ANNUAL REPORT TANZANIA
KEEping ChiLDrEn safE
PROVIDING THE ESSENTIALS OF LIFE
PREPARING AND RESPONDING TO CRISIS
PROTECTING CHILDERN FROM HIV
SOCIAL POLICY COMMUNICATIONS AND PARTNERSHIPS
It is my pleasure to introduce our annual report for July 2011 to June 2012. During this period, we continued to partner with the Government of Tanzania, donors, civil society organizations, the private sector and communities to support the most vulnerable children and women.

Over the past decade, Tanzania has achieved impressive results for children and women. Remarkable progress has been made in improving child survival, with the under-five mortality rate declining by almost 40 per cent since 1999. This has largely been achieved through simple, effective and low-cost interventions such as increased use of insecticide-treated mosquito nets, improved treatment of malaria and expanded coverage of Vitamin A supplementation.

In education, the abolition of school fees in 2001 and investments in teacher training through programmes such as In-service Training and Education (INSET) have resulted in almost universal access to primary education. On the legal front, the landmark Law of the Child Act enacted in November 2009, has provided us with an opportunity to ensure that regulations are established and enforced. Building on the national study on violence against children in 2011, Tanzania has taken bold steps to address this problem, including the establishment of a National Multi-sectoral Task Force to guide the national response and a three-year costed action plan.

Despite these victories, high levels of poverty and inequality continue to blight progress. Children are disproportionately represented among the poor and thousands are being left behind by the country’s strong economic growth over the past years. Stunting affects nearly 42 per cent of all children below the age of five. Quality of education remains a national concern. There are also major geographical and social disparities in access to safe water and adequate sanitation.
As UNICEF, we believe that children come first and that the issues of this population require urgency to save lives, enhance development and prevent irreparable damage to growing bodies and minds. The fact that almost half of the Tanzanian population is made up of children below the age of 15 provides a strong rationale for investing in children. We are committed to supporting national efforts to narrow the disparities that exist between better-off and poor children, girls and boys, and urban and rural children. We do this by channelling our resources to the most disadvantaged families and children while helping to build national systems and programmes that improve the welfare of all children. We act with other like-minded partners for we cannot do this alone.

I would like to thank the Government of Tanzania and all our partners for their dedication, tireless work and most importantly, for putting children at the heart of matters. I also thank our donors, whose generous support allows us to continue our work for children of Tanzania.

JAMA GULAID
UNICEF Representative in Tanzania

We act with other like-minded partners for we cannot do this alone.
Progress and challenges

There is a message on a brightly coloured Tanzanian kanga that says, “Haki za watoto kwanza” or (“Children’s rights first”). This could not be more befitting for a country that takes its children and women seriously. Tanzania’s economy has grown tremendously for almost a decade and the country has made admirable progress in child and maternal survival, development and protection. There are still, however, many challenges to overcome, especially in translating economic development into uplifting the poor, narrowing equity gaps for children and providing quality social services.

The 2010 Demographic and Health Survey revealed a rapid decline in childhood mortality, with infant death rates cut by half between the 1996–2000 period and 2010 (from 96/1,000 live births to 51/1,000 respectively). This was at least partly due to enormous strides in malaria control and treatment as well as an increase in the coverage of Vitamin A supplementation. Vaccination rates have remained relatively high and HIV services, in particular voluntary counseling and testing and prevention of mother-to-child transmission (PMTCT), have been scaled up.

Maternal mortality, however, remains unacceptably high with one in 220 women dying during pregnancy or childbirth and just half of all births assisted by a skilled health worker. There are serious disparities in children’s health outcomes and access to health services. Neonatal deaths account for 30 per cent of all under-five deaths while children under-five in the Lake zone, the poorest households and those with mothers who did not complete primary education are at highest risk of dying.

Another challenge to child and maternal survival is the HIV epidemic. Though HIV prevalence has recently declined, from 5.7 per cent in 2007–2008 to 5.1 per cent...
in 2011–2012, geographic and social pockets of very high prevalence remain. HIV prevalence is highest in the UNICEF focus regions of Njombe (15 per cent), Iringa (9 per cent) and Mbeya (9 per cent). At national level, more women (6 per cent) than men (4 per cent) are HIV positive. It is estimated that about 100,000 Tanzanians are infected with HIV each year, with 40,000 new HIV infections occurring among young people.

A positive trend has been the growth of some HIV services over the years with increases in HIV testing and condom use among young men and women who have never been married. But other areas are lagging behind. Comprehensive knowledge of HIV is less than 50 per cent for both young men and women, stigma and discrimination are still widespread, and adolescents and young people have limited access to comprehensive HIV and sexual reproductive health education and services. Except for the national PMTCT programme, the country lacks a comprehensive HIV and AIDS care and treatment policy for children.

The nutrition sector has seen new developments and commitments at the highest level, including the launch of the National Nutrition Strategy for mainland Tanzania and increases in human resources at sub-national level. But these will take a while before they produce improved nutrition outcomes for children and women. Very little progress has been made in reducing chronic malnutrition and 42 per cent of children under-five are stunted. Above average stunting rates (50 per cent or more) are found in the UNICEF-supported regions of Mbeya, Iringa and Njombe. Up to 60 per cent of under-fives and 40 per cent of women between 15–59 years are anaemic, which remains a major public health problem.

Major policy, institutional and finance reforms have taken place in the water sector over the past few years. Yet this progress has produced mixed results. Access to clean water is much lower in poorer than wealthier households, and water supply for the very poor and vulnerable has not been prioritized. Despite efforts to revitalize the sub-sector, sanitation and hygiene services are under-funded and under-developed. Greater
The enactment of the Law of the Child Act 2009 represents a real breakthrough and an opportunity to strengthen the protective environment for children.

investment also needs to be put into school water and sanitation facilities. Four in five schools do not have working hand washing facilities and three in five schools are without water supply on their grounds.

Tanzania has made significant progress in improving access to primary education since 2000 but for the fourth year in a row the percentage of school-aged children going to primary school has dipped (97.2 per cent in 2008 and 92 per cent in 2012). The poor quality of education remains the major challenge for the government and partly explains why slightly fewer children are going to school. Approximately one-third of all children at the primary level are failing to complete school and less that 60 per cent passed the all-important primary school leaving examination at the end of 2011. Inequalities in terms of access and achievement at this level persist. Among the most excluded are children with disabilities, working children, orphans, children in nomadic communities and those living in remote rural areas. Specific measures are needed to bring these children back into the fold of education.

The enactment of the Law of the Child Act 2009 represents a real breakthrough and an opportunity to strengthen the protective environment for children. The focus now is on translating the Act’s provisions into practice and making sure that there are sufficient resources available for implementation at district level. However, children continue to experience high levels of violence and abuse. According to the 2011 Violence Against Children study, three-quarters of girls and boys experienced physical violence before the age of 18. Three out of every 10 girls aged 13–24 were sexually abused during childhood, with neighbours and strangers the most common perpetrators. Just below 10 per cent of children under-five have a birth certificate; for the remaining 90 per cent the lack of birth registration can pose a major barrier to accessing social services or receiving protection from abuse and exploitation.

Poverty continues to be widespread, with 68 per cent of the population affected, and impacts hardest on children – 71 per cent of children suffer from multiple severe deprivations of basic needs. While access to services has been increased, a key challenge remains how to improve the quality of services and deliver them at scale. There are vast geographical, social and income-based inequities in accessing quality services. Invariably, poorer families and those living in rural areas get fewer, lower quality services.
# Growing up in Tanzania

## THE NATIONAL PICTURE

- **1 in 12** children die before the age of 5
- **50%** of births are assisted by a skilled health worker
- **75%** of children between 1 and 2 years are fully immunized
- **42%** of children under 5 are stunted
- **54%** of Tanzanians have access to safe drinking water
- **40%** of women and **47%** of men aged 15–24 have comprehensive knowledge of HIV
- **94%** of primary school aged children are enrolled in school but only **62%** complete their primary education
- **49%** of women and **32%** of men age 15–24 have ever been tested for HIV and received results
- Three-quarters of boys and girls are physically abused during childhood

## A PICTURE OF INEQUITY

- **1 in 10** children from the poorest households die before the age of 5
- **83%** of births in urban areas compared to **42%** of births in rural areas are assisted by a skilled health worker
- **88%** of children with educated mothers (secondary education+) versus **63%** of children with uneducated mothers are fully immunized
- **80%** of urban and **48%** of rural Tanzanians have access to safe drinking water
- **34%** of children of the right age are enrolled in secondary school
- **14%** of children living with HIV receive antiretroviral treatment
- **Boys (23%)** are more likely to be involved in child labour than **girls (19%)**

Saving lives
When Zakia’s eight-month-old baby, Wasila, started losing weight and had a fever she couldn’t shake off, Zakia thought she was cursed by evil spirits. She took her to a traditional healer who told Zakia to wash the baby with water boiled from a special tree. But Wasila didn’t get better. Finally, after an examination at the local clinic, Wasila was diagnosed with malnutrition and put on fortified therapeutic food called Plumpy Nut. “I have been feeding Wasila Plumpy Nut for one month and I can already see an improvement. Now she weighs five kilos and has a healthier appetite, she has more energy and she can play.”

UNICEF IN ACTION

Zakia and Wasila are one of the many mother and child duos that benefit directly from UNICEF support in Tanzania. Though child survival has greatly improved, malnutrition, along with malaria and diarrhea, continue to kill children, especially the very young. For UNICEF, there is no stopping until all children are safe from preventable childhood diseases. The UNICEF Health and Nutrition Programme works closely with the Government of Tanzania and other partners to increase access to high impact and community-based maternal and child health and nutrition services. This involves strengthening national policies, plans, systems and capacities, and ensuring that services are reaching the most disadvantaged and vulnerable children and women.

ACHIEVEMENTS IN 2012

CHILD AND MATERNAL HEALTH

Improving the quality and reach of maternal, newborn and child health care (MNCH) cannot happen without the right policy environment, systems and skilled personnel in place. In 2012, the National Health Promotion and Education Policy Guideline was updated, and will be used to inform the Integrated National Health Promotion Strategic Framework which UNICEF is helping to develop. In Zanzibar, joint advocacy efforts with UNFPA and WHO helped to abolish user fees for maternal care, a major barrier to accessing health services.
UNICEF continued investing in regional and district capacity for planning, service delivery and supervision for MNCH. Newborn survival is one area of focus, especially as deaths in the first month of life account for a third of all under-five deaths in Tanzania. Seven hundred and thirty two district trainers were trained in newborn resuscitation while supplies and equipment were provided to more than 1,800 health facilities in 12 out of 26 regions, increasing the country’s capacity to help newborns to begin breathing when they do not start spontaneously.

In addition to capacity gaps, unavailability of essential medicine is another key challenge in the health sector. UNICEF played a key role in supporting the Ministry of Health and Social Welfare to develop the Scale-up Strategy for Essential Medicines for Child Health under the Essential Medicine Initiative. The initiative aims to increase the supply and quality of medicines to treat childhood illnesses in poor and rural areas where drugs are often not available. However, many challenges exist in Tanzania’s medical supply system, including stock outs and expiry in excess stocks. To address these obstacles, USAID is supporting the government to develop an electronic Logistics Management Information System (e-LMIS) System. UNICEF provided technical advice in drafting the e-LMIS concept document and is working to support the development of a supply chain management system for vaccines and related supplies, which is compatible with the eLMIS system.

Other solution-oriented activities involved support for mobile health – the use of mobile devices in health care. This is a growing practice in Tanzania and one with potential to greatly improve service delivery. Two health facilities in Bagamoyo district piloted SMS technology to increase demand and quality of maternal and newborn care. An evaluation of the pilot is going to take place in early 2013 to help inform the scale up of this technology.

An equally important result in 2012 was the significant expansion of the cold chain for vaccine storage. With funding from the Canadian International Development Agency (CIDA), UNICEF supported the government to equip all 30 regions in the country with one walk-in cold room and six at the central level, so that Tanzania can accommodate additional new vaccines such as pneumococcal and rotavirus in 2013, as well as second dose measles vaccine, HPV and other vaccines.
NUTRITION

Tanzania’s national growth and poverty reduction strategy, MKUKUTA, prioritizes nutrition, but nutrition has had a low profile in the Ministry of Health and Social Welfare’s policies, strategies and plans. Nutrition services are largely fused with reproductive and child health services, and there is poor coverage of essential nutrition interventions.

The situation is poised to change with Tanzania’s joining of the global Scaling Up Nutrition (SUN) movement in June 2011. Following this positive step, a High Level Steering Committee on Nutrition (HSCN) was established under the leadership of the Prime Minister’s Office. UNICEF, USAID and Irish Aid, who are members of the committee, influenced actions to align national-level coordinating structures for nutrition beneath the HSCN; establish council steering committees on nutrition; and designate nutrition focal persons in all line ministries.

Another move towards strengthening the nutrition sector was the launch of the National Nutrition Strategy for mainland Tanzania in September 2011. In 2012, UNICEF, WHO, WFP, FAO, USAID and other partners provided technical support to develop an implementation plan for the strategy. UNICEF helped to map policies in nutrition-specific and sensitive sectors to assess the extent to which nutrition concerns were reflected. Also significant was the recruitment of nutrition officers for 11 regions and 99 districts, thanks to UNICEF advocacy. Mandatory legislation for salt iodization in Zanzibar was passed.

In preparation for the introduction of a new budget line on nutrition, UNICEF provided technical support to the Prime Minister’s Officer to integrate nutrition as a priority in the Ministry of Finance’s planning and budgeting guidelines. A specific guideline on how to plan and budget for nutrition in six sectors (health, agriculture, water and sanitation, education, community development and planning) was developed and rolled out for councils.

At ground level, biannual Vitamin A supplementation and deworming campaigns reached more than 95 per cent of targeted children, and services for treatment of severe acute malnutrition were scaled up to all health facilities.
During the year, a mobile phone application was piloted in six health facilities in Zanzibar. It helped health workers to correctly identify and manage severe acute malnutrition in children who did not require hospitalization. Programme data on the integrated management of acute malnutrition was included in Zanzibar’s Health Management Information System, with quarterly reports generated at the district and national levels. This greatly assisted facility, district and national managers to monitor programme performance.

HEALTHCARE IN EMERGENCIES

UNICEF is a major partner in helping government and other organizations to prepare for, and respond to, emergencies that threaten the health and nutritional status of children and women. A national Emergency Preparedness and Response Plan on Nutrition in Emergencies (NiE) was finalized, and a team of NiE resource people established to support emergency activities. Health and nutrition supplies for 50,000 people were procured and pre-positioned, and a set of NiE job aids was developed to guide the work of service providers. UNICEF, WFP and FAO jointly supported food security and nutrition assessments in August 2011 and February and March 2012, which identified priority districts in need of food relief.

During the Zanzibar ferry disaster in July 2012, UNICEF immediately responded by providing emergency supplies including tents, blankets, water and biscuits. People who had been displaced by flooding in Dar es Salaam in December 2011 were assisted in 12 camps. In partnership with the Tanzania Red Cross Society, UNICEF helped to improve hygiene and sanitation conditions in the camps, and distributed high energy biscuits, blankets and buckets.
Giving children a brighter future
Dedicated community volunteers such as Rehema are critical to programmes for young children who otherwise would not have access to quality early learning and care. UNICEF believes that every child, regardless of circumstances, deserves to have the best start in life. In Tanzania, UNICEF supports the development and education of children through the most important stages of human life, from birth and early childhood through to the primary school years. Working ‘upstream’ at policy level and ‘downstream’ on the ground, UNICEF focuses on expanding access to early learning, improving the quality of basic education, providing alternative education and equipping children and young people with life skills.

ACHIEVEMENTS IN 2012

EARLY CHILDHOOD DEVELOPMENT

A major achievement in 2012 was a declaration on early childhood development (ECD) signed by five ministers from the Ministries of Finance; Community Development, Gender and Children; Education and Vocational Training; Health and Social Welfare and; Local Government. This signalled the government’s commitment to expanding and improving ECD services in Tanzania. Riding on this wave of support for ECD, UNICEF, as the sector lead, re-energised efforts to advocate for the government to approve the pending ECD policy.
UNICEF also helped to train a national ECD resource team in Zanzibar that will build capacity in planning and management of ECD. In addition, through its advocacy, UNICEF secured the agreement of the lead ministry – the Ministry for Social Welfare, Youth, Women and Child Development in Zanzibar – to include ECD within the new Child Development Policy that was being reviewed.

**ALTERNATIVE EDUCATION**

With only a third of adolescents attending government secondary schools, it is clear that many young people have missed out on formal education. To provide them with a second chance at education, UNICEF supported the roll out of the Integrated Post Primary Education (IPPE) programme in Mwanza district on the border with Uganda. Twenty-eight wards took part in the programme and 843 students were equipped with academic and vocational skills. IPPE has gained wide recognition in Tanzania, with UNESCO adopting the programme’s modules in its work with girls who have dropped out of school because of pregnancy.

**TEACHER TRAINING**

Teaching is one of the most important professions in the world. Teachers pass on knowledge and values to children, prepare them for further education and working life, and are main contributors to quality education. In Tanzania, a national in-service education and training programme (INSET) for primary teachers was piloted in seven UNICEF-supported districts. Twenty-one per cent of teachers (2,052) in those districts were trained on general pedagogy, mathematics and English. An estimated 90,000 children from 141 schools benefited from improved teaching and learning practices in the classroom. The government has committed to scaling up the programme across the country. In Zanzibar, the INSET module in science and technology was developed together with teacher training colleges.

**PLANNING, MANAGEMENT AND QUALITY ASSURANCE**

School inspection is a vital component of monitoring and improving the performance of the education system. With UNICEF support, the work of the Inspectorate Department at the Ministry of Education
and Vocational Training was improved in 2012. Inspection tools were revised, including an updated school inspection checklist. Development of an online database of school reports started during the year. It will enable remedial actions to be taken at the school, community and district levels and make information easily available for the public and decision makers. In Zanzibar, UNICEF’s technical assistance helped to reform the school inspectorate system, in order to make it a more effective quality assurance body.

Planning is part of the work of every school as it strives to meet the educational needs of all its pupils. Whole school development planning is a systematic approach that involves the entire school community in that ongoing quest. In Tanzania, UNICEF helped to train district education officers, ward education coordinators, health teachers and school committee chairpersons in six of the seven UNICEF-supported districts to develop school plans and mobilize resources.

To advance gender equality in education, UNICEF supported school-based peer education clubs (TUŠEME, ‘let’s speak out’) in 10 districts. More than 27,000 boys and girls from those districts were guided by their teachers to speak out on the issues that concerned them and to advocate for improved education provision. In addition, a teacher’s guide on care and support for children with albinism was completed.

EDUCATION IN EMERGENCIES

Education is critical for all children, but it is especially urgent for children affected by crises. Education eases the psychosocial impact of conflict and disasters by giving a sense of normalcy, stability, structure and hope for the future. To improve capacity to carry out education in emergencies (EiE), UNICEF helped to train a national team of EiE facilitators and education personnel, as well as develop a draft manual on EiE. Participants at these training events used their new skills to help pupils and their teachers conduct exercises where they identified hazards in and around their schools and then came up with practical responses to address them. These threats and the responses to them were then included in school plans that UNICEF supports schools to develop.
Keeping children safe
UNICEF in Action

Children like Selina should be safe in their own homes but they are not. According to the 2011 Violence Against Children study in Tanzania, three-quarters of boys and girls experienced physical violence in childhood, often at the hands of family members. Protecting children from harm needs a holistic approach that is grounded in policies, systems and services delivered by skilled child protection providers. With this in mind, UNICEF works with the government in Tanzania and partners to develop a comprehensive child protection system.

Achievements in 2012

A National Framework for the Child Protection System

The 2009 Law of the Child Act enshrines a framework for protection of children from abuse. UNICEF is supporting the government to operationalize the law through the development of a comprehensive set of regulations, accompanied by guides for frontline workers. Seven sets of regulations – on adoption, apprenticeship, approved schools, child labour, children homes, foster care and retention homes – came into force. Work also started on developing regulations on child protection, juvenile courts and day care centres and crèches.

A public expenditure identification survey, supported by UNICEF, revealed that only 0.1 per cent of the budgets...
of the key line ministries for children was allocated for child protection, while in the districts the allocation was as low as 0.002 per cent of the local government budget. As a result of these findings, UNICEF worked with the Ministry of Finance to develop child protection budgeting guidelines for local government to help increase resources allocated to protecting children from abuse.

To develop an effective child protection system and monitor its impact, it is essential that cases of child abuse and outcomes for children are recorded. In this context, the Child Protection Management Information System was piloted and used for case management in six districts. Once all the components are finalized the system will provide programme managers and service providers with information and data related to case management, juvenile justice, alternative and institutional care and other interventions.

In Zanzibar, UNICEF supported the Ministry of Social Welfare, Youth, Women and Child Development to develop a core package of regulations on child protection, specialist measures, adoption and foster care, as well as to develop an inter-sectoral implementation plan for the Children’s Act.

CAPACITY BUILDING

In order to translate law into practice, it is essential that frontline workers have the knowledge and skills to handle child protection cases effectively, appropriately and sensitively. Pre- and in-service-training programmes are key to raising awareness and developing a cadre of skilled child protection professionals. Three government institutions (Institute of Social Work, Institute of Rural Development Planning and Community Development Training Institute) were trained to mainstream child protection in their curriculum. A training package was developed and rolled out for officers staffing the specialist police Gender and Children’s desks.

MODELLING CHILD PROTECTION SERVICES

Having child protection services in place at district level is important so that children who suffer abuse can access the support and care that they need quickly. During 2012, UNICEF collaborated with Save the Children and International Rescue
Committee to establish referral systems in four districts for children who have been abused, neglected or exploited. The technical capacities of district child protection teams were strengthened to identify, prevent and respond to child protection cases. The positive experience in the four districts is being used to advocate for increased government support to child protection at national and district level.

UNICEF also worked with the government and civil society to develop a model for identifying long-term care solutions for children living and working on the streets of Dar es Salaam. The pilot, which was carried out by three local NGOs and the Department of Social Welfare, offered family reunification services, foster care and supervised independent living. Fifty girls and boys living/working on the streets were trained as peer educators. Together with sensitized community members, they were able to identify eligible children and link them to the services. As a result, 130 boys and girls were reunited with their families or communities.

VIOLENCE AGAINST CHILDREN

In August 2011, the Government launched the Violence Against Children survey, together with ‘Priority Responses’ across a number of sectors: police, justice, education, health, social welfare, HIV and AIDS, local government, community development and civil society and religious communities. These Priority Responses formed a set of high level commitments across government Ministries and institutions, which were developed during the course of the year by the National Multi-Sector Task Force on Violence against Children (a multi-disciplinary forum comprised of government, UN, civil society and faith-based organizations that met on a monthly basis) into a One Year National Plan of Action called ‘From Commitments to Action,’ launched in June 2012 by the UN Special Representative on Violence Against Children, Marta Santos Pais. A national plan of action and a communication strategy were also launched in Zanzibar in 2012 in response to the 2011 survey findings.

UNICEF continued to build partnerships with community-based networks, media, children and youth, and faith-based organizations to influence change in social norms and behaviour that perpetuate violence and abuse against children. A key aspect was teaching children from an early age to recognize abuse.
and report incidents. This communication model was rolled out in four districts with established child protection teams who are key bridges between communities and child protection services.

To ensure that children who report cases to the police are handled in an effective, child sensitive manner, UNICEF, in collaboration with UN Women, supported the police to establish Gender and Children’s desks, including in three of the pilot child protection districts. These desks are open around the clock and staffed by trained officers. The police developed guidelines on the establishment of Gender and Children’s desks and standard operating procedures on handling cases of gender-based violence and child abuse. These will help to standardize the response offered to child victims.

**BIRTH REGISTRATION**

Important to protecting children from abuse and exploitation is birth registration. Without an official identity children can easily fall victim to abduction, trafficking and can be barred from accessing essential services. Registering births is also an important part of generating the vital statistics that government needs to plan across all the sectors. To this end, UNICEF supported the Registration, Insolvency and Trusteeship Agency (RITA) to develop and test a new birth registration strategy. The new system decentralizes birth registration and certification by bringing services closer to the community. Children can be registered for free through their local health centres or the offices of local government.

Mobile phone technology for data transfer and uploading was also tested in partnership with the mobile service provider, Tigo. This initiative, which aims to increase the rate of birth certification from the current six per cent in the Mainland to 80 per cent by 2016, will be progressively expanded to different parts of the country. A pilot carried out in the district of Temeke to test the new strategy had startling results: within the six-week period of implementing the pilot in 14 wards, the percentage of children under-five with certificates rose from 15 to 44 per cent.

**JUVENILE JUSTICE**

The child protection system is just emerging in Tanzania. Vulnerable children who are not helped by the system often end up on the streets or as domestic workers. These
children are also highly likely to come into conflict with the law. Children in the justice system face long periods on remand and are not provided with the care and support they need while in detention. Approximately 1,400 children are held with adults in prisons and 75 per cent of detained children are waiting for their trial.

UNICEF is supporting the government to ensure that children who should not be in the justice system are diverted to support services. Similar efforts are being put into ensuring that young offenders are processed quickly, get legal representation, receive a fair trial and are rehabilitated and reintegrated back into their communities. In 2012, UNICEF also helped the government to develop a long-term vision and five-year strategy for the child justice system in Tanzania. In Zanzibar, the Ministry of Social Welfare, Youth, Women and Child Development, was supported to assess the juvenile justice system and develop a vision and framework for child justice reform.
Providing the essentials of life
Nsola primary school in Magu district is a model school. Having gone through a ‘whole school development plan’ process, which focuses on raising child-friendly standards in schools, Nsola now boasts 10 renovated latrines, newly built water taps and a special room for menstruating students where they can help themselves to sanitary supplies. The school also provides breakfast and lunch, helping address the hunger that many students experience. “We have managed to have all this success simply because of the good collaboration the school has with parents…as well as the school plan that we were able to develop thanks to support from UNICEF,” explains Ms. Matambo, the Head Teacher.

**UNICEF IN ACTION**

Without clean water, proper sanitation and hygiene, all the good work UNICEF supports in health, nutrition and education would be undermined. Access to these basics of life is critical to advancing progress towards achievement of the Millenium Development Goals (MDGs). Safe drinking water, sanitary toilets and hygiene habits promote child survival and development, ensuring that children do not get sick from diarrhea and that girls complete their education. UNICEF partners with the Tanzanian government and other organizations to increase access to water, sanitation and hygiene in schools, communities and in areas affected by emergencies.

**ACHIEVEMENTS IN 2012**

**WATER, SANITATION AND HYGIENE**

In Tanzania, the health and water sectors have not given sanitation and hygiene the attention it deserves, despite evidence that the two are key to preventing diseases. This, however, is progressively changing. In 2012, the draft National Sanitation and Hygiene Policy was submitted to the Cabinet for approval. Once signed off, it will introduce common definitions and help to increase budget allocations for sanitation and hygiene. The main partners in the sub-sector also agreed to implement the Community-led Total Sanitation Approach in Tanzania, which aims to increase access
to sanitation and improved health for poor households and communities in rural villages, small towns and informal urban settlements.

With active support from UNICEF, Tanzania became a member of the global Sanitation and Water for All Partnership and made firm commitments to achieve national and MDG sanitation and water supply targets. The President subsequently launched the National Sanitation Programme aimed at translating the commitments into action. At the sub-national level, UNICEF supported the rollout of a package of three key types of behaviour: use of improved toilets, washing hands with soap and treatment and safe storage of household water. At the same time, close to 800,000 people in 550 villages in seven districts were reached with messages on hygiene, sanitation and household water treatment. Commemorative events such as Global Hand Washing Day on 15 October were used to educate 2,000 primary school children on the importance of washing hands with soap.

Evidence-generating research that informs practice is an important aspect of strengthening the sanitation and hygiene sub-sector. In 2012, UNICEF, the Ministry of Health and Social Welfare and WaterAid, with support from the DFID-funded Sanitation and Hygiene Applied Research for Equity research consortium, did a study on human resource capacities and the costs of scaling up sanitation and hygiene. The findings were vital in shaping the design of a national sanitation and hygiene programme.

SCHOOL WATER, SANITATION AND HYGIENE

The rapid growth in primary school enrollment in Tanzania has put pressure on schools to build additional latrines and install water supplies where necessary. To address this challenge, UNICEF collaborated with the Ministry of Education in a number of areas. A national school water, sanitation and hygiene (WASH) strategy was submitted to the ministry’s senior management for approval, work began on a national school WASH programme and regular school WASH co-ordination meetings ensured that there was no duplication of activities.

To make sure that all implementing partners were on the same page, draft national school WASH guidelines and toolkits were developed and piloted in more than
100 schools in mainland Tanzania. UNICEF directly supported the work in 24 schools, benefiting more than 16,000 children. UNICEF is gradually scaling up its support to school WASH with programmes in progress in two districts, reaching an additional 31 schools. In Zanzibar, a version of the guidelines adapted to the local context was underway.

WASH IN EMERGENCIES

The water and sanitation sector faced a number of emergencies in 2011 and 2012 but work behind the scenes had prepared partners to respond. UNICEF regularly gathered the government and NGOs around the table to discuss emergency preparedness and coordination in WASH. The National Cholera Guidelines were completed and are being translated into Kiswahili, and a set of toolkits was developed to help plan, implement and monitor and evaluate emergency response programmes. In Tanga, a region with a history of cholera outbreaks, local government and community workers benefitted from emergency preparedness and response training whereas a rapid hygiene promotion mission was conducted in all villages located in the most affected districts.

Following the floods in Dar es Salaam in December 2011, UNICEF reached more than 6,000 affected residents with drinking water and sanitation and hygiene supplies. An important multi-year and multi-sectoral stand-by arrangement was developed with the Tanzanian Red Cross. This partnership will make sure that response capacity including important water, sanitation and hygiene related supplies can be immediately activated if an emergency happens.
Protecting children from HIV
Makete district in Njombe region has one of Tanzania’s highest HIV prevalence. Tackling the epidemic head on, a group of HIV-positive mothers have formed a support group attached to their local health clinic. They are supporting each other to follow their medical treatment, combat stigma and educate the community on how to prevent mother-to-child transmission of HIV. The support group has formed an innovative drama troupe called ‘Tuitange’ to spread the message about HIV and AIDS. “We started small, as most people were scared of being stigmatized when joining our group,” says Agnes Sanga, one of the members. “Now they come and join in readily….I want to tell everybody about PMTCT, because we are already infected, but we have a chance to make the coming generation HIV free.”

**UNICEF IN ACTION**

Community initiatives to protect children from HIV and eliminate mother-to-child transmission are a key area of support for UNICEF in Tanzania. Focus is also put on preventing HIV infection in adolescents and young people, who are particularly at risk when they become sexually active, supporting the most vulnerable children, and assisting key populations.

**ACHIEVEMENTS IN 2012**

**STRATEGIES AND POLICIES**

Despite a conducive policy environment for women and children’s health generally, a number of Tanzanian laws and policies on HIV and AIDS need to be more closely aligned to global commitment and priorities. This work began in 2012, with the development of the eMTCT plan for national and sub-national levels. UNICEF also ensured that priorities for women, children and young people were adequately reflected in key documents under development: the National Multi-Sectoral Strategic Framework for HIV and AIDS (2013–2017), the Health Sector HIV Strategic Plan (2013–2017) and the National Plan of Action for Most Vulnerable Children (2013–2017).
PMTCT AND PAEDIATRIC HIV CARE AND TREATMENT

A key strategy to preventing mother-to-child transmission of HIV is working with communities through mother support groups. Thirty-four groups were established in seven districts, in partnership with the Ministry of Health and Social Welfare, the African Medical Research Council (AMREF) and mothers2mothers. Support groups are led by HIV-positive women who are trained in community mobilization.

As a result of stronger linkages between local health clinics and the mothers’ groups, more mothers and their babies were receiving ARVs, more children were getting tested for HIV by two months of age, couple testing and counselling had increased and greater numbers of men were getting involved in community sensitization. To improve the delivery of HIV results for children from far-away laboratories to health clinics, a functional referral and feedback system was established in the seven UNICEF-supported districts. Innovations such as sending the results to health workers via SMS technology were implemented.

To further strengthen PMTCT, the national PMTCT programme was aligned to the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive (eMTCT plan). The plan’s main targets, which Tanzania has adopted, include reducing the number of new paediatric infections by 90 per cent and AIDS-related maternal deaths by 50 per cent. UNICEF supported a bottleneck analysis of PMTCT, development of a national and district-level eMTCT plans and training of trainers who will roll out decentralized eMTCT planning and implementation.

To improve access and quality of PMTCT services, UNICEF and UNITAID provided all PMTCT sites in the country with HIV test kits for 700,000 pregnant women and 90,000 HIV-exposed infants. In six UNICEF-supported districts, health workers were trained in PMTCT and early infant diagnosis.

HIV PREVENTION AMONG ADOLESCENTS AND YOUNG PEOPLE

An increasing number of children who were initiated on HIV treatment in the past years are now reaching adolescence and face challenges that require specific attention. In addition, some of the patients who started treatment as adolescents are becoming adults and
have to be equipped with skills to transition to adult care and treatment services. Both groups need to deal with sensitive issues pertaining to disclosure, safer sex, adherence, stigma and rejection, while at the same time dealing with the transitional adolescent issues of body image, first sexual encounter and peer pressure. Many countries are struggling to design evidence-based interventions that can effectively address these issues. To begin dealing with the hardships faced by young HIV-positive people, a situation analysis of adolescents living with HIV and AIDS and the services that are available to them was completed in 2012. It will guide the design of comprehensive programmes for HIV-positive teens and young people.

Adolescent girls in Tanzania are particularly at risk of HIV, unwanted pregnancies and sexual violence. UNICEF has been advocating for girls, as well as boys, to feature more prominently in national strategies and budgets. These efforts bore fruit when the Tanzania Commission for AIDS (TACAIDS) developed a national programming framework for adolescent girls in 2012. To start exploring what kinds of services would be successful and scalable, UNICEF, TACAIDS, local government authorities and the NGO Restless Development began piloting a programme for out-of-school adolescent girls. Known as ‘Mabinti tushike hatamu’ (Girls, let’s be leaders), the initiative aims to help young girls reduce their vulnerability to HIV, unintended pregnancies and violence. The programme is currently implemented in four districts within Iringa, Mbeya and Dar es Salaam regions. Elsewhere, 80 teen clubs were formed in Mbeya and Dar es Salaam regions and supported 3,000 girls with peer education and life skills. Close to 450 girls were trained on income-generating activities.

PROTECTION OF THE MOST VULNERABLE CHILDREN

More than two million children in Tanzania are orphaned and vulnerable, with needs for care that overwhelm social welfare services. These services are further constrained by limited funding and staff. The Department of Social Welfare receives only one per cent of the Ministry of Health and Social Welfare budget and there is one social welfare officer for every 200,000 or more children.

There are hopes that services for vulnerable children will improve, especially in light of the second National Costed Plan of Action for Most Vulnerable Children (2013–
2017), which was developed with UNICEF technical support in 2012. The new plan aims to identify the most vulnerable children early on and prevent them from sinking deeper into poverty and deprivation. It also focuses on increasing children’s access to quality basic social services and empowering families and communities to look after the children in their midst.

**HIV SUPPORT IN ZANZIBAR**

The HIV epidemic in Zanzibar is concentrated and primarily affects female sex workers, men who have sex with men and injecting drug users. These three key population groups require focused HIV services to reduce their risk of acquiring or transmitting HIV. There are, however, challenges in assisting them. The legal and policy framework for programmes aimed at key populations is inadequate, levels of stigma and discrimination are high, and access to services is limited.

UNICEF is supporting the Zanzibar AIDS Commission and Zanzibar AIDS Control Programme to coordinate programmes for key populations, as well as the general population, and to develop standards and guidelines for service delivery. A standard package of HIV services for key population groups was developed to guide planning and future interventions. UNICEF provided assistance to ZAYEDESA, a local NGO, to provide information, education and HIV services to men who have sex with men and female sex workers through their four clinics and community outreach activities. Support was also provided to ZAPHA+ (Zanzibar Association of People of Living with HIV/AIDS) who were able to provide 642 children infected and affected by HIV with regular psychosocial support services through the 10 children’s clubs that they have established in Pemba and Unguja islands.

To further strengthen HIV services in Zanzibar, UNICEF, WHO, the Centers for Disease Control and Prevention and the Zanzibar AIDS Control Programme developed national PMTCT guidelines. UNICEF also provided technical support to health authorities to conduct a PMTCT bottleneck analysis for the development of a PMTCT action plan.
Preparing and responding to crisis
Twelve year-old Appoline was born in the Nyarugusu refugee camp in 1997. Her family left the war torn Democratic Republic of Congo a year before her birth, and the refugee camp has been her home ever since. “I have always heard of Congo through the radio but I am emotionally attached to this camp because it is the only home that I have known. I enrolled at Mapendo primary school in 2006 and this year is my final year before I start my secondary studies. So much has been provided to us by UNICEF and I appreciate all they have done for us. Recently there has been a distribution of water buckets and school life has become easier. Many of us suffered from flea bites but now this has improved because we wash our classrooms. This has also helped to improve our academic performance since pupils have more time to concentrate on their studies instead of scratching our itchy bites.”

UNICEF IN ACTION

Appoline is among the thousands of children affected by crisis that UNICEF assists in Tanzania. Apart from being a refugee-hosting country, Tanzania is also vulnerable to drought, famine, diseases, floods, strong winds, major accidents and earthquakes. In this context, disaster risk management is indispensable to facilitate sustainable development in the country. Because children and women often bear the brunt of emergencies, it is critical to include them in emergency preparedness and response (EPR). UNICEF therefore strives to ensure that children and women’s issues are reflected in EPR policies, guidelines and practice.

ACHIEVEMENTS IN 2012

UNICEF worked with the government and NGOs to respond to a number of emergencies in 2011 and 2012. Support was provided to survivors of a ferry accident off the coast of Zanzibar and flooding in Dar es Salaam, ensuring basic supplies reached around 1,000 families within 48 hours.

UNICEF also helped to extend basic services to refugee children along the Burundi and Democratic Republic of Congo borders where 100,000 refugees are encamped. In Nyarugusu camp, more than 11,000 children under the age of five were screened for acute malnutrition, health staff were trained and essential nutrition services were
provided. Vitamin A supplementation, deworming and micronutrient supplementation were also supported.

Maternal health was another priority in the refugee camps, with most of the support provided to training health workers in family planning, kangaroo mother care for pre-term babies and neonatal resuscitation. Pregnant women were screened for HIV and syphilis during their first antenatal care visits. Ten thousand reproductive child health cards were printed and tetanus toxoid vaccines procured. No maternal deaths were reported during delivery in refugee camps.

Child protection issues in refugee camps were addressed with urgency. A total of 246 cases of child disability, gender-based violence and child neglect and exploitation were reported in Mtabila and Nyarugusu camps, and 242 predominantly sexual violence cases were dealt with by community members and church leaders. Children and youth were trained to better understand and report child rights violations, and a functional referral and case management system was established in the two camps.

UNICEF provided technical assistance to the coordination mechanism for emergency assessments, planning, and information sharing in both the Mainland and Zanzibar. Emergency focal points from five districts were oriented on emergency rapid assessment tools and emergency reporting templates to ensure timely and effective response during emergencies. In five disaster-prone regions in mainland Tanzania and Zanzibar, risk, vulnerability and capacity assessments were completed, leading to the development of five emergency preparedness and response plans.
Social policy, communications and partnerships
“Since the media training people are really astounded by my presenting skills. People come up to me and say, ‘Hey we have such talent in Mwanza, we did not know we had such talents here.’ They really respect me. And even when I hang out with my friends they say nice things about my presenting skills and that makes me feel really so proud. I can stand among my peers and they look up to me. I keep up with my school work and I do a good job on air. A lot of opportunities come my way too, for example, in school when we get guests or they need a school representative, I get chosen because they think I am articulate and confident.”

Jasmine 16, youth reporter with the Young Reporter’s Network, Mwanza

UNICEF IN ACTION

Children like Jasmine are at the heart of efforts to help young Tanzanians improve their skills and overcome poverty. The country grapples with inequities in children’s access to social services as well as their outcomes in health, nutrition and education. Children in poor households, those living in rural areas or in homes where the mother has little education are much more likely to be malnourished, drop out of school or not get medical attention when sick than more fortunate children. To reduce these disparities, UNICEF helps to influence the design of child-focused policies, laws, budgets and social protection mechanisms. Advocacy for child rights helps to leverage resources and mobilize collective action for children.

ACHIEVEMENTS IN 2012

SOCIAL PROTECTION

Despite the absence of an overarching strategy in social protection in Tanzania, UNICEF collaborated with the Tanzania Social Action Fund (TASAF) and donors to design and roll out the Productive Social Safety Net (PSSN) programme. Over a period of five years, PSSN is expected to help 250,000 of the country’s poorest households receive a steady income, achieve food security and invest in their children’s health and education. Progress was also made in Zanzibar where a social protection policy was developed in 2012.
POLICIES, STRATEGIES AND BUDGETS
THAT PRIORITIZE CHILDREN AND WOMEN

Services for children, including social protection, need to be sustained by public investments that target families. However, the national fiscal space for children in Tanzania remains limited and externally funded. UNICEF is using evidence and advocacy to encourage greater government spending on children in both Zanzibar and the Mainland. In 2012, progress was made to firmly ground children in social budgeting. A report on Prioritization of Children in National Budgets for Tanzania was completed and disseminated to major stakeholders. Sectoral briefs on prioritizing children in health and education were developed and included in an analysis of the national budget for 2011–2012. Reviews of public expenditure in the child protection and nutrition sectors were carried out to provide a baseline on government spending for activities. UNICEF provided training on planning and budgeting for children for staff from the Zanzibar Ministry of Social Welfare, Youth, Women and Children Development, the President’s Office and other key ministries.

DATA ON CHILDREN

UNICEF is the go-to agency for data on children. In 2012, UNICEF provided support to various data collection processes, including the ten-year national census and survey calendar 2012–2022, the 2011/2012 Household Budget Survey, the 2010/2011 National Panel Survey, the 2011/2012 Tanzania HIV/AIDS Malaria Indicator Survey and the 2012 Population and Housing Census. Data collection tools for all these surveys and census were reviewed and issues affecting children such as albinism, disability, birth registration were included.

UNICEF supported the evaluation of the Tanzania Socio Economic Database, a data repository of social and economic indicators hosted by the National Bureau of Statistics and designed as a tool for monitoring progress towards the MDGs. Recommendations were given on how to improve the database to make it easier for decision makers to access and use the data.
ADVOCACY FOR CHILD RIGHTS

Speaking up for children’s rights and providing children and young people with opportunities to voice their concerns is a core area of support for UNICEF. In Tanzania, UNICEF continued to advocate for children’s rights in partnership with the Children’s Agenda, a coalition of civil society organizations. The Children’s Agenda Strategy 2012–2015 was finalized, as well as a guide on budgeting for children and an advocacy toolkit. These tools will support members of the Children’s Agenda to carry out effective advocacy on the Top Ten Investment areas that define the core advocacy messages and focus of the coalition. The Top Ten Investment areas include child survival, nutrition, hygiene and sanitation, ECD, quality education, safety in schools, child protection, disability and prevention of HIV and teenage pregnancy.

The Children’s Agenda also launched a series of media seminars and field visits on selected Top Ten Investments and trained journalists to produce ethical and quality programmes and features for and about children. Advocacy briefs for the Top Ten Investments were drafted and will be reviewed by key stakeholders in early 2013 before finalization.

In parallel to the launch of the 2012 State of the World’s Children report, UNICEF Tanzania drew attention to the challenges of urbanization and its impact on children by producing the report titled Cities and Children: The Challenge of Urbanization in Tanzania. Post-consultations with key stakeholders will be held in early 2013 to raise awareness on the difficulties facing urban children and advocate for investment in child-friendly cities. The main report was accompanied by a version for adolescents, which includes questions for feedback through social and traditional media.

The Young Reporter’s Network (YRN), an initiative that trains children in radio and TV reporting, production of children’s media programmes and child rights advocacy, expanded to two new districts, with a current total of more than 165 young reporters trained. A Children’s Agenda partner, Mwanza Youth and Children’s Network, negotiated YRN’s first TV programme with one hour of free airtime a week to be produced by the young reporters.
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