



**Government of The United Republic of Tanzania
and
United Nations Children's Fund (UNICEF)**

**COUNTRY PROGRAMME
1997 - 2001**

MASTER PLAN OF OPERATIONS

**February 1997
Dar es Salaam**

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PART ONE

MASTER PLAN OF OPERATIONS

PREAMBLE

The Government of the United Republic of Tanzania, hereinafter referred to as "the Government" and the United Nations Children's Fund, hereinafter referred to as "UNICEF"

Furthering their mutual agreement and cooperation to ensure the survival, protection, development and participation of children and women;

Mutually committed to the full implementation of the National Programme of Action for Achieving the Goals for Tanzanian Children by the Year 2000; and ensuring the rights of children and women as agreed by Tanzania in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women;

Building upon the experience and progress gained during the programme period 1992 - 1996, which clearly demonstrates the positive impact of the community-based approach to human and social development;

Entering into a new period of cooperation, with the adoption of a new country programme of cooperation for the period 1997 - 2001.

Do hereby declare that their continued responsibilities will be fulfilled in a spirit of friendly cooperation.

HAVE AGREED AS FOLLOWS:

ARTICLE I

BASIS OF RELATIONSHIP

1. The Basic Cooperation Agreement concluded between the Government and UNICEF on 26 September, 1994, hereinafter referred to as the "Basic Cooperation Agreement" provides the legal basis of the relationship between the Government and UNICEF. This Master Plan of Operations is to be interpreted and implemented on the basis of the Basic Cooperation Agreement. This Master Plan of Operations, together with the Programme Plans of Operations, and the Annual Plans of Action to be agreed annually between the Government and UNICEF describes the Government of Tanzania-UNICEF country programme of cooperation 1997 - 2001. The duration of this country programme will be from 01 January 1997 to 31 December, 2001.

ARTICLE II

THE SITUATION OF CHILDREN AND WOMEN

2. Tanzania is undergoing a process of change and reform, in which social development has gained increased priority. Children and women are expected to benefit significantly from this new situation. After three decades of single party rule and centralized development control, the United Republic of Tanzania achieved a successful political transformation into a multi-party democracy following the elections of November 1995. Peace and stability continue to be historic hallmarks. Reforms in the financial, economic, health and education sectors as well as the civil service are accomplished or ongoing and have stimulated economic growth. The changes have also created new opportunities for participation by the private sector and civil society in the social and economic development of the country.

3. The new optimism is, however, moderated by Tanzania's position as one of the poorest and least developed countries (LDCs) in the world. Although economic growth averaged 4.3 per cent between 1990 and 1993, over 50 per cent of Tanzanian households live in poverty and spend 75 per cent of their income on food. Per capita income was estimated at \$90 in 1993 compared to the Sub-Saharan African average of \$640. Major constraints to equitable growth include limited investment in agriculture, poor infrastructure, a large gap between Government revenues and expenditures, slow growth in employment opportunities, external debt estimated at \$7.6 billion, by September 1996 weak export capacity relative to import and debt servicing requirements and a consequent high level of dependence on external aid to finance the foreign exchange deficit and the budget. Currently debt servicing is equivalent to roughly 25 per cent of export earnings and about 40 per cent of Government recurrent expenditure. Debt servicing and payment of wages now constitute about 80% of government recurrent expenditure making it difficult to finance essential imports of drugs, textbooks and to allocate additional resources to the social sectors. Exports typically finance only one third of imports while donors contribute about 30 per cent of Government recurrent and 70 per cent of development expenditures.

4. In January 1997 the Paris Club decided to cancel and reschedule Tanzania debt by US\$ 1.3 billion i.e. 17 per cent of total debt which is a definite relief but debt problem still remains. The resumption of IMF's ESAF (US\$ 235m) and the World Bank's SAC (US\$ 100m) will attract more external assistance in the new future.

5. Tanzania's population in 1995 was estimated to be 28 million and growing at an annual rate of 2.8 per cent. Fifty one per cent are females, 46 per cent are children under 15 years of age and 19 per cent are between 15 and 24 years of age. Seventy nine per cent of the people live in rural areas in the vast country of 942,784 square kilometers with difficult communications and transport infrastructure. The United Republic of Tanzania has a Union Government with jurisdiction over foreign relations, defense, finance and certain constitutional matters, while economic and social development programmes fall under separate administrations and budget portfolios in the Mainland and Zanzibar. Mainland Tanzania has

20 regions, 113 districts, 2,354 wards and 9,074 villages. Zanzibar has 5 regions, 10 districts and 237 *shehias* (villages). Community participation has been promoted by policy through the different levels and should be accelerated in coming years with new policies on decentralization and involvement of NGOs, civil society, the private sector and donors in district and community level development.

6. The national development objective is to eliminate poverty through equitable and accelerated economic growth. Human development continues to be the centre piece of the Government's policy for social development. The National Programme of Action (NPA) for children in 1990s embodies the country's commitment to address particular problems of children and women. The adoption of a National Platform of Action for Tanzanian Women in 1995 emphasizes the continuing priority for gender, girls' and women's issues. However, the challenges of achieving and sustaining some of the major national goals are daunting.

7. While overall Government expenditures as a proportion of GDP remained largely unchanged over the last decade, the percentage spent on debt servicing increased while that on health stagnated and that on education and all social services declined. By 1991/1992, expenditures on the public debt exceeded the combined expenditures on health and education by twenty per cent. A review of public expenditures in 1992 estimated the annual public health spending at \$3.50 per capita against a minimum requirement of \$13 to achieve health for all and a primary education expenditure of \$15 per child against a requirement of \$50 per child to provide quality primary education.

8. In 1994, the Government formulated a **Social Sector Strategy** which sets out new directions for delivery, financing and monitoring of health, education, nutrition, population/family planning, and water and sanitation related services. The new strategy places first priority on health and basic education and decentralizes responsibilities and decision-making processes while encouraging the private sector to play a prominent role in the delivery of services. The social sector strategy together with the ongoing Civil Service Reform will result in sectoral reforms intended to increase effectiveness, efficiency, equity, accountability and sustainability in the delivery of health and education services. Emphasis on data collection and research will alleviate the present data gaps and difficulties in assessing and analyzing social trends and disparities. Communities will assume greater and more direct responsibilities for the financing of these services, which will call for closer monitoring and policy initiatives to protect the poor and other vulnerable groups.

9. Infant and under-five mortality rates remain high at 92 and 141 per 1,000 live births (1996), respectively. Malaria, acute respiratory infections and diarrhoea continue to be the main causes of death. 200,000 children under five die every year primarily from preventable causes. Fifteen per cent of those deaths are attributed to malaria, which is on the increase. Low birth weight and its related complications are a major cause of neonatal deaths which account for nearly 40 per cent of infant mortality. Although coverage for antenatal care is good with 70 per cent routine attendance, poor quality of services contributes to high maternal mortality which is estimated at 770 per 100,000 live births. It will be a tremendous challenge to meet the NPA goal of 50 per cent reduction in maternal mortality. The impact of

HIV/AIDS on child and maternal mortality rates is now expected to offset any improvements achieved through other interventions.

10. By the end of 1995, the number of AIDS cases was estimated to be 400,000 and expected to reach 2 million people by the year 2000. The National Aids Control Programme (NACP) (1994) estimated that 10 - 15 per cent of the urban population and 3 - 6 per cent of the rural population are HIV infected. Over 150,000 children are orphaned by AIDS and the NACP estimates that there will be at least one orphan per AIDS case by the end of the century. HIV/AIDS - related deaths and morbidity are overwhelming the caring capacity of families and communities and straining health and employment services.

11. Despite Tanzania's serious socio-economic constraints, Universal Child Immunization was achieved in 1988 and has been largely sustained. With adequate political will and resource allocation, the goals of polio eradication, elimination of neonatal tetanus, universal oral rehydration therapy and universal salt iodation can be achieved by the year 2000. While progress in reducing the frequency of low birth weight and child malnutrition requires acceleration, the districts supported by UNICEF have seen declines in moderate and severe under-five malnutrition of 40 per cent and 60 per cent, respectively, indicating good progress towards achieving the goals. The national goal for severe malnutrition will require more rapid progress outside the country programme districts to achieve a reduction from 7.1 to 3 per cent. The goal for moderate malnutrition is to reduce it from 21.7 per cent to 15 per cent. Vitamin A deficiency and anaemia are widespread problems, particularly among women and children. In 1987, approximately 30 per cent of children under five were estimated to be vitamin A deficient while 32 per cent of the population was reported to be anaemic. Nearly 80 per cent of women are anaemic during pregnancy.

12. Inadequate health care is provided to young and adolescent children aged 6 to 18 years who constitute 32 per cent of the total population, due in part to the absence of an adolescent health policy. Although information is inadequate, malnutrition and communicable diseases are known to be serious among this group. The few studies conducted among adolescents (11 - 18 years) show that girls tend to have greater risks and more health problems than boys. This is attributed largely to an early start in their reproductive role and the overall low status and empowerment of women. A 1993 study in Dar es Salaam revealed that 10 per cent of first pregnancies occurred among girls 15 years or under. Every year, some 200,000 girls give birth under the age of 16 at high risk and 1 million suffer from chronic undernutrition.

13. Gross primary school enrolment has dropped from 93 per cent in 1980 to an estimated 69 per cent in 1994. Most children enter grade 1 at 9 or 10 years of age. Enrollment of school age children of 7 years stands at a low 14 per cent. Although approximately equal numbers of girls and boys enrol, girls have higher drop-out and lower completion rates. Secondary school gross enrollment rate has stagnated at around 6 per cent, compared to 17 per cent in Sub-Saharan Africa and making it one of the lowest rates in the world. The goals of 80 per cent each for net enrolment and completion rates for both girls and boys are possible but will require tremendous effort. Adolescent and adult illiteracy, virtually eliminated in the 1970s, have become a growing concern due to the deterioration of school infrastructure, the lack of educational materials and an acute shortage of qualified and motivated teachers.

Official illiteracy rates have risen from 10 per cent in 1986 to 16 per cent in 1992 with significant socio-economic and geographic disparities.

14. Access to safe water has remained almost static at around 50 per cent since 1990 according to official reports. A recent cluster survey on Mid-Decade Goal achievement (January 1996), has indicated actual safe water coverage to be almost 72 per cent. Discrepancies may be accounted for by increasing private and non-governmental investments in water scheme construction and rehabilitation which official government statistics fail to capture. Reforms introduced through the National Water Policy have brought increasing demand for scheme user-ownership whereby communities assume full responsibility for rehabilitation, operation and maintenance of piped water and pumped borehole systems. Urban water supplies are severely strained with demand fast out-pacing capacity to deliver through the existing ageing infrastructure. Non-revenue water levels in urban and peri-urban areas have been estimated at over 50 per cent by a recent World Bank study (1995). Drainage and sewerage facilities in all major towns are severely limited, with un-treated waste water and sewage outfalls discharging directly adjacent to a number of sprawling peri-urban temporary settlements. Universal access to sanitary means of excreta disposal has been nominally achieved, with over 90 per cent access to latrine facilities of some kind. Most household latrines are un-sheltered and constructed according to traditional designs which render them un-suitable for use by children and many women. Public latrine facilities in congested urban focal centres present a major problem, though new privately owned "pay-as-you-use" systems have emerged on a limited scale in Dar es Salaam through entrepreneurial investment.

15. While Tanzania has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and adopted a national Women in Development Policy and a Platform for Action after the Beijing Conference on Women (1995), women continue to face discrimination with regard to health, basic education, literacy, workload, income and access to credit, marriage and inheritance rights, political participation and decision-making. The situation of women in poverty is becoming increasingly recognized in poverty alleviation discussions with particular attention to those who head 10 per cent of households. However, economic empowerment programmes are limited. Although deliberate policies have been introduced to enhance women's participation in decision-making, they represent only 25 per cent, 15 per cent, and about 10 per cent, respectively, in Local Councils, Parliament and Village Councils.

16. A UNICEF study on the Girl Child (1994) revealed major areas of social and economic disadvantage and their underlying and basic causes. Harmful traditional practices, including female genital mutilation and early marriage, persist. Girls' opportunities for education, self improvement and skills acquisition are often curtailed by discrimination and teenage pregnancy (3000 girls are expelled from school annually due to pregnancy). The risk of heterosexually transmitted HIV/AIDS and STDs is particularly high for girls and women in the prevailing gender power relations. Gender awareness is low in the country and socio-economic policy analysis, programme implementation and management show very limited gender sensitivity or responsiveness.

17. Despite significant progress in the situation of girls and women, it is still hampered by various socio-economic and socio-cultural constraints. The Country Programme aims to address these constraints and emphasize increased protection of vulnerable groups, including children in especially difficult circumstances. Limited information is available on the situation of children in especially difficult circumstances, although NGOs, UNICEF and ILO have begun to focus attention on street children, working children, children affected by AIDS and others. Programmes that cater for these children are few. Promotion of the rights of the country's children will become a priority concern for Government of Tanzania-UNICEF cooperation.

18. Since 1994 Tanzania has continued to bear the enormous socio-economic burden of hosting over 700,000 refugees from Rwanda and Burundi concentrated in the region of Kagera. Following the stabilization of the situation in Rwanda some 475, 000 Rwandan refugees were peacefully repatriated by the end of 1996 under a joint Government of Tanzania/UNHCR agreement. Kagera is now left with a problem of serious deforestation and environmental degradation. The social, economic and environmental impacts of refugee settlement upon neighboring Tanzanian host communities continues to raise concern.

19. Pressure in Tanzania continuous as the refugee problem has shifted from Kagera to Kigoma region with the influx of Zairian and Burundian refugees following the political crisis in Burundi and Eastern Zaire. By end of 1996 Kigoma hosts about 180,000 refugees with more coming everyday. The percentage of un-accompanied minors in the new refugee camps is high. The refugee in general and its children and adolescents in particular will require sub-regionally coordinated interventions to alleviate the situation. UNICEF-supported initiatives have contributed to mitigate against the worst of these effects and need to continue through partnership with local government, local and international NGOs active within the north-western emergency areas. Frequent epidemics and natural disasters such as floods also threaten the lives of children and women in particular and require special attention.

20. In conclusion, political, economic and social change and reform have generated a justifiable optimism for Tanzania and its children to enter the 21st century with confidence. But the new policies and emerging structures require considerable resources, skillful planning, effective and accountable management, with full community involvement, as well as an expanded vision of needs and rights if the goals for children and women, and overall human development, are to be met. Support for the progressive implementation of the Convention on the Rights of the Child (CRC) and the CEDAW are essential objectives of the Country Programme, which will assist the Government in implementing and monitoring the conventions. CRC and CEDAW provide important advocacy and mobilization platforms for all Country Programme activities.

ARTICLE III**PAST GOVERNMENT OF TANZANIA - UNICEF COOPERATION, 1992-1996**

21. Tanzania participated in the World Summit for Children and adapted its Plan of Action into National Programmes of Action for Children for Mainland Tanzania and Zanzibar respectively. The principles and objectives of the Summit and the two National Programmes of Action were reflected in the 1992-1996 programme of cooperation with UNICEF. Tanzania also participated in the 1991 Education for All Conference in Jomtien, the 1992 UN Conference on Environment and Development in Rio de Janeiro, the 1994 International Conference on Population and Development in Cairo, the 1995 World Summit for Social Development Summit in Copenhagen and the 1995 Fourth World Conference on Women in Beijing. Many of the standards and goals of these international deliberations have become incorporated in national policies and figure high on the social development agenda of the Third Phase Government (1995-2000). They are also reflected in the 1997-2001 programme of cooperation.

22. Through assistance to the core services of immunization, maternal and child health, control of diarrhoeal diseases, nutrition, and water supply and environmental sanitation, UNICEF contributed to the reduction of infant and under-five mortality. While assistance to immunization and nutrition has been particularly successful, Tanzania has not been able to fully achieve the reduction rates in infant, under-five, and maternal mortality hoped for in the early 1990s when the NPAs were designed and the 1992-1996 Country Programme developed. This pattern of achievement below expected levels extends to other areas of social development, including primary education.

23. Important among the causes for constraints in goal achievements are i) resource constraints and in consequence constraints in availability and quality of basic services, ii) the severity of killer diseases such as malaria and HIV/AIDS, iii) imbalances in gender relations, and iv) inadequate coordination of donor support behind clear, strong and realistic Government policies, priorities and plans for human development. While all of these constraints are unlikely to be solved in the short term, the inauguration of the Third Phase Government, its proposed Social Sector Strategy and its various sectoral reform proposals, including for health and education, set a positive and promising stage for accelerated, affordable and sustainable human development for children and women into the 21st century.

24. The community based approach to implementing the child survival, protection and development programme successfully extended its geographic coverage to 53 districts in Mainland Tanzania and all of Zanzibar and expanded its intervention package from the original focus on nutrition and health to also include community based education and HIV/AIDS prevention. The cornerstone of UNICEF assistance to Tanzania, the community based programme was complemented by a sectoral national support programme and the Zanzibar programme.

Community Mobilization, Participation and Management

25. The UNICEF assisted community based programme aimed to empower families and communities with skills, knowledge and capacity to assess and analyze their own problems, identify requirements for improvement and change, and take appropriate action. While focussed on the village, the programme also involved government structures, non-governmental organizations and donor agencies at ward, district, regional and central level for management and implementation purposes. Training and other capacity building measures were key strategic interventions directed towards members of the community, ward level extension staff as well as local government officials. By the end of 1995, more than 16,000 primary school teachers were trained on HIV/AIDS prevention, 170 district officials on HIV/AIDS for integration in district plans, 5388 village health workers had received basic CSPD and complementary training in areas like HIV/AIDS, CDD and ARI case management. 3220 Traditional Birth Attendants and 160 traditional healers were identified and trained.

26. Two thousand one hundred and fourteen village committees and 5543 Ward extension workers, directly supervising community based activities, were trained in CSPD concepts and approaches. As the CSPD programme expanded in focus, 271 village correspondents, 200 masons and 193 water committees, 3000 school committee members, 300 women group leaders and 2000 women from 170 women economic groups, and 1938 child care takers were trained in CSPD. Twelve thousand, four hundred and twenty one village government, ward and district officials had received training in CSPD, community mobilization and programme management. Four hundred and sixty one cultural groups were trained in animation techniques for social mobilization. Evaluations of training revealed many positive results in terms of skills acquisition, improved integration and coordination of activities with better and more rational use of scarce resources, application of participatory methods of working with the communities and consequently more positive community response to the programme. Nevertheless, weaknesses have been identified and the overall effectiveness and appropriateness of training and capacity building will be assessed in late 1996 to allow for necessary adjustments and improvements before entering the new programme cycle.

27. The programme has been uniquely successful in reducing severe and moderate malnutrition by 60 per cent and 40 per cent, respectively, in the 12 regions. Likewise, the community based education component has generated significant enthusiasm and interest within the Ministry of Education and with donors, in particular the World Bank, CIDA Canada and NORAD. Monitoring at the implementation level over time has revealed increased and more diversified activities. Attendance at village health days remains consistently high, and the collection and discussion of information on children and women by trained Village Health Committees continue to be effective and efficient. Some communities have established their own criteria for identifying resource weak or defaulting households whom they support. When central Government development allocations were temporarily frozen in 1994/95 and resources consequently did not reach implementation level, many communities demonstrated considerable skill and ingenuity in mobilizing local resources for CSPD related activities.

28. There is almost universal recognition of the programme's ability to motivate and mobilize families and communities for action on CSPD issues. Parents have clearly come to play an increasingly active role in the care and education of their children. It has helped reorient national policies, decentralize management and administration, and stimulate strong popular participation. In the selected areas, the programme has largely solved issues related to access and quality.

29. However, the 1992-1996 cooperation has revealed constraints in the areas of management systems and management capacity as well as equity, where gender imbalances remain in decision-making and management.

Health

30. With significant assistance from DANIDA, USAID, ODA, JICA, Rotary International, WHO and UNICEF, an overall immunization coverage of above 80 per cent has been maintained. This achievement is the result of support to the cold chain system including procurement and distribution of sufficient and regular supplies of vaccines and cold chain equipment, intensive advocacy and social mobilization and training and monitoring at community level. Annually an average of 3 million doses of measles vaccine, 4 million doses of tetanus toxoid vaccine and 6 million doses of polio vaccines have been procured and distributed throughout the country at a cost of about US\$ 800,000 to US\$1,000,000 a year. Basic equipment provided includes syringes, needles, kerosine, pressure stoves and sterilizers to the 3500 service delivery points (SDPs) all over the country costing US\$150,000 to US\$200,000 per year. From 1994 onwards, special attention was given to the 6 regions and 35 districts performing below expected targets. By 1995, only 3 regions with 13 districts still remained with an unsatisfactory performance. One hundred and thirty units of the solar lighting and refrigeration system were installed in remote and inaccessible SDPs, further enhancing immunization coverage. Eight thousand, five hundred bicycles were provided to immunization workers to facilitate outreach vaccination work in other satellite villages around SDPs. Basic training for 5260 cold chain operators and nurses and refresher training for 15,000 cold chain operators, MCH aids and EPI programme staff at all levels was provided. One thousand, two hundred members of health management teams received re-orientation in disease surveillance and control methods. Despite economic constraints, the Government is determined to gradually take over full responsibility for the sustainability of immunization and has demonstrated its commitment by joining the Vaccine Independence Initiative.

31. Progress was uneven in the prevention and control of diarrhoeal diseases and malaria. With WHO and UNICEF as key partners, a national policy and guidelines on CDD were developed and the awareness and use of Oral Rehydration Therapy (ORT) increased to 80 per cent. Almost three million ORS sachets were distributed in 1995 alone. Innovative approaches mobilizing and involving non-health partners such as the scouts movement and the mass media were very successful and will be further applied in future cooperation. Prevention and control of malaria remains a formidable challenge to the Ministry of Health. JICA, WHO and UNICEF have been the most significant partners in past efforts. Community awareness and use of impregnated mosquito bed nets have increased in selected CSPD areas through an active health education and promotion programme. More than 100,000 impregnated bednets have

been distributed to programme areas. A new approach to community based malaria prevention and control has recently been developed and the accompanying guidelines will be applied in all selected districts for 1997-2001 cooperation. More than 150,000 copies of a revised Kiswahili translation of Facts for Life have been distributed and nearly 100 hours of radio broadcast devoted to FFL promotion during 1995 alone.

32. An improved model for community based safe motherhood assurance which emphasizes i) low-cost interventions with full participation of household members in pregnancy monitoring, and, ii) improved referral systems has been developed and tested in collaboration with other donors in 10 CSPD districts. An evaluation of the model showed a significant reduction of maternal mortality by 45 per cent. The activity is now ready to be taken to scale.

33. With DANIDA and UNICEF as major contributors, a Health Management Information System (HMIS) has been developed and tested in all CSPD regions. Two health workers at every dispensary and 4 from each health centre (a total of 7500 staff) have received training in the implementation of the new system. UNICEF has also supported the printing of a total of 35,000 copies of the 10 HMIS manuals and booklets required to support implementation at different levels. Designed to improve the planning and management of health programmes, HMIS is not the only management information system currently applied in the districts and regions of Tanzania and there is an urgent need to bring the different systems and designs together into one, uniform system.

34. UNICEF has been a major and active partner in Tanzania's Health Sector Reform process, which began in 1993. The Health Sector Reform was approved by Parliament in March 1996. In April 1996, the Ministry of Health and all major donors, including UNICEF, reviewed and approved a Health Sector Reform Plan of Action for 1996-1999. Designed to be updated every year, this Plan of Action is now the blueprint for primary health care in Tanzania. With strong leadership provided by the Ministry of Health and with donors as stakeholders in the joint Plan of Action, the Health Sector Reform has finally brought the promise of assuring the consistency and coherence of policy, investments and interventions of all the different actors concerned with the health of Tanzania's population.

Nutrition

35. Nutrition was the original entry point for the community based approach of the CSPD programme. Involving families and communities in the practical use of the Triple-A process of assessment, analysis and action was instrumental in the development and implementation of a relatively low-cost nutrition programme, which over a decade has significantly improved the nutritional status of more than one million young children in more than 50 districts of mainland Tanzania and all of Zanzibar. UNICEF has supported the establishment of feeding posts in some 3,000 villages in programme areas. These have been key in rehabilitating severely malnourished children and often serve as Day Care Centres for the community. The approach has continued to be emulated by several countries and UNICEF has shared its experience and expertise with other programmes in Africa and elsewhere.

36. Promotion of exclusive breastfeeding and the Baby Friendly Hospital Initiative resulted in 30 hospitals being certified as baby-friendly, national legislation on the marketing of breast-milk substitutes being passed in 1994, and health workers receiving training and retraining in lactation management.

37. UNICEF assistance has also been essential for the virtual achievement of Universal Salt Iodation in Tanzania and the 25 per cent reduction of the total goiter rate in most endemic areas. Salt iodisation plants have been installed at 36 locations since 1994, contributing to the increase of household iodized salt consumption from almost zero in 1992 to 73 per cent by early 1996. This was made possible by the personal involvement and commitment of the President of the nation in 1994-1995, legislation amending the Food Act and Miners' Act, and enforcement of mandatory salt iodization, mobilization of all the country's 200 salt producers, and widespread public advocacy and sensitization.

Water, environment and sanitation

38. The focus for technical support was retained at the community level with emphasis on self-help approaches and the promotion and dissemination of skills for low-cost technology in water supply including rain-water harvesting. Over 400 wells have been fitted with shallow and deep-well hand pumps; 48 rainwater tanks for schools and dispensaries and an estimated 160 household water jars have been constructed throughout the community based programme area after training of more than 100 local master artisans. Sanitation and hygiene support to water supply improved areas combined hard and software elements. Over 200 local artisan "fundis" have been trained in latrine upgrading techniques, with at least 1600 demonstration household latrines and 77 primary school latrine facilities being upgraded on the Mainland and in Zanzibar. Participatory TOT training generated the capacity for more behavior-oriented studies of sanitation/hygiene related problems which most seriously impact on children's and women's health.

39. The 1992-1996 programme cycle coincided with the launch of the National Water Policy, an explicit framework for the empowerment of communities to manage their own water and sanitation services and the first bench mark in the transition process for government away from service provider to facilitator. Recognizing the need to broaden awareness of the real implications of the Policy, UNICEF supported dissemination activities among decision makers first at national and regional levels and then extended to community level through development of communication materials advising communities on how to tackle the WES cost-sharing/service management burden.

40. UNICEF support to the development of a common framework for sector monitoring continued through the facilitation of a national monitoring policy development workshop, formation of an inter-ministerial steering group, framework development and pilot testing in six regions of Tanzania.

Education

41. Basic education activities broke important new ground during the 1992-1996 programme cycle with the conceptualization, planning and execution of community based education. However, underfunding and the magnitude of low enrollment, completion, and transition rates and other serious problems facing universal primary education in the country made achievements of the cooperation modest.
42. The UNICEF supported community based education approach was originally targeted at 100 schools but eventually expanded to cover more than 300 primary schools in 20 districts. Six thousand members of school committees have been trained to identify education needs, design strategies to meet these needs and develop priorities, which in turn serve as school improvement plans. Three hundred Ward Education Coordinators were identified as front line workers and trained together with the corresponding district teams. Three hundred head teachers of the participating schools also received training in planning, implementation, monitoring and reporting on the local adaptation of the EFA goals and plan of action. At district level, UNICEF supported the establishment of teachers' resource centres and provided reference materials and teacher training funds, which allowed 2000 teachers to be trained.
43. At the national level, MCDWAC was assisted in developing a national policy on children and the Department of Social Welfare was supported to develop indicators for child development and early detection of childhood disabilities. Major studies supported during the period as inputs to strengthened education planning and coordination include "An analysis of National and Regional Trends in Primary Education in Tanzania"; "Community Based Education and Child Development: Lessons From Hai"; "Assessment of Planning and Management Capacity of Hai and Morogoro districts' Education Departments"; case studies of innovative primary schools and the study on "Declining Enrollment and Quality of Primary Education in Tanzania Mainland".
44. Underfunding is undoubtedly the most critical issue facing primary education. The Government is committed to provide free primary education to all yet is not in a position to allocate the required resources. Primary education can only be sustainably funded if i) internal and external inefficiencies are addressed, ii) donor funding goes to agreed priority national programmes, and iii) communities are consulted in planning processes. Other critical issues facing primary education are: i) access (too few children attend school and fewer complete the primary cycle); ii) equity (although girls enrol at par with boys, fewer complete the primary cycle and girls perform more poorly than boys); iii) quality (poor examination results, poorly trained and motivated teachers, severe shortage of teaching/learning materials, uncondusive learning environment); and, iv) management (inadequate management at all levels).
45. The fundamental change required can only be achieved through a comprehensive education reform process. This process has started, but it still has a long way to go. UNICEF is among the key partners of the Ministry of Education and Culture in this process. Policy change is only possible if government, multilateral agencies and bilateral donors agree on a core strategy. Experiences with community based education from 1992-1996 cooperation allow UNICEF to provide key recommendations for the development of such a core strategy as

regards to the importance of decentralization and the participation of communities and the private sector. In particular, past experience points to the importance of: i) provision of effective authority to village school committees (a voice in teacher deployment, right to involvement in academic matters, control of school funds); ii) introduction of accountability (school reporting to community, inspectors reporting to district councils); iii) revision of curriculum to address the needs of 7 year olds; iv) introduction of community-managed pre-school activities; and, v) provision of increased authority and accountability to District Education Officers.

Zanzibar

46. Early on in the 1992-1996 programme cycle, the community based CSPD programme was adapted to the Zanzibar reality and applied with considerable success. Progress towards the achievement of the goals of the Zanzibar NPA, to which the Government is strongly committed, the Mid Decade Goals and general improvements in the situation of the children and women of Zanzibar are clearly related to the increased involvement of families and communities in the planning and management of social development activities. The Zanzibar community based programme has taken on its own characteristics and distinctive features, most importantly, perhaps, the strong involvement of religious leaders and organizations in programme management and implementation.

47. Community committees in about 57 shehias all over Zanzibar have been enabled to build schools; contain primary school drop-out rates; reduce severe and moderate malnutrition; encourage households to build latrines; and mobilize families to join in starting child care centres and pre-schools. Through community participation and contributions, the learning environment of 35 primary schools have been improved and 4 major schemes developed. Thirty cooperative groups for women from poor households have been established with provision of credit and learning opportunities for skills development, literacy and numeracy, small business, management and book keeping.

48. In the process, community health services have clearly been improved. UNICEF supported the rehabilitation of 11 dispensaries and the establishment of 3 new health facilities. Immunization coverage has increased to almost 90 per cent. Severe malnutrition dropped from 8 per cent in 1990 to about 3 per cent. The incidence of low birth weight babies dropped from 16 per cent in 1990 to 9 per cent in 1993. MMR was at an estimated 300 according to the 1988 census but has been reduced to 200 per 100,000 live births. Simultaneously, access to clean water and improved sanitation has increased. UNICEF assisted four extension schemes and installed more than 20 hand pumps.

49. Although the Government of Zanzibar has nominally transferred authority for social development programmes to district and community levels, these levels do not control budgets for the activities. In general, underfunding of the social sector remains a critical issue currently aggravated by a temporary donor reluctance to support Zanzibar at earlier levels in response to the political situation following the first multiparty elections for parliament and the presidency in October 1995. Donor coordination and cooperation has remained relatively weak in Zanzibar as has local government capacity in social policy development and planning.

Advocacy and Social Mobilization

50. The thrust of UNICEF advocacy in Tanzania has focused on promotion and implementation of the Convention on the Rights of the Child, which was ratified in 1991 and which provides a clear framework for UNICEF programming into the next millennium. Advocacy and technical support facilitated the preparation of the NPAs for Mainland and Zanzibar, which were translated into Swahili and widely disseminated. Significant progress has already been made in developing new partnerships with National Committees for UNICEF, children and women-focused NGOs, the media, the sports and music communities and the private sector, most of which have provided important resources and support to the country programme.

51. Since CEDAW and CRC were ratified, good progress has been made in reviewing the existing legislation and preparing recommendations for harmonizing the laws with the Conventions. Support has been given to the preparation of a Women in Development Policy and a Children's Policy. Participatory research with children in 5 regions of Mainland and Zanzibar has provided insights into children's perceptions of their rights and responsibilities which are useful for developing rights-based strategies in the 1997-2001 programme of cooperation.

Lessons learned

52. Past cooperation demonstrated the success and effectiveness of the community based approach in addressing child survival and development issues. This is exemplified by the significant decline in moderate and severe malnutrition in the districts where the community based CSPD activities are implemented and by the readiness with which communities across the country take charge of CSPD issues. Systems have been established to strengthen health, water and basic education delivery systems within communities where the foundations of sustainability must be laid. The proposed programme of cooperation will build on these achievements by using the community based approach in implementing more integrated health, nutrition, education, water and sanitation, and HIV/AIDS prevention programmes.

53. Previous cooperation has over estimated local government capacity in social policy development, planning and coordination. Weak capacity at the local level has led to slow implementation of the Community Based Programme and weak linkages between it and the national sectoral programmes. In the 1997-2001 programme, higher priority will be given to strengthening local government capacity in managing social sector information, policy development and planning as well as empowering communities to draw down their equitable share of national and district technical and financial resources.

54. Further review and evaluation of the Community Based Programme revealed some overlap and duplication between the training packages produced centrally and/or sectoral for implementation at district and lower levels. To tackle this problem, training activities will be decentralized and consolidated at the district level while non-technical and cross-sectoral training will be integrated. Likewise, information, education, and communication (IEC)

activities will be decentralized and integrated to avoid duplication and to increase relevance and impact.

55. Because of the decline in net primary enrolment rates of children, the Government and UNICEF recognized early in the programme of cooperation that basic education required additional support. This was confirmed by the Mid-Term Review of the past cooperation which also recommended increased UNICEF support to social policy analysis, monitoring and mobilizing for children's and women's rights, gender sensitivity, HIV/AIDS, malaria control, urban interventions and emergency preparedness. Gender issues and women's participation in development were found to be particularly inadequate.

56. With more than 35 multilateral and bilateral donors providing aid, the Government's social sector strategy intends to improve policy and implementation coordination. Recent developments in donor collaboration in education and health sector reforms have been encouraging, and UNICEF would further enhance such partnerships in the new programme cycle. UNICEF advocacy and programme delivery will demonstrate the importance of community empowerment and local capacity building for long-term sustainability of social development.

ARTICLE IV

GOALS AND OBJECTIVES

57. The goals and objectives of 1997-2001 Government of Tanzania-UNICEF cooperation have been established to respond optimally to the needs of Tanzania's children and women within limits set by available financial and human resources. They have been screened to secure that they correspond with, support and enhance Tanzania's national development priorities as reflected in the Third Phase Government's economic and social development policies in general and particularly in the proposed Social Sector Strategy; the health, education, civil service and other sectoral reform proposals; the Rolling Plan and Forward Budget; and the Tanzania Mainland and Zanzibar National Programmes of Action to achieve the goals for Tanzanian children by the year 2000. Given Tanzania's strong commitment to the Convention on the Rights of the Child and the implementation of the newly finalized Child Policy for Tanzania, the Country Programme is designed within a framework set by the standards and values established by these documents. Likewise, the programme has been designed to match the goals and objectives of the Country Strategy Note currently being developed by the Government of Tanzania and the United Nations system. Finally, the United Nations System-wide Special Initiative on Africa, its call for greater coordination among UN agencies in order to enhance the effectiveness of UN administered assistance, and its emphasis on health, education, nutrition and water to improve the social and human condition in Africa are fully reflected in the programme design.

58. Equitable social development with particularly emphasis on health and education are on top of the agenda of the Government that came into power in November 1995. Political commitment is being translated into sectoral reforms, each with clear sector strategy, policy framework and multi-year action plan demanding uniform donor support. Decentralization and devolution of authority from central to local government accompanied by enhanced involvement of communities and the private sector are considered fundamental ingredients of the reform process.

59. Based on more than a decade of experience with its community based approach to CSPD, UNICEF and the 1997-2001 programme of cooperation have a set of comparative advantages, skills and knowledge which may be of fundamental importance to the national process of change and reform. The approach has yielded successful development outcomes and processes particularly community participation empowerment and confidence, which are essential for self-reliance. This experience will enhance the depth and quality of the reform process and its intended benefits for children and women.

60. First, while Government and donors agree that more resources must reach the communities directly and more efficiently and that authority must be transferred to district level in order to assure that planning, budgeting and management of social development activities are as close to the implementation level as possible, there is limited experience and consensus as to how to operationalize such an approach. UNICEF is in a unique position to

assist local government in enhancing its capacity to plan, manage and monitor service delivery, training and IEC in an integrated and cross-sectoral manner. Second, devolution of authority from central to district government does not automatically ensure greater participation of people in social development activities. UNICEF and the country programme will play a key role in designing methods and approaches which will guarantee the active involvement of families and communities in a process that plans from community level upwards. Such a process should link up with the government planning mechanisms at district level and ensure that health, education and other social services correspond with the needs of communities and are largely controlled by communities.

61. These are the major challenges and the major opportunities. The contributions of the 1997-2001 country programme derive from the strengths of the 1992-1996 cooperation. The proposed country programme has, however, adjusted its community based approaches to Tanzania's current requirements. It proposes to: (a) double its efforts and commitments to basic education; (b) enhance its concern for HIV/AIDS prevention and care as well as malaria prevention and control; (c) initiate selective interventions on behalf of the urban poor; (d) strengthen UNICEF's contribution to macro-level policy making through a stronger role in social policy analysis, monitoring and evaluation; (e) take a lead role in the promotion of gender concerns; and (f) establish CRC and CEDAW as frameworks for programme cooperation and promote their implementation thus expanding the scope of cooperation from primarily survival and development to include protection and participation, and expanding beneficiary groups from primarily under-fives and mothers to children under 18 years of age and women in their own right.

62. By the year 2001, the Government of Tanzania-UNICEF programme of cooperation, in combination and partnership with other governmental, non-governmental and donor efforts, will contribute to the achievement of the following goals for Tanzania's children and women:

- (a) Reduction of infant and under-five mortality from a 1988 baseline of 115 and 191 to 80 and 100 respectively.
- (b) Reduction of severe and moderate malnutrition from a 1992 baseline of 7.1 per cent and 28.8 per cent to 3 per cent and 15 per cent respectively.
- (c) Reduction of maternal mortality by 30 per cent from the 1990 baseline of 770 per 100,000 live births. Baseline studies in 1997 will determine the exact levels of the MMR reduction goal.
- (d) Increased educational achievement of children through a) improved primary school net enrollment rates from 53 per cent in 1994 to 80 per cent; b) increased primary school completion rates from 70 per cent in 1994 to 85 per cent by boys and girls; and c) provision of complementary basic education opportunities to out-of-school children and adolescents, particularly girls.

- (e) Enhanced consistency between the stipulations of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women on the one hand and Tanzanian legislation, policy and administrative practice on the other hand.
- (f) Increased protection of children in especially difficult circumstances. Specific targets to be set in 1997 through recommendations from a national baseline study.

ARTICLE V

COUNTRY PROGRAMME STRATEGY AND STRUCTURE

63. Empowerment of families and communities and the enhancement of local government capacity to adapt existing national and/or sectoral service delivery packages to local needs are the central strategic elements of the 1997-2001 country programme. Achieving the goals and targets for Tanzania's children and women will depend on improved community, ward and district level capability to assess, analyse and implement activities that will permit goal achievement with available resources at all levels. In the districts selected for intensive Government-UNICEF cooperation, integrated budgeting and planning mechanisms will be strengthened so that integrated cross-sectoral district plans and budgets for the delivery of basic services are formulated yearly under the coordination of the district planning offices. Mechanisms for "planning from below" from village through ward to district level will be strengthened to improve the quality of those plans. It is expected that this approach will facilitate community and local level resource generation and produce significant increases in government funding of activities through adequate budgetary allocations.

64. The needs of Tanzania's children and women versus the present capacity of the Government and its partners in social development to meet those needs represent a formidable challenge for the Government of Tanzania-UNICEF cooperation. While available resources are declining, the cooperation is faced with a series of new needs which must be addressed. At the same time none of the current concerns can be said to have been satisfactorily solved and therefore remain problems to be addressed. With an expanded target group of children below 18 years of age the 1997-2001 Country Programme is designed with a view to "do more with less".

65. In the short term, Tanzania's needs in terms of service delivery remain acute and significant. UNICEF resources are limited and need to be applied in a catalytic manner so that they will have significant impact on improving the lives of children and women. The resources also need to be used strategically to leverage other larger resources for human development with children at the centre. Confident that strong government leadership accompanied by broad partnerships for children and women are being built, the 1997-2001 Country Programme includes a relative reduction in the costly service delivery component. The Health and Education Sector reforms and improved donor cooperation under the strengthened leadership of the Ministries of Health and Education respectively are expected to ease the reliance on UNICEF assistance and liberate resources for other essential interventions addressing the needs and rights of Tanzania's children and women. UNICEF cooperation will therefore see a strategy mix balanced towards capacity building, advocacy and social mobilization with service delivery applied mainly when it can play a critical role in bringing about more equity and contribute to the fulfillment of children's and women's rights.

66. Given the magnitude of the problems facing children and women in Tanzania today, a greater and higher level of constant advocacy by Government and UNICEF are essential strategies to mobilize consensus and financial resources to meet the agreed goals and

objectives. The highest level commitment of the Third Phase Government to the principles of "Children First". "20/20" budgetary allocations, to the CRC and CEDAW, to the participation of children, women, civil society and the private sector will ensure that ongoing programmes and new initiatives will be supported and sustained. A continuous effort must be made to identify and incorporate new allies in the process of country programme implementation, especially at community level.

67. Within the context of decentralization and local government capacity-building, the community based approach to planning and management of activities related to the increased survival, development and protection of children and women and the empowerment of families will remain and be strengthened as the cornerstone of the country programme. It will provide early identification of activities to be undertaken and commit the Government, UNICEF and other partners to those interventions. This joint planning and budgeting system will be rooted in the establishment of district plans of action in the selected areas for achieving the targets specified in the Mainland Tanzania and Zanzibar NPAs, the national health and education sector plans, and the 1997-2001 Master Plan of Operations.

68. In order to capture the whole spectrum of CSPD interventions and children's and women's rights, the conceptual framework applied in the previous cooperation was modified to focus attention on underlying and basic causes of disadvantage, beyond the immediate causes of maternal and child malnutrition and mortality. The survival, development, protection and participation rights as embodied in CRC and CEDAW were considered against the priority needs and interests of children and women identified in the Situation Analysis and then translated into operational terms. Furthermore a life cycle approach and gender analysis were utilized to delineate the priority issues affecting children of different ages and gender which need differentiated programme responses. Required projects to assist Government programmes to address the causes and implement the Conventions were then identified and grouped into seven programmes.

The Social Policy Analysis, Monitoring and Evaluation Programme.

69. The primary objective is to support the Country Programme in the research and analysis of data and information suitable for advocacy, programme planning and policy development. While a large body of data and information is being generated in the process of social transformation in Tanzania, very little of it is specifically targeted at addressing the interests and needs of children and women. Given its long experience with the Community Based Programme, particularly in the elements of community empowerment and district focussed support, UNICEF is well placed to make a significant contribution to the national discourse on poverty alleviation and social development in Tanzania.

70. The programme aims to build capacity to plan for human development through (a) support for the review, development and monitoring of coordinated social policies consistent with CRC and CEDAW; (b) establishment of partnerships to develop and strengthen policies for children and women; (c) advocacy for adoption and implementation of the "20/20" concept in budget allocations and a strong focus on poverty alleviation in macroeconomic policy formulation and implementation; (d) advocacy to ensure that gender concerns and equity are

reflected in socio-economic policies and planning at all levels; and (e) support for monitoring and analysis of social conditions, the NPAs, the country programme and social sector reform. The main strategy of this programme is analysis-based advocacy combined with social mobilization and capacity building.

71. **Social Policy Analysis** aims to ensure that the best interests and development needs of children and women are adequately articulated in national fora and mainstreamed in national policy and planning by enhancing the capacity of government agencies, research institutes and NGOs to undertake and disseminate gender sensitive policy analysis.

72. **Monitoring and Evaluation** aims to generate a coherent, consistent and timely flow of relevant and reliable data on the situation of children and women from community to national level to facilitate advocacy, policy development, planning and reporting.

The Health, Nutrition, Water, Environment and Sanitation Programme.

73. The programme coordinates sectoral activities aimed at resolving the underlying and basic causes of malnutrition and mortality and assuring the well being of children and women. It will improve people's access to and utilization of cost effective and quality services in health, nutrition, water, environment and sanitation. While the main strategy to achieve this objective will be capacity building, the provision of some basic supplies will be required to improve crucial aspects of service delivery. Advocacy and social mobilization will contribute to empower communities and, thus, enhance sustainability.

74. Within the framework of the health sector reform and plan of action, the **Health** project will channel UNICEF assistance to government health programmes aimed at reducing maternal and child mortality. Focus will be placed on improving the provision and utilization of antenatal, postnatal and birth delivery services by women and the community and by improving the delivery and utilization of immunization services for children under five years of age and women of childbearing age. The project will also contribute to the reduction of child mortality due to diarrhoeal diseases, acute respiratory infections and malaria by provision of improved child health services in order to increase their utilization by the community. The project will pay due attention to adolescent health and girls health in particular.

75. Within the framework of the National AIDS Control Programme (NACP) and in collaboration with UNAIDS, **HIV/AIDS Prevention and Care** will contribute to rapid and sustainable change in behavior and attitudes among sexually active girls, boys, women and men thereby reducing transmission of HIV and the number of new AIDS cases. A community based strategy for behavior change will be built into ongoing implementation of the **Life Skills** programme. AIDS education for in-school and out-of-school children and adolescents will be intensified, national reporting and monitoring mechanisms will be strengthened. A strong alliance of religious and cultural leaders, the print and electronic media, academic institutions, NGOs and community based organizations will be established to advocate and work towards HIV/AIDS awareness, prevention and care leading to behavior change.

76. **Water, Environment and Sanitation** will contribute to the generation of sustainable mechanisms to effect positive behavior changes which strengthen the community empowerment approach, broader based equitable investment and technical service delivery for improved water supply, environmental sanitation and domestic/personal hygiene practices. Investments in new and rehabilitated WES schemes at community level will be increased and expanded, the monitoring and reporting system will be strengthened to improve the quality of data available for planning and policy development; operational research and policy analysis will be promoted with emphasis on efficiency, equity, cost effectiveness, and behavioral change; and participatory and gender balanced approaches to planning will be promoted within the framework of community based planning.

77. The **Nutrition** project will contribute to the reduction of child and maternal malnutrition by improving food intake and reducing micronutrient malnutrition. UNICEF assistance to the Tanzania Food and Nutrition Centre and the Ministry of Agriculture will focus on the establishment and maintenance of an effective surveillance system for protein energy and micronutrient malnutrition, the achievement and sustainability of Universal Salt and universal achievement of baby-friendly status by all hospitals. In the districts selected for intensive Government of Tanzania-UNICEF cooperation, the project will improve the food security system and micronutrient intake of households, monitor and improve weight gain during pregnancy and promote exclusive breastfeeding and increased feeding frequency.

The Basic Education Programme

78. Tanzania recognizes that basic education is the key to its economic and social development. The critical problems in primary education related to funding, access, equity, quality and management can only be effectively addressed through radical reform under strong government leadership and equally strong and uniform donor support. In an effort to maximize its potential contribution to reform and improvement of basic education, UNICEF will double its past assistance to basic education in the 1997-2001 programme cycle. Support to the Ministry of Education and Culture will assist the Ministry in its efforts to design a clear sector strategy, policy framework (the Master Plan of Primary Education) and multi-year plan of action. Donor coordination and collaboration in support of the joint sector strategy and action plan will be supported. UNICEF will build on its experience in community based education to ensure that communities are fully involved in the process of change and improvement. The focus of the programme is to increase the enrollment, completion and transition rates for boys and especially girls in primary schools and ensure the provision of quality primary education. However, in recognition of the needs and rights of those children who never enter primary school or for various reasons drop out before completion, the programme will also design and develop innovative approaches in complementary basic education. Successful approaches will be adapted and applied countrywide with government and donor funding. The programme's main strategies will be capacity building and policy advocacy. Some critical and catalytic inputs for essential service delivery will be provided.

79. **Primary Education** will contribute to the provision of equitable quality primary education and the achievement of improved primary school enrollment, retention and transition rates through support to national level policy development; planning and monitoring of

primary education in the context of the education sector reform; and the promotion of district based standard primary education packages.

80. **Complementary Basic Education in Tanzania** will contribute to the provision of functional basic education opportunities to out-of-school children and adolescents through the design and trial of innovative and alternative approaches. Building on experiences from other countries, two models are envisaged. One will be for children under ten years of age. Adapting the basic education curriculum to local needs and enhancing it with life and other required skills, this model will be composed of teaching modules that suit family and community needs and taught in flexible time. Intending to bring schooling "closer to home", the model may serve as a "feeder" into the formal school system. The second model is for children over 10 years of age and particularly girls. Although linked to the formal school system, the model represents an alternative education service. Also taught in flexible time, the model will condense the basic education curriculum and improve its relevance vis-a-vis the reality participating adolescents find themselves in. The model will link up with vocational training and employment generating programmes in the informal sector and to available apprenticeship opportunities.

The Rights of Children and Women Programme

81. The programme will provide strategic support to the Government, non-governmental organizations and civil society for the promotion, implementation and monitoring of children's and women's rights within the frameworks of CRC and CEDAW. The programme aims to increase national understanding of the issues surrounding children's and women's rights and to build societal commitments to address basic and underlying problems in this area. Behavioral changes at the family and community level require reinforcement and validation at all levels of society. The programme will encourage initiatives and provide support to Government in its efforts to address emerging threats and vulnerabilities to the well-being of children and women arising out of rapid social, economic and cultural change. The main strategies of this programme will be advocacy, social mobilization and capacity building.

82. **Rights of Children and Women** will support the mainstreaming of children's and women's rights in national policy development and planning and promote awareness and understanding of CRC and CEDAW. The process will generate widespread societal support for the basic rights of children and women. It will contribute to enhanced understanding and support to issues related to increased protection of children and women in especially difficult circumstances through research, policy development and innovative approaches.

83. **Information and Public Advocacy** will increase effective coordination of activities to raise public awareness and mobilize policies, resources and partnerships in favour of children and women in general and CRC and CEDAW in particular. It will strengthen the strategic use of information and advocacy to meet Country Programme goals and objectives and fundraising.

The Community Based Planning and Coordination Programme

84. The programme will strengthen local government capacity to plan and coordinate the implementation of decentralized activities for achieving the Government's social development targets at the community and district level. This includes the development of area-specific approaches to planning and implementation of service delivery, training and IEC activities. In parallel, the programme will raise community level understanding and strengthen community level capacity to plan for manage and participate in goal achievement. Village committees will be more involved in planning and managing their own resources (including manpower resources of volunteers) and contributions. Strengthening the capacity and role of women's organizations in the community to ensure their active participation in the decision-making, planning and management of services is a prime concern for the programme. Mobilization of local government funds to implement community CSPD plans and to link those plans to the Government's overall Poverty Alleviation Programme is a major issue to be tackled in this programme. A two-way process of demand creation and supply will be strengthened through this community empowerment programme.

85. **Community Based Planning** will improve district, ward and community level capacity to undertake and support equitable, gender balanced and participatory planning, monitoring, partner coordination and local resource mobilization for priority goal achievement. This will reduce duplication and improve the absorptive capacity of community based programmes.

86. **Community Based Capacity Building and Communication** will improve district, ward and community level management and implementation capacity through better targeting and the design of integrated, cross-sectoral training packages. The project will furthermore strengthen the development, adaptation and use of integrated and cross-sectoral communication techniques and channels that will empower communities. Adequate knowledge and life skills will stimulate behavior development and change in areas such as health protection, nutrition, gender, education, HIV/AIDS, water and sanitation. With expanded skills, communities can identify opportunities for employment, income and savings generation to help them gradually develop out of poverty.

The Zanzibar Programme

87. UNICEF assistance will support and enhance the process of social sector change and reform embodied in the Government of Zanzibar's Social Sector Strategy supported predominantly by the World Bank, Poverty Alleviation Strategy supported mainly by UNDP and National Programme of Action for Children supported mainly by UNICEF. The three complementary processes all emphasize decentralization, community participation, cost sharing and increased NGO and private sector involvement. Poor and vulnerable groups have not yet benefited directly from the ongoing process of change. UNICEF therefore has a special obligation to encourage and support improved planning and monitoring of social conditions throughout the island of Zanzibar, with particular emphasis on children, and women. The programme aims to ensure that gender concerns are reflected in social and economic policies and planning at all levels. It will support effective coordination, monitoring and evaluation of all UNICEF assisted activities in Zanzibar and strengthen the newly established community

organization (shehia) for effective local planning and management of development activities for children and women. The strategies are a combination of central and district level capacity building, community mobilization and empowerment, and general advocacy. Some targeted service delivery interventions will be supported.

88. **Social Policy, Planning and Advocacy** will strengthen the capacity of the Government to plan, manage, monitor and coordinate implementation of social services; strengthen the capacity of the district management team to mobilize financial support and provide technical support to implementation of community initiatives; and advocate the need for integrating gender concerns in activities at all levels.

89. **The Community Based Project** will improve capabilities at household and Shehia levels to assess, analyze and take action on problems affecting children and women. Improved planning and management mechanisms and improved access to and use of low-cost quality services in health, nutrition, education, water and environmental sanitation will contribute to reduce under-five and maternal mortality and malnutrition. The project will also undertake interventions on behalf of children in especially difficult circumstances and contribute to HIV/AIDS prevention.

The Emergency Programme

90. **Emergency response** provides a response to meet the immediate needs of more than 300,000 Burundian, Zairians and Rwandan refugees within Tanzania's western regions of Kagera and Kigoma. UNICEF assistance to refugees is geared towards addressing priority problems faced by children in especially difficult circumstances, with trauma recovery, foster-care support and family tracing activities for unaccompanied minors.

91. The programme will also directly contribute to the development of community based disaster preparedness plans in vulnerable districts of the country and indirectly support national emergency preparedness planning capacity through dissemination and consultation with other UN and bi-lateral partners. Support to refugee affected regions of the country will be maintained in an effort to further catalyze the linking of emergency relief assistance to development efforts. Funding for this programme, other than core activities for local disaster preparedness planning, will be sought over and above the regular budget ceiling of the regular Country Programme.

ARTICLE VI**COVERAGE**

92. In terms of **target population**, the adoption of CRC and CEDAW as the programming framework for the Country Programme expands its beneficiaries from predominantly under-five children and mothers to children below 18 years of age and women.

93. In terms of **geographic coverage** and in accordance with the principles of the community based approach of past Government of Tanzania-UNICEF cooperation and the decentralized district focus of the Government's Social Sector Strategy and sectoral reform proposals, intensive cooperation will be concentrated in 29 selected districts of Mainland Tanzania and the 10 districts of Zanzibar, where it will strengthen the impact of previous investments. These selected areas are inhabited by some 30 per cent of Tanzania's total population. The districts were chosen based on a series of concerns. Regions and districts already involved in intensive Government-UNICEF cooperation were considered. The districts were then ranked according to a series of weighted social, economic and policy indicators. The indicators comprised IMR, U5MR, MMR, prevalence of HIV/AIDS, malnutrition, primary school enrollment and completion rates, access to clean water and sanitation, GDP per capita, accessibility, emergency risk, maturity (number of years in the cooperation), degree of local Government commitment to children and women, and presence of other donors. The districts with highest rank will be selected for intensive collaboration during the 1997-2001 programme cycle. The nature and time-frame of Government of Tanzania-UNICEF cooperation in each of the selected districts will be further designed and mutually agreed through district implementation plans between district government and UNICEF.

94. In terms of **types of intervention**, the Country Programme remains geared around two: area-specific interventions in the selected districts and nation-wide interventions covering all of Mainland Tanzania's 20 regions and Zanzibar. Examples of the latter type of interventions are EPI and CDD. While the Community Based Programme can be said to be a standard package of health, nutrition, education, water & sanitation, children's and women's rights, community mobilization and HIV/AIDS interventions, the standard package is unlikely to be fully implemented in all districts. Different approaches will be adopted in the districts with varied implementation of the sectoral programme components depending on the local analysis of the situation of children and women, the degree of progress in the previous cooperation, and the availability of community, government and other donor funds.

95. The Government and UNICEF agree that in the light of Tanzania's demographic and urban-industrial transition, their cooperation will increasingly have to balance its rural bias with interventions benefitting the urban poor and disadvantaged urban children and women in particular. The 1997-2001 programme cycle is seen to be a period for model building and skills development. Urban districts have deliberately been included in the selected districts to allow the Country Programme to operationalize its community based approaches in urban settings. In addition, Dar es Salaam and towns within the selected areas will be targeted for specific interventions for urban children and women.

ARTICLE VII**PROGRAMME MANAGEMENT, MONITORING AND EVALUATION**

96. The National Planning Commission is responsible for the coordination of UNICEF support to the Government's development plans and budget, with the assistance provided by other donors. This agency is the principal point of contact between UNICEF and the Government and executes formal agreements, chairs the annual review meetings and determines the government's development budgets as counterpart funding. The ongoing Civil Service Reform and restructuring of line ministries, including the Planning Commission, may result in a revised government management structure in its coordination of UNICEF and other donor assistance.

97. Decentralization, the integration of activities across projects within the country programme and the increased emphasis on local capacity building, monitoring, evaluation, advocacy and social mobilization require increased levels of management and professional oversight and input closer to the implementation level. The Zanzibar sub-office has proved itself well placed to perform those functions. At least one additional Field Implementation Support Unit (FISU) staffed by two professional staff member will be established in Mwanza to perform similar functions of liaison and follow-up to accelerate implementation at community level.

98. UNICEF will support the Government to monitor the relevant indicators for the Mainland Tanzania and Zanzibar NPAs. Improved monitoring by implementing agencies, local governments and communities will be a high priority, both for individual projects and for the Country Programme as a whole. Strong and effective monitoring will help to improve management (including operation and maintenance of facilities and services) and help assure their sustainability. In addition, more effective evaluation of projects will be facilitated by incorporating appropriate indicators into data recording and reporting systems.

99. Six broad areas have been identified for monitoring within the cooperation: 1) monitoring of Country Programme Goals and Objectives; 2) monitoring of NPA goals; 3) monitoring of national socio-economic trends affecting children and women; 4) community based monitoring systems; 5) project implementation monitoring; and 6) monitoring of CRC and CEDAW implementation. The Monitoring and Evaluation Project will manage the first three areas, the Community Based Planning Project will manage the fourth, all projects of the Country Programme will be involved in the fifth, while the Rights of Children and Women Project will manage the sixth.

100. Monitoring capacity is relatively weak in Tanzania and monitoring and evaluation have not been fully successful components of past Government of Tanzania-UNICEF cooperation. Gender disaggregated data is mostly not available. The 1997-2001 Country Programme has been designed with a monitoring framework which will enable the collection of reliable and gender dissaggregated data. The National Bureau of Statistics, the National Planning Commission and the Directorates of Planning in relevant line Ministries as well as the local

level Departments of Planning, planning officers and statisticians in the selected regions and districts are key partners in this effort. Within UNICEF, the incorporation of the gender and development capacities within the Social Policy Analysis, Monitoring and Evaluation programme will strengthen gender mainstreaming.

101. An integrated Monitoring and Evaluation plan for the Country Programme has been prepared and appears as an annex to Part II Programme Plan of Operations - PPOs of the Country Programme.

ARTICLE VIII**COORDINATION WITH OTHER UN AGENCIES, BILATERAL DONORS AND NGOS**

102 The proposed programme has been prepared in close coordination and consultation at professional and management levels with other United Nations agencies, the World Bank, bilateral donors and NGOs. Partnerships and alliances have been assigned a stronger and more specific role than in the previous cooperation. The importance of collaboration and coordination put forward by the UN System-wide Special Initiative on Africa and Tanzania's sectoral reform processes is fully reflected in the programme design.

103. For Social Policy Analysis including gender, collaboration is anticipated with the World Bank, UNDP, the Netherlands and other multilateral agencies and bilateral donors involved in macro-economic and social policy analysis in the broad area of poverty alleviation and poverty monitoring. Linkages will also be established with the European Union and other donors involved with capacity building for policy analysis at district level. Other collaborators include academic and research institutions involved in policy analysis such as the University of Dar es Salaam, Sokoine University of Agriculture, TADREG, REPOA, ESRF, ESAURP, TGNP and WRDP.

104. For Health, collaboration is planned with WHO, the World Bank, UNFPA, DANIDA, USAID, ODA, the Netherlands, Swiss Development Cooperation, GTZ, Ireland and other bilateral stakeholders in the Health Sector Reform and members of the Health and Population Sector Group. Donor collaboration improved considerably in the 1995/96 period and is now firmly organized behind the reform and its 1996-1999 Plan of Action which will be rolled forward yearly. Professional associations and NGOs such as WAMATA, TAMWA, UMATI, Tanzania Red Cross, AMREF, Kuleana and the Tanzanian Scouts Association will be important partners in achieving the objectives in safe motherhood, family life education, adolescent health, control of diarrhoeal diseases, prevention and control of malaria, immunization and acute respiratory infections.

105. For HIV/AIDS, activities are coordinated through UNAIDS and collaboration is planned with UNDP, WHO, NORAD, USAID, JICA, AMREF and Kuleana. Considerable donor funding is being invested in HIV/AIDS prevention and care, and there is an urgent need to ensure that available resources complement and reinforce each other in priority areas of intervention. NGOs are well equipped to reach and work directly with communities and families and are therefore instrumental implementing partners.

106. For Water, Environment and Sanitation, collaboration is planned with the World Bank, DANIDA, HESAWA and WATERAID. Particular efforts will be made to strengthen collaboration with the World Bank building from rural infrastructure development project proposals and engagements within the peri-urban sanitation sub-sector. Joint project undertakings are already under way on rural financing mechanisms in preparation of future rural investment efforts in the sector. DANIDA, HESAWA and WATERAID are also key

partners in community based WES promotion, particularly as regards HRD networking and promotion of participatory methods. The UN System-Wide Special Initiative on Africa has assigned UNICEF a lead agency role in Household Water Security, and it is expected that this role will translate into additional partnerships in Tanzania.

107. For Nutrition, collaboration is planned with WHO, FAO, UNFPA, the World Bank, SIDA, the Netherlands, IBFAN, WELSTART, IDRC Canada and various academic research institutions. Cooperation and coordination is presently relatively weak, especially among the donors, and there is an urgent need to improve mechanisms for collaboration within the framework of the Tanzanian Food and Nutrition Policy. Together with TFNC, FAO, and UNFPA, UNICEF will take the lead in this effort.

108. For Basic Education, close coordination of all activities take place through the Education Sector Group and collaboration is planned with UNESCO, the World Bank, the European Union, CIDA, NORAD, SIDA, DANIDA, and the Netherlands. CIDA and NORAD are potentially strong partners and supporters of the Country Programme's special emphasis on girls' education. Within the context of the Education Sector Reform process and common efforts to streamline and unify donor assistance, UNICEF will work closely with the DANIDA supported Primary Education Programme (PEP), the Netherlands supported district educational planning activities, the European Union supported initiative for decentralization of teacher management and procurement of teaching & learning materials, and not least the World Bank supported Human Resource Development Programme and related pilots for Community Education Funds and Girls Secondary School Scholarship Scheme. The UNICEF assisted Complementary Basic Education project is a pilot which requires partnership with NGOs and CBOs for implementation and broad donor interest and support for broader application.

109. For Children and Women's Rights collaboration is planned with UNDP, ILO, NORAD, NGOs such as TAMWA, Kuleana, TANGO, TACOSODE and academic research institutions. In its efforts to mobilize civil society and build broad alliances in support of the rights of children and women, the success or failure of this programme will be measured by its ability to build partnerships with multilateral agencies, bilateral donors, NGOs, professional associations, law courts, law enforcement agencies, religious organizations, parliamentarians, the media, the private sector and community leaders.

110. The Community Based Programme joins hands with the common movement towards decentralization and devolution of authority from central to district level government. As it contributes to a process widely promoted by the Government and supported by the donor community, it is essential that its specific approaches for district level government capacity building for integrated, cross-sectoral planning, management and monitoring of social development activities and for community empowerment and involvement in an upward moving planning process be universally supported by other donors. Close collaboration with all donors supporting the health and education sector reform proposals and involved in district based social sector assistance as well as community focussed NGOs like AMREF, TAHEA, UMATI, PLAN International is therefore essential.

111. For emergencies, collaboration is planned with UNDP, UNHCR, World Food Programme, WHO, UNESCO and national and international NGOs involved with emergency work.

112. The foregoing examples are intended as illustrative and in the execution of this programme and in the design of new activities, the Union Government, the Government of Zanzibar and UNICEF will encourage coordination and collaboration with the above and other relevant organizations.

113. The Country Programme preparation process has benefited from the fact that the Government of Tanzania-UNICEF programme cycle coincides with the cycles of UNDP and UNFPA and close contacts and discussions have enriched perspectives and identified opportunities for programme collaboration.

114. If the aid coordination processes initiated in connection with the health and education sector reform work are to result in a greater impact of donor assistance on social sector development, it is essential that the Government develops policies, strategies and priorities which all the major donors agree to support. However, it is equally important that the donors move away from project based assistance to holistic programme support for the implementation of the comprehensive health and education reforms. For the 1997-2001 Government of Tanzania-UNICEF cooperation, it is therefore important to emphasize that activities supported through the programmes and projects of the Country Programme are considered integral parts of Government programmes as articulated by Government at the Preview meeting of April 1996.

ARTICLE IX**COMMITMENTS OF UNICEF**

115. Subject to the availability of funds, UNICEF will provide during 1997-2001, for use within this programme, supplies, equipment, cash grants, technical assistance and supporting services to a value not exceeding US\$ 31,700,000 from General resources including freight, as outlined in document E/ICEF/1996/P/L.7 Add. 1 approved by the UNICEF Executive Board on 16th September 1996. Subject to joint Government-UNICEF annual review of the implementation of the Country Programme, UNICEF inputs will be provided with the following phasing and breakdown according to Table 1.

Table 1: SCHEDULE OF UNICEF GENERAL RESOURCES 1997 - 2001
(In Thousand US Dollars)

DESCRIPTION	1997	1998	1999	2000	2001	Total	%
SOCIAL POLICY ANALYSIS, MONITORING & EVALUATION							
Policy Analysis	235	205	240	220	230	1,130	3.6%
Monitoring & Evaluation	160	165	165	135	135	760	2.4%
	395	370	405	355	365	1,890	6.0%
HEALTH, NUTRITION, WATER & ENVIRONMENTAL SANITATION							
Health	1,250	1,155	1,155	1,170	1,160	5,890	18.6%
HIV / AIDS Prevention & Care	100	100	100	100	100	500	1.6%
Water, Sanitation & Environmental	555	505	535	545	550	2,690	8.5%
Nutrition	330	323	333	330	315	1,631	5.1%
	2,235	2,083	2,123	2,145	2,125	10,711	33.8%
BASIC EDUCATION							
Primary Education	840	795	800	810	815	4,060	12.8%
Complementary Basic Education	165	170	170	175	175	855	2.7%
	1,005	965	970	985	990	4,915	15.5%
CHILDREN'S AND WOMEN'S RIGHTS							
The Rights of Children & Women	200	200	200	200	200	1,000	3.2%
Information & Public Advocacy	100	100	100	100	100	500	1.6%
	300	300	300	300	300	1,500	4.7%
COMMUNITY BASED PLANNING & COORDINATION							
Community Based Planning	420	380	385	315	275	1,775	5.6%
CB Cap. Build & Communications	1,095	910	805	851	862	4,523	14.3%
	1,515	1,290	1,190	1,166	1,137	6,298	19.9%
ZANZIBAR							
Planning & Advocacy	100	75	75	75	75	400	1.3%
Community Based CSPD	460	415	425	430	435	2,165	6.8%
	560	490	500	505	510	2,565	8.1%
EMERGENCY							
Emergency Response	50	50	50	50	50	250	0.8%
	50	50	50	50	50	250	0.8%
PROGRAMME SUPPORT							
Programme Support	660	702	712	744	773	3,591	0.113
	660	702	712	744	773	3,591	11.3%
GRAND TOTAL	6,720	6,250	6,250	6,250	6,250	31,720	100.0%

116. Subject to the availability of supplementary funds through special contributions, UNICEF will make available an amount of US\$ 4 0,000,000 for implementation of activities as described in the plans of action contained in the Plan of Operations with the following phasing and breakdown according to Table 2.

Table 2: SCHEDULE OF UNICEF SUPPLEMENTARY FUNDING 1997 - 2001
(In Thousands US Dollars)

DESCRIPTION	1997	1998	1999	2000	2001	Total	%
SOCIAL POLICY ANALYSIS, MONITORING & EVALUATION							
Policy Analysis	280	260	255	255	155	1,205	3.0%
Monitoring & Evaluation	355	365	255	265	155	1,395	3.5%
	635	625	510	520	310	2,600	6.5%
HEALTH, NUTRITION, WATER & ENVIRONMENTAL SANITATION							
Health	1,670	1,930	2,035	2,040	1,965	9,640	24.1%
HIV / AIDS Prevention & Care	500	600	500	500	400	2,500	6.3%
Water & Sanitation & Environment	900	1,100	1,200	1,225	970	5,395	13.5%
Nutrition	600	600	500	510	430	2,640	6.6%
	3,670	4,230	4,235	4,275	3,765	20,175	50.4%
BASIC EDUCATION							
Primary Education	1,100	1,100	1,250	1,100	950	5,500	13.8%
Non Formal Education	150	250	300	350	200	1,250	3.1%
	1,250	1,350	1,550	1,450	1,150	6,750	16.9%
CHILDREN'S AND WOMEN'S RIGHTS							
The Rights of Children & Women	360	410	510	440	240	1,960	4.9%
Information & Public Advocacy	0	0	0	0	0	0	0.0%
	360	410	510	440	240	1,960	4.9%
COMMUNITY BASED PLANNING & COORDINATION							
Community Based Planning	250	300	300	325	155	1,330	3.3%
CB Capacity Build & Communication	570	785	785	590	395	3,125	7.8%
	820	1,085	1,085	915	550	4,455	11.1%
ZANZIBAR							
Planning & Advocacy	100	100	100	100	75	475	1.2%
Community Based Project	235	285	285	290	240	1,335	3.3%
	335	385	385	390	315	1,810	4.5%
EMERGENCY							
Emergency Response	0	0	0	0	0	0	0.0%
	0	0	0	0	0	0	0.0%
PROGRAMME SUPPORT							
Programme Support	330	340	450	560	570	2,250	0.056
	330	340	450	560	570	2,250	5.6%
GRAND TOTAL	7,400	8,425	8,725	8,550	6,900	40,000	100.0%

ARTICLE X**COMMITMENTS OF THE GOVERNMENT**

124. The Government through its implementing institutions shall provide all personnel, premises, supplies, equipment and other expenses necessary for implementing the Country Programme, except those that are provided by other development agencies and UNICEF as contained in Article IX. In addition to its basic costs such as staff salaries and physical facilities, it is estimated that the Government's, inclusive of the Regions, Districts and the Communities, cash contributions directly to the projects in the MPO is approximately US dollars 31.72 million for the five year period of the Government of Tanzania/UNICEF Cooperation.

125. Government contribution shall be based on the budget frame of the social sectors reflected in the government annual budgetary allocation. Annual government allocation to the Child Survival, Development and Protection Programme shall be estimated by each of the implementing institutions. Government contribution and UNICEF financial assistance be incorporated in the annual Public Expenditure Estimates for the Development Budget. The annual budgetary allocation to the programme shall be addition to the in kind contribution of its personnel, premises, supplies and planned expenditures as already mentioned in paragraph 124. Government funds shall be disbursed through the regular annual budgets of those government programmes involved in this Cooperation both at central and local government levels.

126. Annual plans of action for all projects shall be prepared each year jointly by the Government and UNICEF, taking into consideration the status of implementation of programme activities and identified constraints. These plans of action shall be reviewed at joint Government-UNICEF annual review meetings and shall form the basis for determining the allocation of Government and UNICEF funds to specific activities within the framework of this Master Plan of Operations and annual district plans of action.

127. In the case of cash assistance by UNICEF, the Government shall designate the names and titles of officials authorized to request transfer of funds, and details of Government bank accounts designated to receive funds. UNICEF cash assistance shall in all cases be made in Tanzanian currency through transfer of funds to Government designated bank accounts. The Government-appointed officer responsible shall ensure proper utilization of the funds and shall submit to UNICEF a statement of account on the prescribed format not later than 90 calendar days after receipt of funds. UNICEF will not disburse further cash assistance to the implementing institutions whose statements of accounts are not presented within the prescribed time. Any balance of funds unutilized or which could not be used according to the original plan shall be returned to UNICEF, or an alternative use can be designated within the respective plans of action as mutually agreed to in advance by the Government and UNICEF. Cash assistance for travel, stipends, honoraria and other relevant costs shall be set at rates commensurate with those of the Government.

128. In accordance with the Basic Cooperation Agreement, the Government shall within 60 days after the end of each of the UNICEF financial years, submit to UNICEF progress reports on the programmes of cooperation and audited certified financial statements by the Auditor General's Office on all funds and resources received by the various programmes within the year.
129. With respect to supplies and equipment made available by UNICEF, the Government shall be responsible for their receipt, including port clearance, warehousing and accounting. UNICEF supplies and cash assistance shall be accounted for separately. This accounting shall conform to general accounting procedures for UNICEF supplies and cash assistance and shall provide the information required by UNICEF.
130. In order to have timely information on the movement and utilization of equipment, supplies and cash assistance in implementing this Master Plan of Operations, a system of administrative reporting and monitoring shall be instituted within each project of the Country Programme. Such administrative systems will take into account existing UNICEF regulations.
131. Each of the Government Ministries concerned, through its respective technical personnel at central, regional and district levels, shall provide periodic status reports on each UNICEF assisted programme activity. Key indicators of physical and financial progress shall be developed for each activity, showing the targeted and achieved objectives by time phase. The Government and UNICEF shall mutually agree on the proforma to be used and the frequency of the reporting.
132. The Government shall assist UNICEF in facilitating travel of personnel to inspect actual field conditions relating to programme implementation. The Government will also assist UNICEF in establishing outposted office in Mwanza where a UNICEF FISU will facilitate Government-UNICEF cooperation and accelerate programme implementation.
133. No official correspondence or other communication of UNICEF shall be subject to censorship. This provision includes printed matter, photographs, slides, films, video and sound tape recordings, and other media to be used by the UNICEF office.
134. No taxes, fees, tolls or duties shall be levied on the supplies, equipment and other materials furnished by UNICEF under this Master Plan of Operations. UNICEF shall also be exempted from any taxation in respect of local procurement of supplies, equipment, services and other materials used for the Country Programme under this Master Plan of Operations.
135. The Government will support UNICEF's efforts to raise the funds required to meet the financial needs of the agreed programme and will cooperate with UNICEF by:
- i. encouraging potential donor Governments to make available to UNICEF the funds needed to implement the supplementary funded components of the Country Programme;

- ii. endorsing UNICEF's efforts to raise funds for this Country Programme from the private sector both internationally and in Tanzania;
- iii. permitting contributions from individuals, corporations and foundations in Tanzania to support this programme for children and women which will be tax exempt.

ARTICLE XI

FINAL PROVISIONS

136. The National Planning Commission, the concerned Ministries, with the participation of local governments of the programme districts, and UNICEF shall jointly conduct an annual review of all programmes of this Master Plan of Operations in the last quarter of each year. Other United Nations organizations and agencies shall be invited to participate as appropriate.

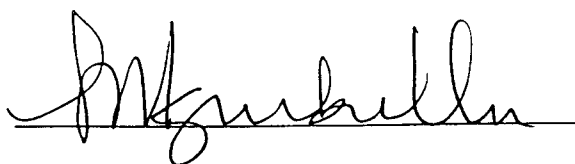
137. This Master Plan of Operations shall come into effect upon signature by the parties on 1 January 1997, and unless otherwise specified in various components of this Master Plan of Operations, shall remain in effect until 31 December 2001. This Master Plan of Operations shall supersede all previous Plans of Operation and Letters of Understanding or their addenda signed by UNICEF and the respective Ministries acting on behalf of the Government.

138. This Master Plan of Operations may be modified by mutual consent of the Government and UNICEF.

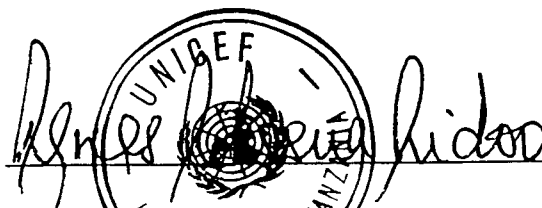
139. Upon completion of any project as outlined in the Programme Plans of Operations under this Master Plans of Operations, any supplies, equipment or vehicle remaining, and to which UNICEF has retained title, shall be disposed of by UNICEF in accordance with established UNICEF procedures, in consultation and mutual agreement with the Government, with due consideration to the sustainability of the project.

140. Nothing in this Master Plan of Operations shall be construed to waive the protection of UNICEF and the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of the United Republic of Tanzania is a Party.

141. In witness whereof the parties hereto have signed this Master Plan of Operations (1997 - 2001) on the 21st day of February 1997 at Dar es Salaam, United Republic of Tanzania.



Signed on behalf of the Government of
the United Republic of Tanzania
by the Principal Secretary,
Ministry of Finance,
Mr. Peter Joram Ngumbullu



Signed on behalf of the
United Nations Children's Fund
by the Area Representative,
for Tanzania and Seychelles,
Dr. Agnes Akosua Aidoo