

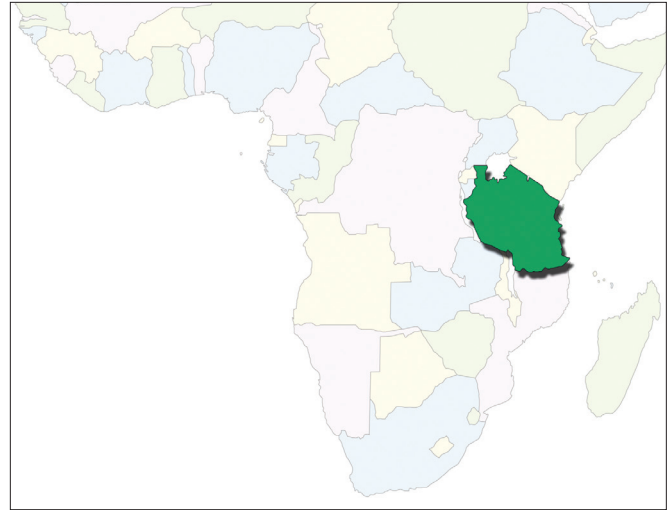
# MEASURE Evaluation in Tanzania

The southernmost country in East Africa, Tanzania borders Mozambique to the south and Kenya to the north, and stretches from the Indian Ocean to the Democratic Republic of Congo. The mainland population of approximately 42 million is fairly evenly spread across its 21 regions, with another million-plus people living in Zanzibar. More than a third of the rural population and nearly a quarter of the urban population live below the national or basic-needs poverty line. HIV is the leading cause of death among adults and malaria is the largest killer of children. Adult HIV prevalence is 5.7 percent nationally but ranges from 16 percent in the southern highlands of Iringa to 2 percent in Arusha and Manyara in the north and Kigoma in the extreme west.

Roughly half of Tanzania's population are children under the age of 18. At last count, 11 percent of these children had lost one or both parents and 16 percent lived with neither parent; HIV accounts for nearly one-third of all orphaning. Depending on the definitions used, between one and two million children—or between five and ten percent—are considered “most vulnerable,” due to orphaning, poverty, abandonment and other forms of deprivation and child abuse. Most vulnerable children (MVC) face many obstacles throughout their lives, and they are often cared for by surviving family members, including older siblings or elderly grandparents.

## MEASURE EVALUATION IN TANZANIA

MEASURE Evaluation's activities in Tanzania are varied and have expanded in scope over the past few years and the country team has grown five-fold. Resident Advisor Dawne Walker coordinates four full-time Tanzanian M&E specialists—Camilius Kapela, Zaddy Kibao, Yohana Mapala and Prudence Masako—and two administrative staff. Originally, activities focused



### COUNTRY FLAG



### DEMOGRAPHY

**Population:** 42,746,620

**Population Growth Rate:** 2.002%

**Age Structure:**

0–14 years: 42%

15–64 years: 55.1%

65 years and over: 2.9%

**Death Rate:** 12.09 deaths/1,000 population

### HIV-RELATED DATA

**Adult HIV Prevalence:** 5.6% (2009 est.)

**People Living with HIV:** 1,400,000 (2009 est.)

### OTHER RELEVANT DATA

**Infant Mortality Rate:** 51 infant deaths/1,000 live births (2010 est.)

**Total Fertility Rate:** 5.4 children born/woman

**Maternal Mortality Ratio:** 790 maternal deaths/100,000 live births (2010 est.)



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exclusively on strategic information and building the capacity of local partners in Tanzania to monitor and evaluate their HIV/AIDS programs and report back to USAID. Now, MEASURE Evaluation also supports strategic planning for the Department of Social Welfare as well as U.S. government-supported HIV prevention efforts. MEASURE Evaluation consortium partners JSI, Futures Group, and UNC provide specialized back-up in Geographic Information Systems (GIS) and research methods.

### **Assessing Data Quality**

Producing complete, accurate and timely data for reporting and to inform decision-making is a primary function of monitoring and evaluation (M&E). With this priority at the forefront, MEASURE Evaluation has helped nearly 40 implementing partners in Tanzania, such as FHI, The Salvation Army, PATH and Africare and their local sub-grantees improve their M&E systems and capacity. Capacity-building begins with a Data Quality Assessment (DQA), followed by structured training workshops, mentoring and on-the-job technical assistance. Some partners have undergone subsequent “mini”-DQAs to measure progress. “A DQA identifies weaknesses in an organization’s ability to monitor its own programs,” explained Karen Foreit, MEASURE Evaluation’s Country Focal Person for Tanzania. “It provides an objective measure of data quality against which to determine the impact of capacity-building assistance, such as workshops and mentoring, provided by MEASURE Evaluation.”

Because this assessment is crucial to building capacity to monitor and evaluate HIV/AIDS programs, it’s important that DQAs continue to take place even after MEASURE Evaluation leaves Tanzania. To ensure this sustainability, MEASURE Evaluation has contracted with the Tanzanian firm JL Consultancy to carry out the DQAs in addition to building M&E capacity within each individual implementing partner.

### **HIV/AIDS Prevention in Iringa Region**

Aligning HIV/AIDS prevention programs according to the geographic and demographic distribution of a country’s epidemic makes most effective use of local resources. USAID has set out to scale up this process in Tanzania’s Iringa region, which has the country’s highest HIV prevalence rate. To help carry out this effort, MEASURE Evaluation is implementing an activity that will first map out all U.S. government partners (CDC and

USAID) along with other donor and local government sites that provide prevention, care and treatment and OVC activities throughout the region.

It will then implement MEASURE Evaluation’s PLACE methodology to identify and map at-risk populations in the region. PLACE refers to “Priorities for Local AIDS Control Efforts,” a rapid assessment tool used to monitor and improve HIV/AIDS prevention program coverage. The Tanzania application asks community informants and local government authorities to identify venues and events where people meet new sexual partners and then visits these venues to verify their existence and obtain characteristics such as number of patrons, whether people meet new sexual partners at the venue, whether sex occurs at the venue, and availability of HIV/AIDS prevention efforts. The results of this activity in Tanzania will be used for strategic and operational planning by the U.S. government and its implementing partners.

### **Reaching Tanzania’s Most Vulnerable Children**

Reaching children made most vulnerable by orphaning and social deprivation is a key element of HIV/AIDS service organizations in Tanzania. To determine the success of their outreach, MEASURE Evaluation developed and piloted the Community Trace and Verify Tool (CTV). CTV is designed to collect information on whether or not services reported by partners as having been delivered have, in fact, reached MVC. It can also be used to support supervision and to assess the well-being of the children and their families. A major feature of the tool has proven to be its efficiency. It consists of a short questionnaire that does not place a burden on caretakers being interviewed, and it requires only a small sample size to establish whether an adequate number of vulnerable children are receiving services.

Tanzania’s Department of Social Welfare, which resides within the Ministry of Health and Social Welfare, is responsible for coordinating the national response to the country’s most vulnerable children. To support the department’s National Costed Plan of Action, MEASURE Evaluation is helping project the number of these children in Tanzania for the period between 2010 and 2015. In addition, MEASURE Evaluation worked with DSW to establish the MVC M&E Technical Working Group and is part of the Working Group secretariat. The project will continue to provide M&E technical assistance to the department in support of its MVC activities.