Together for a lasting positive change for children
# Table of Contents

List of Abbreviation .................................................................................................................iv
Executive Summary ....................................................................................................................1
Part I: Introduction and Background ........................................................................................18
Purpose of the report ..................................................................................................................19
Methodology ............................................................................................................................19
Layout of the Report ..................................................................................................................20
Part II: The Legal and Policy Framework ..................................................................................21
The Policy Framework ................................................................................................................21
Resource Allocation for Children ..............................................................................................23
The Legal Framework ................................................................................................................28
Part III: Key Principles ..............................................................................................................45
Part IV: Coordination of Children’s Issues and Partnerships ....................................................64
Coordination ..............................................................................................................................65
Information Management and Dissemination ..........................................................................69
Recommendation .......................................................................................................................70
References .......................................................................................................................................72
Together for a lasting positive change for children
### List of Abbreviation

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRWC</td>
<td>African Charter on the Rights and Welfare of the Child</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>CHRAGG</td>
<td>Commission for Human Rights and Good Governance</td>
</tr>
<tr>
<td>COBET</td>
<td>Complementary Basic Education in Tanzania</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>DSW</td>
<td>Department of Social Welfare</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FGM</td>
<td>Female genital mutilation</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Produce</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IECO</td>
<td>Integrated Early Childhood Development</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>IPG</td>
<td>Implementing Partners Group</td>
</tr>
<tr>
<td>LCA</td>
<td>Law of the Child Act</td>
</tr>
<tr>
<td>LGA</td>
<td>Local government authorities</td>
</tr>
<tr>
<td>LHRC</td>
<td>Legal and Human Rights Centre</td>
</tr>
<tr>
<td>MCDGC</td>
<td>Ministry of Community Development, Gender and Children</td>
</tr>
<tr>
<td>MKUKUTA</td>
<td>Mkakati wa Kukuza Uchumi na Kuondoa Umasikini Tanzania</td>
</tr>
<tr>
<td>MOHSW</td>
<td>Ministry of Health and Social Welfare</td>
</tr>
<tr>
<td>MSWYWCMD</td>
<td>Ministry of Social Welfare, Youth, Women and Children Development</td>
</tr>
<tr>
<td>MVC</td>
<td>Most vulnerable children</td>
</tr>
<tr>
<td>NCAP</td>
<td>National Costed Action Plan</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NOLA</td>
<td>National Organization for Legal Assistance</td>
</tr>
<tr>
<td>NSGD</td>
<td>National Strategy for Gender Development</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PDA</td>
<td>Persons with Disability</td>
</tr>
<tr>
<td>PEDP</td>
<td>Primary Education Development Programme</td>
</tr>
<tr>
<td>PMCT</td>
<td>Prevention of Mother to Child Transmission Programme</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>RITA</td>
<td>Registration, Insolvency and Trusteeship Agency</td>
</tr>
<tr>
<td>SEDP</td>
<td>Secondary Education Development Programme</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>SWO</td>
<td>Social Welfare Officers</td>
</tr>
<tr>
<td>TACAIDS</td>
<td>Tanzania Commission for AIDS</td>
</tr>
<tr>
<td>TBP</td>
<td>Time Bound Programme</td>
</tr>
<tr>
<td>TCRF</td>
<td>Tanzania Child Rights Forum</td>
</tr>
<tr>
<td>TDHS</td>
<td>Tanzania Demographic and Health Survey</td>
</tr>
<tr>
<td>THMIS</td>
<td>Tanzania HIV/AIDS and Malaria Indicator Survey</td>
</tr>
<tr>
<td>TPFNET</td>
<td>Tanzania Police Female Network</td>
</tr>
<tr>
<td>URT</td>
<td>United Republic of Tanzania</td>
</tr>
<tr>
<td>VAC</td>
<td>Violence Against Children</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WFCL</td>
<td>Worst Forms of Child Labour</td>
</tr>
</tbody>
</table>
Executive Summary

Background and Methodology
Since mid-1990’s, Tanzania has developed national and sectoral policies to promote the welfare of children. Tanzania has also ratified most major international human rights instruments on children. These include the UN Convention on the Rights of Child (CRC) which was ratified on 10th July, 1991, (include the 2 optional protocols) the African Charter on the Rights and Welfare of Children (ACRWC) which was ratified on 9th May 2003 and the UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) which was ratified on 21st August 1985. Since then, Tanzania has been working to improve the legislative and policy environment on children’s rights.

This is a child rights situation analysis that will inform reporting to the committees that assess the level of implementation of regional and international conventions on rights of children. The study aims at analyzing and documenting the current implementation of the obligations made by Tanzanian as a state party to both the ACRWC, the CRC and other key instruments regarding rights of children.

The process involved four key stages, the first stage was the literature review stage in which key documents from government and nongovernmental organizations were reviewed to extract relevant data for the report. Literature review was triangulated by key informant interviews particularly with CSO representatives and government. A workshop to discuss the draft report was undertaken with members of TCRF, in which forum the main findings of the report were shared. In order to monitor the quality of the data gathered, a Reference Group was formed and coordinated by TCRF.

The report is divided into five main parts. Part one is the introduction and background section that lays out the background to this study, an introductory section on demographic information about Tanzania and the methodology. The second part highlights the policy and legal framework, laying out the key policy instruments and legal positions regarding specific issues from the CRC and the ACRWC and in that analysis elaborates how the Law of the Child Act and other national laws or has or has not addressed the legal lacunae. The third part lays out the key principles and analyzing the extent of application of the principles and part IV provides the situation in terms of management of data concerning children and its dissemination.

The Legal and Policy Framework

MKUKUTA is the overall development policy in Tanzania referred to as the poverty reduction strategy or popularly known as MKUKUTA. The document lays out a roadmap and development priorities for a period of five years, to be implemented between 2010/2011 NS 2014/2015 (NSGRP II 2010).
Together for a lasting positive change for children

The Child Development Policy, 2008 highlights the need to protect children living in difficult circumstances, such as orphans, children with disabilities, street children, children affected by natural disasters, children who cannot fend for themselves such as adolescent mothers. It also states that it shall provide directions on upbringing of children in difficult circumstances and therefore propose measures to promote protection of children living in difficult circumstances. Education and Training Policy, 1995 addresses issues of right to education, basically enrollment. The policy recognizes the need to re-examine issues of access and equity. Education for all is stated to be a human right. However, one of the greatest challenges for Tanzania has been the implementation of this policy. Reports on progress of MKUKUTA implementation reflect the fact that equitable access to quality education has been a challenge. National Policy on HIV AND AIDS, 2001 provides that orphans in sibling headed households are to receive support from both the central government, local councils and community to minimize the impact of HIV AND AIDS on their lives. Challenges in terms of its implementation include weak and insufficient HIV programmes by the MDAs, especially at regional, district and community outreach levels; insufficient involvement of CSOs at district and community level in planning and implementing HIV responses; limited capacity in LGA to develop and implement comprehensive HIV and AIDS plans. The second National Costed Action Plan for Most Vulnerable Children (NCPAII) provides measures and strategies to reach the most vulnerable children; however, implementation of the first NCPA can be considered as somewhat successful though it faced momentous challenges in rolling it out. The NCPA I was difficult to roll out because of lack of sufficient resources, by May 2011, Most Vulnerable Children had only been identified in 59% of all villages/mitaa and in 91 of the districts (over 813,372 children). The NCPA had major gaps for example it did not address issues of child protection adequately and left out children living with the elderly and in some regions, non-eligible children were included in the MVC list. There are also issues of sustainability of the whole exercise of identification ranging from high cost processes to lack of a regular updating the MVC registers.

Resource Allocation for Children

Main sectors that show improvements in government funding are education, health, water, labour and HIV/AIDS (TACAIDS). Government expenditure increased from 14.6% in 2004/05 to 16.2% in 2007/08 for those sectors. However, increasing expenditures in these sectors has not changed the situation significantly, for example, in health, reduction in maternal mortality is still insignificant, although there is marked reduction in infant and child mortality; deaths caused by HIV and AIDS and malaria are still the leading causes of death for children.

CSOs have played a significant role in the roll out of the NCPA I, International and local organizations reached about 70% of the districts (91 out of 133) and 60% of the villages/mitaa.

---

All the 29 regions had at least one CSO implementing a programme for MVC, mainly in one or two of the districts in a region.3

Recommendations:
(i) Strengthen policy advocacy in particular the implementation of commitments made in policies concerning children. Closely follow up and monitor prioritization of children’s issues and the allocation of resources in overall policy frameworks such as MKUKUTA.

(ii) Support the roll out and implementation of NACP II by lobbying for allocation of sufficient resources for its roll out but also by monitoring the quality of implementation addressing weaknesses that were pointed out in the implementation of NCPA I, such as regular updating of registers. In doing so, advocate for greater government ownership and sustainability of interventions for MVC.

(iii) NGOs can also support the roll out by disseminating the NCPA II to districts that have not been reached by government. The implementation of NCPA I was supported by civil society, this support should be extended to NCPAII.

(iv) Local level funding and resource allocation for children should be closely reviewed to determine the bottlenecks. Both the departments of MCDGC and the DSW are poorly funded at district level.

(v) Advocate for increasing funding for children’s issues in general at central and local government level. However monitor quality of interventions and ensure value for money, equity, transparency and accountability particularly for large scale programmes.

(vi) CSOs should identify funding gaps and in their programmes, seek to address areas with limited funding (geographically and thematically), however in doing so, keep advocating for a rights based approach in reaching children so that support for children is sustainable and extended to all children who need it.

The Legal Framework
Harmonization of laws regarding children has (to a certain extent) been achieved as the Law of the Child Act, Act (LCA) No. 21 of 2009 highly reflects the spirit of the CRC and the ACRWC. However, up to now, only seven sets of regulations have been developed and passed in Parliament. These include the regulations on Apprenticeship, Child Labour, Child Rights, Adoption, Day Care Centers, Foster Care Placement and Child Protection. The review of Marriage Act of 1971 (LMA) has been slow and its existence conflicts with the Law of the Child Act. The Employment and Labour Relations Act, 2004 (section 5) (1) provides for the minimum age of employment for children who are 14 years and above; 14 years for light work and 15 years for work that is not

Together for a lasting positive change for children

hazardous to the child’s development. However, it is difficult to monitor the implementation of this provision due to the limited number of labour officers, further, the Employment Act only covers the formal sector, when in actual fact; most child labour is found in the informal sector. Enforcement of the labour laws in the informal sector is nonexistent and therefore reach is limited.

**Recommendations**

(i) Government should amend all conflicting legislation to reflect developments in the LCA. This includes the Law of Marriage Act of 1971, sections concerning the age of marriage; Sexual Offences Provisions Act of 1998, sections concerning FGM; Laws of Inheritance, sections concerning right of a girl child to inherit.

(ii) NGOs should continue to advocate for harmonization of laws protecting children, in particular for the amendment of the Law of Marriage Act of 1971. It may also be necessary to assess critically the implementation of the provisions against child labour in both the Law of the Child Act and its regulation as well as the Employment Act.

(iii) All regulations under the LCA should be finalized so that the Act can fully function to protect children. CSOs can lobby for the finalization of these regulations and support their dissemination once completed. As a network organization TCRF can work closely with government in rolling out the implementation of the regulations.

(iv) Government in collaboration with CSOs should upscale awareness raising programmes on the CRC and the ACRWC. Specific strategies must be developed to ensure that children in all areas, rural and urban and hard to reach areas access this information.

(v) Research on the impact of early marriages for purposes of building a knowledge base that will assist NGOs to advocate for change in the Law of Marriage Act using evidence from the study.

(vi) Advocate for the harmonization of provisions on child labour, particularly the inclusion of the informal sector in the Employment Act.

(vii) CSOs in collaboration with government should upscale awareness raising of the LCA to communities and particularly targeting children and caretakers. Awareness raising interventions should comprehensively address contradictions in the law, in particular application of customary law.

**Corporal Punishment:** The Education Act and Policy do not provide for protection against corporal punishment in schools although the Ministry of Education and Vocational Training has issued guidelines that provide for a limited number of strokes for a child who is believed to have committed a wrong (*National education corporal punishment regulation act of 1979*). This type of punishment is believed to be one of the push factors for high dropout rates and low attendance
rates in school\textsuperscript{4}. Little progress has been made in completely prohibiting corporal punishment and incidence of physical punishment within the home and the school environment are increasing\textsuperscript{5}.

**Recommendations:**

(i) The Minimum Sentences Act should be amended to remove corporal punishment. Juveniles should undergo other forms of punishments. The implementation of the LCA should be highly considered when amending this legislation. In addition the guidelines issued by the Ministry of education should be abolished (*National education corporal punishment regulation act of 1979*).

(ii) Harsh measures should be taken against all institutions that apply corporal punishment to children and these measures should be broadly publicized by CSOs to ensure that communities understand the implications of practicing such punishments.

(iii) The topic of child abuse in general is one that is a mystery to many. CSOs need to undertake massive awareness raising interventions to address the weak knowledge and limited understanding of the impact of corporal punishment, including limited understanding of alternative parenting skills. Changing behaviors and practices requires ongoing efforts targeted at influencing groups to see things differently and appreciate a culture of respect for children without undermining their own cultures and practices and thus if behaviors are changed by change agents within communities, enforcement of the laws will be much easier.

**Children in Conflict with the Law:** Protecting children in conflict with the law has continued to be a challenge. Apart from operational challenges, there are challenges related to the justice system itself. Across the spectrum of law enforcement structures, children are not accorded the protection they need while in the hands of law enforcement institutions. Nevertheless one of the ongoing initiatives to strengthen role of the police in protecting children is the establishment of Tanzania Police Female Network responsible for the Children and Gender Desks in police posts, however, the police on the Desk rotate and not all police are trained to deal with children\textsuperscript{6}.

**Recommendations**

(i) Children in conflict with the law needs to be given special consideration, but this will require more focused attention on the entire justice system. Concerted efforts need to be undertaken to build capacity of law enforcement institutions to implement the Law of the Child Act.

(ii) Advocate for the employment of SWO and Resident Magistrates in every region. At the moment the national standard is four SWO per region.

\textsuperscript{4} Eric Guga (2009), Mapping and Assessment of Formal and Informal Child Protection Structures, Systems and Services in Tanzania, Dar es Salaam

\textsuperscript{5} Nkwame, M. (2012) Tanzania: Children Against Corporal Punishment ( Daily News Paper), Dar es Salaam

\textsuperscript{6} Repoa (2012). Assessment of the Justice Needs and Obstacles in Zanzibar, Zanzibar
(iii) TCRF should strengthen capacity of professional organizations of law enforcement institutions to enforce the code of ethics or codes of conduct, particularly how children’s issues can effectively be addressed. In this case, TCRF should aim to reach magistrates, the police, SWOs, and all Prison Officers (including remand homes and approved schools) with appropriate training activities and capacity building. Before these groups are reached for capacity building, a thorough analysis of capacity gaps should be undertaken and capacity building activities should be undertaken in collaboration with all partners working with these institutions to avoid duplication.

(iv) TCRF should link with NOLA and other legal aid organizations in developing a strategy for reaching out to children who in remand homes and prisons with legal aid. Legal aid organizations that are part of the network should be encouraged to undertake free legal aid services to all children who are imprisoned and all efforts should be undertaken to speed up trials, working closely with Judiciary and other relevant institutions.

(v) CSOs should lobby for government implementation of recommendations targeting for improvement of juvenile justice made in various reports. Similarly, as CSOs, organize to identify entry points for CSOs and collaborate to prioritize CSO intervention to improve juvenile justice.

**Violence Against Children:** According to the recent VAC study\(^7\), the prevalence of child abuse has generally increased. Nearly 3 out of every female aged 15-23 reports to have experience at least one incident of sexual violence before the age of 18 years. Challenges include the limited understanding of rights of children by parents and community members, social cultural practices that perpetuate violence for example early marriages and FGM. Government structures such as the police, judiciary and social welfare exist, but they lack capacity to deal with child abuse cases, in some cases the human capacity at the DSW to provide a sufficient number of staff is overstretched and currently there is only 17% of the required SWO in selected districts (the required number is at least 4 per district)\(^8\). In general, abandonment and child neglect is not perceived as a problem to be dealt with by government.

**Recommendations**

(i) Child labour has been a marginalized sector for quite some time and the number of working children is increasing. If no action is taken to support the National Action Plan for the Elimination of Child labour, it is likely that the number of working children will continue to increase. The plan is currently not implemented because of lack of funding. Financing of the MKUKUTA should be tracked so that results can be measured and in particular the impact of interventions on the lowest quintile.

(ii) Government needs to increase resource allocation to Ministries implementing programmes for children. In particular, resources for implementing the NCPA should be

---

\(^7\) URT, (2011). Violence Against Children in Tanzania, Dar es Salaam
assured, not just from donors, but from government coffers. All other plans concerning children should be funded, even if not for the full amount, but progressively, so that commitments made to the international and regional community are implemented. Progress has been made in the area of education and health but there are challenges related to the quality of service delivery and governance. These must be addressed. In particularly the SWO should be increased to facilitate effective implementation of the NCPA II.

(iii) Section 83 of the LCA provides for prohibition of sexual exploitation; The section should include a definition of child prostitution as defined in the Optional Protocol as well as extend the definition in Section 83(2 a–c) to include transferring, using, procuring, or offering a child for prostitution by any person or a group of persons for remuneration. The current section states broadly that a child shall not be engaged in work or trade that exposes the child to activities of sexual nature, but the act of using, procuring, offering, or transferring a child for prostitution is not mentioned.

(iv) Government should take measures to educate communities and particularly caretakers about their responsibility of caring for their children and where this seems difficult because of prevailing poverty circumstances; government should take measures to extend safety nets to such families. Programmes implemented by TASAF can provide useful lessons learned that can be used to design national wide programmes for such families. This will require an active role from CSOs, to advocate for the rights of these children to get such services.

(v) Government needs to take immediate measures to register all alternative homes, supervise standards in alternative homes and close homes that are not operating in accordance with government guidelines. Government should also take the lead in promoting unification of children with their families as the guidelines provide. Where children are not unified with a family, proper investigation should be undertaken to determine the next steps.

(vi) CSOs in collaboration with government should set up mechanisms for assisting children without parental care with basic needs. Models such as the Mama Mkubwa models should be replicated where they have proved to work. Careful measures should be taken to respond to this problem so that children are not left in a state of further marginalization and abuse.

(vii) Government, CSOs and donors should increase funding for child protection. All efforts should be applied at implementing the national action plan.

---

9 ICF Macro, Kokuteta B. Mutombei, (2011). Situation Analysis on Child Labour in Tanzania Mainland and Zanzibar, Supported by the US Department of Labour
Birth Registration: According to the Tanzania Demographic and Health Survey of 2010, birth registration has not improved over the past 5 years and it is actually said to have fallen from 18% in 2004/05 to 15% in 2010\(^{10}\). 16% of children under the age of 5 years are registered\(^{11}\) but only 8% of these have received birth certificates. There are critical issues concerning access to registration particularly in far to reach areas and people of low income status. 44% of the children in urban areas are registered compared to only 10% in rural areas, with Dar es Salaam getting the biggest share 59% while regions such as Lindi, Tabora, Shinyanga and Manayara have as low as 5% registration.

Recommendations

(i) Government should critically assess the bottlenecks to birth registration (some of which are already know, for example cost) and effectively address the bottlenecks that will be identified. Children in low income households, households led by children and children with disability and households led by the elderly should not pay for birth registration and certificates.

(ii) The government should fully cover the cost for the registration of all births and issuance of birth certificates given its importance. From a human rights perspective, NGOs should advocate for free birth registration and even empower communities to understand that it is a fundamental right for every child to have identity. Government has a duty to empower and require local govt and ward/village level leadership to ensure every child is registered upon birth. CSOs can play a critical role in not only advocating for free birth registration, but for a simplified system for both urban and rural areas.

(iii) CSOs can also support government in promoting registration by supporting registration in places that are hard to reach. Plan Tanzania and some other CSOs are already doing this, using simplified methods that could be shared and disseminated widely for learning and replication. TCRF can arrange for an information sharing session to discuss specifically the issue of birth registration and the role that CSOs can play in partnership with the government and responsible institutions in speeding up this process and ensuring that every child is registered.

Key Principles

Non Discrimination; The Girl Child- Young girls in Tanzania constitute of fifth of the population in Tanzania. According to the Violence Against Children (VAC) study\(^{12}\), 4 out of 10 girls experienced sexual violence while in school or on the way to school; the violence they experience include rape, verbal and physical abuse and sexual abuse. 15% reported the violence to have taken place in school. Further, dropping out due to pregnancy has increased over the years\(^{13}\), in 2011.

---

\(^{10}\) URT (2012). PHDR of 2011
\(^{12}\) URT, (2011), Violence Against Children in Tanzania, Findings from a National Survey 2009
\(^{13}\) UNIFEM, (2010) Prevent Adolescent Pregnant and keep Girls in school; Tanzania, Dar es Salaam
1,056 girls dropped out of primary school because of pregnancy. Early pregnancy is reported as early as 11 years\textsuperscript{14}. Girls who are found pregnant during their schooling are expelled and are unlikely to resume their education. Girls in rural areas are dropping out in higher numbers compared to girls in urban areas. Measures to address the plight facing girls of school going age have not been seriously considered in development interventions. Practices that discriminate children and thus expose girl children to risks are likely to continue because they are entrenched in cultural values and beliefs\textsuperscript{15}. Only 2\% of the schools are inclusive (include children with disability). Children with disabilities face challenges such as stigma and discrimination from home, community and while in school\textsuperscript{16}. Enrolment rates are low, for example, in 2010 0.5\% of all children enrolled in school were children with disability. Street Children - The number of street children is increasing though there has not been a comprehensive study to determine the extent of the problem\textsuperscript{17}. According to a study by Repoa (2010)\textsuperscript{18}, the problem of street children has been apparent since the 1990s.

**Recommendations**

**Girl Child:**

(i) Advocate to change gender discriminatory attitudes towards girls, in particular girls who get pregnant while in school. Advocacy activities should be supported with direct action activities that support girls to return to school for example supporting them for vocational training, complementary basic education, literacy programs, counselling and health related services and information, birth registration and sponsorship programs.

(ii) Lead civil society discourse on the issue of early pregnancy in general, how to prevent it and how to mitigate the impact of it on girl children and communities in general. Discourse can include further review of the proposed white paper/bill on girl’s re-entrance to school.

(iii) Advocate for the fulfilment of rights of the girl child, including working with government to lobby and advocate for resources to implement plans to promote the rights of the girl child. In addition to lobbying, civil society organizations should actively review and evaluate the implementation of the National Plan of Action for the Prevention and Elimination of Violence against Women and Children of 2001-2015, which has lacked funding over the years, implementation has been superficial.

(iv) Government in collaboration with CSOs should design comprehensive programmes to address discrimination for girls and children with disability. Programmes must aim at

\textsuperscript{14} URT, (2011). PHDR, Dar Es Salaam
\textsuperscript{17} URT Ministry of Community Development, Gender and Children (2011), Report of the Meeting Concerning the Problem of Street Children, Dar es Salaam
\textsuperscript{18} Repoa, Zena Amury and Aneth Komba,(2010), Coping Strategies Used by Street Children in the Event of Illness, Research Report 10/1, Dar es Salaam
eliminating all discriminatory practices against girls and children with disability. Girls that have dropped out due to early pregnancy and or early marriage should be allowed to return to school. The government should undertake a stocktaking exercise to document lessons learned and good practices in Zanzibar which has advanced in this area.

**Children with disability**

(i) In collaboration with organizations dealing with disability issues, design programmes and interventions that address discrimination against children with disability. Programme interventions should range from targeting change in policy to implementation of behaviour change programmes at household, community and government level.

(ii) Undertake research and documentation to determine the impact of discrimination on children with disability, particularly the health related impact and coping mechanisms.

(iii) Government should develop specific strategies aimed at increasing access to education by children with disability. This should move beyond political statements about inclusive schools, measures must be taken to ensure that stigma is addressed, that learning materials are available for children with disability and that the number of inclusive schools is increased to about 50% by year 2025. Parents who hide children with disability should be held accountable as provided in the LCA, but most importantly, the government should commit itself to supporting poor families with disabled children.

**Street Children**

(i) Advocate through civil society networks for the implementation of the strategy for street children and in particular address the multiple factors that push children into the street, particularly applying a child rights based approach where the views of individual children are respected and there is increased commitment on the part of duty bearers to effectively address the problem.

(ii) Undertake research to determine the magnitude of the problem and use the research findings for dialogue with government and other stakeholders as well as other advocacy activities. In particular assess the gender dynamics and risks involved for children of various ages. In proposing solutions, the voices of children should be given paramount consideration.

**The Best Interest of the Child:** Although structures dealing with children exist, the integration of this principle into every day practices needs to be emphasized. The best interest of the child concept has not been widely applied in Tanzania and this can be witnessed at all levels, policy and law, implementation and practices. Institutions responsible for enforcing the law have not been child friendly.

**Recommendation**
Together for a lasting positive change for children


(ii) The availability of police desks within police stations has to some extent helped in addressing some of the obstacles that children in conflict with the law face when under police custody but it is not all police that are aware about their role in managing all cases guided by the principle of the best interest of the child. Training of police on application of that principle is indispensable. Police can be trained using the Juvenile Court rules being developed under the Law of the Child Act.

(iii) Research and document the social, psychological, developmental and health impact suffered by children who are detained for too long, children who do not communicate with caretakers while in the hands of police and children who appear in court without the presence of a SWO.

(iv) Advocate for the application of the principle of the best interest of the child among all CSOs and in all government and non-government work. However, Government should undertake specific measures to increase levels of awareness regarding the application of this principle. The best interest of the child should be integrated in all programmes targeting children at all levels, particularly at local government level.

The Right to Life, Survival and Development: Health and survival- Infant and under five mortality rates have improved over time, according to the THMIS of 2007/07 under five mortality has declined from 112 per 1000 live births in 2004/05 to 91. However, neo-natal mortality (first 28 days) which is linked with maternal mortality has not declined. Maternal mortality is as high as 578 per 100,000 live births and there is no improvement. Malaria is still a threatening disease and a leading cause of death for children under 5 years, children of all wealth quintiles are likely to be diagnosed with it. However, not all children with malaria have access to antimalaria drugs. Malnutrition is another serious health problem affecting infants and children under the age of 5 years and is one of the leading causes of child mortality in Tanzania. Despite measures undertaken to address this problem, the prevalence of child underweight and stunting is high and millions of children are suffering from under nutrition, including low birth weight and stunting. Vitamin A deficiency, iodine deficiency disorders and severe anaemia during pregnancy are amongst the most critical problems leading to disability among children, impaired growth, low learning capacity and poor health. Causes of these problems are noted to be mainly poverty at household level including food poverty. Access to ITN (insecticide-treated net) is not universal, according to the TDHS (2010), only 57% of pregnant women are more likely to sleep under a ITN in Tanzania mainland, in Zanzibar, its only 50%. This basically means that the programmes to supply ITN are inadequate.

**Education**- Primary education net enrolment rose from 88.5% in 2003 to 97.3% in 2007 since then the net enrolment has fallen slightly to 95.9% in 2009. Transitional rate from standard seven to form one is down from 67.5% in 2006 to 56.7% in 2007 despite the increase of facilities and construction of school classrooms. Primary school enrollment ratios for girls and boys are near equal, although the gender balance deteriorates with transition to secondary school.

**Recommendation**

(i) Advocate for increasing resources for nutrition interventions including an increased number of health care service providers who are trained to deliver nutrition programs

(ii) Increase capacity of relevant duty bearers to understand their duty in designing community led programmes for health, this also means increasing levels of understanding about the severity of the problem including how households can respond to the problem.

(iii) Advocate for legislation to create a supportive environment for nutrition this should include promotion of enforcement of all the policies, legislation, guidelines and standards aimed at improving the status of nutrition in Tanzania. Advocacy work should be done in partnership with the Ministry of Health and Social Welfare.

(iv) In collaboration with the Ministry of health evaluate the existing programmes, in particular how they are likely to meet the MDGs as well as the national, regional and international standards of human rights.

(v) Government should increase investments in reducing infant and child deaths as well as maternal deaths

(vi) CSOs should further research on the impact of infant and child deaths and the implications on the status of rights of children and particularly assess both the role of government and private sector in providing adequate access to healthcare. Data from such research should be widely disseminated for purposes of engaging government to take appropriate measures to deal with this problem

(vii) Although the budget for primary education has been reduced, issues of quality of education at all levels have to be seriously addressed by CSOs as well as Government. CSOs should continuously undertake advocacy programmes to point out the weaknesses in the system and undertake research to determine the solutions. Reasons for high school dropout should be explored and interventions designed to address the causes of school drop out for boys and girls. Likewise causes of low retention rates and low transition rates should explored and critically analyzed particularly for girl children.

(viii) CSOs and Government should continuously address violence in schools, targeting both boys and girls. The interventions however must address the needs of girls and boys as individual groups. Issues of sexual abuse in schools should be addressed in collaboration with the Ministry of Education and Vocational Training particularly aimed at strengthening the implementation of the Code of Conduct for teachers and taking disciplinary actions whenever teachers are responsible for pregnancies of girls.
(ix) CSOs should track and monitor implementation of the national, regional and international standards within school settings. A comparison between rural and urban schools can be done to document lessons and good practices. Although a greater focus can be on violence in schools, monitoring can also focus on quality, accessibility and availability.

**Respect for the Views of the Child:** Accessing information concerning village/street meetings is not easily accessible. Girls in particular do not actively participate in local government meetings because during the times of the meetings, they are either caring for their siblings or helping their mothers with household chores. For those that participate, participation is often not meaningful, they might attend but they will not share their feedback or views. According to Rwezaura (NCUBE, 1998), there is little or absence participation of children in public bodies such as social welfare department, remind homes, youth centres and court of law. The decisions made in court and other judicial proceeding affect children in one way or another but children are not involved in decisions which affect them. Many children are placed in remind homes or adopted without seeking their consent.\(^\text{20}\) Junior Councils are in 85 out of the 133 districts. The initial idea was to establish such councils in ward, district and regions in Tanzania but have not done so due to limited funding. Children’s Council generally lacks funding to facilitate operationalization of some of their activities. For example, the Council is supposed to meet three times a year, but sometimes they do not undertake these meetings because of lack of funding. There is very limited financial support from local government to implement these action plans and research reveals that due to limited funding to finance district plans\(^\text{21}\), the plans made by Children’s Councils are not considered because there is no specific budget line for councils. There is no data or information that shows how many Tanzanian schools have adopted student council as part of their structures and how the councils perform. There is also no information that reflects levels of knowledge and representation of the Council by all children. Likewise, there is little evidence to reflect that the views of children in the Council are considered in national plans and strategies. Research by Repoa highlights that children’s views are often not taken seriously; It is also not clear how children participate in decision making at the household level and the extent to which their thoughts are considered in making household decisions.

**Recommendations**

(i) Government and CSOs should take measures to increase the participation of children in governance activities at the local levels. Measure of doing this effectively should be explored with children and practices that undermine this right should be dealt with by both CSOs and government. Children who are in organized groups such as school and out of school clubs should be made aware of this right as well as informed about issues concerning them before they are facilitated to join the village/mtaa meetings.


(ii) CSOs should follow up on the extent to which children’s voice have been represented in government plans and advocate for the implementation of the right to participate at local government level. This may entail training of local level officials on ways to improve child participation, using the child participation tools developed by MCDWC and UNICEF is an entry point.

(iii) Girl empowerment interventions should be undertaken and the focus should be to empower girls to actively air their concerns and views at household and village level. Older girls should be encouraged to take part in village meetings and to air their ideas.

(iv) Government should take measures to promote access to information by children. So far, this has been done very well through the CHRAGG and other government departments in collaboration with CSOs. Information regarding HIV/AIDS and reproductive health in general has not reached youth particularly in the lowest quintile. Measures need to be taken to ensure that this information is accessible to all children. Strategies of delivering messages should be further explored and should include participatory methods where children lead discussions and exchange views about these issues. Access to reproductive health information if increased will help curb the problem of early marriages and early pregnancies.

(v) Government should censor all information that can be potentially harmful to children. Currently, information is not censored and children are accessing pornographic pictures through internet, TVs and Videos. Measures need to be taken urgently to address this problem.

(vi) CSOs should take an active advocacy role to set examples of real child participation by working closely with children and integrating their ideas and views in programmes and all interventions concerning them. A number of organizations have already taken the lead on this, but this effort needs to be strengthened and copied by all CSOs working with and for children. The Government should fund the Junior Councils and facilitate their meetings and key activities. Further, Government should evaluate the extent to which all children are involved in these councils. Measures should be taken to extend membership to all children, including those in private schools. LGA should be engaged in funding Junior Councils in Districts.

(vii) UN agencies such as UNICEF, UNIFEM/UN Women, UNDP and UNESCO should take a more active role and work with CSOs in supporting the children’s Councils. Government should be supported to monitor the performance of the Councils.

**Coordination of Children’s Issues and Partnerships**

Tanzania lacks a central body responsible for the overall coordination of children’s issues. This has
to a large extent impacted on how programmes are supervised and managed. Rwezaura in his paper\textsuperscript{22} argues that the establishment of a national machinery whose duty will be to act both as a watchdog and as an advocate for the new image of childhood is a missing link and a cause for the lack of effectiveness in enforcement and implementation of CRC and ACRWC in Tanzania.

CHRAGG operates on an extremely limited budget for research and though it works with government institutions to undertake research and share research findings, it has negligible influence over the work of these institutions.

**Coordination**

Coordination of interventions targeting children has continued to be a predicament at national and sub national levels; between sector Ministries and between the central and local level government. All sector policies outline the coordination and implementation mechanisms, but a harmonized system of coordinating sector ministries is problematic. Apart from the existence of parallel coordination mechanisms, the coordinating bodies are not synchronized, they are not interlinked and some of them are not active.

**Partnership with Civil Society**

Tanzania has an NGO policy of 2001 and an NGO Act number 24 of 2002 that specially governs relations between government and CSOs. The policy recognizes CSOs as independent development actors but does not recognize trade unions and CBOs. The policy establishes the National Council of NGOs, the Council is a collection of NGOs whose main purpose is to coordinate and network. The Council is composed of 30 members appointed by the members and meets four times a year. The National Costed Plan of Action provides for an Implementing Partners Group (IPG) whose function is to coordinate the implementation of the NCPA, a partnership between government and CSOS. The Tanzania Child Rights Forum (TCRF) was established as an initiative of CSOs to coordinate issues of children and work closely with government to promote rights of children. It is the first of its kind in Tanzania in that it takes a broad representation of CSOS and covers a variety of themes including children in difficult circumstances; follows up on the implementation of the LCA and international conventions and commitments regarding children; concerned with reporting to and monitoring the CRC and monitoring rights based programmes. MKUKUTA has various working groups composed of private sector, government and CSOs. The working groups are responsible for advising government on technical issues and they also follow up on implementation of the MKUKUTA.

**Data Management**

A recent evaluation on MVC data funded by USAID found major gaps in the data system, these included incompetent staff to manage data, complex and difficult to use and lack of tools. Each of the ministries dealing with children has their own data management system but there is no centralized system with synchronized data. There is no institution with a centralized data system.

that harmonizes all information from all MDAs. Even the MCDGC has its own data management system.

**Information Management and Dissemination**

Dissemination, awareness raising and training are activities that are widely undertaken by all the Key Ministries concerned with children. Through the Ministry of Health and Social Welfare, training on child protection has been undertaken to frontline workers dealing with child protection issues (child protection teams) in 22 out of 133 districts in Tanzania. Tanzania Episcop Conference has several programmes on Gender Based Violence implemented in selected districts in Tanzania, among their target groups are MVCCs at village level. Local NGOs such as the Tanzania Ending Child Marriage Network aims at increasing levels of awareness on the impact of child marriage through community dialogues and they also plan to disseminate key principles of the ACRWC and the CRC. Other organizations such as Haki Elimu, Tamwa, Tawla, Wildaf, Morogoro Paralegal, LHRC, Nola, Twaweza are running child rights awareness and some of them legal aid programmes. International NGOs such as IOM, PACT, FHI, Africare, Save the Children and others are working in partnership with central and local government to implement programmes among which constitute capacity building and dissemination.

**Recommendation**

(i) The overall governance of programmes concerning children should be a subject for discussion among government and civil society organization. A recommendation made in the past by CSOs to establish a Commission for Children has been documented but not implemented. CSOs themselves need to take an active role in advocating for the establishment of this Commission

(ii) Coordination and management of data concerning children should be reevaluated. A suggestion to establish a body that would coordinate all efforts towards children has been suggested in the past but has not happened. A commission, to deal specifically with children needs to be discussed as the current CHRAGG is not sufficiently funded to fully address rights of children. In addition, its powers of influence over other MDAs are extremely limited and the legal instrument establishing them constrains them from taking any action.

(iii) Both donors and government should be ready and willing to put in resources to strengthen coordination and establishment of a comprehensive data base. Further consultations need to be made between government and CSOs regarding how to take this issue forward. Coordination at sub national levels should also be improved to reflect a harmonized approach in dealing with children.

(iv) CSOs should advocate for improved governance of resources for children, this entails improving transparency, overall funding for children (not just sector based), improving supervision and oversight and building capacity of government to effect service delivery.
Together for a lasting positive change for children
Part I: Introduction and Background


Since mid-1990’s, Tanzania has developed national and sectoral policies to promote the welfare of children. Tanzania has also ratified most major international human rights instruments on children. These include the UN Convention on the Rights of Child (CRC) which was ratified on 10th July, 1991,(include the 2 optional protocols) the African Charter on the Rights and Welfare of Children(ACRWC) which was ratified on 9th May 2003 and the UN Convention on the Elimination of All forms of Discrimination Against Women(CEDAW) which was ratified on 21st August 1985. Since then, Tanzania has been working to improve the legislative and policy environment on children’s rights.

Apart from designing and implementing specific policies that focus on the rights and welfare of children, there are sectoral policies that impact on the development and survival of children. Recently, Tanzania has enacted the Law of the Child Act, 2009 which enhances the best interest of the child and ensures the protection of the child. The spirit and provisions of the Act are in harmony and in line with international and regional instrument and will effectively facilitate the protection and promotion of rights of children. This is a major achievement for Tanzania which in past has fragmented laws concerning children.

Tanzania has also established structures to enhance the delivery of services for children and to facilitate the participation of children in development activities that concern them. Structures to facilitate the participation of children and youth are established in every district, known as children’s councils and youth councils. Other structures are established to monitor provision, protection and delivery of services to the most underserved children in all districts. These are achievements that need to be noted, although there are challenges caused by high levels of poverty, limited resources and limited capacity to implement policies, plans and strategies.

Tanzania is one of the poorest countries in the world with high poverty rates, with little signs of decreasing. In 2001 the food poverty rate in Tanzania Mainland was 18.7% in 2007 it decreased insignificantly to 16.6. Basic needs poverty likewise, in 2001 it was 35.7 and 33.6 in 2007. Poverty at household level impacts on access to basic needs for children, according to a global study on
Together for a lasting positive change for children

child deprivation\textsuperscript{23}, four out of five Tanzanian children (78\%) suffered from severe shelter deprivation and over three out of five (63\%) suffered from severe water deprivation. Rural children are likely to be more severely deprived than children living in urban areas, the proportion is almost three times higher. Children from poorer households as well as children living in rural areas are likely to die compared to their counterparts from a higher wealth quintile due to several factors including lack of access to quality healthcare and things like mosquito nets (ITN). Factors such as income, levels of education, access and utilization of healthcare facilities, disease, nutritional status and diet, access to safe and clean water and sanitation facilities all count in ensuring child survival.

The current population in Tanzania is based on the 2012 Population and Housing Census, it is 44,928,923 million people\textsuperscript{24}. According to 2010 THDS statistics, Tanzania had a majority of its population in the young age groups, 47\%\textsuperscript{25} of the population was below the age of 15 years, with the 2012 Census, the percentage of the population below 15 years has increased.

Younger children are likely to be living with both parents compared to older children and urban children are likely not to live with either parents compared to rural areas.

**Purpose of the report**

This is a child rights situation analysis that will inform reporting to the committees that assess the level of implementation of regional and international conventions on rights of children. The study aims at analyzing and documenting the current implementation of the obligations made by Tanzanian as a state party to both the ACRWC, the CRC and other key instruments regarding rights of children. Findings of this Study have been shared in a workshop of TCRF members and other stakeholders where suggestions have been taken on board. The goal is to enrich the content of the report so that the content captures the realities on the ground, as well as inform the development of the TCRF Shadow reports treaty bodies. Further the information serve as the baseline upon which the future Strategic Plan for TCRF and its membership will be developed.

The final report will form “the Tanzania Child Rights Status Report 2012”, to be launched on the commemoration of the Universal Child Day on 20\textsuperscript{th} of November 2013.

**Methodology**

The process involved four key stages, the first stage was the literature review stage in which key documents from government and nongovernmental organizations were reviewed to extract relevant data for the report. Literature review was triangulated by key informant interviews


\textsuperscript{24} URT, NBS, Ministry of Finance, Office of Chief Government Statistician (2013), The 2012 Population and Housing Census, Dar es Salaam

\textsuperscript{25} URT, National Bureau of Statistics and ICF Macro (2011), Tanzania Demographic and Health Survey 2010, Dar es Salaam

Tanzania Child Rights Status Report – 2013
particularly with CSO representatives and government. A workshop to discuss the draft report was undertaken with members of TCRF, in which forum the main findings of the report were shared. In order to monitor the quality of the data gathered, a Reference Group was formed and coordinated by TCRF. The methodology consisted of the following steps:

(i) Establishing a Study Reference Group made up of around five national and international NGOs to draft the Terms of Reference and agree on scope of work. Terms of reference were finalized and shared with the consultant.

(ii) Literature review and preparation of an inception report outlining the procedures and proposed content of the report. The Inception report was reviewed by some of the Reference Group members and comments were received and incorporated.

(iii) Consultation meetings with government, NGOs and children

(iv) Review of the draft by the Study Reference Group

(v) Consultative Workshop with NGOs members of the TCRF

**Layout of the Report**

The report is divided into five main parts. Part one is the introduction and background section that lays out the background to this study, an introductory section on demographic information about Tanzania and the methodology. The second part highlights the policy and legal framework, laying out the key policy instruments and legal positions regarding specific issues from the CRC and the ACRWC and in that analysis elaborates how the Law of the Child Act and other national laws or has or has not addressed the legal lacunae. The third part lays out the key principles and analyzing the extent of application of the principles and part IV provides the situation in terms of management of data concerning children and its dissemination.
Part II: The Legal and Policy Framework

The Policy Framework

MKUKUTA is the overall development policy in Tanzania referred to as the poverty reduction strategy or popularly known as MKUKUTA. The document lays out a roadmap and development priorities for a period of five years, to be implemented between 2010/2011 NS 2014/2015 (NSGRP II 2010). The focus is on accelerating economic growth, reducing poverty, improving good governance and accountability and improving standard of living and social welfare. Cluster II has two broad outcomes, which are to improve quality of life and social wellbeing for enhancing capacities, with particular focus on the poorest, people with disabilities and other vulnerable groups and the second outcome is to reduce inequalities in accessing social economic opportunities along geographical areas, income, age and gender. Cluster II of the MKUKUTA focuses on improvement of quality of life and social wellbeing (education, survival, health and nutrition, clean and safe water, sanitation, decent shelter and a safe environment). The Cluster specifically focuses on issues affecting the vulnerable groups and aims at reducing inequality in accessing social and economic opportunities. Implementations of MKUKUTA I had challenges, which have been carried over as areas to address in MKUKUTA II. Such challenges for example included inequality in resource allocation for primary education including unequal distribution of teachers, poor quality of education both at primary and secondary levels leading to high dropout and declining pass rates (dropping from 89.1% in 2006 to 83.7% in 2008). To some extent the second MKUKUTA has strategies to ensure rehabilitation and expansion of school infrastructure, provision of school materials in required rations, increasing regular school inspection and provision of school feeding programs.

The Child Development Policy, 2008

The policy sets a base for the definition of a child; it defines a child as a person below the age of eighteen years. The policy makes a distinction between rural and urban situation of children and the need to consider them as categories requiring different kinds of interventions. It highlights the need to protect children living in difficult circumstances, such as orphans, children with disabilities, street children, children affected by natural disasters, children who cannot fend for themselves such as adolescent mothers. Although it also states that it shall provide directions on upbringing of children in difficult circumstances and therefore propose measures to promote protection of children living in difficult circumstances- including identifying them and recognizing their needs, setting aside adequate resources for this purpose, providing them with expertise and services which carter for their needs as well as providing them with guidance and counseling. the Ministry of Community Development, Gender and Children is also working towards developing a number of other policies including a community development policy and the Early Childhood Development Policy covering 0-8 years.

Education and Training Policy, 1995
The education and training policy addresses issues of right to education, basically enrollment. The policy recognizes the need to re-examine issues of access and equity. It states that government shall ensure equitable distribution of educational institutions. It recognizes that there are children and communities that have not had equitable access to education due to a number of reasons, including marginalization of groups such as orphans, children with disability and street children. It therefore states that government shall promote and facilitate access to education to disadvantaged social and cultural groups. Education for all is stated to be a human right. However, one of the greatest challenges for Tanzania has been the implementation of this policy. The Poverty and Human Development Report (2011) reflect the fact that equitable access to quality education has been a challenge.

National Policy on HIV AND AIDS, 2001
TACAIDS plays a leading role in the provision of multisectoral support in the coordination, design, implementation and evaluation of HIV AND AIDS interventions. The main objective of support services as provided in the policy is to provide legal and social framework for the promotion of care and support to people affected by HIV and AIDs particularly widows and orphans. Local government is to be supported to facilitate and sustain support services to PLHAs, widows and orphans. It provides that orphans in sibling headed households are to receive support from both the central government, local councils and community to minimize the impact of HIV AND AIDS on their lives. One of the achievements by TACAIDS (noted in the Second National Multi-Sectoral Strategic Framework on HIV and AIDS (2008-2012)) include increased support to orphans and most vulnerable children and other vulnerable groups. However, despite some of the achievements, there are noted challenges and drawbacks to the measured progress already made, these include weak and insufficient HIV programmes by the MDAs, especially at regional, district and community outreach levels; insufficient involvement of CSOs at district ad community level in planning and implementing HIV and AIDS responses; limited capacity in LGA to develop and implement comprehensive HV and AIDS plans.

The second National Costed Action Plan for Most Vulnerable Children (NCPAII)
The NCPA II has been developed and launched (2010-2015). The plan provides measures and strategies to reach the most vulnerable children; however, implementation of the first NCPA can be considered as partly successful. Although it was designed as a planning tool to be used by all district councils its dissemination was weak. The NCPA I (2007-2010) was disseminated in a meeting of Association of Local Government Authorities in 2008 and from there, it was used as a planning tool in 91 out of 133 districts. In any case, it was difficult to roll out the implementation of the NCPAI because by May 2011, Most Vulnerable Children had only been identified in 59%
Together for a lasting positive change for children

(about 800,000 children) of all ward/villages/mitaa in 91 of the districts. In addition, according to evaluation results of the NCPA I, there issues linked to the sustainability of the whole exercise of identification ranging from high cost processes to updating the register.

**Resource Allocation for Children**

Tanzania has broad based policies such as MKUKUTA, vision 2025 and the Tanzania Five Years Development Plan 2011/2012- 2015/2016 that highlight the national view and goal towards children. Additionally, there are sector policies and strategies to implement national, regional and international commitments. Challenges with regards to these broad based strategies has been lack of a clear financing strategy leading to sometimes limited funding for some sectors, weak institutional framework to implement the short and long term plans and weak monitoring and evaluation.  

Main sectors that show improvements in government funding are education, health, water, labour and HIV/AIDS (TACAIDS). Government expenditure increased from 14.6% in 2004/05 to 16.2% in 2007/08 for those sectors. Compared to other African Countries, Tanzania seems to be leading, for example, in Kenya, the total child related budget is 7.5%, South Africa 6.5% and India 4.9%. However, increasing expenditures in these sectors has not changed the situation significantly, for example, in the health sector, reduction in maternal mortality is still insignificant, although there is marked reduction in infant and child mortality; deaths caused by HIV and AIDS and malaria are still the leading causes of death for children. To date, only 36% of children under five sleep under a mosquito net, the figures are higher for Zanzibar (69%). As for the education sector, while enrollment rates have increased significantly and transition rates from primary to secondary school, the quality of education is poor. Overall, only 4 out of 10 children properly understand the Kiswahili subject and only 3 out of 10 can read stories written in Kiswahili. Only 1 in 10 children in standard 3 can read an English story. In 2009 only half of the children who completed primary school had access to secondary school and out of that only 23% completed Secondary education. Access to advanced level secondary school is still limited. Poor sanitary conditions and unclean and unsafe water continue to contribute to child deaths and illnesses. Below is a more detailed breakdown of the budget:

---

28 Ministry of Community Development, Gender and Children (2010); Maelezo kuhusu Taarifa ya Utekelezaji wa Maagizo ya Kamati ya Kudumu ya Bunge ya Maendeleo ya Jamii Yaliyotelewa Juni 2009, Dar es Salaam


30 Ibid.


32 Uwezo (2011), Je Watoto Wetu Wanajifunza? Ripoti ya Mwaka ya Upimaji wa Kujifunza

Table 1 Summary of Child Related Expenditures from 2004/05- 2008/09

<table>
<thead>
<tr>
<th>Child related Sector expenditure</th>
<th>2004/05</th>
<th>2005/06</th>
<th>2006/07</th>
<th>2007/08</th>
<th>Total</th>
<th>Child related expenditure share (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>49,818</td>
<td>74,645</td>
<td>67,040</td>
<td>115,479</td>
<td>306,982</td>
<td>10.5%</td>
</tr>
<tr>
<td>Education</td>
<td>414,241</td>
<td>522,938</td>
<td>738,521</td>
<td>768,291</td>
<td>2,443,991</td>
<td>83.2%</td>
</tr>
<tr>
<td>Child protection</td>
<td>6,477</td>
<td>26,432</td>
<td>50,110</td>
<td>63,131</td>
<td>146,150</td>
<td>5.0%</td>
</tr>
<tr>
<td>Water</td>
<td>4,388</td>
<td>5,437</td>
<td>7,418</td>
<td>16,001</td>
<td>33,244</td>
<td>1.1%</td>
</tr>
<tr>
<td>Disability and social protection</td>
<td>582</td>
<td>660</td>
<td>1,209</td>
<td>2,155</td>
<td>4,606</td>
<td>0.2%</td>
</tr>
<tr>
<td>Gender child related interventions</td>
<td>-</td>
<td>1,174</td>
<td>1,085</td>
<td>760</td>
<td>3,019</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total</td>
<td>475,506</td>
<td>630,732</td>
<td>864,723</td>
<td>965,358</td>
<td>2,936,319</td>
<td>100%</td>
</tr>
<tr>
<td>Total Government expenditure</td>
<td>3,257,600</td>
<td>4,035,100</td>
<td>4,788,500</td>
<td>6,066,800</td>
<td>18,148,000</td>
<td></td>
</tr>
<tr>
<td>Child related budget as % of total government expenditure</td>
<td>14.6%</td>
<td>15.6%</td>
<td>18.1%</td>
<td>15.9%</td>
<td>16.2%</td>
<td></td>
</tr>
</tbody>
</table>

In 2007/2008 Tanzania spent about 16.2% of its total expenditure on health exceeding the African median value of 9.1%.\(^{34}\) Funding for education increased from a low of 2.1% of GDP in 2007/08 to 4.3 in 2008/09 but still lower than the Dakar Commitment of 7%. Funding for Secondary education was 13.5% of public education resources in 2008/09. Funding for HIV and AIDS by development partners, in particular PEPFAR has also increased over the years. According to an article by Mbogella\(^{35}\), about 95% of the funding for HIV and AIDS comes from foreign sources of which more than two thirds is from the Global Fund and PEPFAR. More than one third of all aid in Tanzania is for HIV and AIDS. However, 80% of the funding is not channeled through government budgets/coffers but is managed by donor governments or partners (CSOs).

---


Financial demands for the health sector have increased but the current budget does not meet the demand. In 2010/11 the budget which was 1,205.9 Billion\(^{36}\). In financial year 2011/12 the budget allocation is 1,209.1 Billion, is insufficient to meet the overall cost demands in the health sector and even the realization of priorities is compromised, including improving maternal and child care, and improving the quality of curative, preventive and rehabilitative services. Reduction of the budget for lower levels of education poses a threat to the gains made in education, the 2011/12 total education spending was 70.5% a decline from more than 80% in 2008/09\(^{37}\); 65% of the budget for vocational training education has been relocated to higher education. In general, the 2011/12 budget submission and the Five Year Development Plan do not prioritize spending on children.

Most funding for child related programmes is supplemented by national and international NGOs\(^{38}\) through development projects. Weaknesses in funding for children include lack of assessment of the needs before school age population in the district is determined, instead allocation is based on estimates and lack of transparency in allocating resources. For example, capitation grants are supposed to be allocated on the basis of number of enrolled pupils. But in 2005/06 a total of 74.5 Million was allocated as capitation instead of 7 Billion. While distribution per pupil is expected to be equal, there are variations among districts, some of them get 14,354/- per child while others get as low as 3,261/-.\(^{39}\) The table below highlights the district differences. There is little direct cost for children’s programmes and activities in both national and local government plans, a significant percent of the costs are directed on salaries, per diems and other issues.

**Table 2 Sample of Districts with High and Low Capitation Grant Allocation**

<table>
<thead>
<tr>
<th>District</th>
<th>Capitation Grant (Tshs)</th>
<th>School Population</th>
<th>Age Per Capita Allocation (Tshs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iringa Rural DC</td>
<td>343,905,000</td>
<td>51,736</td>
<td>6,647</td>
</tr>
<tr>
<td>Urambo DC</td>
<td>796,714,000</td>
<td>55,505</td>
<td>14,353</td>
</tr>
<tr>
<td>Kasulu DC</td>
<td>832,085,200</td>
<td>98,524</td>
<td>8,446</td>
</tr>
<tr>
<td>Sikonge DC</td>
<td>80,973,900</td>
<td>19,800</td>
<td>4,090</td>
</tr>
<tr>
<td>Ruangwa DC</td>
<td>22,800,000</td>
<td>17,338</td>
<td>1,315</td>
</tr>
</tbody>
</table>


\(^{37}\) Ibid.

\(^{38}\) Tanzania Human Rights Report (2010) Discrimination Based on Race, sex, religion, disability, language or social status, Dar es Salaam

Government budget expenditures targeting vulnerable children included funding for training of service providers, provision of seed capital to youths and provision of material needs to children and their families. During the implementation of MKUKUTA I, expenditures rose to 29% (2006/07-2007-08), an average of 58.302 Tshs Million per year. Donor funding also increased particularly for OVCs.

**Table 3 Donor Commitment for Funding to MVC (2005-2010) in Millions USD**

<table>
<thead>
<tr>
<th>Donor</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>4.76</td>
<td>~ 4.7</td>
<td>~ 4.7</td>
<td>~ 4.7</td>
<td>~ 4.7</td>
<td>~ 4.7</td>
</tr>
<tr>
<td>Global Fund</td>
<td>3.1</td>
<td>6.9</td>
<td>11.6</td>
<td>16.6</td>
<td>19.9</td>
<td>-</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>4.0</td>
<td>~ 5.0</td>
<td>~ 5.0</td>
<td>~ 5.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>World Bank</td>
<td>~ 9.9</td>
<td>~17.5</td>
<td>~17.8</td>
<td>~18.3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community Support</td>
<td>138.0</td>
<td>141.0</td>
<td>152.0</td>
<td>163.0</td>
<td>176.0</td>
<td>189.0</td>
</tr>
<tr>
<td><strong>Total External Funding</strong></td>
<td><strong>159.76</strong></td>
<td><strong>175.1</strong></td>
<td><strong>191.1</strong></td>
<td><strong>207.6</strong></td>
<td><strong>200.6</strong></td>
<td><strong>193.7</strong></td>
</tr>
</tbody>
</table>

Source: The National Costed Plan of Action for Most Vulnerable Children 2007-2010

The LSRP which is a multi donor basked funded project supported the renovation and construction of remand homes and approved schools for children throughout the period of 2006/07-2009/10. Otherwise, limited funding was allocated for improving the protection systems as a whole. This impacted on the delivery of programmes to protect children.

**Table 4 Allocation by the LSRP for Juvenile Justice**

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
<th>Cost Tshs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>Rehabilitation and expansion of Mbeya Approved School including equipment and furnishing</td>
<td>140,188,000</td>
</tr>
<tr>
<td>2007/08</td>
<td>Design work for Mwanza Remand Home, Tanga Remand Home and training of SWO on psychosocial counseling</td>
<td>207,000,000</td>
</tr>
<tr>
<td>2008/09</td>
<td>Rehabilitation and equipment of Irambo Approved School and Construction of Mwanza Remand Home</td>
<td>861,500,000</td>
</tr>
<tr>
<td>2009/10</td>
<td>Training of Juvenile Justice administrators, rehabilitation of Dar es Salaam Remand Home, and equipments for Moshi and Arusha Remand Homes</td>
<td>345,675,999</td>
</tr>
</tbody>
</table>

Source: Ernst and Young (2009), Capacity Assessment of the DSW
Recently UNICEF in collaboration with Ministry of Finance undertook a Public Expenditure Review to determine how much funding is allocated to local government authorities for child protection with a view of advocating for more allocation in future budgets. UNICEF in collaboration with CSOs and government undertook a study on “Prioritizing Children in National budgets for Tanzania” and facilitated discussions on social investments for the 2011/12 budget. In Zanzibar UNICEF facilitated the inclusion of child related priorities in budget guidelines for 2012/13. DSW received funding through UNICEF to train regional officers on budgeting and planning skills for child protection and provided seed funding to support child protection interventions at local government level in three districts with active child protection systems and piloting of Child Protection Information Systems\textsuperscript{40}. Minimal investments were made in increasing knowledge of parents and care takers on child rights. Lack of sufficient funding at local government level is an issues that was reiterated again by children during a FGD, children stated that investments in awareness raising to parents and duty bearers is not adequate.

**Recommendations:**

(vii) Strengthen policy advocacy in particular the implementation of commitments made policies concerning children. Closely follow up and monitor prioritization of children’s issues and the allocation of resources in overall policy frameworks such as MKUKUTA.

(viii) Support the roll out and implementation of NACP II by lobbying for allocation of sufficient resources for its roll out but also by monitoring the quality of implementation addressing weaknesses that were pointed out in the implementation of NCPA I, such as updating of registers. NGOs can also support the roll out by disseminating the NCPA II to districts that have not been reached by government. The implementation of NCPA I was supported by civil society, this support should be extended to NCPAII.

(ix) Local level funding and resource allocation for children should be closely reviewed to determine the bottlenecks. Both the departments of MCDGC and the DSW are poorly funded at district level.

(x) Advocate for increasing funding for children’s issues in general at central and local government level. However monitor quality of interventions and ensure value for money, equity, transparency and accountability particularly for large scale programmes.

(xi) CSOs should identify funding gaps and seek resources to implement government plans where there are funding gaps, however in doing so, keep advocating for a rights based approach in reaching children so that support for children is sustainable.

---

\textsuperscript{40} UNICEF (2012). Annual Report 2011, Tanzania
The Legal Framework
The government of Tanzania has developed a range of policies and laws that protect the rights of children. In all key legislation, the government has integrated principles outlined in international conventions and regional treaties.

Definition of a Child
Harmonization of laws regarding children has (to a certain extent) been achieved as the Law of the Child Act, Act (LCA) No. 21 of 2009 highly reflects the spirit of the CRC and the ACRWC. This is a promising start in an effort to harmonize legislation regarding children and agree on a common definition of a child. Nevertheless, there are still contradictions in law and a full set of regulations to enable the application of the Law of the Child Act needs to be developed in order for the Act to be implemented. Up to now, only seven sets of regulations have been developed and passed in Parliament. These include regulations on adoption, crèches, apprenticeship, day care, children’s homes and rehabilitation homes. Other measures to complement actual enforcement of the laws and thus the realization of rights of children are challenged by limited budgets and commitment to support implementation of children’s programmes. Both the CRC and the ACRWC require a holistic approach of integrating the provisions in the legal system as well as actual enforcement, considering the fact that rights of children are indivisible.

The review of Marriage Act of 1971 (LMA) has been stagnant and this seems to conflict with the Law of the Child Act, which interalia tries to harmonize the definition of the child. Section 4 (1) LCA defines a child as any person below the age of 18 and emphasizes that the best interest of the child shall prevail in all matters concerning children. However, the Law of Marriage Act of 1971 still makes reference to marriage at the age of 14 and 15 years for a girl child. In a context where girl sexual abuse and early marriages is a common, this provision compromises the best interest of the child principle. Concerns regarding this particular provision of the LMA have been made by CSOs on their own accord and through the Law Reform Commission, but the situation has not changed.

The Employment and Labour Relations Act, 2004 (section 5) (1) provides for the minimum age of employment for children who are 14 years and above; 14 years for light work and 15 years for work that is not hazardous to the child’s development. The Act is in line with ILO Convention 138 and 182 and the CRC article 32 and the ACRWC article 15. However, monitoring of this provision has had its challenges. With the limited number of labour officers, it is difficult to monitor the implementation of this provision. According to the Ministry of Labour, there are only 32 Labour Officers for the entire country. These are not sufficient to respond to the problem of child labour which seems to be increasing. According to the Child Labour Coordinator in the Ministry of Labour, enforcement of legislation against child labour is constrained by a lack of resources. The Child Labour Action Plan does not have resources for implementation; this has been the most challenging problem for the Child Labour Unit, responsible for designing and monitoring child labour programmes. therefore the limited resources have seriously impacted on
enforcement of provisions against child labour. In addition, the Employment Act only covers the formal sector, when in actual fact; most child labour is found in the informal sector. The informal sector is defined as a way of making a living which lacks a moderate degree of security of income and employment, whether productive or not, working for oneself or others, legally or otherwise. Activities in the informal sector include scavenging, working in garages, fishing and fish processing, quarrying, mining and domestic work. Enforcement of the law in the informal sector in Tanzania is nonexistent and therefore reach is limited. However, the Law of the Child Act does cover the informal sector, this however does not mean that Labour Officers who have the mandate to monitor labour standards and who have not been trained to monitor standards in the informal sector will be bound by these provisions.

Although the issue of defining the term child appears to have been technically resolved by the LCA, there are still competing definitions as reflected from other laws, mainly emanating from culture and religious beliefs. According to Rwezaura (1998), African societies define a child in the context of learning and socialization. It involves community expectations and perceptions of what a child is supposed to have achieved by a certain age. For example, by the age of 13 years, boys and girls are expected to have learned their gender roles well and to begin practicing those roles. Ncube for example explains that by this age, the girls are expected to devote more time in caretaking roles such as caring for siblings, preparing meals for household members and helping with the household chores. She is expected to be close to her mother or female mentor for purposes of learning these roles to a level of perfection. Likewise, boys are expected to have gained male related skills such as cattle herding. The ingrained gendered division of labour, deep rooted cultural practices and beliefs and the concept of who a child is has highly influenced legislation in African countries; According to Ncube (1998), this is probably the reason why countries have been reluctant to change the age of marriage, believing that children must be raised with the responsibility and awareness of their future roles as members of community. This is also reiterated by Rwezaura (1998), that early marriage is a practice that is highly common in African countries. Despite the resistance it meets from young girls, the practice has continued unabated.

Adolescents constitute 23% of the population in Tanzania (ranging from 10-19 years old) projected in 2010. Research indicates that one in every six girls and young women aged 15 to 19 years is married. According to the HIV/AIDS and Malaria Indicator Survey (2011-2012), 36% of women aged 25-49 married before their 18th birthday. Early marriage is associated with low educational attainment, meaning that girls who marry at a young age are likely to drop out of school and they are likely to lack future assets such as property. According to a UNICEF Study (2011), by the age

---

43 Rwezaura, B (1998) Competing Images of Childhood in the Social and Legal Systems of Contemporary Sub-Saharan Africa,  
of 16, one in ten girls has started child bearing and rises to one in five by the age of 17 years. The risk of death among infants is particularly high when the mother is under 20 years. Among adolescent mothers, the rate of death among infants during the first month of life is 41 per 1000 live births, compared with 22 per 1000 live births for mothers older than 20\textsuperscript{46}. Research indicates that young married girls are at higher risk of HIV infections, early pregnancy and health complication\textsuperscript{47}. Girls generally get married to men that are older than them by at least 5-9 years\textsuperscript{48}. Early marriage is more of a rural phenomenon, the Urban and more educated girls marry at a later age\textsuperscript{49}. It can also be regarded as a class issue because girls who have failed to continue with their education as a result of poverty are likely to be the ones to marry early. Research indicates that the level of education that a girl has reached highly affects the age at which a girl gets married; more educated girls are likely to marry at a later age compared to less educated girls. According to the study on adolescence in Tanzania (URT, UNICEF 201), about 20% of the pupils who entered standard one in 2004 dropped out before completing primary education in 2010. Only one third of adolescents attends secondary school and less than 1% enrols in higher education.

**Recommendations**

(viii) Government should amend all conflicting legislation to reflect developments in the LCA and NGOs should continue to advocate for harmonization of laws protecting children, in particular for the amendment of the Law of Marriage Act of 1971, the Sexual Offences Special Provisions Act of 1998 and laws regarding Inheritance. It may also be necessary to assess critically the implementation of the provisions against child labour in both the Law of the Child Act and its regulation as well as the Employment Act.

(ix) All regulations under the LCA should be finalized so that the Act can fully function to protect children. CSOs can lobby for the finalization of these regulations and support their dissemination once completed. As a network organization TCRF can work closely with government in rolling out the implementation of the regulations.

(x) Government in collaboration with CSOs should upscale awareness raising programmes on the CRC and the ACRWC. Specific strategies must be developed to ensure that children in all areas, rural and urban and hard to reach areas access this information.

(xi) CSOs should continuously lobby for the full implementation of the LCA and amendment of all other Acts that are in contravention of the LCA.

\textsuperscript{46} URT, UNICEF (2011). Adolescence in Tanzania, Dar es Salaam
\textsuperscript{47} URT (2011). The Impact Of Girls Education On Early Marriage, Dar es Salaam
\textsuperscript{48} URT, TACAIDS, ZAC (2013), Tanzania HIV/ADIS and Malaria Indicator Survey 2011-2012
\textsuperscript{49} URT, Ministry Of Finance And Economic Affairs (2010): Tanzania Gender Indicators Booklet
(xii) Research on the impact of early marriages for purposes of building a knowledge base that will assist NGOs to advocate for change in the Law of Marriage Act using evidence from the study.

(xiii) Advocate for the harmonization of provisions on child labour, particularly the inclusion of the informal sector in the Employment Act.

(xiv) CSOs in collaboration with government should upscale awareness raising of the LCA to communities and particularly targeting children and caretakers. Awareness raising interventions should comprehensively address contradictions in the law, in particular application of customary law.

**Corporal Punishment**

The Education Act and Policy do not provide for protection against corporal punishment in schools although the Ministry of Education and Vocational Training has issued guidelines that provide for a limited number of strokes for a child who is believed to have committed a wrong (The Regulations on Corporal Punishment of 1979). The guidelines provide for four strokes to be administered by a head of school or authorized personnel. Although the Law of the Child provides for this protection against cruel and inhuman treatment, customs, practices and beliefs perpetuate this type of violence. This type of violence is believed to be one of the push factors for children on the streets and for high dropout rates and low attendance rates in school\(^{50}\). Little progress has been made in completely prohibiting corporal punishment and incidents of physical punishment within the home and the school environments are increasing\(^{51}\). There is an apparent conflict between the position of the CRC on this issue and the parental (and even state) conception of disciplinary measures that respect the physical integrity and dignity of the child. For example, The Minimum Sentences Act of 1963 (Act No. 29 of 1963) allows for corporal punishment to juveniles above the age of 16 years. According to the CHRAGG report\(^{52}\), juveniles who are in prison have experienced physical abuse. It is reported that law enforcement institutions believe in corporal punishment as an efficient form of rehabilitation as a result, many prisoners including juveniles have been subjected to corporal punishment in line with the Minimum Sentences Act\(^{53}\).

Therefore corporal punishment is still allowed in several laws in Tanzania despite the enactment of the LCA. Children in FGD expressed their frustrations over the application of corporal punishments at school and home. They explained that the guideline developed by the Ministry of

---

\(^{50}\) Eric Guga (2009), Mapping and Assessment of Formal and Informal Child Protection Structures, Systems and Services in Tanzania, Dar es Salaam


\(^{52}\) CHRAGG (2011) Inspection Report for Children in Detention Facilities in Tanzania, Dar es Salaam

Together for a lasting positive change for children

Education and Vocational Training to regulate corporal punishment is not enforced, they are often caned by any teacher and the number of strokes exceeds four.

Recommendations

(iv) The Minimum Sentences Act should be amended to remove corporal punishment. Juveniles should undergo other forms of punishments. The implementation of the LCA should be highly considered when amending this legislation. In addition the guidelines issued by the Ministry of education should be abolished. The use of these guidelines has been abused by those with powers to oversee their application.

(v) Harsh measures should be take for all institutions that apply corporal punishments and these measures should be broadly publicized even by CSOs to ensure that communities understand the implications of practicing such punishments.

(vi) The topic of child abuse in general is one that is a mystery to many. CSOs need to undertake massive awareness raising interventions to address the weak knowledge and limited understanding of the impact of corporal punishment, including limited understanding of alternative parenting skills. Changing behaviors and practices requires ongoing efforts targeted at influencing groups to see things differently and appreciate a culture of respect for children without undermining their own cultures and practices and thus if behaviors are changed by change agents within communities, enforcement of the laws will be much easier.

Protection of Children in Conflict with the Law

Protecting children in conflict with the law has continued to be a challenge. Apart from operational challenges, there are challenges related to the justice system itself. The biggest challenge is the lack of knowledge, skills on the part of law enforcement institutions as well as the lack of structures (Juvenile Courts) to facilitate a child friendly environment in court. The Law of the Child Act 2009 does not establish a separate system for Juvenile Justice as required by international standards, instead, it establishes a special court for the hearing of Juvenile cases. Tanzania has to date one Juvenile Court in Dar es Salaam. All other regions have no Juvenile courts. Juveniles who come in contact with the law are likely to be subjected to disadvantages such as lack of protection of dignity, privacy and other interests of juveniles participating in judicial proceedings54.

Across the spectrum of law enforcement structures, children are not accorded the protection they need while in the hands of law enforcement institutions. In 2010 the LHRC undertook an assessment of the situation of children who come in contact with the law. The findings reveal that the system is not friendly to children55. The recent report by the CHRAGG highlights a similar

55 Ibid

In Zanzibar, the police and the courts are not always impartial. It is common to find that the offender, magistrate and DPP are related in one way or another. Thus clear cases of conflict of interest arise and it may not always work in favor of the child. For example there are cases where child offenders have been refused bail for offences that are legally entitled bail, if follow up is made.

Nevertheless one of the ongoing initiatives to strengthen role of the police in protecting children is the establishment of Tanzania Police Female Network, a network of police women and men that are addressing GBV in every region. The TPFNET has the highest ranking police officer as the chair of the TPFNET in the region responsible for supervision and functioning of the Gender and Children’s Desks. Some of the police managing the Children’s Desks have been trained. There are limitations however, the desks are often found in urban areas, children in rural areas have much less access to this opportunity. In addition, the police on the Desk rotate and not all police are trained to deal with children.

While in prison, children are not accorded with basic services such as rehabilitation, contact with family (in some of the remote prisons such as the Ilambo Approved School, 50% of the children do not have contact with their families); education, counseling and sometimes even medical services are unavailable. Girls suffer more than boys as they lack critical needs such as sanitary napkins and underwear. Children lack beddings, clothing and food, in some prisons, they eat only one meal a day.

<table>
<thead>
<tr>
<th>Number of meals</th>
<th>Respondents in Prison (%)</th>
<th>Respondents in retention homes and approved schools (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>45.83</td>
<td>44.1</td>
<td>45.25%</td>
</tr>
<tr>
<td>Two</td>
<td>40.8</td>
<td>11.9</td>
<td>31.28</td>
</tr>
<tr>
<td>Three</td>
<td>13.33</td>
<td>44.1</td>
<td>23.46</td>
</tr>
</tbody>
</table>


The Ministry of Health and Social Welfare has drafted rules to guide prison officers on matters of rehabilitation and reintegration, but the rules are yet to be finalized and adopted. But even if these rules were finalized, the number of staff to provide this service are inadequate, it is reported that

---

58 Repoa (2012). Assessment of the Justice Needs and Obstacles in Zanzibar, Zanzibar
60 Repoa (2012). Assessment of the Justice Needs and Obstacles in Zanzibar, Zanzibar
apart from the critical shortage of Social Welfare Officers, those that are currently working have not had in-service training.

A window of opportunity through the Legal Sector Reform Programme exists and the Ministry of Constitutional and Legal Affairs in collaboration with the Commission for Human Rights and Good Governance with funding from UNICEF has developed a five year strategy (2012 -2017) for reforming the justice sector to respond to gaps in the Justice system. An Interagency Child Justice Forum has been established to provide oversight.

**Recommendations**

(vi) Children in conflict with the law need to be given special consideration, but this will require more focused attention on the entire justice system. Concerted efforts need to undertaken to build capacity of law enforcement institutions to implement the Law of the Child Act.

(vii) Advocate for the employment of SWO and Resident Magistrates in every region. At the moment the national standard is four SWO per region. The CSOs should

(viii) TCRF should strengthen capacity of professional organizations of law enforcement institutions to enforce of the code of ethics or codes of conduct, particularly how children’s issues can effectively be addressed. In this case, TCRF should aim to reach magistrates, the police, SWOs, and all Prison Officers (including remand homes and approved schools) with appropriate training activities and capacity building. Before these groups are reached for capacity building, a thorough analysis of capacity gaps should be undertaken and capacity building activities should be undertaken in collaboration with all partners working with these institutions to avoid duplication.

(ix) TCRF should develop a strategy for reaching out to children who are in remand homes and prisons with legal aid. Legal aid organizations that are part of the network should undertake free legal aid services to all children who are imprisoned and all efforts should be undertaken to speed up trials, working closely with Judiciary and other relevant institutions.

(x) CSOs should lobby for government implementation of recommendations targeting for improvement of juvenile justice made in various reports. Similarly, as CSOs, organize to identify entry points for CSOs and collaborate to prioritize CSO intervention to improve juvenile justice.

**Protection of children from abuse, neglect and exploitation**

**Violence against Children**

In 2009 the Commission for Human Rights and Good Governance undertook a public inquiry on violence, neglect and abuse against children in 11 districts in Tanzania mainland and out of 307

---

children that were interviewed, 29% reported to have been sexually abused, 32% neglected and 13% have experienced emotional abuse.

According to the recent VAC study, the prevalence of child abuse has generally increased. Nearly 3 out of every female aged 15-23 reports to have experience at least one incident of sexual violence before the age of 18 years. Children also experience physical abuse in form of punching, whipping, or being kicked, both male and female children to the same extent. Those that have experience physical violence simultaneously experience physical and emotional violence. The study highlights that 8 out of 10 females and males aged between 13 and 24 years who experience sexual violence experienced before reaching the age of 18 years. Violence occurs in schools, homes, within the community and on the way to or from school and the perpetrators range from close family members to teachers and strangers. Measures to protect children from abuse and exploitation have gained momentum after the publication of the VAC study. A national action plan has been developed, a Task Force comprised of government representatives, development partners and civil society organizations has been developed to follow up on implementation of the plan. UNICEF is supporting the strengthening of child protection systems. According to CPT in Temeke, although systems have been established in selected districts (four), they are struggling to function, with limited funding from local government (currently depending on UNICEF support), lack of effective reporting and documentation and limited reporting by parents and children on child abuse cases.

Challenges include the limited understanding of rights of children by parents and community members, social cultural practices that perpetuate violence for example early marriages and FGM. Government structures such as the police, judiciary and social welfare exist, but they lack capacity to deal with child abuse cases, in some cases the human capacity at the DSW to provide a sufficient number of staff is overstretched and currently there is only 17% of the required SWO in selected districts (the required number is at least 4 per district).

**Child Labour**

The ILFS of 2006 indicates that more than 2.4 million children below 18 years are engaged in child labor in Tanzania; 591,846 are working in hazardous conditions primarily in commercial agriculture, mining and quarrying, domestic service, and commercial sex. It shows that 18.4% or 2 out of every 10 children aged 5-17 years in Tanzania were involved in child labor, boys being more affected (20.7%) than girls (16.0%). Compared to the 2001/2002 ILFS, the problem seems to be decreasing. At that time, an estimated 4,735,280 children ages 5–14 were working (36.2% percent boys and 34.5% girls), and approximately 77.4% were working in the agriculture sector.

---


64 URT, (2011). Violence Against Children in Tanzania, Dar es Salaam


followed by services and manufacturing. This decline in the percentage of child labor is attributed to several factors, including the government and International Labor Organization (ILO) interventions to address child labor, policy and legal interventions, as well as improvement in enrollment rates in the education sector. However, efforts to eradicate the problem are still greatly needed. An analytical report of the ILFS 2006 points out that child labor is still pervasive; more than 20% of mainland children ages 5–17 are working. The problem is still more rural than urban based. Children work in the household, in the community, and in mostly all productive sectors. Within the household, they work as domestic workers, in family enterprises, and in subsistence agriculture (including growing cash crops); in the community, they work in commercial agriculture, particularly household cash crop farms or plantations; they work in urban areas as commercial sex workers and hawkers; and they work in industries such as mining and fishing. In Arusha and Mwanza work in informal garages is predominant mainly involving boys who perform similar tasks assigned to adults. The National Action Plan for the Elimination of Child Labor exists but lacks funding.

**Prevention of the sale of children, child prostitution and child pornography**

In both Tanzania Mainland and Zanzibar there are other forms of child exploitation like sexual, and worst form of child labour as already elaborated above. The Zanzibar Employment Act (2005) and the Employment and Labour Relations Act in Tanzania Mainland have enshrined provisions that protect children from exploitation, which include, child labour and worst form of child and it sets standards of employing children as well as recognize the rights of remuneration to children. Newly passed Law of the Child Act and the Zanzibar Children’s Act have also recognized the legal protection of children from exploitation.

Tanzania was among the countries to implement the IPEC Time Bound Programme (TBP) on elimination of the WFCL. Through the TBP, the following have been done: National child labor strategies on WFCL developed but not effectively implemented due to lack of funding from government to fully implement the strategies; child labour has been mainstreamed in key sectoral policies and strategies, including MKUKUTA; a draft hazardous list outlining work that is considered hazardous has been developed; national and sub national structure to facilitate the management of child labour interventions have been established. However, many of these structures are not active including the National Inter sectoral Coordination Committee and district level Child Labour Committees; there is a National Action Plan for Tanzania Mainland, the Plan was supported by the ILO through the Time Bound Programme but currently lacks funding; baseline studies have been carried out and direct support provided to children who were working in child labour.

---

68 ICF Macro, Kokuteta B. Mutembei, (2011). Situation Analysis on Child Labour in Tanzania Mainland and Zanzibar, Supported by the US Department of Labour
69 Ibid.
Section 83 of the LCA provides for prohibition of sexual exploitation; this is in line with C. 182 on elimination of worst forms of child labor (WFCL) as well as the Optional Protocol to the Sale of Children, Child Prostitution and Child Pornography and the Anti Trafficking Act of 2008. The section should include a definition of child prostitution as defined in the Optional Protocol as well as extend the definition in 83(2 a–c) to include transferring, using, procuring, or offering a child for prostitution by any person or a group of persons for remuneration. The current section states broadly that a child shall not be engaged in work or trade that exposes the child to activities of sexual nature, but the act of using, procuring, offering, or transferring a child for prostitution is not mentioned.\textsuperscript{70}

**Protection from materials harmful to children’s wellbeing**

In general, access to information by children and young people is limited. According to UNICEF\textsuperscript{71}, young people with the least education and who live in the poorest households are around three times less likely to know about HIV prevention than those who attended secondary school or live in wealthier households. The Tanzania HIV/AIDS and Malaria Indicator Survey of 2007-08 provides that only 39% of women and young girls aged 15 -24 years have comprehensive knowledge about AIDS. Men and young boys have slightly more access to this knowledge (42%). Likewise, knowledge about condom use is higher among young men compared to youth women (77% and 59%). The HIV/AIDS and Malaria Indicator survey does not provide information on younger groups, particularly primary school aged children.

Although there are efforts done to prohibit internal child trafficking, there is a high mobility of children across the country. Girls are trafficked from rural areas to work as domestic workers in urban areas, while boys are trafficked to become shamba boy or to enter into mining.\textsuperscript{72} Studies also indicate that child fostering is fostering is often utilized as a cover for child trafficking, child fostering is highly common and regarded as customary to place children with better off friends or relatives living in far wary places. Trafficking moves along the routs followed by rural to urban migration, recruitment is mainly in rural areas of iringa (15%), Morogoro (9%), and Kilimanjaro (9%).\textsuperscript{73}

**Child Abandonment**

In general, abandonment and child neglect is not perceived as a problem to be dealt with by government. Within the Legal framework, Section 9(3) of the LCA provides for parental duty to maintain children and protect them from neglect. The government does not take responsibility for abandoned children although there are more abandonment cases than any other type of child abuse

---

\textsuperscript{70} ICF Macro, Kokuteta B. Mutembei, (2011). Situation Analysis on Child Labour in Tanzania Mainland and Zanzibar, Supported by the US Department of Labour

\textsuperscript{71} UNICEF, (2011), Adolescents in Tanzania, Dar es Salaam


\textsuperscript{73} UNICEF, (2012). Cities and Children; the Challenges of Urbanization in Tanzania, Dar es Salaam
Together for a lasting positive change for children

cases⁷⁴. In the report on child abuse by the Commission for Human Rights and Good Governance, out of 308 cases, 84 were cases involved abandonment. Main causes of abandonment were highlighted to be economic hardship, matrimonial problems, death of parents and poor education. Children orphaned by HIV/AIDS are also another group that does not have sufficient security in terms of parental care in Tanzania. Child headed households are likely to increase, there is a greater number of children living with a single parent. The following table presents a snapshot of the situation in some of the regions with large numbers of most vulnerable children.

Table 6: Numbers of Children Living Without Parental Care by Region⁷⁵

<table>
<thead>
<tr>
<th>Region</th>
<th>Single orphan</th>
<th>Double Orphan</th>
<th>Child headed households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dodoma</td>
<td>36,110</td>
<td>6,907</td>
<td>6,493</td>
</tr>
<tr>
<td>Arusha</td>
<td>6,013</td>
<td>3,290</td>
<td>7,726</td>
</tr>
<tr>
<td>Kilimanjao</td>
<td>1,542</td>
<td>6,519</td>
<td>6,795</td>
</tr>
<tr>
<td>Tanga</td>
<td>6,242</td>
<td>7,182</td>
<td>7,483</td>
</tr>
<tr>
<td>Mrogoro</td>
<td>6,044</td>
<td>8,618</td>
<td>10,319</td>
</tr>
<tr>
<td>Pwani</td>
<td>3,328</td>
<td>5,033</td>
<td>5,686</td>
</tr>
<tr>
<td>Dar Es Salaam</td>
<td>2,460</td>
<td>16,462</td>
<td>13,165</td>
</tr>
<tr>
<td>Lindi</td>
<td>2,377</td>
<td>3,300</td>
<td>4,020</td>
</tr>
<tr>
<td>Mtwara</td>
<td>4,750</td>
<td>3,590</td>
<td>6,187</td>
</tr>
<tr>
<td>Iringa</td>
<td>7,746</td>
<td>19,516</td>
<td>9,200</td>
</tr>
<tr>
<td>Mbeya</td>
<td>4,831</td>
<td>21,798</td>
<td>12,315</td>
</tr>
<tr>
<td>Singida</td>
<td>33,373</td>
<td>4,154</td>
<td>4,550</td>
</tr>
<tr>
<td>Tabora</td>
<td>9,111</td>
<td>6,252</td>
<td>8,096</td>
</tr>
</tbody>
</table>

Note that Singida, has a significant number of single orphans. Kagera is also among the regions with the highest number of child headed households. Rukwa also has a huge number of double orphans compared to man regions; likewise, it has a high number of child headed households compared to many regions.

---

Together for a lasting positive change for children


<table>
<thead>
<tr>
<th>Vulnerability Criteria</th>
<th>0-6 Years</th>
<th>7-14 years</th>
<th>15-17 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of children in child headed households</td>
<td>36,912</td>
<td>48,667</td>
<td>54,985</td>
<td></td>
</tr>
<tr>
<td># double orphaned children</td>
<td>23,136</td>
<td>82,443</td>
<td>56,635</td>
<td></td>
</tr>
<tr>
<td># children with one parent alive-maternal</td>
<td>76,312</td>
<td>170,701</td>
<td>96,553</td>
<td></td>
</tr>
<tr>
<td># children with one parent alive-paternal</td>
<td>252,918</td>
<td>484,420</td>
<td>260,703</td>
<td></td>
</tr>
</tbody>
</table>


While the government has an MVC NCPA II to be implemented over a period of five years starting 2011, the last NCAP was not well funded\(^{76}\) and as a result, most of the planned support to children was not achieved. Over 1.3 Million children are orphaned in Tanzania and they are supposed to be supported through the NCPA\(^{77}\) but the NCPA falls far short of reaching all these children. Most of the children are still supported by the elderly (over 50%) of orphaned children and others are supporting themselves\(^{78}\). The National Guidelines provide for the minimum package of support to MVC, including orphans to include food and nutrition, shelter, social protection and security, shelter, family based care and support, primary healthcare, psychosocial support and education. The package does not include parental care for children who are living without parents. This leaves the burden for caring of these children on the elderly and children themselves. The Draft national Social Protection Framework that could have provided complementary support to these


\(^{77}\) Ibid

\(^{78}\) URT, Ministry of Health and Social Welfare, Department of Social Welfare (2009), National Guidelines for Improving the Quality of Care, Support and Protection to MVC, Dar Es Salaam

Tanzania Child Rights Status Report – 2013
children has not been approved and is likely to take off soon because arrangements such as institutional arrangements, implementation modalities and funding have not been finalized.

**Harmful Cultural Practices**

Although the LCA, section 13 prohibits any kind of act that inflicts torture on a child including any cultural practices that aims to do this. The Sexual Offences Provisions Act of 1998 categorically bans female genital mutilation to children. The Ministry of Community Development, Gender and Children have also developed a National Plan of Action for the Prevention and Eradication of Violence Against Women and Children (2001-2015). A toll free helpline is operational; Lessons have been learned from the currently ongoing toll free helpline for health sector run by TAYOA in collaboration with the Ministry of Health. The government, Ministry of Community Development, Gender and Children, in collaboration with the Tanzania Child Rights Forum (TCRF), development partners and a few local CSOs including C-Sema are coordinating these activities through an established TCRF implementing committee. TCRF is a forum made of local NGOs addressing children’s rights. Child protection is one of the areas that the forum focuses on. A recent study to assess the feasibility of establishing such a line was undertaken and it established that it is a viable option for Tanzania given the fact that it is highly demanded by children, CSOs and government. A toll free helpline however will not be accessible to the entire country. The study found out that it is mainly urban areas that will have easy access to phones (Dar es Salaam and Mwanza seemed to be the most potential options.

**Recommendations**

(viii) Child labour has been a marginalized sector for quite some time and the number of working children is increasing. If no action is taken to support the National Action Plan for the Elimination of Child labour, it is likely that the number will continue to increase. More importantly, the root cause of child labour is poverty, poverty reduction should be comprehensively addressed thorough MKUKUTA. Financing however should be tracked so that results can be measured and in particular the impact of interventions on the lowest quintile.

(ix) Government needs to increase resource allocation to Ministries implementing programmes for children. In particular, resources for implementing the NCPA should be assured, not just from donors, but from government coffers. All other plans concerning children should be funded, even if not for the full amount, but progressively, so that commitments made to the international and regional community are implemented. Progress has been made in the area of education and health but there are challenges related to the quality of service delivery and governance. These must be addressed. In particularly the SWO should be increased to facilitate effective implementation of the NCAP.

---

79 ICS (Africa Regional Office) and C-Sema, (2011). Feasibility Study on Child Help Lines, Dar es Salaam
(x) Section 83 of the LCA provides for prohibition of sexual exploitation; The section should include a definition of child prostitution as defined in the Optional Protocol as well as extend the definition in Section 83(2 a–c) to include transferring, using, procuring, or offering a child for prostitution by any person or a group of persons for remuneration. The current section states broadly that a child shall not be engaged in work or trade that exposes the child to activities of sexual nature, but the act of using, procuring, offering, or transferring a child for prostitution is not mentioned\textsuperscript{80}.

(xi) Government should take measures to educate communities and particularly caretakers about their responsibility of caring for their children and where this seems difficult because of prevailing poverty circumstances; government should take measures to extend safety nets to such families. Programmes implemented by TASAF can provide useful lessons learned that can be used to design national wide programmes for such families. This will require an active role from CSOs, to advocate for the rights of these children to get such services.

(xii) Government needs to take immediate measures to register all alternative homes, supervise standards in alternative homes and close homes that are not operating in accordance with government guidelines. Government should also take the lead in promoting unification of children with their families as the guidelines provide. Where children are not unified with a family, proper investigation should be undertaken to determine the next steps.

(xiii) CSOs in collaboration with government should set up mechanisms for assisting children without parental care with basic needs. Models such as the Mama Mkubwa models should be replicated where they have proved to work. Careful measures should be taken to respond to this problem so that children are not left in a state of further marginalization and abuse.

(xiv) Government, CSOs and donors should increase funding for child protection. All efforts should be applied at implementing the national action plan.

\textbf{Birth Registration}

According to the Tanzania Demographic and Health Survey of 2010, birth registration has not improved over the past 5 years and it is actually said to have fallen from 18\% in 2004/05 to 15\% in 2010\textsuperscript{81}. 16\% of children under the age of 5 years are registered\textsuperscript{82} but only 8\% of these have received birth certificates. There are critical issues concerning access to registration particularly

\begin{thebibliography}{99}
\bibitem{80}ICF Macro, Kokuteta B. Mutembei, (2011). Situation Analysis on Child Labour in Tanzania Mainland and Zanzibar, Supported by the US Department of Labour
\bibitem{81}URT (2012). PHDR of 2011
\bibitem{82}URT, National Bureau of Statistics (2011). Tanzania Demographic and Health Survey 2010, Dar es Salaam
\end{thebibliography}
Together for a lasting positive change for children

in far to reach areas and people low income status. 44% of the children in urban areas are registered compared to only 10% in rural areas, with Dar es Salaam getting the biggest share 59% while regions such as Lindi, Tabora, Shinyanga and Manayara have as low as 5% registration. Additionally, 34% of the highest wealth quintile has a birth certificate while it is only 1% of the lowest wealth quintile that has birth certificates. The total registered in the highest wealth quintile is 55.8% while the poorest (lowest) quintile it is 4.4%. Part of the reason for the low registration may be because of limited levels of awareness. According to a public enquiry report by Human Rights and Good Governance Commission, the community has a limited understanding of children’s rights. The legal framework that facilitates birth registration exist (the Births and Deaths Registration Act and LCA). A project with UNICEF in UNICEF seven learning districts and four additional districts in North West Tanzania was implemented for purposes of giving impetus to the registration process, over 82,000 children and adults were registered. Likewise, a National Birth Registration Strategy has been developed.

It is relentlessly difficult to determine the age of children in contact with the law since only 20% of births are registered in Tanzania and only 6% of children less than five years have a birth certificate, making age determination a challenge for the justice system. Once a child comes across the justice system, particularly while in the hands of police, there is no formal mechanism of determining the age of the child. Police depend on the word of the child and or witnesses or through observation. Age determination is important due to the fact that the police must ascertain itself of the age of the alleged criminal. The consequences for not reporting on the right age are dire and can have severe legal implications. Children have alleged that police raise their age so that they are found guilty of particularly major offences such as rape and murder. The police are also alleged to breach sections of the CPA including not informing children of their rights at the time of arrest and detention, use of torture and cruel treatment generally in extraction of information (31%) A noteworthy number of children in the CHRAGG report stated that they were not allowed to contact their parents or guardians at the time of arrest.

**Recommendations**

(iv) Government should critically assess the bottlenecks to birth registration (some of which are already know, for example cost) and effectively address the bottlenecks that will be identified. Children in low income households, households led by children and children

---

88 Ibid
with disability and households led by the elderly should not pay for birth registration and certificates. In fact.

(v) The government should fully cover the cost for the registration of all births and issuance of birth certificates given its importance. From a human rights perspective, NGOs should advocate for free birth registration and even empower communities to understand that it is a fundamental right for every child to have identity. Government has a duty to empower and require local govt and ward/village level leadership to ensure every child is registered upon birth. CSOs can play a critical role in not only advocating for free birth registration, but for a simplified system for both urban and rural areas.

(vi) CSOs can also support government in promoting registration by supporting registration in places that are hard to reach. Plan Tanzania and some other CSOs are already doing this, using simplified methods that could be shared and disseminated widely for learning and replication. TCRF can arrange for an information sharing session to discuss specifically the issue birth registration and the role that CSOs can play in partnership with the government and responsible institutions in speeding up this process and ensuring that every child is registered.
Part III: Key Principles

Non Discrimination

The Girl Child

Young girls in Tanzania constitute of fifth of the population in Tanzania. While equity in access to primary education can be lauded (in 2011 NER for boys was 93.7% and girls 94.2%)\(^8\), the number of girls who drop out is high compared to boys. According to a baseline study by Action Aid\(^9\), girls explained what they saw as obstacles that are not being sufficiently addressed as poverty, violence in schools, early pregnancy and early marriages. Violence has become of the most disturbing issues for girls and boys, but girls are more vulnerable to violence compared to boys. According to the Violence Against Children (VAC) study\(^{91}\), 4 out of 10 girls experienced sexual violence while in school or on the way to school; the violence they experience include rape, verbal and physical abuse and sexual abuse. 15% reported the violence to have taken place in school. Further, dropping out due to pregnancy has increased over the years\(^{92}\), in 2011, 1,056 girls dropped out of primary school because of pregnancy. Early pregnancy is reported as early as 11 years\(^{93}\). Girls who are found pregnant during their schooling are expelled and are unlikely to resume their education. Girls in rural areas are dropping out in higher numbers compared to girls in urban areas.

Measures to address the plight facing girls of school going age have not been seriously considered in development interventions. For example there is no national plan to address early pregnancy and early marriage. According to a Save the Children official, follow up on this issue has been slow although it has been raised in Parliamentary discussions in 2011 where an MP asked about the fate of girls who get pregnant while schooling and the Minister of Education and Vocational Training responded by saying that the Ministry is working with stakeholder to bring a bill in Parliament. The bill he said proposes that either the children return to the same school after birth or special schools be prepared for them given their special circumstances. The date for tabling the bill was not given.

According to the Ministry of Community Development, Women and Children officials, a white paper to allow girls who drop out of school back to school once they give birth is being developed by the Attorney General’s Chambers, after which it will be available for wider public discussions. Save the children is planning to undertake a dialogue with children to discuss their views on the issue sometime in 2013. The concern by many civil society organizations is that attitudes of communities must be changed before the bill or white paper is tabled for discussion. According to a Plan International Official, the main obstacle to girls is the attitude by community members,


\(^{9}\) Actionaid, (2011); Transforming Education for Girls in Tanzania: Baseline research summary report, Tanzania.

\(^{91}\) URT, (2011), Violence Against Children in Tanzania, Findings from a National Survey 2009


\(^{93}\) URT, (2011). PHDR, Dar Es Salaam
who often judge her as the ‘bad child’. Experience shows that such girls are likely to be discriminated, segregated and mistreated by their own caretakers. But it is also true that there is an aspect of fear among caretakers and parents, that if a law that allows girls to return to school even if pregnant is passed, it may be a ticket for girls to get pregnant and the consequences for parents can be dire. Rwezaura\textsuperscript{94} explains that parents are apprehensive because they fear ending up caring for grandchildren that do not have a father to care for them, or of their own children having children before marriage, or of the loss of bride price that could have been paid to their daughters. Thus amid this fear and the social cultural factors related to early pregnancy, bringing the bill for discussion before attitude issues are resolved is likely to backfire. Zanzibar on the other hand has made much more progress, they assessed the impact of the law that provides for suspension of girls found pregnant during schooling\textsuperscript{95} and amended the Spinster’s Act, the Education Act (2005) to allow girls found pregnant to continue with their education. Zanzibar has also undertaken a consultative study to evaluate whether girls who dropped out of school were ready to go back to similar schools. The study found that girls preferred returning to schools in a different environment after being expelled on grounds of pregnancy. Zanzibar has now identified specific schools that take girls who are found pregnant during schooling.

Girls face discrimination in terms of decision making and division of labour. At the household level, girls are likely to end up doing more chores compared to boys, in some cases; this has compromised time spent on their education\textsuperscript{96}. Boys on the other had are perceived as more advantaged than girls, impacting on the way the community reacts to baby boys when they are born, often the parents of the child are happier. Boys are the preferred children in most African societies, they represent the continuation of the lineage (name of the family), they are looked at as people that will always be there for the family as the girl eventually moves away when she gets married and consequently, boys are accorded greater respect and are valued more than girls\textsuperscript{97}. The unfair division of labour results to limited access to opportunities, for example, girls are less likely to attend meetings in community because they would be busy doing household chores. This in turn marginalizes them from any development opportunities in the future. Girls are likely to marry at a younger age compared to boys and in some communities; they have no right to voice their opinion regarding the spouse or nature of the wedding\textsuperscript{98}. Girls are victims of female genital cuttings. Reports indicate that Tanzania is one of the countries in which FGM is widely practiced, about 18% of the women in Tanzania undergo FGM\textsuperscript{99}. Although FGM is not practiced in all regions, in some of the regions, the percentages of women who undergo FGM has reached 20%.

\textsuperscript{94} Ncube Welshman (ed), Rwezaura Bart, (1998) \textit{Law, Culture, Tradition and Children’s Rights in Eastern and Southern Africa}, Contemporary Challenges and Present day Dilemmas, USA
\textsuperscript{95} The Zanzibar Education Act, 1982
\textsuperscript{96} Care International Tanzania, Kokuteta B. Mutembei (2012), Gender Analysis of the iWASH Programme, Dar es Salaam
\textsuperscript{98} Care International Tanzania, Kokuteta B. Mutembei (2013), Baseline Study for Setting Benchmarks Prior to Project Implementation, Engaging Men and Boys for Gender Equality Project (2012-2014)
\textsuperscript{99} TGNP, (2007), Gender Profile of Tanzania, Enhancing Gender Equity, Dar es Salaam
these include Dodoma, Singida, Arusha and Manyara. There has been some effort by civil society organizations to increase awareness on the social, legal and health impact of this practice for women mainly led by TAMWA, LHRC and other human rights NGOs under the network organization called African Female Genital Mutilation (AFGEM)\(^\text{100}\) but the coverage of their intervention is limited.

Practices that discriminate and thus expose girl children to risks are likely to continue because they are entrenched in cultural values and beliefs\(^\text{101}\). Despite the legal provision in the LCA addressing non discrimination, and protection from any harmful practices, including cultural practices that are inherently injurious to the child, if vulnerability factors are not addressed through targeted programs, girls are likely to continue being marginalized and discriminated. One of the challenges for the government and more specifically the Ministry of Community Development, Gender and Children (MCDGC) is to address issues of customary practices in the implementation of the Act\(^\text{102}\). Unfortunately, the emphasis of the *Women and Gender Development Policy of 2000* lays emphasis on guidelines to mainstream gender instead of promoting gender equity programmes. This is also noticeable in the National Strategy for Gender Development (NSGD 2005)\(^\text{103}\). Likewise, the implementation of the National Plan of Action of the Prevention and Eradication of Violence Against Women and Children (2001-2015) has not been evaluated to discern the extent to which commitments to address gender based violence are implemented. The Plan was first printed in 2001 and reprinted in 2006, but the rate of abuse and violence against girls is still persistent. Among its outputs include revisiting the Law of Marriage Act, enacting a law on domestic violence, awareness raising and capacity building on FGM and other negative cultural practices and community dialogues.

**Children with disability**

The Persons with Disability Act of 2010 (PDA), provides for the rights of people with disability. The PDA (section 26) provides that every person with disability has a right to enjoy attainable standards of health care services without any discrimination. Section 29 lays emphasis on inclusive education as a way of ensuring that children with disability are not discriminated. Some progress has been made in the education sector, special schools are now transitory, mainly for preparing children with disability for inclusive schools. So far, there are 16 special schools and 159 special units integrated in regular schools. However, despite the increasing number of inclusive schools in Tanzania, which is not that significant, only 2% of the schools are inclusive. Children with disabilities face challenges such as stigma and discrimination from home,

---

\(^{100}\) Ibid


\(^{102}\) Ministry of Community Development, Gender and Children (2010); Maelozi kuhusu Taarifa ya Utekelezaji wa Maagizo ya Kamati ya Kudumu ya Bunge ya Maendeleo ya Jamii Yaliyotelewa Juni 2009, Dar es Salaam

\(^{103}\) TGNP, (2007), *Gender Profile of Tanzania, Enhancing Gender Equity*, Dar es Salaam
community and while in school. Enrolment rates are low, for example, in 2010 0.5% of all children enrolled in school were children with disability. According to the 2008 Disability Survey, 4 out of 10 children with disability attend primary education in Tanzania, the percentages are lower for higher levels of education, secondary education its only 5% and 1% for tertiary education. Girls are likely to miss out on such opportunities compared to boys. The table below highlights the numbers enrolled and percentages for girls and boys.

### Table 5 Enrollment of children with disabilities in Primary Schools: National Data 2008

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>%Girls</th>
<th>%Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual/Albino</td>
<td>1713</td>
<td>1394</td>
<td>3107</td>
<td>44.9</td>
<td>55.1</td>
</tr>
<tr>
<td>Hearing</td>
<td>3180</td>
<td>2532</td>
<td>5712</td>
<td>44.3</td>
<td>55.7</td>
</tr>
<tr>
<td>Physical</td>
<td>8068</td>
<td>5783</td>
<td>13851</td>
<td>41.8</td>
<td>58.2</td>
</tr>
<tr>
<td>Mental</td>
<td>4296</td>
<td>2945</td>
<td>7241</td>
<td>40.7</td>
<td>59.3</td>
</tr>
<tr>
<td>Autism</td>
<td>296</td>
<td>231</td>
<td>527</td>
<td>43.8</td>
<td>56.2</td>
</tr>
<tr>
<td>Multiple</td>
<td>435</td>
<td>280</td>
<td>715</td>
<td>39.2</td>
<td>60.8</td>
</tr>
<tr>
<td>Others</td>
<td>2010</td>
<td>1498</td>
<td>3508</td>
<td>42.7</td>
<td>57.3</td>
</tr>
<tr>
<td>Grand Total</td>
<td>19998</td>
<td>14663</td>
<td>34661</td>
<td>42.3</td>
<td>57.7</td>
</tr>
</tbody>
</table>

Source: URT, Disability Survey, 2008, pp.36-37 (Additional %age calculations by author)

According to the disability survey of 2008, a total of 362,847 (16%) children with disability aged between 3-14 years, were refused entry into schools because of their disability. 8.4% were refused entry into regular primary schools and 4.7% were refused to join regular pre primary schools. Refusal for boys was higher than girls (17.5% against 15.5%). In Zanzibar, the situation is significantly different; no child was refused entry at any level because of disability. Discrimination at school is one of the factors inhibiting attendance and retention in schools. Reasons for stigma and discrimination include cultural and traditional beliefs, including the belief that people with disability are a curse to a family.

Children with disability are also discriminated at home and within community, in general the attitudes towards them are negative. According to a disability survey, 22% of the parents and caretakers pointed out that children with disability face discrimination at home and school. Children themselves point out (25%) that the attitudes of others towards them makes it more difficult for them to take part in community and household based activities. 41% mentioned that negative attitudes of others towards them makes it difficult sometimes. In terms of accessing facilities, children with disability experience greater difficulty compared to children without

---

106 URT, National Bureau
disability. 40% for example stated that they have difficulties using public transport and 35% had difficulty accessing information in a format that is most appropriate for them, example Braille.

Street Children
The number of street children is increasing though there has not been a comprehensive study to determine the extent of the problem\textsuperscript{107}. However, according to TCRF, efforts are underway to carry out this study. According to a study by Repoa (2010)\textsuperscript{108}, the problem of street children has been apparent since the 1990s. The increase is contributed to the HIV/AIDS epidemic where many children are left orphaned and without care as well as increasing poverty levels pushing children to migrate from rural to urban areas in search of employment, particularly the inability of parents to meet the financial demands from schools. This may explain why the children found on the streets are as young as 10 years. In the same study, Repoa found that 63% of the children interviewed (272 total number interviewed) were between the ages of 11 and 15 years. 25% were children between 16 and 18 years old. 50% of the boys on the street had dropped out of school compared to 32% of the girls, highlighting the link between access to education and the problem of street children.

In 2007, the MCDGC followed up results of the survey and studies in selected districts including Iringa, Dodoma, Mufindi, Ilemela, Magu and Chamwino and discussed factors pushing children into streets. In that same year, the Ministry developed a National Strategy for Children covering all children, including orphans and vulnerable children. It started discussions regarding a trust fund for orphans and street children. However, funding for this strategy has been problematic and thus measures to address the problem have not been implemented. Research indicates that street children are likely to underutilize existing health services and are sometimes met with negative attitudes from service providers including the requirement that they pay user fees to access health care\textsuperscript{109}. In the Repoa study, 60% of the boys and 53% of the girls interviewed pointed out that they did not use hospitals when they fell sick because it is generally expensive. Going to a health center is often seen as the place of last resort and only when the illness is serious, if not, they buy medication from a pharmacy. Further, healthcare providers treat street children as vagabonds and therefore would not allow them to use the premises. As explained by a child in the study, even the hospital guard can chase a child away believing that they are there to beg. To prove that programmes do not take this group into consideration, the design of national health programmes do not have components for street children, for example maternal and child health as well as family planning do not have components for street children. programmes may target children in school, but exclude children that are out of school.

\textsuperscript{107} URT Ministry of Community Development, Gender and Children (2011), Report of the Meeting Concerning the Problem of Street Children, Dar es Salaam
\textsuperscript{108} Repoa, Zena Amury and Aneth Komba,(2010), Coping Strategies Used by Street Children in the Event of Illness, Research Report 10/1, Dar es Salaam
Tanzania has a National Task Force responsible for following up the implementation of the National strategy for Street Children. A national conference in January 2009 set the stage for closer follow up of this strategy; it was attended by 83 representatives from government, CSOs, Donors and private sector. The conference agreed to target reducing the number of street children by 60% by 2019. Street children are among the most marginalized groups of children in Tanzania. The challenge for the Ministry of Community Development, Gender and Children is allocating a sufficient budget to address the plans and strategy for street children. Feedback from a Ministry official points out that although they have committed to reducing the numbers of street children, many of the planned activities have not been funded, for example, centres for street children which were to facilitate reintegration have not been established.

**Recommendations**

**Girl Child:**

(v) Advocate to change gender discriminatory attitudes towards girls, in particular girls who get pregnant while in school. Advocacy activities should be supported with direct action activities that support girls to return to school for example supporting them for vocational training, complementary basic education, literacy programs, counselling and health related services and information, birth registration and sponsorship programs.

(vi) Lead civil society discourse on the issue of early pregnancy in general, how to prevent it and how to mitigate the impact of it on girl children and communities in general. Discourse can include further review of the proposed white paper/bill on girl’s re-entrance to school.

(vii) Advocate for the fulfilment of rights of the girl child, including working with government to lobby and advocate for resources to implement plans to promote the rights of the girl child. In addition to lobbying, civil society organizations should actively review and evaluate the implementation of the National Plan of Action for the Prevention and Elimination of Violence against Women and Children of 2001-2015.

(viii) Government in collaboration with CSOs should design comprehensive programmes to address discrimination for girl. Programmes must aim at eliminating all discriminatory practices against girls and children with disability. Girls that have dropped out due to early pregnancy and or early marriage should be allowed to return to school. The government should undertake a stocktaking exercise to document lessons learned and good practices in Zanzibar which has advanced in this area.

**Children with disability**

(iv) In collaboration with organizations dealing with disability issues, design programmes and interventions that address discrimination against children with disability. Programme
interventions should range from targeting change in policy to implementation of behaviour change programmes at household, community and government level.

(v) CSOs should undertake research and documentation to determine the impact of discrimination on children with disability, particularly the health related impact and coping mechanisms.

(vi) Government should develop specific strategies aimed at increasing access to education by children with disability. This should move beyond political statements about inclusive schools, measures must be taken to ensure that stigma is addressed, that learning materials are available for children with disability and that the number of inclusive schools is increased to about 50% by year 2025. Parents who hide children with disability should be held accountable as provided in the LCA, but most importantly, the government should commit itself to supporting poor families with disabled children.

Street Children

(iii) Advocate through civil society networks for the implementation of the strategy for street children and in particular address the multiple factors that push children into the street, particularly applying a child rights based approach where the views of individual children are respected and there is increased commitment on the part of duty bearers to effectively address the problem.

(iv) Undertake research to determine the magnitude of the problem and use the research findings for dialogue with government and other stakeholders as well as other advocacy activities. In particular assess the gender dynamics and risks involved for children of various ages. In proposing solutions, the voices of children should be given paramount consideration.

The Best Interest of the Child

Although structures dealing with children exist, the integration of this principle into every day practices needs to be emphasized. The best interest of the child concept has not been widely applied in Tanzania and this can be witnessed at all levels, policy and law, implementation and practices. The best interest of the child entails the following:

- Making timely decisions and avoiding delays in making decisions
- Maintaining the ties between child and caretakers
- Ensuring that capacities of parents/caretakers are assessed
- Paying attention to the needs and capacities of children
- Considering the risks that a child is exposed to (situation of the individual child)
- Ensuring that the child participates in the decision
The best interest of the child has not been integrated in some of the most important policies, procedures and laws concerning children. For example, the education policy concerning access and retention of vulnerable children’s in schools clearly demonstrates its gap in terms of protecting the best interest of the child at all times. Vulnerable children are continuously harassed when they lack school contributions, uniforms or exercise books. The entire education system lacks means of ensuring that every child, irrespective of their economic and social background have access to education and can actually be retained through the education system. Statistics indicate that those that drop out of school dropout because of poverty, abuse and exploitation. Apart from policy gaps, implementation of existing policies is weak, failing to take into consideration the specific needs of children, this does not only apply to children who are coming from poor households, it includes children with disability. Obstacles include financial contributions demanded by schools; children who lack this contribution are likely to miss out on education. Lack of sanitation facilities in some schools inhibits girls from attending due to the fact that their gender specific needs are not addressed. Violence is used as part of the teaching methods and although there are government guidelines to guide on how punishments should be handled, children generally experience excessive violence. Increasing cases of child abuse in schools reflect the dire conditions that children endure while schooling. The VAC study highlights that children are even sexually abused by their teachers. Laws such as the Law of Marriage Act of 1971 and the Employment Act do not shield a child from abuse and exploitation and may actually fuel it.

Institutions responsible for enforcing the law have not been child friendly. In Tanzania, there is only one Juvenile Court for the entire country, for the rest of the country, magistrates courts can be turned into Juvenile Courts. But these are not likely to have all facilities that ensure a child friendly court environment. Procedures and the language that is used in court can be complicated to the child, for example filling up forms is English, the requirement for payment of court fees, unnecessary delays of cases and lack of legal representation makes it difficult for children to access justice and their rights enforced. This is also indicated in a paper by Christina Maganga110 who argues that there has been little political commitment to safeguard the welfare and rights of children who use the court system. This is something that was similarly observed by the CRC Committee which had recommended that Tanzania strengthens the juvenile justice system so that it accommodates the need of young people and applies the best interest of the child principle. The Tanzania Human Rights Report of 2011 exemplifies this issue and states that the entire trial process that a child goes through is traumatizing. Children are detained with adults in prisons and detention centers and facilities in these institutions are not appropriate for children’s needs111.

Likewise, according to the Law of the Child Act Section 97 provides for the establishment of a Juvenile Court, in which a Primary Court can be a Juvenile court presided by a resident magistrate.

---

Together for a lasting positive change for children

but the reality is that not all regions have resident magistrates, making it difficult to implement the law with the best interest of the child principle at the heart of it. But more disturbing is the fact that children are likely to attend court without the presence of a Social Welfare Officer. Although the Law of the Child provides for this requirement, its implementation is difficult because the nation has less than 50% of the required labour force in the regional offices. Social Welfare officers are pertinent for children in conflict with the law, they act as a bridge between the court, the child and the parents of the child. They link the children to available resources and prepare social inquiry reports, advice the court to issue appropriate sentence depending on the situation of each individual child. Social welfare officers are also responsible for visiting the child and making assessments on a number of issues concerning the child. Making decisions that concern children in court in the absence of a SWO may not always be in the best interest of the child. The role of the SWO is paramount in the successful application of the ‘best interest of the child’ principle. The Law of the Child Act has placed a lot of responsibility on the SWO in terms of making decisions that are appropriate for children. For example, section 95 where community members can report infringement of rights of children to a SWO, the SWO is to make decisions by considering the best interest of the child.

Within the police stations, there are no separate facilities for children. Children are either held in cells with adults or are kept in offices or corridors\(^\text{112}\) this is in spite of section 102 of the Law of Child Act that categorically provides that children should be held separately from adults while in police custody. There are also cases where the police managing the desks have been reported to be unethical, lacking skills of dealing with children and being unprofessional\(^\text{113}\). Therefore the best interest of the child is not considered in all cases involving children, it is reported that often perpetrators or abusers of children are not prosecuted despite the existence of evidence against them. There is one prison for young offenders and this prison is still active (Wami Prison for Young Offenders), the prison currently has 56 children but has capacity to house 300 children (currently only has boys facilities), most of the other children in prisons are in adult prisons\(^\text{114}\).

Laws and rules that provide for appropriate handling of cases concerning children while in the hands of police exist, but implementation is a challenge. Section 53 of the Criminal Procedure Act of 1985 requires the arresting police officer to inform the child of the offence committed and rights. According to a report by the Human Rights Commission (2012), this does not happen and in fact children that were interviewed stated that they were detained without being told the offence committed. Decisions made by the police usually take time and children may be detained for several days even for minor offences before they are moved on to another institution. Children who are in conflict with the law are often perceived negatively and thus treated violently. In the report, 31% of the children who were interviewed stated that they were subjected to violence by the police and further, violence was used to extract confessions, some of which were not forced

\(^{\text{112}}\) ibid
confessions (some of the children were tortured in order to agree with statements written by the police). Communication with caretakers as required by the Beijing rules (role 10.1) is often not done.

The LCA sets out other standards such prohibiting children from imprisonment (s. 119); emphasizes on use of police bail (s. 101) and alternatives to detention; and separation of juveniles from adult offenders while in police custody. However, Rehabilitation schools or approved schools lack appropriate facilities to handle children and though decisions to place children in approved schools may be in the best interest of the child, there are no programmes to reintegrate children with families, the lack of essential facilities as explained by children in remand homes, water down the purpose of having a facility like that.

The coverage of children’s issues in the Media has expanded, for example the LHRC report was able to track down over 200 cases of child abuse reported through the media. However ethics of dealing with cases involving children are not strong and therefore, the best interest of the child is sometimes compromised. According to MCT, the media profession has their own code of ethics, depending on the media station, the ethics are guided by fundamental principles which include honesty, accuracy, objectivity, impartiality, fairness, limitation of harm and public accountability. The principle of limitation of harm applies to children, where the media will withhold information that could in the long term impact on the child.  

Abortion is still practiced by some of the formal health centers, in some of the centers, mass abortions are practiced as noted in the Tanzania Human Rights Report of 2011 where a government hospital was found to have buried 10 infants in a one grave; a reflection of the lack of enforcement of laws against abortions but the more so, issues that concern moral ethics.

**Recommendation**


(vi) The availability of police desks within police stations has to some extent helped in addressing some of the obstacles that children in conflict with the law face when under police custody but it is not all police that are aware about their role in managing all cases guided by the principle of the best interest of the child. Training of police on application of that principle is indispensable. Police can be trained using the Juvenile Court rules being developed under the Law of the Child Act.

(vii) Research and document the social, psychological, developmental and health impact suffered by children who are detained for too long, children who do communicate with

---

115 Media Council of Tanzania, (2009), Agenda for Media Research in Tanzania, Dar es Salaam
caretakers while in the hands of police and children who appear in court without the presence of a SWO.

(viii) Advocate for the application of the principle of the best interest of the child among all CSOs and in all government and non-government work. However, Government should undertake specific measures to increase levels of awareness regarding the application of this principle. The best interest of the child should be integrated in all programmes targeting children at all levels, particularly at local government level.

**The Right to Life, Survival and Development**

**Health and survival**

Infant and under five mortality rates have improved overtime, according to the THMIS of 2007/07 under five mortality has declined from 112 per 1000 live births in 2004/05 to 91. However, neo-natal mortality (first 28 days) which is linked with maternal mortality has not declined. Maternal mortality is as high as 578 per 100,000 live births and there is no improvement.

The trend in infant and under five mortality rates shows improvements.

**Figure 2 Trends in Childhood Mortality Rates 1996 -2010**

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>Infant Mortality</th>
<th>U5 Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>88</td>
<td>137</td>
</tr>
<tr>
<td>2004-05</td>
<td>68</td>
<td>112</td>
</tr>
<tr>
<td>2007-08</td>
<td>58</td>
<td>91</td>
</tr>
<tr>
<td>2010</td>
<td>51</td>
<td>81</td>
</tr>
</tbody>
</table>

Source: TDHS, 2010

Malaria is still a threatening disease and a leading cause of death for children under 5 years, children of all wealth quintiles are likely to be diagnosed with it. However, not all children with malaria have access to antimalaria drugs. According to the Tanzania HIV/AIDS and Malaria Indicator Survey 2011-2012, 54% of the children who had malaria related conditions had treatment. Compared to children in urban against rural areas, children in urban areas were more likely to get treatment by 59% compared to 53% in rural areas. Children from higher wealth quintile had greater access by 60% compared to those in the other quintiles 51-54%. The report highlights that the wealth and education status of the mother were not really factors as children got malaria in both cases, however, what seems apparent here is the lack of financial resources to access healthcare as well as access to information regarding malaria. The survey shows that caretakers in urban areas had greater access to information about Malaria compared to those in rural areas. Likewise, women with more education had greater access to information compared to the less educated women. Lack of financial resources is also seen in practices such as seeking health related advice. The survey shows that while 85% of the parents of children below the age
of 12 years sought advice or treatment from a health facility, provider or pharmacy, only 25% had blood taken for testing before that. Likewise while 21% took artemisinin combination therapy (ACT), only 13% took the drug the same or next day. Likewise 43% of those who took anti malaria drugs, only 27% took the drug the same or next day.

Malnutrition is another serious health problem affecting infants and children under the age of 5 years and is one of the leading causes of child mortality in Tanzania. Despite measures undertaken to address this problem, the prevalence of child underweight and stunting is high and millions of children are suffering from under nutrition, including low birth weight and stunting. Statistics show a decline but the decline is gradual, 6% points for stunting between 1999 to 2004; 7% for underweight during the same period; negligible improvements for stunting for the past 10 years. Majority of the regions have high stunting levels, over 40% of the children. Vitamin A deficiency, iodine deficiency disorders and severe anaemia during pregnancy are amongst the most critical problems leading to disability among children, impaired growth, low learning capacity and poor health. Causes of these problems are noted to be mainly poverty at household level including food poverty. Studies show that 44% of Tanzanians consume too few calories to sustain light work. However, healthcare practices are also poor for example, only 50% of infants are exclusively on breastfed milk.

Access to ITN (insecticide-treated net) is not universal, according to the TDHS (2010), only 57% of pregnant women are more likely to sleep under a ITN in Tanzania mainland, in Zanzibar, its only 50%. This basically means that the programmes to supply ITN are inadequate. Women from the highest wealth quintiles (67%) are more likely to access ITNs compared to women from the lowest quintile (61%), the level of education a woman has reached also determines the use of ITN, the more educated, the more likely to use the nets (70.8% as against 63.9%) . Children from the highest wealth quintile are over four times more likely to sleep under an ITN compared to poorest children (55% and 13% respectively).

There are however challenges. The data is to some extent distorted thus compromising quality of information. The TDHS highlights that reporting of the age at death is sometimes not correct and there is substantial underreporting of infant death. Location (urban or rural), mothers education and wealth quintile affect the infant and under five mortality rates. Infant mortality is likely to be higher in rural areas compared to urban and among none educated mothers compared to educated mothers. Likewise, children from poorer families are likely to die as infants compared to children from higher income families. Although the National Health Policy provides for equal

---

118 URT, NBS (2011). Tanzania Demographic and Health Survey 2010, Dar Es Salaam
119 REPOA, NBS, UNICEF (2009), Childhood Poverty in Tanzania: Deprivations and Disparities in Child Well-being
120 URT, NBS, (2011). Tanzania Demographic and Health Survey 2010, Dar Es Salaam
Together for a lasting positive change for children

and free access to healthcare services for pregnant mothers, elders and children under five years, the services are not free\textsuperscript{121}. This is particularly so for health services provided by FBOs, CSOs and private sector\textsuperscript{122}. They are not always in support of government policy because they are not subsidized by government. Pregnant women face other obstacles in accessing health care, including lack of money to reach the health services and use them (24%); long distance to health facility 19%. This has also been pointed out by other studies pointing out that women in rural areas opt to be attended by traditional midwives because of the distance to health facilities. In other locations, there have been complaints of lack of facilities and sufficient staff to meet the demand\textsuperscript{123}. The lack of spousal support (cannot travel alone) 11% and 2% lack of permission from spouses are also causes\textsuperscript{124}. In any case, immunization programmes, improved micronutrient supplementation, improved diagnosis and treatment of Malaria among children and improved availability of drugs and use of Insecticide Treated Nets (ITN) contributed to the reduction in infant and under five mortality rates.

The state of health facilities is dilapidated. For example, in order for a woman to deliver in a health facility she is asked to purchase gloves, nylon cover for delivery beds and a wash basin this cost is not affordable to a significant number of women. The National Health Policy requires every region to have referral hospital, every district to have medical hospital, every ward to have a health centre and every village to have dispensary. But this is not the case, poor infrastructure and continued shortage of health workers will limit achievement of greater goals\textsuperscript{125}. There is a 40% shortage of health centres and 25 % shortage of dispensaries. Health centres and dispensaries are not enough in almost every region in the country\textsuperscript{126}. There is a significant shortage of prescribed drugs even for common diseases such as malaria, chest and stomach diseases.\textsuperscript{127}

TACAIDS, a government HIV/AIDS coordinating body has developed a National Multi sectoral Strategic Framework (NMSF) on HIV/AIDS. There is also a policy and legislation on HIV/AIDS. TACAIDS has established coordination structures from national to village levels, the structures are mainly responsible for coordinating efforts to address HIV /AIDs as well as respond to demands through a multi sectoral approach.

The THIMS 2007/08 indicates that national HIV prevalence among Tanzania adults aged 15-49 years has declined to 5.7% in 2007-08 from 7.0% in 2004/04. Overall prevalence among youth aged 15-19 years is 1.0% although the risk increases with age. According to the THMIS 2007/08 10% of young men aged 15-19 and 10% women of the same age had sex before the age of 15

\textsuperscript{121} LHRC (2012) Tanzania Human Rights Report, Dar es Salaam
\textsuperscript{122} COWI (2010), Joint External Evaluation of the Health Sector of Tanzania (1999-2006), Dar es Salaam
\textsuperscript{123} LHRC (2012), Tanzania Human Rights Report 2011, Dar es Salaam
\textsuperscript{124} Ibid
\textsuperscript{125} COWI (2010), Joint External Evaluation of the Health Sector of Tanzania (1999-2006), Dar es Salaam
\textsuperscript{126} URT, NBS (2011). Tanzania Demographic and Health Survey 2010, Dar Es Salaam
\textsuperscript{127} Ibid
years. Challenges however exist. Mother to child transmission remains the leading cause of HIV infection in children, 9% of the under five mortality is attributed to MTCT. More than 60% of the demand for ART is not met and only 37% of pregnant women attending Antenatal Clinics were reached by PMTCT services during the first half of 2009. Although the Health Sector HIV/AIDS Strategic Plan 2008-2012 aims at increasing access to ARV prophylaxis from 34% in 2007 to at least 80% in 2012, the quality of PMTCT programmes is low despite expansion by government for example, by December 2010 about 4,301 facilities out of 4,647 (92%) provided both antenatal care and PMTCT services but only 37% of pregnant women were able to access PMTCT services. Access to ARV prophylaxis for children in particular is much lower than mother’s access because of low facility delivery rates.

There is increasing HIV testing. The number of people who have tested rose significantly from 326,322 in 2005 to 13 million in 2010. At the same time, the number of people using ARV treatment has increased from 29,000 in 2005 to 388,947 in 2011. This is evidence of the increased number of Tanzanians that are aware of HIV AIDS. Survey results show 98% of Tanzanians aged 15-49 have heard about AIDS but data also shows that adults have greater access to information than young men and women. According to the THMIS 2007/08, 39% young women and 42% young men aged 15-24 had comprehensive knowledge of HIV/AIDS. Access to this knowledge is determined by education levels and wealth status. Men seem to be fuelling the HIV epidemic. According to the TDHS 2010, 21% of the men had two or more sexual partners in the last 12 months prior to the survey compared to 3.6% women. Only 24% of the men were reported to have used a condom during the last sexual intercourse. It is also possible that a significant number do not know where to get a condom. Over 41% of young women and 23% of young men did not know where to get a condom, knowledge is also determined by wealth status.

The Ministry of Health and Social Welfare has various programmes to address gaps in terms of service delivery in the health sector, they include the National health Policy of 2007, the Health Sector Strategic Plan III (2008-2015), the National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania (2008-2015) and other plans aimed at strengthening human resource. The MKUKTA. Goal 3 of cluster II aims at improving survival, health, nutrition and wellbeing, especially for children, women and vulnerable groups. Operational target and strategic interventions are in line with the National Health Policy of 2007 and include reduction of maternal mortality rates from 454 per 100,000 live births to 265 per 100,000 live births by 2015; reduction of neo natal from 26 per 1000 to 19 per 1000 live births in

128 Ibid.
129 Ibid.
130 Ibid.
131 Ibid.
132 Ibid.
133 Ibid.
It however acknowledge that the health delivery systems are weak and must be improved in order for this goal to be achieved. It also points out that the health of mothers and children need to be prioritized. However reaching these targets will require commitments to address the main challenges including low coverage of essential nutrition intervention including prevention and control of anaemia, low numbers of health facilities that provide a full set of nutrition intervention.

**Education**

Primary education net enrolment rose from 88.5% in 2003 to 97.3% in 2007 since then the net enrolment has fallen slightly to 95.9% in 2009. Transitional rate from standard seven to form one is down from 67.5% in 2006 to 56.7% in 2007. Primary school enrollment ratios for girls and boys are near equal, although the gender balance deteriorates with transition to secondary school.

Gender equity in education begins to suffer at secondary level; in 2009 percentage of all form one female students was 44.6% in government secondary school. Girls accounted 43.9% intake in public schools, 52.2% in private secondary school. As for form six, girls accounted only one third of the total enrolment rate, around 35% in government schools and 45% in private schools. At tertiary education level, female representation in enrolment continues to decline, out of 95,525 of enrolled students, females were 31,820 in 2008-2009.  

The Sector is still plagued with poor teaching and learning environments which include lack of facilities in schools, although the education sector was one of the highly funded sectors, it still lacked adequate financial resources to enable it to make revolutionary reforms. There is a critical shortage of school teachers, shortage of books and desks, lack of staff houses, lack of staff motivation, lack of hostels in ward secondary schools and food for students as well as frequent change of teaching curricular. All these are the factors which contribute to poor performance to Tanzanian children.  

**Recommendations**

(i) Advocate for increasing resources for nutrition interventions including an increased number of health care service providers who are trained to deliver nutrition programs  

(ii) Increase capacity of relevant duty bearers to understand their duty in designing community led programmes, this also means increasing levels of understanding about the severity of the problem including how households can respond to the problem.  

(iii) Advocate for legislation to create a supportive environment for nutrition this should include promotion of enforcement of all the policies, legislation, guidelines and standards aimed at improving the status of nutrition in Tanzania. Advocacy work should be done in partnership with the Ministry of Health and Social Welfare.

---

134 Ibid  
135 Ibid
(iv) In collaboration with the Ministry of health evaluate the existing programmes, in particular how they are likely to meet the MDGs as well as the national, regional and international standards of human rights.

(v) Government should increase investments in reducing infant and child deaths as well as maternal deaths

(vi) CSOs should further research on the impact of infant and child deaths and the implications on the status of rights of children and particularly assess both the role of government and private sector in providing adequate access to healthcare. Data from such research should be widely disseminated for purposes of engaging government to take appropriate measures to deal with this problem.

(vii) Although the budget for primary education has been reduced, issues of quality of education at all levels have to be seriously addressed by CSOs as well as Government. CSOs should continuously undertake advocacy programmes to point out the weaknesses in the system and undertake research to determine the solutions.

(viii) CSOs and Government should continuously address violence in schools, targeting both boys and girls. The interventions however must address the needs of girls and boys as individual groups. Issues of sexual abuse in schools should be addressed in collaboration with the Ministry of Education and Vocational Training particularly aimed at strengthening the implementation of the Code of Conduct for teachers and taking disciplinary actions whenever teachers are responsible for pregnancies of girls.

(ix) CSOs should track and monitor implementation of the national, regional and international standards within school settings. A comparison between rural and urban schools can be done to document lessons and good practices. Although a greater focus can be on violence in schools, monitoring can also focus on quality, accessibility and availability.

**Respect for the Views of the Child**

Citizen participation in local governance structures is said to have increased particularly in local level governance (school committees, village committees, groups, CBOS). However, participation in local planning by communities declined because of limited confidence in leadership and lack of accountability, particularly poor implementation of village plans. Data shows that only 47% attend local meetings. Accessing information concerning village/street meetings is not easily accessible. Girls in particular do not actively participate in local government meetings because during the times of the meetings, they are either caring for their siblings or helping their mothers with household chores. For those that participate, participation is often not meaningful, they might attend but they will not share their feedback or views. Boys conversely have lost interest in community meetings because they, like their fathers feel that their voices are not reflected in final plans. According to Rwezaura, there is little or absence participation of children in public bodies.

---

137 Care International Tanzania, Kokuteta B. Mutembei (2012), Gender Analysis of the iWASH Programme, Dar es Salaam
such as social welfare department, remind homes, youth centres and court of law. The decisions made in court and other judicial proceeding affect children in one way or another but children are involved in decisions which affect them. Many children are placed in remind homes or adopted without seeking their consent.\textsuperscript{138}

Structures to facilitate child participation exist; they include children’s clubs in schools, youth clubs, Junior Councils and informal youth groups. Junior Councils are in 85 out of the 133 districts. The initial idea was to establish such councils in ward, district and regions in Tanzania but have not done so due to limited funding. Although children expressed that most of the established councils are not functioning. In a FGD with children, they said that the Councils are active in Dodoma, Arusha, Dar es Salaam, Shinyanga, Tanga, Lindi, Kilwa, Same and Zanzibar.

Members of the Junior Councils are children of various backgrounds, age and gender. Currently, the council is composed of 25 elected representative children and a secretariat of 10 children. It is coordinated by the MCDGC. Children with disabilities are also represented although the quality of representation is questionable as well as the value given to their contributions. Some of the councils are supported by Save the Children, World Vision, Plan International and local civil society groups. In 2010 Save the Children supported children’s councils in Arusha, Temeke and Lindi to undertake discussions regarding violence against children\textsuperscript{139}. But according to the children, when the programme ended, funding stopped. Children on the other hand are not active citizens in villages and street planning. The current LCA (s. 11) provides for the right of the child to express their opinion and no person shall deprive a child of this right, it includes right to be listened to and to participate in decisions affecting their wellbeing.

Children’s Council generally lacks funding to facilitate operationalization of some of their activities. For example, the Council is supposed to meet three times a year, but sometimes they do not undertake these meetings because of lack of funding. There is very limited financial support from local government to implement these action plans and research reveals that due to limited funding to finance district plans\textsuperscript{140}, the plans made by Children’s Councils are not considered because there is no specific budget line for councils. This has discouraged the children who sometimes meet to develop action plans but who in the end fail to implement the plans for lack of financial support. In addition, children face various obstacles including the lack of support from parents who do not understand the work of the council; some of the children are said to lack confidence but there are no measures within the council to build the confidence of children and their capacity to effectively participate; likewise, according to the children, children in private schools are not represented, the Council has mainly members from public schools. Strategies to


\textsuperscript{139} Op. cit

\textsuperscript{140} Repoa Meda Couzens and Koshuma Mtengeti (2011). Creating Space for Child Participation in Local Governance in Tanzania: Save teh Children and Children’s Councils, Dar es Salaam
reach the most marginalized groups, particularly children in rural areas have not been developed though Councils in selected wards have been engaging communities and children at the village and mtaa levels.

There is no data or information that shows how many Tanzanian schools have adopted student council as part of their structures and how the councils perform. There is also no information that reflects levels of knowledge and representation of the Council by all children. Likewise, there is little evidence to reflect that the views of children in the Council are considered in national plans and strategies. Research by Repoa highlights that children’s views are often not taken seriously; Likewise, children allegedly think that they are used by decision makers and politicians to showcase child participation but in reality, their voices end in the conference rooms; NGOs think likewise, that children are used as a cover up to reflect the participation of children, but in actual fact, their thoughts are not accorded any priority. According to a FGD with children, children reiterated the same feedback, according to them, participation has been anecdotal without any value or meaning attached to it. Thus while Children’s Councils have been established with support of the government, they are not structures that are accorded respect, whether in terms of generation of ideas and solutions to problems facing children or in terms of funding them. To effect participation, the MCDGC has developed a standard child participation toolkit with support from UNICEF. Through this toolkit, children have been facilitated to participate in constitutional reforms however the effectiveness of these tools has not been tested and thus difficult to conclude whether the bottlenecks to children’s participation have been addressed.

It is also not clear how children participate in decision making at the household level and the extent to which their thoughts are considered in making household decisions. Participation of children in decision making at the household level is however questionable as seen with girls during the time of marriage, space for children to voice their concerns regarding key decisions is very limited. But also because of lack of concrete evidence on the value given to child participation at household level and given the social cultural and gender practices, where women have limited space to make decisions, it is evidently clear that children do not have as much space to voice their opinions. Rwezaura makes a point about the value placed on an African child, that children are highly valued and are expected to abide to specified minimum standards of behavior, they are expected to work, to learn about their environment and community, to build positive relationships with adults and children alike, to respect elders and obey adults, to learn and practice humility. Actual participation in decision making or in discussions among elders is something that has not been written about, and in fact, children were not expected to interfere with adult conversation. So children are valued and have their own space in community, but their voices remain silent and this

141 Ibid.
142 Care International Tanzania, Kokuteta B. Mutembei (2012), Gender Analysis of the iWASH Programme, Dar es Salaam
is perhaps why the adults in homes and institutions still expect children to behave in a certain way, include practicing obedience and respect without necessarily voicing their opinion about even issues that concern them.

What is clear is the fact that parents have not been supportive of Children’s Councils and when asked for permission by their children to join the Councils, they refuse. Some of the children are forbidden to attend Children Council meetings\(^\text{144}\). The cultural context is a setback to the achievement of actual participation of children. Most adolescents are not expected to participate in family decision making because they are regarded as immature and lacking experience.

**Recommendations**

(viii) Government and CSOs should take measures to increase the participation of children in governance activities at the local levels. Measure of doing this effectively should be explored with children and practices that undermine this right should be dealt with by both CSOs and government. Children who are in organized groups such as school and out of school clubs should be made aware of this right as well as informed about issues concerning them before they are facilitated to join the village/mtaa meetings.

(ix) CSOs should follow up on the extent to which children’s voice have been represented in government plans and advocate for the implementation of the right to participate at local government level. This may entail training of local level officials on ways to improve child participation, using the child participation tools developed by MCDWC and UNICEF is an entry point.

(x) Girl empowerment interventions should be undertaken and the focus should be to empower girls to actively air their concerns and views at household and village level. Older girls should be encouraged to take part in village meetings and to air their ideas.

(xi) Government should take measures to promote access to information by children. So far, this has been done very well through the CHRAGG and other government departments in collaboration with CSOs. Information regarding HIV/AIDS and reproductive health in general has not reached youth particularly in the lowest quintile. Measures need to be taken to ensure that this information is accessible to all children. Strategies of delivering messages should be further explored and should include participatory methods where children lead discussions and exchange views about these issues. Access to reproductive health information if increased will help curb the problem of early marriages and early pregnancies.

(xii) Government should censor all information that can be potentially harmful to children. Currently, information is not censored and children are accessing pornographic

pictures through internet, TVs and Videos. Measures need to be taken urgently to address this problem.

(xiii) CSOs should take an active advocacy role to set examples of real child participation by working closely with children and integrating their ideas and views in programmes and all interventions concerning them. A number of organizations have already taken the lead on this, but this effort needs to be strengthened and copied by all CSOs working with and for children. The Government should fund the Junior Councils and facilitate their meetings and key activities. Further, Government should evaluate the extent to which all children are involved in these councils. Measures should be taken to extend membership to all children, including those in private schools. LGA should be engaged in funding Junior Councils in Districts.

(xiv) UN agencies such as UNICEF, UNIFEM/UN Women, UNDP and UNESCO should take a more active role and work with CSOs in supporting the children’s Councils. Government should be supported to monitor the performance of the Councils.

Part IV: Coordination of Children’s Issues and Partnerships
Tanzania lacks a central body responsible for the overall coordination of children’s issues. This has to a large extent impacted on how programmes are supervised and managed. Rwezaura in his paper argues that the establishment of a national machinery whose duty will be to act both as a watchdog and as an advocate for the new image of childhood is a missing link and a cause for the lack of effectiveness in enforcement and implementation of CRC and ACRWC in Tanzania. He states that the idea of establishing a national body for children’s rights advocacy is based on two considerations. The first the fact that children’s issues cut across all ministries, but additionally, children’s programmes are also implemented by government, civil society and supported by the private sector. Thus given the multiple nature of stakeholders, the body, established to be independent can provide oversight. Secondly, decisions made by many other institutions affect the child but there is no body to track and monitor the impact of those decisions on children.

The Commission for Human Rights and Good Governance (CHRAGG) has continued to play a critical role in monitoring the rights and welfare of children in Tanzania. The Commission recently undertook three studies on the situation of children in prison, working children and children in conflict with the law. Findings have been shared with relevant Ministries for action. CHRAGG has continued to work closely with CSOs and other government departments in disseminating information as well as in reporting on human rights status. Recently, CHRAGG in collaboration with the Ministry of Education and Vocational Training and UNESCO developed a curriculum on human rights and are planning to establish a National Committee on Human Rights with active

---

Together for a lasting positive change for children

involvement of the PMORALG. In 2010 CHRAGG established a legal aid department for women and children and has continued to receive cases on children. For example, most of the cases are from urban areas and mainly Dar es Salaam. Mechanisms to reach children in rural areas have not been implemented and funding to fully implement their activities is still not adequate. Challenges include minimal budget to undertake its activities, minimal reach and limited impact. CHRAGG has not worked with Children’s Councils although they can reach them through their outreach programmes. They do not have an office in Pemba, though efforts to open it have been ongoing for some time now.

CHRAGG operates on an extremely limited budget for research and though it works with government institutions to undertake research and share research findings, it has negligible influence over the work of these institutions. For example according to a CHRAGG official in Zanzibar, trial cases involving sexual abuse of children take a long time and in the process impacts on the psychological state of the child. While the Commission can only ask why the case takes long, it cannot demand that the case be expedited, so the Judiciary in most cases does not take action to expedite the cases. Likewise, findings of studies carried out by CHRAGG are submitted to relevant Ministries but no follow up is done to address the emerging issues. Recently, CHRAGG improved their case management system to ensure fast tracking of some cases, but this system is likely to flout if partnership between the key players is not strengthened.

**Coordination**

Coordination of interventions targeting children has continued to be a predicament at national and sub national levels; between sector Ministries and between the central and local level government. All sector policies outline the coordination and implementation mechanisms, but a harmonized system of coordinating sector ministries is problematic. Apart from the existence of parallel coordination mechanisms, the coordinating bodies are not synchronized, they are not interlinked and some of them are not active. Within Ministries, there are National Steering Committee and a technical committee responsible for specific technical aspects. These are supposed to be complementary but in some cases, they do not function well. According to one of the development partners, there is lack of coordination and sometimes oversight over programmes concerning children. She pointed out that that coordination is a weak area that all donors are concerned about. She pointed out gaps in terms of inter ministerial linkages, harmonization of processes, duplication of efforts, communication and information sharing. For example, the Ministry of Education is a key player in support of MVC but has not been an active participant in the MVC programmes. The main hindrance to a harmonized coordination mechanism is more systemic, rooted in instruments that establish government Ministries, Department and agencies. Coordination of MVC partners focuses only on issues of MVCs. At national level, there is an implementing partners group (IPG) coordinated by the department and supported by PACT

---

Together for a lasting positive change for children

The IPG is made up of donors, NGOs and government MDAs addressing issues of most vulnerable children but it is not officially recognized, though it is the most active coordination effort in the area of vulnerable children\textsuperscript{147}. The IPG every month to discuss progress in the area of implementation, in these meetings, only one of the sections in the department is represented, the MVC section within the Department, but the Juvenile Justice Section, the Disability Section and the Data Management section are not involved.

TCRF on the other hand has begun to actively coordinate NGOs dealing with children’s rights issues in general. This is a needed effort and needs to be galvanized so that the momentum is maintained and NGOs as well as CBOs are better coordinated.

At the national level, there is a Steering Committee (SC) for Most Vulnerable Children (MVC). The role of the national structures is to link decision makers and implementers. This committee however does not meet and is regarded as redundant by some of the partners. By the 2009, the steering committee has not met ever since it was established\textsuperscript{148}. The reasons for not meeting are not clear although members of the committee have been nominated and Terms of Reference developed. Under the same Ministry, TACAIDS has a National Steering Committee which among other things addresses issues affecting OVC but it has never met with the SC for MVC. Currently, the Ministry is expecting to set up a Child Protection Advisory Committee which will include all NGOs implementing CP interventions. It is not clear yet how this new structure will work with others.

The plethora of uncoordinated and underfunded plans and strategies for children however challenge efforts by government and CSOS to effectively address rights of children in Tanzania. In addition, the LGA has authority to determine its own priorities and in most cases funding for plans emanating from the MoHSW (DSW) and MCDGC is minimal or in some cases, nonexistent. According to a Ministry Official, lack of funding is similarly experienced at central government level. Budget deficit affects implementation of all plans concerning children. likewise, information from district to national level is not coordinated and therefore activities and challenges faced at the district level are not documented/well known by the central level; this could be part of the reason why the district level departments are extremely under resourced. The coordination of district based partners is only done in regions/districts where USAID is supporting activities. Lack of interdepartmental coordination at district level compromises quality of intervention, partnerships and loss of opportunities for synergy and collaboration\textsuperscript{149}.

The issue related to the mandates of ministries has inhibited efficient coordination between ministries dealing with children. In a report prepared by Ministry of Community Development, Gender and Children (MCDGC) to the African Committee of Experts on the ACRWC in 2006 ,

\textsuperscript{147} Ernst and Young, (2009). Capacity Assessment of the Department of Social Welfare, Dar es Salaam
\textsuperscript{148} Ibid.
\textsuperscript{149} Baregu K. (2008), Status of Children in Tanzania, Rights Based Analysis of Children Without Parental Care or at Risk of Losing it. SOS-Kinderorf International, East Africa Region, Dar Es Salaam
the author highlights the need to establish an independent body to coordinate government MDAs dealing with children this was also raised by Rwezaura in his paper\(^{150}\). However, this is something that has not been sufficiently discussed nationally and thus consensus has not been built around this issue\(^{151}\). There is limited coordination between the two key ministries dealing with children (Zanzibar and Mainland). The MCDGC in mainland Tanzania invites the Ministry concerned with children Zanzibar to a once a year ‘collaboration meeting’ to discuss children’s issues generally. But these meetings are not regular, the last meeting was in 2008/09. Coordination between central and local government is generally poor. There is minimal communication between the MCDGC and MoHSW and the Prime Ministers Office. The LGA works with several line ministries to implement plans and strategies concerning children but has no coordination role. The relationship between LGA and these ministries is that of implementation of relevant ministerial policies to which some Ministries allocate resources for activities and other ministries do not.

The Ministry of Employment, Labour and Youth Development has a National Intesectoral Steering Committee with sub committees responsible for child labour. According to the Ministry of Labour officials, the National Intesectoral Steering Committee hardly meets. The Ministry of Community Development, Gender and Children has an Inter Ministerial Committee for Children.

Coordination of donors and development partners is basically weak, some donors feel that this is because of lack of sufficient manpower and as a result, actors on the ground are self guided. Where guidelines exist, there is little supervision on their application.

**Partnership with Civil Society**

Tanzania has an NGO policy of 2001 and an NGO Act number 24 of 2002 that specially governs relations between government and CSOs. The NGO policy is under the MCDGC. The aim of the policy is to strengthen partnership between government and NGOs and is based on the fact that NGOs can supplement government effort in the provision of social and economic services; contribute to creativity and innovation in addressing development issue and also link government to community; play a catalytic role in improving service delivery. The policy recognizes CSOs as independent development actors but does not recognize trade unions and CBOs. The policy establishes the National Council of NGOs, the Council is a collection of NGOs whose main purpose is to coordinate and network. The Council is composed of 30 members appointed by the members and meets four times a year.

The National Costed Plan of Action provides for an Implementing Partners Group (IPG) whose function is to coordinate the implementation of the NCPA, a partnership between government and CSOS. The group meets once every month. NGOs working to support implementation of NCAP

---


have also been providing support to MVC and caretakers through funding from USAID and UNICEF. Projects are aimed at empowering caregivers, MVCC/ community members and local government authorities in promoting better parenting practices and improving service delivery to MVC at the age of 0 – 6 years. Activities such as ECD needs assessment on health, education, early childhood development, resource mobilization and Caregivers support strategies (e.g. attitudes, behaviors, and practices of caregivers) have been supported. In some of the locations, NGOs have supported local governments to integrate ECD in village development plans. TAHEA for example has implemented a successful model on community based child care called *Mama Mkubwa* which apart from directly supporting children by giving them a home and a caretaker, it mentors caregivers, MVCC and local government authorities in fulfilling their roles as primary duty bearers in providing quality childcare services for their young children. TASAF and Save the Children have piloted cash transfer programmes, which among others target vulnerable children with basic needs.

MKUKUTA has various working groups composed of private sector, government and CSOs. The working groups are responsible for advising government on technical issues and they also follow up on implementation of the MKUKUTA.

**Data Management**

Efforts to centralize data management systems have been discussed between ministries over the years but have not yet materialized. A recent evaluation on MVC data funded by USAID found major gaps in the data system, these included incompetent staff to manage data, complex and difficult to use and lack of tools. Each of the ministries dealing with children has their own data management system but there is no centralized system with synchronized data. There is no institution with a centralized data system that harmonizes all information from all MDAs. Even the MCDGC has its own data management system.

The Department of Social Welfare within the Ministry of Health and Social Welfare has their own MVC data system mainly targeting vulnerable children; the system is fed with data from district, ward and village levels but data collection is not consistent and therefore, there are many gaps. Measure Evaluation is currently working with the Ministry of Health and Social Welfare to strengthen the database on vulnerable children. Ministry of Employment, Labour and Youth collects data on child labour; data is supposed to be collected by labour officers who are not distributed in every district. As a result data on child labour is not consistent nor is it received from every district. In addition, the officers responsible for child labour in most cases do not have the stationery to record the data on, thus the Child Labour Monitoring System is also not working well. The Ministry of Education has their own data management systems, targeting school going children and those reached for sponsorship. TACAIDS has their own monitoring system and database to monitor HIV and AIDS related interventions including support to OVC. TASAF, a programme funded by the multi donors is currently funded to develop an M&E system supported
by USAID and Measure Evaluation, but it’s not clear what kind of data the system will target and whether will reflect the situation of all children.

The data managed by every ministry is disaggregated however since it is not harmonized there are possibilities of double counting. The lack of a centralized system to collect data is both a result of mandate issues between ministries and the weaknesses in coordination and oversight of children’s programmes. Development partners have themselves failed to influence the existence of a centralized data system. UNICEF for example works with both the MCDGC and DSW but has not been able to influence the development of a common database.

**Information Management and Dissemination**

Dissemination, awareness raising and training are activities that are widely undertaken by all the Key Ministries concerned with children. Through the Ministry of Health and Social Welfare, training on child protection has been undertaken to frontline workers dealing with child protection issues (child protection teams) in 22 out of 133 districts in Tanzania. The Plan is to scale up the training to all districts in Tanzania in the next five years. Child Protection Teams include Social Welfare Officers, Police, Judicial Officers and Health service providers, teachers, Prison Officers, Immigration Officers and Planning officers. The MCDGC has continued to disseminate information on the ACRWC and the CRC. In 2009 in collaboration with UNICEF and other partners, they conducted a Violence Against Children study. Findings from this study have been widely disseminated by NGOs, both national and international. Faith Based Organizations have also been actively engaged, for example BAKWATA has trained 240 imams and Sheikhs on Violence against Children, they have legal aid programmes, are training frontline workers at village levels on rights of children, referral systems and disseminating laws and policies on children.

Tanzania Episcot Conference has several programmes on Gender Based Violence implemented in selected districts in Tanzania, among their target groups are MVCCs at village level. Local NGOs such as the Tanzania Ending Child Marriage Network aims at increasing levels of awareness on the impact of child marriage through community dialogues and they also plan to disseminate key principles of the ACRWC and the CRC. Other organizations such as Haki Elimu, Tamwa, Tawla, Wildaf, Morogoro Paralegal, LHRC, Nola, Twaweza are running child rights awareness and some of them legal aid programmes. International NGOs such as IOM, PACT, FHI, Africare, Save the Children and others are working in partnership with central and local government to implement programmes among which constitute capacity building and dissemination.

However, even with these efforts, awareness raising needs to be increased. Reporting of child abuse is still limited though it has progressively increased over the years. For example in Mtwara, in 2011 the Children’s and Gender desks received only 53 reported cases concerning children, in 2012 the number rose to 233. According to police dealing with the Children’s and Gender Desks
and studies on the child protection system, cases are often not reported into formal justice channels. Cases are brought to police stations are often cases that have failed to be resolved at the household or community level\textsuperscript{152}. Most parents prefer to negotiate out of court where they are also paid some monetary compensation\textsuperscript{153}. Sometimes the Desks receive cases from parents or caretakers who after some time decide to withdraw cases, particularly if the offender is a near relative. It is also difficult to get witnesses on child abuse cases particularly when they have to testify against a relative or neighbor. This is the case in Mainland and Zanzibar\textsuperscript{154}.

**Recommendation**

(i) The overall governance of programmes concerning children should be a subject for discussion among government and civil society organization. A recommendation made in the past by CSOs to establish a Commission for Children has been documented but not implemented. CSOs themselves need to take an active role in advocating for the establishment of this Commission

(ii) Coordination and management of data concerning children should be reevaluated. A suggestion to establish a body that would coordinate all efforts towards children has been suggested in the past but has not happened. A commission, to deal specifically with children needs to be discussed as the current CHRAGG is not sufficiently funded to fully address rights of children. In addition, its powers of influence over other MDAs are extremely limited and the legal instrument establishing them constrains them from taking any action.

(iii) Both donors and government should be ready and willing to put in resources to strengthen coordination and establishment of a comprehensive data base. Further consultations need to be made between government and CSOs regarding how to take this issue forward. Coordination at sub national levels should also be improved to reflect a harmonized approach in dealing with children.

(iv) CSOs should advocate for improved governance of resources for children, this entails improving transparency, overall funding for children (not just sector based), improving supervision and oversight and building capacity of government to effect service delivery and effectively respond to the demand for a working system.

---


\textsuperscript{154} Repoa (2012). Assessment of the Justice Needs and Obstacles in Zanzibar, Zanzibar
References

Actionaid, (2011); Transforming Education for Girls in Tanzania: Baseline research summary report, Tanzania.

Baregu K. (2008), Status of Children in Tanzania, Rights Based Analysis of Children Without Parental Care or at Risk of Losing SOS-Kinderorf International, East Africa Region, Dar Es Salaam

Care International Tanzania, Kokuteta B. Mutembei (2012), Gender Analysis of the iWASH Programme, Dar es Salaam

Care International Tanzania, Kokuteta B. Mutembei (2013), Baseline Study for Setting Benchmarks Prior to Project Implementation, Engaging Men and Boys for Gender Equality Project (2012-2014)


COWI (2010), Joint External Evaluation of the Health Sector of Tanzania (1999-2006), Dar es Salaam


Together for a lasting positive change for children


ICF Macro, Kokuteta B. Mutembei, (2011). Situation Analysis on Child Labour in Tanzania Mainland and Zanzibar, Supported by the US Department of Labour

ICS (Africa Regional Office) and C-Sema, (2011). Feasibility Study on Child Help Lines, Dar es Salaam


Media Council of Tanzania, (2009), Agenda for Media Research in Tanzania, Dar es Salaam

Ministry of Community Development, Gender and Children (2010); Maelezo kuhusu Taarifa ya Utekelezaji wa Maagizo ya Kamati ya Kudumu ya Bunge ya Maendeleo ya Jamii Yaliyotelewa Juni 2009, Dar es Salaam


Repoa (2012). Assessment of the Justice Needs and Obstacles in Zanzibar, Zanzibar


Repoa, Zena Amury and Aneth Komba,(2010), Coping Strategies Used by Street Children in the Event of Illness, Research Report 10/1, Dar es Salaam


TGNP, (2007), Gender Profile of Tanzania, Enhancing Gender Equity, Dar es Salaam


UNICEF, (2011), Adolescents in Tanzania, Dar es Salaam


URT Ministry of Community Development, Gender and Children (2011), Report of the Meeting Concerning the Problem of Street Children, Dar es Salaam


Together for a lasting positive change for children


URT, Ministry of Health and Social Welfare, Department of Social Welfare (2009), National Guidelines for Improving the Quality of Care, Support and Protection to MVC, Dar Es Salaam


URT, National Bureau of Statistics and ICF Macro (2011), Tanzania Demographic and Health Survey 2010, Dar es Salaam


URT, TACAIDS, ZAC (2013), Tanzania HIV/ADIS and Malaria Indicator Survey 2011-2012, Dar es Salaam

URT, Ministry Of Finance And Economic Affairs (2010) : Tanzania Gender Indicators Booklet


