to find innovative solutions to tackle the high rates of teenage pregnancy.

41,507 Marginalized young people accessed adolescent and youth-friendly reproductive health services.

50 Healthcare workers trained to provide adolescent and youth-friendly reproductive health services.

4 Adolescent and youth-friendly reproductive health sites established.

1,470 Adolescents in Zanzibar reached with information on sexual and reproductive health, gender-based violence and HIV.

23 TDHS, 2015/16.
AMUA – Innovative sexual and reproductive health initiatives developed by young people for young people

The six-month mentorship driven acceleration project supported four teams of young entrepreneurs with seed funding, training, and skills development to create innovative solutions to combat the increasing rates of teenage pregnancy in Tanzania. These teams were selected through an extensive, competitive process across the country.

The four teams have developed initiatives to ensure that young people have access to age-appropriate sexual and reproductive health (SRH) information.

E-Shangazi allows young people to access information on SRH through social media platforms. Harakati Za Lucy uses animation to increase knowledge about SRH among young people. The Maisha Package includes information on SRH as well as menstrual hygiene products and condoms, while the Mkwawa Art Space uses community spaces to address barriers that prevent young people from accessing SRH information and services through drama, music, and art.

UNFPA Tanzania implemented the project in collaboration with Sahara Sparks. AMUA supported initiatives that were dynamic, developed by young people for young people, and that were new to the delivery of sexual and reproductive health programmes for young people.

Building a culture of innovation in the provision of sexual and reproductive health services

Increasing youth’s uptake of sexual and reproductive health services in Tanzania remains a challenge. Reasons for low uptake include a fear of stigma, a lack of satisfaction with or the availability of services, and a lack of knowledge about the different methods of contraception. Despite national efforts, the contraceptive prevalence rate among 15-19-year-olds is extremely low at 8.6 per cent. New and innovative solutions to address these challenges are desperately needed. UNFPA collaborated with DKT International Tanzania (DKTT) to increase youth’s access to and utilization of voluntary family planning services through DKT’s iPlan programme. iPlan is an innovative microinsurance scheme where, for a one-time nominal fee, an individual receives comprehensive sexual and reproductive health services for one year. These services include: four voluntary family planning counselling sessions, a years’ worth of any contraceptive method, a years’ worth of condoms, and quarterly HIV/AIDS counselling and testing. All of these services are delivered through DKT’s Trust Health and Wellness Clinics located in Dar es Salaam, Mwanza, Dodoma, and Mbeya, by qualified and trained providers.

UNFPA provided financial assistance to subsidize the iPlan package to $US5 as well as commodities. In addition, UNFPA supported the refurbishment of Resource Centres at DKT’s Trust Clinics and Peer Counselling Rooms at partner universities. The clinics and counselling rooms are safe
spaces where youth can access information on sexual and reproductive health as well as contraceptives without shame or fear of judgement.

Partnerships with local universities enabled UNFPA and DKT to reach students on campus, using innovative strategies including discussing family planning with youth in areas where they traditionally gathered, and encouraging clients to sign up to iPlan at events and through social media. To address the stigma that students might feel about accessing sexual and reproductive health services, clinics are designed to look like beauty parlours creating a more relaxing environment. Services are provided every three months to ensure a continuum of care.

Between July 2016 and June 2017, 2,047 iPlans were sold to students in higher learning institutions in Mbeya, Mwanza, Dar es Salaam and Dodoma. iPlan continues to attract more youth and there is a growing demand from higher learning institutions in other regions across Tanzania to establish the programme on their campus. iPlan breaks down traditional barriers that prevent youth accessing sexual and reproductive health services that is evidenced by student’s willingness to pay.

Working at the policy level

UNFPA Tanzania prioritizes the needs of adolescents and youth, especially young adolescent girls, in national development policies and programmes, with an emphasis on increased comprehensive sexuality education and access to sexual and reproductive health information and services. These activities are aligned with national priorities as outlined in Mkuza III; the National Five-Year Development Plan; and the National Policy on Youth Development (2007). UNFPA provides technical support and assistance through existing dialogue and coordination structures including the Adolescent Sexual and Reproductive Health (ASRH) technical working group and the Adolescent and Young Adolescent Stakeholders group.

UNFPA supported the development of the country’s Eastern and Southern Africa Comprehensive Sexuality Education (CSE) operational and implementation plan in collaboration with UNESCO, UNICEF, MoHCDGEC, the Ministry of Education, and TACAIDS. In collaboration with UNESCO, UNFPA reviewed the online CSE teachers’ manual in Kiswahili. This was part of a larger initiative to roll out the on-line CSE course to teachers in selected schools, led by UNESCO.
Increasing youth leadership and participation

UNFPA empowers youth to participate in decision-making and development processes and provides financial and technical support to youth-led and youth-serving organizations to advocate for their human rights. The inclusion of youth from diverse backgrounds, particularly the vulnerable and marginalized, is prioritized. UNFPA recognizes that youth must be meaningfully engaged in policy and programme development and focuses on including their voice in decisions that affect them - nothing about young people without young people.

Partnering with national organizations for youth advocacy

The African Youth and Adolescent Network on Population and Development (AfriYAN) is an Eastern and Southern Africa (ESA) region-based youth-led network. It has 21 chapters in ESA countries. UNFPA provided technical and financial assistance for the formation of a chapter in Tanzania and continuously provides technical guidance and financial support to ensure that the network is able to execute its mandate.

AfriYAN was established in Tanzania to connect youth groups, youth clubs and youth organizations working at the grassroots-level around a common goal of advocating for the sexual and reproductive health and development rights of young people across the country. It aims to develop ideas and identify innovative solutions to respond to the economic and social opportunities and challenges that young people confront on a daily basis. There are currently over 100 organizations on the Tanzania Mainland and on Zanzibar that are members of AfriYAN. The network is an important channel to reach young people, especially in rural areas, with targeted information and programmes.
Establishing a National Youth Council

UNFPA is committed to supporting the government in its efforts to create a dynamic and enabling environment where youth can realize their potential and contribute to the development of the country, in the process shaping and driving their future.

In 2015, Tanzania passed the Youth Council of Tanzania Act that will see the establishment of the National Youth Council. The National Youth Council is responsible for coordinating, advocating, designing and implementing youth-friendly programmes under the guidance of the Ministry of State in the Prime Minister’s Office responsible for Policy, Parliamentary Affairs, Labour, Employment, Youth and People living with Disabilities.

UNFPA has played a leading role in processes to establish the National Youth Council, including providing financial support. In 2017, UNFPA facilitated the dissemination of the National Youth Council regulations to 50 Youth officers in the Northern Zone of Tanzania to increase their awareness about the role of the Council.

Supporting the review of the National Youth Development Policy

The Government has initiated a number of policies to strengthen the delivery of effective services for youth. UNFPA has provided support to the Department of Youth (Prime Minister’s Office - Policy, Parliamentary Affairs, Labour, Employment, Youth and People living with Disabilities) to review the National Youth Development Policy to ensure that the final policy and implementation strategy deliver on the rights of youth. In 2016, as part of this process, UNFPA supported a youth situational analysis in the country and the establishment of a technical team to incorporate the opinions of young people and youth stakeholders in the development of the new policy. Consultative meetings were also held with youth to ensure that their insights were integrated into the policy.

UNFPA’s Youth Advisory Panel

UNFPA recognizes that its work must be responsive to the real needs and interests of youth and has established a Youth Advisory Panel whose main role is to ensure that youth participate in the development of UNFPA’s programmes and activities. The Panel attests to UNFPA’s vision of working in partnership with youth to ensure youth-friendly approaches and activities, and that young people are at the heart of all that we do.
A young HIV activist joins UNFPA’s youth advisors

Busara* is a 21-year-old-member of UNFPA’s Youth Advisory Panel (YAP). Busara joined the Children’s Club at ZAPHA+ (the Zanzibar Association for People Living with HIV and AIDS) when she was 15 and went on to become a facilitator.

With her experience as a Children’s Club facilitator, Busara was among 20 successful candidates who were recruited to become a member of UNFPA’s YAP.

UNFPA’s YAP was set up in 2004 with the aim of increasing youth participation in its programmes. In return for their contributions, YAP are provided with training on leadership and advocacy, especially around sexual and reproductive health and rights (SRHR).

“UNFPA has given me a great opportunity as a Youth Advisor. Following training I attended numerous policy and programme meetings and events with UNFPA and its partners, giving a voice to youth, especially youth living with HIV. I also participated in SRHR training. Young people need this type of knowledge and skills, they need access to family planning. If young people know their rights, and know where to access the right services, it benefits everyone.”

* Name has been changed.
Life skills education for out-of-school youth

Out-of-school youth are a vulnerable and hard-to-reach group. They face extreme challenges in accessing sexual and reproductive health services and more broadly in navigating their own life path. UNFPA, in collaboration with the Prime Minister’s Office – Labour, Youth Development, Employment and People living with Disabilities, has developed a life skills manual for out-of-school youth. The manual aims to equip youth with life skills so that they can exercise their SRHR and effectively respond to the everyday challenges that they face more broadly.

In 2016, to create an enabling environment for the effective roll-out of the life skills manual, UNFPA supported the training of 60 core trainers in life skills education from 95 districts in 19 regions across the Tanzania Mainland. The training was cascaded to 45 youth networks who reached 12,441 young people with life skills training between July 2016 and June 2017.
Investing in youth for future growth

UNFPA has used evidence-based advocacy and instigated policy dialogues on issues that affect youth in the country. Building on analysis from the 2012 Census and the 2016 TDHS, UNFPA developed an advocacy toolkit to engage with decision-makers in 25 district councils in Mara, Geita, Shinyanga, Simiyu and Mwanza Regions. The goal was to increase their awareness of the need to invest in youth with the expectation that there will be an increased budget allocated for their development.

This is critical given that 19.6 per cent of the country’s population are aged between 15 to 24. Over the next 10 to 15 years, Tanzania’s largest ever cohort of children and young people will enter the income-generating phase of their life, bringing a change to the demographic structure of the economy. This could result in what is known as a ‘demographic dividend’ – the economic growth potential that can result from shifts in a population’s age structure, mainly when the share of the working-age population (15 to 64) is larger than the non-working-age share of the population.25 The investments made now will determine whether this unique moment in Tanzania’s history will result in accelerated economic growth and a boost to prosperity, or in a lost opportunity.

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25 Demographic dividend. UNFPA. Available at www.unfpa.org/demographic-dividend.
For millions of women and girls around the world, gender equality and the full enjoyment of human rights remain elusive. Gender equality means equal rights and opportunities for men and women. The principle is enshrined in the Universal Declaration of Human Rights, in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and in the Constitution of the United Republic of Tanzania. Yet in many countries, including in Tanzania, women and girls have fewer rights and opportunities than men. UNFPA works on all fronts to advance gender equality and women’s empowerment in Tanzania, particularly for the most vulnerable and marginalized women, and chairs the UN country team Democratic Governance, Human Rights, and Gender Equality Thematic Results Group.

Gender inequality is the root cause of violence against women, female genital mutilation, and early, child and forced marriage in Tanzania. Traditions, customs and norms assign women and girls a lower status in society. The recent TDHS 2015/16 found that 58 per cent of women believed that a husband was justified in beating his wife in certain situations, highlighting that for many women experiencing violence has become a norm.

Building the capacity of those on the frontline of the response to gender-based violence

UNFPA Tanzania is a leading partner of the Tanzania Police Force in ensuring that laws and policies prohibiting gender-based violence (GBV) are enforced. The Tanzania Police Force has established 417 Gender and Children’s Desks across the country and over 400 officers have received training. In 2016, Children’s Dignity Forum, a UNFPA implementing partner, supported the establishment of a Gender Responsive Reporting System that collects data from all 417 Police Gender and Children’s Desks to determine how many cases of rape, female genital mutilation (FGM), forced marriage and other abusive incidents reported to the police are successfully investigated, prosecuted and result in the perpetrator being sentenced.
With the support of UNFPA, UN Women, UNICEF and other partners, a Gender and Children’s Desk Manual including standard operating procedures, a training curriculum on GBV that incorporates FGM, and educational materials has been developed to strengthen the effectiveness of the Police’s response. Monitoring and enforcement mechanisms have also been strengthened in terms of capacity building in evidence collection and in conducting child-friendly interviews. Police are now better positioned to detect and respond to cases of GBV, including FGM. The feedback from NGOs providing safe havens for girls fleeing FGM, is that there has been a sea change in the attitude of the police to FGM subsequent to the trainings and they are now the biggest ally in the battle to end this practice.

Raising the visibility of gender-based violence

Everyone, from community members to policymakers should have comprehensive information about the realities of GBV in Tanzania, and the laws that exist to eliminate it. UNFPA works to ensure that the agenda to end GBV is visible. The Tanzania Media Women’s Association, with UNFPA’s support, has developed a training manual for journalists on GBV, including FGM and child marriage, and in 2016 more than 50 journalists across the country were trained to report on and to conduct investigative journalism. This has greatly strengthened the evidence-base on GBV and FGM, revealing new forms of FGM in some regions.

In Zanzíbar, UNFPA has supported the Ministry of Labour, Youth, Women and Children Development to strengthen GBV committees at the district and Shehia (ward) levels so that they are better positioned to prevent and respond to GBV. As a result of radio programmes sensitizing communities about GBV and trainings provided to Shehia GBV committees in documentation, 158 more GBV cases were reported than the set target.

© Anna Holmstrom/UNFPA Tanzania
Empowering girls to advocate on their own behalf

TGNP Mtandao, an implementing partner of UNFPA’s since 2007, has educated teachers and students about the harmful impacts of GBV, including FGM, and encouraged them to report cases to the police. In Tarime District, schools that have received training have established School Gender Clubs, organized and run by the Children’s Dignity Forum. These clubs provide an avenue for young school children to discuss and report GBV incidents both in and out of school. Many girls see the clubs as useful sources of information that help them build their confidence and capacity to make appropriate decisions about the issues and challenges they face. This “child to child” approach recognizes that no one can be more powerful agents of change than girls themselves. Nine School Gender Clubs have been established in six Dar es Salaam wards, organized and run by TGNP Mtandao, and 610 girls have received life skills training to empower them to protect themselves and their peers.

Taking a stand against violence through School Gender Clubs

School Gender Clubs are safe spaces for sharing and learning. They empower girls and give them both the knowledge and courage to address some of the social issues in their communities.

Fatima is a student at Kivule Secondary School. One of Fatima’s neighbours punished her older daughter for the most minor issues. Fatima used to become increasingly distressed when this happened but did not know what to do. Recalling the incidents, she said: “Children are afraid of their parents, especially if they are violent. Who would want to make an already violent parent angry?”

When the School Gender Club was established at Kivule Secondary School, Fatima was among the first to join. During one session, they learnt about the different types of gender-based violence (GBV) and its impact, especially physical violence. The session was an eye-opener for Fatima.

After the session Fatima found the courage to speak to her neighbour about the impact her physical violence was having on her daughter. She told the mother that if she continued caning her daughter she would report her to the Police Gender and Children’s Desk.

The mother reflected on what she had been told by Fatima and no longer beats her daughter. Fatima is one of many girls who have become champions in the fight against GBV as a result of what she has learned during the Gender Club sessions.
Building local commitment to tackle gender inequality

At the community level UNFPA has provided support to TGNP Mtandao to establish Knowledge and Information Centres, complete with library services. These centres act as hubs for community meetings and trainings and have been established to tackle issues prevalent in the community especially gender inequality and other harmful practices, including FGM and child marriage. In Kipunguni, these centres act as a link between police officers and community members who have said that they now feel more confident in reporting GBV cases. The centres have also been used as shelters for survivors of GBV and as a refuge for girls fleeing FGM during the ‘cutting season’. Notably community members are trained on gender budget tracking, so that they can monitor the allocation of resources and assess local budgets and gaps in their implementation.

A multisectoral approach to end female genital mutilation

United Nations Member States have committed to eliminating FGM by 2030 within the framework of the 2030 Agenda on Sustainable Development; and in the context of the African Union Agenda 2063 which has stated that all harmful social practices (especially FGM and child marriage) will be ended. The practice of FGM has been prohibited by law in Tanzania since 1998. UNFPA Tanzania, as part of the One UN, is the lead agency supporting the Government of the United Republic of Tanzania to intensify efforts to end FGM.

UNFPA and its partners adopt a multi-sectoral approach to tackle FGM that includes building the capacity of the media, police, judiciary, teachers, and traditional elders in FGM prevention and response. UNFPA has supported TGNP Mtandao to engage with traditional and community leaders
and faith-based organizations to tackle FGM. The Gender Training Institute, a subsidiary of TGNP Mtandao, with financial assistance from UNFPA, has provided training on a human rights-based approach to FGM to these groups. Forty-five traditional leaders are now engaged in addressing discriminatory practices, including harmful cultural practices.

**Understanding the drivers of child marriage**

UNFPA, in collaboration with MoHCDGEC, the Children’s Dignity Forum, and Plan International conducted a National Survey on the Drivers and Consequences of Child Marriage in Tanzania. The survey explored the differences between regions; the effects and consequences of child marriage on the girl child and her family; and stakeholders’ perceptions and attitudes towards child marriage. Among other issues, the study strongly advocated for a change in the laws that support child marriage, including the Marriage Act of 1971.
Tanzania has been a host to refugees and asylum seekers from its neighbouring countries since the early 1960s. The country has promoted an “Open Door Policy” towards refugees and asylum seekers. Between 1993 to 2000, Tanzania hosted almost 1.5 million refugees. Women and girls are more vulnerable in times of humanitarian disasters and have specific needs. They need services for safe pregnancy and childbirth, and protection from GBV. UNFPA’s humanitarian response supports women and girls to maintain their dignity, secure their safety, and restore their access to sexual and reproductive health services, which in turn promotes the well-being of families and communities.

Providing reproductive health care to displaced communities

Between July 2016 and June 2017, UNFPA partnered with the Tanzania Red Cross Society (TRCS) and the International Rescue Committee (IRC) – Tanzania to support 315,681 Burundian and Congolese refugees with essential sexual and reproductive health services. UNFPA supplied 242 Reproductive Health Kits to all three refugee camps in Kigoma: Nyarugusu, Mtendeli, and Nduta. Médecins Sans Frontières (MSF) supported distribution of the kits at Nduta Camp. UNFPA maintains an essential stock of Reproductive Health Kits for urgent and emergency requests. These kits are divided into three blocks and are designed to respond to the needs of different population sizes for three months.

The kits contain life-saving equipment and supplies, including contraceptives and condoms; equipment for clinical deliveries; post-rape treatment for the clinical care of survivors of sexual violence; and equipment for the management of miscarriages and complications of abortion.

Through UNFPA’s partnership with TRCS, UNFPA provided financial support to deploy ten midwives to the camps to ensure safe deliveries. Four delivery beds were also supplied. During the reporting period, 6,297 births were attended by UNFPA-supported midwives at Nyarugusu Camp and over 98 per cent of deliveries took place at health facilities in the camps.

27 As of June 2017.
### Table 4.1:
**UNFPA Reproductive Health Kit for Emergencies**

<table>
<thead>
<tr>
<th>Block 1</th>
<th>Kits serving the needs of 10,000 people for 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit 0</td>
<td>Administration/training supplies</td>
</tr>
<tr>
<td>Kit 1</td>
<td>Condoms (male and female)</td>
</tr>
<tr>
<td>Kit 2</td>
<td>Clean delivery (for mothers and for birth attendants)</td>
</tr>
<tr>
<td>Kit 3</td>
<td>Post-rape treatment</td>
</tr>
<tr>
<td>Kit 4</td>
<td>Oral and injectable contraception</td>
</tr>
<tr>
<td>Kit 5</td>
<td>Treatment of sexually transmitted infections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block 2</th>
<th>Kits serving the needs of 30,000 people for 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit 6</td>
<td>Clinical delivery assistance</td>
</tr>
<tr>
<td>Kit 7</td>
<td>Intrauterine devices</td>
</tr>
<tr>
<td>Kit 8</td>
<td>Management of miscarriage and complications related to abortion</td>
</tr>
<tr>
<td>Kit 9</td>
<td>Suture of tears (cervical and vaginal) and vaginal examination</td>
</tr>
<tr>
<td>Kit 10</td>
<td>Vacuum extraction delivery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block 3</th>
<th>Kits to be used at the referral/surgical obstetric level serving the needs of 150,000 for 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit 11</td>
<td>Referral level kit for reproductive health</td>
</tr>
<tr>
<td>Kit 12</td>
<td>Blood transfusion kit</td>
</tr>
</tbody>
</table>

An important part of UNFPA’s humanitarian work is to ensure that quality sexual and reproductive health care services are available to displaced communities; and that the SRHR needs of women and girls are not overlooked. In times of crisis women do not stop becoming pregnant or giving birth. Family planning commodities distributed in camps help empower vulnerable women and girls by giving them control over their reproductive health and enabling them to exercise their right to choose when to have children. UNFPA supplied 21,628 injectable contraceptives, 36,045 cycles of oral contraceptive pills, 122 intrauterine devices, and 807 contraceptive implants to the camps. These commodities averted an estimated 2,927 unintended pregnancies; avoided 8 maternal deaths; and prevented 658 unsafe abortions.
UNFPA-funded midwife, Mariam Abrahman, ensures safe deliveries at Nyarugusu Camp

When midwife Mariam Abrahman, 32, rescued a heavily pregnant woman from a flimsy boat off the shores of Lake Tanganyika, Kigoma, she knew she’d got there just in time.

Justina and her husband Hakizimana had spent hours at sea, fleeing their native Burundi. Justina had been battling with contractions and was panicking that she would give birth on the boat.

Her contractions stopped when she was rescued and six hours later she arrived at Nyarugusu Camp. The next morning Mariam the midwife was woken early - Justina’s baby was coming. She rushed to the medical room where the labour went quickly and smoothly. When healthy little Irakoze was born, Justina and Hakizimana were over the moon. As Mariam watched the proud parents fuss over their baby boy, she felt privileged to have delivered him. She says: “Of all the 500 or so babies I’ve delivered in my time, this will stay with me.”

UNFPA has supplied Reproductive Health Kits to all three refugee camps in Kigoma including Nyarugusu, which include equipment for clinical deliveries. Mariam is one of ten UNFPA-funded midwives deployed to the refugee camps to ensure safe deliveries.

Strong partnerships ensure comprehensive sexual and reproductive health services

With support from the Central Emergency Response Fund (CERF) and the Norwegian Agency for Development Cooperation, UNFPA supported the IRC to continue to provide reproductive health services in Nyarugusu Camp. The IRC ran a clinic with a maternity ward, and a clinic providing antenatal care, postnatal care, post-abortion care, family planning and gender-based violence services with 19 UNFPA-supported midwives. Between June and December 2016, 73 per cent of gender-based violence survivors reported to a health facility within 72 hours.

UNFPA also supported the strengthening of the referral system for women with obstetric and maternal complications. IRC hired two vehicles to provide ambulance services to Nyarugusu main health facility and Kasulu District Hospital as appropriate. Between June and December 2016, 366 referrals were made to the hospital for emergency obstetric and newborn care.

To build awareness and demand for contraceptives the IRC conducted a family planning awareness raising campaign in Mtendeli and Nyarugusu Camps reaching 7,740 people and resulting in the distribution of 6,073 condoms.
The IRC, with UNFPA’s support, also ran a clinic that provided youth-friendly reproductive health services including HIV counselling and testing services. Three hundred and fifty young people were reached with messages on sexual and reproductive health, including condom use and other modern methods of family planning.

UNFPA’s Dignity Kits have been adapted to the cultural practices and preferences of refugee women in Tanzania and include kangas, soap, underwear, and sanitary pads to help women and girls manage their basic and menstrual hygiene. Maintaining basic hygiene helps women and girls retain their dignity during a crisis. UNFPA provided 13,975 Dignity Kits to women in the camps.

**Responding to gender-based violence in camps for refugees**

A general breakdown in law and order that occurs during displacement leads to an increase in all forms of violence. The cramped conditions in which families live, with little or no privacy, combined with the frustrations and powerlessness that many displaced males feel are often manifested in an increase in GBV in internally-displaced people camps.

With the support of UNFPA, the TRCS treated 156 sexual and gender-based violence survivors; 69 per cent received care within 72 hours. UNFPA also provided 20 tents to function as safe spaces for women and girls who were victims of violence in the refugee camps.

UNFPA participated, as part of inter-agency efforts, in the development of two contingency plans; the Democratic Republic of Congo Refugee Contingency Plan and the Burundi Regional Refugee Response Framework, 2017. These plans provide a comprehensive response in the event of further conflict in the respective countries that might arise as a result of (planned) elections.

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**Localizing UNFPA’s dignity kit to the needs of refugee women in Tanzania**

During times of conflict, women may have left their homes with few or no belongings in order to reach safety. They are at increased levels of vulnerability as a result of high stress levels in communities, a lack of privacy and a breakdown in social protection mechanisms. As a result of a lack of belongings, women and girls often do not have appropriate clothing to be able to venture out of their shelters to seek assistance, commodities or access essential services.

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**The IRC builds capacity to provide comprehensive sexual and reproductive health care in Nyarugusu and Mtendeli Camps**

- 24 participants trained on adolescent sexual and reproductive health service provision
- 17 participants attended a refresher training on clinical care for survivors of sexual abuse and gender-based violence
- 16 participants attended a refresher training on sexually transmitted infections
- 20 participants received training on post-abortion care
2,927
Unintended pregnancies averted in the camps through UNFPA’s contraceptive supplies.

6,297
safe deliveries at Nyarugusu Camp attended by UNFPA-funded midwives.

98%
of all deliveries in refugee camps occurred at a healthcare facility.

13,975
Dignity Kits distributed to vulnerable women and girls.

242
Reproductive Health Kits distributed in all three refugee camps.

© Warren Bright/UNFPA Tanzania
UNFPA invests in strengthening and building the capacity of government and national institutions to make timely, high-quality disaggregated data and information available, and to use this data for the formulation, implementation and monitoring of policies and programmes against national and international indicators, including in humanitarian settings.

UNFPA continues to support the government to build their knowledge to analyse data and to understand the critical linkage between population dynamics and sexual and reproductive health, gender equality, and poverty indicators in realizing the 2030 Global Agenda.

UNFPA also provided support to the National Bureau of Statistics to produce the final report from the TDHS 2015/16, including a specific report on family planning among young people.

As part of overall efforts to guide sustainable development in Zanzibar, UNFPA provided technical assistance for the drafting and review of the Zanzibar Population Policy 2016-2018.

**Monitoring progress against the sustainable development goals**

To support the localization process of the sustainable development goals (SDGs), UNFPA provided financial and technical support to national institutions to develop a SDGs metadata database that will be used by the government to monitor the country’s progress against each SDG in the realization of Agenda 2030.

Gender equality is a fundamental human right and women’s and girls’ empowerment is essential to expand economic growth, promote social development and enhance business performance. To monitor SDG 5 – Gender Equality – UNFPA
Developing a civil registration and vital statistics system in Zanzibar

A well-functioning civil registration and vital statistics (CRVS) system registers all births and deaths, issues birth and death certificates, and compiles and disseminates vital statistics, including cause of death information (and where migration data is also available can produce population estimates).

Where CRVS systems have a high level of coverage and completeness, it is the preferred source of vital statistics due to the ongoing and timely collection of data.

While indicators for SDGs have been developed, a CRVS system has a key role as a source of information to assist Tanzania both to measure and to meet their SDG targets. Eradicating poverty and ‘leaving no one behind’ is only possible if everyone is visible to the government and development partners.

With the support of UNFPA, the Norway Registers Development (NRD) was contracted by the Chief Government Statistician of Zanzibar to undertake the consultancy work for the development of the CRVS system in Zanzibar, with the overall objective of building a modern, legal and effective registration system to collect reliable vital statistics necessary for evidence-based policies and programmes for national development.

At the community level, UNFPA provided support to update the manual population register to an electronic system; registration of births and deaths take place at the community level.

provided technical support for the review and publication of a report on gender-disaggregated data collection tools for small and medium enterprises (SMEs) and also provided technical assistance to create a trade management information system for SMEs and trade in Tanzania. This has built awareness of the need to have data on SMEs and trade disaggregated by gender and has led to a review and update of existing data collection tools to ensure that the required information is captured.

Credit and access to finance is more difficult for women who often do not have savings. With a better understanding of the capacity building requirements of women entrepreneurs in SMEs, appropriately designed training programmes and mentoring support can be provided to help them achieve higher levels of entrepreneurial success. This will ensure that financial services are more conducive to the needs of women and contribute to their economic independence. SME and trade indicators for measuring progress against SDG 5 on gender equality are now improved to adhere to the concept of inclusive and sustainable development while leaving no one behind in the implementation of the SDGs, where data on women and girls’ participation in productive economic activities is available.
Preparing for the 2022 Census

UNFPA, as part of inter-agency efforts, has begun providing technical support to the government in preparation for the 2022 Census. A Census Handbook is currently in design that will contain all the required information to guide the implementation of the census in line with international standards. It covers the evaluation of previous census processes; the expected structure of the 2022 National Census Secretariat; the roles and responsibilities of different census committees; and an assessment of the institutional capacity of the National Bureau of Statistics to identify needs requirements and skills gaps. UNFPA will also provide technical assistance to develop the Census Project Document that will outline strategies for undertaking the census; the technical assistance required; and key recommendations to be considered for the overall successful implementation of the census.

Turning data into knowledge

Tanzania has a very young population; 19.6 per cent of the country’s population are aged between 15-24. Over the next 10-15 years, Tanzania’s largest ever cohort of children and young people will enter the income-generating phase of their life, bringing a change to the demographic structure of the economy. This could result in what is known as a ‘demographic dividend’ where there are more working people than children or older people. UNFPA supported workshops for 30 journalists and other media to promote informed data journalism. Participants at the workshop increased their knowledge, using population data, on the dynamics that are driving this phenomenon and importantly what actions need to be taken now to ensure that this dividend is reaped.

SDGs and national results indicator reporting portal (ADAPT) developed.

Initiation and development of the 2022 Census Guide Book.

2017 EXPENSES

- Sexual and reproductive health and rights: 79%
- Adolescents and youth: 1%
- Programme coordination and assistance: 1%
- Population data for development: 7%
- Gender equality and women's empowerment: 6%
- Humanitarian assistance: 6%

US$13,498,038

Funds Mobilized from Donors Towards 2017 Expenses

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<th>Fund Source</th>
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* see footnote page 52
### PARTNERSHIPS IN 2016/2017

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<th>Sexual and reproductive health and rights</th>
<th>Adolescents and youth</th>
<th>Gender equality and women’s empowerment</th>
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<th>Population data for development</th>
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* Expenditure on Adolescents and Youth interventions is spread across the four programme outcome areas. Outcome 1: SRHR includes expenditure on adolescent and youth SRHR services, including access to contraceptives; Outcome 2: Adolescents and youth details resources directly allocated to youth leadership and engagement and policy development; Outcome 3: Gender quality and women’s empowerment addresses GBV and harmful practices, including teenage pregnancy, child marriage and FGM; Outcome 4: Population data and development includes data to inform planning, budgeting, priority setting and assess performance in support of adolescents and young people; and Outcome 5: Humanitarian assistance includes adolescent and youth SRH services and GBV protection and response activities in crisis settings.