Is Tanzania a Better Place for Children?
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td><strong>Convention on the Rights of the Child</strong></td>
<td>4</td>
</tr>
<tr>
<td>African Charter on the Rights and Welfare of the Child</td>
<td>6</td>
</tr>
<tr>
<td>Millennium Development Goals (MDGs)</td>
<td>7</td>
</tr>
<tr>
<td><strong>Is Tanzania a Better Place for Children?</strong></td>
<td>8</td>
</tr>
<tr>
<td>Right to Survival and Healthy Development</td>
<td>9</td>
</tr>
<tr>
<td>Right to Education</td>
<td>15</td>
</tr>
<tr>
<td>Right to Protection</td>
<td>16</td>
</tr>
<tr>
<td>Right to Participation</td>
<td>19</td>
</tr>
<tr>
<td><strong>Main Challenges to Fulfilling Children’s Rights</strong></td>
<td>22</td>
</tr>
<tr>
<td>Poverty and inequality</td>
<td>23</td>
</tr>
<tr>
<td>Rapid Population Growth</td>
<td>26</td>
</tr>
<tr>
<td>Respect for Human Rights/Child Rights</td>
<td>27</td>
</tr>
<tr>
<td><strong>The Next 25 Years</strong></td>
<td>28</td>
</tr>
<tr>
<td>Environmental and climate change</td>
<td>29</td>
</tr>
<tr>
<td>Information and communication technologies</td>
<td>29</td>
</tr>
<tr>
<td>Migration</td>
<td>30</td>
</tr>
<tr>
<td>Demography</td>
<td>31</td>
</tr>
</tbody>
</table>
Introduction
Twenty-five years ago a revolutionary step was taken towards advancing children’s rights. In November 1989 the Convention on the Rights of the Child (CRC) was adopted by the UN General Assembly. Despite the existence of many international human rights agreements and treaties, until then none focused exclusively on detailing the rights of children. Children were considered to have needs, but not necessarily rights. The Convention emphatically states that children don’t simply need care and protection – rather this is their right as human beings.

By defining both children’s rights and the obligations of national societies and the international community to fulfil them, the CRC created a new framework of responsibility and action for those working to improve the lives of children.

Looking back, countries such as Tanzania can be proud of the very considerable progress that has taken place since it signed the Convention in 1991.

Looking forward, Tanzania and the global community must find solutions to new threats to children’s rights that have emerged since 1989. New strategies are needed to shield children from the potentially negative impact of climate change, urbanisation, migration and abuse of children via the Internet.
The Convention places children at the heart of development. It commits governments to fulfilling their rights to survival, development, protection from harm and participation in decisions that affect them. Underlying the CRC are certain fundamental principles: all actions – laws, policies, programmes and budgets – should reflect the “best interests of the child” and all rights apply to all children, without discrimination.

The first section of the Convention defines children’s rights and the obligation of signatories (“States Parties”) and the international community to fulfil them. For example, the CRC affirms children’s “inherent right to life” and societies’ obligation to “ensure to the maximum extent possible the survival and development” of all children. In addition, children have a right to: an adequate standard of living; quality education; protection from violence, exploitation and abuse; appropriate treatment by justice systems; free expression; and a name and nationality.

Other topics covered include: children’s right to grow up in a family environment with parental care; the right of children with a disability to “enjoy a full and decent life;” children’s right to “rest and leisure;” and to freedom of thought, conscience and religion. The CRC also establishes children’s right to benefit from social safety-net programmes, when parents or guardians are unable to feed or care adequately for them.
The second section of the CRC elaborates the mechanisms by which States Parties are held accountable for progress toward child rights. It creates a 10-person ‘Committee on the Rights of the Child’ tasked with reviewing, assessing and commenting on reports prepared by States Parties about their progress toward fulfilling children’s rights. The Convention also describes the support to be offered by the international community, particularly the United Nations. Because of its mandate to improve the situation of Children, the CRC singles out UNICEF as the main UN agency to support individual states’ efforts to comply with the CRC.

**African Charter on the Rights and Welfare of the Child**

Inspired by the CRC, the African Union (AU) produced a similar instrument in 1990 – the African Charter on the Rights and Welfare of the Child (Children’s Charter). It was developed to highlight certain issues that were having a specific impact on African children at the time, such as harmful traditional practices, large-scale conflict and displacement, and child adoption and fostering. All AU member states signed the Children’s Charter, and all but seven had ratified it as of early 2014, redoubling their commitment to children’s rights.
Millennium Development Goals (MDGs)

A decade after the CRC came into force, UN member countries gathered on the eve of a new Millennium to set goals for the year 2000 and beyond. The resulting Declaration and elaboration of goals and targets strongly reflect the impact of the Convention. Of the eight Millennium Development Goals (MDGs), six focus on improving the situation of children by enhanced performance in: reducing poverty, child mortality and the prevalence of HIV and malaria; achieving universal primary education; and promoting gender equality. Progress toward the eight goals was to be achieved by 2015, using 1990 as the starting point. Countries’ MDG achievements also reflect progress toward fulfilling their commitment to the Convention on the Rights of the Child.
Is Tanzania a Better Place for Children?
The years between 1991 and 2014 were marked by impressive progress, as well as some persistent obstacles, but few would dispute that Tanzania is now a better place for children.

Today, far more children are surviving childbirth and successfully avoiding potentially fatal diseases such as malaria and HIV and AIDS. Primary school enrolment has nearly doubled. New legislation transforms many of the rights spelled out in the CRC into national law. This progress reflects joint commitment by the Government of Tanzania and all of its development partners to support the achievement of rights by Tanzania’s children.

Right to Survival and Healthy Development

The CRC affirms children’s right to life and to enjoy the “highest attainable standard of health,” and obliges signatories’ to ensure child survival and development. Children’s health is affected by factors such as their ability to fight disease, access to health care and sufficient nutritious food, the cleanliness of the environment where they live and the availability of clean drinking water.

Child survival

In 1990, of every 1,000 children born in Tanzania 166 died before their fifth birthday. About 101 of every 1,000 infants born did not survive even for one year. Malaria was the main cause of death among young children. Children also succumbed to contagious diseases easily preventable by immunisation. Many deaths were a result of drinking contaminated water and living in an unsanitary environment.

Today, while infant mortality declined from 101 to 38 per 1,000 live births, child mortality rates have fallen from 166 to 54 per 1,000 live births – allowing two-thirds more children to celebrate their fifth birthday.
Between 2007 and 2011, the prevalence of malaria in young children fell by around half, from 18 to 9 per cent. Millions more children are receiving life-saving immunisations, and increasing numbers of mothers are delivering their infants at hospitals and clinics with assistance from trained birth attendants.

This success in guaranteeing children’s right to life was the result of concerted efforts to:

- Ensure the availability of vaccines to protect children against fatal diseases, introduce new vaccines for new diseases and expand the outreach of health services to more children, especially in rural areas, through Child Health Days
- Train community-based health workers to detect childhood illnesses
- Undertake large-scale distributions of low-cost mosquito nets to mothers with young children, to protect against malaria, and introduce improved malaria medications.

**Nutrition**

Children’s healthy development depends heavily on receiving the right food and nutrients, from breastfeeding infants, to weaning toddlers, to giving children and adolescents the foods they need to grow and thrive.

Between 1992 and 2010, acute malnutrition among children declined from 7.9 per cent to 4.9 per cent. Rates of severe acute malnutrition fell by about half during the same period – from 2.8 per cent to 1.3 per cent.
Figures for underweight and anaemia among children also improved since the early 1990s, but still remain above desirable levels. Vitamin A supplements are now given to young children during Child Health Days, helping to overcome anaemia and boost immunity to disease. More women are now breastfeeding, although figures still remain fairly low.

However, chronic malnutrition – which results in stunting, or too short for age – decreased less dramatically than other forms of nutritional deficits (from 50 per cent to 42 per cent between 1992 and 2010). Stunting is caused by long-term deprivation of nutritious food and poses a major challenge in Tanzania, affecting child survival and school performance.

The Government of Tanzania stepped up efforts to improve child nutrition by developing a National Nutrition Strategy (2011-2015), creating a High Level Steering Committee on Nutrition in the Prime Minister’s Office and nutrition steering committees and nutrition officers at local levels. Average nutrition spending by district councils has increased. Tanzania also joined the ‘Scaling Up Nutrition’ movement in 2011, enabling it to learn from the success and experience of 53 other country members.

**Water and sanitation**

As part of their right to health, the CRC calls upon States Parties to ensure that children live in a sanitary environment and have clean water to drink and knowledge of basic hygiene.

The Tanzanian Government is committed to increasing access to water, sanitation and hygiene facilities for Tanzania’s children. Responding to generally low levels of coverage in the 1990s, efforts were intensified in 2006 through large-scale water and sanitation projects on the Mainland and in Zanzibar. The 2012 National Census indicates some progress: today 25 million Tanzanians (13 million children) have access to safe water.

Since 1990, rapid population growth and climate change has made it difficult for the Government to keep up with the need for clean drinking water.
Targets for expanding coverage are included in development goals on both the Mainland (VISION 2025) and Zanzibar (VISION 2030). Tanzania’s National Water Sector Development Plan seeks to make access to water nearly universal by those dates, while at the same time ensuring long-term sustainability for this natural resource that is so critical to child health. The ‘Big Results Now’ initiative launched by the President in 2013 has led to increased investment in the sector.

By 2014 more than 8.2 million people on the Mainland had new water points, and access in Zanzibar was almost universal.

Local Government authorities have also faced challenges for providing sufficient clean drinking water, hand-washing facilities and toilets at schools, especially since enrolment began rising in 2002. To overcome this challenge, schools were made an important component of VISION plans for water and sanitation expansion. The Government has developed ‘School Water, Sanitation and Hygiene Guidelines’ and Tool Kits to teach children hygienic practices, so that they can remain healthy and educate their families.

Figures for sanitation have improved, but remain below desired levels. Only about 15 per cent of households have improved toilets in their homes. In response, the Government launched a National Sanitation Campaign and plans to significantly increase investment over the next decade, including at schools.
HIV and AIDS

The HIV and AIDS pandemic poses a special risk to children’s rights to survival, health and protection that could not have been fully anticipated in 1989. Addressing the pandemic required planning and action beyond the normal scope of health care. The skills gained in managing the pandemic and educating the public will help Tanzania face future serious disease outbreaks.

In 2003 almost 9 per cent of Tanzanians aged 15-to-49 were infected with HIV. By 2013, prevalence rates had dropped to 5 per cent.

This represents an important accomplishment by the nation and its partners. In 2001 Tanzania developed a ‘National Policy on HIV and AIDS’ and created a national agency to oversee all HIV and AIDS initiatives. These initiatives – combined with support from the international community, gradual improvements in prevention and treatment and greater efforts to provide information on HIV to young people – have played a major role in reducing HIV prevalence.

Increased availability of low-cost treatment resulted in a huge leap forward in the response to HIV and AIDS in Tanzania over the last 25 years. In particular, the Government was able to expand HIV testing and treatment for pregnant women, which can save their lives and prevent them from transmitting the infection to their infants. Improved methods for preventing transmission are now an integral part of Tanzania’s health care system – 96 per cent of reproductive and child health facilities offer these services.
By the end of 2013, 73 per cent of HIV-positive pregnant women were receiving anti-retroviral drugs to prevent transmission to their newborns, leading to a 49 per cent reduction in new HIV infections among children.

Still, in 2013 an estimated 15,000 children were born HIV-positive in Tanzania. Only about one-third of them are receiving treatment. The future is far brighter for children who received treatment at birth, half of whom would otherwise have died within two years. Now these children can live a healthy life for many years. This is certainly a success, but also poses a future challenge as these HIV-positive children become adolescents. In Tanzania today, 250,000 children under 14 are living with HIV, and parental deaths from AIDS have left an estimated 1.3 million children orphaned, and thus unable to enjoy many of their rights.
Right to Education

In recognition of the vital importance of education to children’s long-term development and future prospects, the CRC calls for free, compulsory primary education to be accessible to all boys and girls, and for developing a variety of secondary school options. It stresses that education should empower children to develop their full mental and physical potential, their talents and their personalities.

More Tanzanian boys and girls are attending school more than ever before. In 1990 enrolment rates averaged about 78 per cent; in 2013 almost 90 per cent of children were enrolled. Fewer than 5 per cent of children went on to secondary school in 1990, today around 25 per cent are able to do so.

The 2001 decision to eliminate school fees played a major role in boosting enrolment, particularly for the poorest children. Since then Government spending on education has increased steadily, from just 2.5 per cent of the national budget in 2005/06 to 18 per cent in 2013/14. With half the country’s population under the age of 18, increasing the number of schools and improving the quality of education require ongoing investment if the right to education is to be realised and sustained for all children.

The quality of education has a tremendous impact on school enrolment and completion rates. Teachers must know how to impart knowledge and curricula must be relevant. Children must be allowed to discuss their thoughts and ideas. A model programme that trains primary school teachers in child-friendly classroom techniques is helping to encourage children to stay in school and improve their learning achievements. Its success in several districts recently led to Government plans to expand the model nationwide.
Girls’ enrolment, which traditionally lagged behind, also improved markedly since 1990. Today most Tanzanian primary and secondary schools have nearly equal numbers of boys and girls attending – an important achievement and a plus for future generations, since children of educated mothers have a greater chance of survival and development.

However, many girls do not complete primary school and of those who do, only a small number continue on to secondary school.

In response to the CRC’s call for alternatives for secondary education, UNICEF developed the ‘Integrated Post-Primary Education’ programme, offering both secondary and vocational education to young people. Thus far the programme has yielded good results: 80 per cent of participants passed the secondary school-leaving examinations, compared to the national rate of 50 per cent.

Right to Protection

Children’s right to protection is addressed in several articles of the Convention and covers a wide variety of situations: from birth registration, to freedom of thought and association, to the right to live free of violence, abuse and all forms of exploitation.

Child protection issues can be highly sensitive, often touching on traditional social practices that some see as positive for children (child labour, child marriage, female genital mutilation etc.), but actually violate their rights. Progress on child protection is difficult to evaluate, since many violations go unreported and baseline information from 1989-1990 is largely unavailable.

Data collected in recent years highlight several problems; for example, a 2011 survey showed that one-in-three girls and one-in-six boys experience sexual violence as children. Another report found that nearly 2.5 million children are engaged in child labour. These children – and others who are orphans, living on the street or in extreme poverty –
are considered to be “most vulnerable” to violations of their rights and in need of special protection.

Over the past few decades, migration - both international and internal - has increased significantly in Eastern and Southern Africa. Motives for migration include environmental and climate change, the search for employment, and seeking refuge from conflict. Young people are especially likely to migrate in search of opportunities for a better life. Migration can lead to violation of their rights, such as human trafficking, discrimination and exploitation. Educating young Tanzanians about legal migration and extending rights and protection to young migrants from other countries is liable to pose a growing challenge in years to come.

The most significant advance in child protection was the passage of Mainland Tanzania’s ‘Law of the Child’ Act in 2009 and Zanzibar’s ‘Children’s Act’ in 2011, both of which incorporate into national legislation many of the rights and principles of the CRC.
In 2013 the Government approved a ‘National Plan of Action for Most Vulnerable Children’ to ensure that they receive basic social services and protection from violence, abuse, neglect or exploitation. This Plan was complemented by the ‘National Plan of Action to Prevent and Respond to Violence against Children (2013-2016)’ and a ‘Five-Year Strategy for Progressive Child Justice Reform (2013-2017).’

In response to a 2011 survey revealing widespread violence against children in Tanzania, the country established ‘child protection systems’ in 22 districts, allowing social workers, police, doctors, teachers and others to respond quickly and coordinate their efforts when incidents of violence, abuse, neglect or exploitation of children arise.

In line with the CRC’s call for special handling for children in criminal justice systems, the new Children’s Acts in Mainland and Zanzibar establish more child-friendly judicial processes. The five-year Child Justice Reform will help put these principles into practice. Children’s courts have now been introduced on the Mainland and in Zanzibar, leading to much-improved treatment of children accused or jailed due to breaking the law.

Prospects are also good for improving Tanzania’s performance on birth registration, a fundamental right that guarantees children’s identity and nationality. Until recently Tanzania had an especially low rate of birth registration: just 16 per cent (only 4 per cent among the poor). By making use of new mobile phone technology, hospital staff can now register a birth and instantly send the information by SMS to the central database in Dar es Salaam, at no cost to families.
Over just one year this use of new technology doubled birth registration rates in Mbeya district, where it was being piloted.

The CRC includes specific mention of the rights of children who are refugees. Tanzania has a proud history of providing protection and support to refugees, most notably in the 1990s when it hosted almost 1 million refugees from the various on-going conflicts in Rwanda, Burundi and the Democratic Republic of Congo. The combined efforts of the Government, United Nations and other development agencies have ensured that children have had access to shelter, food, water, health services, and schools. They have lived as close to a normal life as possible under extremely difficult conditions.

Right to Participation

Articles 13-15 of the CRC establish children’s right to “freely express their views,” “receive and impart information and ideas” and enjoy “freedom of thought, conscience and religion.”

Both new children’s laws (Tanzania Mainland and Zanzibar) affirm children’s right to be heard and have their views respected – an important step forward, particularly since children and adolescents participated in the formulation of the legislation.
Both jurisdictions also established Children’s Councils where young people can discuss and debate issues of their choice; Councils include representatives from groups of children whose voices have not traditionally been heard, such as disabled children, street children and children with albinism. Child Rights Committees were also formed on the Mainland, and tools were developed to help adults and children understand how children can achieve their rights. In Zanzibar, children were involved in the preparation of the ‘National Child Status Reports’ submitted to the House of Representatives for consideration.

Tanzanian children have also begun to make use of public media to air their views. A “Children’s Platform” programme was broadcast on television, allowing children to discuss all forms of violations of their rights and how to overcome obstacles to full achievement, with help from Plan International. Since 2011 UNICEF has supported a ‘Young Reporters’ Network’, which has taught more than 200 young people aged 10-to-17 to use radio and camera equipment to produce quality radio and television programmes – offering a unique opportunity to share their concerns, hopes and aspirations and to advocate for child rights.

A particularly innovative way to encourage children’s participation was the launch in 2010 of a “Children’s Agenda” by the Minister for Community Development, Gender and Children.

To find out what children wanted, the Ministry, UNICEF and local NGOs collaborated to survey children around the country about their views on their own lives, the situation of other children and how best to fulfil children’s rights. One result was the identification by children of ‘Top Ten Investment’ areas (in health, education and child protection, among others) required to improve their situation and fulfil their rights.
Main Challenges to Fulfilling Children’s Rights
Despite progress on many fronts, the majority of Tanzanian children remain unable to fully realise their rights. Among the underlying reasons are rapid population growth, which produces an ever-growing demand for social services, inconsistent quality of economic growth, and existence of some cultural practices such as early marriage or female genital mutilation.

**Poverty and inequality**

Between 2004 and 2014 the economy has experienced steady growth, but poverty rates have risen and inequalities sharpened. This resulted in the deprivation of rights for large numbers of children. In 1990 about 39 per cent of Tanzanian households had incomes of less than US$1 a day. Between 2007 and 2011 an estimated 68 per cent of the population – around 13 million people – was surviving on less than US$1.25 per day. About one-in-three rural residents were living in poverty compared to less than one-fourth of urban dwellers. Eighty per cent of rural households are impoverished.

Living in poverty greatly increases the likelihood that a child will be deprived of an “adequate standard of living,” as well as other rights. The poorest children are likely to go hungry on a daily basis, live in homes lacking clean water and sanitation, and have poor access to health facilities and schools. Impoverishment increases children’s vulnerability to involvement in the commercial sex trade (trading sexual favours for food or money), thus increasing their vulnerability to HIV infection. Children living in poverty – whether in a rural area or an informal urban settlement – also face increased risk of exposure to violence arising from tensions within the household or the wider community, and to living on the street or migrating to a city or across a border, putting them at increased risk for trafficking and both labour and sexual exploitation. All of these factors combine to deny poor children the rights as spelled out in the CRC.
Continuing poverty, especially in rural areas, along with the underlying inequalities in Tanzania’s distribution of resources, has a negative effect on the achievement of children’s rights.

The impact of disparities – particularly between rich and poor, cities and rural areas and girls and boys – poses an obstacle to progress in most areas of social development and mainly affects children living in poverty. For example:

- Despite advances in health, 98,000 children still died before reaching the age of five in 2012, and around 150,000 never received immunisations. Malaria, pneumonia and diarrhoea – diseases long associated with poverty – cause nearly one-third of all deaths of children under five years.
- As recently as 2012, nearly half (48 per cent) of the poorest Tanzanian children were moderately or severely stunted, indicating chronic malnourishment, compared to 26 per cent of the wealthiest children.
- Only four out of 10 pregnant women in rural areas have skilled attendants at childbirth, increasing the chances for infant and maternal deaths.
- An estimated 1 million school-age children are not in school, often due to the need to work, depriving them of the opportunity to develop to their full potential.
- Progress toward school enrolment and teacher training was offset in 2013 by low end-year test scores, due mainly to overcrowded classrooms and a lack of trained teachers and learning materials. Low rates of primary school completion and transition to secondary school, especially in rural areas, also present an ongoing challenge.
- HIV infection rates among young people are not declining; girls aged 15-to-19 are nearly three times more likely to be HIV-positive than boys that age. Seven-in-ten HIV-positive adolescents are not receiving treatment, which could lead to a spike in infection rates in coming years.
Overcoming these disparities requires a more equal distribution of both financial and human resources.

One Government response to poverty and inequality was the launch in 2012 of a comprehensive ‘Productive Social Safety Net’ (PSSN) Programme to help the most vulnerable families via cash payments to cover basic costs. Such programmes were foreseen in the Convention, which makes State Parties accountable for taking “appropriate measures to assist parents or others responsible for the child” and when necessary, providing “material assistance and support programmes” to ensure that children have an adequate standard of living.

Developed by the Tanzania Social Action Fund and supported by the World Bank, UNICEF and others, the PSSN aims to reach 1.2 million households by 2015 with cash support, combined with employment in public works and other livelihood support. Having a steady, reliable source of income will allow families – even during lean times – to feed their children, send them to school and obtain proper health care. The ultimate goal is to end the generational cycle of poverty.

If the PSSN is successful, it will have made a meaningful contribution not only to poverty alleviation, but also to fulfilling the rights for large numbers of children, including groups long excluded from Tanzania’s progress in health, education and other programmes.
Rapid Population Growth

Another ongoing challenge is posed by Tanzania’s high fertility rate. In 2002 the population was around 33 million; by 2012 it had risen to more than 44 million. Tanzania’s population is doubling every 25 years. Combined with declines in child mortality, this rapid growth results in an ever-larger population of children. This trend highlights the urgency of greater investment in areas that affect children’s rights (health, education, water and sanitation, social protection systems etc.). Otherwise, progress achieved to date will be offset by increased demand.

Making needed investments now is critical to fulfilling the rights of coming generations.

But reducing inequalities and meeting growing demand through more pro-poor/pro-child strategies and investments has proven challenging. For example, the National Nutrition Strategy was recently found to be vastly under-funded (receiving less than one-fourth of the funds originally foreseen), hampering its success in addressing serious issues of childhood malnutrition. Around three-quarters of the population is still employed in low-yield agriculture. Both in the countryside and in large cities, opportunities for young people to rise out of poverty are limited. Investment in improving agricultural productivity and job creation is needed, but despite some efforts at reform lasting structural change has proven elusive.

Along with investment in infrastructure (schools, health facilities, water and sanitation networks), greater human resources are needed to produce real change. Recruitment and training of far more teachers, health care personnel, social workers and members of the law enforcement and judicial system (among others) is required to secure children’s rights to health, education and protection—both now and over the long term. To have an impact on the hardest-to-reach children, these human resources must be equitably deployed across the country.
Quality education, from pre-primary through secondary and beyond, is essential to enable the next generation of Tanzanian children to meet the emerging and yet-unknown challenges of the future.

Respect for Human Rights/Child Rights

Greater efforts are required to nurture a culture of respect for child rights as enshrined in the Convention on the Rights of the Child, both through laws and the justice system and through public education. Rights and goals related to gender equality and child participation sometimes run counter to traditional culture. Child protection laws exist, but enforcing them requires better systems, more trained personnel and changes in behaviours and attitudes.

Changing attitudes and behaviours and enforcing laws, as well as ensuring that sufficient funds are dedicated to existing programmes, could play a vital role in guaranteeing Tanzania’s children the rights spelled out in the CRC.

Clearly a number of obstacles must be overcome if Tanzania is to fully implement the Convention on the Rights of the Child, achieve the Millennium Development Goals and sustain the progress made since 1989. Even in areas where significant progress occurred, many children are still being left behind. The challenge today is to reach that last group of most-deprived children, while at the same time preparing to meet future demand and a changing world.
The Next 25 Years
Certain trends that emerged during the past 25 years will affect the country as a whole, particularly its ability to fulfil its children’s rights. Innovative responses and dedicated efforts are needed to address these challenges in coming years. This section touches briefly on some of the main drivers of change likely to affect Tanzania’s children.

Environmental and climate change

The effects of climate change are far more evident today than they were 25 years ago. In Africa, where many still make their living from farming, the long-term impact of environmental degradation and soil erosion is colliding with alternating periods of heavy rainfall and extended drought. Most Tanzanians have no protection against the severe deprivation that can be caused by climate-related emergencies.

These trends put children at risk of losing their own life or that of family members; losing their homes, food source and possessions; being unable to attend school; or being forced to live for extended periods in a camp for the displaced. New, more sustainable development strategies and disaster risk-reduction plans are needed to minimise the immediate threat to children.

Information and communication technologies

Expanded access to new information and communication technologies (ICTs, including cell phones, the Internet and social media) holds both promises and threats for children. Used properly, these new tools can help to empower children and fulfil their right to information. ICTs invite innovation and can greatly improve access to rights (as reflected, for example, in Tanzania’s new use of SMS to facilitate birth registration). However, young peoples’ access to these technologies is limited by wealth and location, and unregulated ICTs and social media can present risks.
Young users unfamiliar with the methods used by criminal networks to recruit and exploit children using these same new tools (for pornography and trafficking for purposes of prostitution) are especially at risk. This threat has grown exponentially in recent years, putting millions of children around the world at risk. Innovative thinking is required to protect Tanzania’s children against this emerging threat, while at the same time taking maximum advantage of the positive potential of new ICTs and making them available to all children.

**Migration**

Around 3 million Tanzanians move from rural to urban areas each year, mostly to seek a better standard of living. Large numbers of these urban migrants are unable to achieve their dreams, finding themselves instead in unhealthy, overcrowded informal settlements. Cities and large towns, unprepared for the influx of new residents and increased demand, may be unable to provide quality education, healthcare and services for children. Since urban migration is likely to continue, making cities more child-friendly and investing in needed infrastructure and services could reduce the negative impacts on children.
Demography

Unlike many countries in the developed world, where the population of older people is rising and that of children decreasing, Tanzania is likely to see an increased child population in coming years. Today about 51 per cent of Tanzanians are under the age of 18; this percentage is liable to increase over the next 25 years, requiring sharply increased investment in infrastructure and human resources to ensure that children can enjoy their rights.

This raises a critical question: how can national policies, budgets and spending be realigned – in light of a growing population and declines in overseas development aid – in such a way as to sustain the nation’s commitments to its children? In other words, how can the results of Tanzania’s economic growth be invested to yield greater equality, benefitting all children and supporting the achievement of their rights?

One approach would be to understand this trend as a demographic dividend. By fulfilling the rights of all children, Tanzania can look forward to healthy, educated and motivated future generations that are prepared to meet the emerging challenges of recent decades and those will surely arise in years to come.

For 25 years the CRC has offered a vision for the world’s children. Let us all continue our efforts to fully achieve this vision, now and into the future. We need sustained political commitment and strategic investments to bring children’s rights to life. For without action – and the results only action can achieve – the best aspirations codified in the Convention on the Rights of the Child will remain only words on paper.