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Draft country programme document**

United Republic of Tanzania

Summary

The draft country programme document for the United Republic of Tanzania is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $46,932,000 from regular resources, subject to the availability of funds, and $73,068,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2010.

* E/ICEF/2006/18.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007, on a no objection basis.

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Basic data[†] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	18.8
U5MR (per 1,000 live births)	126
Underweight (%, moderate and severe) (2003-2004)	22
Maternal mortality ratio (per 100,000 live births, 1995-2004)	580
Primary school enrolment/attendance (% net, male/female, 2004-2005)	83/81, 71/75
Primary school children reaching grade 5 (%, 2003/2004)	88
Use of improved drinking water sources (%)	62
Adult HIV prevalence rate (%, 2003-2004)	7
Child work (%)	32
GNI per capita (US$)	330
One-year-olds immunized against DPT3 (%)	95
One-year-olds immunized against measles (%)	94

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Improved economic management and progress in terms of reform have improved the resilience of the Tanzanian economy, with an average annual growth in gross domestic product of 6 per cent over the past five years. However, significant socio-economic disparities remain and more than one third of the population lives below the basic needs poverty line. Social sector spending remains low and the country remains one of the poorest in the world, ranked 164 in the Human Development Index.

2. It is promising that six of the Millennium Development Goals targets could be met, for income poverty, under-five mortality, universal primary education, gender parity in primary education, malaria and access to essential drugs.

3. The United Nations estimates indicate that the under-five mortality rate (U5MR) declined from 147 per 1,000 live births in 1999 to 126 in 2004. However, the national Demographic and Health Survey (DHS) released in 2004-2005 indicates that there was a more substantial decline during that period, and estimates U5MR at 112 per 1,000 live births and the infant mortality rate (IMR) at 68 per 1,000 live births. Still, around 250,000 children die each year from preventable illnesses with 80 per cent of deaths occurring at home. Approximately half of all infant deaths occur in the week after birth, and neonatal deaths (those occurring within the first month of life) account for 29 per cent of the U5MR. The leading causes of under-five mortality are, in decreasing order of importance, malaria, anaemia, pneumonia, prenatal conditions, diarrhoea and HIV/AIDS. Malnutrition is an underlying cause of most deaths.

4. The number of children under five years of age who are underweight decreased from 29 per cent in 1999 to 22 per cent in 2004, although stunting remains widespread (38 per cent). Mineral and vitamin deficiencies continue to significantly affect children, with 5 per cent of children under five years anaemic,

24 per cent having low retinol serum levels and 7 per cent of school children having goitre.

5. Immunization coverage for all routine antigens is high (see basic table above), though coverage for the second dose of tetanus toxoid vaccine is still relatively low, at 88 per cent, according to the DHS.

6. Approximately 31 per cent of children under age five years sleep under a mosquito net, though only about 16 per cent of those are insecticide-treated. Some 52 per cent of pregnant women receive two doses of intermittent preventive treatment for malaria.

7. High maternal mortality ratios (MMR) have persisted over the past decade, with the current estimate at 580 per 100,000 live births. High MMR is related to the prevalence of early child-bearing (52 per cent of young women are pregnant or have a child by the age of 19, according to the DHS), low levels of institutional deliveries (47 per cent) and low attendance at birth by skilled attendants (46 per cent). Adolescent girls are disproportionately affected by pregnancy and delivery complications and have a higher risk of death.

8. In 2004, only 49 per cent of the population in rural communities and 85 per cent in urban areas had access to safe drinking water (62 per cent overall). Coverage of sanitation facilities was estimated to be 47 per cent.

9. The abolition of school fees in 2001 led to a dramatic increase in primary-school enrolment and by 2005, 95 per cent of 7-13 year-olds were enrolled, with near gender parity. According to the DHS, however, net attendance is lower (71 per cent for boys, 75 per cent for girls), indicating a need to improve quality and ensure retention. The proportion of Standard 7 learners passing the primary school education examination increased from 22 per cent in 2000 to 62 per cent in 2005. The rate of transition to secondary education increased to 36 per cent in 2005, but net enrolment remains extremely low (10 per cent). Gender parity drops at this level, reaching 42 per cent by Form 4 (“basic education” level). Three per cent of children on the mainland and 11 per cent on Zanzibar attend pre-school.

10. The national prevalence of HIV is estimated at 7 per cent.[1] Disaggregated data reveal that prevalence is relatively low among 15-19 year-olds (2 per cent) but rises sharply in 20-24 year-olds (5 per cent) and further still in 25-29 year olds (8 per cent).[2] These figures highlight the importance of preventive interventions for young people, especially young women who are particularly affected. At present, only 33 per cent of young men and 41 per cent of young women have comprehensive knowledge of HIV/AIDS, very few young men or women receive life-skills training for prevention of HIV and access to condoms is inadequate. Although attendance at antenatal clinics is high, only 31 per cent of pregnant women receive services to prevent mother-to-child transmission of HIV (PMTCT), and each year about 3 per cent of babies are born HIV- positive. According to the DHS, there are important differences in HIV prevalence rates between regions, with the islands of Zanzibar, for example, having a much lower prevalence than elsewhere. In 2003, there were 2.5 million orphans and vulnerable children in the country, 40 per cent of whom

[1] Tanzania HIV/AIDS Indicator Survey, 2003-2004.
[2] Tanzania HIV/AIDS Indicator Survey, 2003-2004.

were orphaned as a result of AIDS. This number is expected to rise to 4 million by 2010.

11. Emergencies continue to affect all population groups in the country, in particular children and women. The current drought has made 3.7 million Tanzanians food-insecure, nearly 2 million of whom are children. Drought in Burundi led to the influx of 10,000 asylum seekers in the first quarter of 2006. The country continues to host the largest refugee population in Africa, with 350,000 refugees from Burundi and the Democratic Republic of the Congo.

12. Some progress has been made in developing a national policy and legislative framework that will prioritize child survival and development concerns. A number of policies are now in place, including the National Strategy for Growth and Reduction of Poverty (also known as MKUKUTA, for its Kiswahili title (*Mpango wa Kukuza Uchumi na Kupunguza Umasikini Tanzania*), which incorporates the Millennium Development Goals, integrates concern for vulnerability into its strategic framework and highlights the importance of developing a national social protection framework.

13. The Government has outlined a Joint Assistance Strategy (JAS) linked to poverty reduction and incorporating principles of the 2005 Paris Declaration on Aid Effectiveness. The JAS aims to increase national ownership and control over predictable resources, and mutual and domestic accountability. It targets up to 70 per cent of official development assistance for general budget support, with technical assistance for capacity development de-linked from financial inputs.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

14. In the area of child survival, IMR has been reduced by 31 per cent since 1999 and U5MR by 24 per cent. Sustained investments in health systems have contributed to these key results. Specifically, the expanded programme on immunization exceeded the national target of 85 per cent coverage of all antigens by 2003, with the near eradication of polio, measles and maternal and neonatal tetanus. National coverage of vitamin A supplementation (now integrated with deworming) increased from 55 per cent in 2001 to over 90 per cent in 2005, meeting the country programme's target. Household use of iodized salt increased from 68 per cent in 2002 to 84 per cent in 2005, thus approaching the target of 90 per cent by the end of 2005. A discount voucher scheme for insecticide-treated nets using public-private partnerships has been introduced and is now operating on a national scale, resulting in increased mosquito net coverage.

15. For children and HIV/AIDS, 10 per cent of 15-24 year-olds in 19 districts have been reached with peer education, life skills and other services provided by youth networks, as per the country programme target. A two-district midterm assessment showed positive social changes, including increased use of condoms. The Government now plans to scale up networks of out-of-school youth to cover the whole country. The National Most Vulnerable Children (MVC) Action Plan was costed and is ready for implementation. It includes community-based care and

protection, and a national coordinating system. Support to the Ministry of Health and Social Welfare helped to establish five pilot PMTCT sites in 1999; by 2005 more than 4,000 facilities were offering services.

16. In the area of education, according to national statistics, the net enrolment rate for primary education increased from 59 per cent in 2002 to 95 per cent in 2005 with near gender parity (48 per cent girls) in enrolment. Efforts are under way to strengthen gender parity in achievement. The Complementary Basic Education in Tanzania (COBET) model — designed to provide basic education opportunities to out-of-school children and a route back to formal schooling and other education and training avenues — was mainstreamed into primary schooling and influenced the revision of national curricula, including adoption of the subject "Personality development and sports" and incorporation of HIV/AIDS and life-skills education.

17. In emergency preparedness and response (EPR), support was provided for national responses to floods, earthquake, drought, and preparedness for political disturbances in relation to the elections in late 2005. In the refugee-affected areas of western Tanzania, the programme (in close collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR) and World Food Programme (WFP), provided health, nutrition, education and child-protection services to over 200,000 children and women, with most indicators surpassing national figures.

18. Through advocacy, monitoring and communications, support was provided to national poverty monitoring processes and helped to establish the web-based Tanzania social and economic data base as a key tool for monitoring the MKUKUTA and the Millennium Development Goals. Capacities for participatory, child-focused research were strengthened and the participation of children and young people in national processes and consultations was heightened.

Lessons learned

19. The 2004 midterm review (MTR) highlighted the need to focus, converge and scale up integrated programmes and align more closely with the sectoral and administrative structures of Government. In addition, the MTR recommended a much greater focus on acute vulnerability. To achieve this, the country office has been consolidating its work around five rather than six programme components in preparation for more concentrated "upstream" policy and advocacy work to take place in the new programme. In addition, the new country programme will scale up support to cover all 129 districts by working through the exchequer system rather than directly with its current 57 districts. The number of "special focus" districts will be reduced from fifteen to six, converging all work in those districts where vulnerability is greatest. Several programmes will be mainstreamed into government systems.

20. The new United Nations Development Assistance Framework (UNDAF) reflects substantial changes in United Nations cooperation in the United Republic of Tanzania, and clarifies the division of labour within the United Nations system. Internal and external reviews on the role of the United Nations within the context of United Nations reform and the move of development partners towards general budget support have shown that the United Nations system needs to focus on its comparative advantages. For UNICEF, this implies that if children are to be at the

centre of policy-level decisions and sector-wide programming, greater balance is needed between policy, technical support and capacity development in the new programme. The profile of staff has been reviewed to allow for more substantive strategic planning and policy-level engagement, and to increase effective coordination in the context of United Nations reform, sector-wide approaches and the JAS.

The country programme, 2007-2010

Summary budget table[†]

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Young child survival and development	11 733	21 190	32 923
Basic education and life skills	5 163	11 691	16 854
Child protection and participation	5 163	20 459	25 622
Policy advocacy and analysis	10 794	3 653	14 447
Geographically defined programmes	6 101	13 152	19 253
Cross-sectoral costs	7 978	2 923	10 901
Total	**46 932**	**73 068**	**120 000**

[†] Additional emergency funds may be received through consolidated appeals.

Preparation process

21. The preparation of the new programme started in 2004 at the MTR and has been discussed in programme management meetings since September 2005. In November 2005, five working groups were formed based on the medium-term strategic plan (MTSP) priorities. Each group developed a strategy paper which taken together formed the basis of the country programme document. The programme structure was agreed at the staff retreat in March 2006. Discussion on the country programme document, country programme management plan and integrated budget were informed by the updated situation analysis of children, a series of sectoral studies and surveys and the analytical work underpinning the MKUKUTA (which substituted for a Common Country Assessment). There was extensive consultation on programme structure, staffing requirements and key results.

22. The overall direction and strategy of the programme was set by the Government through the MKUKUTA and JAS processes. The programme was developed in support of the expected outcomes and outputs of the UNDAF, which in turn were developed around the three pillars of the MKUKUTA: (a) growth and reduction in income poverty; (b) improved quality of life and social well-being; and (c) good governance and accountability.[3] The UNDAF was drafted through a consultative process which included strategic planning meetings with the

[3] The Zanzibar Poverty Reduction Plan (MZUZA) has also been developed around the three pillars of MKUKUTA.

Government, young people, civil society and other development partners. Programme components were developed through technical discussions with line ministries and departments.

Goals, key results and strategies

23. The overall goal of the country programme is to contribute through the MKUKUTA, MKUZA and JAS frameworks to the strengthening of national capacities for priority actions aimed at the realization and protection of the rights of all children, particularly the most vulnerable.

24. The programme has been designed and will be implemented and evaluated using a human rights-based approach, with particular emphasis on gender equity. It will address all five MTSP priority areas using a results-based management framework. The five programme components will work at national, regional, district and community levels to influence policy design and implementation, to leverage resources to reduce child mortality and vulnerability, and to ensure that sectoral strategies and annual plans are in place, resourced and operationalized. The programme will also work in six focus districts to support the scaling-up of evidence-based programmes which demonstrate a potential for reducing child vulnerability. The five components aim to achieve the following key results:

(a) Young child survival and development will focus on maternal, newborn and young child survival, growth and development, with the following key results: (i) high-impact interventions incorporated in national policies, strategies and budgets; (ii) high-impact interventions in health, nutrition and early development effectively implemented through strengthened national and subnational management and delivery systems; and (c) 75 per cent of households in all wards within six focus districts applying recommended family care practices;

(b) Basic education and life skills: (i) strategy developed for care and support for all children in all schools with special focus on the most vulnerable girls; (ii) national HIV/AIDS prevention strategy, including the General Assembly Special Session on HIV/AIDS target on young people, developed and implemented; (iii) resource allocation for care and support in school prioritized in six focus districts; and (iv) standards and guidelines for the facilitation of life skills at school developed and applied in every school in six focus districts;

(c) Child protection and participation: (i) a national strategic plan for the development of child and youth organizations is adopted and applied in every district; (ii) a national plan of action for MVCs, including cash-transfer mechanisms, linked with the national social protection framework, developed and operationalized; (iii) the most vulnerable children are identified and are being cared for and protected within the framework of this national plan; (iv) 95 per cent of young people in six focus districts are able to participate in child- and youth-led organizations; and (v) at least 70 per cent of children secure birth registration;

(d) Policy advocacy and analysis: (i) policy development and resource allocations are influenced to reduce child vulnerability through the use of up-to-date, reliable disaggregated data and evidence; (ii) national structures and processes for monitoring and reporting on implementation of key child rights commitments are strengthened; (iii) priority issues and actions for children, women and vulnerable

groups are integrated into a comprehensive national social protection policy and framework that is developed and implemented; and (iv) social planning and budgeting around children, women and vulnerable groups are enhanced through capacity development and improved linkages at national and subnational levels;

(e) Geographically-defined programmes: Zanzibar has its own Government and line ministries and for this reason there will be a sub-office and dedicated programme component there. There will also be three sub-offices and a dedicated programme component for western Tanzania to support the Government to meet the needs and protect the rights of refugee and hosting communities. Both components will focus on achieving results in young child survival and development, basic education and life skills, protection, policy and advocacy. The strategies will be the same as for the overall country programme, although there will be more focus on service delivery in western Tanzania.

25. The programme will be guided by the following interrelated strategies:

(a) Advocacy for the Millennium Development Goals and human rights, to be based on knowledge-generation through analysis of data from routine and periodic data sources, complemented by strategic studies and evaluations. Sex- and age-disaggregated data and analysis will support gender equality goals;

(b) Capacity development at both national and subnational levels will strengthen policies, laws, institutions, planning and budget processes, and build capacities to protect and promote the rights of all children. Linkages will be strengthened between national and district-level planning processes, and human resources developed;

(c) Partnerships will be enlarged with the Government at all levels, United Nations agencies, civil society organizations (CSOs), policy and research institutions and especially with children's and young people's organizations. Focus will be on the United Nations comparative advantage as an "honest broker" between other actors;

(d) Service delivery will not be a major overall strategy, but will remain important in some areas, particularly for EPR and child survival. For example, delivery of supplies and commodities may be supported to generate evidence for good practices that will inform and support national partners to improve service delivery and scale up interventions;

(e) Programme communication will promote social change, supporting children, young people and communities to adopt and sustain healthy behaviours. Focus will be on ensuring the meaningful participation of these groups in decision-making. Communities will be mobilized using innovative, participatory and gender-sensitive methods of communication, e.g., community theatre and radio networks;

(f) Mainstreaming of EPR and HIV/AIDS planning is a key strategy. EPR will be mainstreamed in all five programmes components and coordination between the Government, United Nations Country Team and other partners will be strengthened. HIV/AIDS will be addressed through specific interventions in PMTCT, paediatric AIDS, prevention and protection of infected and affected children.

Relation to national priorities and the UNDAF

26. Key results are derived from — and contribute directly to — UNDAF outcomes and outputs and to the MKUKUTA, with particular focus on the second MKUKUTA pillar. The four-year programme cycle aligns the UNDAF and country programme with the MKUKUTA. The United Nations system will implement joint strategies in the areas of social protection, education, health, nutrition and one United Nations programme on HIV/AIDS. The country programme is aligned with sectoral and multisectoral national strategies and development priorities.

Relation to international priorities

27. The programme design was guided by observations of the Committee on the Rights of the Child, the Millennium Declaration and the Millennium Development Goals, the goals of *A World Fit for Children*, the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS and the Paris Declaration on Aid Effectiveness. The results will make a direct contribution to key result areas in the five MTSP focus areas.

Programme components

28. The **young child survival and development** programme will facilitate maternal, newborn and child survival, health, growth and development. The programme has three main subcomponents:

(a) Disease prevention and health promotion will focus on community Integrated Management of Childhood Illness, malaria, immunization-plus, water, hygiene and sanitation;

(b) Maternal and newborn health will focus on strengthening the continuum of care for mothers and children, addressing in particular missed opportunities and promoting: (i) early and regular antenatal visits; (ii) good-quality health facility deliveries; (iii) improved outreach and home-based postnatal care; (iv) strengthened emergency neonatal and obstetric care services and strengthened skills for birth attendants; (v) improved linkages between community and facility health services; and (vi) improved coverage and quality of PMTCT and paediatric AIDS services;

(c) Nutrition and early childhood development will focus on: (i) accelerating support to universalizing and mainstreaming interventions to combat micronutrients deficiencies; (ii) developing models for integrated community nutrition interventions; and (iii) supporting early stimulation and childcare interventions.

29. Key programme partners will include the Ministry of Health and Social Welfare, Tanzania Food and Nutrition Centre, Ministry of Community Development, Gender and Children and the Ministry of Education, Technical and Vocational Training. Development partners will include the World Health Organization, the United Nations Population Fund, the World Bank, the United States Agency for International Development and non-governmental organizations (NGOs).

30. The **basic education and life skills** programme will increase the completion of primary and pre-primary schooling and transition into secondary and post-primary education institutions. This programme reflects the recent reconfiguration

of the education sector, including a renewed prioritization of life skills as a key strategy in HIV/AIDS prevention. The programme will be implemented by the Ministry of Education, Technical and Vocational Training within sectoral strategic plans (both at the national policy level and in the six focus districts), and in emergency and refugee situations as required. Strong bilateral support is available to the education sector, and this component aims to provide intersectoral linkages that will enrich the contributions of other partners. Monitoring will be through the sector wide monitoring system currently being developed by the United Nations Educational, Scientific and Cultural Organization with support from UNICEF and others.

31. The programme has two subcomponents:

(a) Child-friendly schooling will facilitate: (i) broad-based quality education, including care, support and protection for all vulnerable girls and boys with special efforts to boost the retention and achievements of girls; (ii) an "accelerated" primary education opportunity through COBET; and (iii) increased access to post-primary, including an "accelerated" secondary education;

(b) HIV/AIDS and life skills focuses on developing a gender-responsive life-skills curriculum for all ages of children, both in and out of school.

32. The **child protection and participation** programme will ensure that vulnerable children and adolescents are protected from violence and exploitation and are able to participate effectively in decision-making on matters affecting them, including in the refugee hosting areas and emergency situations. Participatory mechanisms will be developed to facilitate the engagement of children and young people (especially those aged 14-18 years) with mainstream decision-making processes. Integration of data on vulnerable children in routine data systems will also be a priority.

33. The programme has three subcomponents;

(a) Care and support for MVCs will support the operationalization of the National Plan of Action for MVCs;

(b) Child justice will address sexual abuse and violence against children, enhancing access to justice services for the most vulnerable children through community justice facilitation mechanisms and legal sector reform. Principal partners are the Ministry of Health and Social Welfare and the Ministry of Justice and Constitutional Affairs;

(c) Child organization development will support the Ministry of Labour, Employment and Youth to develop a national strategy to expand out-of-school youth programmes through youth-led organizations. With the Ministry of Community Development, Gender and Children, it will promote other children's organizations and aim to increase the participation of children and young people (especially girls) in development programmes, including protection from HIV/AIDS.

34. The **policy advocacy and analysis** programme is cross-sectoral in scope, with both oversight and supportive functions and with a mainstreamed approach to children's participation and gender equity.

35. The programme has three subcomponents:

(a) Policy and legislation will strengthen national legal, policy and regulatory frameworks, supporting in particular the development and implementation of the Children's Act and the integration of priority issues and actions for children and women into a comprehensive social protection framework. It will also build capacities for gender analysis, child rights monitoring, reporting and implementation, and for participation of children, NGOs and CSOs in these processes. Key counterparts include the Ministry of Community Development, Gender and Children and the Poverty Eradication Division of the Ministry of Planning, Economy and Empowerment, as well as human rights structures and national research bodies;

(b) Social planning and budgeting will combine evidence-based analysis advocacy, and capacity development at both national and subnational levels to improve planning in priority social sectors and to increase strategic budget allocations for children and women. A particular focus will be on monitoring and evaluation for improved service delivery and participatory development at local level. Key counterparts include the Ministry of Finance, the Prime Minister's Office, regional and local Government, social sector ministries, NGOs and CSOs;

(c) Research, monitoring and analysis will support the national Poverty Monitoring System and its working groups to strengthen disaggregated data collection and analysis. It will strengthen and expand the data and analytical evidence base for informed policy development to reduce vulnerability and will support national monitoring of progress towards MKUKUTA targets and the Millennium Development Goals. Research and analysis into the situation of children, women, and vulnerability will continue, with results feeding into national policy, advocacy, and knowledge building. Key partners include the Poverty Reduction Division, the National Bureau of Statistics, research institutes, NGOs, CSOs and children and young people.

36. **Geographically defined programmes.** This component has been created to further streamline the country programme, improve management efficiency and significantly reduce the number of coordination and operations functions currently embedded in the separate EPR and Zanzibar programmes. The Zanzibar subcomponent's partners are the Ministries of the Revolutionary Government of Zanzibar. The refugee-affected areas subcomponent will work closely with the master plan of operations, the Ministry of Home Affairs, UNHCR, the United Nations Development Programme, the United Nations Industrial Development Organization, WFP, the Food and Agriculture Organization of the United Nations and implementing NGOs in western Tanzania. The country programme will work with the Disaster Management Department in the Prime Minister's Office on overall EPR.

37. **Cross-sectoral costs** will support the management of the overall programme, including planning and coordination, assessments and quality assurance related to the harmonized joint United Nations system for cash transfers to implementing partners, media outreach and strengthened information management. It will also cover staff and operating expenses related to supply, logistics, administration, information and communication technology and finance.

38. Regular resources will be utilized for advocacy, policy and technical-level support, including planning, monitoring, evaluation and information management. Small amounts of regular resources may be contributed to pooled funds for sector support as decided on a case-by-case basis and in consultation with Regional Office and UNICEF headquarters. Other resources will support programme implementation, innovation and the scaling-up of evidence-based initiatives through national systems.

Major partnerships

39. In addition to the partnerships mentioned above, programme partnerships will be guided by the UNDAF and by global agreements such as the United Nations Division of Labour for HIV/AIDS and the cluster agreement for humanitarian response. It will also work with bilateral and other multilateral partners, NGOs, CSOs, regional and subregional bodies, the private sector and the media.

Monitoring, evaluation and programme management

40. Key indicators to assess achievement of expected results are detailed in the summary results matrix. The programme's four-year integrated monitoring and evaluation plan (IMEP) is consistent with the UNDAF monitoring and evaluation plan and the MKUKUTA monitoring system master plan; together they will facilitate coordinated, strategic and joint monitoring of UNDAF and the country programme targets. Evaluation and review findings will feed into programmatic and operational adjustments as needed. Strategic data-collection exercises and programme evaluations identified in monitoring and evaluation plans will be built into the annual work plans and reflected in the annual IMEP update. Routine national and subnational monitoring and information systems will be strengthened and capacities to conduct policy-relevant research and analysis will be supported, with results feeding into policy dialogue. Capacity development will continue to improve management and utilization of the Tanzania social and economic data base as a key tool for monitoring poverty and progress towards the Millennium Development Goals.

41. The programme will be coordinated by Government structures as defined by the JAS mechanism. The United Nations system will increasingly utilize the joint review of the JAS for monitoring progress of the UNDAF as well as individual country programmes. Separate reviews of the country programme will be avoided, and instead progress will be monitored through the annual reviews of the UNDAF. There will be no MTR because of the programme's four year cycle.