

# TANZANIA

## The Situation

Tanzania is a peaceful country that borders the troubled Great Lakes region. The president, Jakaya Kikwete, is approaching the final year of his first term in office and attention is turning towards the elections scheduled in late 2010. The government remains broadly committed to investing in infrastructures and maintaining macroeconomic stability with the aim of achieving higher economic growth.

Economic growth over the past five years has been strong – 7.4 per cent in 2005, 6.7 per cent in 2006 and 7.1 per cent in 2007. Gross Domestic Product (GDP) per capita (current prices) increased from an estimated US \$301 in 2001 to US \$ 521 in 2008 (IMF, 2009). Over one-third of all households live below the basic needs poverty line, well below \$1 per day, and nearly 20 per cent live below the food poverty line. Poverty has remained overwhelmingly rural, both in Mainland Tanzania and Zanzibar, with many children affected by it. Estimates from 2007 suggest that roughly six million children aged 0-14 years are living below the basic needs poverty line, and around three million children fall below the food poverty line<sup>1</sup>

In November 2009, Tanzania adopted the Law of the Child Act. It provides a comprehensive framework for different aspects of children's rights in Tanzania and addresses a broad range of protection issues such as non-discrimination, the right to a name and nationality, the rights and duties of parents, the right to opinion and the right to protection from torture and degrading treatment. The law lays out the system for ensuring justice for children and defines processes to ensure protection for children without families, including international adoption. However, the law still has some shortcomings as it does not address discrimination in relation to the legal age of marriage, which remains at 15 years for girls and 18 years for boys, and fails to ban corporal punishment in schools, the penal system and other institutional settings and alternative care systems.

Malnutrition - most prevalent in young children from poorest or rural households - is the single biggest contributor to child mortality, with malaria, anaemia, pneumonia, diarrhoea and HIV and AIDS also being key causes. The lack of access to health care and systemic skill shortages still prevents an effective response to the disease burden. More than half of Tanzania's population of about 40 million are children under the age of 18 years and the prognosis for rural children is not optimistic in the near-term.

The 2007 Household Budget Survey reveals positive trends in enrolment in education at all levels, with enrolment of children from poor backgrounds showing a marked increase at pre-primary and primary levels, though they continue to remain underrepresented in secondary schools. The quality of education continues to be of major concern, especially achievement of geographic equity for vulnerable children. Over 40 percent of women aged 15-45 years have had little or no education, are non-literate, are without access to any form of mass media and have no say in decisions regarding access to health services or daily family expenditures.

To date, over one million people in Tanzania have died of AIDS-related illnesses, the leading cause of death among young adults, and 1.1 million is estimated to be living with HIV and AIDS (THMIS, 2007-2008). The 2007/2008 HIV/AIDS and Malaria Indicator Survey indicates that urban HIV prevalence (8.7 per cent) is almost double than that for rural areas (4.7 per cent), with wealthy or least educated men more likely to be HIV positive than women, and women more likely to be infected at an earlier age than men.

Tanzania is prone to both natural and man-made hazards including drought, floods, earthquakes and epidemics that affect livelihoods, destroy infrastructure and cause food insecurity and health problems. Furthermore, although the repatriation has accelerated in the last 2 years, as of 12 November 2009 Tanzania continues to host a population of more than 90,000 refugees from Burundi and the Democratic Republic of Congo in the North Western part of the country.

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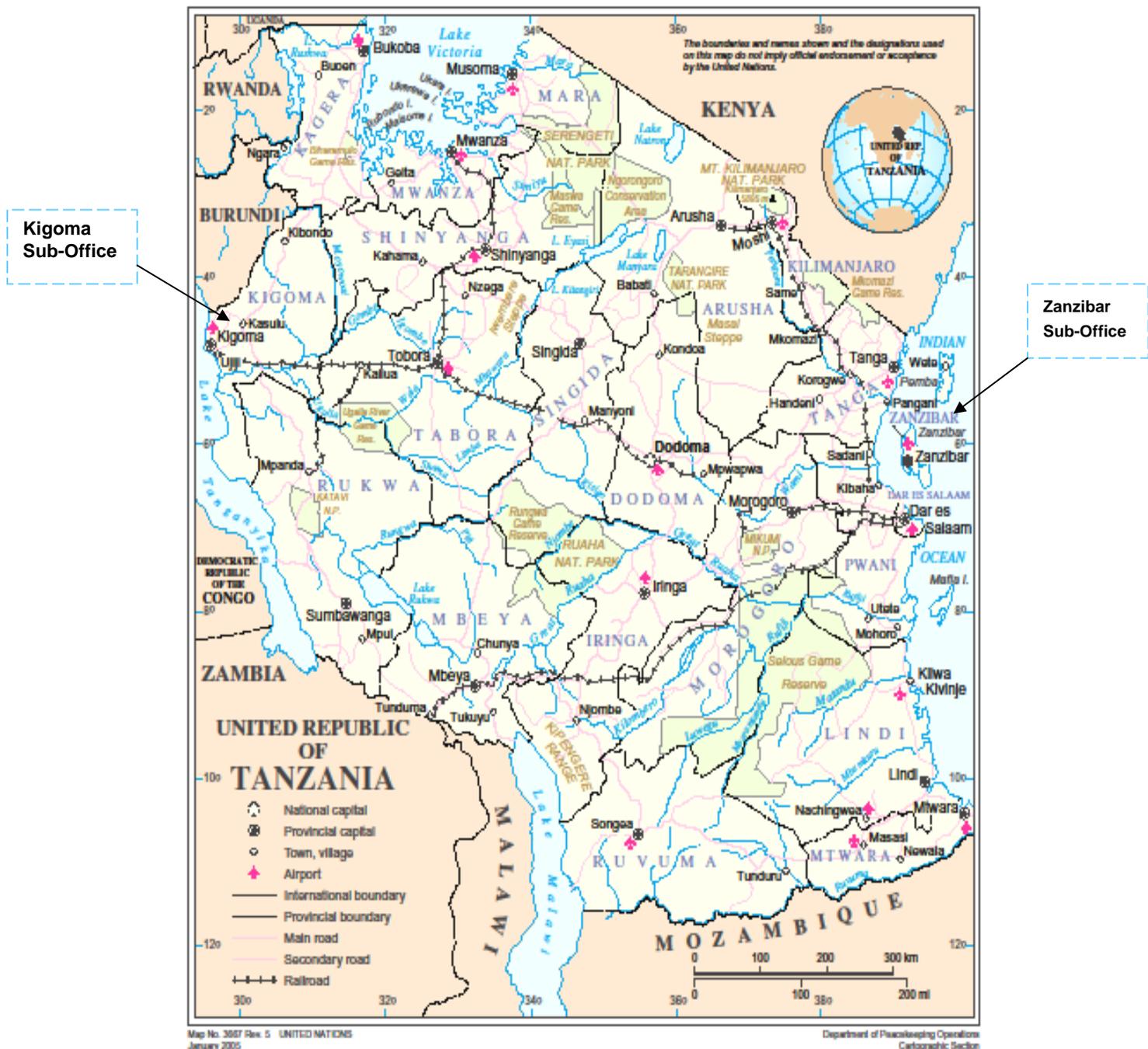
<sup>1</sup> Childhood Poverty in Tanzania, 2009, p. ix.

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Map



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## Basic Indicators

	SOWC* 2008 data	Other National Data Sources
Total population:	42.484 million	
Pop. under 18/ pop under 5:	Pop<18; 21.777 million Pop<5; 7.566 million	
Life expectancy at birth :	56	
Development level (source: UNDP Development index)	151 out of 181 countries (UNDP, 2009)	
GNI per capita	430	
Maternal mortality ratio (per 100,000 live births):	580 (2003-2008)	
U5 mortality rate (per 1,000 births):	104	91 (THMIS 2007-08)
U5s underweight: Moderate & Severe	17% (WHO)	21.8%, (TDHS 2004-05)
Access of pop. to clean water	% pop using improved drinking water sources (2006) Urban 81 Rural 46 Total 55	
Access to adequate sanitation (Basic Sanitation)	% pop using improved sanitation facilities (2006) Urban 31 Rural 34 Total 33	
Primary school enrollment ratio (%net)	Female 97 Male 98	
One-year-olds immunized against DPT3	84%	
One-year-olds immunized against measles	88%	
Adult HIV prevalence	6.2% (aged 15-49, 2007)	Total 5.7, Male 4.6, Female 6.6 (THMIS 2007-08)
People living with HIV	1.4	1.1 (THMIS 2007-8)
Orphans and vulnerable children	2.6 million (orphans due to all causes)	3.7 million (THMIS 2007-08)

Data Source: Please note for some basic indicators both data from SOWC and national statistics have been considered to show significant recent trends in the specific indicator

SOWC - State of the World Children, 2009

THMIS - Tanzania HIV/AIDS and Malaria Indicator Survey, 2007-2008

TDHS - Tanzania Demographic and Health Survey, 2004-2005

## UNICEF in Action

Tanzania is one of the eight countries piloting "Delivering as One". There is strong commitment from both the UN Country Team and the Government of Tanzania to this approach.

The overall goal of the Country Programme is to contribute through the National Strategy for Growth and Reduction of Poverty (MKUKUTA) and the Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA) and Joint Assistance Strategy in Tanzania (JAST) frameworks to the strengthening of national capacity for priority actions aimed at the realization and protection of the human rights of all children, particularly the most vulnerable.

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The **Child Survival and Development** programme aims to increase resources and commitment to child survival and development, to strengthen overall national policy and strategy, and build capacity at different levels to manage and deliver quality health, nutrition and WASH interventions for child survival. Emphasis is placed on: newborn care, PMTCT/PAIDS, LLINs, MNCH, community & HH WASH, School WASH, and promoting key household practices that will save children's lives and improve growth and development. Particular emphasis is given to reducing maternal and neonatal deaths, reducing malnutrition, increasing utilization and access to services that will prevent mother to child transmission of HIV, and improving water, sanitation and hygiene services in schools.

The main purpose of the **Basic Education and Life Skills** (BELS) Programme is to improve the capacity of the government and other stakeholders to enhance equitable access to quality education for all Tanzanian children, especially the most vulnerable, through three interrelated sub-components: Child Friendly Schooling defines and models education standards in a child friendly, gender sensitive approach and support the provision of educational materials and care to the most vulnerable children (MVCs); Life Skills focuses on HIV and AIDS prevention strategy for 8 – 18 year old; and Education Sector Management Information System (ESMIS) attends to provide evidence for results based planning and decision making.

**Policy Advocacy and Analysis** programme supports policy development and advocacy to ensure resource allocations are influenced to reduce child vulnerability through the use of up-to-date, reliable disaggregated data and evidence; national structures and processes for monitoring and reporting on implementation of key child rights commitments are strengthened; priority issues and actions for children, women and vulnerable groups are integrated into a comprehensive social protection policy and framework; and social planning and budgeting around children, women and vulnerable groups is enhanced through capacity development and improved linkages at national and sub-national levels

The **Child Protection and Participation** programme seeks to promote policy and legal reforms for most vulnerable children; facilitate birth registration and certification and access to Justice; contribute to the development of mechanism to ensure child participation and increase comprehensive knowledge of HIV and AIDS among young people (15-24 years) in learning districts and provide lessons learned for scaling up National HIV/AIDS prevention strategy.

**Geographically Designed Programme** has two sub-components: i) Zanzibar and ii) Refugees and Refugees-Hosting Communities (RRHC) in the North-Western Tanzania. The Zanzibar Sub-Component aims to contribute to the realisation of children's rights on the two islands (Pemba and Unguja), that comprise Zanzibar while the overall purpose RRHC in the North-Western Tanzania sub-component is to ensure effective coordination of emergency preparedness and response activities, especially for the refugees and hosting communities in North-Western Tanzania and to increase the capacity of government and partners to fulfil the rights of children and women.

**Emergency Preparedness and Response** ensures effective coordination of emergency preparedness and response activities, especially for the refugees and hosting communities in North-Western Tanzania and to increase the capacity of government and partners to fulfill the rights of children and women. Persistent disaster risks have highlighted the need to strengthen national structures to mitigate risks and manage effective emergency response. Within this perspective, UNICEF has taken on the key role of Managing Agent for the UN Joint Programme, 'Strengthening National Disaster Preparedness and Response Capacity'.

The **Communication and Partnership** team, which adopts an integrated approach involving advocacy, external relations, mass media production, communication for development, private sector partnerships and donor relations.

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## UNICEF in Emergencies

Overall, Tanzania is a stable country that has not faced major emergencies in the near past. UNICEF's response to the sporadic emergency situations that occurred in 2009 was part of a coordinated response under the umbrella of the UN Emergency Coordination Group (UN ECG), to ensure prompt, effective and concerted assistance in humanitarian crises. A joint team comprising UNICEF, WFP, UNHCR and Government officials assessed the situation and gaps following the hail storm in North Western Tanzania (Ilagala), Kigoma region in March 2009 that caused damages to houses and crops. A total of 223 individuals were affected. UNICEF provided support in the form of jerry cans, oral rehydration salts, blankets, water purification tablets, soap and antibiotics to the dispensaries in the area.

UNICEF led and coordinated the response activities following the accidental weapons explosion at the Mbagala military base on 29 April 2009 in Temeke District about 15 km from Dar-es-Salaam that caused considerable destruction, suffering and loss to approximately 4,000 households. Joint activities included psychosocial support, family tracing and reunification, provision and distribution of educational, shelter and WASH related material, in addition to non food items procured from Joint Programme funds. In close partnership with MoHSW, UNICEF and its NGO partners provided support to contain cholera outbreaks in Pemba, Tanga (Handeni and Korogwe), Magu, in North West Tanzania both in the refugee camps and in the host community areas of Kigoma and Kasulu and in Ilala, Kinondoni and Temeke in Dar-es-Salaam.

Following the first reported case of H1N1 in Tanzania in July 2009, as of 7 December a total of 677 cumulative cases had been confirmed with one death. The disease has so far affected 4 regions i.e. Dar-es-Salaam, Mara, Manyara and Mwanza. UNICEF, as an active member of the taskforce, is supporting efforts of the MoHSW and WHO to contain the spread of the disease through the implementation of a communication plan, that is estimated to reach over one million people, comprising various public awareness activities including the production and dissemination of IEC material on health education and hygiene promotion in addition to TV and radio spots and a media sensitization workshop.

From a preparedness perspective, particular efforts were made in 2009 by UNICEF and partners under the leadership of the Prime Minister's Office/Disaster Management Department (PMO/DMD) to respond to the El Niño alert: a national and regional level stakeholder meeting was organized in August 2009; action plans were developed for the regions expecting to receive above normal rainfall; the MoHSW completed its preparedness plan; communication channels with the Tanzania Meteorological Agency were maintained and information disseminated to ensure communities and partners were alerted on prevailing conditions and key emergency supplies were pre-positioned in Dodoma, Mbeya and Shinyanga.

## UNICEF in Tanzania

- *UNICEF began its operations in Tanzania in the 1970s.*
- *The CO currently has 113 staff, including 82 Nationals and 31 Internationals.*
- *The CO is able to do media interviews in the following languages: English, Arabic, French, Spanish, Italian, Finnish, Russian, Bulgarian and Japanese.*

*UNICEF works with the Government of Tanzania, UN agencies, national and international NGOs such as Save the Children, World Vision, Plan International, Population Services International, etc.*

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