



Office of the United Nations Resident Coordinator in Tanzania

UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK (UNDAF, 2007-2010)

United Republic of Tanzania

The United Nations System in Tanzania Vision 2015

“A Smaller & Unified UN, Speaking With One Voice, Having Contributed to the Achievement of the MDGs in Tanzania, Focused on Regional Cooperation (Peace, Stability, Environment, HIV/AIDS, etc.), Strategic and Upstream, Knowledge-based and Learning Org., Trusted Partner & Honest Broker, Effective & Appreciated, with Women in top UN positions, and a Different Staff Profile.”

UNDAF Prioritization Retreat (April 2005)

A United Vision: Working Together in the United Republic of Tanzania

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Executive Summary

The UNDAF for the United Republic of Tanzania represents the Business Plan of 17 UN Agencies, including one non-resident Agency, i.e. UNIFEM. It is a strategic results-based and upstream policy influencing tool, which seeks to support Tanzania's development aspirations and priorities as outlined in the Vision 2025 (Mainland Tanzania), Vision 2020 (Zanzibar), the National Strategy for Growth and Reduction of Poverty (NSGRP, also known as MKUKUTA under its Kiswahili acronym), the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP, also known as MKUZA under its Kiswahili acronym) and the Joint Assistance Strategy (JAS). The UN response aims at promoting a rights-based approach to poverty reduction by giving particular attention to the most vulnerable groups to ensure that they do participate in and benefit from the growth and development process.

The UNDAF (2007-10) is aligned to the three outcome-oriented pillars of Tanzania's second generation MKUKUTA and MKUZA, i.e. growth and reduction of income poverty; quality of life and social well being/social services and social well being; good governance and accountability/ good governance and national unity. The UN response focuses on six crosscutting themes, i.e. gender, youth, children, HIV/AIDS, employment, and the environment. It addresses both the humanitarian and development concerns of the country, including the transition from humanitarian to development concerns in the refugee hosting areas of North Western Tanzania.

In the context of increased general budget support and sector programming, the UN is committed to support national ownership and leadership of the reform agenda and contribute to greater development effectiveness and impact by maximizing the organization's comparative advantages as a trusted and honest broker, an impartial partner, a facilitator of dialogue as well as an experienced partner in capacity development.

More specifically, in Tanzania's shifting aid environment the distinctive role and the true value of the UN is in building trust and facilitating dialogue around key policy and institutional reforms (public administration, sector reforms, elections, Legislature, Judiciary, anti-corruption, public-private partnership, aid effectiveness); in offering alternative and evidence-based policy options based on the normative and operational mandate of the UN; in supporting the capacity of the government, the legislature, political parties and non-state actors to effectively participate in policy dialogue and deepen domestic accountability processes at all levels; in supporting the empowerment of, and creating space

for, vulnerable groups to be heard and heeded; in scaling-up capacity for sector and local programming, management and service delivery; in strengthening national capacity for disaster preparedness and response; and in fostering human rights norms and standards in all areas of policy and operational interventions. The UN will do so by building strategic partnerships, by extending the UN knowledge networks to partners, by sharing international good practices, by supporting innovations, and by promoting inclusion and accountability.

The second generation UNDAF is to facilitate a transition to more progressive development partnership practices and instruments as articulated in the JAS, the UNDG Follow up Plan of Action post-Paris and the Global Task Team recommendations to support the harmonization of the AIDS response among UNAIDS Co-sponsors at country level. The commitment of the UN to initiate through the UNDAF a transition to more progressive sector-wide programming and aid delivery modalities (i.e. basket funding and aligned project modalities) using national systems and procedures, where applicable, is borne out of the priority to reduce high transaction costs on Government and partners involved with the current substantial UN project portfolio (Joint Strategic Review of the UN, 2005); and facilitate greater national ownership, leadership and capacity to effectively inform policies and manage the development process.

The strategy underpinning the UNDAF provides for greater inter-action, dialogue and joint interventions with Civil Society, including the establishment of an Advisory Committee to guide the Civil Society and UN partnership. Additionally, support to the strengthened capacity of non-state actors to effectively participate in national policy processes, demand rights, transparency and accountability will be complemented with interventions to enhance their capacity to maintain a high level of transparency and accountability with regard to their activities and financial resources.

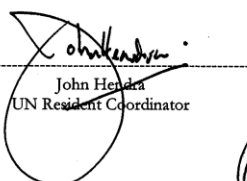
Finally, the UNDAF seeks to establish a strategic partnership arrangement with the Development Partners Group or a sub-group thereof. The main objectives of the partnership would be to empower the UN to maximize its role in the New Aid Environment; support resource mobilization for Joint and Collaborative UN Programmes; and facilitate the UN system change management process required to effectively implement the UNDAF and meet the JAS principles. The partnership framework would seek to gauge progress on UN reforms at country level based on the second generation UNDAF, particularly its Results Matrix and the Monitoring Framework underpinning the commitment of the UN to the principles of the JAS.

Preamble

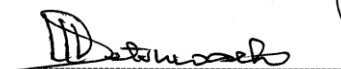
The United Nations System in Tanzania is committed to support the efforts of the Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar in implementing and achieving the goals and targets of the MKUKUTA and the MKUZA, following the guiding principles of the Tanzania Joint Assistance Strategy (JAS). We shall work together with the Government, Non-State Actors and the Development Partners to support the aspirations of the people of Tanzania as stated in the MKUKUTA and the MKUZA.

In carrying on with the guiding principles of the JAS, we shall support national ownership and leadership of the development agenda; increasingly work through sector-wide programmes and aligned project modalities; deliver the UN support to Tanzania through basket funds and the direct project funding modality using government structures and systems, where applicable; extend technical assistance in line with the national priority on developing sustainable capacity; participate in a division of labour among development partners in the context of the harmonization agenda. Overall, the UN will do so by maximizing its comparative advantages and unique role in the Tanzania context.


We accept that the UNDAF Results Matrix will provide the main tool to gauge the collective ability of the UN to move forward in support of Tanzania's progressive development and aid reform agenda. In pursuing these goals, we shall ensure the transparent and accountable use of the resources made available to us for this purpose.



John Henda
UN Resident Coordinator




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Louise Setshwaelo

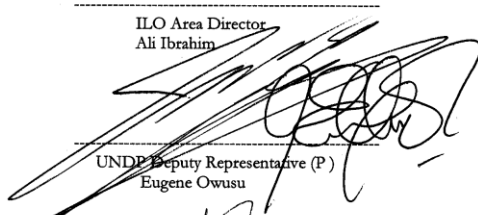


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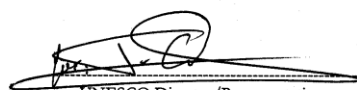
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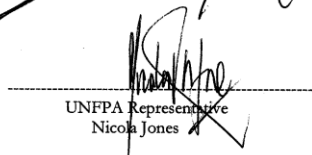
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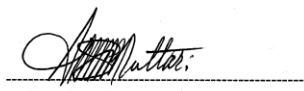
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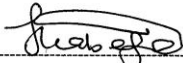
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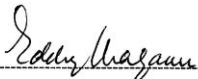
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**THE UNITED REPUBLIC OF TANZANIA
THE GOVERNMENT'S STATEMENT ON THE UNITED NATIONS
DEVELOPMENT ASSISTANCE FRAMEWORK (UNDAF)**

**OVER THE PAST SIX YEARS, TANZANIA HAS REGISTERED IMPROVED
MACRO ECONOMIC PERFORMANCE**

the results of which reflect years of enduring structural reforms in a stable social-economic and political environment, including the implementation of the three year PRS (P), (2001/2002 – 2003/2004) which focused more on priority social sectors. In Tanzania Mainland, GDP rose consistently from 1997 reaching 6.2 percent in 2002. The growth rate slowed down to 5.7 percent in 2003 due to drought that led to reduced agricultural production. However, the economy picked up to 6.7 per cent and 6.8 per cent growth in 2004 and 2005, respectively. The annual inflation rate was 4.4 percent in 2003 and increased to 4.6 percent at the end of March 2004 due to drought and a sharp rise in oil prices. As a result of these exogenous factors, inflation rate shot-up from 4.3 per cent at the end of July 2005 to 6.9 per cent at the end of April 2006, but is expected to decline and stabilize at around 4 percent from the second half of 2006. The official foreign exchange reserves for calendar year 2005 were equivalent to 6.4 months of imports of goods and services. The nominal exchange rate continued to be determined by the market with the Bank of Tanzania interventions limited to smoothing fluctuations.

The Revolutionary Government of Zanzibar took deliberate steps to address constraints to growth including the formulation of the Zanzibar Poverty Reduction Plan (ZPRP). Economic performance has been variable during the implementation of the ZPRP. Growth of the Zanzibar economy, in real terms, has been sustained at high rates, recording 5.9% in 2003 and 6.4% in 2004. Per capita nominal income increased from Tshs. 261,000 (equivalent to US \$ 276) in 2002 to Tshs.331,000 (equivalent to US \$ 303) in 2004. Inflation rate in Zanzibar was contained at single digit; 5.2% in 2002, 9.0% in 2003 and 8.1% in 2004.

KEY CHALLENGES REMAIN

Poverty levels are still high in Tanzania despite the performance recorded. Challenges therefore remain including maintaining socio - economic and political stability as the country strives for higher economic growth, equity and improved quality of life. The National Strategy for Growth and Reduction of Poverty (MKUKUTA), and the Zanzibar Strategy for Growth and Reduction of Reduction of Poverty (MKUZA) call for interventions that will ensure that the pattern of growth and benefits at the macro-level are translated into micro-level welfare outcomes through creation of jobs, better education, better health services, better infrastructure and empowering the population to engage in economic activities. At the same time the GDP growth has to be maintained at rates above 6 percent per annum over the period 2005 - 10. Scaling up of domestic resource mobilization is a key challenge that requires strengthening of tax administration, expansion of the tax base and deepening the financial services sector. There also remains the challenge to increase exports of goods and services including tourism and competitiveness of the economy of Tanzania.

These challenges are for both Tanzania mainland and Zanzibar. The high population growth rate is also a challenge as it reduces the effect of economic growth on improving per capita income.

GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA, IN ITS EFFORTS TO FIGHT ABJECT POVERTY

and increase the impact of its development policies, has articulated the national strategic development aspirations and priorities for poverty reduction in the National Strategy for Growth and Reduction of Poverty (NSGRP/MKUKUTA), and in the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP/MKUZA). The United Nations System in Tanzania and other development partners were closely and effectively involved in the processes of developing MKUKUTA, and MKUZA. The Government of the United Republic of Tanzania is pleased that the UNT supported these processes and accepted to align this second generation UNDAF to MKUKUTA and MKUZA, under the guiding principles of the Joint Assistance Strategy (JAST). On its becoming operational, the JAST/MPAMITA will apply to both Tanzania Mainland and Zanzibar.

GOVERNMENT OF THE UNITED REPUBLIC OF TANZANIA, FULLY PARTICIPATED IN THE DEVELOPMENT OF THE UNDAF

and is committed to work together with the UNST to implement the UNDAF. The Government acknowledges the role of the UNST as the pioneer for the promotion of the principles of harmonization and alignment in Tanzania, which aim at reducing transaction costs of aid and promoting aid effectiveness. We look forward to the United Nations to continue encouraging other development partners to work in the same direction



Gray S. Mgonja

**PERMANENT SECRETARY TO THE TREASURY
AND PAYMASTER GENERAL**

UNDAF-at-a-Glance		
CLUSTER I National Priority I	CLUSTER II National Priority II	CLUSTER III National Priority III
MKUKUTA <ul style="list-style-type: none"> - Broad based and equitable growth is achieved and sustained. MKUZA <ul style="list-style-type: none"> - Pro-poor growth achieved and sustained 	MKUKUTA <ul style="list-style-type: none"> - Improved quality of life and social well-being with particular focus on the poorest and most vulnerable groups. - Reduced inequalities (e.g. education, survival, health) across geographic, income, age, gender and other groups. MKUZA <ul style="list-style-type: none"> - Improved social well being and access to quality services with emphasis on the poor and most vulnerable groups 	MKUKUTA <ul style="list-style-type: none"> - Good governance and rule of law ensured. - Leaders and public servants are accountable to the people through the effective reduction of corruption and public access to information. - Democracy and political and social tolerance are deepened. - Peace, political stability, national unity and social cohesion are cultivated and sustained MKUZA <ul style="list-style-type: none"> - A society governed by the rule of law and government that is predictable, transparent and accountable
UNDAF Outcome I	UNDAF Outcome II	UNDAF Outcome III
By 2010, increased access to sustainable income opportunities, productive employment and food security in the rural and urban areas.	By 2010, increased access to quality basic social services for all by focusing on the poor and most vulnerable.	By 2010, democratic structures and systems of good governance as well as the rule of law and the application of human rights, with a particular focus on the poor and vulnerable groups, are strengthened.
Country Programme Outcomes	Country Programme Outcomes	Country Programme Outcomes
<ul style="list-style-type: none"> - Increased adoption of equitable, pro-poor and gender sensitive economic policies and programmes. - National productivity and competitiveness is improved through decent employment opportunities, equitable access to and effective use of productive resources, improved transport and communication networks, and greater market access. - Increased food availability and access for the most vulnerable population, including those infected and affected by HIV/AIDS and their caregivers. 	<ul style="list-style-type: none"> - Effective mechanisms, including social protection, in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable, including those affected by HIV/AIDS. - Increased and equitable access to quality formal and non-formal education, including for those affected by HIV/AIDS. - Improved community access to safe, clean water and environmental sanitation in the rural and urban areas. - Increased and equitable access to comprehensive reproductive and child health interventions. - Increased access to comprehensive prevention, care and treatment, and impact mitigation of HIV/AIDS and other major diseases. 	<ul style="list-style-type: none"> - Strengthened political, parliamentary and electoral systems that enhance effective participation and representation and promote political tolerance, oversight and credible elections. - Strengthened national and local structures and systems of governance that foster the rule- of-law, promote gender equality, combat corruption and promote accountability and transparency. - Enhanced and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms. - Strengthened budget planning and MKUKUTA/MKUZA monitoring systems that foster participation and gender equality. - Increased protection and promotion of the rights of the poor and most vulnerable groups, including those infected with and affected by HIV/AIDS and their caregivers. - Enhanced Government capacity for disaster preparedness, response to refugee flows, and management of transition from humanitarian assistance to development.

I. Introduction to the National Development Context and the UNDAF Process

1. A brief summary of the analysis behind the UNDAF is presented here¹. The assessment is based on a growing body of data and studies that underpin the National Strategy for Growth and Reduction of Poverty (NSGRP, also known as MKUKUTA under its Kiswahili acronym) and the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP, also known as MKUZA under its Kiswahili acronym), as well as the most recent *Poverty and Human Development Report* (PHDR, 2005). It reflects an improved understanding of the characteristics, levels and geographic patterns of poverty, inequality and vulnerability using a range of key indicators increasingly disaggregated by sex, age and at rural, urban and district levels. These indicators, compiled in the Tanzania socio-economic database (TSED)², and their analysis can be viewed through Tanzania On-Line (www.tzonline.org).

1.1. Overall Development Challenges

2. The first generation UNDAF (2002-2006) notes that the main development challenge, which all efforts in Tanzania eventually aim to address, is widespread and persistent poverty in all its dimensions, particularly in rural areas. Four years down the line, while the overall picture is much more encouraging, there are still significant challenges. On the positive side, there are indications that nearly all children of primary schooling age are enrolled; child and under-five mortality are both on the decline; more women hold positions in high level public offices in Government and in Parliament; the HIV/AIDS prevalence rate among the adult population (15-49) has stabilized; and more Tanzanians have access to safe water. At the same time, significant challenges remain. Income poverty remains significantly high, particularly in rural areas and unplanned and un-serviced settlements or informal settlements in urban areas; livelihood opportunities for young people are seriously constrained; there is

no indication of improvements in maternal mortality over the last decade; and enrolment in secondary education remains one of the lowest in sub-Saharan Africa. In addition to HIV/AIDS and malaria, there are other endemic diseases that are still contributing heavily to the disease burden. Tuberculosis is still a major cause of morbidity and mortality while parasitic diseases and cholera persists.

3. Over the past decade, Tanzania has experienced acceleration in economic growth (from an average annual rate of 2.5 per cent in 1990-1994 to 5.8 percent in 2000-2004 and 6.8 percent in 2005) as well as rapid decline in inflation (from double digits in the 1990s to an annual average rate of 4.3 per cent in 2005). The country has also accumulated high foreign reserves and achieved a relatively stable exchange rate³. In Zanzibar, real GDP growth rose from 3.6% in 2000 to 6.5% in 2004 while inflation has been contained to a single digit figure throughout the 2000s⁴ with the average just above the target of 5%.
4. A considerable increase in investments in infrastructure (essentially roads and telecommunications), mining and tourism and public services (particularly primary education) has been recorded owing to increased domestic revenue efforts, ring-fenced and increased annual budgetary allocations to social sectors, an increased inflow of official development assistance (financing 41% of the Government budget - 2005/06) and greater levels of foreign direct investments (FDI). These results reflect years of enduring structural reforms (trade and exchange rate liberalization, parastatal sector reform, investment promotion, tax reform, financial sector reform and civil service reform) in a stable socio-political environment.
5. Despite the macroeconomic and structural achievements to date, poverty remains particularly widespread in the rural areas, with significant district level differences in income poverty and different aspects of non-income poverty. Those particularly at risk are young children and youth, the very old, the disabled,

¹ As in the first UNDAF, the UN agreed to subsume a separate Common Country Assessment (CCA) to national analytical work underpinning the National Strategy for Growth and Reduction of Poverty (NSGRP) and the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP).

² See TSED at <http://www.nbs.go.tz/Tsed/index.htm>

³ See PHDR 2005; URT, Ministry of Planning, Economy and Empowerment, Review of Recent Macroeconomic Performance, Presented at the Public Expenditure Review/NSGRP Consultative Meeting, May 2006.

⁴ Ministry of Finance and Economic Affairs, Zanzibar Growth Strategy 2006-15, Draft Concept Note, Feb. 2006

women, those in large households and those involved in subsistence agriculture, livestock production and small-scale fishing. Of particular concern is the impact of the HIV/AIDS pandemic, which is the single most impoverishing force facing Tanzanians: the impact of the pandemic is likely to increase vulnerability and social and economic exclusion, undermine livelihood and food security, erode productivity by decimating the skilled and semi-skilled labour force, and create dependence. Recent projections from the Economic and Social Research Foundation (ESRF, 2003) show that by 2015 the economy will be 8.3 % smaller and the per capita GDP will be around 4 % lower as a result of HIV/AIDS.⁵

6. In order to achieve a more rapid and sustainable reduction in poverty, the Government's priority is to ensure higher rates of growth, particularly in the rural economy, and pursue deliberate policies that translate the patterns of growth and benefits at the macro-level into micro-level outcomes that lower exposure to extreme impoverishing forces, while improving living standards, the quality of life and social well being. The policy framework gives particular attention to the need to significantly increase overall levels of investment (particularly in infrastructure) and coverage of services, while not compromising quality concerns.
7. The national response is oriented towards addressing more systematically cross-cutting concerns – HIV/AIDS, gender, environment, employment, governance, children, youth, elderly, and disabled; tackling rural/urban and district level disparities; adopting a cross-sector approach to the achievement of priority development outcomes; emphasizing the centrality of better utilizing, developing and retaining capacity; and institutionalising participation at all levels. The outcome-based MKUKUTA and MKUZA are increasingly grounded in a process of priority setting guided by Public Expenditure Reviews, the Medium-Term Expenditure Framework, sector reviews and inclusive planning approaches at the local level.
8. The openness of the Tanzanian approach enhances national ownership of poverty

reduction strategies, but brings with it increased expectations and pressure for development results, additional financing requirements, and the need for enhanced accountability (at all levels) in the use of 'public' resources (both domestic and foreign derived). Presently, Tanzania is facing head-on the challenge of accelerating its domestic revenue base through improved tax administration, greater domestic savings and the mobilisation of community and private sector initiatives. While seeking increased levels and more effective external assistance through the innovative Joint Assistance Strategy (JAS; see section below), Government is pursuing the objective of debt sustainability and a stable macroeconomic policy framework that allows for low rates of inflation, a stable exchange rate and a business-environment conducive to private sector development and domestic and foreign investment.

1.2. Clustered Analysis of Development Challenges

9. This section briefly describes the status trends and challenges of poverty in Tanzania. It addresses issues of income poverty, employment, non-income poverty and issues related to vulnerability. Rural-urban, regional, gender and income inequalities are pointed out as well as poverty-related concerns from cross-cutting perspectives. An overview of Tanzania's recent performance on key development targets is given; and additional information on the direction of change and the challenge(s) ahead is provided. The section is organized following the clustered framework of the MKUKUTA: Growth and Reduction of Income Poverty; Quality of Life and Social Well Being; and Governance and Accountability; and the MKUZA: Growth and Reduction of Income Poverty; Social Services and Social Well Being; and Governance and National Unity.

Growth and Reduction of Income Poverty (MDG 1, MDG 3, MDG 8)

10. According to the Household Budget Survey (HBS, 2000/01) basic needs poverty decreased from 38.6 percent to 35.7 percent and food poverty from 21.6 percent to 18.7 percent between 1991/92 and 2000/01. The small, rather unsatisfactory decline in poverty is associated with the low average per capita real

⁵ United Republic of Tanzania, Poverty and Human Development Report, 2005

growth of only 0.6 percent annually during the 1990s.

11. The HBS reveals an increase in disparity between urban and rural poverty for both food and basic needs poverty. Poverty is overwhelmingly a rural phenomenon where 80 percent of the poor live, and is highest among women, the youth and households who depend on agriculture. As such, the broader rural economy, and agriculture more specifically, deserve focused attention. It is currently estimated that over 38 percent of rural households are unable to meet their basic needs, while the incidence and severity of poverty is twice as high for the rural as for the urban population. New analyses combining census and HBS data has produced poverty estimates at the district level for the first time⁶. Rural poverty rates in districts vary from 11 percent to over 68 percent.
12. According to the Integrated Labour Force Survey (2001)⁷, the number of unemployed persons more than doubled in ten years from 1990/91 to a figure of over 900,000 by 2000/01. Under-employment particularly affects those in the rural areas, where it has grown faster than in urban areas, with more than 84 percent of the total under-employed persons working in the agricultural sector, followed by the informal sector. Growth of under-employment in these sectors grew fourfold in the past ten years. The lack of opportunities, diminishing access to land and marginalization of the youth in rural areas are some of the driving forces behind the rural-urban migration, adding more young people to the already large urban reservoir of the unemployed (Tanzania Participatory Poverty Assessment, 2003).
13. Of Tanzania's total population of 34.6 million (National Census 2002), some 23 percent live in urban areas, growing at over 6 percent per annum, around twice the national rate of population growth rate. Like in many countries, urbanization has continued despite government's emphasis on improving living conditions in the rural areas. Of even a greater concern is the worsening nature and incidence of urban poverty with over 70 percent of the

urban population living in the unplanned and un-serviced settlements (informal settlements or slums) with no access to basic services – water and sanitation, housing and employment – and in deteriorating environmental conditions. This widespread phenomenon further constraints economic growth and productivity. There is therefore a need to maintain a balance in addressing rural and urban poverty to maximise on the contributions of urban areas towards poverty reduction.

14. There are indications of no significant increase in income inequality as measured by the Gini-coefficient, which rose from 0.34 in 1991/92 to 0.35 in 2000/01. Inequality appears to have increased to a greater extent in urban areas, particularly in Dar es Salaam where the Gini coefficient increased from 0.30 in 1991/92 to 0.36 in 2000/01; in the rural areas the Gini coefficient remained unchanged at the level of 0.33⁸.
15. The 2004/05 Zanzibar Household Budget Survey indicates a head count ratio of 13% (down from 22% in 1991/92) below the food poverty line, and 49% (down from 61% in 1991/92) below the basic needs poverty line. Unemployment stands at 14.8% in urban areas and 4.2% in rural areas⁹. Much like the Mainland, the nature of poverty in Zanzibar is mainly rural, with 70 % of the population depending mainly on agricultural livelihoods¹⁰ and female-headed households poorer than those of their male counterparts.
16. According to the PHDR (2005), Tanzania is unlikely to achieve the **national target of halving income poverty by 2010**¹¹ if current growth rates are sustained over the period to 2010. The overall national poverty rate will be 23 percent, as opposed to the target of 19 percent. The disaggregated analysis, however, shows that the urban target will be reached and surpassed with a projected urban poverty rate of 8.8 per cent by 2010; while the rural poverty rate will likely be 26.6 per cent compared to the target of 20 percent.

⁸ URT, PHDR, 2003

⁹ VPO, Tanzania MDG Progress Report, 2005 – Draft for Consultation.

¹⁰ Revolutionary Government of Zanzibar, MKUZA, 1st. draft, April 06.

¹¹ Using 2000/01 HSB data as a baseline.

⁶ United Republic of Tanzania, Poverty Human Development Report, 2005

⁷ <http://www.nbs.go.tz/labourforce>

17. Tanzania has made significant progress in the transformation from a state-run to a market-oriented economy. The past five years have witnessed acceleration in the structural change of the economy, with the increased contribution of industry and services to GDP (18.5 percent and 35 percent respectively) and a falling share of agriculture (from 49.1 percent in 1998 to 46.8 percent in 2003)¹². The low rate of agricultural growth (average annual growth rates of 4.8 per cent for the years 2000-2004 and 5.2 per cent in 2005) is perhaps the main reason why a reduction in rural poverty is slow despite the recent high growth rate of the economy as a whole. If it is to contribute to the decline of rural poverty, agriculture must grow at rates well above the growth in population (2.92 per cent¹³). MKUKUTA sets an ambitious agriculture growth target of 10 per cent annually by 2010.¹⁴

18. The agriculture sector is dominated by small-scale, predominantly rain-fed subsistence farming. The sector is characterized by a combination of low production, low productivity and a low quality of agricultural produce especially among smallholder farmers. Major factors contributing to this situation include low levels of education and literacy among smallholder farmers, high level of malnutrition, health shocks, variable weather conditions, price shocks, poor rural infrastructure (hindering effective rural-urban linkages), low access to markets, underdeveloped irrigation potential, limited access to technology used in production, inadequate agricultural support services, institutional constraints to production, extension, transportation, processing and marketing¹⁵.

19. The agriculture sector saw extensive liberalization and reforms during the 1990s. However, agriculture continues to suffer from under-investment relative to other sectors, with a share of commercial investment that is well below its share of GDP, reflecting investors' perceptions of unfavourable conditions¹⁶.

Access to credit appears to have declined as a consequence of reforms, with commercial bank loans for agriculture marketing falling from almost 20 % of the total credit to less than 1 % between 1995 and 1999.¹⁷ In the 1990s, as a share of agriculture GDP the agriculture budget allocations were less than 1 % (compared to an average of 12% in 40 sub-Saharan African countries)¹⁸.

20. The situation of the majority of Tanzanian enterprises has not changed significantly since the start of the economic reform process. About 20% of the Tanzanian labour force works in micro enterprises operating in the informal and survival oriented sector (covering some 1.7 million businesses engaging some 3 million people)¹⁹. Although reliable data are not available, it is likely that the importance and size of the informal and small business segment of the private sector has increased since 1991. It is estimated that in the period 1991-1995 the informal sector in Dar es Salaam grew at an annual rate of 9.5%.²⁰ Young women constitute the majority of new entrants into the informal sector. Most businesses employ one or two persons, are labour-intensive in nature, and have started using savings or grants from family and friends²¹. Many are in trading and in the service sector, with a minority engaged in manufacturing.

21. The Participatory Poverty Assessments (PPA, 2002/03) outline concerns about the pace and manner of privatisation and trade liberalisation and their consequences in terms of loss of jobs, loss of markets or sales as a result of cheap imports and inadequate agricultural marketing. Respondents see bureaucratic barriers as main impediments to entrepreneurship, particularly of the SMEs. Licensing procedures, complicated tax system, corruption and harassment of small businesses are emerging from the PPAs and, in fact, from the consultation process underpinning the second

¹² Robert Utz, Review of Growth and Investment in Tanzania, Oct. 2004

¹³ NBS, Population Census, 2002

¹⁴ URT, PHDR 2005 & 2003; URT, NSGRP (June 2005)

¹⁵ URT, PHDR 2005 & 2003

¹⁶ United Republic of Tanzania, Poverty and Human Development Report, 2003

¹⁷ United Republic of Tanzania, Poverty and Human Development Report, 2003

¹⁸ URT, Ministry of Agriculture and Food Security, Agriculture Sector Development Strategy, A paper presented by the Director of Policy and Planning, Ministry of Agriculture and Food Security, Agriculture Sector Stakeholders Meeting, Dodoma, March 2001.

¹⁹ Informal Sector Survey (NISS, 1991)

²⁰ GoT, Dar es Salaam informal sector survey, 1995

²¹ Based on extrapolation of findings of a survey carried out by Swisscontact in 2003 in the Uhuru corridor.

generation MKUKUTA, as issues that overshadow the intended good effects of market reforms and renewed efforts to help the informal sector formalise.

22. Concerning the formal sector, the majority of business licenses are held by enterprises with less than 5 employees. Tanzania has one of the lowest industrial bases in East and Southern Africa. Consequently, Manufacturing Value Added (MVA) and productivity, particularly in agro-industry, are low, linked to factors such as equipment and machinery, management of production, organization of work and work conditions, skills and motivation of the labour force, basic infrastructure, credit-related problems, competition, markets for products, cost of inputs, entrepreneurship.
23. There are differences across regions in terms of availability, scope and quality of business support services such as market information and business planning. Access to finance required to start up and grow is limited. Associations and chambers at the regional/local levels are emerging. Cooperatives, especially agricultural marketing, savings and credit cooperatives, exist across the country (estimated at a total of 6,860 registered of which 5,412 in Mainland and 1,450 in Zanzibar).²² Many cooperatives face problems in terms of internal organisation, management, and leadership and survival.
24. Levels and quality of transport, communications and energy services have generally been poor and thus constraining growth. Rural areas are constrained by a poor road network and rural telecommunications reducing opportunities to access markets and employment and ensuring that targets for social outcomes are met. Problems of access to Information and Communication Technologies (ICTs) range from low literacy rates to limited number of service providers, which are predominantly available in urban areas. Effective energy supply falls short of the required levels and quality (considering environmental effects – from smoke – of certain sources such as firewood) and creates a burden for women and children tasked to collect water and firewood.
25. The present use of natural resources is unsustainable (e.g. wanton tree-felling for

charcoal production, inappropriate farming methods that facilitate soil erosion, and weak fishing methods). Community participation in the planning and management of natural resources and the environment remains weak and, where available, existing regulations and by-laws need to be better applied. Overall, there is a marked inability of communities to benefit from high growth natural resources (tourism, mining). In addition, tensions over land rights; environmental concerns related to the impact of mining activities; and tensions over labour relations in mining areas have risen dramatically²³.

26. Gender inequality continues to persist through unplanned pregnancy, early marriage and heavy burdens of home care and responsibilities that limit girls' access to higher education (that in turn confines girls to unskilled or low skilled, low-paid work); and through practices that favour male ownership and control of productive assets (land property); that provide no childcare support for women engaged in productive work; and that engender the division of labour ²⁴. While land is not a binding constraint to agricultural production, ownership continues to be governed by Customary Law for nearly 78% of farming households despite the new Village and Land Acts. Notwithstanding women's rights to inherit housing, land and property as stipulated in the Land Laws²⁵ (1999), few females report ownership rights or customary rights to ownership of land (19 per cent), mirroring nearly exactly the percentage of female-headed households²⁶. The HBS (2000/01) found that women with the same qualifications as men continue to earn less and this disparity increased with the educational level.
27. With respect to Zanzibar, the majority of the population depends on agriculture for its livelihood, with spices, fruits and seaweed as cash crops. Manufacturing is limited and shows a steady decline, linked to the closure of state-owned enterprises. The private sector is small

²³ URT, MKUKUTA (June 2005)

²⁴ The work undertaken by women to sustain households is not considered in the calculations of under-employment in the context of the ILFS.

²⁵ Robert Makaramba, Major Human Rights Issues in Tanzania: A Human Rights Approach to Development Programming and Poverty Reduction Strategies, 2004, pg.12.

²⁶ URT, PHDR 2005

²² GoT, UN Private Sector Support Program, draft, 2005

and mainly consists of micro and small enterprises, typically engaged in the trade sector, followed by manufacturing and construction. Private manufacturing operations cater mainly for the local market. Regional distribution of businesses is uneven, in that 50% of all private enterprises is located in the Urban West Region/Unguja. Female employees constitute some 10-14% of employees in the private sector²⁷. Access to business development services as well as to finance for business start up and development is relatively scarce. The potential for enhancing production of goods and services for the local market (including for the growing tourism industry) as well as for export markets, particularly considering the agro-based and marine resources, has not been fully exploited.

28. An important concern is how the new trading environment will affect the performance of Tanzania's private sector and its contribution to poverty reduction. Tanzania is engaged in two regional trade agreements (RTAs), the East Africa Community (EAC) and the Southern African Development Community (SADC), and is considering to re-enter the Common Market for Eastern and Southern Africa (COMESA), from which it withdrew in 2000. Tanzania also participates in the Regional Integration Facilitation Forum, and has a considerable number of bilateral trade agreements. The simultaneous participation in several RTAs has the potential to create confusing and conflicting situations, which are bound to intensify over time as the respective integration agendas of EAC, SADC and COMESA are deepening.

29. The overwhelming majority of Tanzania's exports go to industrial countries. Of Tanzania's top 10 export partners, 5 are in the OECD (Japan, Netherlands, U.K., Germany, and the U.S.). Two major developing countries also make it to the top 10—India and China, taking in 9.9 and 2.6 percent, respectively. Finally, regional export partners are becoming more important, in particular Kenya, Malawi and Zambia, although Tanzanian exports to the region are still small in the aggregate. As a least developed country, Tanzania receives preferential access to developed country markets under a variety of schemes²⁸.

Tanzanian exporters take advantage of essentially all preferences that are available to them in Japan, but their utilization of preferences in the U.S. and EU is somewhat lower, due to tariffs and technical barriers to trade as much as “behind-the-border” issues affecting productivity and competitiveness. As Tanzania seeks to expand and diversify its food and agricultural exports, the country will increasingly encounter more stringent regulations and private standards in relation to food safety and plant and animal health.

30. On average, Tanzania produces about 95% of its food requirements. The country's self sufficiency ratio (SSR) over a five-year period from 2000/01 to 2004/05 has ranged between 88% and 105% averaging 96.2 percent. This self-sufficiency is however, seriously undermined by the fact that poor infrastructure in rural areas associated with high transportation costs and malfunctioning markets often limits internal distribution of food from surplus to deficit areas. At household level, inadequate handling, storage and processing of food (cereals) often results in important post harvest losses that further diminish food availability²⁹.

31. The other major factors affecting food availability, particularly in food insecure areas, are low production and utilization of productivity factors (land, labour and other critical inputs); a high incidence of crop and livestock pests and disease; inadequate finance to obtain productivity enhancing inputs or capital; and the limited availability of support services and appropriate technologies. In addition, many households are faced with labour shortages: either due to migration of young people to the urban areas in search of productive employment or due to a productive member of the household falling too ill to work because of HIV/AIDS. Women and girls from the latter households, more likely to take on the care-giving role, are left with less time and energy for agricultural productive work³⁰. While unemployment has almost doubled in the ten

²⁷ GoT, UN Private Sector Support Program, draft, 2005

²⁸ These schemes include: EU – Generalized System of Preferences (GSP), the Cotonou Agreement, and the

Everything But Arms (EBA) initiative; Japan – GSP; U.S. – GSP and the US Africa Growth and Opportunity Act (AGOA).

²⁹ URT, MKUKUTA (June 2005)

³⁰ URT, MKUKUTA (June 2005)

year period between 1990/91 to 2000/01³¹, youth in rural areas and young women in particular, are hardest hit. Agriculture absorbs up to 90% of unemployed youth; followed by the informal sector which absorbs only 4.4 percent but opportunities for formal paid employment are limited to the farming off-season when many opt to migrate to urban areas.

MKUKUTA: Quality of Life and Social Well Being; MKUZA: Social Services and Well Being (MDG 2, MDG 3, MDG 4, MDG 5, MDG 6, MDG 7)

32. **Goal 2 - "Achieving Universal Primary Education"** – Tanzania has made significant strides towards universal primary education since the abolition of fees in 2001. In fact, based on current trajectories, this MDG may be achieved as early as 2006, although issues remain around the quality of education, completion of primary schooling and transition to secondary and higher education³². After several years recording a 50% net primary school enrolment rate, more than 7.5 million children are now enrolled in primary school, up from 4.4 million in 2000. This figure represents 95% of children aged 7 to 13 years, with almost gender parity. The figures for 2005 show there are 96 girls enrolled for every 100 boys, with similar ratios from Standard 1 through to Standard 7. The number of children repeating years of schooling is also similar for both sexes. In 2004, the retention rate for girls in primary school (from Standard 1 through to 7) was at 81% compared to 77 % for boys. Until 2003, around 70% of children completed primary school (Standard 7), but this figure has risen recently and is now closer to 80%. The area that does show a gender gap is success in the primary school leavers exam taken in standard 7. In 2004, 42% of girls passed compared with 55% of boys.

33. Differences in years of primary schooling among orphaned children, children living with the elderly, children from child-headed households and others are small. At the age of 17, orphaned and non-orphaned children lack, on average, 2 and 1.7 years of primary

education, respectively. There is a marked difference in years of schooling between disabled and non-disabled children. At the age of 17, children with disabilities have missed 4 years of primary education compared to 1.7 years among children without disabilities³³.

34. Continued efforts to eradicate the worst forms of child labour can have a positive impact on sustained enrolment and completion rates, as demonstrated in research and practice.

35. Progress has also been made in the number of teachers, schools and classrooms in the last five years. The number of teachers has increased by more than a quarter to 135,000 – and the proportion that are qualified (degree, diploma or grade A) has risen from 50% to 58%. The number of schools has increased by more than a fifth to 14,300. Despite these significant changes, improving the quality of education remains a major challenge. Typical class sizes are over a third larger now than before 2000 and despite the increase in teachers, the pupil-teacher ratio has increased from 41 in 2000 to 56 by 2005. More recent data shows a nominal improvement, however. In addition, the number of textbooks per pupil has decreased according to the 2004 expenditure tracking study. The pupil-textbook ratio was cited by an overwhelming number of parents interviewed (45%) in a 2003 Policy and Service Satisfaction Survey, who considered the lack of adequate textbooks as a factor explaining poor examination performance. Furthermore, in order to raise the quality of education and incentivize the teaching profession, there is a need for improved working conditions and remuneration packages to attract and retain skilled and motivated teachers.

36. The Government's main focus until 2004 was on primary education but a major Secondary Education Development Programme (SEDP) has been in place since the 2003/04 financial year. Secondary school enrolment has risen slightly in recent years but the overall figure is extremely low compared to neighbouring countries in Sub-Saharan Africa. By 2005, only one in ten children of secondary school age was enrolled, in spite of improvements on other secondary education indicators. Even though the number of secondary teachers had increased by more than 10,000 since 2000, and the

³¹ New data is expected from the ILFS 2006. Based on the Tanzania definition, which will be the emphasis in future surveys, according to the 2000/01 ILFS.

³² Including tertiary education and vocational training.

³³ PHDR, 2005

number of secondary schools had risen by 800 in the same period, a slight deterioration in the teacher-pupil ratio has not been reversed. In addition, there is not yet a marked improvement in the transition rate from primary to secondary school, and from the fourth year of secondary school to Form 5. Less than a third of the Form 4 cohort enters Form 5 the following year, with a notable bias in favour of boys. Although pass rates have risen significantly for all children in recent years, the relative gap between girls and boys has hardly changed and Government has responded through affirmative action to allow girls with lower exam results to continue with their education. The gender difference may go beyond school-based factors, however. Early pregnancy and marriage and differential treatment of boys and girls in respect of domestic responsibilities and chores have been cited as additional explanations for gender differences in pass rates. Simply put, girls are given more domestic responsibilities while boys are given more space for personal study.

37. Zanzibar has made good progress both in the number of schools and enrolment rates. At primary level, almost all children are enrolled. For secondary schools, the number of children enrolled represents more than half those of secondary school age (52 %) – with similar number of both boys and girls. However, despite these achievements, many challenges remain: enrolment at pre-school level is still very low (15.9 % of children of appropriate age³⁴) and the islands face an acute shortage of classrooms, laboratory and library facilities. The pupil/teacher ratio stands at 28 children per teacher in primary. One of the main problems facing Zanzibar is that the supply and demand of teachers does not match in terms of subject specialization. In particular not enough teachers are trained in sciences or mathematics. And there are problems over the deployment of teachers in some areas with rural districts having a disproportionate number of unqualified teachers³⁵.

38. Tanzania has achieved significant progress on Goal 3 - **“Promoting Gender Equality and Women’s Empowerment”**. This is so in many

aspects as achieving gender equality and women’s empowerment involves more than simply eliminating education gaps; it also looks at individual health, economic opportunities, equal ownership and control over productive assets, equal representation in decision making bodies and freedom from threat of violence and coercion. There is a significant difference in literacy rate among women (85%) as compared to men (92%) in urban areas and 60% of women and 76% of men in rural areas. In addition, illiteracy is observed to increase directly with age among women age 30 and older while the association of age and literacy for men is not strong. Following an overwhelming victory in the 2005 elections, the Fourth Phase Government and Parliament now has the highest number of women holding senior positions since Independence. Six women Ministers and ten Deputy Ministers have been appointed, with women heading the high profile Ministries of Finance, and Foreign Affairs and International Cooperation. Ninety-seven women are Members of the new Parliament, making up 30.4 percent of all MPs. At the same time, women participation in decision making in other spheres especially at the local community and household levels remains limited. The TDHS (2004) reports that only 56.3 % of women have a final say in their own health care (54.9 % in rural areas). The proportion decreases significantly from the highest to the lowest wealth quintile. Divorced, separated and widowed women are more likely to participate in decision making compared to married women (26%).

39. Despite all efforts and affirmative action to integrate gender in development, there are still a number of challenges including perpetuation of social cultural practices, inadequate mainstreaming of gender issues in policies and programmes, existence of gender based violence and insufficient support to vulnerable groups. Violence against women is still rampant and reflects on women's low level of empowerment. Due to socio-cultural norms and practices, reporting violence among victims has been limited thus making it difficult to document both its prevalence and magnitude. A WHO Multi-country study (2005) shows that in Dar es Salaam 41% of women have experienced lifetime violence by an intimate compared to 56% in Mbeya. According to TDHS (2004) three in every five women agree that wife beating by the husband is justified.

³⁴ Revolutionary Government of Zanzibar, MKUZA, 1st. draft, April 06

³⁵ Development Partners’ Group, Poverty Monitoring Group, Poverty Brief – Zanzibar, April 2006

40. While unemployment figures have doubled since 1990/91, the Integrated Labour Force Survey of 2000/01 indicates that the rate of increase was much higher for males (135) than females (118). This comparison is in notable contrast to figures provided on the segment of population considered to be 'economically active' - women comprise a larger proportion of 52 percent compared to 48 percent of men. Furthermore, women make up approximately 75% percent of those in subsistence production; and are over-represented in low-skilled jobs typically associated with precarious working conditions, unprotected by law, and not covered by formal social security schemes or trade union representation. Promoting equal opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and human dignity is a key challenge.
41. The adult literacy rate is generally higher for men (78%) than for women (62%), with higher rates for the younger 15-24 age bracket (81%) and those who are urban-based. According to 2004/5 Demographic and Health Survey (TDHS) data, 84.9% of urban women are literate, compared to just 60.3% of rural women.
42. Regarding **Goal 4 – “Reducing Child Mortality”** - although child mortality rates remained stubbornly high throughout the 1990s, the results of the 2004/5 TDHS give cause for optimism, with an impressive decline in infant and child mortality rates in recent years. Between the last two surveys³⁶, infant mortality and under-five mortality has fallen from 99 to 68 and from 147 to 112 per 1,000 live births respectively. Neonatal death is estimated at 32 per 1000 live births and this account for 47% of the infant mortality rate. In Zanzibar, the 2004/5 TDHS shows that the infant mortality rate has dropped from 83 (IRCHS 1999) to 61 and Under-five mortality from 114 (IRCHS 1999) to 101 per 1,000 live births. Insecticide Treated Nets (ITNs) coverage for under-fives has increased from 0.3% (2002) to 36.9% in 2005.
43. Improved malaria control is held to be the critical reducing factor: the combined impact of an increased use of treated mosquito nets, intermittent preventive therapy for pregnant women and a more effective drug treatment; Artemisinin Based Combination Therapy providing curative care. According to the most recent PHDR (2005), Tanzania fares well within the sub-Saharan region in terms of maintaining high levels of child immunization, and positive changes in children's nutrition levels have been recorded. The 2004 TDHS figures show the proportion of under-fives who are underweight has fallen to 22% compared to the previous stagnant figure of 30% throughout the 1990s. Nevertheless, stunting remains high (at 38%) and malnutrition continues to be a major cause of morbidity and mortality among under-fives, attributable to the incidence of low birth weight (associated with poor maternal nutrition and infant feeding practices) and repeated childhood illnesses.
44. Critical to highlight is that neo-natal mortality is a key turn-around factor for any further reduction – maternal survival could have a positive impact on as high a figure as approximately 75% of the remaining under-five deaths. Improvements in maternal health have not been satisfactory, however. Key indicators reveal a failure to meet targets, evidenced by the small proportion of women who initiate care in the first trimester of pregnancy; poor dietary practices leading to anaemia; inadequate provision of and access to emergency obstetric care; the low proportion of births attended by skilled health professionals; and low levels of post abortion and post natal care.
45. A second critical factor is related to geographic and income level variations: by way of example, the 2002 Census data shows that under-five mortality ranged from 58 per 1,000 live births in Arusha to 217 per 1,000 live births in Lindi. Over a five year period, from 1999 to 2004, a reduction in the incidence of stunting, from 44% to 38%, can be attributed to a declining rate among *rural* children. Among urban children, there has been a slight increase to 26% during the same period suggesting a widening gap: children in 30% of the poorest households have a higher prevalence of stunting than children from less poor households.
46. As briefly touched on in the previous section, greater policy attention needs to be placed on **Goal 5 – “Improving Maternal Health”**. Promoting maternal health and reducing maternal mortality seems to be the MDG most resistant to change as Tanzania has one of the

³⁶ 1999 and 2004/5 – PHDR 2005

highest maternal mortality ratios in the world. Recent demographic health data puts the country's maternal mortality ratio at 578 per 100,000 live births – a nominal increase over the rate registered in 1996, and a long, long way from the MDG 5 target of a three-quarter reduced rate by 2015. Current trends indicate that in contrast, MDG 5 will not be achieved until the year 2150. The latest figures from WHO suggest that maternal mortality rates are 50% worse than the average for Sub-Saharan Africa. Less than half of pregnant mothers are delivered by a health professional: the latest TDHS 2004/5 results show a figure of 46 %³⁷ compared to the figure of 36% reflected in the 1999 Tanzania Reproductive and Child Health Survey (TRCHS), while women's overall nutritional needs during pregnancy continue to be insufficiently met. With regards Zanzibar, the maternal mortality ratio has been estimated at 377 per 100,000 live births (UNICEF, 1998 – hospital based data); the proportion of births taking place in a health facility has been estimated at 49% and the proportion of births attended by skilled personnel at 51%³⁸.

47. It is recognized that adolescent mothers under 18 years have been shown to be more likely to suffer from pregnancy and delivery complications than older mothers resulting in higher morbidity and mortality for both themselves and their children. Early childbearing also limits an adolescent's ability to pursue educational opportunities and can curtail her access to job opportunities. According to the TDHS (2004-05), one quarter of women aged 15-19 have begun childbearing. In addition, 20 percent of 15-19 are already mothers and 7 percent are pregnant with their first child. This is higher in rural areas (29%) than urban areas (20%). (TDHS 2004).

48. While contraception use has increased slightly since 1999 from 17 % to 20 % of married women, 22 % of married women still express an unmet need for family planning with the highest proportions in rural areas. In this context, access to adequate family planning and

maternal health care services would have a significant positive impact on the overall maternal mortality and morbidity rates. Adolescent girls continue to be at particular risk because they often face hostile service when they do venture out for assistance.

49. According to the TDHS (2004-05), regardless of high ante-natal clinic (ANC) attendance, only 47% of births occur at health facilities. Major barriers perceived by women to access delivery health services include lack of money (40%), the distance to a health facility (38%), lack of transport (37%) and unfriendly services (14%). Emergency obstetric care services are key in addressing complicated pregnancies. However there is lack of functioning blood banks and referral system including shortage of skilled attendants, EMOC drugs, supplies and equipment. This is correlated with low Caesarean section rate in Tanzania of 3%. Postnatal care is crucial for both mother and newborn to ensure that any complication arising from delivery is treated and mother provided information of caring for herself and the baby. TDHS shows that only 15% of women had their first postnatal check-up within 7 days.

50. In general, the health challenges confronting Tanzania are no different from many of the countries in the sub-Saharan region. Despite the existence of the Tanzania Essential Health Integrated Project (TEHIP), and a comprehensive exemption and waiver scheme meant to protect the poor and most vulnerable, unequal access to quality health care remains a serious challenge to successful health reform. Critically, the acute shortage of qualified health personnel is an area for urgent policy intervention: between 1994/5 and 2001/02, there has been a 35% decrease in the number of active health workers from 249.4 per 100,000 population to an estimated 162.1 per 100,000 population. A deficit of skilled health professionals in the rural areas is notable³⁹. Zanzibar faces similar acute shortages of human resources at all levels and geographical imbalances in the allocation of health human resources, inadequacy of infrastructure facilities and poor institutional arrangements⁴⁰.

³⁷ This includes Doctor/Assistant Medical Officer, Clinical Officer (CO)/Asst CO, Nurse/ Midwife and Maternal and Child Health (MCH) Aide. According to the international definition, which does not include MCH Aide, the proportion of births attended by a skilled health worker is 43.4%.

³⁸ TDHS, 2004-05

³⁹ PHDR, 2005

⁴⁰ Revolutionary Government of Zanzibar, MKUZA, 1st. draft, April 06.

51. Progress towards **MDG 6 – “Combating HIV/AIDS, Malaria and Other Diseases”** – continues to pose significant policy challenges; it remains the single most impoverishing force affecting Tanzanians in the prime of their productive and reproductive lives and increasing the burden on vulnerable groups (elderly, young people and youth, and children). Currently estimated to be prevalent in 7% of the population⁴¹, HIV/AIDS has been a major contributory factor to the lowering of life expectancy to 44 years in Tanzania.

52. Available data also reveals an interesting correlation between prevalence rates, gender and income. The prevalence of HIV is higher among the less poor (10.5%) than among the poorest (3.4%); higher among less poor women (11.4% vs. 9.4% for men); higher among poorest men (4.1% vs. 2.8% for women); and double the rural rate in urban areas⁴². Given a higher response rate among the poorest quintile, distinctions between the poorest and less poor could be more pronounced than currently known. Furthermore, the 2001 Household Survey data shows that among young people aged 15 to 24 years, the prevalence rate fell from 12% to 9% for women; and from 8% to 6% for men. Prevalence seems to peak among women aged 30 to 34 years, and among men aged 40 to 44 years. By 2003, there were 2.5 million orphans and vulnerable children in the country, 40 per cent of whom were orphaned as a result of AIDS. This number is expected to rise to 4 million by 2010. The National Plan of Action for the Most Vulnerable Children includes community based care and protection and a national coordinating system.

53. Awareness of HIV transmission is fairly widespread in Tanzania, including knowledge of transmission from mother to infant during breastfeeding. There is a lesser degree of awareness, however, that transmission can be prevented if both mother and infant take anti-retroviral treatment as programmatic interventions in this area are still fairly new in Tanzania, with limited coverage. In addition, women continue to be more vulnerable to contracting HIV than men: unequal power relations within society and gender-based

violence heighten the exposure of women and girls to either HIV itself, or to a sexually transmitted infection that greatly enhances transmission of HIV. Sexual relations between older men and younger women/girls additionally contributes to heightened transmission rates, as many young women would have limited access to HIV and AIDS-related information, prevention, treatment, care, support, commodities and services, and are often not empowered to challenge partners who refuse to practice safe sex. Only 41% of young women and 33% of young men (aged 15-19) have comprehensive knowledge of HIV/AIDS⁴³; very few young men or women receive life skills training for prevention of HIV; and access to condoms is inadequate. To sustain achievements made thus far, and halt the spread and the impact of the pandemic, it is therefore imperative that HIV/AIDS be kept a priority development concern.

54. The number of sites providing ART services has increased from 96 to 200 on the Mainland. At the end of January 2006, there were 26,000 patients on ART on the Mainland. With the growing number of patients on ART, there is now a strong need to support the development and implementation of a secondary HIV drug resistance surveillance protocol for the Mainland. Although the primary HIV drug resistance survey protocol has been implemented on the Mainland, any scaling up should now go beyond Dar es Salaam. The Zanzibar AIDS Control Program should also be supported to implement both the primary and secondary HIV drug resistance surveys protocols.

55. Zanzibar has a concentrated epidemic but the isles are not as severely affected by the HIV/AIDS pandemic as the Mainland or her Sub-Saharan African neighbours. This means that HIV prevalence might be consistently greater than 5% in at least one defined subpopulation at risk and is less than 1% in pregnant women in urban areas e.g. in Zanzibar antenatal clinics. If necessary measures are not implemented, however, the epidemic will escalate exponentially as it has in other countries. HIV prevalence in the general population aged 12 to 59 years is estimated at

⁴¹ Tanzania HIV/AIDS Indicator Survey (HIS, 2003-04)

⁴² United Republic of Tanzania, Poverty Human Development Report, 2005, pg 32.

⁴³ United Republic of Tanzania, Poverty Human Development Report, 2005, pg 32.

0.6% (2002⁴⁴) but this figure is believed to be an under-estimate as it is based on data collected from antenatal clinics and does not take into account the bulk of HIV infections most likely concentrated within populations (men who have sex with men, sex workers, drug users etc.). Infection among women is four to six times higher than among men. There is an estimated 6,000 adults and children living with HIV/AIDS (2002) and an unfolding challenge of orphaned children. Despite concerted efforts to combat the HIV/AIDS pandemic, a number of challenges remain. These include inadequate mainstreaming of HIV/AIDS at various levels, low level of comprehensive knowledge on HIV/AIDS, high un-employment and increasing substance abuse among young people, urban bias of HIV/AIDS activities and the difficulties in changing behaviour despite high HIV/AIDS awareness. In light of all of the above, the most challenging issue is to contain the prevalence rate at the present low level or if possible to reduce it⁴⁵.

56. Specifically related to malaria control, there has been a significant increase in the proportion of infants sleeping under an insecticide treated bed net. Tanzania is one of the few countries on track to meet the Abuja target and the National Malaria Control Programme reports that the proportion of households using insecticide treated nets rose from 14% in 2001 to 31% in 2005. However, the National Discount Voucher Scheme currently only serves pregnant women and one year olds. The National Malaria Control Programme (NMCP) is now embarking on a programme that will include children aged 2-5 years and those families who cannot afford the discounted vouchers. Due to the resistance to the current monotherapy the Ministry of Health is changing its malaria treatment policy to Artemisinin Based Combination therapy. In this regard; Artemether + Lumefantrine will be the first line drug of choice as from July 2006. Intermittent preventive therapy is being implemented in all public health facilities in the country and coverage is around 50%.

57. In addition to HIV/AIDS and malaria, there are other endemic diseases that are still contributing heavily to the disease burden.

Tuberculosis is still a major cause of morbidity and mortality while parasitic diseases such as lymphatic filariasis and onchocerciasis are yet to be controlled. Cholera, associated with poor access to clean potable water, still causes yearly outbreaks in parts of the country, including Dar es Salaam where it is considered endemic. The UN is involved in the control of these diseases, including leprosy.

58. Current progress also shows that many of the targets under **MDG 7 “Ensuring Environmental Sustainability”** could also be attained by the target date of 2015. Access to water has increased throughout the 1990s and if the trend continues it would put Tanzania on track to meet the MDG target by 2015. In contrast, meeting the national (MKUKUTA) target of achieving 65% coverage by 2010 is considered ambitious and therefore unlikely to be achieved (PHDR 2005) as it includes a 30 minute collection and return time element.

59. Though a precise picture is difficult to draw given inconsistencies between census and survey data and routine administrative data from the Ministry of Water and Livestock Development, what is clear is that coverage in rural areas is much lower (at 42%) than urban water supply coverage (at 88% for Dar es Salaam, and 84% for other urban areas). In addition, there are large discrepancies between higher and lower estimates for individual districts. On one end of the spectrum, over 80% of rural households in four districts have access to improved water supply compared to seven districts where less than 10% of rural households have access. The discrepancy is even more striking between the district with the lowest number of households with access (Mafia at 3%) and the district with the highest number (Rombo at 93%)⁴⁶. Particularly revealing, are findings of a 2003 Afrobarometer Survey which show that a significant number of respondents (52%) felt Government was doing ‘very badly’ or ‘fairly badly’ in delivering water to households; a result that has been re-confirmed by the preliminary results of the 2005 survey.

60. The UNDAF will support MDG 7 in terms of water supply and sanitation, as well as sustainable solid waste management practices at community level. So far, there is limited data on sanitation that can be used for analysis: piped

⁴⁴ Ministry of Health and Social Welfare (MOHSW), HIV population based survey, 2002

⁴⁵ Revolutionary Government of Zanzibar, MKUZA, 1st. draft, April 06

⁴⁶ PHDR 2005

sewerage systems cover less than 20% of urban households; the proportion of households with a pit latrine is vastly higher (87%) than those with no toilet facility (9%)⁴⁶; and sewerage facilities in city and municipal urban areas reach a mere 17 per cent coverage. These figures give no indication of the quality of sanitation facilities at public institutions, particularly schools and hospitals, which often do not meet basic Government guidelines. This makes it difficult for programmatic interventions to be developed to reduce the incidence of waterborne diseases due to unsafe sanitation or hygiene practices, particularly around unplanned settlements in urban areas.

61. With respect to Zanzibar, water supply and sanitation services in urban and rural areas are constrained by several factors that include dilapidated water supply infrastructure, limited human and financial resources to sustain water supply and maintenance, low stakeholder participation, lack of facilities for collection and disposal of waste as well as for recycling solid and liquid waste. Supply is constrained by high costs due to poor operational, technology and maintenance aspects and high amount of wastage and water losses in production transmission, storage and distribution network, and limited access to supply outlets. As for the institutional arrangements, there is lack of coordination of activities between water supply and sanitation. The constraints on water related environment issues include the salinity and intrusion risks in the coastal areas, encroachment of water sources and catchment areas, depletion and degradation of ground water reserves, management of drought and floods, and monitoring of groundwater.
62. The adverse impact of inequality on poverty reduction, best reflected through poverty mapping, shows the existence of variations for all non-income poverty indicators: across districts, along gender lines, and for vulnerable groups. Addressed for the first time in MKUKUTA (which places an emphasis on vulnerable children), **vulnerability** recognizes the existence of impoverishing forces that are often the push factor into a vicious cycle of poverty, or into deeper poverty, from which it is difficult to emerge. Except for the Labour Force Survey that explicitly collected information on working children, there is little current information on vulnerable groups in Tanzania as the groups may be too small and so

statistically 'invisible'(PHDR, 2005). Impoverishing factors to do with socio-cultural dynamics are cited: the example of violence against women being a case in point. Additionally, there is no doubt that HIV/AIDS strikes a particular blow on households and their ability to sustain predictable incomes and/or food security. Within the framework of MKUKUTA, young people and youth, children with a disability, child labourers, children who have lost at least one parent, children living in child headed households and children living in households headed by an elder (60 years and above) are all included as vulnerable. Poverty is generally considered to be intergenerational, and so the disability of the head of household would equally have a bearing on the vulnerability status of children in that household.

MKUKUTA: Governance and Accountability; MKUZA: Governance and National Unity

63. Governance in Tanzania has made significant progress since multi-party elections were restored in 1992. Recent studies rate Tanzania as having significantly improved on several governance indicators.⁴⁷ However, various challenges confront the governance agenda because of persistent, and in some cases, widening weaknesses in institutional and human capacity. Governance institutions function relatively well to foster constitutional rule and promote and protect the rights and liberties of citizens, but the gains are clouded by significant capacity challenges that weigh down democratic progress. Although ongoing reform in the public service (PSRP), local government (LGRP), public financial management (PFMRP) and the legal sector (LSRP) have progressed, the real utility of the demand-side approach to governance is yet to be fully realized. Issues of participation, particularly at the local level, rule of law, accountability, discrimination, transparency and corruption in public conduct as well as social tolerance and cohesion remain unresolved.
64. To demonstrate its determination to promote and sustain good and accountable governance, the Government has subscribed fully to the

⁴⁷ See: World Bank Institute, Data on Governance in Africa, Washington, DC., May 2005; Tanzania has also qualified for the USA Government Millennium Challenge Account (MCA).

NEPAD and decided in 2004 to subject the country to the Africa Peer Review Mechanism (APRM) that requires the assessment of democratic governance processes and provides recommendations to strengthen the latter. The successful conduct of the APRM process should provide an up-to-date, overall assessment of political, democratic, economic and corporate governance in Tanzania.

65. While multiparty politics is guaranteed, the environment is yet to be liberalized sufficiently to allow fair political competition, a gap that leads to contentious electoral politics, weak inter-party dialogue, mistrust and tension. Many opposition political parties lack strong internal democratic structures and organizational capacity, effective organization being hamstrung by poor capacity and funding. As a result, in an environment of political pluralism (18 political parties), the range of viable parties and political alternatives available to Tanzanians is limited. Restrictions remain for political parties to merge. Women have limited space to participate in the main structures of parties, and in decision-making platforms within political parties. Furthermore, democratic procedures within parties for electing women to special seats could be made more democratic; and women empowered with adequate resources and skills to effectively participate in the political process.
66. The Tanzanian Parliament and the Zanzibar House of Representatives have various technical, material and human capacity constraints that affect in turn, the exercise of legislative and oversight functions. The Opposition in Parliament is not as effective as it might be as it lacks sufficient numbers to ensure accountability and carry critical debate. The Constitution of Tanzania guarantees special seats for women and vulnerable people in Parliament, while local Government laws assert affirmative action in filling Councillors seats up to the village level.
67. The delivery of justice has been constrained by operational inadequacies that are induced mainly by the shortage of competent personnel, poor infrastructure and corruption. Equality before the law is a constitutional right guaranteed in the Tanzania Constitution, Article 13. Despite this, the majority of Tanzanians, especially poor women and men in the rural areas, have little or no access to legal services;

and no comprehensive legal assistance mechanisms apart from those limited to criminal cases (mostly capital offences). Most court procedures, starting at district level upwards, are conducted in English while primary courts and ward tribunals continue to apply customary rules as these are closest to tradition. The location of courts and other quasi-judicial bodies further hampers access to justice; and special courts for the protection of women and children (e.g. family courts) are conspicuously missing⁴⁸. A similar picture emerges in Zanzibar with public confidence in the administration of justice reported to be low, complex and sometimes even relatively simple cases can take a long period of time to resolve, most litigants are un-represented in court, there are few private lawyers and very limited access to legal aid services.

68. The electoral process is equally challenged by a number of factors. Despite recent improvement in capacity, the managerial, technocratic and resource base is somewhat inadequate for the National Electoral Commission (NEC) and the Zanzibar Electoral Commission (ZEC) to fully deal with the challenges of conducting free, fair and transparent elections. Enjoying relative success in maintaining independence as stipulated by the Constitution,⁴⁹ perceptions remain that NEC's political neutrality is limited by the fact that the President appoints the seven-member Commission and that it lacks financial independence⁵⁰.
69. The general perception is that civil society organizations, including the media, could be significantly strengthened to fill the role of policy pressure groups and/or participate more fully in macro processes either as providers of essential input or in an oversight role. Positively, there are signs that a more robust civil society is emerging in Tanzania. The active participation of civil society organizations throughout the 12 month review of the first Poverty Reduction Strategy (PRS) and the review of the ZPRP; the turn out at annual Poverty Policy Weeks and Public Expenditure Reviews (PERs) where policy achievement and direction is discussed in public fora; and the

⁴⁸ Women Rights in Tanzania: The Challenges, 2005.

⁴⁹ See: The 1977 Constitution of the United Republic of Tanzania, Articles 74(7) and (11).

⁵⁰ EISA, "Elections Update 2005 Tanzania," Number 1, 26 September 2005, p. 10.

growing assertion by a number of CSOs for 'space' to participate in macro processes around MKUKUTA and MKUZA, are all indicative of change. There is also a recognition among CSOs that their capacity to substantively participate would have to be strengthened to make any involvement in dialogue meaningful. And recent media reporting - issues based and governance-focused - shows further that with sustained support, civil society can be capacitated to be an important partner for Government and Development Partners alike.

70. The government has taken positive steps to protect women's rights. These include: the ratification of international instruments incl. the Convention on the Elimination of all Forms of Discrimination Against Women - CEDAW; the participation in the Beijing Platform of Action (1995); the ratification of the African Charter on Human and People's Rights; signing of the SADC Declaration of Gender and Development (1997) and the Addendum on the Prevention and Eradication of Violence Against Women and Children (1998). Despite these efforts, the advancement of women has been hindered by several factors. These include the continued application of customary law and the existence of a multiplicity of laws that limit the protection of women's rights including the right to inherit and own land despite this being guaranteed in the Land Act 1999. Additionally, women's limited access to justice; violence against women including female genital mutilation (FGM), killing of elderly women due to witchcraft beliefs, domestic violence; and limited participation in decision-making bodies⁵¹.

1.3 The National Framework of Response

1.3.1 The National Strategy for Growth and Reduction in Poverty (also known as MKUKUTA under its Kiswahili acronym)

71. The second generation MKUKUTA keeps in focus the aspirations of Tanzania's Development Vision (Vision 2025) for high and shared growth, high quality livelihood, peace, stability and unity, good governance, high quality education, high quality health care (particularly for women and children in the

rural areas), and international competitiveness. It is committed to the Millennium Development Goals (MDGs) as internationally agreed targets for reducing poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women by 2015. It is equally cognizant of regional commitments but clearly places the emphasis on country ownership and the effective participation of civil society; on support to private sector development; and on effective local and external partnerships for development.

72. The MKUKUTA builds on the first Poverty Reduction Strategy (PRS, 2000/01-02/03) and the one-year extensive and highly participatory review of the PRS as well as the three-year Medium Term Plan for Growth and Poverty Reduction. The MKUKUTA is expected to last 5 years, from 2005/06 to 2009/10. The end point of the strategy coincides with the National Poverty Eradication Strategy (NPES)'s 2010 poverty reduction targets.
73. The three main pillars of MKUKUTA are Growth and Reduction of Income Poverty; Improvement in Quality of Life and Social Well Being; and Governance and Accountability. The MDG-driven, outcome-oriented framework acknowledges the multi-faceted nature of a poverty-reducing strategy, giving specific attention to income poverty, the status of employment, non-income poverty (education and illiteracy, health, survival and nutrition, HIV/AIDS and water, environment and sanitation) and issues related to vulnerability. Rural-urban, regional, gender and income inequalities are highlighted as well as poverty-related concerns from cross cutting issues (i.e. the environment, HIV/AIDS, employment, governance, gender, children, youth, the elderly, the disabled and settlements).
74. The key principles underpinning the second generation MKUKUTA include:
 - National ownership through local partnerships and participatory mechanisms that involve citizens, communities, civil society and the private sector in policy dialogue, implementation and evaluation of the impact of development initiatives at national and local levels;
 - Capacity development of Government, Parliament, private sector and civil society to facilitate effective participation in policy processes;

⁵¹ Women Rights in Tanzania: The Challenges, 2005.

- Political will and commitment to continued democratization and human rights; and the imperative of consistency in policies as a basis for Government accountability to the citizenry and development partners;
- Commitment to a predictable macroeconomic environment and structural and institutional reforms; and
- Fast and equitable growth, that focuses on reducing inequalities, increasing employment, enhancing livelihood opportunities for the poor, reducing aid dependency and increasing self reliance.

75. By moving from a priority sector approach to priority outcomes (MDG framed) that are results-based and reflective of cross-cutting issues, MKUKUTA calls for more focussed attention to inter-sectoral linkages and synergies. National and sector policies and programmes, as well as plans of Government Ministries, Departments and Agencies, Regional Authorities and Local Government Authorities are to be aligned with the MKUKUTA and harmonized, process-wise, around the national budget and monitoring calendar. To increase aid effectiveness, strengthen accountability and mutual trust, and eventually reduce aid dependency (Joint Assistance Strategy), there is strong Government commitment to the principles of the Paris Declaration on Harmonization and Alignment (March, 2005). Macro-micro linkages are routinely emphasized: demonstrating Government's commitment to decentralization, a two-way flow of information and critically, a wider distribution of the gains of growth to benefit particularly the poor.

1.3.2 The Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP, also known as MKUZA under its Kiswahili acronym)

76. Zanzibar's Vision 2020 provides the overarching framework to reduce poverty. It focuses on improving purchasing power, ownership of productive resources, quality of welfare, and freedom and peace. In 2005, the Revolutionary Government of Zanzibar embarked on a major review of the first generation Zanzibar Poverty Reduction Plan (ZPRP, 2003-05) with the primary objective of accelerating progress towards Vision 2020. Additionally, there was commitment to enhance participation in the review process, to better reflect national priorities in a revised Plan, and to better

'localize' the MDGs. Just as on the Mainland, specific attention was paid to the importance of economic growth, as well as harmonization and alignment. The objective and modalities of the review have been articulated in a Strategic Framework, Guidelines and a Work Plan.

77. Thus, the review sought to identify the limitations of the first ZPRP with the involvement of all stakeholders; it sought ways to *align* and *harmonise* the ZPRP with core reforms and policy processes that have been undertaken both on the Mainland and in Zanzibar. These include the MKUKUTA, Local Government Reform Programme (LGRP), the Public Expenditure Review (PER), the Public Financial Management Reform Programme (PFMRP), and the Joint Assistance Strategy (JAS). In line with the MKUKUTA, the second phase MKUZA has adopted an outcome-oriented approach with emphasis on cross-sector collaboration and inter-sector linkages and synergies. It will be implemented over a four-year period (2006/07 – 2009/10) so as to coincide with the implementation cycle of the MKUKUTA. The monitoring framework for the MKUZA is intended to be as comprehensive as that of the MKUKUTA and aims to produce outputs in the same timeframe in order to enable better coordination in planning and implementing the two strategies.

78. The key principles underpinning the second generation MKUZA include:

- National ownership through the adoption of institutionalised participatory mechanisms involving all sectors of government, civil society, private sector, communities and individuals at national and local levels, including the need to foster private-public partnership, the need to build capacity of all stakeholders in policy formulation, implementation, monitoring and evaluation.
- Political will and commitment to continued democratisation and human rights. The ZSGRP notes the vital role of political stability, tolerance and consistency in policies as a basis for accountability of government to the citizenry and DPs
- Commitment to socio-economic and structural reforms with a particular focus on financial management, economic management, governance, institutional and human resource reforms

- Sector linkages and collaboration in order to achieve the identified MKUZA outcomes; mainstreaming of cross-cutting issues, including in MKUZA monitoring plans
- Equity by focusing on reducing inequalities, improving social well being particularly for the poor, improving accessibility to productive assets by the poor, addressing geographic disparities of public services across regions and districts, promoting sustainable human development with a focus on achieving judicious exploitation of natural resources in such a way as to not affect the needs of future generations; and
- Address macro-micro linkages by fostering decentralization, enhancing efficiency in service delivery, and ensuring benefits of growth in high growth sectors are transmitted to the poor

1.3.3 The Joint Assistance Strategy (JAS)

79. Tanzania and her Development Partners are currently preparing a successor framework to the Tanzania Assistance Strategy (2002-2005). The Joint Assistance Strategy (JAS) is to facilitate effective development partnership outcomes based on mutual trust and respect, frank and open dialogue, and mutual accountability under a single partnership framework. The central themes of the JAS are in line with the principles of the Monterrey Consensus on Financing for Development (2002), the Rome Declaration on Aid Harmonisation (2003), the Marrakech Memorandum on Managing for Results (2004), the Paris Declaration on Aid Effectiveness (2005) and the World Summit (2005).
80. The conceptual foundation of the JAS is guided by the accumulated experience and lessons learned from the Tanzania Assistance Strategy (TAS) phase, as assessed, among others, by the Independent Monitoring Group (IMG 2002 and 2005). The JAS spans a renewable cycle of five years and introduces a number of innovative concepts in the form of guiding principles to deepen national ownership and Government leadership of the development process, improve aid effectiveness and accelerate the attainment of national development goals and targets as captured in MKUKUTA and MKUZA.
81. The JAS emphasizes a shifting of the accountability framework from external to domestic constituencies; and calls for better alignment and greater predictability in ODA disbursement through mutual accountability arrangements involving the Government of Tanzania (GoT) and Development Partners (DPs). Whilst the JAS advocates for General Budget Support (GBS) as GoT's preferred aid delivery modality, a transition phase is to accommodate other modalities (i.e. Basket Funds and Direct Project Funds) to be determined at sector/thematic level and following the principles of alignment. Basket Funds will be limited to those contexts where this Modality is seen to be appropriate and where significant transaction savings are possible. Protecting public reforms and/or thematic areas not yet mainstreamed in normal Government activities is a priority. Direct project funds will be used only for large-scale infrastructure investments; for piloting where particular service delivery innovations or policies need to be tested before mainstreamed in the Government system and machinery; and for emergency aid where quick and localized service delivery is required.
82. Regardless of the aid funding modality, the JAS highlights the priority for all external resources to be integrated into the Government Budget and Exchequer system, in accordance with the Constitution of the URT, chapter 7, Articles 135 and 136. Development assistance to the Revolutionary Government of Zanzibar (RGOZ) for programmes and projects being implemented by the GoT as well as GBS grants will be disbursed through the GoT Budget and Exchequer system. Development assistance that relates to programmes and projects implemented directly by the RGOZ will be disbursed through the RGOZ Budget and Exchequer system.
83. The JAS introduces the concept of a clearer division of labour to achieve an optimal allocation of responsibilities and tasks both within GoT in the context of outcome-driven and harmonized policy processes; and among DPs based on a number of selection criteria, including DPs' comparative (what individual DPs' agencies believe they do best) and, where applicable, competitive advantages⁵² (what

⁵² The other criteria include: organizational capacity; appropriate total number of DPs in a sector/thematic area;

individual DPs think they are doing best compared to others in the partner community). Additionally, the JAS draws attention to the need for adoption of a demand-driven technical assistance (TA) policy focused on developing national capacity and subject to open and GoT-led procurement processes, including options for pooled TA arrangements.

84. Given that direct development assistance to non-State actors will likely continue, the GoT will maintain the independence of non-State actors in managing their own resources but require the latter to maintain a high level of transparency and accountability and share information on their activities and financial resources with their own constituencies: the GoT, DPs and the public.
85. Bilateral agreements, country assistance strategies and the UNDAF are to be brought in line with the JAS and are to specify concrete arrangements to move towards a higher level of development cooperation.
86. Over the past year, the JAS process has attracted significant attention and resources with multiple level consultations carried out with government, civil society and among the DPs. While more can be done, and the two sides are still working at improving the existing model, Tanzania presents a good model of improvements in the quality of partnership with the development partner community, creating space for policy and institutional development, and, most importantly, enhanced country leadership.

1.4 The UNDAF Process

87. The UNDAF for the United Republic of Tanzania is a strategic tool that identifies focused priority areas for UN support to the implementation of the MKUKUTA and the MKUZA in line with the guiding principles of the Joint Assistance Strategy (JAS). The preparation of the UNDAF has involved a highly iterative strategic planning process embedded in the UN's active support to national processes, including the review of PRS

established relationships with GoT, DPs and non-State actors; DP headquarters' mandate; extent of decentralized authority to field offices; willingness to invest in agency's competencies in the long-term; and the equitable sharing of work.

I and preparation of MKUKUTA; ongoing efforts to establish an innovative framework for the implementation of MKUKUTA; the ongoing review of the ZPRP and formulation of the MKUZA, and the preparation of the JAS. Accordingly, the UNDAF work-plan had to reflect a mix of activities aiming at active engagement in national processes, a series of UNDAF consultations with partners and intensive UN System internal consultations to ensure broad ownership of the UNDAF process and its effective alignment with the emerging policy frameworks for growth and poverty reduction and development partnership.

88. The UNDAF preparation process covered a period of 18 months. It entailed three phases, namely: the Joint Strategic Review; a re-working of internal UN system processes towards alignment with MKUKUTA, MKUZA and JAS processes; and the validation of the UNDAF with partners.

1.4.1 Joint Strategic Review (JSR)

89. Several UN Agencies actively supported their line ministries and implementing partners during the 2004 review of PRS I, and were thus aware of the current UNDAF's limitations. In addition, defining the challenges to common country programming and the implementation of joint programmes was considered essential as a precursor to the preparation of a second phase UNDAF (2007-2010). An independent JSR was therefore conducted in the second half of 2004. The **purpose** of the JSR was three-fold:

- To assess past experience of the UN's contribution to PRS and ZPRP within the framework of the TAS, so as to provide support to the review and subsequent adoption of the next phases of both development frameworks;
- To help facilitate the UN in updating objectives and strategies for the remainder of the current UNDAF (i.e. for 2005 and 2006);
- To serve as input to the strategic planning of the next UNDAF Results Matrix (2007-2010).

90. The UN-JSR was essentially an **external exercise** implemented by a team of seven independent consultants, the Review Team

(RT). The process was kept deliberately flexible and adaptive, so as to take on board the views of Government, development partners, civil society, academia and the private sector during consultations, as well as to allow a degree of **self-assessment** among UN colleagues. A prescriptive process (and result) would have had little added value to strategic planning and the change management process. The RT worked closely with a small UN Task Force (TF) mandated to provide technical support, and to be the liaison focal points for Agency interactions. The TF comprised country-based senior programming staff/ policy advisors with good knowledge of the Tanzanian environment who in turn worked with HQ-based senior colleagues in their individual Agencies. The latter were known as the Reference Group – senior colleagues in Policy Divisions who provided input from a macro perspective when needed, and who, more crucially, participated in a key UN reform exercise at the country level. UN/DGO kept in regular contact with the UN Resident Coordinator, and the Resident Coordinator's Office (RCO), throughout the exercise.

91. In looking at the UN's contribution to the implementation of the first PRS/ZPRP, the scope of the review covered the **performance of the entire UN system**, as opposed to individual Agencies. So as to have an overview of UN activities in-country, the RCO carried out a mapping exercise of all projects and programmes along thematic and geographic lines. Internal studies and reports emanating from routine monitoring and evaluation were made available to the RT by UN Agencies. Both sets of information provided the RT with initial input to begin their work, additionally enabling them to analyze the quality of information presented as well as suggest ways to improve information management for the purpose of transparency and efficiency.

92. Challenged by the JSR report to re-define the UN's role in a General Budget Support environment, and re-think the delivery of technical assistance and capacity development support, the UN Country Team is responding by working with the report's recommendations as well as external developments, to finalize the next phase UNDAF. Over a period of 18 months, UN inter-agency collaboration has had to overcome challenges to do with conceptual

differences⁵³, competing priorities related to Agency mandates, the demands for high visibility at Agency level in order to retain donor interest and funding, and career incentives related to promoting Agency visibility. Opening the UN system to independent scrutiny and allowing UN Country Team colleagues to participate in the assessment, has therefore been both critical and transformative.

93. Ultimately, the JSR was a catalyst of change for a more united, results-oriented and effective UN at the country level but the level of expectation that change would happen faster than it has, was in hindsight too ambitious. To date, significant strides forward have been made and are recognized within and outside the UN at both policy and operational levels. For Government, civil society and development partners, the JSR has helped facilitate a broader discussion on the UN's key comparative advantages in Tanzania's dynamic aid environment including the UN's convening power; its role as an honest broker and trusted impartial partner; its focus on capacity development; and its special role regarding humanitarian assistance. Within the UN Team, the JSR has helped lead to clear agreement on the need to better align with Government processes (policy/expenditure dialogue mechanisms in particular), much stronger ownership of the UNDAF by both ExCom and non-ExCom Agencies, and reform in the interest of reducing transaction costs on MDAs⁵⁴. The existence now of tools to promote common country programming, and the effort to synchronize the planning cycle among Agencies (Heads of ExCom Agencies collectively requested a three month delay in submission of their new Country Programmes alongside the UNDAF to their Executive Boards as GoT architecture and the draft JAS is yet to be firmed up) is equally indicative of adaptation. In this respect, the change process has been - and will continue to be - as important for UN colleagues as the milestones reached.

⁵³ Outcomes, outputs, rights based approaches, etc. were defined differently among agencies, even among the ExCom Agencies (UNDP, UNICEF, UNFPA, WFP).

⁵⁴ (Government) Ministries, Departments and Agencies.

1.4.2 Aligning the UNDAF to MKUKUTA, MKUZA and the JAS

94. Work on the UNDAF Results Matrix (2007-2010) began in early February 2005. Whilst the UN CMT took the decision not to do a CCA, the UN system opted for a “hybrid strategy” to ensure system-wide ownership of the MKUKUTA and MKUZA by reviewing existing national, sector and thematic studies underpinning MKUKUTA and the MKUZA and carrying out a complementary “gap analysis” of the national framework of results before moving to the UNDAF process.
95. Six working groups, each led by a UN Head of Agency, met over a seven week period to develop problem trees and draft matrices. The working groups were formed around the three main pillars of MKUKUTA, i.e. growth and income poverty, quality of life and social well being, and governance and accountability; and around two additional themes: vulnerability and social protection which was an integral part of MKUKUTA; and humanitarian and development support to North Western Tanzania which has been an area where the UN has demonstrated a collective response and comparative advantage over the years. A working group on Zanzibar met separately to additionally coordinate support to the review of the ZPRP, formulation of the MKUZA and related UNDAF results. All six working groups were supported by a “functional” working group⁵⁵, led by the RCO. The UN country team agreed to integrate HIV/AIDS and gender dimensions into the work of all the working groups.
96. Working groups each undertook a ‘problem tree’ analysis to identify the immediate, underlying and root causes of key development challenges as addressed in the MKUKUTA. Colleagues relied on key studies and reports that formed the critical bulk of analysis underpinning the three MKUKUTA clusters. Operational targets and cluster strategies in the MKUKUTA were reviewed, and proposed interventions identified. Though clear from the outset that conceptual differences persisted at various levels between the results terminology reflected in the MKUKUTA, and the same reflected in the undg guidelines, and between Agencies’ interpretations and use of results terminology, groups remained highly participatory, involving all UN colleagues from ExCom and non-ExCom Agencies, who participated in group exercises and provided individual Agency inputs. Through extensive group discussion and analysis, consensus was reached on eight draft UNDAF outcomes.
97. At a Prioritization Retreat held 25-26 April 2005, involving UNCMT and senior programming colleagues, a total of eight UNDAF outcomes proposed by the six working groups were narrowed down to three, with accompanying country programme (CP) outcomes. Five key elements were critical to the selection of the final three UNDAF outcomes: 1) did the UN have a comparative advantage in the area (taking direction from the JSR findings); 2) was the poverty “challenge” improving at a nominal pace or not improving at all; (3) did the poverty “challenge” correspond to a MKUKUTA priority; (4) would interventions in one area have an impact on other related areas (i.e. through one route, addressing common causes or core problem areas for a number of poverty challenges); and (5) was there scope for synergy and complementarities among several UN agencies (e.g. linking policy, technical and field level interventions).
98. The prioritization exercise led to the decision to adopt three UNDAF outcomes in line with the three main pillars of the MKUKUTA; while integrating vulnerability and social protection and UN support to North Western Tanzania into the three main UNDAF outcomes.
99. Following the Prioritization Retreat, additional work was carried out by an inter-agency Task Force, guided by the UNCMT and IAPC. The Task Force was mandated to work out a list of country programme outcomes related to the now revised UNDAF outcomes; to strengthen the Results Matrix by ensuring it was rooted in, and reflective of a human rights based approach; and to ensure cross-cutting issues were adequately addressed. To facilitate this work, the following was undertaken:

⁵⁵ The functional group provided technical support on cross-cutting issues and kept colleagues updated on external developments and process-related information.

- The UN commissioned five papers⁵⁶ prepared by local human rights experts, in order to build the knowledge base on a human-rights based approach (HRBAP) to poverty reduction in a Tanzanian context. The papers stimulated internal discussion and initiated the work of identifying duty bearers and rights holders within a 'poverty reduction' context. The main recommendations of the papers will continue to provide a basis for engaging stakeholders in adopting a HRBAP to the implementation of MKUKUTA and the MKUZA.
- UN capacity support to national disaster (both man made and natural) preparedness and mitigation was strengthened within a humanitarian - development continuum, based on the UN's longstanding work in refugee hosting communities in North Western Tanzania; and its swift access to global specialised expertise, as in the case of the UNESCO - Intergovernmental Oceanographic Commission (IOC) who engaged with GoT on the establishment of an Indian Ocean Tsunami Warning System (IOTWS). Contingency planning in respect of the October and December 2005 elections, particularly in relation to Zanzibar, and more recently to mitigate the impact of Avian Influenza, has further extended UN support on the humanitarian front.
- The UN Operations Management Team (OMT) and a Task Force on the Harmonized Approach to Cash Transfer (HACT) held a series of system-wide consultations on the practical implications of the JAS for the UN common programming process as well as UN agencies' financial and administrative rules and procedures. The effort was carried out within the context of the UN Development Group's policy commitment to UN participation in sector programmes⁵⁷ and the UN Harmonized

Approach to Cash Transfer (2005). The exercise benefited from the experience of UNFPA which has participated in the health sector SWAP and basket; and from UNDP's participation in, and management of the Elections and Muafaka Baskets; and UNFPA and UNDP work with the Exchequer.

100. Subsequent to the finalization of the Task Force's work on country programme outcomes, three inter-agency UNDAF working groups (one per UNDAF Outcome) have carried out the finalization of the UNDAF Results Matrix, focussing on identifying country programme outputs, finalizing the coordination and implementation modalities, partnership arrangements, and an estimated cost of the UNDAF and accompanying M&E plan⁵⁸.

1.4.3 Validation of the UNDAF with Partners

101. The validation of the draft UNDAF Results Matrix was carried out through a series of consultations with Government (three consultations in total: with the MKUKUTA Technical Committee, and with Central and Sector/Line ministries from both Mainland and Zanzibar), with civil society, and with a group of Development Partners. The main objective of these consultations was to validate successive drafts of the UNDAF Results Matrix, gauging feedback on alignment with national priorities (i.e. MKUKUTA and the MKUZA) based on external views of what the UN does best.
102. The UN Country Team has been careful to keep pace with external discussions around the implementation framework for MKUKUTA, around the emerging MKUZA, around a restructured GoT architecture (post-elections), around a revised poverty monitoring system and plan, and around key principles included in the emerging Joint Assistance Strategy. Consultations with key partners not only helped clarify the main direction of the UNDAF in a changing development and aid environment, but additionally enabled the UN to re-confirm its commitment to support national priorities and align behind key national processes.
103. The UN Eastern Africa Quality Support and Assurance Group on the UNDAF has been

⁵⁶ The papers are: (i) Robert Makaramba, Major Human Rights Issues in Tanzania: A Human Rights Approach to Development Programming and Poverty Reduction Strategies, 2004. (ii) Helen Kijo-Bisimba, The Economic and Social Rights as Related to the Tanzania National Strategy on Growth and Poverty Reduction: Quality of Life and Social Well Being, April 2005; (iii) Professor Bonaventure Rutinwa, Humanitarian and Development Support to Northwestern Tanzania, 2005; (iv) Professor Haroub Othman, The Political and Human Rights Situation in Zanzibar, 2005; (v) Women Rights in Tanzania: the Challenges, 2005;

⁵⁷ UNDG, Action Plan, Harmonization and Alignment to Help Achieve the MDGs, July 2005

⁵⁸ Although alignment with the MKUKUTA Monitoring System and MKUZA indicator framework is foreseen, to the extent possible.

kept informed of the evolving UNDAF work-plan for Tanzania. Two members of the Group participated in the UNDAF prioritization retreat in April 2005, one as a resource person and the other in the representative capacity of the coordinating agency for the Quality Support and Assurance Group for UNDAF countries in 2005 (UNICEF/ESARO). The comments from the Eastern Africa Quality Support and Assurance Group on the Tanzania have been incorporated in the UNDAF.

104. The UN Development Group Office - Policy and Global Quality Standards Cluster participated in a JAS meeting held in April 2005 in Dar es Salaam. The meeting enabled Government to hold consultations on the JAS with Director Generals and Senior Representatives of bilateral and multilateral agencies.

II. Results

105. As indicated above, the UN system in Tanzania has adopted three UNDAF Outcomes as the focus of its contribution to the three clusters of the MKUKUTA and the MKUZA, and has mainstreamed six cross-cutting themes: gender, youth, children, HIV/AIDS, employment, and the environment. The UNDAF Results Matrix (Table 2) provides details of the UNDAF outcomes that will contribute to MKUKUTA and MKUZA cluster goals; the country programme outcomes that will contribute to each UNDAF outcome; and key outputs (products, services, skills and abilities) that will deliver identified country programme outcomes.

2.1.1 MKUKUTA Cluster I: Growth and Reduction of Income Poverty: *UNDAF support is in response to the following national priority: broad based and equitable growth is achieved and sustained.*

106. The MKUKUTA sets a number of targets to achieve broad based and equitable growth. In particular, it envisions halving the proportion of people living below the national poverty line to 18 percent⁵⁹ (for basic needs) by 2010. Attaining the national target over a ten-year period is more ambitious than the MDG targets of halving poverty within a 25 year period. It

will require pro-poor growth, i.e. a rapid and more equitable growth rate of GDP (at least 7-8 percent per annum over the next decade), faster in rural than in urban areas.

107. In order to achieve broad based and equitable growth MKUKUTA sets out six goals that focus on accelerating growth (to at least 6-8 per cent per annum) and ensuring broad-based participation in and benefit from the growth process. The first goal aims at pursuing sound economic management in support of a stable and predictable macroeconomic environment and the creation of jobs. The second goal focuses on achieving broad-based and sustainable growth by focusing on scaling up investments in physical capital (transport, ICT, power), increasing factor productivity (focusing on technological changes in rural/agricultural productivity and associated linkages with industry), by giving particular attention to trade, services and marketing infrastructure, and by creating a conducive environment to attract domestic and foreign private investment. The third goal aims at improving food availability and accessibility at household level in rural and urban areas by increasing food crop production and maintaining adequate strategic grain reserves. The fourth and fifth goals aim at reducing income poverty in rural and urban areas, respectively. The priority is to attract public and private investments in agriculture (including livestock) and natural resources, promote diversification to non-farm activities; improve the access and the ability of the poor to make use of productive assets (e.g. land, finance); promote life skills and entrepreneurship training; invest in infrastructure (e.g. transport); provide alternative rural energy. In urban areas the policy framework seeks to support SMEs and the informal sector through provision of credit, improved business environment and supportive technology; address settlements through better land use and management; promote skills training. The sixth goal of the cluster aims at the provision of reliable and affordable energy to consumers

2.1.2 MKUZA Cluster I: Growth and Reduction of Income Poverty: *UNDAF support is in response to the following national priority: Pro-poor growth achieved and sustained*

108. The MKUZA focuses on three priority goals to achieve and sustain the national priority of pro-

⁵⁹ Being half of the 36 percent estimated from the 2000/01 HBS.

poor growth. These are: creating an enabling environment for growth, promote sustainable pro-poor and broad based growth, reduce income poverty and attain overall food security. The MKUZA identifies a number of key sources of growth to include: investment in human capability, physical capital, factor productivity, private sector development, domestic trade and investment and foreign direct investment. In order to ensure broad based growth and equity the focus is on improving the accessibility of productive assets by the poor; address geographic disparities by identifying and supporting exploitation of the economic potentials of the disadvantaged districts, and raising returns and productivity in the poorer districts; promote equal and universal access to public services through the budgetary financing of social programmes; support to community-based initiatives that focus on the special needs of the vulnerable groups. The thrust of the cluster is to ensure high economic growth that can withstand both external and man-made shocks.

2.1.3. UNDAF Results in Support of Cluster I of MKUKUTA and MKUZA

109. During the UNDAF period, the UN intends to contribute to the realisation of Tanzania's national goals on broad-based equitable growth. The framework of response is in line with Tanzania Vision 2025, Zanzibar Vision 2020, the MKUKUTA (2005 -10) and the MKUZA (2006 -10).

110. The UNDAF will contribute to the MKUKUTA and MKUZA national priority of achieving sustainable broad based and equitable growth by focusing on promoting an enabling, pro-poor, employment-driven and gender sensitive economic environment. The policy initiative will be carried out under the leadership, coordination and facilitation support of the Government, with non-state actors providing active support to GoT and RGOZ as advisors, leading quantitative and participatory research, providing peer reviews and knowledge development support. The UNDAF response will focus on policy frameworks, which if adequately addressed could have a significant impact on poverty reduction in rural areas. In particular, agriculture; local economic development; rural energy; environment and natural resource links to industry; trade; investment; employment;

and SME policies. The effort will consider existing policy frameworks to include the Mini-Tiger Plan; the National Trade Policy; the SME Policy and Development Strategy; the Agriculture Sector Development Strategy (ASDS) and Programme (ASDP); the National ICT Policy; the Energy Policy; the Rural Energy Master Plan; the National Employment Policy (1997); the Employment and Labour Relations Act; the Labour Institutions Act; Women and Gender Development Policy (2000); the National Youth Development Policy (1996); and the Cooperative Policy (2005).

111. The economic policy initiative will be complemented with micro-level interventions targeted at the rural economy and seeking economic empowerment of SMEs, producers groups, small-scale farmers, agro-processing enterprises, cooperatives, survival oriented micro-enterprises of poor and disadvantaged groups (e.g. women, youth, and people living with HIV/AIDS) and member-based associations. Concerns around promoting a thriving, productive and competitive rural economy will be addressed by supporting the identification of market opportunities including supply linkages with local producers/buyers; upgrading supply capacity; establishing high-quality client-oriented business development centers that offer practical, 'how-to' business services; facilitating access to credit for business start-up and vulnerable groups; supporting an association of producers; and promoting greater public-private partnership and corporate social responsibility for the development of infrastructure, entrepreneurship education, labour-based technologies, waste management, and SMEs. The UNDAF response will among others build on the Diagnostic of Trade Integration Study (DTIS - draft) Action matrix.

112. In facilitating the development of the economic potential of rural Tanzania, the UNDAF will address concerns of vulnerability to food insecurity by focusing on improving the availability of and access to food by the most vulnerable groups, incl. young children, youth, people living with HIV/AIDS and their caregivers. The approach to food insecurity will aim at enhancing livelihood options through greater access to roads, water, affordable labour saving technologies, and

markets; boosting agricultural crop yields through appropriate farming practices, post-harvest management and processing facilities, training, technologies and innovations; improving capacity at national and district levels on the management and effective enforcement of existing policies for the sustainable use of fisheries, forestry, soil and water resources. The response will be in line with, among others, the National Food Security Policy

113. The UNDAF response to Cluster I of the MKUKUTA and MKUZA (Growth and Reduction of Income Poverty) is organized around three Country Programme Outcomes as outlined in Table 1 below.

2.2.1 MKUKUTA Cluster 2: Quality of Life and Social Well Being: *UNDAF support is in response to the following national priorities: improved quality of life and social well-being with particular focus on the poorest and most vulnerable groups; and reduced inequalities (e.g. education, survival, health) across geographic, income, age, gender and other groups.*

114. Recognizing that improved social services are central to an improved quality of life and social well-being, MKUKUTA sets out goals that address exclusion, vulnerability and inequality so as to achieve greater equity. Five broad goals within cluster 2 seek to firstly, ensure equitable access to quality primary and secondary education for boys and girls, universal literacy among men and women, and expansion of higher, technical and vocational education. Secondly, to improve the survival, health and well-being of all children and women and of especially vulnerable groups. Thirdly, to ensure access to clean, affordable and safe water, sanitation, decent shelter, and a safe and sustainable environment and thereby, reduce vulnerability from environmental risk. Fourthly, to make available adequate social protection and provision of basic needs and services for the vulnerable and needy. And finally, to ensure effective systems to ensure universal access to quality and affordable public services. Cross-cutting issues related particularly to gender concerns, vulnerability (impoverishing forces but also social groups including but not exclusively young people and youth, elderly, PLWHA, and people with disabilities), and the environment are incorporated. Specific and measurable targets are set in the MKUKUTA

for all of the above, that if achieved would mean the country is on track to achieving related MDGs by 2015.

2.2.2 MKUZA Cluster 2: Social Services and Social Well Being: *UNDAF support is in response to the following national priorities: Improved social well-being and access to quality services with emphasis on the poor and most vulnerable groups*

115. The MKUZA focuses on improving peoples' well being through the provision of quality, affordable and accessible social services to include education, health, water and sanitation, environmental services, human settlement, food and nutrition, HIV and AIDS treatment and prevention, and social protection programmes. The framework promotes sports and the preservation of historical, cultural and national heritage as critical factors in sustaining social well-being. For social services to be available both to the users and providers, the government and her stakeholders are committed to generate enough revenue and adequate investments, and ensure effective participation. The framework is responsive to the needs of vulnerable groups, the poorest, children and women.

2.2.3 UNDAF Results in Support of Cluster II of MKUKUTA and MKUZA

116. The UNDAF Outcome related to support the attainment of poverty outcomes within cluster 2, takes cognizance of the universal right of access to quality basic social services, particularly for the poor and most vulnerable. In addition to drawing on research findings from major surveys, the UN has taken into account findings of the three main studies informing the review of the first PRS: namely the PHDR (2002, 2003)⁶⁰, the Tanzania Participatory Poverty Assessment (Tz-PPA, 2002-3), and the Policy and Service Satisfaction Survey (PSSS, 2003-4). Gender studies commissioned by the Macro Policy Working Group for the PRS Review were additionally useful.

117. Through the UNDAF, UN agencies will strengthen their support to ensure gender equality and empowerment are central to the implementation of the MKUKUTA/MKUZA;

⁶⁰ The most recent PHDR of 2005 provided more up to date information on non-income poverty trends.

and well-reflected in the JAS. Leveraging their comparative advantage, UN agencies will collectively support the ongoing development of a national strategy on social protection, as well as more directly support social protection for vulnerable groups, particularly vulnerable and young children. A draft National OVC Policy Framework is in the pipeline to better integrate efforts by communities, Government, and CSOs in the care and support of MVC. UN support will be within this existing policy and legal framework for children, and will include reference to the main Tanzania Children's Statute, and the revised Children's Act which is based on the four general principles of the UN Convention on the Rights of the Child (CRC), which Tanzania has ratified. The UNDAF additionally aims to realize an extension of social protection to informal economy workers, including young women and men basing its interventions on proven experience with micro-health insurance schemes such as those undertaken by UMASIDA, and within the context of cooperative-type arrangements: SACCOs for women's groups, and income support to economically empower families dependent on child labour.

118. In the area of health, the UN will collectively work on ensuring equitable access to comprehensive reproductive and child health interventions. The UN's support will be aligned to the GoT's Health Sector Strategic Plan, with continued support to GoT to protect the poor from the burdens associated with user fees. Strengthening accountability mechanisms to ensure the proper administration of exemptions and waivers will be critical. Support to community health funds, where these exist will continue. Ongoing specialised support on malaria and other major disease control will complement efforts on other health fronts.

119. UN Agencies will combine efforts to improve community access to safe, clean water and environmental sanitation by delivering eight key results in line with the National Water Policy (2002) and ongoing water sector reforms. Legal provisions set out in the Water Utilisation (Control and Regulation) Act (1974) with subsequent amendments (1981 and 1989) will equally guide UN complementary support in the sector. Additionally the UNDAF will support Government's initiatives towards the attainment of the MDG 7 Target 11 – Achieve significant improvement in the lives of at least 100 million

slum dwellers. This includes efforts towards the provision of twenty thousand plots in Dar es Salaam, the Cities Alliance Programme for Dar es Salaam and the City Without Slums Initiative for Eastern and Southern Africa in Arusha.

120. In line with the national Primary Education Development Plan (PEDP) and the recently launched Secondary Education Development Plan (SEDP), the UN is focussing on support that increases equitable access to quality formal and non-formal education so that MKUKUTA, MKUZA and Education for All goals are met. Identified results focus on the areas of early childhood development; life and livelihood skills training; and more effective, higher quality HIV/AIDS educational materials, among others. The UN will focus collectively on ensuring those currently marginalized, excluded or otherwise vulnerable, are enrolled, participating and completing basic education in inclusive child-friendly formal and non-formal education systems, including vocational training schemes. While eliminating illiteracy among 15-24 year olds represents significant challenges, the Adult and Non-Formal Education Strategy aims to address these concerns, and the UN will work to support GoT-led interventions, including integrating the COBET⁶¹ programme, while mainstreaming more children into the formal education system in line with MKUKUTA's and MKUZA's goals. By 2007/8, MKUKUTA aims to reduce the number of young people in COBET from the present 234,000 to just over 70,500 young people.

121. Finally, the UNDAF has a strong focus on the prevention, care and treatment, and impact mitigation of HIV/AIDS and other major diseases. Nine key results will deliver support to the implementation of the Three Ones, expanded VCT services, strengthened district and community ownership, and sharper advocacy and communication messages particularly to address stigma and gender discrimination. The UN will align its support to the National Multi-Sectoral Strategic Framework (NMSF) that is mandated to operationalize the National Policy on HIV/AIDS.

122. The UNDAF response to Cluster II of the MKUKUTA (Quality of Life and Social Well Being) and MKUZA (Social Services and Social Well Being) is organized around five Country

⁶¹ Complimentary Basic Education in Tanzania

Programme Outcomes as shown in Table 1 below.

2.3.1 MKUKUTA Cluster 3: Good Governance and Accountability:

UNDAF support is in response to the following national priorities: good governance and the rule of law is ensured; leaders and public servants are accountable to the people through the effective reduction of corruption and public access to information; democracy and political and social tolerance are deepened; peace, political stability, national unity and social cohesion are cultivated and sustained.

123. The third cluster of MKUKUTA provides the bedrock for the first and second clusters. In order for broad-based growth and improvement of quality life and social well being to take place, good governance has to prevail. The cluster is organized around seven goals. It focuses on ensuring that structures and systems of governance as well as the rule of law are democratic, participatory, representative, accountable and inclusive. It gives particular attention to the equitable allocation of public resources with corruption effectively addressed; and emphasizes the centrality of an effective public service framework to provide the foundation for service delivery improvements and poverty reduction. It aims at promoting and protecting the rights of the poor and vulnerable groups in the justice system. It seeks to reduce political and social exclusion and intolerance; improve personal and material security, reduce crime, eliminate sexual abuse and domestic violence. The seventh goal of Cluster 3 focuses on promoting and enhancing national cultural identities.

2.3.2 MKUZA Cluster 3: Governance and National Unity: *UNDAF support is in response to the following national priority: A society governed by the rule of law and government that is predictable, transparent and accountable*

124. Concerning MKUZA, the focus on governance and national unity centres on both financial and non-financial governance. The framework identifies eleven goals in support of good governance and national unity: the equitable allocation of public resources, improved service delivery, the rule of law and access to justice, public and personal security, capacity of government institutions and actors (e.g.

NGOs), leadership ethics and the fight against corruption, the legal framework to support economic growth, the capacity of the institution of oversight and accountability, access to information, participation in decision-making, the promotion and observance of human rights.

2.3.3 UNDAF Results in Support of Cluster III of MKUKUTA and MKUZA

125. The UNDAF response to governance and accountability builds on the widely acknowledged and demonstrated UN role as an honest broker, convener and coordinator of dialogue processes. The UNDAF will support democratic governance that fosters inclusion, domestic accountability, transparency and social justice in the public and private sectors and civil society, at all levels. Priority areas for collaborative work are organized around six pillars, namely the political, parliamentary and electoral systems; national and local structures of governance; the system of justice, law and order; public policy and development management systems; the institutional framework for the protection and promotion of the rights of the poor and most vulnerable; and national disaster preparedness and response capacity.

126. The UNDAF framework of response is in line with Tanzania Vision 2025, Zanzibar Vision 2020, the MKUKUTA (2005 -10) and the MKUZA (2006-2010). It builds on Tanzania's commitment to the NEPAD⁶²-related Africa Peer Review Mechanism (APRM). It seeks to support the outlined benchmarks of the National Framework for Good Governance (NFGG) with a focus on establishing an efficient and effective legislature; promote the participation of an informed and skilled citizenry that is aware of and ready to legitimately defend its political, economic, and social rights and freedoms and to hold its governors accountable; promote electoral democracy; accountability, transparency and integrity in the management of public affairs, as well as the rule of law. It considers the Medium Term Strategy (MTS) for the Legal Sector Reform Programme (LSRP); the National Anti-Corruption Strategy and Action Plan (NACSAP) including the involvement of the private sector to help reduce the "supply side"

⁶² New Economic Partnership for Africa's Development.

of corruption; the Business Environment Strategy (BEST); and the inaugural speech of the President of the United Republic of Tanzania (December 2005) underscoring Government's intention to safeguard space for a multi-party democratic dispensation and the strengthening of the war on corruption.

127. The framework of response seeks to protect and promote gender equality, children's rights and the rights of the poor and most vulnerable groups, including people living with HIV/AIDS and their caregivers, the most vulnerable children and children orphaned by HIV/AIDS, and youth/young people, by promoting legal instruments to protect and enforce rights; strengthening the capacity of right holders to access information, be more aware and demanding with respect to human rights and freedoms; and strengthen the capacity of the state to meet their commitments, including the domestication and periodical reporting on international human rights instruments.

128. The UN system's response to the HIV/AIDS pandemic will be carried out with due consideration for the National Multi-sector Strategic Framework, (2003–2007); National AIDS Policy; the Zanzibar HIV/AIDS Multi-sector Framework; the National Care and Treatment Plan (2003-2008); individual Sectors HIV/AIDS strategies; and the Orphans and Most Vulnerable Children Strategy.

129. The UNDAF will work through existing opportunities to promote adequate institutional mechanisms and socio-cultural practices to promote gender equality and uphold the rights of women and young people to access sexual and reproductive health; and encourage the collection of sex disaggregated data and data on women's and young people's accessibility to sexual and reproductive health. The UNDAF response to gender equality and partnership strategy for monitoring and reducing Gender Based Violence (GBV) builds on the national political commitment to promote gender equality as featured in the MKUKUTA, the MKUZA, the MCDGC⁶³ Strategic Plan, the Ministry of Health and Social Welfare Policies and Strategic Plan; and

in gender budgeting tools adopted in national planning process. It aims at working within the umbrella of the National Policy on Gender, National Strategy for Gender Development, the National Plan of Action, CEDAW Optional Protocol, the National Plan of Action for The Prevention and Eradication of Violence Against Women and Children, the National Plan of Action to Eliminate Female Genital Mutilation, and the National Policy on Children.

130. UN support to Tanzania's core reform agenda, including key reforms outlined in paragraph above will additionally aim at strengthening the capacity of civil society and mechanisms to hold government accountable, including the role and capacity of the media to promote transparency and demand accountability.

131. The UNDAF will support the role of employers' and workers' organizations in ensuring that good governance prevails in industrial relations. In the workplace, justice is pursued through quasi-judicial bodies (labour institutions, i.e. conciliation boards ward tribunals, etc) which are charged with handling fundamental rights at workplaces, yet are rarely captured in the mainstream capacity strengthening programmes of the Government. The UNDAF will seek to facilitate the establishment of an effective Labour Administrative system under the Labour Institutions Act, 2004; strengthening quasi-judicial bodies in administering justice in the world of work as provided for in the Gender Policy, Employment and Labour Relations Act of 2004.

132. The UNDAF will also seek to support enabling legislation for law enforcement, justice and crime prevention as in Local Government Act 1982 and Local Government Laws: Misc. amendment Act No. 6, 1999, Auxiliary Police Ordinance Cap 262, Amend Act No. 19 of 1969 and Ward Tribunals Act. No. 7 of 1985.

133. The UNDAF will deepen UN support to evidence-based development management processes working from the implementation framework of the MKUKUTA, MKUZA and the JAS, with focused attention on sector strategic planning, costing and budgeting; mainstreaming of cross-cutting issues (particularly HIV/AIDS, gender, children, youth, environment, human rights); support to

⁶³ Ministry of Community Development, Gender and Children

coordination, management and monitoring of aid harmonization and alignment as per the JAS principles drawing on UN capacity, knowledge networks and accumulated in-country experience. Support to GoT's communication strategy is included as an area where the UN can share experience, including in the area of strengthening public information systems, and replicating 'popular versions' of key public policy documents. Support will continue to the routine maintenance of indicators, and to the first level analysis of data (NBS/Planning, Economy and Empowerment), to the upkeep of the Tanzania Socio-Economic Data-base (information regularly uploaded onto the popular data-base), and the strengthening of statistical literacy at the MDA and LGA levels. The framework of response is in line with the national Poverty Monitoring Master Plan and

the emerging MKUZA Poverty Monitoring System.

134. Throughout the UNDAF period, the UN will support GoT and RGoZ in strengthening national capacity for disaster management coordination, risk assessment and risk management, within the framework of the National Disaster Management Plan (Mainland)

135. The UNDAF response to Cluster III of the MKUKUTA (Good Governance and Accountability) and MKUZA (Governance and National Unity) is organized around six Country Programme Outcomes as shown in Table 1 below.

The following statements provide a summary of the strategic direction of each UNDAF Outcome:

Table 1. National Priorities and UNDAF

National Priorities	UNDAF Outcomes	Strategy Statements
MKUKUTA: - Broad based and equitable growth is achieved and sustained. MKUZA: - Pro-poor growth achieved and sustained	By 2010, increased access to sustainable income opportunities, productive employment and food security in the rural and urban areas	The UNDAF Outcome will be achieved through equitable, pro-poor and gender sensitive economic policies and programmes that promote food security, sustainability and diversification of productive activities and greater access to competitive markets, with a particular focus on the economic potential of rural Tanzania.
MKUKUTA: - Improved quality of life and social well-being with particular focus on the poorest and most vulnerable groups - Reduced inequalities (e.g. education, survival, health) across geographic, income, age, gender and other groups. MKUZA: - Improved social well being and access to quality services with emphasis on the poor and most vulnerable groups	By 2010, increased access to quality basic social services for all, by focusing on the poor and most vulnerable.	The UNDAF Outcome will be achieved through strengthened and more effective, participatory national systems that ensure equity, and a focus on the poor and most vulnerable, paying special attention to gender/geographic/age/income disparities and HIV/AIDS.
MKUKUTA - Good governance and rule of law ensured. - Leaders and public servants are accountable to the people through the effective reduction of corruption and public access to information. - Democracy and political and social tolerance are deepened. - Peace, political stability, national unity and social cohesion are cultivated and sustained MKUZA: - A society governed by the rule of law and government	By 2010, democratic structures and systems of good governance as well as the rule of law and the application of human rights, with a particular focus on the poor and vulnerable groups, are strengthened.	The UNDAF outcome will be achieved through democratic governance that fosters inclusion, accountability, transparency and social justice in the public and private sectors and civil society, at all levels.

Outcomes

III. Partnership Strategy

3.1. The UN System Response to the Joint Assistance Strategy

136. In the fast changing aid environment in Tanzania, the UN is challenged to better define its distinctive role and comparative advantage moving forward if it is to remain a relevant and

trusted partner post-Paris Declaration on Aid Effectiveness. The recently concluded Millennium Summit (2005) makes specific reference to the role of the UN system at country level moving forward in support of nationally-led and MDG-framed poverty reduction strategies. Groundbreaking work is currently being carried out by the UNDG to facilitate follow-up to the Paris Declaration as articulated in an Action Plan (July 2005).

137. The UN in Tanzania is committed to support Government's efforts to deliver on the framework of goals and targets as embodied in the MKUKUTA and the MKUZA, using JAS guiding principles moving forward. The second generation UNDAF (2007-10) is to facilitate a transition to more progressive development partnership practices as articulated in the JAS and in line with the undg Follow up Plan of Action post-Paris, and the Global Task Team recommendations to support the harmonization of the AIDS response among UNAIDS Co-sponsors at country level. Specifically, the UN is committed to support the process of strengthening national ownership and leadership at all levels of the state and civil society for greater development impact through:

- A move away from parallel UN project assistance to more progressive aid modalities working through sector wide programmes (or thematic programmes) and project modalities (under specific criteria, e.g. pilots and innovation prior to up-scaling; emergency aid and the transition from humanitarian concerns to development) and a channelling of UN resources through basket funds and/or direct project funding using national structures;
- Progressive alignment with national systems of public financial management, procurement, audit and reporting based on an UNDAF risk management framework harmonized to the extent possible;
- The systematic sharing of information on all UN assistance to Tanzania working through the Exchequer system;
- The provision of direct development assistance to non-state actors (NSAs), including enhancing their capacity to maintain a high level of transparency and accountability with regard to their activities and financial resources;
- A focus on supporting national efforts towards developing sustainable capacity for broad-based and equitable poverty reduction and attainment of the MDGs; and the delivery of UN technical cooperation in line with nationally determined core principles of capacity development;
- A division of labour within the UN System notably in relation to the UN response to

the HIV/AIDS pandemic as per the Global Task Team recommended division of labour among UNAIDS Co-sponsors (2005); and among development partners in the context of the JAS based on Development Partners' comparative advantages;

- The alignment of the UNDAF with the national calendar of processes underpinning the MKUKUTA and the MKUZA, including the annual budget planning and monitoring process, using the MKUKUTA Monitoring Master Plan⁶⁴, the MKUZA poverty monitoring system and the Independent Monitoring Group (IMG) as the main instruments guiding the UNDAF monitoring and evaluation framework moving forward;
- The adoption of a number of Collaborative and Joint Programmes among UN Agencies using the UNDAF Results Matrix as the main framework. Additionally, the UN has agreed to establish a Joint UN Team on AIDS in support of a Joint and a Collaborative Programme on HIV/AIDS in Zanzibar and Mainland Tanzania, respectively.
- Respect for the period of "Quiet Time" during which GoT and DPs/UN interaction is to be minimized to allow GoT sufficient time for budget preparation and approval.

3.2 The Role of the UN in Support of MKUKUTA and MKUZA

138. In the context of increased general budget support and sector programming, the UN is committed to support national ownership and leadership of the reform agenda and contribute to greater development effectiveness and impact by maximizing the organization's comparative advantages as a trusted and honest broker, an impartial partner, a facilitator of dialogue as well as an experienced partner in capacity development at the level of individuals, organizations, institutions and society at large.

139. More specifically, in Tanzania's shifting aid environment the distinctive role and the true value of the UN is in building trust and facilitating dialogue around key policy and

⁶⁴ When finalized, the MKUKUTA Monitoring Master Plan and the MKUZA indicator framework will further guide the UNDAF M&E Plan.

institutional reforms (public administration, sector reforms, elections, Legislature, Judiciary, anti-corruption, public-private partnership, aid effectiveness); in offering alternative and evidence-based policy options based on the normative and operational mandate of the UN; in supporting the capacity of the government, the legislature, political parties and non-state actors to effectively participate in policy dialogue and deepen domestic accountability processes at all levels; in supporting the empowerment of, and creating space for, vulnerable groups to be heard and heeded; in scaling-up capacity for sector and local programming, management and service delivery; in strengthening national capacity for disaster preparedness and response; and in fostering human rights norms and standards in all areas of policy and operational interventions. The UN will do so by building strategic partnerships, by extending the UN knowledge networks to partners, by sharing international good practices, by supporting innovations, and by promoting inclusion and accountability.

3.3 The Division of Labour (DoL) in support of MKUKUTA and MKUZA

140. At the time of finalizing the UNDAF document the process of establishing a division of labour among development partners was ongoing. The UNDAF Results Matrix, and its reflection of the division of labour, will therefore be updated during the next annual review.

141. The implementation of Joint and Collaborative Programmes will be carried out following a division of labour among UN Agencies and with due consideration for the JAS related DoL exercise. In the meanwhile, the Joint UN Team on AIDS has reached agreement on a division of labour among participating UN Agencies as per the recommendation of the Global Task Team (2005). The country level division of labour on HIV/AIDS is outlined in Table 6.

142. Mention should also be made of the important contribution of UN Volunteers (UNVs) who traditionally assist all UN Agencies' deliver on their country programme outcomes. UNV programme support is currently to UNDP, UNHCR and the Government of Tanzania – specifically, the Ministries of Labour, Employment and Youth Development, and to the Ministry of Health and Social Welfare in Zanzibar. In the context of the UNDAF,

UNVs will make their contribution to the delivery of identified outcomes in support of national priorities. Voluntarism is an effective source of skill/expertise where capacity gaps are identified, and additionally enhances participation through the institutional mechanism of a programme.

143. Finally, UNCDF (United Nations Capital Fund) – the special fund which was created by the UN General Assembly and operational in Tanzania since the beginning of the 1990s – will provide a specific contribution to the implementation of the UNDAF. It will pioneer an innovative approach to pro-poor economic development at local level, which stresses the leadership of democratically elected local government authorities and the joint involvement of the public and private sectors. In partnership with the PMO-RALG and in collaboration with the Local Government Reform Programme (LGRP), UNCDF will have a specific comparative advantage in supporting a comprehensive range of institutional and financial measures needed to spur poverty reduction, sustainable economic growth and food security.

3.4 Strategic Partnership with Development Partners

145. The UNDAF seeks to establish a strategic partnership arrangement with the Development Partners Group or a sub-group thereof. The main objectives of the partnership would be to empower the UN to maximize its role in the New Aid Environment; support resource mobilization for Joint and Collaborative UN Programmes; and facilitate the UN system change management process required to effectively implement the UNDAF and meet the JAS principles. The partnership framework would seek to gauge progress on UN reforms at country level based on the second generation UNDAF, particularly its Results Matrix and the Monitoring Framework underpinning the commitment of the UN to the principles of the JAS.

3.5 Strategic Partnership with Non-State Actors

148. Civil society participants were both critical and complimentary of the draft UNDAF, and the defined role of the UN in support of national

priorities. Participants reproached the UN for being 'too bureaucratic' and not giving enough emphasis on civil society's co-ownership of MKUKUTA, along with Government. The draft Results Matrix was considered very comprehensive but too broad to enable monitoring by CSOs. Though gender had been addressed, one participant pressed for a specific outcome that would highlight the importance of the cross-cutting issue. The critical role of CSOs in HIV/AIDS initiatives was shared, and participants from districts called for a translation of MKUKUTA targets into practical results for the benefit of the poor at all sub-national levels. Participants recommended the inclusion of sector specific strategies to boost trade and employment in cluster 1; to reference as partners, those CSOs active in health and education service delivery within cluster 2; and to reflect a stronger emphasis on strengthening the capacity of CSOs to effectively participate in macro processes within cluster 3. Participants also observed that the UNDAF failed to address inherent and rampant governance problems at local government level.

149. Giving practical recommendations to strengthen the UN-civil society partnership moving forward, ideas were shared around a joint UN-Civil Society Advisory Committee, comprising representatives from three main civil society groupings: faith-based organizations, NGOs and trade union movements. As far as possible, representatives would be selected from umbrella associations that could then utilize their affiliations and member networks to effectively engage larger segments of civil society. In addition to supporting Government in the setting of priorities, implementation, monitoring and evaluation of humanitarian and development interventions, greater civil society involvement in the following areas was also discussed: advocacy on fairer trade, advocacy on human rights, promoting through media transparency and accountability but equally 'communication for development' through innovative community channels, and a more substantive participation in macro policy discussions, particularly those involving significant financial commitments between Government and donors. Civil society representatives were keen to work with the UN more closely: pressing the UN Country Team to maximize its role as a much needed humanitarian and development partner.

IV. Implementation

150. The internalization of the JAS principles presumes a number of significant adjustments to the partnership strategy, technical cooperation delivery modes and institutional capacity (including the appropriate mix of staff profiles) of the UN, if it is to remain a relevant partner. During the UNDAF programming cycle (2007-10), these adjustments will be gradually incorporated in line with the spirit and targets of the JAS for aid delivery modalities and the UN Development Group policy commitment and Action Plan towards harmonization and alignment⁶⁵.

151. UN support to Zanzibar is to be considered in the context of promoting greater harmonization and alignment with MKUKUTA, support capacity development in the transition phase, whilst ensuring an effective reduction of transaction costs related to UN interventions in Zanzibar.

4.1. Aid Programming and Delivery Modalities

152. The commitment of the UN to initiate through the UNDAF a transition to more progressive sector-wide programming and aid delivery modalities (i.e. basket funding and aligned project modalities) using national systems and procedures, where applicable, is borne out of the priority to reduce high transaction costs on Government and partners involved with the current substantial UN project portfolio (JSR, 2005); and facilitate greater national ownership, leadership and capacity to effectively inform policy-making and manage national development processes.

153. The UN agencies will adapt their procedures so as to work systematically through the Exchequer (using Government's laid down procedures for Development Partners) to ensure, at the minimum, that information on all incoming UN assistance to Tanzania is made available to Government.

154. The opportunity to make collective cash transfers through possibly the Treasury, but at

⁶⁵ UNDG, Action Plan, Harmonization and Alignment to Help Achieve the MDGs, July 2005

the minimum to those implementing partners on UN activities is now feasible using the UNDG tool on a Harmonized Approach to Cash Transfer (HACT). So far the tool is only applicable to the ExCom Agencies of UNFPA, UNICEF, UNDP and WFP (although cash transfers are not generally applied by the latter agency). Macro and micro level capacity assessments of public and individual counterpart financial management, procurement, auditing and reporting systems will be undertaken once an internal appraisal of existing review assessments is undertaken. Particularly for the macro assessment, there is a sense that a substantial amount of information related to HACT requirements already exists, and to do a separate UN driven assessment would simply duplicate work, and add to GoT's transaction costs. The exercise is to be completed on time for the next programming cycle (i.e. January 2007).

155. Where applicable, the UN will support Tanzania to develop, implement, monitor and evaluate sector wide/thematic programmes, so long as these conform to MKUKUTA and MKUZA priorities, and emerging JAS principles. Opportunities for a "common" approach to pooling of UN funding and contributions to sector/ thematic baskets will be explored. Country level efforts need to be backed up, however, by innovative policy, operational guidelines and tools from the Governing Bodies of UN Agencies, as per the UN Development Group policy commitment (July, 2005).

156. The UN will make use of the project modality where it conforms to emerging JAS principles: where GoT has articulated a clear need to pilot innovations before wider replication and mainstreaming; in support of emergency aid; and where there is a transition from a humanitarian response to more long-term development activities. The geographic areas in which UN agencies will operate will be determined in close consultation with Government and other partners. The project modality will avoid the use of parallel project implementation units (PIUs), prioritizing instead GoT structures at national and local levels.

157. As per the recommendations of the JSR, the UN will make use of the direct project funding modality, including the UNDG "Joint

Programme" modality, when the national anchor is found to be weak in carrying out key public financial management, procurement and reporting functions. In these circumstances, UN Agency rules and regulations and the UNDG Guidelines on Joint Programmes will be applied, including the use of UN fund management mechanisms. Under the Joint Programme modality, a reduction in transaction costs on the part of GoT and UN will be achieved through better coordination of UN inputs to Government.

158. The UN will provide direct development assistance (technical and financial) to non-state actors (NSA), particularly to enhance their capacity for effective participation in macro processes, while ensuring a high level of transparency and accountability in the use of financial resources.

4.2. Alignment with the National Planning Cycle

159. The UNDAF will be better aligned to the MKUKUTA and MKUZA planning cycle with the UNDAF scheduled to end in 2010. Opportunities to adopt the Government fiscal year calendar (i.e. July to June) will be further addressed in the context of preparing Country Programme Documents (applicable to ExCom Agencies) and the equivalent Country Programmes/Plans (for specialized agencies).

4.3. Alignment with MKUKUTA, ZPRP and the DPG Architecture

160. Under the first generation UNDAF, the UN system had established six UNDAF working groups on specific themes identified for focused attention by UN agencies in Tanzania. The implementation of the second generation UNDAF will aim at greater alignment with GoT-led processes and dialogue mechanisms established for the implementation of the MKUKUTA and MKUZA. These will include budget planning, expenditure reviews, and monitoring processes with due consideration for the distinctive role of the UN as reflected in the JAS-related division of labour.

161. In the context of the JAS, the main dialogue processes involving the GoT and DPs are to take place at the national, sector and local levels. Detailed dialogue structures are outlined in Table 4. Similarly, the Development Partner

Group (DPG) has established its own architecture as outlined in Table 5.

162. The participation of the UN system in national and Development Partner Group structures will be carried out through a system of UN focal point representatives. The formation of UN policy positions, as well as the overall monitoring and coordination of the UNDAF will be carried out through a number of internal UNDAF working groups and committees. These include:

- The UN Country Management Team (UN CMT – all Heads of UN Agencies) which will be responsible for ensuring implementation of the UNDAF Results Matrix, and full alignment with MKUKUTA and MKUZA priorities; as well as overall oversight of the UNDAF process;
- The Inter-Agency Programme Committee which will facilitate the development of “Collaborative” and “Joint” UN Programmes; ensure effective UN representation and information sharing in national and DPG working groups; contribute to the monitoring and evaluation of the UNDAF, working through the national poverty monitoring system and harmonized arrangements for joint reviews, missions and evaluations;
- In addition, a UN focal point from each of the working groups listed below will participate in national and DPG structures, representing system-wide perspectives, facilitating information-sharing, and contributing to greater transparency and accountability in terms of the management of “Collaborative” and “Joint” UN Programmes: the UNDAF Working Group on Growth and Income Poverty; the UNDAF Working Group on Quality of Life and Social Well Being; the UNDAF Working Group on Good Governance and Accountability; the Joint UN Team on AIDS and the UN Theme Group on HIV/AIDS; the Inter-Agency Gender Working Group; the UNDAF Working Group on Disaster Preparedness and Response; the UNDAF Working Group on Zanzibar.

V. Estimated Resource Requirements

163. The total resources required to implement the UNDAF is estimated at US\$ 360.668.575. The main sources of funding include UN regular resources, third party cost-sharing and trust funds/basket funding in support of selected sector and thematic reform areas.

VI. Monitoring and Evaluation

6.1. The MKUKUTA Monitoring System

164. The MKUKUTA process in Tanzania benefits from a dedicated model monitoring system which focuses on three main lines of interventions, i.e. research and analysis (including through the regular production of Poverty Human Development Reports, and the undertaking of specific research on emerging poverty reduction themes); a consolidated national plan of census and surveys that clearly marks the timing and sequence of such surveys as the Household Budget Surveys, the Integrated Labour Force Surveys, the Demographic and Health Survey, the Agriculture Survey, and a programme for strengthening routine data at sector (MDA) and Local Government Authority levels; communication, dissemination, sensitisation and advocacy including development of ‘popular versions’ in order to get key information out in a manner that is discernible for the general public. The MKUKUTA Monitoring System (MMS) institutional priorities are articulated in a Master Plan (MMMP, 2006).

165. The MMS main consultation mechanism, the Monitoring Advisory Committee, include representatives from GoT, academia, civil society, private sector, and development partners. Additionally, a Technical Committee has been established as the main Government committee for MKUKUTA implementation and monitoring. Tanzania partnership approach to development guides the Monitoring System with an emphasis on national ownership and government leadership, broad stakeholder participation, demand-driven approaches to technical assistance and information generation, harmonization and alignment, mainstreaming of cross-cutting issues.

166. The MMMP⁶⁶ provides an integrated approach to output and outcome reporting, which includes the consolidation and aggregation of outputs from ministries, departments and agencies (MDA) and local government authorities (LGA) based on their Strategic Plans, Annual Performance Reports and Medium-Term Expenditure Frameworks; and the assessment of changes in relation to the goals and operational targets of MKUKUTA. The MMS seeks to inform decisions about national planning, budgeting and public expenditure management and areas for further policy adjustments. The main outputs of the system include the MKUKUTA Annual Implementation Report; the Poverty and Human Development Report, Views of the People Report on MKUKUTA Implementation; selected briefs for targeted groups (e.g. Parliamentarians).

167. The MMMP provides for a list of indicators, which are essentially outcome orientated, measuring progress towards MKUKUTA goals and targets. The National Bureau of Statistics holds responsibility for all official statistics in Tanzania as defined under the Statistics Act 2002. It has established a common database for socio-economic data - known as the Tanzania Socio-Economic Data-base (TSED). TSED is an integral component of the MMS and as such is earmarked as a central repository of quantitative data generated by the MKUKUTA Monitoring System (PMS). The recent web-enabled version of TSED has made it accessible to a wider audience of policy makers and development practitioners. Additionally, the MMMP seeks to strengthen the sector Management Information Systems (MISs) and Local Government M&E in order to improve quality, increase frequency of information and provide a means of verification of national survey findings.

168. With regards Zanzibar, the MKUZA poverty monitoring system (PMS) is managed by a secretariat and four Technical Working Groups (TWG). Members to the TWGs come from all Ministries Departments and Agencies (MDAs), academic institutions, civil society, development partners and the private sector. The four TWGs are: the Census, Surveys, Routine data and

Community Based Management Information System TWG; the PER/MTEF and Stakeholder Forum Technical Working Group; the Research, Analysis and Advisory TWG; and the Information Education and Communication TWG

169. At the national level the sources of information include the census and surveys managed by the Office of the Chief Government Statistician (OCGS). The data produced is usually disaggregated to sub-national levels, by gender, by rural/urban. At the MDAs the sources of data are the Surveys and Censuses from the OCGS, the official statistics collected by these institutions as part of their routine work (routine data) as well as their annual plans and reports, which are reported annually or bi-annually. At districts, the sources of data are the Surveys and Censuses from the OCGS disaggregated to that level, Community Based Management Information System and district routine data systems. Likewise at the Shehia, the data sources include the above together with the Shehia register.

170. The Tanzania Socio- Economic Database (TSED) has been adopted as the standard custodian of the MKUZA PMS as it was with the ZPRP. TSED datasets are to be used by a wider range of stakeholders for planning and policy formulation. The dataset is to be updated continuously whenever new survey results are available.

171. The expected key outputs from the MKUZA poverty monitoring system include the quarterly and annual work plans, budget reports, sector expenditure reviews based on the three clusters, MKUZA Annual Reports where trends and results are detailed and discussed and PSDA reports. The dissemination of key outputs of the MKUZA PMS include options to prepare regular Poverty Human Development Reports and their wide dissemination.

6.2. The UNDAF M&E Plan

172. The UNDAF will be monitored using the MKUKUTA Monitoring Master Plan and the MKUZA Poverty Monitoring System as the main framework. Specifically, the indicators and schedule of national surveys, census data and annual routine data will inform the monitoring and evaluation framework of the UNDAF. The UNDAF calendar for annual

⁶⁶ Once officially launched, the revised PMMP will be known as the MKUKUTA Monitoring Master Plan (MMMP).

review and final evaluation will be informed by the JAS related M&E plan to ensure harmonization with other DPs' efforts on the same.

6.3 Strengthening national M&E capacity.

173. The UNDAF framework of response in support of the national Poverty Monitoring System and the MKUZA Monitoring System is outlined under Cluster 3.

VII. Risks and assumptions.

174. Various factors may put the implementation of the JAS and by extension the UNDAF at risk. The draft JAS document identifies the main risks to be addressed as political, institutional and operational, and fiduciary.

175. **Political risks** relate to the non-implementation of JAS or reversal of the GoT's and DPs' commitment to its implementation due to a change of Government or other internal political events (in Tanzania and in DPs' capital). Equally, there may be a risk that different interest groups within Government and domestic stakeholders do not support the JAS. These risks are addressed and mitigated in various ways including giving the JAS a firm political grounding through Cabinet approval; articulating GoT's commitment to improve governance and accountability; GoT and DPs engaging in consultation and dialogue at the appropriate level for decision-making in case of a divergence from JAS partnership arrangements; and GoT continuously forging non-governmental stakeholders' support for the JAS through awareness building, training, and their participation in various consultative fora. DPs are to align their bilateral agreements, country assistance strategies and the UNDAF with the JAS; taking their commitment to the Paris Declaration and other international aid effectiveness initiatives seriously and continuously advocating at Headquarters and regional levels for adherence to these commitments.

176. **Institutional and operational risks** are linked to the substantive changes required in individual, organisational and institutional capacity and incentive structures so as to implement the JAS. To mitigate this risk GoT will continue to raise awareness on the JAS at

all levels; clearly identify and communicate the role and responsibilities of GoT in implementing JAS; in capacity development and better horizontal co-operation, in information sharing and consensus building among GoT agencies; in regular monitoring and review of GoT agencies' performance under JAS, including through the Independent Monitoring Group process. DPs are to change their practices and attitudes toward the GoT, adopt a flexible approach to development operations; and accept that doing business in Tanzania may differ from other countries.

177. For the UN the institutional and operational risk of non-compliance with the JAS will be mitigated by: achieving a balanced mix of UN profile and skills in support of MKUKUTA and MKUZA, including mobilizing world class expertise and considering options for pooling UN expert resources in particular sectors or thematic areas; promoting UN national professionals' substantive contribution to the MKUKUTA and MKUZA in order to sustain change and safeguard institutional memory; carrying out staff performance assessments in line with the requirements of the JAS and UNDAF; supporting a greater devolution of authority from Headquarters to Country Offices, where applicable; bringing the UN's global, regional and country-level capacity to effectively support national development agenda; streamlining bureaucratic and procedural practices; strengthening policies, tools and procedures for effective participation in sector programmes; and engaging in smarter forms of communication at all levels including within the UN system.

178. In order to mitigate **fiduciary risk**, the GoT will take ownership over the fiduciary assessment and will establish or strengthen appropriate systems for this purpose. DPs will harmonise their fiduciary requirements and safeguards. Measures will include: ongoing efforts to strengthen strategic budget planning and allocation as well as effective operation of the GoT's financial management and accountability systems at all levels; building a competitive and open, decentralised and cost-effective procurement system by implementing the Public Procurement Act 2004 and the Zanzibar Public Procurement Act (9) 2005; improving transparency in public spending; pursuing ongoing national anti-corruption measures under the National Anti-Corruption

Strategy and Action Plan; strengthening the technical and administrative capacity of Government agencies through on-going implementation of the Public Service Reform Programme; having open and frank policy dialogue on public financial management, accountability issues and corruption; monitoring and evaluating the effectiveness of public financial management and accountability systems of processes related to the implementation of MKUKUTA and MKUZA, the monitoring of process, and financing; and harmonising periodic diagnostic reviews within existing national processes and under the leadership of Government.



**UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK
(UNDAF, 2007-10)**

United Republic of Tanzania

Fourth

A United Vision: Working Together in the United Republic of Tanzania

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Table 2. Strategic Results Matrix
United Nations Development Assistance Framework
(UNDAF, 2007- 10)

United Republic of Tanzania

Cluster I: Growth and Income Poverty

National priority or goals MKUKUTA: Broad based and equitable growth is achieved and sustained MKUZA: Pro-poor growth achieved and sustained			
UNDAF outcome by the end of the programme cycle: By 2010, increased access to sustainable income opportunities, productive employment and food security in the rural and urban areas.			
Strategy Statement: The UNDAF Outcome will be achieved through equitable, pro-poor and gender sensitive economic policies and programmes that promote food security, sustainability and diversification of productive activities and greater access to competitive markets, with a particular focus on the economic potential of rural Tanzania.			
MDGs: MDG1, MDG 3, MDG 8 MKUKUTA Goals: 1.1, 1.2, 1.3, 1.4, 1.5 MKUZA Goals: 1.1, 1.2, 1.3			
Country Programme outcomes	Country Programme Outputs	Role of partners	Resource mobilization targets
1.Increased adoption of equitable pro-poor and gender sensitive economic policies and programmes	1. Enhanced capacity of MDAs ⁶⁷ and non-state actors to undertake pro-poor, employment-driven and gender sensitive policy research and analysis, with a focus on agriculture; local economic development; urban development, rural energy; environment and natural resource links to industry; heritage and cultural tourism; trade; investment; and SME policies.	Mainland GoT (MDAs & Local Government Authorities, incl. MoPEE, MoF, MIT, MLEYD, TACAIDS etc.): Establish MKUKUTA priorities; policy guidance and supervision; coordination and convening power; facilitate participation of other stakeholders; advocacy work; facilitate data collection and primary level analysis (NBS). Non-State Actors (private sector, CSO, Social Partners, Research Institutes, incl. ATE, TUCTA, TFC,	WHO: \$70,000 UNDP: \$7,300,000 FAO: \$400,000 UNHABITAT: \$500,000 UNIDO: \$1,500,000 UNAIDS: \$100,000 ILO: \$1,500,000
	2. Enhanced national capacity to demonstrate compliance with technical regulations and participate in global and regional trade negotiations, incl. engage in TRIP negotiations related to ARVs		

⁶⁷ MDAs: Ministries, Departments, Agencies.

	<p>3. Gender sensitive strategies and programs to combat HIV/AIDS at the workplace based upon ILO Code of Practice effectively implemented in public, private and informal sector.</p>	<p>AIDS Business Coalitions, Youth organisations, Women organisations, NGOs/CBOs, SME umbrella organisations OUT, SS, EM, AMREF, etc.): Advisors to GoT; lead quantitative and participatory research; peer review support; knowledge development; develop local capacity and empower communities participation in policy dialogue & research/analysis</p> <p>Zanzibar RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (private sector, NGOs, CSO, FBOs, incl. ZANEMA, ZATUC and affiliates, etc.): participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNDP, ILO, FAO, UNIDO, UNAIDS, UNFPA, UNCDF, UNHABITAT, WHO, UNESCO, UNICEF, UNCDF: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
<p>2. National productivity and competitiveness is improved through decent employment opportunities, equitable access to and effective use of productive resources, improved transport and communications network, and greater market access.</p>	<p>4. Upgraded supply capacity of SMEs, producers groups and small-scale farmers through greater access to gender responsive and demand-driven research, extension and business development services; appropriate technologies; ICT support services.</p>	<p>Mainland GoT: (MDAs and Local Gov, incl. MoPEE, MoF, MIT, MLEYD, PMO-RALG, TACAIDS etc.): Promote an enabling business environment; coordination, facilitation and convening power; advocacy work; engage in public-private partnership arrangements.</p> <p>Non-State Actors: (incl. private sector, CSO, Social Partners, Research Institutes): Advocacy, private</p>	<p>WHO: \$64,000</p> <p>UNDP: \$7,500,000</p> <p>FAO: \$1,600,000</p> <p>UNHABITAT: \$ 500,000</p> <p>IFAD \$20,000,000</p> <p>UNIDO: \$ 7,350,000</p>

	<p>5. Increased organizational capacity (internal operations, leadership, resource mobilization, partnerships, gender responsiveness) of small-scale farmers, agro-processing enterprises, SMEs, producers groups and cooperatives.</p>	<p>investment, delivery of services, public-private partnership arrangements, resource mobilization.</p> <p>Zanzibar : RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Economic management, provision of social infrastructure, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p>	ILO: \$2,500,000
	<p>6. Increased rationalized development of transport infrastructure and institutional reforms to ensure effective movement of goods and services to market outlets and opening up new transport nodes and frontiers to promote development.</p>	<p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities: participate in planning, implementation and monitoring. Private sector: increase domestic investment, create employment, and maximize value addition, provision of credit facilities, supply of inputs and marketing of products. CSO: build local capacity, mobilize and empower communities to participate.</p> <p>URT DPs: as per JAS guided division of labour among DPs (TBD)</p>	
	<p>7. Improved access of youth, women and vulnerable groups incl. PLHA and their caregivers to micro-finance, micro-insurance, business development services (BDS), research and extension services, agriculture inputs to engage in productive activities.</p>	<p>UN: UNIDO, ILO, UNDP, FAO, IFAD, UNCDF, UN-HABITAT, UNIDO, UNDP, UNESCO, UNAIDS, UNFPA, UNICEF, WHO, UN-HABITAT: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
	<p>8. Enhanced national capacity to adapt public-private partnership (PPP) and corporate social responsibility for the development of infrastructure, entrepreneurship education, based-based technologies, waste management and SMEs.</p>		
3. Increased food availability and access for the most vulnerable population, including those infected and affected by HIV/AIDS and their caregivers.	<p>9. Livelihood options for vulnerable groups, incl. those infected and affected by HIV/AIDS, are enhanced through access to roads, water, appropriate technologies and markets.</p>	<p>Mainland GoT (MDAS and LGAs, incl. MAFS, ASLM, PMO, PMO-RALG, MoHSW, SDC, TACAIDS, TAWLA, TAMWA, MCDG, MoJCA, MYLD etc.): Coordination, facilitation and convening power; advocacy work; implementation responsibilities; technical level support; public-private partnership arrangements.</p>	FAO: \$2,000,000 IFAD \$20,000,000 UNIDO: \$ 500,000
	<p>10. Increased capacity of small farmers, incl. those infected and affected by HIV/AIDS to boost agriculture crop yields through appropriate farming practices, post-harvest management and processing facilities, training, affordable labour saving technologies and innovations.</p>		

	11. Improved capacity at national and district levels on the management and effective enforcement of existing policies for the sustainable use of fisheries, forestry, soil and water resources.	<p>Non-State Actors (incl. private sector, CSO, Social Partners, Research Institutes, incl. UDEC, CARITAS,, etc.): community mobilization; advocacy; private investment; resource mobilization; delivery of services; public-private partnership arrangements.</p> <p>Zanzibar GoZ (incl. MoHSW, ZAC, MLYWCD, etc.): Policy formulation, economic management, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities: participate in planning, implementation and monitoring. Private sector: increase domestic investment, create employment, and maximize value addition, provision of credit facilities, supply of inputs and marketing of products. CSO: build local capacity, mobilize and empower communities to participate</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): TBD</p> <p>URT DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: WFP, FAO, IFAD, UNIDO, UNESCO, UNDP, UNAIDS, UNCDF: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
	11.		Total: \$73.384.000

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Mainland Tanzania

Coordination Mechanisms:

- Coordination through GoT led national working groups: public expenditure review (PER) W/group; PER Macro group; PER W/group on Cluster 1 (Growth and Income Poverty); PER W/group on Environment; Food and Agriculture Sector W/group; SME National Steering Committee; Partnership Forum on HIV/AIDS; Tanzania National Coordination Mechanism (TNCM); Local Government Reform program Consultative Forum; Local Government Reform Program Common Basket Fund Steering Committee; Gender Macro policies W/group; Ministry of Community Development, Gender and Children/DPG Gender Task Force; MKUKUTA Working Groups; MMMP w/groups (research and analysis; data; communication)
- Coordination through DPG led sector and thematic W/groups (TBD – based on new architecture of DPG & JAS division of labour on lead DPs): Tentatively – Private Sector Development & Trade W/group; Agriculture & Food Security; HIV/AIDS Group; Local Government Reform; Environment Sub-Group; DPG Zanzibar. UN support to DPG includes: co-chairing of DPG; chairing of selected DPG w/groups (TBD); secretariat support to DPG and selected w/groups (TBD).
- Coordination with the private sector through the Tanzania National Business Council (TNBC)
- UN Inter-agency coordination through Inter-Agency Program Committee, UNDAF W/group on Cluster 1 (Growth and Income Poverty); Inter-Agency Gender W/group; UN Theme Group on HIV/AIDS, Joint UN Team on AIDS, and Collaborative Programmes.

Program Modalities:

- Work through SWAPs (e.g. Agriculture); use the project modality for pilots and innovations and humanitarian food aid; work with social partners (GoT, employees and workers) and other stakeholders.
- Channel funds through sector baskets (e.g. Local Government Reform Program Common Basket); straight to social partners, private associations and groupings; direct project funding using national structures. Ensuring that information on all incoming UN assistance to Tanzania is at a minimum shared with Government working through the Exchequer.
- Technical cooperation modalities in line with JAS principles; progressive alignment with national systems of public financial management, procurement, audit and reporting; alignment with the national cycle of planning, budgeting and monitoring (alignment with the MKUKUTA Monitoring Master Plan – MMMP).
- A number of UN “Collaborative” Programmes

Zanzibar

Coordination Mechanisms:

- Coordination through GoZ led national working groups, incl. public expenditure review (PER) sector W/groups; PMS working groups (i.e. Research and Analysis; Info. & Education; Census & Survey; Stakeholders)
- Coordination with the private sector through the Zanzibar Business Council.
- UN Inter-agency coordination through Inter-Agency Program Committee; UNDAF W/group on Zanzibar; UNDAF W/group Cluster 1 (Growth and Income Poverty); Inter-Agency Gender W/group; UN Theme Group on HIV/AIDS and Joint UN Team on AIDS.

Program Modalities:

The UN will carry forward systematic joint planning with GoZ. As per the recommendations of the JSR (2005), the UN will undertake a *gradual transition* towards more effective UN support to MKUZA by adopting the following arrangements: a division of labour among participating UN agencies following local agreement based on the Global Task Team recommendations on a division of labour among UNAIDS co-sponsors; ensure that information on all UN assistance to the Government of Zanzibar is shared with the MoFEA, Zanzibar for further integration in the External Assistance Database. Additionally, part of UN assistance will be channelled through the Exchequer; or use the direct project funding modality, incl. use of the UNDG fund mgt. mechanism for the implementation of UN Joint Programmes. A number of Joint UN Programmes envisaged including UN Joint Programme on HIV/AIDS, Zanzibar.

Cluster II: Quality of Life and Social Well Being

National Priority or goals MKUKUTA: 1. Improved quality of life and social well-being with particular focus on the poorest and most vulnerable groups 2. Reduced inequalities (e.g. education, survival, health) across geographic, income, age, gender and other groups MKUZA: Improved social well being and access to quality services with emphasis on the poor and most vulnerable groups			
UNDAF Outcome by the end of the programme cycle: By 2010, increased access to quality basic social services for all by focusing on the poor and most vulnerable.			
Strategy Statement: The UNDAF Outcome will be achieved through strengthened and more effective, participatory national systems that ensure equity, and a focus on the poor and most vulnerable, paying special attention to gender/geographic/age/income disparities and HIV/AIDS.			
MDG 2,MDG 3, MDG 4, MDG 5, MDG 6, MDG 7 MKUKUTA Goals: 2.1, 2.2, 2.3, 2.4, 2.5 MKUZA Goals: 2.1, 2.2, 2.4, 2.5, 2.6, 2.7, 2.8			
Country Programme Outcomes	Country Programme Outputs	Role of Partners	Resource mobilisation targets
1. Effective mechanisms, including social protection, in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable, including those affected by HIV/AIDS.	1. Development of a national social protection strategy is supported.	Mainland GoT (MoPEE, MCDGC, MoHSW, MLEYD, PMO, PMO-RALG, TASAF, NSSF, NHIF, TACAIDS etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring Zanzibar RGoZ (incl. MoHSW, MoLYWCD; ZSSF, MSRAF, ZAC etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring Non-State Actors (NGOs, CSO, FBOs. Incl., AMREF, CSSS, TGNP, TFNC, UMASIDA) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise	WHO: \$894,000 UNICEF: \$9,361,000 UNDP: \$7,000,000 UNHCR: \$1,000,000 p.a. UNAIDS: \$100,000 ILO: \$4,000,000
	2. Social protection is extended to informal economy workers, including young women and men.		
	3. Care, support and protection mechanism for vulnerable children, including child laborers and children affected by HIV and AIDS ⁶⁸ , mainstreamed in national and district development plans, policies and programmes.		
	4. Partnerships to address gender-based violence, sexual harassment, HIV/AIDS stigma, and discrimination and other related socio-cultural issues to protection are strengthened.		
	5. The evidence base for addressing legal barriers and socio-cultural dimensions related to the realization of human rights improved.		
	6. Linkages between the national MVC interventions, sector coordination mechanisms and NGO/CBO networks are forged.		

	<p>7. Gender equitable Household and community support structures and mechanisms are strengthened to ensure attainment of nutritional requirements and food security for the vulnerable, including those affected and infected by HIV/AIDS.</p>	<p>and enhance community participation.</p> <p>UN: UNDP, UNICEF, UNFPA, WFP, ILO, FAO, UNHCR, WHO, UNAIDS, UNESCO, UNIFEM: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
2. Increased and equitable access to quality formal and non-formal education, including for those affected by HIV/AIDS.	<p>1. Comprehensive Early Childhood policies and intersectoral frameworks are developed with clear institutional roles and EC stakeholders capacitated to undertake reforms in early childhood, with special attention to vulnerable and disadvantaged children, and enabled to develop affordable, community-based and integrated models of childcare and parenting education that can be supported through public-private partnerships.</p> <p>2. Institutional and Human Resources are developed and/or strengthened at all levels to be able to contribute to the attainment of the Education for All goals, and the MKUKUTA/MKUZA targets.</p> <p>3. Educational quality is improved in formal and non-formal settings; school retention, completion and achievement rates are increased; and a broad-based partnership in supporting improvements in the quality and management of education is enhanced.</p> <p>4. Enhanced capacity of relevant stakeholders to be able to deliver quality HIV/AIDS information and education programme, particularly to the youth and most vulnerable groups, a variety and sufficient gender sensitive HIV/AIDS instructional material available in formal and non formal settings, care and support mechanisms in place for supporting the education system's response to HIV/AIDS.</p>	<p>Mainland GoT (MoEVT, MLEYD, MoHEST, MoCDGC, PMO-RALG, LGAs, VETA, TIE, NACTE, TFNC etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Zanzibar RGoZ (incl. OCGS, MoEVT; TTC; MSRASf etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Non-State Actors (NGOs, CSO, FBOs, private sector) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise and enhance community participation.</p> <p>DPs: (SIDA, USAID, AfDB): as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNICEF, UNESCO, UNFPA, UNDP, WFP, ILO, UNHCR, FAO, UNAIDS, UNIDO: as per UNDAF</p>	<p>UNICEF: \$8,282,000</p> <p>UNHCR: \$1,000,000 p.a.</p> <p>WFP: \$19,562,264</p>

	5. Gender and other disparities are reduced in relation to increased access, retention and completion of quality basic education; and guidelines for mainstreaming gender responsiveness in formal and non-formal education systems and processes are adopted.	outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.	
	6. All children and adolescents, including those currently marginalized, excluded or otherwise vulnerable, and children affected by HIV and AIDS are enrolled, participating and completing basic education in inclusive child-friendly formal and non-formal education systems, including vocational training schemes.		
	7. Educational opportunities, both formal and informal, are provided for all in emergencies and post-conflict situations, and education systems are safeguarded.		
	9. Most vulnerable young men and women are provided with life and livelihood skills for personal development, transition to adulthood, better integration into productive communities, and protection from HIV and other significant risks.		
3. Improved community access to safe, clean water and environmental sanitation in the rural and urban areas.	1. The availability and accessibility of potable water in rural and urban areas is increased and the water quality is improved through better quality standards.	Mainland GoT (MoW, MLHS, PMO-RALG, MCDGC, TASAF, LGAs etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring Zanzibar RGoZ: Policy formulation, resource mobilization, allocation, implementation and monitoring Non-State Actors (WaterAid, AMREF, Water Resources Institute, water parastatals, private sector water groups, CSOs, FBOs etc) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise	WHO: \$540,000 UNICEF: \$1,797,000 UNHCR: \$2,000,000 p.a. UNDP: \$4,700,000 WFP: \$9,698,682 UNHABITAT: \$ 19,000,000
	2. The effectiveness and capacity of local authorities, including village/ward water and community development committees, to manage water systems, including catchments areas, is improved with equitable gender representation at decision-making levels.		
	5. Government is supported in the development of gender responsive environmental health, hygiene and sanitation guidelines.		
	6. The awareness and knowledge of communities, including school children, about personal hygiene and environmental health is improved.		

	<p>7. The availability of sanitation facilities for families, schools, work and public places and solid waste management practices at community level are improved.</p>	<p>and enhance community participation.</p> <p>DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: WFP, UNHCR, UNDP, UNICEF, WHO, UNESCO, ILO, UN-HABITAT: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>	
4. Increased and equitable access to comprehensive reproductive and child health interventions.	<p>1. The evidence-based and prioritized national framework for accelerating reduction of Maternal, Newborn and Child deaths costed, supported, implemented and monitored.</p> <p>2. National, district and community (ward/SHEHIA) capacity for scaling up of comprehensive adolescents, reproductive health, child health and nutrition interventions integrated, financed and monitored.</p> <p>3. Comprehensive client-oriented and gender sensitive RCH services, that provide a continuum of care and includes commodity security for RCH, condom programming and nutrition, provided.</p>	<p>Mainland GoT (MoHSW, MCDGC, PMO-RALG, LGAs, TACAIDS, TFNC etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Zanzibar RGoZ: (MoHSW): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Non-State Actors (AMREF,</p>	<p>WHO: \$21,702,000</p> <p>UNICEF: \$14,382,000</p> <p>UNHCR: \$1,000,000 p.a.</p> <p>UNFPA: \$7,100,000</p> <p>WFP: \$5,075,581</p>

	4. Comprehensive national nutrition policies and strategies, including human resource capacity related to adolescents, pregnant women, infants and children developed, supported, monitored and integrated within RCH programme.	<p>UMATI, PSI, FHI (Family Health International), AFRICARE, Engender Health, Pathfinder, Women's Dignity Project, Marie Stopes, TGNP, Save the Children International, MEWATA (Medical Women's Association of Tz), AGOTA (Association of Gynecologists and Obstetricians Tz), Pediatrics Association, White Ribbon Alliance, Care International, TAYOA (Tz Youth Alliance) , and other CSOs, FBOs) Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise and enhance community participation.</p> <p>DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: WHO, UNFPA, UNICEF, WFP, UNDP, UNHCR: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>	
5. Increased access to comprehensive prevention, care and treatment, and impact mitigation of HIV/AIDS and other major diseases	<p>1. Increased awareness, knowledge, skills and services of HIV/AIDS prevention among most vulnerable communities achieved through district and community-owned HIV/AIDS interventions.</p> <p>2. Advocacy & Communication strategies developed and implemented to address stigma, discrimination; and gender relations that render women and girls vulnerable to infection</p> <p>3. Capacity building and empowerment of all leaders to support the Three Ones⁶⁹.</p> <p>4. The Essential Package for universal access to HIV and AIDS prevention, care, treatment and support, incl. home-based care and nutrition made available to the poor and most vulnerable</p>	<p>Mainland GoT (All public sectors, TACAIDS, NACP, CMACs, MOHSW (NTLP – NACP, NMCP, NIMR, IHRDC, MUCHS, TFNC etc): Policy formulation, resource mobilization, allocation, implementation and monitoring</p> <p>Zanzibar RGoZ: (GoZ, ZAC, ZANGOC, ZACP, NACP): Policy formulation, resource mobilization, allocation, implementation and monitoring</p>	<p>WHO: \$13,644,000</p> <p>UNICEF: \$2,803,000</p> <p>UNHCR: \$1,500,000 p.a.</p> <p>UNDP: \$4,000,000</p> <p>WFP: \$11,040,048</p> <p>UNFPA: US\$ 5,600,000</p>

⁶⁹ Three Ones: One National Strategy; One Monitoring Framework; One Coordinating Authority

	<p>5. Strengthened monitoring of the AIDS epidemic through sentinel surveillance targeting population sub-groups, and ICT based monitoring and record keeping⁷⁰ of care and treatment for PLWHAs developed and operationalized in CTCs</p> <p>6. Expanded DOTS coverage in order to increase TB case detection rate, cure rate, reduce defaulters and transfer out rates in inaccessible rural areas, urban slum areas and the general population.</p> <p>7. Access to effective prevention and treatment interventions for malaria and other major diseases increased, for the poor and most vulnerable, especially children under the age of five, pregnant women, refugees and other at risk communities.</p> <p>8. HIV drug resistance surveillance protocols developed and implemented</p>	<p>Non-State Actors (ABCT, UMASIDA, state and private universities, other institutions of higher learning, AMICAALL, networks of people living with HIV and AIDS, Moslem Council of Tanzania, ELCT, TEC, TCC, KAKAU, CSSC, UMATI, TPHA, WAMATA, TAS, AMREF, and other international NGOs. CDC, PATH, GLRA, GFATM, PPP - FBOs, Private Hospitals and Norvatis. Clinton Foundation, ZAYADESA, ZAPHA+, AFRICARE, Save the Children International, Zanzibar Inter-Faith Committee on HIV/AIDS, WAMATA USAID, Global Fund, Save the Children International etc)</p> <p>Participate in planning and monitoring. Awareness raising and advocate for accountability. Build local capacities and empower communities. Mobilise and enhance community participation.</p> <p>DPs (e.g. DFID, DCI, Italian Cooperation, President Malaria Initiative: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNAIDS, WHO, UNFPA, UNICEF, UNDP, WFP, UNHCR, ILO, UNESCO: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>	
			Total: \$176,781,575

⁷⁰ Indiana University in close collaboration with NACP, WHO and UNDP is in the process to pilot an Electronic Medical Record System (EMRS) in Tumbi, Ocean Hospital and Morogoro Hospital.

Mainland Tanzania**Coordination Mechanisms:**

- Coordination through GoT led national working groups: public expenditure review (PER) W/group ; PER Macro group; PER W/group on Cluster 2 (Quality of Life and Social Well-Being); PER W/group on social sectors (if these remain), the Partnership Forum on HIV/AIDS, Gender Macro Policy Working Group, Local Government Reform Programme and Consultative Forum; Local Government Reform Program Common Basket Fund Steering Committee; Ministry of Community Development, Gender and Children/DPG Gender Task Force
- Coordination through DPG led sector and thematic W/groups (TBD – based on new architecture of DPG & JAS division of labour on lead DPs: Tentatively – Basic Education Development Committee; Health; Agriculture and Food Security (for social protection elements), LG Reform, Environment sub-group, DPG Zanzibar.
- UN Inter-agency coordination through Inter-Agency Programme, UNDAF W/group on Cluster 2; Inter-Agency Gender Group (IAGG); UN Theme Group on HIV/AIDS; Joint UN Team on AIDS

Programme Modalities:

- Participation in health SWAP baskets for central and district level planning of activities through SWAP committees, Basket Financing Committees and Technical Committee, DPG Health (in Secretariat role or as a Member), Chair (or Member) for DPG Health RH sub-committee.
- At the minimum, UN Agencies will notify the Exchequer of all incoming UN assistance to Tanzania. Technical cooperation modalities will be in line with JAS principles; and progressively aligned with national systems of public financial management, procurement, audit and reporting; as well as with national cycle of planning, budgeting and monitoring.
- Alignment with the MKUKUTA Monitoring Master Plan (MMMP); participation in associated MMMP w/groups.
- Funds channelled through sector baskets where possible, e.g. health, and/or active participation in a technical secretariat function for the basket (e.g. health and possibly education – to be discussed at the CMT); use of the project modality for pilots and innovations and for humanitarian assistance; work with social partners (GoT, employers, workers), civil society and other stakeholders.
- Alignment with LG Reform Programme; tripartite National Task Force/Programme Advisory Committee.

Zanzibar**Coordination Mechanisms:**

- Coordination through GoZ led national working groups, incl. public expenditure review (PER) sector W/groups; PMS working groups (i.e. Research and Analysis, Census and Surveys; Information and Education)
- Coordination with active CSOs/umbrella associations
- UN Inter-agency coordination through Inter-Agency Programme Committee; UNDAF w/group on Zanzibar; UNDAF Cluster 2 W/group; Inter-Agency Gender Group; UN Theme Group HIV/AIDS; Joint UN Team on AIDS.

Programme Modalities:

The UN will facilitate the formation of a SWAP mechanism in support of the health sector; and carry systematic joint planning with GoZ. As per the recommendations of the JSR (2005), the UN will undertake a *gradual transition* towards more effective UN support to the ZPRP by adopting the following arrangements: a division of labour among participating UN agencies following local agreement based on the Global Task Team recommendations on a division of labour among UNAIDS co-sponsor; use of the UNDG fund mgt. mechanisms for the implementation of UN joint programs; ensure that information on all UN assistance to the Government of Zanzibar is shared with the MoFEA, Zanzibar for further integration in the External Assistance Database. Additionally, part of UN assistance will be channelled through the Exchequer; or use the direct project funding modality.

Cluster III: Governance and Accountability

National priority or goals MKUKUTA: 1. Good governance and rule of law ensured; 2. Leaders and public servants are accountable to the people through the effective reduction of corruption and public access to information; 3. Democracy and political and social tolerance are deepened; 4. Peace, political stability, national unity and social cohesion are cultivated and sustained. MKUZA: A society governed by the rule of law and government that is predictable, transparent and accountable			
UNDAF outcome by the end of the program cycle: By 2010, democratic structures and systems of good governance as well as the rule of law and the application of human rights, with a particular focus on the poor and vulnerable groups, are strengthened			
Strategy Statement: The UNDAF outcome will be achieved through democratic governance that fosters inclusion, accountability, transparency and social justice in the public and private sectors and civil society, at all levels.			
Millennium Declaration MKUKUTA Goals: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6 MKUZA Goals: 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12			
Country Programme outcomes	Country Programme Outputs	Role of partners	Resource mobilization targets
1. Strengthened political, parliamentary and electoral systems that enhance effective participation and representation and promote political tolerance, oversight and credible elections.	1. Enhanced capacity of the Africa Peer Review Mechanism (APRM) Secretariat to coordinate the APRM process and implementation of the APRM Action Plan.	Mainland GoT (incl. MPEE, PMO, MoJCA, NEC, Electoral Law Reform Commission): Coordination, facilitation and convening power; lead the APRM process; prepare and submit budget and draft legislation; facilitate a free and fair electoral process Parliament: oversight role over GoT ministries; networking, engaging civil society	UNICEF : \$315,000 UNDP: \$28,500,000
	2. The capacity of Parliament and the Zanzibar House of Representatives for policy and budget oversight, research and strategic communication strengthened.		
	3. Advocacy for review and reform of legal provisions constraining democratic practices, including those constraining free and fair elections, supported.		

	4. The electoral process strengthened through capacity development support to NEC/ZEC, inter-party dialogue, and civic/voter education.	<p>Non-State Actors (incl. LRC, CSOs, political parties etc.): Participation in policy and legislative processes, participation in the APRM process; advocacy</p> <p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA., capacity building and skills development at all levels.</p> <p>House of Representatives: oversee government ministries and departments.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities: participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate.</p> <p>URT CHRAAG: Identify and recommend review and reform of legal provisions, advocacy.</p> <p>DPs (incl. International Parliamentary Fora): as per JAS guided division of labour among DPs (TBD).</p> <p>UN: UNDP, UNFPA, UNICEF, UNIFEM, UNESCO : as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
2. Strengthened national and local structures and systems of governance that foster the rule-of-law, promote gender equality, combat corruption and promote accountability and transparency	5. Corruption is effectively addressed through improved institutional capacity, including inclusive and equitable processes and enhanced legal frameworks and mechanisms.	<p>Mainland GoT (incl. PCB, GGCU, MoF, MDAs, LGAs, MCDGC, PMO-RALG, Ethics Secretariat, TACAIDS, etc.): Prepare and submit draft legislation; coordination, monitoring and reporting on anti-corruption activities; MDAs implementation of anti-corruption frameworks; safeguard the rule of law.</p>	<p>UNICEF: \$473,000</p> <p>UNHCR:\$1,500,000 p.a.</p> <p>UNDP: \$8,000,000</p> <p>UNFPA: \$4,000,000</p>
	6. E-governance Plan of Action and capacity to promote and implement the national ICT policy strengthened.		
	7. Improved capacity of civil society, incl. the media, to promote transparency and demand accountability.		

	8. Increased capacity and opportunities for women, the most vulnerable children and adolescents as well as People Living with HIV/AIDS (PLHAs) to participate in governance at all levels, including in the Three Ones, and have their views heeded.	<p>Non-State Actors (incl. CSOs, NGOs, private sector, media, representative organizations, etc.): Promote good governance in their own institutions; mobilize and enhance participation of communities; monitor check and balances</p> <p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities/ private sector: participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT DPs (incl. International Parliamentary Fora): as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNDP, UNICEF, UNIFEM, UNESCO, ILO, UNHCR, UNAIDS, UN-HABITAT: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	<p>UNHABITAT: \$ 500,000</p> <p>ILO: \$500,000</p>
	9. The establishment of municipal youth councils and partnerships promoted to foster local development and empowerment of youth and women.		
	10. Effective labour administrative system in place.		
	11. Increased capacity of Government institutions to deliver protection, care and solutions for refugees.		
	12. Capacity of TACAIDS, Zanzibar AIDS Commission, local government authorities, district councils, Shebias and stakeholders at all levels to coordinate, support and implement the multi-sector responses to HIV/AIDS is improved.		
	13. Legal institutions bodies, judges, lawyers, CSO, associations of PLWHAs trained on HIV/AIDS law enforcement issues.		
	14. Legal literacy campaigns to educate the public about laws and rights related to HIV/AIDS victims promoted.		
3. Enhanced and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms	15. Capacity of justice administrators, quasi-judicial bodies, LGAs and law enforcement institutions strengthened to administer justice in a fair, transparent and speedy manner.	<p>Mainland GoT (incl. MoJCA, MoHA, MoPSS, LRC, MoLEYD, LGAs, PMO-RALG, MoCDGC, etc.): Maintenance of law and order; strategic communication; ensuring equitable access to justice; report and follow-up on recommendations under international instruments.</p> <p>Judiciary and quasi-judicial bodies: Dispensation and administration of justice</p> <p>Non-State Actors (incl. CSOs,</p>	<p>UNICEF: \$2,977,000</p> <p>UNHCR:\$1,000,000 p.a.</p> <p>UNDP: \$3,800,000</p> <p>UNDP: \$2,000,000</p> <p>UNHABITAT: \$ 500,000</p>
	16. Enabling legislation for law enforcement, justice and crime prevention.		
	17. National capacity is strengthened to ratify, domesticate, monitor and report on the implementation of international human rights conventions, protocols and policy frameworks, in particular those in relation to vulnerable groups.		

	<div>18. Right holders empowered to be more aware and demanding with respect to human rights and freedoms, including accessibility of gender sensitive provisions in legislation.</div> <div>19. Freedom of access to public information legislation promoted and developed and strategic communication capacity of government strengthened.</div> <div>20. Government and stakeholders supported in harmonizing the laws and in advancing the harmonization of legal regimes in such areas as marriage, affiliation, inheritance and land tenure.</div> <div>21. Most vulnerable children and adolescents facilitated to access and participate in enhanced justice services.</div> <div>22. Updated and strengthened legal framework, enhanced access to legal services and increased public awareness for the protection of refugee rights in conformity with international standards and good practices.</div> <div>23. Journalists and media experts knowledge and competencies on HIV/AIDS issues reinforced.</div> <div>24. Media efforts in gaining access to information and in assuring freedom to publish news related to HIV/AIDS issues strengthened.</div> <div>25. The establishment of alternative forms of justice promoted at the local level, bringing justice closer to the people (e.g. Auxiliary Police, Ward-tribunals, mediation & conflict resolution on community level)</div>	<div>NGOs, representative organizations, etc.): Awareness raising and advocacy on human rights; promote check and balances</div> <div>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</div> <div>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities/private sector: participate in planning, implementation and monitoring. CSO: build local capacity, mobilize and empower communities to participate</div> <div>URT CHRAGG: Promote check and balances, advocate for human rights.</div> <div>DPs (incl. International Parliamentary Fora): as per JAS guided division of labour among DPs (TBD)</div> <div>UN: UNICEF, UNDP, UNESCO, ILO, UNHCR, UNFPA, UN-HABITAT, WHO : as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</div>	UNAIDS: \$50,000
4. Strengthened budget planning & MKUKUTA/MKUZA Monitoring Systems that foster participation and gender equality	<div>26. Increased capacity and strengthened government and CSO partnerships to improve and engender outcome based planning, budgeting and monitoring processes at and between all levels, including the availability of sex and age disaggregated data, data on gender based violence (GBV), decent work, HIV/AIDS (with a focus on prevention), and food security.</div> <div>26-27. Education Sector Management Information System - reliable and timely disaggregated data both quantitative and qualitative for sound policy making, effective planning and decision making at all levels, in monitoring progress in achieving goals and targets, and assessing programme performances.</div>	<div>Mainland GoT (incl. MOPEE, MoF, NBS, LGAs, PMO-RALG, MDAs, TACAIDS, etc): Establish MKUKUTA priorities; resource mobilization; budget planning and monitoring at all levels; coordinate capacity dev.;</div> <div>policy guidance and supervision; facilitate participation of other stakeholders; manage the JAS process; incl. an Aid Management System/Database.</div> <div>Non-State Actors (incl., CSOs,</div>	WHO:\$13,984,000 UNICEF: \$1,578,000 UNHCR:\$2,000,000 p.a. UNDP: \$8,000,000 UNFPA: \$5,500,000 UNAIDS: \$50,000 ILO: \$200,000

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	27.28. National capacity to coordinate, manage and monitor aid harmonization and alignment is improved.	<p>NGOs, representative organizations, IMG; etc.): Participation in policy processes, incl. budget planning and monitoring implementation of the JAS</p> <p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoI, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities/ private sector: participate in planning, implementation and monitoring, CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNFPA, UNDP, ILO, UNICEF, WHO, UNAIDS, FAO: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS</p>	
	28.29. Capacity of key stakeholders to develop local government level policies and plans that are gender sensitive and take into account the rights of poor, vulnerable groups of women, youth & children, and PLHA		
	29.30. Enhanced access to, management and effective utilization of domestic (through MTEF budgetary processes) and external HIV & AIDS resources (GFATM, TMAP grants and other donor funds).		
	30.31. Enhanced capacities at levels to support the implementation of the “Three Ones” (HIV Coordinating Authority (TACAIDS); Strategic Framework (NMSF); M & E system for protection of vulnerable groups.		
5. Increased protection and promotion of the rights of the poor and most vulnerable groups, including those infected with and affected by HIV/AIDS and their caregivers	34.32. Gender sensitive and anti-discrimination legislation, policies and strategies enhanced to protect and care for the infected and affected and to prevent further spread of HIV/AIDS.	<p>Mainland GoT (incl. MoH&SW, MCDGC, TACAIDS, Law and Reform Commission, etc.): Prepare draft legislation, facilitation and convening role, etc.</p> <p>Parliament: Passing legislation; maintain its oversight role over GoT ministries.</p> <p>Non-State Actors (incl., CSOs, NGOs, representative organizations, etc.): Participation, mobilization of communities, check and balances; advocacy</p>	<p>WHO: \$200,000</p> <p>UNICEF:\$5,137,000</p> <p>UNHCR:\$1,000,000 p.a.</p> <p>ILO: \$100,000</p>
	32.33. Enhanced capacity of women and young people to articulate and claim their legal rights, including on sexual and reproductive health.		
	33.34. Increased participation of most vulnerable children and adolescents in a protective and inclusive environment.		

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	34.35. Training of legal institutional bodies, judges, lawyers, CSOs and PLWHAs in laws related to HIV/AIDS to ensure reinforcement supported.	<p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): participate in planning, implementation and monitoring, CSO: build local capacity, mobilize and empower communities to participate</p> <p>URT CHRAGG: Promote check and balances; advocate for human rights.</p> <p>DPs: as per JAS guided division of labour among DPs (TBD)</p> <p>UN: UNDP, UNFPA, UNIFEM, WHO, UNAIDS, UNICEF, UNHCR : as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS.</p>	
	35.36. Legal literacy programmes and campaigns to educate the public about the laws and rights related to HIV/AIDS victims promoted.		
6. Enhanced government capacity for disaster preparedness, response to refugee flows and management of transition from humanitarian assistance to development.	37. Disaster risk reduction policies and disaster management capacities strengthened for GoT's and RGOZ's emergency relief, rehabilitation and recovery activities	<p>Mainland GoT (incl. PMO, LGAs, PMO-RALG, etc.): TBD</p> <p>Non-State Actors (incl., CSOs, NGOs, representative organizations, etc.): Participation, mobilization of communities</p> <p>Zanzibar: RGoZ (incl. MOFEA, ZAC, MoJ, MoT, etc.): Policy formulation, resource mobilization, allocation, implementation and monitoring of the MKUZA, capacity building and skills development at all levels.</p> <p>Non-State Actors (incl. private sector, NGOs, CSO, FBOs): Communities: participate in planning, implementation and monitoring, Private sector: increase domestic</p>	<p>WHO: \$302,000 UNICEF: \$5,837,000 UNHCR: \$4,000,000 p.a. UNDP: \$8,500,000</p>
	38. Intersectional coordination and mainstreaming of disaster risk management supported		
	39. Construction technologies and building materials developed for use in disaster prone areas and in rehabilitation and reconstruction programmes.		
	40. Government's capacity to receive and handle refugees from conflict-torn GL countries improved.		
	41. Government supported to promote durable solutions for refugees.		
	42. Strengthened government capacity in Kagera and Kigoma Regions to manage transition from a refugee-hosting situation to sustainable development.		
	43. Government's capacity developed to reduce negative impact of illicit small arms and light weapons in refugee hosting areas close to GLR conflict zone.		

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	44. Life skills improved for refugees and refugee hosting communities close to GLR conflict zones.	investment, provision of credit facilities, supply of inputs and marketing of products. CSO: build local capacity, mobilize and empower communities to participate URT DPs): as per JAS guided division of labour among DPs (TBD) UN: UNDP, UNICEF, UNHCR, WFP, FAO, WHO, UNESCO, UN-HABITAT: as per UNDAF outlined comparative advantage and role of the UN; JAS guided division of labour at sector and thematic levels (TBD); country level agreement on the UNAIDS Global Task Team division of labour on HIV/AIDS	
	45. Environmental security improved for refugees and refugee hosting communities close to GLR conflict zones.		
	46. Food security improved for refugees and refugee hosting communities close to GLR conflict zones.		
	47. Food security improved for refugees and refugee hosting communities close to GLR conflict zones.		
			Total: \$110,503,000

Coordination Mechanisms and Program Modalities:**Mainland Tanzania****Coordination Mechanisms:**

- Coordination through GoT led national working groups: Development Cooperation Forum (DCF); public expenditure review (PER) W/group; PER W/group on Cluster 3 (Good Governance and Accountability); PER W/Group on Financial Accountability; JAS ~~Core Working~~ Group; Local Government Reform Program Consultative Forum; Legal Sector Reform Technical Coordination Committee; PFMRP WG; Gender Mainstreaming Working Group - Macro-policies (GMWG); Partnership Forum on HIV/ AIDS; Tanzania National Coordination Mechanism (TNCM); MMMP W/groups (Research and Analysis; data; communication).
- Coordination through DPG led sector and thematic W/groups (TBD – based on new architecture of DPG & JAS division of labour on lead DPs); Tentatively – GWG; LSDG; ~~DPG GWG sub group on Anti corruption; sub group on Dialogue on Accountability~~ DPG ICT w/group; DPG poverty monitoring group (PMG), DPG Public Financial Management w/group, DPG Public Sector Reform Group. UN support to DPG include: co-chairing of DPG; chairing of selected DPG w/groups (TBD); secretariat support to DPG and selected w/groups (TBD).
- Coordination with the private sector through the Association of Tanzania Employers; trade unions organizations; Tanzania National Business Council (TNBC)
- UN Inter-agency coordination through Inter-Agency Program Committee, UNDAF W/group on Cluster 3 (Good Governance and Accountability); Inter-Agency Gender W/group; UN Theme Group on HIV/AIDS; Joint UN Team on AIDS

Program Modalities:

- The UN will participate in the SWAP in respect of the Legal Sector Reform Program; use the project modality for pilots and innovations; work with social partners (GoT, employees and workers) and other stakeholders.
- Channel funds through sector baskets (e.g. Legal Sector Reform Program Basket; National Bureau of Statistics Basket Fund); straight to social partners and civil society organizations; direct project funding using national structures. Ensuring that information on all incoming UN assistance to Tanzania is made available to Government.
- Technical cooperation modalities in line with JAS principles; progressive alignment with national systems of public financial management, procurement, audit and reporting; the alignment with the national cycle of planning, budgeting and monitoring (alignment with the MKUKUTA Monitoring Master Plan – MMMP).
- A number of “Collaborative” and “Joint” UN Programmes (where appropriate) including Strengthening Human Security in North-western Tanzania (FAO; UNDP; UNHCR; UNICEF; UNIDO; WFP).

Zanzibar**Coordination Mechanisms:**

- Coordination through GoZ led national working groups, incl. public expenditure review (PER) W/groups; the National Committee on Disaster Mitigation (Zanzibar); PMS working groups (i.e. R&A; Info. & Education; Census & Survey; Stakeholders)
- Coordination through DPG, incl. the DPG w/group on Zanzibar.
- Coordination with the private sector through the Zanzibar Business Council.
- UN Inter-agency coordination through Inter-Agency Program Committee; UNDAF w/group on Zanzibar; UNDAF Cluster 3 (Good Governance and Accountability); Inter-Agency Gender W/group; UN Theme Group on HIV/AIDS; Joint UN Team on AIDS

Program Modalities:

The UN will carry systematic joint planning with GoZ. As per the recommendations of the JSR (2005), the UN will undertake a *gradual transition* towards more effective UN support to the ZPRP by adopting the following arrangements: a division of labour among participating UN agencies following local agreement based on the Global Task Team recommendations on a division of labour among UNAIDS co-sponsor; use of the UNDG fund mgt. mechanisms for the implementation of UN joint programs; ensure that information on all UN assistance to the Government of Zanzibar is shared with the MoFEA, Zanzibar for further integration in the External Assistance Database. Additionally, part of UN assistance will be channelled through the Exchequer; or use the direct project funding modality, incl. use of the UNDG fund ~~67~~ mgt. mechanism for the implementation of UN “Joint” programs.

Table 3: UNDAF Monitoring and Evaluation (M&E) Framework

2007-2010

Note: some baseline data will not be available at the time of finalizing the UNDAF (e.g. governance)

Country Program Outcomes and responsible agencies from UN side	Indicators	Baseline	Source of verification
CLUSTER I			
1. Increased adoption of equitable pro-poor and gender sensitive economic policies and programs	GDP Growth Per Annum	6.8% (2005); 6.5 % (2004/05, Zanzibar)	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Agriculture GDP growth per annum	5.2 % (2005);	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Manufacturing GDP growth per annum	9% (2005)	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Infrastructure GDP growth per annum (transport and communication)	6.4 % (2005)	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Annual rate of inflation	4.2 (2004); 8.1% (2004/05, Zanzibar)	MPEE/Econ. Survey; MoFEA (Zanzibar)
	Central Government revenue as % of GDP	13.1 % (2004/05)	MPEE/Econ. Survey/MoF
	Fiscal deficit as % of GDP (before/ and after grants)	-11.8%/ -4.5% (2004/05)	MoF
	Export as % of GDP	23.1% (2004)	BoT
	% increase in foreign direct investment	9.9% (2004)	BoT
	% of households in rural and urban areas using alternative sources of energy to wood fuel (including charcoal) as their main source of energy for cooking		HBS/Census
	Gini Coefficient	0.35 (2000/01);	NBS/HBS
	Headcount ratio, food poverty line	18.7% (2000/01); 13% (2004/05, Zanzibar)	NBS/HBS
	% of rural population who live within 2 kms of an all-season passable road (rural access indicator)	38%	NBS/HBS
	% of smallholders participating in contracting production and out-growers schemes		NBS-Agric Survey
	Total small holder land under irrigation as % of total cultivable land		NBS-Agric Survey
	% of small holders who accessed formal credit		NBS-Agric Survey
	% of small holder households who have one or more off-farm income generating activities		NBS-Agric Survey
	Domestic credit to private sector as % of GDP	8.6% (2004)	BoT
	% of households whose main income is derived from the harvesting, processing and marketing of natural resources products		NBS-HBS

2. National productivity and competitiveness is improved through decent employment opportunities, equitable access to and effective use of productive resources, improved transport and communications network, and greater market access.	Proportion of working age population not currently employed		NBS/MoL/ILFS
3. Increased food availability and access for the most vulnerable population, including those infected and affected by HIV/AIDS and their carers.	Food self sufficiency ratio	96.2 % (2000/01-2004/05)	MAFS-NFS
	Proportion of districts reported to have food shortages		MAFS-NFS
	% change in production by small holder households of key staple crops (maize, rice, sorghum)		MAFS/Agric Survey
	Proportion of households who take no more than one meal per day.	1.1 (2000/01)	NBS-DHS
CLUSTER II			
1. Effective mechanisms, including social protection, in place, that address institutional barriers and socio-cultural dimensions to promote and protect the rights of the poor and most vulnerable.	Proportion of children working and not going to school	28.2 (2000/01 HBS) 19 (ILFS 2000/01) F: 18.1,M:19.9	MoLEYD/NBS-ILFS
	Proportion of orphaned children	1.2 (2004)	MoH/NBS-Census
	Poverty Head Count ratio of Female headed Households	35.3 (2000/01)	NBS/HBS
2. Increased and equitable access to quality formal and non-formal education.	Net primary school enrolment rate (M/F)	90.5 (2004) F: 90 M: 91	MoEVT/NBS-MIS/HBS/Census
	Net enrolment at pre-primary level	1.43 % (2005)	MoEVT- MIS
	Percentage of cohort completing Standard VII (M/F)	72 (2003)M: 73, F: 72	MoEVT- MIS
	Percent of students passing the Primary School Leavers' Exam	62 (2005)	MoEVT- MIS
	Pupil/Teacher ratio	1:56 (2005)	MoEVT- MIS
	% of teachers with relevant qualifications	58 %	MoEVT- MIS
	Pupil/text book ratio		MoEVT- MIS
	Proportion of children with disability attending primary school		MoEVT- MIS
	Transition rate from Standard VII to Form 1 (M/F)	48.7% (2005)	MoEVT- MIS
	Percent of students passing the form four examination		MoEVT- MIS
	Enrolment in higher education Institutions		MSTHE
	Literacy rate of population aged 15+	69 (2002) F: 62, M: 78; 75.8 (Zanzibar)	NBS-Census

3. Improved community access to safe, clean water and environmental sanitation in the rural areas.	Proportion of population with access to piped or protected water as their main drinking water source (30 min – go, collect, return to be taken into consideration)		MoW/NBS-DHS/HBS/ILFS/Census
	Percentage of households with basic sanitation facilities	47 % (2004)	NBS-DHS/HBS/Census
	Percentage of schools having adequate sanitation facilities (as per policy)		MOEVT- IMIS
	No. of reported cholera cases		MoH
4. Increased and equitable access to comprehensive reproductive and child health interventions.	Infant mortality rate	68 (2004)	MoH/NBS-DHS/Census
	Under-five mortality rate	112(2004)	MoH/NBS- DHS/Census
	DPT/THb3 coverage	86 (2004)	MoH/NBS -HMIS/DHS
	Proportion of children malnourished		MoH/NBS- DHS
	Maternal mortality ratio	578	
	Proportion of births attended by a skilled health worker	46 (2004) ⁷¹	MoH/NBS- DHS/HMIS
	TB treatment completion rate	80.9 % (2003)	MoH/TB Programme
	Life expectancy	51 (2002)	NBS-DHS/Sensus
	Proportion of population reporting to be satisfied with health services	62 % (2002)	MoH/NBS-HBS
5. Increased access to comprehensive prevention, care and treatment, and impact mitigation of HIV/AIDS and other major diseases	% of persons with advanced HIV infection receiving ARV combination therapy		MoH/NACP
	HIV prevalence rate 15-24 yrs age group	7.4% (2004)	MoH/NACP/TACAIDS
CLUSTER III			
1. Strengthened political,	% of women among Members of Parliament	30.4 % (2005)	Clerk of National Assembly

⁷¹ This includes Doctor/Assistant Medical Officer, Clinical Officer (CO)/Asst CO, Nurse/ Midwife and Maternal and Child Health (MCH) Aide. According to the international definition, which does not include MCH Aide, the proportion of births attended by a skilled health worker is 43.4%.

parliamentary and electoral systems that enhance effective participation and representation and promote political tolerance, oversight and credible elections	% of women representatives (elected) in the district council		PMO-RALG
2. Strengthened national and local structures and systems of governance that foster the rule-of-law, promote gender equality, combat corruption and promote accountability and transparency	Proportion of women among senior civil servants	26.8 % (2005)	Civil Service Dept.
	% of government entities awarded clean audit certificates from the National Audit Office	45 % of MDAs (2003/04) 43 % of LGAs (2003/04)	National Audit Office (NAO)
	% of procuring entities complying with the public procurement act and procedures		NAO/MoF
	Number of corruption cases convicted as % of number of investigated cases sanctioned for prosecution by the Director of Public Prosecutions		GGCU/PCB
	% of population reporting satisfaction with Government Services		POPSM
3. Strengthened and accessible systems of justice, law-and-order, public information and education that promote and protect human rights and freedoms	% of population with birth certificates	5.7 % mainland, 63.2% Zanzibar (2004)	DHS/Administrator General/MojCA
	Proportion of villages assemblies holding quarterly meeting with public minutes		PMO-RALG/Civil Soc
	Proportion of LGAs posting public budgets, revenue and actual expenditures on easily accessible public notice boards		PMO-RALG/Civil Soc
	% of females from small holder households with land ownership or customary land rights		Agric. Survey
	% of court cases outstanding for two or more years		MOHA, MojCA
	% of prisoners in remand for two or more years compared to all prisoners in a given year		MOHA, MojCA
	% of detained juveniles accommodated in juvenile remand homes		MOHA
	Average number of inmates per facility as % of authorized capacity		MOHA
4. Strengthened budget planning & MKUKUTA/MKUZA Monitoring Systems that foster participation and gender equality	The monitoring of MKUKUTA and MKUZA executed in line with the MKUKUTA Monitoring Master Plan and the Poverty Monitoring System of MKUZA		MPEE/MoFEA
5. Increased protection and promotion of the rights of the poor and most vulnerable groups, including those infected with and affected by HIV/AIDS and their caregivers	Number of cases filed on infringement of human rights		MOHA
	Number of cases of crime reported		MOHA
	% who agree that a husband is justified in hitting or beating his wife for a specific reason		NBS/DHS

6. Strengthen government's capacity for disaster preparedness and response and management of transition from humanitarian assistance to development.	% of regional administrations that have received training in disaster management		
	% of refugee hosting districts with a transition & recovery strategy		
	Number of weapons collected in refugee hosting communities		
	National Eligibility and Ad-Hoc Committees established, equipped and well functioning		
	Number and processing time of Refugee Status Determination cases by the committees		
	Number of refugees provided with basic humanitarian assistance in accordance with UNHCR minimum standards		
	Number of refugees achieving durable solutions		

Table 4: JAS Dialogue Structures

Name of forum	Actors	Issues to discuss	Output
NSGRP/ZSGRP reviews, Poverty Policy Week	GOT, DPs, NSAs	Assessment of progress in implementing NSGRP/ZPRP, including sector reforms and cross-cutting issues	Annual NSGRP/ZSGRP report, Biennial PHDR (both are published)
National Budget & MTEF	MDAs, RAS, LGAs, Parliamentarians	MTEF preparation and national budget approval	MTEF, National Budget (published)
PER (national)	MDAs, DPs, NSAs	National and local government budget performance and resource allocation in line with NSGRP/ZSGRP (growth and income poverty reduction; improvement of quality of life and social well-being; governance), macro economic issues, financial accountability and fiduciary risk	Cluster studies, PEFAR report (available at PER annual meeting), feed into NSGRP report
PER at LGA level	LGAs, CSOs, private sector	Planning, implementation, management, supervision, M&E of development activities and services in the district, discussing actions to attract investors in the district	Inform district planning process and national PER
GBS Annual Review	MDAs, GBS-DPs	PAF assessment (1. growth and income poverty reduction, 2. improvement of quality of life and social well-being, 3. governance, 4. resource allocation and budget consistency, 5. public financial management and accountability, 6. macroeconomic stability), strategic and technical issues of GBS, DP performance	GBS review report (to be posted in MoF website), Reassessment of PAF indicators (annex in GBS review report), GBS commitments for next financial year
Poverty Reduction Growth Facility	IMF, MoF, BoT, GBS representatives	Macroeconomic performance	Letter of Intent (to be posted in MoF website)
Development Cooperation Forum	High Level GOT and DP representatives	Strategic debate, consultation and policy advice on NSGRP/ZSGRP, JAS, cross-cutting issues, key policy reforms, aid exit strategy	Advise on high-level political decisions
JAS review	GOT, DPs, NSAs	Assessment of GOT and DP implementation of JAS	Annual JAS report (to be published), Reassessment of JAS Actions (to be posted on MoF website)

Table 5: Development Partners' Group Architecture
(Work in progress, not completed at the time of finalizing the UNDAF)

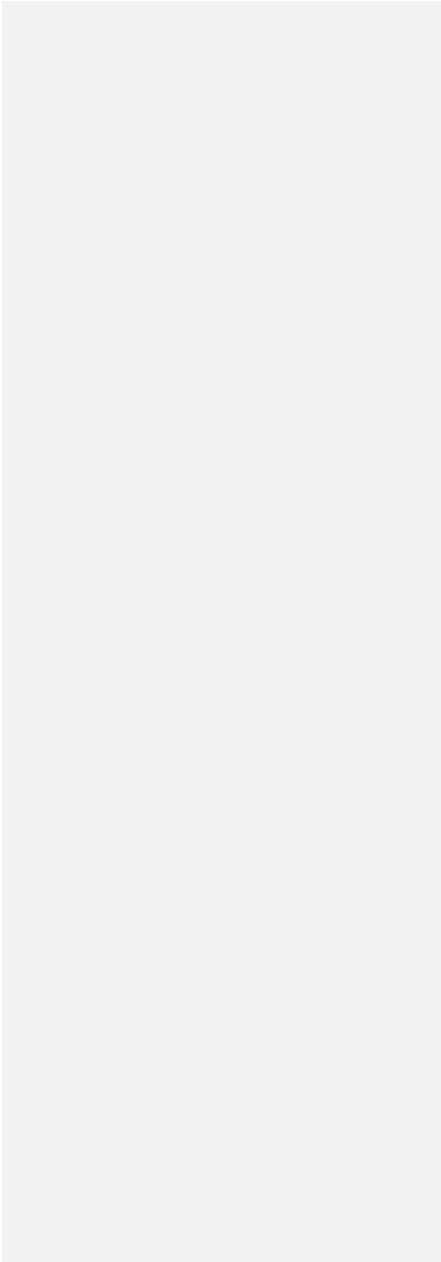


Table 6: Division of Labour among UNAIDS Co-Sponsors

TECHNICAL SUPPORT AREAS	Lead Organisation	Main Partners
1. STRATEGIC PLANNING, GOVERNANCE AND FINANCIAL MANAGEMENT		
1. AIDS, development, governance and mainstreaming, including instruments such as PRSPs, and enabling legislation, human rights and gender	UNDP/ UNFPA	ILO, UNAIDS Secretariat, UNESCO, UNICEF, WHO, World Bank, UNFPA, UNHCR
2. Support to strategic, prioritized and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work.	World Bank (<i>tbc</i>)	ILO, UNAIDS secretariat, UNDP, UNESCO, UNICEF, WHO
3. Procurement and supply management, including training	UNICEF	UNDP, UNFPA, WHO, World Bank
4. AIDS workplace policy and Programmes, private-sector mobilization	ILO	UNESCO, UNDP, UNIDO, WFP, UNICEF, UNAIDS
2. SCALING UP INTERVENTIONS		
Prevention		
5. Prevention of HIV transmission in healthcare settings, blood safety, counselling and testing, sexually-transmitted infection diagnosis and treatment, and linkage of HIV prevention with AIDS treatment and other sexual and reproductive health services.	WHO	UNICEF, UNFPA, ILO, UNHCR
6. Provision of information and education, condom programming, prevention for young people outside schools Gender and HIV/AIDS prevention	UNFPA, UNICEF	ILO, UNAIDS Secretariat, UNESCO, UNICEF, UNODC, WHO, UNDP
7. Prevention of mother-to-child transmission (PMTCT)	UNICEF/ WHO	UNFPA, WFP
8. Prevention for young people in education institutions	UNESCO/ UNICEF	ILO, UNFPA, WHO, WFP, UNDP
9. Prevention of transmission of HIV among injecting drug users and in prisons	UNODC/ UNDP	UNICEF, WHO, ILO
10. Overall policy, monitoring and coordination on prevention	UNAIDS Secretariat	All Cosponsors

Treatment, care and support		
11. Antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections (adults and children)	WHO	UNICEF
12. Care and support for people living with HIV, orphans and vulnerable children, and affected households.	UNICEF/ <i>WHO</i>	WFP, ILO, <i>FAO, UNDP, UNAIDS</i>
13. Dietary/nutrition support	WFP	UNESCO, UNICEF, WHO, <i>FAO</i>
Addressing HIV in emergency, reconstruction and security settings		
14. Strengthening AIDS response in context of security, uniformed services and humanitarian crises	UNAIDS Secretariat	UNHCR, UNICEF, UNDP, WFP, WHO, UNFPA
15. Addressing HIV among displaced populations (refugees and internally displaced persons - IDPs)	UNHCR	UNESCO, UNFPA, UNICEF, WFP, WHO, UNDP
3. MONITORING AND EVALUATION, STRATEGIC INFORMATION, KNOWLEDGE SHARING AND ACCOUNTABILITY		
16. Strategic information, knowledge sharing and accountability, coordination of national efforts, partnership building, advocacy, and monitoring and evaluation, including estimation of national prevalence and projection of demographic impact	UNAIDS Secretariat	ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO, World Bank
17. Establishment and implementation of surveillance for HIV, through sentinel/population-based surveys	WHO	UNAIDS Secretariat, UNDP

ANNEX 1. Acronyms

CCA:	Common Country Assessment
CHRAGG:	Commission for Human Rights and Good Government
CPDs:	Country Program Documents
CSOs:	Civil Society Organizations
DPG:	Development Partners Group
DPS:	Development Partners
ExComs:	Agencies of the Executive Committee (i.e. UNICEF, UNFPA, UNDP, WFP)
ExBoards:	Executive Boards
GoT:	Government of Tanzania
GoZ:	Government of Zanzibar
GGCU:	Good Governance Co-ordinating Unit
IAGG:	Inter-Agency Gender Group
IAPC:	Inter-Agency Program Committee
JAS:	Joint Assistance Strategy
JSR:	Joint Strategic Review (of the UN)
LGA:	Local Government Authorities
MDAs:	Ministries, Departments and Agencies
MKUKUTA:	Acronym of the NSGRP in Kiswahili
MKUZA:	Acronym of the ZPRP in Kiswahili
MHA:	Ministry of Home Affairs
MMMP:	MKUKUTA Monitoring Master Plan
MoF:	Ministry of Finance
NAO:	National Audit Office
NEC:	National Electoral Commission
NSGRP:	National Strategy for Growth and Reduction of Poverty
OCGS:	Office of the Chief Government Statistician, Government of Zanzibar
PCB:	Prevention of Corruption Bureau
PER:	Public Expenditure Review
PFMRP:	Public Financial Management Review Program
PHDR:	Poverty Human Development Report
PMO-RALG:	Prime Minister's Office-Regional Administration and Local Government
PMS - Zanzibar:	Poverty Monitoring System - Zanzibar
PO-PP:	President's Office – Policy and Planning
PO-PSM:	President's Office – Public Service Management
RCO:	Resident Coordinator's Office
RM:	Results Matrix
RRG:	Regional Readers Group
TRA:	Tanzania Revenue Authority
UNCMT:	United Nations Country Management Team
UNDAF:	United Nations Development Assistance Framework
UNDG:	United Nations Development Group
UN WGs:	UN Working Groups
VPO:	Vice President's Office

ZEC:	Zanzibar Electoral Commission
ZPRP:	Zanzibar Poverty Reduction Program
FAO:	Food and Agriculture Organization
IFAD:	International Fund for Agricultural Development
ILO:	International Labour Organization
UNAIDS:	Joint United Nations Programme for HIV/AIDS
UNCDF:	United Nations Capital Development Fund
UNDP:	United Nations Development Programme
UNESCO:	United Nations Educational Scientific Cultural Organization
UNFPA:	United Nations Population Fund
UN-Habitat:	United Nations Human Settlements Programme
UNHCR:	United Nations High Commission for Refugees
UNICEF:	United Nations Children Fund
UNIDO:	United Nations Industrial Development Organization
UNIFEM:	United Nations Development Fund for Women
UNV:	United Nations Volunteers
WFP:	World Food Programme
WHO:	World Health Organization