Adolescence is a time of increasing vulnerability for young girls in Tanzania and Zanzibar, particularly the most marginalized, highlighting the need for a scaled-up and sustained response to improve their sexual and reproductive health (SRH), rights and well-being. Global Affairs Canada, the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA) are collaborating to support the Government of the United Republic of Tanzania and the Revolutionary Government of Zanzibar, civil society, communities, parents and guardians, and adolescent girls and boys to respond to the challenges faced by adolescents in Tanzania and Zanzibar.

Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT) is a five-year initiative implemented by UNICEF and UNFPA with financial support from Global Affairs Canada. This five-year partnership from April 2019 to March 2024 focuses on Mbeya and Songwe regions in Tanzania mainland and all districts of Unguja and Pemba islands in Zanzibar.

GRREAT is not a standalone programme. Interventions under this initiative are anchored to the Government’s plans in different sectors and seek to strengthen the national, sub-national and community systems.

“Pamoja Tuwawezeshe Wasichana” (Together, let’s empower girls) has been chosen by adolescents and stakeholders as the theme for this initiative to highlight the collaboration among different sectors and agencies for achieving empowerment for adolescent girls.

UNICEF is the Administrative and Convening Agent for this Joint UN Programme.

**Theory of change**

The most vulnerable and excluded adolescent girls in Tanzania are healthy, well-nourished, protected, educated and empowered and enjoy their rights as they transition into adulthood.

01 **HEALTH ASSETS**
Knowledge/attitudes about and access to SRH and HIV services, knowledge/attitudes about healthy lives, knowledge about childcare services (for adolescent mothers), knowledge about better nutrition practices & violence prevention/response, etc.

02 **EDUCATION ASSETS**
Numeracy and literacy, job-relevant skills including entrepreneurial skills, life skills, completion of secondary education, vocational skills (labour market preparedness), management skills, planning skills, etc.

03 **SOCIAL ASSETS**
Self-esteem, life skills (including communication, negotiation, etc.), constructive and positive peer relations, family and community support systems, etc.

04 **ECONOMIC ASSETS**
Savings, financial means to use services, capital for productive or economic activities, setting financial goals, budgeting/money management skills, accumulated savings, etc.

For this change to happen, adolescent girls need to have four types of assets:

For adolescent girls to have these assets, changes will be required in:

1. Systems and services (especially at the facility, community and school levels) to address key adolescent sexual and reproductive health and rights issues

2. Behaviours of adolescent girls and boys and others, such as parents, peers and community members

3. Policies and financing (at central and decentralized levels) to benefit adolescent girls specifically
There is a strong programmatic focus on addressing and strengthening the supply and demand sides of adolescent sexual and reproductive health and rights (ASRHR) provision and utilization in ways that respond directly to the needs of adolescent girls. The programme supports government systems at all levels (national, regional and district), strengthening the national capacity to collect, analyze and utilize improved data on ASRHR, nutrition and related areas. Cutting across the three major pillars of the programme – system strengthening, demand generation for ASRHR and nutrition services and evidence generation for financing, policies and accountability, there will be an intensive focus on understanding and addressing socio-cultural norms and practices that create barriers to voice, agency and access for adolescent girls through innovative and targeted social and behavioural change communication and empowerment activities.

A key strategy throughout the programme is the role of adolescent girls as agents of change. This programme aims to strengthen the capacity of adolescent girls to voice their opinions about problems they are facing as well as provide opportunities to create and implement their own innovative solutions that will address issues they are facing around ASRHR. Men and boys in the programme are encouraged to lead by example in respecting and promoting the rights of women and girls.

**Programme intervention logic:**

**ULTIMATE OUTCOME**

Improved sexual and reproductive health, rights and well-being among vulnerable adolescent girls in all 23 districts in Mbeya and Songwe regions and Zanzibar, Tanzania

**INTERMEDIATE OUTCOMES**

- Strengthening the supply and demand sides of gender-responsive ASRHR provision and utilization
- Increased equitable use of comprehensive SRH and nutrition services by empowered adolescents in all districts
- Increased utilization of evidence for financing, policies and accountability related to comprehensive adolescent-responsive SRH and nutrition services by government institutions at the national level and in all districts

**IMMEDIATE OUTCOMES**

- Improved skills among service providers to deliver comprehensive adolescent SRH and nutrition services
- Improved access to supplies for adolescent-responsive SRH and nutrition services
- Increased knowledge and skills on SRH and nutrition among adolescent girls and boys
- Increased participation by and innovation for adolescent girls and boys in SRH and nutrition programmes
- Increased availability of evidence on comprehensive and adolescent-responsive SRH & nutrition for policy making, domestic financing & accountability at national and sub-national levels
Target population:

Adolescent girls and boys reached with ASRHR and nutrition information:
- 3,350 youth peer educators
- 200,000 adolescents (through peer education and mentoring)
- 85,500 adolescents (through radio listenership clubs and campaigns)

Adolescent girls and boys reached with ASRHR and nutrition services:
- In communities: 180,000
- In facilities: 50,000
- In schools: 60,000

Adolescent girls who are engaged in opportunities to test and build gender-responsive IT and non-IT based solutions to SRHR and nutrition challenges: 10,500

Adolescents referred for SRH, sexual and gender-based violence and nutritional services: 30,000

Adolescent girls that participate in small grants programme for economic strengthening: 2,500

Timeline: 01 April 2019 to 31 March 2024

Contact: daressalaam@unicef.org

Geographical locations:
- Zanzibar
- Mbeya
- Songwe

Partners:
- Zanzibar: Ministry of Health, Ministry of Education and Vocational Training, Ministry of Labour, Empowerment, Elders, Youth, Women and Children, President’s Office Regional Administration Local Government and Special Department (PORALGSD), Ministry of Youth, Culture and Sports (MOYCAS), Zanzibar AIDS Commission, Non-Governmental Organizations, Community radio stations
- Mainland: Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Ministry of Education, Science and Technology (MOEST), Tanzania Institute of Education, Tanzania Commission for AIDS, Tanzania Social Action Fund (TASAF), President’s Office - Regional Administration and Local Government (PO-RALG), Tanzania Food and Nutrition Centre (TFNC), Regional Secretariats and Council Administrations (Mbeya and Songwe), Non-Governmental Organizations, Community radio stations
Life is changing for the nearly 13.2 million adolescent girls and boys living in Tanzania – much of it for the better – yet many concerns remain, especially for the most vulnerable adolescent girls.

Teenage pregnancy and child marriage rates in Tanzania are high.

Adolescent girls aged 15–19 years who had begun childbearing:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDHS 2010</td>
<td>23%</td>
</tr>
<tr>
<td>TDHS 2015/16</td>
<td>27%</td>
</tr>
</tbody>
</table>

Tanzania has one of the highest child marriage prevalence in the world. Among girls aged 20–24 years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDHS 2010</td>
<td>5.2%</td>
</tr>
<tr>
<td>TDHS 2015/16</td>
<td>30.5%</td>
</tr>
</tbody>
</table>

Increase in adolescent fertility rate (for every 1,000 adolescent girls):

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDHS 2010</td>
<td>116</td>
</tr>
<tr>
<td>TDHS 2015/16</td>
<td>132</td>
</tr>
</tbody>
</table>

While overall HIV prevalence has decreased in Tanzania, HIV prevalence among adolescents has not.

In 2018:

- 93,000 adolescents living with HIV
- More than 11,000 newly infected with HIV

Comprehensive knowledge of key HIV issues among 15–19 year olds is low:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>36.8%</td>
</tr>
<tr>
<td>Boys</td>
<td>41.9%</td>
</tr>
</tbody>
</table>

Prevalence of violence against women and girls in Tanzania is also an area of great concern.

- 22% have experienced physical violence since age 15
- 11% have ever experienced sexual violence

Menstruation is often seen as a taboo in Tanzania.

Poor menstrual health and hygiene (MHH) in schools:

- Worries and humilates adolescent girls
- Contributes to monthly absenteeism
- Leads to poor performance in schools
- 17% girls miss school due to menstruation-related reasons (pain, fear, lack of menstrual materials and friendly WASH facilities)

Anaemia and malnutrition pose significant threats to the holistic development of adolescent girls.

Prevalence of anemia among adolescent girls aged 15–19 years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDHS 2010</td>
<td>42%</td>
</tr>
<tr>
<td>TDHS 2015/16</td>
<td>47%</td>
</tr>
</tbody>
</table>

Body mass index (BMI) < 18.5 (total thin) for adolescent girls aged 15–19 years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDHS 2010</td>
<td>18%</td>
</tr>
<tr>
<td>TDHS 2015/16</td>
<td>18%</td>
</tr>
</tbody>
</table>

Remained unchanged at 18%.

Low education outcomes for girls result in social and economic costs to both themselves and society.

2017 Primary School Leaving Examination pass rate (Mainland):

- 70.9% girls
- 74.8% boys

*TDHS 2010.
*TDHS 2015/16.