



Tanzania



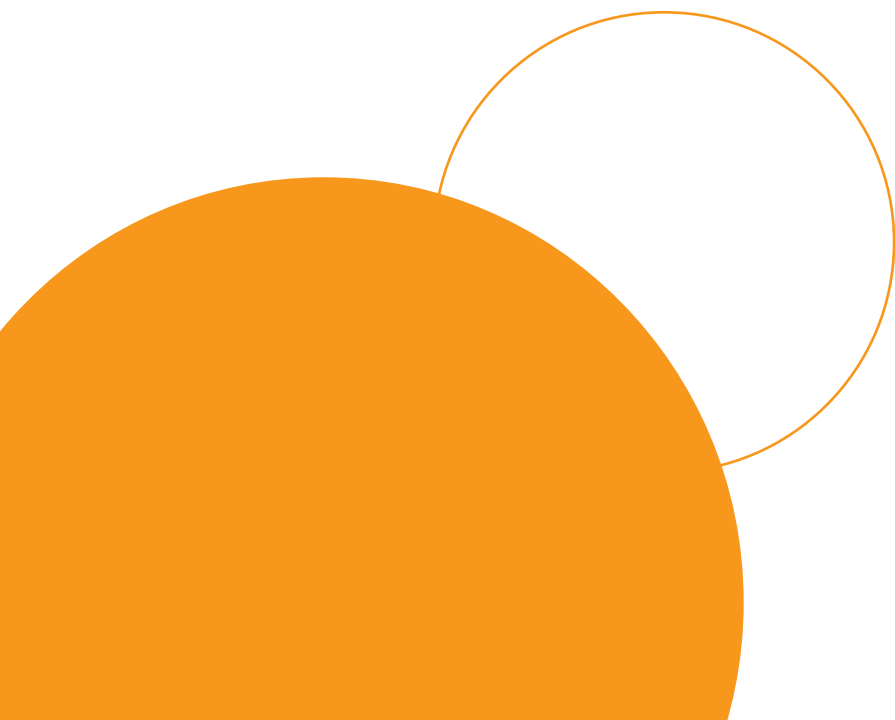
Annual
Report
2018



Ensuring rights and choices for all

Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

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Foreword



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2018 was a year of expansion for UNFPA in Tanzania. We continue to put the most vulnerable and marginalized at the forefront of our efforts, including those in fragile settings, in support of Tanzania's vision and priorities.

For the women of Simiyu Region, this meant stepping up efforts, under the leadership of government, to make motherhood safer by renovating 38 health facilities to provide maternal and newborn health services, including emergency obstetric and newborn care. More women in this region are now delivering at health facilities, no longer constrained by distance to access the high-quality and life-saving services they so desperately need and deserve.

We have scaled-up innovative approaches to reach marginalized women in rural areas of the country with quality maternal and newborn health services, boosting the role of midwives and using new technologies, including the mobile learning system "mhealth", to build the capacity of on-the-ground health workers to deal with the complications they face when they bring life into the world.

Protecting the sexual and reproductive health and rights of individuals and couples, including young people, by ensuring they have access to reproductive health services and information is central to our work. We continue to invest in voluntary family planning services, working with

government to bolster systems that ensure contraceptives are available to the people of Tanzania wherever they live and whenever they need them. We engage with religious leaders, communities and health professionals to break through barriers to voluntary family planning access, adopting a culturally-sensitive and rights-based approach. Ensuring appropriate education and information on sexual and reproductive health and rights is available is vital in strengthening utilization and making services more accessible.

The voices and participation of young people are pivotal for propelling the country forward. Our programmes focus on ensuring that young people have "a place at the table" so that they are involved in all decisions that affect them. Tanzania's youthful population presents an enormous opportunity for development, but their potential will only be harnessed if they can successfully navigate their way through adolescence. We support young people to not only open up the window of opportunity but to drive forward and shape their own future prospects. With their active participation, we empower young people to play a vital role in their own development and in their communities, helping them to acquire life skills and promoting positive civic action. Working with young people and witnessing their determination and abundant energy to make a difference to their lives and that of their peers has been humbling and

inspiring; these thought leaders and change makers are at the very heart of our activities in Tanzania.

We work on all fronts to advance gender equality and women's empowerment in Tanzania, supporting the Government of the United Republic of Tanzania to implement the National Plans of Action to End Violence Against Women and Children. Our work with a range of government and civil society partners at the national and community level builds awareness of the rights of women and girls and engages men and boys on these issues. We work with duty bearers to ensure timely and effective justice for survivors of gender-based violence and support comprehensive prevention and response services for women and girls who are or have been subjected to violence, including in humanitarian settings.

Our strong partnerships in the three refugee camps in Kigoma Region mean that women and girls have access to voluntary family planning services, safe spaces, and life-saving maternal health care. This year 97 per cent of deliveries in the refugee camps took place at health facilities, attended by a skilled healthcare provider. This was, in part, due to the redefined role of traditional birth attendants as facilitators between communities and the healthcare system in Nyarugusu Camp, as well as UNFPA's-supported midwives and emergency reproductive health commodities. We are also working with, and supporting, the local population of Kigoma that are hosting 292,646 refugees to strengthen access to quality and consistent sexual and reproductive health services.

UNFPA continues to invest in strengthening and building the capacity of government and national institutions to improve the quality, coverage and availability of gender-disaggregated data. Without data equality, there can be no gender equality, and consistent, comparable statistics on women's and girls' outcomes must be available to monitor several gender-related targets under national programmes as well as the Sustainable Development Goals (SDGs). UNFPA also supports the localization of SDG reporting mechanisms by aligning targets of national plans with the goals of regional and international agendas. With these mechanisms in place the government can track their progress on the commitments they have made.

We continue to make headway, with demonstrable results, in advancing the sexual and reproductive health and rights of all people of Tanzania, in ending gender-based violence, and in building capacity for the generation of population-related data.

Our results would not be possible without the strong partnerships we have forged at all levels – with Ministries; Regional and Local Government Authorities; United Nations Agencies; Civil Society Organizations; and Development Partners – all dedicated and committed to making a sizeable and positive difference to the lives of Tanzanians, particularly women and girls, adolescents and young people. Do join us in reading more about our work and successes in 2018.

Ms. Jacqueline Mahon
UNFPA Representative, United Republic of Tanzania.





UNFPA in 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 (UNDAP II 2016-2021) where UNFPA leads the UNDAP II Thematic Results Group on Democratic Governance, Gender Equality and Human Rights.¹

UNFPA Tanzania, under its eighth five-year country programme, responds to national priorities as outlined in the Government of Tanzania’s second Five-Year Development Plan (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).

Looking forward, our eighth five-year country programme supports UNFPA’s Strategic Plan 2018-2021, grounded in the principles of the Programme of Action of the International

Conference on Population and Development (ICPD), reflecting our commitment to achieving transformative results – ending the unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices. The eighth country programme is aligned with the African Union’s 2063 Roadmap for the continent’s socioeconomic transformation, which emphasizes women and youth as drivers of development, and with the Global Goals of the 2030 Agenda for Sustainable Development.

Our work in Tanzania is founded in equality, inclusiveness and universal enjoyment of rights and our efforts prioritize the most marginalized and vulnerable, including those in humanitarian settings.

Our programme, carried out in partnership with the Government of the United Republic of Tanzania as part of the UN Delivering as One model, and with implementing partners, focuses on the following areas.

¹ There are four Thematic Result Areas under UNDAP II: Inclusive Growth; Healthy Nations; Resilience and Democratic Governance; Human Rights and Gender Equality.

Sexual and reproductive health and rights

- Increasing access to quality sexual and reproductive health information and services, including voluntary family planning, and contributing to the availability of a range of quality reproductive health commodities to meet the diverse needs of population groups including young people and women and those in fragile contexts.
- Improving infrastructure and strengthening human resources for health to provide quality reproductive, maternal and newborn health services, including emergency obstetric and newborn care, for marginalized women in rural areas of Tanzania.
- Integrating sexual and reproductive health services, including voluntary family planning and cervical cancer screening services, into HIV and AIDS service delivery platforms to meet the reproductive health needs of individuals and couples living with HIV.

Adolescents and youth

- Promoting and protecting the sexual and reproductive health and rights of adolescents and youth by advocating for and supporting the efficient delivery of a holistic, adolescent and youth-friendly healthcare package of services, including in fragile contexts.
- Empowering young people to play a vital role in their own development and in their communities, helping them to acquire life skills and promoting positive civic action.

Gender equality and women's empowerment

- Supporting the Government of Tanzania and the Revolutionary Government of Zanzibar, through the National Plans of Action to End Violence against Women and Children, to tackle gender-based violence (GBV) at the policy and implementation level.
- Establishing “One Stop Centres” and building duty bearers’ capacity to deliver effective prevention and response services for women and girls who are or have been subject to violence.
- Strengthening the capacity of national mechanisms in helping to contribute to the prevention of GBV, facilitate recovery and ensure access to justice for survivors.

Humanitarian assistance

- Providing access to consistent, reliable, and effective sexual and reproductive health services in humanitarian contexts, including voluntary family planning services.
- Building human resources for health and providing commodities to support the provision of reproductive, maternal and newborn health services, including emergency obstetric and newborn care services.
- Integrating GBV prevention and response services into sexual and reproductive health programmes.

Population data for development

- Improving data availability, particularly gender-disaggregated data, and analysis around population dynamics.
- Localizing SDG reporting mechanisms by aligning targets of national development plans with the goals of the Agenda 2063 of the African Union and the 2030 Agenda.
- Supporting government to generate data for marginalized populations, including people living with disabilities.

Where we work

UNFPA works with its partners to implement 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 Region; the Southern Zone: Lindi and Mtwara Regions; and Zanzibar: Unguja and Pemba.



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.

UNFPA programme beneficiaries

UNFPA programme beneficiaries include women, young people, including adolescent girls, and those seeking refuge within Tanzania. To ensure that sustainable development is inclusive and that no one is left behind, we put the most vulnerable and marginalized at the forefront of our efforts, including those in fragile settings.



25,891,539
population in UNFPA
programme areas



13,219,045
are women (51 per cent)²



4,919,392
are youth (19 per cent)³



292,646
are refugees⁴

- ² Women are estimated to constitute 51 per cent of the population in UNFPA programme areas.
- ³ Youth aged 19 to 24 are estimated to constitute 19 per cent of the population in UNFPA programme areas.
- ⁴ Camp-based population. UNHCR -Tanzania Refugee Situation Statistical Report as of 31 August 2018.





Sexual and reproductive health and rights

Universal access to sexual and reproductive health information and services

In 2017/18 UNFPA supported the Government of the United Republic of Tanzania, both at the national and subnational level, to increase capacity to deliver integrated sexual and reproductive health (SRH) services; including increased access to voluntary family planning services and enhanced national capacity to deliver comprehensive maternal health services. A key intervention area that UNFPA continues to address in support of government is the strengthening of the health system to respond to the needs of women, adolescents and young people, and all citizens of Tanzania; supporting the implementation of effective interventions that contribute to ending preventable maternal and newborn mortality and morbidity and improve the health and well-being of women and girls.

Building the capacity of the midwifery workforce

Midwives are the backbone of Tanzania's health system and deliver more than babies. They provide life-saving reproductive health information and services, including antenatal and postnatal care and voluntary family planning.

UNFPA continues to boost the role of midwives in Tanzania, supporting government through the Directorate of Nursing and Midwifery Services of the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and the Tanzania Midwives Association (TAMA) to strengthen the competences of midwives and improve regulations governing midwifery practices. UNFPA supported the finalization and dissemination of the Clinical Instructors Manual, the Nurses Anaesthesia Curriculum and the Nursing and Midwifery Curriculum. Collectively these curricula will ensure that midwives are competent to provide high quality health services, including the provision of anaesthetic services at different levels of the healthcare system. As this is an area where there is a lack of skilled human resources for health, it will increase midwives' ability to manage obstetric emergencies.



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In addition, UNFPA, in collaboration with TAMA and the Tanzania Nursing and Midwifery Council, held workshops to emphasize the contribution that competent midwives can make in the provision of essential care for mothers and their newborns; the workshops also covered licensing and regulations for the profession. A total of 94 nursing and midwifery second year students attended these workshops (57 from Geita Region and 37 from Shinyanga Region).

UNFPA also supported TAMA to disseminate the revised midwifery competences, aligned with and recommended by the International Confederation of Midwives, to 28 in-service midwives working at UNFPA-supported renovated health facilities in Geita, Mwanza and Mara Regions. Follow-up and supportive supervision has been provided for these midwives by TAMA and local government, with the support of UNFPA, to ensure that skills learnt are put into practice to improve maternal and newborn health outcomes. To enhance the provision of basic emergency obstetric and newborn

care (BEmONC) services, TAMA, with support from UNFPA, provided basis EmONC training to 29 midwives at eight UNFPA-supported renovated health centres and two nursing schools. In an under-resourced environment, midwives often assume added roles and responsibilities and they must be proficient in the performance of their duties and trained to act quickly, correctly and with confidence, particularly at facilities where there is a shortage of skilled staff.

Addressing the shortage of human resources for health

A skilled workforce is a key pillar to reduce maternal and newborn mortality and morbidity 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. UNFPA has supported the Revolutionary Government of Zanzibar to undertake an analysis of human resources for health to

identify staff shortages and challenges in retaining staff in the reproductive, maternal, and newborn child and adolescent health (RMNCAH) sector. The findings have been disseminated and a policy brief has been prepared and shared with stakeholders.

To address the continuing shortage of skilled healthcare providers in Zanzibar, particularly in the provision of maternal and newborn health care, including EmONC, UNFPA supported the deployment of a senior midwife to Mnazi Mmoja Referral Hospital for a period of six months, as well as the posting of two senior obstetrician-gynaecologists to support five district health facilities in Unguja (Makunduchi, Kivunge and Mwembeladu) and Pemba (Wete and Chake Chake), Zanzibar. A total of 43 cases, where either women giving birth or their newborns were suffering potentially life-threatening complications, were successfully managed with the support of these additional staff. Six anaesthetist officers have also been supported to undertake a two-year Anaesthesia Diploma Course and five medical doctors are being supported to continue with their two-year post-graduate degree in Obstetrics and Gynaecology.

A rural training solution for health workers

A critical challenge that most governments face is finding solutions to reach marginalized populations in rural areas with quality reproductive, maternal and newborn health (RMNH) services. To overcome this challenge, UNFPA piloted a portable Mobile Learning System (MLS) in Tanzania in 2016 to train midwives and health workers in key skills to combat the most prevalent causes of maternal and newborn mortality and morbidity.

The MLS provides an innovative platform for the on-going training of healthcare workers and is an effective and low-cost solution in low resource settings. With its ten multi-

media, interactive e-training modules with animated content on maternal and newborn life-saving skills, healthcare providers build their capacity and confidence to manage some of the complications that they face during deliveries. This innovative approach to RMNH programming was scaled-up in 2017 with an additional 2,428 healthcare workers trained in the use of the MLS.

Bridging the gap with mobile health solutions

Many pregnancy complications are unpredictable and many women live long distances from facilities where life-saving care is available in rural Tanzania. The mHealth (mobile health) initiative aims to address these issues by providing “real time information” about pregnant women in the community and by strengthening community health workers’ (CHWs) ability to identify early indications of pregnancy complications and make appropriate referrals. The mobile phone-based tool guides CHWs through a set of specific maternal health protocols developed in Tanzania for use at the community level.

mHealth will be used to register pregnant women and prompt CHWs to monitor the progress of these women during pregnancy, labour, and after birth. CHWs will also encourage mothers to attend antenatal and postnatal clinics and to deliver at health facilities. mHealth is an innovative and invaluable tool for CHWs in low resource settings to improve the quality of maternal and newborn care and to ensure that pregnant women in rural Tanzania experience a safe and healthy pregnancy and birth.

In 2017/18, UNFPA, in partnership with the Tanzanian Training Centre for International Health, developed and fine-tuned the application. The long-term goal is to roll-out the initiative to a selected number of CHWs in all districts across the country.

Going to the last mile: Increasing quality emergency obstetric and newborn care in rural areas

Timing is critical in preventing maternal and newborn mortality and morbidity and UNFPA continues to complement government efforts to increase access to EmONC, both basic and comprehensive, in rural areas of Tanzania, where many pregnant women have to travel long distances to reach often under-resourced and understaffed health facilities, often preferring to take the risk of delivering at home.

Over this reporting period, as part of the two-year ‘Nilinde Nikulinde Project’ (“Protect me; I protect you”), funded by the Korea International Cooperation Agency (KOICA), UNFPA supported the upgrading of health facilities to provide basic and comprehensive EmONC in Simiyu Region, Mainland Tanzania. Maternity wards were upgraded at 38 health facilities, including a district and regional hospital, and operating theatres were constructed at seven of these health facilities, including the regional hospital. BEmONC and CEmONC equipment has been distributed to 35 of the completed renovated facilities and staff have been trained in its use. Seven health facilities are now equipped to provide CEmONC and 28 have the infrastructure and equipment to provide BEmONC services.

The improvement in the infrastructure of renovated health facilities is remarkable. Small, cramped delivery rooms have been transformed into fully functioning maternity wards, equipped to provide basic and comprehensive EmONC.

Access to a safe blood supply: Saving mothers' lives

As part of interventions to improve maternal and newborn services for women in Tanzania, UNFPA supported the construction of a new blood bank in Simiyu Region. Urgent access to a safe supply of blood for transfusions is critical to saving the lives of women experiencing complications before, during and after childbirth. Prior to its construction, blood for transfusions for mothers experiencing complications was accessed from the zonal blood bank in Mwanza; for some health facilities this meant a wait of at least eight hours. The construction of a new satellite blood bank now means health facilities can access blood for transfusions immediately.

Improving the delivery of maternal and newborn health care

While the infrastructure at health facilities in Simiyu Region to provide CEmONC and BEmONC has significantly improved, the investment is obsolete if healthcare providers do not have the skills to deliver these services. Ensuring that interventions to improve maternal and newborn health outcomes are holistic, UNFPA has supported the training of healthcare staff on essential reproductive, maternal, newborn and adolescent health (RMNAH) care at the upgraded facilities, including in the provision of CEmONC and BEmONC, and advocates with government to prioritize the deployment of staff to these facilities where a shortage of human resources for health remains a challenge.

Enhancing the capacity and quality of maternal and child health care in Simiyu Region



75 Healthcare workers trained in the **provision of BEmONC** and the **active management of the third stage of labour** (AMTSL).

53 Healthcare workers trained to **provide essential newborn care** (ENC).

24 Healthcare workers oriented to **develop birth plans for pregnant women**.

28 Healthcare workers attended refresher trainings on the **Maternal and Perinatal Death Surveillance and Response** (MPDSR), an electronic database to count and determine the cause of every prenatal and maternal death with the aim of improving the quality of care for pregnant women.



Building demand for facility-based deliveries

Social and cultural norms and values and geographical factors, as well as educational attainment and poverty, play roles in the poor utilization of health services and women's decisions to give birth at home in rural Tanzania. To encourage women to deliver at the upgraded facilities in Simiyu Region, UNFPA leads quarterly coordination meetings that have increased collaboration with local government and civil society organizations working in RMNAH. Different strategies have been deployed to increase demand including advocacy, social and behaviour change communication (SBCC), and the use of innovative mobile technology.

Data from the District Health Information System 2 show the impact of UNFPA-supported renovations at health facilities in Simiyu, Geita, Mwanza, Mara, Shinyanga and

Mtwara Regions and Zanzibar, and capacity building for the improved delivery of RMNAH in Lindi. Since July 2017 there has been a significant increase in deliveries at renovated health facilities and a decline in women giving birth at home; 17,912 women have delivered in UNFPA-supported BEmONC and CEmONC facilities, where 1,324 caesarean sections have been performed.

Referral and coordination systems have also been strengthened in a region where distance and cost often impact on the health-seeking behaviour of pregnant mothers. Three health facilities in Simiyu Region now have an ambulance and each health management team, who oversee and monitor health programmes and activities at the district level in the six districts of Simiyu Region, now has a coordination car. Their newfound ability to reach even the most remote health facilities in their districts will ensure

that monitoring and supervision can be provided to health facilities where capacity to provide maternal and newborn health care is low.

These combined on-going interventions mean that women in rural areas of Tanzania can now access the high-quality and

life-saving maternal health care that they so desperately need and deserve, and that is their basic human right. Activities to strengthen the delivery of maternal and newborn health services will continue into next year under the Niline Nikulinde project.

Making motherhood safer

Yulita gave birth to her baby daughter at Nassa Health Centre, Busega District, Simiyu Region following the renovations. She experienced complications with her previous home-based deliveries, losing four children during childbirth. Prior to renovations under the Niline Nikulinde project the infrastructure at Nassa Health Centre was poor and it was not well equipped; today this has changed.

Nassa Health Centre now has a maternity ward and an operating theatre. The maternity ward is equipped with a high-quality ultrasound/sonography machine as well as a foetal doppler, and there is a labour room and an operating theatre for caesarean sections. There is also a neonatal intensive care unit to improve the survival chances of children born prematurely.

With the renovated facilities at Nassa Health Centre Yulita did not have to risk her own or her child's life giving birth at home.

Investing in infrastructure and equipment

At Simiyu Regional Hospital, a modern maternity complex and a fully functioning operating theatre have been constructed. "We were forced to conduct deliveries and perform caesarean sections under challenging conditions. We also had very basic equipment. UNFPA has revolutionized the way we can provide care to mothers and their newborns and this will significantly reduce the number of maternal and newborn deaths." Dr Mlekwa, obstetrician-gynaecologist, Simiyu Regional Hospital.

Immediate access to a safe supply of blood for transfusions is critical to saving the lives of women experiencing complications before, during and after childbirth. In Simiyu Region, a new blood bank has been constructed. "We have been losing a significant number of mothers as there was no reliable blood transfusion service. We accessed blood from the zonal blood bank in Mwanza; it could take at least eight hours for it to arrive here in Bariadi. Thanks to UNFPA's support in constructing a new satellite blood bank, we can now access blood for transfusions immediately." Nyambaro Shemu, Regional Blood Transfusion Services Coordinator, Simiyu Region.



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UNFPA Tanzania

“Thanks to UNFPA’s support in constructing a new satellite blood bank, we can now access blood for transfusions immediately.”

Nyambaro Shemu, Regional Blood Transfusion Services Coordinator,
Simiyu Region.

Breaking down barriers to the uptake of voluntary family planning

The 2030 Agenda for Sustainable Development makes the realization of reproductive rights a specific aim for every individual and couple, no matter where or how they live, or how much they earn. This includes dismantling all the barriers — whether economic, social or institutional — that inhibit free and informed choice. An important part of UNFPA’s work is to engage with communities and health professionals to break through these barriers in a rights-based and culturally-sensitive way so that healthcare providers can effectively communicate and counsel clients on a full range of contraceptives, and clients can make a free and informed choice about the method that is most suitable for them or not.

In Zanzibar, as in many areas of the world, religious leaders often function as gatekeepers to the communities they serve, seen as a community’s custodian of values. Community members look to religious leaders for guidance and advice in all aspects of their life.

Religious leaders can be a positive influence in their communities to address voluntary family planning and birth spacing practices when they are equipped with the correct information and are able to discuss and overcome any misconceptions. They can facilitate and empower communities to exercise their sexual and reproductive health and rights (SRHR) to make informed and independent decisions about their reproductive health.

In 2017, UNFPA supported workshops for 120 religious leaders from Unguja and Pemba, Zanzibar, and provided training in voluntary family planning from an Islamic perspective and maternal health. Leaders shared their acquired knowledge with community members during Friday prayers and at other social gatherings. One hundred and eighty healthcare providers were also trained in voluntary family planning from an Islamic perspective and maternal health, empowering them to address any prevailing misconceptions while counselling clients.

Religious leaders as advocates of voluntary family planning

"Matemwe is a poor community and that is why as an Imam I am trying to change this situation by engaging with my community through different forums so that they are able to plan their families."

Sheikh Hamis.

After receiving training in voluntary family planning from an Islamic perspective, and having gained new knowledge and confidence to speak about women's health, the Sheikh joined forces with the health facility in Matemwe. Every week he talks to pregnant women and mothers with children under five about the benefits of voluntary family planning for the timing and spacing of pregnancies. He bolsters his messages with evidence from the Quran and Hadith. "Slowly they are beginning to understand", he says.

He also uses his platform at the mosque to talk to men about voluntary family planning from a religious perspective, realizing from his conversations with women at the health facility that they must be involved in voluntary family planning activities as they are often the decision-makers.

Together with his colleagues, he held a meeting with men from the community to talk about family planning. "It was not without its difficulties, but it was a good start" he says, adding that he plans to have more meetings in the future.

The Sheikh believes that there are still many misperceptions about voluntary family planning in his community but is sure with time this will change.



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Accelerating access to rights-based family planning information and services

UNFPA supported the Revolutionary Government of Zanzibar, through the Ministry of Health, to launch the Family Planning Costed Implementation Plan 2017-2022. Zanzibar has a high unmet need for contraceptives at 28 per cent⁵ and UNFPA has advocated for an increase in government investments in voluntary family planning and broader SRH services, including the availability of family planning commodities, while supporting efforts to expand the coverage of facilities providing modern methods of contraception and to enhance the quality of services. The Plan outlines the resources needed and activities to be implemented to promote a rights-based approach to voluntary family planning in Zanzibar, ensuring that services and information together with an adequate and timely supply of a range of contraceptive methods are available to meet the reproductive health needs of all individuals and couples.



120

Religious leaders trained in voluntary family planning from an Islamic perspective and maternal health in Zanzibar.

180

Healthcare providers trained in voluntary family planning from an Islamic perspective in Zanzibar.



2,428

Healthcare workers trained in the use of the mobile learning system.



38

Health facilities renovated to provide EmONC, both basic and comprehensive, in Simiyu Region.



1

Satellite blood bank constructed in Simiyu Region.



Family Planning Costed Implementation Plan launched in Zanzibar.



74%

increase in postpartum women accessing voluntary family planning services on Tanzania Mainland.

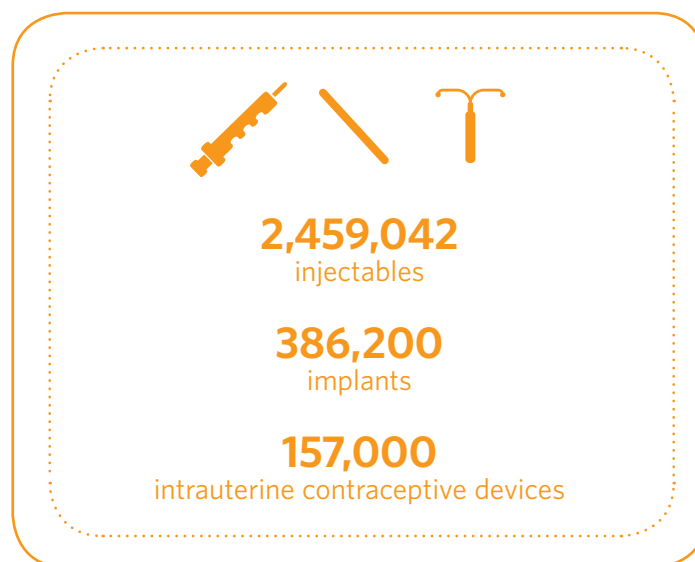
⁵ Tanzania Demographic and Health Survey (TDHS) 2015/16.

Meeting the need for contraceptives

Access to voluntary family planning allows women and men to secure their reproductive rights to decide freely, and for themselves, whether, when, and how many children they want to have. No country can yet claim to have made reproductive rights a reality for all. Choices are limited for far too many women. And this means that there are still millions of people who are having more—or fewer—children than they would like, with implications not only for individuals, but also for communities, institutions, economies, labour markets and entire countries.⁶

In Tanzania the contraceptive prevalence rate (CPR), modern methods, among currently married women (aged 15-49) is 32 per cent,⁷ a substantial increase over the last decade from 20 per cent in 2004/05 to 27 per cent in 2010. The unmet need for family planning, however, for currently married women aged 15 to 49 – those women who want to space or limit births but are not currently using contraception – is 22 per cent,⁸ with regional variations from a low of 10 per cent in Lindi to a high of 37 per cent in Kaskazini, Pemba (Zanzibar). For young adolescent girls aged 15-19 the unmet need is 42 per cent⁹ and Tanzania is among the countries with the highest adolescent birth rates in the world.¹⁰

The United Republic of Tanzania has a supportive policy framework for the provision of family planning services in Tanzania; national policies emphasize scaling up and strengthening contraceptive use as a priority. Over this reporting period, UNFPA continued to work with government and its partners to increase access to a choice of high quality contraceptives and procured:



The impact of the procurement of these contraceptives was the provision of an estimated 2,804,521 couple-years of protection (CYP), which resulted in the avoidance of 667,734 unintended pregnancies; the aversion of 1,579 maternal deaths; and the prevention of 150,008 unsafe abortions on the Tanzania Mainland and Zanzibar.

⁶ The Power of Choice - Reproductive Rights and the Demographic Transition. State of World Population 2018. UNFPA.

⁷ TDHS 2015/16.

⁸ Ibid.

⁹ Ibid.

¹⁰ The State of World Population (SWOP) 2018 (UNFPA) reports that 132 of every 1,000 live births are to adolescents.

Impact of UNFPA's procurement of reproductive health commodities



2,804,521

Couple-years of protection

667,734

Unintended pregnancies avoided

1,579

Maternal deaths averted

150,008

Unsafe abortions prevented

Contraceptives: Increasing options

The availability of a range of quality contraceptives is an important part of promoting and ensuring good health and well-being. To empower women and men in making the contraceptive choices most suitable for them, healthcare providers must be able to counsel clients on a range of family planning methods, ensuring that SRH programmes are rights-based.

UNFPA and its partners continue to promote rights-based voluntary family planning services on Mainland Tanzania and Zanzibar. Three hundred and forty-two healthcare providers attended training on the family planning method mix, increasing their ability to counsel clients on a range of contraceptives. Follow-up training on family planning methods was also held for 54 healthcare providers in Simiyu, Geita, Mwanza, Kagera, Mara, Shinyanga, Kigoma and Tabora, identified as priority regions due to low contraceptive prevalence rates and a high unmet need for modern contraceptives.¹¹

The provision of equitable and quality voluntary family planning services was further strengthened on the Tanzania Mainland by the development of the Post-Partum Family Planning Curriculum – a tool that guides a range of stakeholders to develop country-specific interventions that meet the voluntary family planning needs of women after they have given birth. A package of training materials was developed in collaboration with MOHCDGEC and other stakeholders: 1,000 Participants Manuals, 300 Trainers Guides as well as 8,000 Family Planning Guidelines were distributed. Uptake of family planning services by postpartum women has increased by 74 per cent on the Tanzania Mainland.

¹¹ TDHS 2015/16.



Working to avoid stock-outs

Contraceptives may be available but there must be systems in place to ensure that they reach the women who need them when they need them. An inadequate supply at service delivery points is one of the reasons women cannot access modern contraceptives. To prevent stock-outs of contraceptives UNFPA provided technical support to the government to strengthen its reproductive health commodity security (RHCS). RHCS is achieved when all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them.

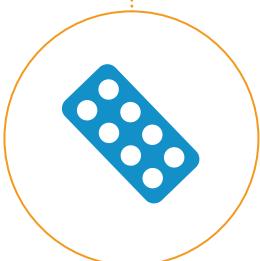
With UNFPA's support, the government completed an annual forecasting and quantification exercise for 2017/18 to determine family planning commodity needs, and RHCS Committees held quarterly and semi-annual meetings at the national level. These meetings were instrumental in strengthening the supply chain management and improving communications on stock availability and distribution across the country, while flagging up potential expiration or overstocking of commodities allowing for appropriate measures, including redistribution, to be taken.

Tanzania reproductive health indicators*



TOTAL FERTILITY RATE
(Married women aged 15-49)

5.2



MODERN CONTRACEPTIVES
(Married women aged 15-49)

Prevalence rate

32%

Unmet need

22%



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

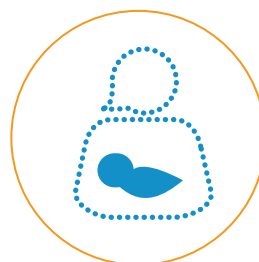
51%



UNDER-FIVE MORTALITY RATE
(Live births to women aged 15-49)

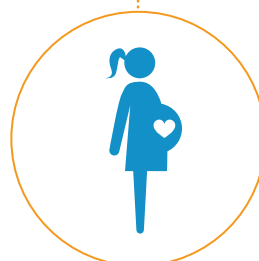
67

deaths per 1,000 births



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

556



TEENAGE
PREGNANCY RATE
(Adolescents aged 15-19)

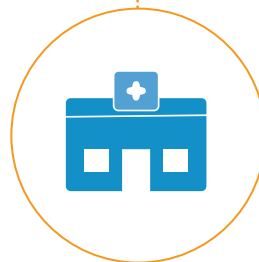
27%



BIRTHS ATTENDED
BY SKILLED BIRTH
ATTENDANTS

(Women aged 15-49)

64%



INSTITUTIONAL
DELIVERIES
(Women aged 15-49)

63%

* Source: TDHS 2015/16.



HIV and AIDS

Scaling up comprehensive condom programming

Guided by international development principles, UNFPA continues to support the Tanzania Commission for AIDS (TACAIDS) and the Zanzibar AIDS Commission (ZAC) to implement the comprehensive condom programming (CCP) strategy on the Tanzania Mainland and Zanzibar. UNFPA provides technical and financial support for the effective coordination of CCP, including the development of strategic documents, the establishment of working group committees, and the design of culturally appropriate and relevant social and behaviour change communication (SBCC) materials. The goal of the CCP strategy is to ensure that high quality condoms are available/accessible by every sexually active person whenever s/he needs them, and that the programme is sustainable and has the active participation of all key stakeholders, with government providing leadership.

Implementation of the CCP strategy is beginning to bear fruit in Zanzibar, where a Condom Promotion Task team was established in July 2017. Led by government, with financial support from UNFPA, the task team coordinates all aspects of CCP including developing action plans and monitoring

and revising programme interventions to increase condom availability and uptake. Members include ZAC, the Central Medical Store, NGOs, and CSOs, including representatives of key population groups.

Over the reporting period, the task team convened two meetings in Zanzibar (one in Unguja and one in Pemba) to disseminate the CCP strategy and its operational plan. Participants represented a broad range of stakeholders: District Committees, NGOs, members of youth councils, and representatives of key population networks. The goal was to increase the supply and demand of condoms and to ensure sustained and equitable use of condoms for dual protection – the prevention of sexually transmitted infections (STIs) and HIV; and unintended pregnancies – among sexually active people, including key populations, with a focus on young people.

Communication materials to build young people's knowledge about HIV prevention were developed and distributed to eight youth-friendly adolescent sexual and reproductive health (ASRH) centres in Zanzibar. Educational materials on correct condom use were also developed for key populations and people living with HIV and disseminated to 13 HIV Care and Treatment Clinics (CTCs) in Zanzibar.

Through quarterly meetings, and the sequential implementation of the 10 steps of CCP, the task team has successfully tackled RHCS, and male condoms are now accessible and available at health facilities in Zanzibar, with a notable increase in their uptake. Before the task team was established the average monthly consumption of male condoms was approximately 25,194; this has increased to 64,153.

Leveraging the private sector to improve access to condoms

Concerns about condom ‘market failures’ has prompted TACAIDS to focus on creating an equitable and sustainable market for condoms adopting ‘a total market approach’ (TMA). A TMA is a system in which all sectors – public, socially marketed, and commercial – work together to deliver health choices for all population segments. The goal is to ensure that those in need are reached with the appropriate products: those in low resource settings receive free products, those with slightly greater resources benefit from partially subsidized products, and those with a greater ability to pay purchase their products from the commercial sector. Currently there is a lack of stewardship of the condom market in Tanzania and an absence of an independent facilitator to ensure that all key players – public, commercial and social marketing organizations – have adequate support to carry out their different roles.

In May 2018, UNFPA collaborated with TACAIDS and SHOPS Plus, the United States Agency for International Development’s (USAID) flagship initiative in private sector health, and other stakeholders to hold the first workshop of its kind in Tanzania: to design a roadmap to create an equitable and sustainable condom market for the Tanzanian population. As

a result of the meeting understanding of the TMA approach has increased and led to discussions on how equitable access to condoms can be improved, using TMA principles, for different population groups. The government is now developing a Condom Distribution Guide, which has its foundations in the TMA, that outlines opportunities to distribute condoms beyond health facilities.

Integrating sexual and reproductive health services within HIV service delivery platforms

Clients of family planning services and clients of HIV and AIDS services share many common needs and concerns, yet the reproductive health needs of individuals and couples living with HIV are not always met within HIV services. UNFPA continues to prioritize the integration of SRH services, including access to voluntary family planning, into HIV CTCs to expand the range of services available.

Healthcare providers have a critical role to play in the provision of integrated services, and in recognition of this UNFPA provided support to train 54 service providers from CTCs (20 in Unguja and 16 in Pemba (Zanzibar) and 18 in Geita Region) in the provision of voluntary family planning services. Twelve members of District Health Management teams, who oversee and monitor health programmes and activities at the district level in Geita Region, were also oriented on the National Guidelines for Integrating HIV into RMNCH services. Over the reporting period, 902 people living with HIV accessed voluntary family planning services at HIV CTCs that provide integrated services in Geita Region and 444 clients received SRH information and services at CTCs in Unguja and Pemba, Zanzibar.

Expanding services at HIV Care and Treatment Clinics

Jamila* was diagnosed with HIV when she was 19; it was a shocking discovery. In 2013, she lost her second child at birth, a painful and traumatic experience and one that she was warned could happen again. Jamila attends a Care and Treatment Clinic (CTC), which provides integrated HIV and AIDS and sexual and reproductive health services, including voluntary family planning and cervical screening services. Jamila didn't realize this.

"During my routine medical, I learnt that the CTC also provides reproductive health information, including voluntary family planning services, and it is also possible to be screened for cervical cancer here. I was so surprised that the same healthcare staff who provide us with HIV services are trained to perform the screening and have the necessary equipment."

Trained staff at the CTC advised Jamila to be screened for cervical cancer, but she was understandably nervous. She frequently attended counselling at the CTC, and in late 2017 she plucked up the courage to be screened. To her enormous relief the test was negative.

"As a peer educator, I have been able to convince other women living with HIV to visit the CTC. I tell them about the voluntary family planning and cervical cancer screening services. I have managed to convince more than ten women to be screened." Jamila feels that it is vital that women living with HIV know about the services available to them and that more women are screened to detect early symptoms of cervical cancer.

Jamila is grateful that she is now able to access a range of services at the CTC she visits. She has learnt about family planning, and discussed which method is most suitable for her. Importantly, the cervical screening service has empowered her to take preventative measures to ensure she remains healthy.

** Name has been changed.*

Cervical cancer screening: Improving efficacies in service provision

Integrating the delivery of cervical cancer screening through HIV and AIDS service delivery platforms can expand “screen and treat” programmes, mitigating the burden of cervical cancer while improving efficiency in service provision. For this approach to be successful, integration must be reflected across all dimensions of the health system, including building the capacity of healthcare providers.

UNFPA supported two trainings in Zanzibar (one in Unguja and one in Pemba) for 36 healthcare providers (20 from Unguja and 16 from Pemba) to equip them with skills to screen clients for cervical cancer at CTCs. A mentorship programme was also established to build the capacity of CTC staff to provide integrated SRH services (voluntary family planning and cervical cancer screening) and document client satisfaction with the services they received.

During the reporting period, a total of 955 clients were screened for cervical cancer at CTCs and at one Youth-Friendly Centre run by UNFPA’s implementing partner, the Zanzibar Youth Education Environment Development Support Association (ZAYEDESAs), in Unguja and Pemba, Zanzibar.

“As a peer educator, I have been able to convince other women living with HIV to visit the CTC. I tell them about the voluntary family planning and cervical cancer screening services.”

Jamila, peer educator.

54

CTC service providers trained in the provision of voluntary family planning services in Geita Region and Zanzibar.

902

Clients accessed voluntary family planning services at CTCs in Geita Region.

955

Clients screened for cervical cancer at CTCs in Zanzibar.



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	32 per cent

* Sources: TDHS, 2015/2016; Population and Housing Census, 2012; and Population Projections, Population and Housing Census, 2012.



Adolescents and youth

Young people: A rapidly growing population

Tanzania has a youthful population; 10 to 24-year-olds make up 32 per cent of the total population. Young people have the potential to be the pillar of development but only if they are able to make a healthy transition to adulthood and productively contribute to the country's economy. UNFPA programmes and activities focus on ensuring that young people have “a place at the table” so that they are involved in all decisions that affect them; echoing the sentiment of young people: “Nothing about us without us.” Protecting the SRHR of young people by guaranteeing that they have access to age-appropriate reproductive health services is central to UNFPA's work in Mainland Tanzania and Zanzibar. When young people are equipped with the information and means to make informed choices about their reproductive health they can realize their full potential.

Advancing young people's sexual and reproductive health and rights

For millions of young people around the world, the onset of adolescence brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the areas of sexuality, marriage and childbearing.¹² Millions

of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) and HIV, and dangerous childbirth.¹³

Yet too many young people face barriers to reproductive health information and services. Even those able to find accurate information about their health and rights may be unable to access the services needed to protect their health and well-being.

UNFPA Tanzania partners with government, civil society, young people and youth-serving organizations to actively promote and protect the SRH and human rights of adolescents and youth, and advocates for and supports the efficient delivery of a holistic, adolescent and youth-friendly healthcare package of services.

In 2017/2018, as part of the two-year ‘Nilinde Nikulinde Project’ (“Protect me; I protect you”) funded by KOICA, 13 adolescent/youth-friendly corners/clinics were renovated in Simiyu Region, while three clinics were refurbished in Zanzibar under the Afya Bora ya Mama na Mtoto Project.¹⁴

¹² Adolescent sexual and reproductive health. UNFPA.

¹³ Ibid.

¹⁴ 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.



PROPORTION OF POPULATION
THAT ARE ADOLESCENTS
(Aged 10-19 years)

23%



UNMET NEED FOR
CONTRACEPTIVES
(Girls aged 15-19)

42%



ADOLESCENT FERTILITY RATE
(Births/1,000 girls aged 15-19)

132

ADOLESCENT PREGNANCY RATE
(Girls aged 15-19)

27%



CHILD MARRIAGE
(20 to 24-year-olds married
before the age of 18)

37%

* Sources: TDHS, 2015/2016; TDHS 2010; Population and Housing Census, 2012; Population Projections, Population and Housing Census, 2012; and The Power of Choice - Reproductive Rights and the Demographic Transition. State of World Population 2018. UNFPA.

Teenage childbearing in Tanzania – adolescents aged 15 to 19 – has increased over the last decade from 23 per cent in 2010 to 27 per cent in 2015/16.¹⁵ The figure stands at 30 per cent in Simiyu Region, highlighting that young people remain underserved by SRH services despite their demonstrated need.

Young people require services that support their physiological, emotional, and social transition into adulthood and training for healthcare providers must focus on tailoring SRH services to young peoples' needs, ensuring they are accessible, acceptable, equitable, and appropriate. UNFPA supported such

training for 70 healthcare workers in Simiyu Region and 20 healthcare workers in Zanzibar. These corners are now serving an increasing number of adolescents and youth, providing them with spaces where their SRHR can be realized. Around 21,314 young people accessed SRH information and services in Simiyu Region, Zanzibar and at Nyarugusu Camp.

To build capacity at the regional level in Simiyu, 20 Regional Health Management Team members, 108 District Council Health Management Team members, and approximately 90 Health Facility Governing Board members were oriented on what makes SRH services adolescent and youth-friendly.

¹⁵ TDHS 2015/16.



Addressing the vulnerability of displaced young people

In times of crisis, many factors – including the breakdown of social and information networks, the separation of families, and an increase in sexual violence and high-risk behaviour – increase young people’s vulnerability to gender-based violence (GBV), STIs and HIV. Young people may also not know where to access SRH information and services. UNFPA provided financial support to the International

Rescue Committee (IRC) to provide adolescent sexual and reproductive health (ASRH) services in four adolescent and youth-friendly centres in the three refugee camps in Kigoma, which 563 adolescent girls and boys accessed. UNFPA also supported IRC to train 100 youth peer educators on ASRH in Nyarugusu Camp. Through the trained peer educators and an awareness-raising campaign, 508 young people were reached with SRH information, including information on voluntary family planning and the prevention of STIs, HIV and GBV.

Ndilanha Sumbuka is a 24-year-old peer educator at the adolescent and youth-friendly (AYF) corner in Bariadi, Simiyu Region. The AYF corner is run by KIWOHEDE and funded by UNFPA. "Before I attended peer education training in 2017, I didn't know anything about adolescent sexual and reproductive health (ASRH), but I have always liked working with adolescents, particularly those who are vulnerable because of their living conditions."

Ndilanha was trained as a peer educator at the AYF corner in Bariadi's reproductive and child health facility. "At the training I learnt about ASRH and I also realized the negative impact some of my peers were having on my life. My life was on the wrong track and I decided to become a peer educator so that I could share what I had learned with other young people."

Ndilanha says the training improved his knowledge and understanding about SRH and also equipped him with life skills to make choices that will have a positive impact on his future. He has increased young people's knowledge about their SRHR and encourages them to visit the AYF corner for ASRH information, including voluntary family planning services.

The training empowered him economically; the allowance he received covered his basic needs and helped him to set up a small business at home. "I work hard to help my fellow peers attain their life goals by providing them with accurate information on SRH that helps them to avoid the risks of early pregnancy and marriage, which is a challenge in my community."

Peer education: Youth power

Peer education is recognized around the world as an effective means to empower young people; particularly to equip them with the life skills they need to make their own choices about their sexual health and well-being. This is particularly important in Tanzania where discussions about sexuality remain largely taboo and where parents and teachers, ideally placed to provide guidance to young people may find it uncomfortable to do so. Adolescents have unique SRH needs¹⁶ and it is a particularly challenging period for young girls who must navigate a myriad of social norms that may impact on them realizing their full potential.

UNFPA continues to support Kiota Women's Health and Development (KIWOHEDE) who trained 65 peer educators in ASRH in Simiyu Region between July and December 2017. This network of peer educators went on to reach approximately 2,456 youth in their communities, sharing information that enables youth to make responsible decisions about their SRH. In all districts of Zanzibar more than 1,000 young girls were reached by the former Ministry of Labour, Empowerment, Elderly, Youth, Women and Children (now the Ministry of Youth, Culture, Arts and Sports), Department of Youth's community outreach programme to tackle teenage pregnancy, which integrated SRH, gender and GBV messages, often drivers of adolescent pregnancy.

¹⁶ Our future: a Lancet commission on adolescent health and wellbeing. The Lancet. May 11, 2016. Available at: <https://www.thelancet.com/commissions/adolescent-health-and-wellbeing>.



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Winifrida Charles, aged 20, is a peer educator at the adolescent and youth-friendly (AYF) corner in Lukungu Health Centre, Busega District, Simiyu Region.

In 2017, Winifrida was trained by KIWOHEDE as a peer educator to build young's peoples knowledge about their ASRH and rights and to encourage them to visit the AYF corner at Lukungu Health Centre. "It was challenging to begin with, particularly to reach young people who lived in remote areas as well as to gain the community's trust and acceptance. Now I am more experienced and the community's response to my work is more positive."

Winifrida says that she has been empowered by her work as a peer educator and it is having a positive effect in other areas of her life. She has earned the respect of young people in her community through her weekly outreach activities, where she visits in and out-of-school youth, meeting with the latter hard-to-reach group in areas where they congregate such as the market and at sports grounds. She discusses SRH issues with her friends and they exchange experiences and share the challenges they face. Winifrida now understands why it is important for her and other young people to know about their SRH and feels more comfortable and confident in encouraging young people to visit the AYF corner for SRH information and voluntary family planning services.

During the training, she learnt different life skills and techniques that help her to navigate the challenges she and other young girls face in their community, such as early pregnancy and early marriage. Importantly she feels that through her work as a peer educator she has increased the community's acceptance of girls speaking out about their rights, including their SRHR. Winifrida feels that her community are now aware of the impact that early marriage and childbirth have on a girl's education and employment opportunities, and how girls have no say in these lifechanging events.

Reimagining the delivery of sexual and reproductive health services for youth

iPlan is an innovative microinsurance health scheme that addresses some of the challenges young people face in accessing SRH services; stigma; dissatisfaction, and inaccessibility. For a one-time nominal fee, around \$US5, an individual receives comprehensive SRH services from qualified and trained providers for one year in Health and Wellness Trust Clinics and at Peer Counselling Rooms located at universities in Mwanza and Dodoma. Clinics are designed to look more like salons so that young people can discuss their SRH needs in a relaxed environment where they feel neither stigma nor shame.

The years' fee covers four voluntary family planning counselling sessions; a years' worth of any contraceptive method; a years' worth of condoms; and quarterly HIV and AIDS counselling and testing. The scheme is implemented by DKT Tanzania, while UNFPA subsidizes the iPlan package and provides family planning commodities, as well as supports the refurbishment of "Resource Centres" at DKTT Trust Clinics and Peer Counselling Rooms at partner universities.

The strengthened partnership with universities continues to attract more students to sign up to iPlan at the higher learning institutes where it is currently available; over this reporting period an additional 2,657 young people joined the scheme and more were counselled on their SRH at events and through social media. Young people often have less access to affordable clinic services that cater directly to their SRH needs; iPlan brings these services directly to their doorstep.

Youth participation and leadership

Through active participation, young people are empowered to play a vital role in their own development and in their communities, helping them to acquire life skills and promoting positive civic action.

UNFPA Tanzania continues to work with young people and youth-serving organizations, its partners and government to develop policies and programmes that address the key issues and challenges faced by adolescents and young people in the country, positioning youth as leaders and change makers. To encourage and enhance youth participation and leadership, UNFPA supported the former Ministry of Labour, Empowerment, Elderly, Youth, Women and Children in Zanzibar to develop the Zanzibar Youth Council (ZYC) Strategic Plan (2017-2022). The plan provides a framework for the ZYC to operate under to actively promote and advocate for the rights of youth.

UNFPA's Youth Advisory Panel continues to ensure that the concerns and voices of youth are reflected in UNFPA's activities. At the annual meeting of YAP and Tanzania's AfriYAN chapter, a key platform for youth advocacy on SRHR and population development issues, members attended training workshops on voluntary family planning and learnt how to cascade their acquired knowledge to community members to increase voluntary family planning uptake among young people.

Uniting youth under a common platform

The government is now finalizing the process to set up the National Youth Council, which will serve as a platform to bring youth together to seek solutions for the challenges they face in their daily lives. The National Youth Council will be 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 Persons with Disability, effectively engaging and involving youth in decisions that affect them.

UNFPA continues to support the government to establish the National Youth Council, with technical and financial assistance. Over the reporting period UNFPA facilitated the dissemination of the National Youth Council regulations to 36 Youth Officers in the Northern and Central Zone Regions to increase their awareness about the role of the Council. And in preparation for the Council to actively function, UNFPA provided assistance to set up the National Youth Council Election Committee, which currently has nine members, who will be responsible for coordinating the election process for council members from the ward (the smallest administrative level in Tanzania) to national level.

Reaching the hard-to-reach

Youth who do not go to school are often among the most vulnerable and marginalized. They have limited knowledge about SRH, and due to the circumstances in which they live, lack access to reproductive health information and services. Their ability to make decisions and take actions that positively impact their lives are diminished.

UNFPA, in collaboration with the Prime Minister's Office - Labour, Youth, Employment and Persons with Disability, have developed a Life Skills Education Training Guide for out-of-school youth to equip them with the necessary skills to deal with the SRH challenges they face and to promote the development of life skills that will enable them to safely navigate their way through adolescence to adulthood.

In 2017, UNFPA supported a training of trainers' workshop on life skills for out-of-school youth for 15 national facilitators from the Northern Zone Regions: Kilimanjaro, Tanga, Arusha, Iringa and Njombe. The trainers held sessions to share their knowledge about life skills with 45 youth-led and youth-serving organizations in Tanga, Arusha, Mbeya, Simiyu and Mtwara. These organizations went on to reach 12,441 youth. Building the life skills of out-of-school-youth empowers them to make meaningful and healthy decisions that promote their well-being, and gives them the knowledge and skills required to lead productive and fulfilling lives.

“It was challenging to begin with, particularly to reach young people who lived in remote areas as well as to gain the community’s trust and acceptance. Now I am more experienced and the community’s response to my work is more positive.”

Winifrida Charles, peer educator.



16

Adolescent/youth-friendly corners/clinics renovated in Simiyu Region and Zanzibar.



70

Healthcare providers in Simiyu Region &

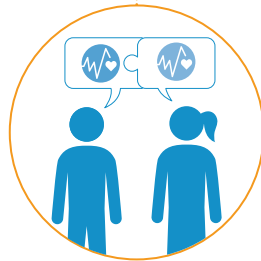
20

Healthcare providers in Zanzibar trained to provide adolescent and youth-friendly reproductive health services.



85

Peer educators trained in ASRH in Simiyu Region and Zanzibar.



12,441

Out-of-school youth reached with life skills education.



21,314

Young people accessed SRH information and services in Simiyu Region, Kigoma's refugee camp – Nyarugusu – and Zanzibar.

Adolescent and youth-friendly sites renovated in 2017/18

Simiyu Region

Maswa District Council



Maswa District Hospital



Malampaka Health Centre

Meatu District Council



Meatu District Hospital



Mwandoya Health Centre

Bariadi District Council



Dutwa Dispensary



Nkololo Dispensary

Bariadi Town Council



Muungano Health Centre



Ngulyati Health Centre

Itilima District Council



Luguru Dispensary



Nkoma Health Centre

Busega District Council



Kiloleli Dispensary



Lukungu Health Centre



Somanda Reproductive and Child Health Facility



Urban West, Zanzibar

West A District



Mwera Primary Health Care Unit

North Pemba, Zanzibar

Wete District



Bwagamoyo Primary Health Care Unit

South Pemba, Zanzibar

Chake Chake District



Mbuzini Primary Health Care Unit





Gender equality and women's empowerment

Gender equality and women's empowerment are central to the achievement of the Tanzania Development Vision 2025, the Zanzibar Vision 2020, the African Agenda 2063, and the 2030 Sustainable Development Agenda. Women's equality and empowerment is one of the 17 Sustainable Development Goals and is also integral to all dimensions of inclusive and sustainable development. Achieving gender equality by 2030 requires urgent action to eliminate the many root causes of discrimination that still curtail women's rights in private and public spheres.

Empowered, educated, employed, and elected women contribute to the health and productivity of whole families and communities, and they improve prospects for the next generation. In Tanzania, as in many countries, women and girls have fewer rights and opportunities than men and boys. This hampers women and girls and it impedes Tanzania's social, economic and political evolution.

UNFPA works on all fronts to advance gender equality and women's empowerment in Tanzania, and chairs the UNDAF II Democratic Governance, Human Rights, and Gender Equality Thematic Results Group. An important aspect of our work is to respond to and eliminate all forms of GBV.

Strengthening national commitment to end gender-based violence

The National Plan of Action to end Violence Against Women and Children (NPA-VAWC) 2017/2018-2021/2022 (Mainland Tanzania) and the NPA-VAWC 2017-2022 (Zanzibar) signify commitments to end all forms of violence against women and children. Both plans advocate for an increased focus on primary prevention and early intervention to address violence, working with individuals, families and communities, recognizing that the empowerment of women and protection of children is critical to economic and social transformation and the achievement of national and international goals.

The Plans are a significant step forward to end GBV in all its forms. They require a high level of coordination and cooperation among all duty bearers, and entail reshaping perceptions of GBV as well as gender roles between men and women.

UNFPA supports the Government of Tanzania and the Revolutionary Government of Zanzibar through both NPA-VAWC in efforts to end GBV and through several implementing partners, and adopts a diverse approach to tackle GBV both at the policy and implementation level.

A community approach to tackle GBV

To transform the social norms and cultural practices that perpetuate GBV in Tanzania, UNFPA works with a range of government and civil society partners at the national and community level to build awareness of the rights of women and girls and to engage men and boys on these issues. Programme activities are implemented in collaboration with MOHCDGEC (Tanzania Mainland) and the Ministry of Labour, Empowerment, Elders, Women and Children in Zanzibar, together with UNFPA's implementing partners the Tanzania Gender Networking Programme and Children's Dignity Forum.

In 2017/18, UNFPA supported government and NGOs to implement a campaign to raise awareness and address the drivers and consequences of all forms of GBV, including child marriage and female genital mutilation (FGM), on the Tanzania Mainland and Zanzibar.

GBV is a community issue and affects everyone. Campaign activities, therefore, were multipronged to reach specific target audiences. To end GBV women and girls must be aware of their rights in order to claim them, and aware of the legislative framework that exists to protect them. Outreach

activities engaged 2,000 girls aged 10 to 24, both in and out-of-school, to increase their ability to protect themselves against unintended pregnancies and GBV. Men and boys, so often the decision-makers in their communities, must be educated about gender-assigned roles that perpetuate GBV and harmful practices. GBV sensitization activities targeted men and boys using community football matches as a platform.

Engaging the media in advocacy efforts through their respective platforms amplifies discussions at the community and national level about GBV and its harmful impacts, and it is essential that reporting is sensitive given the constructed social norms at its root. Forty-five journalists from Unguja and Pemba, Zanzibar (17 males and 28 females) were trained on Ethics in GBV Reporting.

Community and religious leaders can be role models and positive forces to drive change to end GBV. Religious leaders in Zanzibar championed efforts to tackle GBV taking their message to congregations and students at madrasas (Islamic schools). Committees of elders were also engaged in activities. Combining the impact of the different elements of the campaign, 47,805 women, men, girls and boys were sensitized about GBV.



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Increasing social support to end female genital mutilation

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, and there is a supportive national policy framework. The Government criminalized FGM in 1998 and the recently launched NPA-VAWC specifically addresses FGM as a practice that harms women and girls.

The promising decline in FGM prevalence, as indicated in the TDHS 2015/16, suggests that efforts made to tackle

FGM are bearing fruit, but it is acknowledged that in some communities it is still universal and efforts must be accelerated to end this practice that violates girls' human rights, and has devastating psychological, emotional and physical impacts.

UNFPA Tanzania adopts diverse approaches both at the policy level (working with key Ministries such as MOHCDGEC) and at the implementation level to end FGM, and engages elders, religious leaders and other influential voices in dialogues to educate them on the human rights and health impacts of FGM, and to act as champions in efforts to eliminate this practice.



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Maasai elders join the anti-FGM campaign

"FGM is a health and human rights issue," says Isaack*, aged 64, leader of a Maasai community in Tanzania.

"As a Maasai elder and leader - a Laigwanani - I have to lead by example. I have taught my children that FGM is a harmful practice. I have told my sons to marry uncut girls and my daughters not to undergo FGM." He is one of 50 Maasai elders advocating for an end to FGM.

"We elders have come to understand that FGM is a harmful practice because it affects the health of girls and women; it denies them their right to education and affects their future. We now understand that no harm will befall a girl who has not been cut. They are healthy and can go to school and get an education. They will not marry early and will not suffer during childbirth. When they are old enough they can marry of their own free will."

During meetings of the elders and at other community gatherings the Laigwanak, who support the anti-FGM campaign, ask the Maasai people to respect the law and the views of health experts in order to save the lives of their daughters and future wives.

Previously the Maasai elders respected and continued the harmful practice of FGM in accordance with their cultural beliefs; they saw it as a girl's rite of passage from childhood to womanhood in preparation for marriage. "We do not want to condemn the culture and traditions that have existed for centuries in our society. We simply want to highlight the negative and life-threatening consequences of FGM to community members," says Isaack.

** Name has been changed.*

Timely justice for GBV survivors

Although acknowledged globally as one of the most pervasive violations of human rights, GBV is also one of the least prosecuted crimes. Perpetrators operate with impunity in an environment where entrenched gender and social norms leave many survivors without recourse to justice. Concerted efforts in Tanzania, including the establishment of Police Gender and Children's Desks, have resulted in an increase in the number of GBV cases reported and it is imperative that offenders do not go unpunished.

UNFPA supported a dialogue session between representatives of GBV survivors from Unguja and Pemba, Zanzibar, and a wide range of duty bearers including Regional Police Commanders, Police Gender and Children's Desk Officers, Court Registrars, and the Director of Public Prosecutions – 48 participants in total – to brainstorm ways to expedite hearings of GBV cases. Six months on from the training there is an indication that the prosecution of GBV cases in Zanzibar is moving more quickly.

There must also be widespread awareness of legislation that criminalizes GBV so that survivors can claim their right to justice. UNFPA supported training for 33 duty bearers (16 females and 17 males) in three districts of Kigoma Region including District and Primary Court registrars, Police Gender and Children's Desk Officers, a Public Prosecutor, district medical officers and representatives from religious organizations, government authorities and civil society to increase their understanding of the NPA-VAWC and to build their capacity to work collectively to ensure timely justice for GBV survivors in Kigoma. The training was coordinated by the Deputy District Registrar and facilitated by Judges, including members of the Tanzania Women Judges Association.

Investing in coordinated GBV response services

A low level of awareness of survivors' rights and a lack of access to health, legal and psychological services for GBV survivors contribute to high levels of underreporting and leave women and children alone to cope with the trauma of violence; accessible, comprehensive prevention and response services are desperately needed. UNFPA supported the establishment of a One Stop Centre at Mwananyamala Hospital, Dar es Salaam – a critical resource for women and children who are or have been subjected to GBV. The centre offers specialized services to survivors of physical and sexual violence, including health care, collection of forensic evidence, criminal investigation, and psychosocial support.

To create an effective GBV prevention and response team for the newly-established One Stop Centre in Dar es Salaam, UNFPA supported training for 20 healthcare providers and social welfare officers, 15 police officers and one representative from MOHCDGEC. Building duty bearers' capacity to identify, treat and respond appropriately to GBV is essential for the communities that they serve

The opening of the centre recognizes the continued need for investment in establishing coordinated prevention and response services for GBV survivors. Since May 2011, when UNFPA opened the first One Stop Centre at Mnazi Mmoja Hospital, Zanzibar, the Revolutionary Government of Zanzibar has established a further six centres.



47,805 Women and girls, men and boys, elders, and religious and community leaders sensitized about GBV.

One Stop Centre opened at Mwananyamala Hospital, Dar es Salaam.





Humanitarian assistance

UNFPA, as part of inter-agency efforts, works in collaboration with local and international NGOs to support the Government of the United Republic of Tanzania to respond to the humanitarian needs of 292,646¹⁷ refugees, primarily from Burundi and the Democratic Republic of Congo, currently hosted in three refugee camps in Tanzania: Nyarugusu, Nduta, and Mtendeli in Kigoma Region. An important part of UNFPA's humanitarian response is to provide regular SRH care to displaced and host communities. Though focused on women's and girl's SRH needs, services also extend to men and boys.

Leaving no one behind: Providing reproductive healthcare in refugee camps

Refugee women and girls face extraordinary hardships; they endure grave risks and many are thrust into poverty. But they can also face another, more intimate, hardship – the effects of displacement on their SRH. In refugee and other crisis contexts, women and girls are disproportionately affected by limited access to essential services, including SRH services. The provision of and access to consistent, reliable, and effective SRH services, which save lives and promote resilience in humanitarian contexts, is critical.

Contributing to Tanzania's long-term humanitarian response, UNFPA delivered and supported training on the Minimum Initial Service Package for the provision of emergency SRH services, including for safe deliveries, and distributed 248 Emergency Reproductive Health Kits in all three camps as well as to host communities. The kits contain life-saving equipment and supplies that are essential given that more than a third of maternal deaths worldwide occur in crisis settings due to a lack of access to EmONC and the availability of skilled healthcare providers.¹⁸ UNFPA also distributed 10,387 Dignity Kits to all mothers, adapted to meet the needs of their newborns, on their discharge from maternity wards, to promote healthy and hygienic postnatal care.

Midwives on the edge: Essential maternal and newborn care in refugee camps

Midwives are among the health professionals who provide care at an early stage during a humanitarian crisis and stay on in the long term to prevent maternal and newborn morbidities and mortalities. Women and children become significantly more at risk of various reproductive health morbidities in low resource settings, including in humanitarian emergencies. UNFPA recruited and deployed 15 midwives to maternity wards in the camps, where there

¹⁷ Camp-based population. UNHCR - Tanzania Refugee Situation Statistical Report as of 31 August 2018.

¹⁸ Shelter From The Storm. State of World Population 2015. UNFPA.

Traditional birth attendants: An evolving role

"My Grandmother was a 'Mkunga wa Nyumbani' (a traditional birth attendant (TBA)) in Bujumbura, where I grew up," says 66-year-old Jane Habirimana. "From the age of 12, I helped her to deliver babies. When I married at the age of 21, I too started practicing as a TBA."

Jane used to deliver many babies and was invited to attend the UNFPA-supported training to redefine the role of TBAs. Jane now works relentlessly to encourage displaced women in Nyarugusu Refugee Camp to attend antenatal clinics and to deliver their child at health centres in the camp. From being the person who offered up her home as a clinic for expectant mothers, she now accompanies women to health centres, seeking the support of chiefs or husbands for those women reluctant to attend. "I go with expectant mothers to the health facilities for their initial pregnancy check-up, and for their fourth antenatal visit and accompany them to the health facility for delivery. I also accompany mothers and their newborns to clinics for postnatal checks."

Jane says, smiling, "The training I have received has earned me a renewed respect within my community. The uniform I was given makes me stand out, but in a good way! I love that I am now helping to bring life into the world in a safe environment."

was a lack of skilled healthcare providers. With UNFPA's support the IRC conducted refresher training on BEmONC for 20 midwives and clinicians from Nyarugusu and Mtendeli Camps to build their skills to effectively manage pregnancy-related complications. There were 10,387 safe deliveries in the camps, with 97 per cent of all deliveries attended by a skilled birth attendant at a healthcare facility. Three hundred and fifty-seven women with obstetric complications were timely referred to health facilities that provided CEmONC services in Nyarugusu and Mtendeli Camps as well as to nearby district hospitals.

Redefining the role of traditional birth attendants

The World Health Organization has recognized the important role traditional birth attendants (TBAs) can play in supporting the health of women and newborns to improve outcomes during pregnancy and childbirth.¹⁹ In Tanzania, UNFPA provided technical assistance to professional midwives to organize sessions for 200 TBAs, as respected and influential members of their communities, to redefine TBA's role as referral facilitators/intermediaries between communities and the healthcare system in Nyarugusu Camp. Sessions with TBAs cover the common causes of maternal deaths, the risks of home-based deliveries, and their role in facilitating referrals to maternity wards and escorting pregnant women to healthcare facilities. UNFPA-supported midwives have reported an increase in the number of women giving birth at health facilities in the camp and report that this, in part, can be attributed to the new role assumed by TBAs. UNFPA has also provided TBAs with escort bags that contain items such as gloves, torches and raincoats, and a uniform so that they are easily identifiable.

¹⁹ WHO recommendation on partnership with Traditional Birth Attendants (TBAs). Available at: <https://extranet.who.int/rhl/topics/improving-health-system-performance/who-recommendation-partnership-traditional-birth-attendants-tbas>.

Access to voluntary family planning saves lives in humanitarian settings

UNFPA's commitment to provide contraceptives, including long-acting reversible contraceptives, in humanitarian settings is essential to prevent unintended pregnancy and continues to be a pillar of our work. The 2030 Agenda makes the realization of SRHR a specific target for every individual and couple, no matter where or how they live, or how much they earn, and this includes the most marginalized and vulnerable.

UNFPA supplied 6,308 injectable contraceptives, 1,844 cycles of oral contraceptive pills, 140 intrauterine devices, and 1,676 contraceptive implants to the three refugee camps increasing the contraceptive prevalence rate from 17 per cent to 29 per cent. These commodities averted an estimated 2,121 unintended pregnancies; avoided five maternal deaths; and prevented 476 unsafe abortions in the camps.

Displacement heightens the risks of gender-based violence

All of UNFPA's SRH programmes for displaced people in Tanzania's refugee camps integrate GBV prevention and response services. GBV is common in humanitarian settings²⁰ and women and girls 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.

UNFPA provided the IRC with six tents to function as safe spaces and "One Stop Centres" for women and girls who are or have been subjected to violence. The safe spaces, or One Stop Centres, provide psychosocial support as well as medical services and there has been a noticeable increase in the referrals of GBV survivors. With support from UNFPA,

the Tanzania Red Cross Society (TRCS) and the IRC treated 335 GBV survivors over the reporting period, 69 per cent of whom received care within the critical first 72 hours.

UNFPA also supported capacity building on the Clinical Management of Rape Survivors for 17 healthcare workers from Nyarugusu and Mtendeli Camps. This increased the pool of healthcare providers competent in handling GBV cases leading to the provision of more timely response services for GBV survivors at One Stop Centres.



2,121

Unintended pregnancies averted in the camps through UNFPA's contraceptive supplies.



10,387

Safe deliveries in the camps.



97%

of deliveries attended by skilled healthcare workers/midwives.



97%

of all deliveries in refugee camps took place at a healthcare facility.



10,387

Dignity Kits distributed to vulnerable women and girls.



248

Emergency Reproductive Health Kits distributed in all three refugee camps.



6

Additional safe spaces established for women and girls in the camps.

²⁰ Gender-based violence in humanitarian settings. UNFPA 2014.





Population data for development

Leaving no one behind: Data disaggregation

UNFPA continues to invest in strengthening and building the capacity of government and national institutions to improve the quality, coverage and availability of gender-disaggregated data to ensure that no one is left behind. Without data equality, there can be no gender equality, and consistent, comparable statistics on women's and girls' outcomes must be available to monitor several gender-related targets under national programmes and the SDGs.

To increase data for decision-makers about the nature and scale of the social and economic barriers that hold women and girls back, UNFPA supported the National Bureau of Statistics (NBS) and the Office of Chief Government Statistician (OCGS) Zanzibar to implement the Tanzania Statistical Master Plan (TSMP). The plan builds the capacity of government to generate and make available high-quality data disaggregated by gender to formulate, implement and monitor policies and programmes against national and international indicators, including in humanitarian settings.

Preparing for the 2022 Census

A census is the largest collection of socio-demographic statistics on a country's population. It occurs every ten years and provides not only a population count but also detailed characteristics and attributes at small geographic levels that government and NGOs use to underpin their policy and programme decision-making processes. Accurate, high quality data, therefore, is paramount. UNFPA, as part of inter-agency efforts, continues to provide technical and financial support to government to finalize the Census Project Document that will be the guiding document for the implementation of all phases of the census.

Ensuring accurate, high quality census data

The government is planning to use advanced digitalized census technology for the 2022 Census. Enumerators will use digital data collection devices to record information at the household level, which will be immediately captured at the Central Data Processing Centre. This will reduce the costs of the data collection exercise and ensure greater accuracy and quality of data. Statistics, such as the population of the country, will be available to data users more quickly after the data collection exercise has been completed. In preparation for the roll-out of the digital technology, UNFPA continues to provide support for a pilot study that is testing the efficacies of this system.

Population projections: Strengthening the knowledge base for evidence-based decision-making

Population projections, to determine what a country might look like in the future, are made based on assumptions about future trends in fertility, mortality and migration. Using various methodologies and tools, and with data from the 2012 Population and Housing Census, UNFPA supported government to generate population projections for the period 2013 to 2025. As policies and programmes are designed for people, it is critical to have an understanding about the composition of the population in the future. The projected population figures are accessible to data users on the NBS's website and act as cornerstones for government and development partners in planning processes and resource allocation.

Linking national policy targets with international policy goals

Data at the country level are essential to understand what is working and to track progress on the individual targets of the SDGs. Over this reporting period UNFPA continued to support the NBS and OCGS to localize SDG reporting mechanisms by aligning the targets of the second National Five-Year Development Plan (FYDP II) 2016/17-2020/21 Tanzania, and the Zanzibar Strategy for Growth and Reduction of Poverty III (MKUZA III) 2016-2020 with the goals of the Agenda 2063 of the African Union and the 2030 Agenda. NBS data available to assess progress against national and international targets - including more than 40 indicators that directly relate to reporting on the SDGs - has increased from 53 per cent to 94 per cent.

Data to support inclusive development in Zanzibar

People with disabilities (PWDs) are among the most marginalized in society and are confronted with challenges on a daily basis. The realization of Agenda 2030 is only possible if everyone is visible to the government and development partners, and the Agenda contains seven explicit references to disability and PWDs as a key target group in global efforts to eradicate extreme poverty, ensuring no one is left behind.

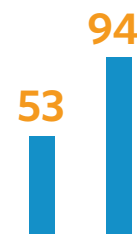
In March 2018, UNFPA and the Department of Disability Affairs held a national stakeholders consultation in Zanzibar to assess existing data gaps for PWDs and how this impacts on the government's capacity to monitor targets for this diverse population group against the Zanzibar Strategy for Growth and Reduction of Poverty III (MKUZA III) 2016-2020, the 2030 Agenda and the Convention on the Rights of Persons with Disabilities.

The consultation process has made tangible strides in making this population group more visible. A review of the national register of PWDs has resulted in the creation of a database of PWDs, “Jumuishi”, translated as “Inclusion”, which will be launched in late 2018. The Jumuishi database will increase the government’s capacity to generate more reliable and comparable disability statistics and to mainstream disability data collection into national statistics systems, harmonizing efforts with international disability measurement standards. With robust disability data, the Revolutionary Government of Zanzibar will be well placed to identify barriers that PWDs face and design programme interventions that specifically address their needs, significantly improving PWDs’ lives.

The Jumuishi database is just one of a number of initiatives that UNFPA is supporting in Zanzibar under the Creation of Foundations for the Inclusion of PWDs. A Five-Year Strategic Plan for the National Council of PWDs in Zanzibar and an implementation strategy for the Policy for PWDs in Zanzibar are in development. To further increase the visibility of PWDs, the Department of Disability Affairs is creating a dedicated website, while a research study will look at the additional barriers that young PWDs face in accessing SRH information and services.



Tanzania Statistical Master Plan implemented.



NBS data to assess progress against national and international targets increased from 53 per cent to 94 per cent.



Population projections generated for the period 2013 to 2025.



Resources and partnerships 2017/2018

Funds implemented in 2017/2018*

	Amount \$US	Programme Area	Amount \$US
Core Resources	\$3,068,626.62	Population data for development	\$673,060.12
Global Affairs Canada	\$1,655,102.61	Gender equality and women's empowerment	\$533,458.11
Department for International Development (UK)	\$2,407,630.22	Humanitarian assistance	\$208,547.08
Korea International Cooperation Agency (KOICA)	\$2,155,498.35	Sexual and reproductive health and rights	\$8,702,904.85
United Nations One Fund ²¹	\$906,682.72	Adolescents and youth**	\$269,149.10
UNESCO Joint Programme	\$23,793.64	Programme coordination and assistance	\$137,941.15
OCHA - CERF Funding	\$92,382.85	Sub-total	\$10,525,060.41
UNAIDS - UBRAF	\$52,616.43	UNFPA Indirect Costs	\$545,160.31
Friends of UNFPA ²²	\$108,447.49	TOTAL	\$11,070,220.72
UNFPA - Innovation Fund	\$2,009.53		
UNFPA Supplies	\$597,430.26		
TOTAL	\$11,070,220.72		

* UNFPA in Tanzania has both a Fiscal Year (January to December) and an Annual Work Plan Year (July to June) in line with the United Republic of Tanzania's Fiscal Year.

** 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 as well as life skills education for youth, both in and out-of-school; 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.

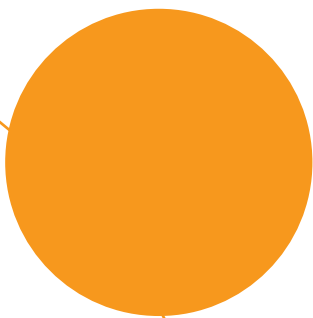
²¹ Funded by the Governments of Sweden and Norway.

²² <https://www.friendsofunfpa.org/>.

Partnerships in 2017/2018

	Activity Area				
	Sexual and reproductive health and rights	Adolescents and youth	Gender equality and women's empowerment	Humanitarian assistance	Population data for development
I. Government					
Department of Disability Affairs					•
Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)	•	•	•		
Ministry of Health, Zanzibar	•	•			
Ministry of Labour, Empowerment, Elders, Women and Children, Zanzibar		•	•		
Ministry of Labour, Employment and Youth Development (Tanzania)		•			
National Bureau of Statistics					•
Office of Chief Government Statistician (OCGS) Zanzibar			•		•
President's Office Regional Administration and Local Government (PO-RALG)	•	•			
Prime Minister's Office - Policy, Parliamentary Affairs, Labour, Employment, Youth and Persons with Disability		•			•
Tanzania Commission for AIDS (TACAIDS)	•	•			
Zanzibar AIDS Commission	•	•			
Zanzibar Planning Commission					•
II. NGOs					
Children's Dignity Forum (CDF)			•		
Kiota Women's Health and Development (KIWOHEDE)	•	•			
Tanzania Gender Networking Programme			•		
Tanzania Midwives Association (TAMA)	•	•			
Tanzania Red Cross Society (TRCS)	•			•	
Tanzania Women Judges Association			•		
The African Youth and Adolescent Network on Population and Development (AfriYAN)	•	•			
Zanzibar Youth Education Environment Development Support Association (ZAYEDES)	•				

	Activity Area				
	Sexual and reproductive health and rights	Adolescents and youth	Gender equality and women's empowerment	Humanitarian assistance	Population data for development
III. INGOs					
DKT International Tanzania		•			
International Rescue Committee	•			•	
Marie Stopes Tanzania	•	•			
IV. Other					
Sahara Sparks	•				
Tanzania Training Centre for International Health (TTCIH), Ifakara	•				
V. Development Partners					
Central Emergency Response Fund (CERF)				•	
Department for International Development (DFID, UK)	•	•			
Global Affairs Canada	•				
Korea International Cooperation Agency (KOICA)	•				
VI. UN Agencies					
UNAIDS	•				
UNDP					•
UNESCO		•			
UNHCR				•	
UNICEF	•		•		
UN Women			•		
IOM			•	•	
OCHA				•	
WFP	•				



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