BEYOND THE NUMBERS:
PERCEPTIONS AND DYNAMICS OF
CHILD POVERTY IN A RAPIDLY
URBANIZING TANZANIA MAINLAND

NOVEMBER 2018
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<td>AIDS</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>Consortium for Street Children</td>
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<td>DHS</td>
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<td>MODA</td>
<td>Multiple Overlapping Deprivation Analysis</td>
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<td>Research on Poverty Alleviation</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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ACKNOWLEDGEMENTS

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Mr. Dotto M. James  
Permanent Secretary  
Ministry of Finance and Planning
The 2019 Beyond the Numbers: Perceptions and Dynamics of Child Poverty in a Rapidly Urbanising Tanzania Mainland report has come at a right time when Tanzania is undertaking Economic Transformation to become a Middle-Income Country through industrialization which require a learned society. A community of children is an important group in any country wishing to have bright future in socio-economic transformation. Information presented in this report aim at raising awareness and deeper understanding of the multiple dimension of poverty among Government and Non-Governmental stakeholders who develop plans, policies, and programmes that address and aim to improve the well-being of children. Given the inclusion of child poverty target in the Sustainable Development Goals (SDGs), this report can serve as a point of reference for both SDGs monitoring and poverty monitoring nationally, in relation to key sector programmes and policies, and as an overall target for the second Five Year Development Plan (FYDP II) monitoring.

This qualitative report is aiming at filling the gaps and capture dimensions of poverty that are often not covered in a quantitative study - the second Child Poverty Report in Tanzania based on data of the National Panel Survey (NPS) Wave 4, 2014/15. The child poverty measurement used in the second Child Poverty Report in Tanzania is similar to the newly introduced method of measuring poverty through the Multidimensional Poverty Index (MPI) that complements the traditional method of measuring poverty through the lens of a household's aggregate income and consumption. This approach provides an avenue to continue making an analysis of poverty in the country that is relevant to all groups in the population, including children.

Preparation of this report was guided by careful re-reading of 2016 Child Poverty Report which was the first report in Tanzania about Child Poverty. However, other previous and current National frameworks and reports were also equally taken into consideration to enrich the background information and put the fore-stage and solid foundation for this report. Several national surveys reports and routine data from key sectors were also revisited to provide critical thinking and guide policy recommendations.

The report presents the indicators of non-monetary deprivation among children aged 0–17 years living in households. This method of measuring deprivation captures issues of importance in the well-being of a child during childhood and, importantly, that impact his/her well-being in adulthood.

It highlights key issues that are the main causes of poverty and that came up during Focus Group Discussions. These are insufficient household income, lack of parental care, lack of food
and living arrangements. Other issues mentioned were low parental aspiration and orphanhood. Children also mentioned causes of poverty as lack of infrastructure in social services like education and health.

The impacts of child poverty mentioned in this report include school-drop out, prostitutions, and child labour which were mentioned as immediate impacts. Long term impacts highlighted include family/clan poverty cycle. In regard to coping mechanism children adopted several means which include migration to avoid critical conditions.

Key message contained in this report is that Child poverty is multidimensional; it includes deprivations in material living conditions, but also social and emotional deprivation. Child poverty can have long-term impacts on children’s development and future potential and, children are less able to change their situation than adults.

The report also suggested that relationship between different dimensions and income can be particularly informative for policy purposes. Certain deprivations, such as school attendance, tend to be more closely related to increases in income, than those that require large inputs of time and capital, such as sanitation which require a close multi-sectorial approach. The report also reveals that social norms or lack of awareness/education (particularly mother’s education) could also play significant role in explaining lack of overlap between monetary and multidimensional poverty.

Based on Research findings and analysis, the report suggested Key Policy Recommendations which could bring bright child’s future in specific and society as a whole. These include; Expanding Existing Income-Support Programme especially those targeting the poor; Reduce barriers to "true" access to free basic services and improve their quality; Ramp-up efforts to deal with gender-based inequalities; Strengthen support for most vulnerable children and Plan for the impact of rapid urbanization and its impact on urban child poverty.
EXECUTIVE SUMMARY

As concurred by Member States at the United Nations in 2015, the Sustainable Development Goal (SDG) 1 (Target 1.2) represented the first commitment by the international community to reduce at least by half the proportion of children of all ages living in poverty by 2030 (United Nations [UN], 2015). Further, to ‘leave no one behind’ and ensure that SDG targets are met across all segments of the society are a central commitment of the SDGs. These have explicitly identified children and youth as a left-behind group in the 2030 Agenda for Sustainable Development outcome document (ibid.).

Despite recent progress, multidimensional poverty remains pervasive in Tanzania Mainland, affecting 74 per cent of children (National Bureau of Statistics [NBS], 2016). These children are deprived in three or more dimensions of poverty which include health, nutrition, education, protection (birth registration, child marriage and child labour), access to information, housing, water and sanitation. While child poverty continues to be generally higher in rural than in urban areas, some specific deprivations (such as housing) are higher in urban areas (Research on Poverty Alleviation [REPOA], 2016). In fact, children experience poverty differently in these settings; yet, there is little research into the vulnerabilities that children face in rapidly growing urban centres in Tanzania.

Recent research efforts have focused on quantitative assessments of multidimensional child poverty in the country (NBS and United Nations Children’s Fund [UNICEF], 2016; REPOA, 2016). While this information is essential for targeting vulnerable children and addressing child poverty, there still are important gaps in the understanding of children’s complex experiences of poverty, the factors associated with it, and its consequences.

Qualitative research is particularly suited to help fill in these gaps and capture dimensions of poverty that are often not covered by conventional multi-topic household surveys used to assess poverty. This includes issues such as stigma and discrimination, physical safety and the role of traditional customs and social norms in explaining gender-based inequalities. Such nuanced information is necessary to complement quantitative assessments, and tailor policies to reduce child poverty more effectively.

To this end, this report provides new qualitative evidence on children’s experiences of poverty in both rural and urban settings in Tanzania Mainland with a focus on three regions – Dar es, Mwanza and Mtwara. It draws on evidence from focus group discussions (FGDs) with children aged 5–13 years and adolescents aged 14–17 years, and in-depth interviews (IDIs) with the older cohort. Children’s views are complemented with those of adults, including FGDs with parents/guardians of children under-5 years and teachers, community and religious leaders, and a series of key informant interviews (KIs). The report aims to provide a comprehensive picture of child poverty in Tanzania Mainland, focusing on children’s perceptions of poverty, its causes, its consequences and their coping mechanisms, contextualized within the broader evidence of the country. It also looks at how these vary in urban and rural areas in order to understand the impact of rapid urbanization on child poverty, and discusses appropriate policy implications based on the challenges revealed.
Background: Child poverty by the numbers

At 74 per cent, multidimensional poverty is much higher than monetary poverty (29 per cent) among children in Tanzania (REPOA, 2016; NBS and UNICEF, 2016). Not only are both types of poverty higher in rural than in urban areas, but there is much more overlap between monetary and multidimensional poverty in rural areas: 31 per cent of rural children, versus 7 per cent of urban children, fall in the category of children who are both monetarily and multidimensionally poor (NBS and UNICEF, 2016).

This limited overlap between monetary and multidimensional child poverty deserves further exploration and could be partly explained by the specific methodological approaches used. As the poverty line in Tanzania is fairly low (much lower than international ones), many multidimensionally poor children live in households that are ‘near poor’ (i.e., close to the poverty line). Further, as the poverty line excludes some non-food costs, such as housing, which tend to be higher in cash-based urban areas, urban monetary child poverty could be particularly underestimated. At the same time, it could be overestimated by the methodology used to calculate multidimensional poverty (S. Chakravarty and C. D’Ambrosio, 2006; Rippin, 2010, Evans and Abdurazakov, 2018).

Other possible reasons for limited overlap between monetary and multidimensional poverty include insufficient infrastructure investment on services such as sanitation, which are less dependent on household income. Further, social norms or lack of awareness/education (particularly mother’s education) could also play a part, as they could prevent non-monetary poor (and ‘near poor’) households from spending their income on fulfilling children’s basic needs.

Poverty through the eyes of children: key findings from qualitative research

The qualitative data collection and analysis shed light on children’s understanding of poverty, its causes, its consequences and their coping mechanisms.

Definitions and experiences of poverty

In urban and rural areas alike, children commonly describe poverty as lack of income and unfulfilled basic needs (i.e., food and clothing, poor housing conditions, exercise books, school uniforms, school fees), which is in line with both monetary and multidimensional child poverty measures. They identify vulnerable groups such as orphans, street children and child labourers as especially poor.

A comparison of children’s own definition of poverty with the dimensions and indicators used in current multidimensional poverty measurement (namely the 2016 Child Poverty analysis) highlights points of coincidence and difference. Among the former, results from the qualitative research on ‘water and sanitation’ and ‘housing’ dimensions are similar to those of the 2016 Child Poverty analysis, with housing being especially relevant in urban settings and for the younger cohort.

In terms of differences, discussions with children highlight that certain dimensions (e.g., nutrition and health) that are included in the 2016 Child Poverty analysis, which currently focuses only on the younger cohorts due to data limitations, in fact pertain to children of all ages. Another difference is that education deprivation is highlighted as an important issue by children of all ages in the FGDs and not just by the older cohort as suggested by the 2016 Child Poverty analysis. In
particular, children referred to high indirect costs (e.g., school materials, transport, uniforms) as barriers to both primary and secondary education.

Another key point of difference is that FGDs with children highlight the importance of other dimensions often excluded from poverty quantitative assessments, such as discrimination, stigma (often reflected in clothing) and violence experienced by children living in poverty. In the case of violence, young children, particularly in urban areas, discussed instances of physical violence in the household and corporal punishment in school, while girls referred to sexual harassment.

**Causes of child poverty**

In keeping with the broader evidence, children in the FGDs highlighted insufficient household income and lack of parental education as causes of child poverty. Interestingly, lack of household income was a salient topic in FGDs in urban areas, perhaps suggesting the urban household’s greater dependency on cash for food and non-food needs.

Other factors that children mentioned were: lack of food (in relation to poor education attainment), living arrangements and orphanhood, parents’ low aspirations for the child’s future and gender bias in access to education (including due to child marriage and early pregnancies).

> “When a mother depends on the father for basic needs, parental separation can lead to a child living in poverty. That child may become responsible for bringing food at home, and he may need to engage in labour.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Temeke]

Older children and adults also referred to causes of child poverty beyond the household, such as the lack of infrastructure (particularly in rural areas where parents and children need to travel long distances to access basic services) and their poor quality (in both rural and urban areas), which means that the aim to provide free services for the most vulnerable in some cases remains unmet.

> “The government has said that services to 0- to 5-year-olds should be free, but no service is effectively offered free of charge.”

[Focus group with female parents/guardians of children under-5 years in urban Mwanza, Mwanza City Council]

Adult participants also highlighted the role of social norms in favouring education and work opportunities for boys over girls and the widespread practice of child marriage.

> “Poverty is caused by poor thinking due to bad customs and traditions. For example, bias in educating girls and boys, with boys normally being given priority over girls. Girls are not given priority because of the idea that they will get married.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Temeke]

**Consequences of child poverty**

Children also highlighted that the consequences of child poverty differ by gender: boys generally experience drugs and alcohol abuse, and girls experience prostitution, transactional sex and
early pregnancy, particularly in urban areas. Child labour, stealing, robbing and living on the streets emerged as further consequences of child poverty during the FGDs.

“A poor person can become very stressed out due to lack of employment. Therefore, peers who use drugs may encourage him to join them to cope with stress.”

[Focus group with boys aged 14–17 years, in rural Mwanza, Misungwi]

“Some of the elder girls are taken from villages with promises of good jobs, but when they reach the city they are forced to engage in commercial sex. Because they have no place to stay, they feel that they have no choice. The money that they receive from their clients goes to the lady who brought them from the rural areas.”

[Focus group with girls aged 5–13 years, in urban Mwanza, Mwanza City Council]

Children’s coping mechanisms

There were overlaps between children’s references to consequences of child poverty and coping mechanisms. They emphasized that they should avoid temptations (e.g., prostitution and transactional sex) and instead study hard to escape poverty. They referred to child labour and migration as coping mechanisms. Some children in the FGDs reported some instances of inverse migration to escape unaffordable living conditions in urban areas.

“I am always telling my young brother to concentrate on studies and to avoid bad habits.”

[Focus group with boys aged 5–13 years, in urban Mwanza, Mwanza City Council]

“Here in the city, people are merciless. Life is hard. So people find it easy to give money to the children and make them work, sending them to fetch water or any other job. Children take the money and try to support their mothers at home.”

[Adult male in Dar es Salaam, Kinondoni]

Urbanization and child poverty

Despite the fast pace of urbanization in the country [projected to grow at 4.7 per cent between 2015 and 2030, United Nations Department of Economic and Social Affairs [UN DESA], 2014], there has been limited research into the vulnerabilities that rapid urbanization poses for children and adolescents living in urban centres. FGDs with children highlighted the varying nature of poverty in urban versus rural areas. Poverty in cities is manifested in greater dependence of households on household incomes for food, overcrowded living conditions experienced by children, lack of public services in areas of recent unplanned growth, higher risks of ‘moral erosion/bad behaviours’ and weakening of household/social networks, including due to migration (e.g., as many children in FGDs discussed parental separation in urban areas).

Interviewees for the study also highlight how the hopes to find better economic conditions in the city were often not matched by reality, leading to reverse migration (back to rural areas) in some cases.
Owing to data limitations, it is not possible to fully ascertain the impact of urbanization on child monetary and multidimensional poverty. Monetary (household) poverty appears to have decreased in Dar es Salaam at a time of rapid urban growth, possibly explained by job creation in services and spillover effects in the informal economy. However, it stayed relatively constant in other secondary cities.

On child-specific dimensions of multidimensional poverty, there has been progress on education, nutrition and health indicators in urban areas at a time of rapid population growth. However, some nutrition and health indicators portray a picture of ‘urban disadvantage’: the frequency of meals is currently worse in urban than rural areas, suggesting that households may be skipping meals to make ends meet and, for the first time, child mortality rates appear to be higher in urban than rural areas (likely to be linked to lack of access to appropriate water and sanitation, waste collection and poor air quality).

In addition, mobility linked to urbanization can disrupt children’s living arrangements and social networks related to the dimension of protection. Further, the environmental stressors of urban living indicate that children in urban settings may be more susceptible to risky behaviours (e.g., transaction sex, crime, substance and alcohol abuse).

Household dimensions of multidimensional child poverty have seen mixed trends. Access to water, although relatively high, appears to be reversing, suggesting that the pressures of increasing demand may be affecting service delivery. By contrast, data on access to improved sanitation and housing materials suggest some improvements, although at 35 per cent access to sanitation remains staggeringly low and a key challenge.

Unfortunately, data on ‘access’ to services does not provide a full picture and can be misleading since quality and affordability of these services matter the most in dense unplanned settlements; while key trend data related to housing such as overcrowding and security of tenure are not readily available.

**Policy implications**

Based on the evidence gathered from the qualitative research, situated within broader assessments of existing policies to address child poverty, five key policy implications have been set out.

1. **Expand existing income-support programmes**

   Evidence shows that income-support programmes impact a broad range of outcomes directly or indirectly relevant to reducing monetary and multidimensional child poverty, making their interventions foundational to addressing child poverty. In light of this, this report recommends expansion and fine-tuning of existing income-support programmes, such as the Productive Social Safety Net implemented by Tanzanian Social Action Fund (TASAF).
This includes: ensuring that it targets vulnerable children; addressing the specificities of poverty in urban areas; and offering livelihood support at the household level and to adolescents who transition into adulthood.

2. **Reduce additional barriers to accessing free basic services and improve their quality**
While Tanzania has made progress on free education and health care for vulnerable populations, qualitative research highlights that implementation does not always follow policy intent and that indirect financial costs (such as school uniforms, materials, transport fees, lunches) continue to deter access.

Therefore, it is critical to gather new evidence on whether schools are being adequately compensated following the government’s policy on removal of fees and other parental contributions, whether programmes to subsidize indirect costs are being considered, and whether the quality of services is being improved (e.g., infrastructure, trained staff), including catering for vulnerable children too (e.g., children with disabilities, orphans). Moreover, it is critical to prioritize equitable implementation in the case of health and the long-term aim of universal health coverage. This will ensure that vulnerable children and marginalized populations are targeted first.

Finally, while this report has focused on the perceptions of children aged 5–17 years, there is no doubt that early development programmes are smart policies. Prioritizing health (including nutrition) and pre-primary education in the early years of development is key as these policies have long-term consequences for children’s development and have high social returns.

3. **Ramp-up efforts to deal with gender-based inequalities**
Findings from the qualitative interviews (and existing literature) highlight the extent of gender-based inequalities. Prevalence of sexual abuse, child marriage and early pregnancy can prevent girls from attending or remaining in school. A combination of poverty and entrenched social norms explains these gendered aspects of child poverty that limit the opportunities for girls to escape poverty and realize their potential.

Although a High Court ruling in 2016 raised the age of marriage for girls to 18 years (from 14 years with court consent) and gave the government a year to make the necessary amendments, the ruling was appealed and a decision is currently pending with the Court of Appeal. Regarding adolescent pregnancy, in view of expulsion of girls who test positive, many schools have instituted the practice of mandatory pregnancy testing. Once girls are out, they are unlikely to re-enter school as they face discrimination, stigma, financial challenges and absence of a re-admission policy for young mothers of compulsory schooling age.

Participants in the FGDs stressed the need for counselling and awareness campaigns for both boys and girls to avert early marriage and early pregnancies. In fact, there are a number of modifications to existing laws and regulations that, together with educational campaigns, can help to increase girls’ access to secondary education and reduce child marriage, sexual abuse and teenage pregnancy.

4. **Strengthen support for most vulnerable children (MVC)**
Throughout the interviews, it became apparent that particular groups of vulnerable children, such as orphans and children with disabilities, among others, require further support. While
Most Vulnerable Children Committees at the local level are tasked with targeting these groups, a recent assessment (Mmasa and Mbaula, 2016) suggests that the system to identify these groups of children (guidelines, data management and transparency) needs to be simplified and improved to ensure effective target interventions.

Other areas for improvement included better coordination of MVC interventions particularly between public service delivery and non-governmental organization (NGO) / faith-based organization (FBO) (facilitating a move towards integrated case management), strengthening the ‘human and financial capacity’ of implementers (including the child protection system), and increasing community participation, particularly from vulnerable children themselves, in designing interventions.

5. **Plan for the impacts of rapid urbanization on urban child poverty**

Discussions with children also highlighted some of the challenges they face in urban areas, including the fact that households are more dependent on household incomes for food and that children experience overcrowded living conditions and lack of public services in areas of recent unplanned growth.

Overall, there remains an urgent need to raise the profile of urban development and urban poverty, given the pressures from rapid urbanization. There is also a need to develop more coherent policies to guide urban development in Tanzania, including in areas that are relevant for poor families and their children. At present, sectoral interventions related to multidimensional aspects of child poverty are implemented in silos with limited coordination.

Local government authorities require reliable data, trained personnel, clear mandates and adequate resources to plan for, and respond to, increasing pressures on services (such as health and education, but critically also housing, transport, water, sanitation and public spaces including playgrounds), and to provide integrated approaches to addressing child poverty, taking into account urban-specific aspects of child poverty. Local governments could also facilitate children and young people’s participation, for example, through children and young people councils at the ward level.

When it comes to national policy and programmes, while there is an increasing recognition of the challenges posed by urbanization (as laid out in the Five-Year Development Plan 2016/17–2020/21), there seems to be greater focus on the productive side, i.e., economic growth and job creation. While the latter is critical, it needs to go hand in hand with the delivery of good-quality basic services for rapidly growing cities, which will nurture a healthy and skilled future workforce. An urban development policy should be developed with key stakeholders from various interrelated sectors, identifying ways to integrate their respective interventions related to multidimensional aspects of child poverty. The Urban Development Division of President’s Office Regional Administration and Local Government (PORALG) can function as a coordinator and initiate such an approach in collaboration with the Ministry of Lands, Housing, and Human Settlements Development (MoLHU).
Figure 1: Summary of child poverty in Tanzania Mainland

The dynamics of child poverty in Tanzania Mainland

Children’s perceptions of poverty
Children think they are poor when...
- They experience inadequate household income
- They have insufficient food
- They do not live with their parents
- Parents have low level of education
- Parents have low expectations for their children’s future

Children cope with poverty by...
- Studying hard
- Avoiding transaction sex (girls)
- Avoiding drugs and alcohol abuse (boys)
- Working (child labour)
- Migrating to urban areas or back to rural areas (reverse migration)

Policy implications:
- Explore expansion of existing income-support programmes
- Reduce additional barriers to access to free basic services and improve quality of these services
- Increase efforts to promote gender equality and girls’ rights to address gendered aspects of child poverty
- Strengthen the Most vulnerable children Programme
- Plan for the mitigation of impacts of rapid urbanization on urban child poverty
1. INTRODUCTION

Background

Agreed upon by Member States at the United Nations in 2015, the Sustainable Development Goal (SDG) 1 (Target 1.2) represented the first commitment by the international community to reduce at least by half the proportion of children of all ages living in poverty by 2030 (UN, 2015). Target 1.2 refers to poverty ‘in all its dimensions [and] according to national definitions’. Further, to ‘leave no one behind’ and ensure that SDG targets are met for all segments of society are a central commitment of the SDGs, with children and youth explicitly identified as a left-behind group in the 2030 Agenda for Sustainable Development outcome document (ibid.).

Despite efforts to improve children’s well-being, multidimensional child poverty remains pervasive in Tanzania. According to estimates following UNICEF’s Multiple Overlapping Deprivation Analysis (MODA), it affected as many as 74 per cent of children in the country in 2012/13 (NBS and UNICEF, 2016). These children are deprived in three or more dimensions of poverty, namely health, nutrition, education, protection (birth registration, child marriage, child labour), housing, water, sanitation and access to information. While child poverty continues to be higher and more entrenched in rural than in urban areas, some deprivations, such as housing (mainly overcrowding), are more prevalent in urban areas (NBS and UNICEF, 2016). In fact, children experience poverty differently in these settings (Baker, 2011). Yet there is little research into the specific vulnerabilities that urban children face. This is particularly relevant as the country’s urban population continues to grow rapidly (UN DESA, 2014).

Recent research efforts on child poverty in Tanzania have focused on quantitative assessments of multidimensional child poverty in the country (NBS and UNICEF, 2016; REPOA, 2016). While this information is essential to address child poverty, there are still important gaps in the understanding of children’s complex experiences of poverty, the factors associated with it, and its consequences.

Qualitative research is particularly suited to help fill in these gaps and capture dimensions of poverty that are often missed in commonly used poverty measures, including issues such as stigma, discrimination, physical safety and the role of traditional customs and social norms in explaining gender-based inequalities. This nuanced information is necessary to complement quantitative assessments and tailor policies to reduce child poverty more effectively.

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1 Some authors have noted that the methodological approach used can exaggerate child poverty levels (Chakravarty, S. and D’Ambrosio, C., 2006; Rippin, 2010; Evans and Abdurazakov, 2018).

2 This includes ownership of electronic informational devices, such as television, radio, mobile phone, or computers (NBS and UNICEF, 2016).
Most importantly, qualitative research captures the voices of poor children, their views and their understanding of child poverty in their community to inform the discourse and policies on child poverty, which are often based on adults’ ideas and assumptions.

Drawing on new qualitative research and review of the broader evidence base, this report aims to provide a comprehensive picture of child poverty in Tanzania Mainland by focusing on children’s perceptions on poverty, its causes and consequences. It also looks at the variations of poverty in urban and rural areas to understand how rapid urbanization may impact child poverty. Based on these findings, the report discusses appropriate policy implications.

Qualitative research on children’s experiences of poverty was undertaken in three mainland regions – Dar es Salaam, Mwanza and Mtwara. In total, six sites were selected, two per region, with an urban and rural site in each (except in Dar es Salaam where two urban sites were selected as it is 100 per cent urban). The selection criteria included a combination of rapid urbanization and high multidimensional child poverty incidence or high poverty density. Twenty-four FGDs were carried out with boys and girls of two different age cohorts (5–13 years and 14–17 years) in the selected sites. These were complemented with IDIs with children aged 14–17 years, and with views from adults captured through further FGDs and a series of KIIs. Of course, given the nature of qualitative research, the results are not representative and cannot be generalized beyond participants in the study.

Analysis in this report draws heavily on the results from FGDs with children as these were specifically designed to capture their perceptions on poverty. Tools were tailored according to the capabilities of the different cohorts. Older children were asked to discuss a ‘poverty tree’, where the trunk represents the meaning of child poverty; the roots, its causes; and the leaves, its consequences. This was followed by a discussion on coping mechanisms and responses to child poverty. Children aged 5–13 years were asked to depict stories of child well-being/living (typical of households in their community) and explain their pictures (see Chapter 2 for a description of the methodology, including more details on the criteria for site selection and tools used). Findings from FGDs with adults and KIIs were particularly used to complement secondary literature on urbanization and the policy implications.

The report is structured as follows:

- Chapter 2 provides details of the research questions and methodology used
- Chapter 3 sets the scene, introducing the definitions of child poverty used in this report and presenting the latest child poverty estimates for Tanzania
- Chapter 4 focuses on children’s own perceptions on poverty, which are contrasted with the dimensions used in child poverty measurement in Tanzania Mainland
- Chapter 5 discusses poverty dynamics, understood as the causes and consequences of child poverty, as well as the mechanisms that children use to cope with poverty
- Chapter 6 discusses how the fast pace of urbanization in the country may impact on child poverty, setting out the specific challenges that children face in urban contexts

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2 This included additional FGDs with parents/guardians of children under-5 years and with a mixed group of parents, teachers and community leaders. A total of 48 FGDs were conducted, considering FGDs with both children and adults in six sites.
Chapter 7 concludes by providing a series of recommendations on how to address child poverty and pointing to the remaining evidence gaps identified through the research.

Ultimately, a richer understanding of child poverty in Tanzania can help to better target government investments in children. These investments are a precondition to nourish a skilled and healthy future workforce that can lead the country’s economic transformation as envisaged in the 2025 Tanzania Development Vision, and will contribute to the realization of Target 1.2 of SDG 1 and of the SDG principle to 'leave no one behind'.
2. METHODOLOGY

This chapter provides an overview of the methodology used in this report. It sets out the research questions and key themes that guided the research, and describes the methodology used – a mix of desk-based and primary qualitative research. It concludes by highlighting the limitations of the research.

2.1 Research questions

Research for this report has been guided by a series of questions, including:

1. How do children themselves define poverty?

2. What primary factors or vulnerabilities increase the risk of children falling into poverty in general, and in urban contexts in particular? Are these factors or vulnerabilities the same for children already experiencing child poverty?

3. What are children’s own coping mechanisms? How do coping methods of poor households in the event of external shocks affect child poverty (monetary and multidimensional)?

4. To what extent are children the income earners for their households? How does this affect the fulfilment of their rights?

5. What is the current and predicted future effect of urbanization on child poverty? What are the appropriate policy and sector planning responses?

6. What factors have contributed to an apparent reduction in child poverty in some geographical areas while it has increased in others? How do these lessons inform policy and sector planning responses in terms of targeting the most critical areas?

7. What are the policy and sector programme responses that will most effectively contribute to child poverty reduction? What role do integrated social programmes play in this?

For the purposes of this report, and based on identified evidence gaps, the research questions were grouped into three key themes:

- **Children’s perceptions of poverty**: Poverty discourse, as it relates to children, is largely based on adults’ ideas and assumptions; therefore, a focus on children’s own views of poverty was sought to help to address this gap (Question 1; Chapter 4).
Poverty dynamics: Poverty is often described as a static phenomenon. This research included an analysis of the causes, consequences of poverty and coping mechanisms to gain a more holistic picture of child poverty (Questions 2–4; Chapter 5).

Urbanization: Understanding the potential impact of rapid urbanization on child poverty is becoming increasingly important to ensure appropriate policy responses are put in place (Question 5; Chapter 6).

Based on the findings for these three key themes, a series of policy recommendations to address child poverty were provided, including highlights of remaining evidence gaps (Questions 5–7; Chapter 7).

To explore these different themes, a mix of desk review and collection of new qualitative evidence was used.

2.2 Mixed methods

Desk-based review

An initial review of the evidence was undertaken including major analytical frameworks for understanding ‘child poverty’ and definitions used in the Tanzanian context. This review also highlighted existing research gaps – particularly on subjective child poverty and differences in poverty by different age group (0–23 months, 24–59 months, 5–13 years and 14–17 years); gender (male/female) and location (urban/rural) – and was used to guide the selection and creation of qualitative research tools and site selection.

A further literature review phase expanded on this initial work to situate the findings from the primary research in the broader evidence base on child poverty in Tanzania Mainland.

Qualitative research

A mix of qualitative research tools including FGDs, IDIs and KII were used to gather new evidence about children’s perceptions of child poverty and its dynamics. Table 1 summarizes the instruments applied; the questionnaires are available on request.

FGD

Focus group discussions (FGDs) were the main tool used to gather information on perceptions of poverty, its causes, consequences and coping mechanisms. FGDs targeted children of different age cohorts to differentiate between challenges along the life cycle: children aged 5–13 years; and adolescents aged 14–17 years. Children's views were also complemented with those of adults, including one FGD with parents/guardians of children under-5 years and another one with a mix of adults in the community (mainly teachers, community and religious leaders).

Each FGD tool was tailored to the capacities of the targeted group. For example, older children and adults were asked to discuss a poverty tree, where the trunk represents the meaning of child poverty, the roots, its causes, and the leaves, its consequences (Tools 1A and 4A in Table 1). This was followed by a discussion on coping mechanisms and responses to child poverty (Tools 1B and 4B). In the case of children aged 5–13 years, they were asked to depict stories of child well-being/ill-being (typical of households in their community) and explain their drawings. Finally,
parents/guardians of children under-5 years discussed aspirations for their children as well as the availability of basic services to meet their children’s needs.

A total of 48 FGDs were carried out covering the six sites (two sites, one urban and one rural in each of the selected three regions, except for Dar es Salaam). Each tool was applied to groups of females and males separately.

**IDI**

In addition, two in-depth interviews (IDIs) per region were conducted with children aged 14–17 years, focusing on negative and positive ‘outliers’, defined as individuals who could demonstrate a unique or informative case study of a household with children persisting in or escaping from poverty. Wherever possible, stories of internal migration and mobility were also sought to inform the urbanization theme. IDIs provide ‘vignettes’ or narratives of further depth of individual experience, and are therefore useful tools to illustrate the complex reality of the drivers of child poverty and associated coping mechanisms.

**KII**

Finally, over 15 key informant interviews (KIIIs) at the local and national levels were undertaken to gather a wider perspective on existing responses to child poverty, associated policy and programme bottlenecks as well as recommendations for future action. A complete list of KIIIs is provided in Table 2.

The fieldwork was undertaken by local researchers under the supervision of ODI’s local partner – Tropical Health and Education Trust (THET). A five-day training workshop was undertaken to help them familiarize themselves with the tools. Under the supervision of the research team, they participated in pre-piloting and piloting of the research tools to ensure that the language and translation of the tools were appropriate for the targeted interviewees.

**Table 1: Qualitative research tools**

<table>
<thead>
<tr>
<th>Research instrument</th>
<th>Cohort</th>
<th>Gender</th>
<th>Number of each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group Discussions (FGDs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tool 1A:</strong> Poverty tree (definitions of poverty, its causes and consequences)</td>
<td>Adolescents aged 14–17 years (in/out of school)</td>
<td>Female</td>
<td>6 (2 sites in each of the 3 regions)</td>
</tr>
<tr>
<td><strong>Tool 1B:</strong> Net and shelter (coping mechanisms and responses)</td>
<td></td>
<td>Male</td>
<td>6 (2 sites in each of the 3 regions)</td>
</tr>
<tr>
<td><strong>Tool 2A:</strong> Good story / bad story (conceptions of well-being/ill-being)</td>
<td>Pre-adolescents aged 5–13 years (in/out of school)</td>
<td>Female</td>
<td>6 (2 sites in each of the 3 regions)</td>
</tr>
<tr>
<td><strong>Tool 2B:</strong> Time-use analysis</td>
<td></td>
<td>Male</td>
<td>6 (2 sites in each of the 3 regions)</td>
</tr>
<tr>
<td><strong>Tool 3A:</strong> Aspirations for child</td>
<td>Early childhood aged under-5 years (FGD with guardians of young children)</td>
<td>Female</td>
<td>6 (2 sites in each of the 3 regions)</td>
</tr>
<tr>
<td><strong>Tool 3B:</strong> Service mapping</td>
<td></td>
<td>Male</td>
<td>6 (2 sites in each of the 3 regions)</td>
</tr>
</tbody>
</table>

(Continued)
### Table 1: Research instruments, cohort, gender, and number of each

<table>
<thead>
<tr>
<th>Research instrument</th>
<th>Cohort</th>
<th>Gender</th>
<th>Number of each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tool 4A: Poverty tree (definitions of poverty, its causes and consequences)</td>
<td>Teachers, parents and community leaders (can include religious leaders/influential people in the community)</td>
<td>Female</td>
<td>6 (2 sites in each of the 3 regions)</td>
</tr>
<tr>
<td>Tool 4B: Net and shelter (coping mechanisms and responses)</td>
<td></td>
<td>Male</td>
<td>6 (2 sites in each of the 3 regions)</td>
</tr>
<tr>
<td><strong>TOTAL FGDs:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER INSTRUMENTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tool 5: In-depth interviews (IDIs)</td>
<td>Individual ‘outlier’ children (aged 14–17 years) – Positive/negative stories with a focus on stories of internal migration to inform urbanization theme (where possible)</td>
<td></td>
<td>3–6 (at least 1 per region)</td>
</tr>
<tr>
<td>Tool 6: Key informant interviews (KIs) – sub-national level</td>
<td>Local district officials (2–3 per location)</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Non-governmental organization representatives (1 per location)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tool 7: Key informant interviews (KIs) – National level</td>
<td>Key respondents from one ministry</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

### Table 2: List of key informant interviews

<table>
<thead>
<tr>
<th>Area</th>
<th>Interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subnational level</strong></td>
<td></td>
</tr>
<tr>
<td>Dar es Salaam, Tembeke district</td>
<td>District Education Officer</td>
</tr>
<tr>
<td></td>
<td>Community Development Officer</td>
</tr>
<tr>
<td></td>
<td>Representative from Asuta (NGO)</td>
</tr>
<tr>
<td>Dar es Salaam, Knondoni district</td>
<td>Ward Education Officer</td>
</tr>
<tr>
<td></td>
<td>Ward Executive Officer</td>
</tr>
<tr>
<td>Mwanza, Mwanza City Council</td>
<td>Community Development Officer</td>
</tr>
<tr>
<td></td>
<td>Ward Education Officer</td>
</tr>
<tr>
<td>Mwanza, Misungwi District</td>
<td>District Development Officer – Misungwi district</td>
</tr>
<tr>
<td>Mtwarra, Mtwarra Municipal Council</td>
<td>Community Development Officer</td>
</tr>
<tr>
<td></td>
<td>Ward Education Officer</td>
</tr>
<tr>
<td></td>
<td>Ward Executive Officer</td>
</tr>
<tr>
<td></td>
<td>Fawopa (NGO)</td>
</tr>
<tr>
<td>Area</td>
<td>Interviewees</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Mtwara, Nanyumbo</td>
<td>Community Development Officer</td>
</tr>
<tr>
<td></td>
<td>District Welfare Officer responsible for children</td>
</tr>
<tr>
<td></td>
<td>Ward Executive Officer</td>
</tr>
<tr>
<td>National level</td>
<td></td>
</tr>
<tr>
<td>Ministry of Finance and Planning</td>
<td>Director Poverty Eradication Department</td>
</tr>
</tbody>
</table>

The analysis phase included coding the write-ups of all interviews and FGDs following the research questions and common themes emerging from the evidence. These were analysed using NVivo. A preliminary analysis phase of FGDs included understanding which themes were most commonly quoted in different sites, by gender and age.

**Site selection**

Qualitative research focused on three mainland regions: Dar es Salaam, Mwanza and Mtwara (see Map 1), with two sites selected for each region – one urban and one rural, to capture different characteristics of child poverty in each (except for Dar es Salaam where two urban sites were selected as it is 100 per cent urban). Sites were selected on the basis of data analysis and consultation with key stakeholders, including representatives of the NBS, UNICEF Tanzania, REPOA, the Poverty Eradication Department (of the Ministry of Finance and Planning) and the Children Development Department (of the Ministry of Health, Community Development, Gender, Elderly and Children).

The selection criteria for the three regions included rapid urbanization (as its impact on children’s experiences of poverty is a key element of the research) and high multidimensional child poverty incidence or high poverty density (with the latter most likely in large urban areas). Dar es Salaam and Mwanza were selected as they are the two regions with the largest and fastest growing cities (authors’ analysis, UN DESA, 2014) and they both have high poverty density – that is, number of poor people per square metre (REPOA, 2012). Following consultations with stakeholders, Mtwara was added to the analysis on account of being one of the regions in the country with the highest proportion of child poverty. Further, Mtwara Municipal Council, the capital of the region, appears to have seen recent urban population growth due to oil and gas discoveries, a phenomenon that is under-researched, making it a good candidate for this research. In each

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*NVivo is a qualitative data analysis computer software package produced by QSR International. It has been designed for qualitative researchers working with very rich text-based and/or multimedia information, where deep levels of analysis on small or large volumes of data are required (https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/about/nvivo).*

*Unfortunately, the poverty density measure is not available for child poverty specifically.*
selected region, the focus was on their capital cities as urban sites; these also represent a mix of city sizes: Dar es Salaam is a large city with over 5 million inhabitants, Mwanza City Council has over 400,000 inhabitants, while Mtwaru municipal council is a smaller settlement with over 100,000 inhabitants (UN DESA, 2014 and Wenban-Smith, 2015).

After selection of the three mainland regions and cities, the poorest districts were identified in both urban (regional capitals) and rural areas using available child and household poverty estimates at the district level (including headcount and/or density measures). Given the lack of disaggregated data beyond the district level, specific wards were selected within each district, in consultation with local government authorities and the NBS. Priority was given to those wards that had seen recent population growth (in the case of urban sites) and that have a high poverty incidence or density. The selected sites are included in Map 2.

Ethical considerations

The training of local researchers undertaking fieldwork included a series of dedicated modules on ethical considerations while conducting research with children. Emphasis was made on safeguarding children and ensuring no harm by framing questions and discussions around experiences of children ‘in the community’, rather than directly asking about children’s own experiences.

Field researchers clearly explained the purpose of the research, terms of conduct and use of data, and asked respondents to reiterate these back to ensure it was properly understood. Consent forms for parents/guardians and assent form for children were distributed and signed (often using a fingerprint or mark).

All material from the interviews was kept anonymous and confidential. Enumerators were provided codes to individual FGDs and no names were recorded or written on transcripts. For key informants, a full list of participants was recorded in a separate file.

Map 2: Selected sites for each region

- **Dar es Salaam**: Kinondoni (urban site; Tandale ward), Temeke (urban site; Mbagala ward)
- **Mwanza**: Mwanza City Council (urban site; Igogo ward), Mtungwi (rural site; Mabuki ward)
- **Mtwaru**: Mtwaru municipal council (urban site; Jangwani ward), Nanyumbu district (rural site; Maratani ward)

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6 A range of poverty indicators are used including: multidimensional child poverty (which children aged 0–17 years faced deprivations in three or more, four or more, five or more or in all six dimensions) and consumption-based household poverty (basic needs measures in mainland for individuals, such as; absolute number of poor people, poverty rate, poverty gap, poverty severity, and poverty density) (REPDA, 2016b).

7 Key informants suggested that parts of Temeke district may still retain rural/peri-urban features even though the whole of Dar es Salaam is classified as ‘urban’. A further advantage of the site for this research is that migrants from all the other regions (sometimes from the most impoverished parts) are likely to be living there.
2.3 Limitations of the research

It is also worth pointing out some limitations of the research methods used. More broadly, while qualitative research allows us to understand the complexity of child poverty, its lack of representativeness means that findings only apply to the specific children and sites included in the research.

Another limitation relates to the extent that the qualitative research was able to cover different groups of vulnerable children. While efforts were made in the process of recruiting participants for the FGDs to include children with different vulnerabilities (following the government’s 2012 definition set out in the National Costed Action Plan for Most Vulnerable Children, 2012), there was limited coverage of particular groups, such as children with disabilities, children with albinism, street children, and children in alternative care. These groups deserve further dedicated research.

With regard to recruitment of participants for the interviews, fieldworkers experienced challenges in identifying potential interviewees for IDIs from the FGDs that would fulfill the requirements of depicting positive stories of change, particularly related to migration from rural to urban areas. This is because the sampling criteria for FGDs sought to include the poorest children in each of the sites selected.

In terms of the analysis stage, due to limitations in the scope of the research, children in and out of school were included in the same group discussions and this differentiation was not included in the coding process (i.e., responses were broken down by gender, sites and age, but not for in- and out-of-school children).8

Finally, research gaps remain (see Chapter 7). Where primary research and the existing evidence were insufficient to answer the research questions, these gaps have been summarized in Table 3.

Table 3: Research questions, methods, themes and remaining gaps

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Research methods used</th>
<th>Themes addressed and Chapter nos.</th>
<th>Research gaps found</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do children themselves define poverty?</td>
<td>Qualitative research, particularly tools 1A–2A</td>
<td>Perceptions Chapter 4</td>
<td></td>
</tr>
<tr>
<td>1. What primary factors or vulnerabilities increase the risk of children falling into poverty in general, and in urban contexts in particular? Are these factors or vulnerabilities the same for children already experiencing poverty?</td>
<td>Analysis of secondary data/literature review and primarily tools 1A–2A focusing on causes and consequences of child poverty as perceived by children; Complemented with view from adults (tool 4A)</td>
<td>Dynamics; Urbanization Chapter 5</td>
<td>Primary research focused on children already experiencing poverty. There is limited existing evidence looking at differences in factors/vulnerabilities between those at risk of falling into poverty versus those experiencing chronic poverty.</td>
</tr>
</tbody>
</table>

(Continued)
<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Research methods used</th>
<th>Themes addressed and Chapter nos.</th>
<th>Research gaps found</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. What are children’s own coping mechanisms? How do coping methods of poor households in the event of external shocks affect child poverty (monetary and multidimensional)?</td>
<td>Analysis of secondary data/literature review and qualitative research, primarily tools 1B, 2B, 3B and 4B as these ‘look at net and shelter’, i.e., support mechanisms and prevention</td>
<td>Dynamics Chapter 5</td>
<td>Note that the report focuses on the first question as the topic of external shocks was not as prominent in the FGDs discussions.</td>
</tr>
<tr>
<td>4. To what extent are children the income earners for their households? How does this affect the fulfilment of their rights?</td>
<td>Analysis of secondary data/literature review and qualitative research (tools 1A, 2A, 4A and KILs)</td>
<td>Dynamics Chapter 5</td>
<td></td>
</tr>
<tr>
<td>5. What is the current and predicted future effect of urbanization on child poverty, and what are the appropriate policy and sector planning responses?</td>
<td>Analysis of secondary data/literature review and qualitative research (FGDs in urban settings and KILs); Policy and sectoral aspects fed primarily through KILs (tools 6 and 7)</td>
<td>Urbanization/ Policy Chapters 6 and 7</td>
<td></td>
</tr>
<tr>
<td>6. What factors have contributed to an apparent reduction in child poverty in some geographical areas while it has increased in others? How do these lessons inform policy and sector planning responses in terms of targeting the most critical areas?</td>
<td>Analysis of secondary data/literature review; Qualitative research (though IDIs and FGDs); Policy and sectoral aspects primarily through key informant-based tools (tools 6 and 7)</td>
<td>Policy Chapter 7</td>
<td>There are limited policy evaluations available to answer these questions, and have been highlighted as a gap.</td>
</tr>
<tr>
<td>7. What are the policy and sector programme responses which will most effectively contribute to child poverty reduction, and what role do integrated social sector programmes play in this?</td>
<td>Analysis of secondary data/literature review KILs and ongoing discussions with technical reference committee participants</td>
<td>Policy Chapter 7</td>
<td>There are limited policy evaluations available to answer these questions, and have been highlighted as a gap.</td>
</tr>
</tbody>
</table>

*Note: As appropriate, differences in the answers to these questions based on geography (rural and urban settings), gender and different age groups were explored in the analysis stage.*
3. SETTING THE SCENE

Key messages:

♦ Child poverty is multidimensional; it includes not only deprivations in material living conditions, but also social and emotional deprivation. Child poverty can have long-term impacts on children’s development and future potential. Children are less able than adults to change their situation.

♦ According to the 2016 Child Poverty analysis, multidimensional child poverty in Tanzania remains very high, with 74 per cent of children experiencing three or more deprivations. It appears to be higher and more entrenched in rural than urban areas. However, some specific deprivations, such as housing (especially overcrowding) and nutrition are salient in urban areas.

♦ There is not as much overlap between monetary and multidimensional poverty, particularly in urban areas (Child Poverty report, 2016 NBS and UNICEF). This could be explained by methodological reasons: as the poverty line in Tanzania is fairly low (much lower than international ones) many multidimensionally poor children live in households that are ‘near poor’ (i.e., close to the poverty line). Further, as the poverty line excludes some non-food costs, such as housing, which tend to be higher in cash-based urban areas, monetary urban child poverty could be particularly underestimated.

♦ The relationship between different dimensions and income can be particularly informative for policy purposes. Certain deprivations, such as school attendance, tend to be more closely related to increases in income than those that require large inputs of time and capital, such as sanitation, which requires a sectoral response.

♦ Social norms or lack of awareness/education (particularly mother’s education) could also play a part in explaining lack of overlap between monetary and multidimensional poverty, as they could prevent non-monetary poor (and ‘near poor’) households from spending their income on fulfilling children’s basic needs.

This section provides a conceptual discussion of child poverty and sets out the definitions used in this report. It then presents the latest estimates of child poverty in Tanzania Mainland.
3.1 What do we mean by child poverty?

Conceptual frameworks

There is now consensus that being poor — as an adult or as a child — is multidimensional, i.e., it is more than just about lack of money and assets. Income represents a means to fulfiment of multiple basic needs, capabilities and rights (Gordon et al., 2003; Sen, 2001; UN, 1989).

Child poverty can have long-lasting impacts on children’s development potential (e.g., if nutrition needs are not addressed, particularly during early years, or education needs are unfulfilled). Children are also less able to address or change their situation, and are dependent on their parents/guardians (Kurukulasurya and Engilbertsdottom, 2012).

Child poverty is related to children’s rights. The Convention on the Rights of the Child (CRC) agreed in the UN in 1989, sets out normative standards that have been used to guide the development of various definitions of multidimensional child poverty. It refers to material, social, civil and political deprivations. There are references to the rights to survival and development (including nutrition, health care, shelter, water, education, leisure, access to information), protection (e.g., from violence and exploitation and rights to social security) as well as participation (birth registration, the right to being heard, among others; de Neubourg et al., 2012a).

Building on the core principles of the CRCs, UNICEF’s State of the World’s Children Report (2005) adopted a broad definition of child poverty, which incorporates multidimensionality and highlights both material and non-material aspects of poverty: “Children living in poverty [are those who] experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society” (State of the World’s Children, UN, 2005). In principle, this report adheres to this broad definition but, as discussed below it, acknowledges the challenges of operationalizing certain aspects of multidimensional non-material deprivation; therefore, when using existing quantitative estimates, it clearly states the framework used and the dimensions incorporated.

Measurement frameworks

Drawing on previous work by Gordon et al. (2003), UNICEF developed the MODA approach to operationalize notions of multidimensional child poverty (De Neubourg et al., 2012a).

The MODA covers eight dimensions linked to the CRC: nutrition, health, education, information, water, sanitation, housing and protection from violence (with an emphasis on domestic violence). It focuses on the child as the unit of analysis, recognizing that children have different needs from those of adults, and differentiates these needs along the child’s life cycle (early childhood, primary childhood and adolescence; De Neubourg et al., 2012a). That said, not all indicators can be measured at the child level, and some of them refer to household deprivations (information, water, sanitation and housing).

De Neubourg et al. (2012a) shows how a longer list of indicators that was initially considered could not be incorporated in the framework due to data limitations. This included indicators
on protection from exploitation (e.g., child labour, sexual exploitation, among others); violence outside the household, particularly in schools; access to social security; civil and political participation such as birth registrations, freedom of expression and association, being heard, among others.

In addition to the MODA, there are other multidimensional poverty indices that consider child-related dimensions. For example, Oxford University’s Multidimensional Poverty Index (MPI) was developed to measure household poverty, which includes child-related deprivations in education and health. The methodology can be used to measure poverty at the individual level, including children (Alkire et al., 2017), with some countries in South Asia and other regions adopting this approach.⁹

Further, while there is broad consensus around the multidimensional nature of poverty, income and consumption-based measures of poverty (henceforth monetary poverty) are widely used alongside indices of multiple deprivation. While less detailed and tailored to the specific needs of children, these could, in principle, provide a picture of whether household spending is sufficient to fulfil the basic needs of children. That said, there is a growing literature that uses modelling to attribute individual child poverty from household-level monetary poverty (Dunbar et al., 2013; and Bargain et al., 2014).

**Child poverty definitions and measurement in Tanzania**

Tanzania has adopted and adapted the MODA approach to its context. In 2016, it developed the first multidimensional child poverty measurement and produced multidimensional child poverty estimates using Tanzania’s National Panel Survey (NPS). The 2016 Child Poverty analysis provides disaggregation for four different age groups and there are some differences in the indicators used for dimensions, such as, nutrition, health, education and protection (see Table 4).

While protection includes indicators on birth registration, early marriage and child labour, it omits important information on violence (in and outside the household) due to data limitations (NBS and UNICEF, 2016). Note that the method considers deprivation per dimension, and having at least one indicator below the threshold within each dimension is sufficient to be considered deprived in it. Some studies have highlighted the limitations of this method as it exaggerates overall poverty levels (Chakravarty and D’Ambrosio, 2006; Rippin, 2010; Evans and Abdurazakov, 2018) and presents problems in measuring differences in scores between groups or over time.¹⁰

Tanzania has also produced monetary child poverty estimates for the first time in 2016 (NBS and UNICEF, 2016). This is a household measure as it considers the proportion of children living in households below the poverty line. While household income is a key determinant of access to basic services for families and children, monetary-based measures do not assess the extent to which access to those services are met at the individual level (ibid.). As children have little control over how household income is spent, having enough monetary resources to fulfil children’ needs may not be enough to confirm those needs are being met.

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⁹ There are important methodological differences between the MPI and the MODA approach, which have a clear impact on the results. While the MODA approach does not weight each indicator within each dimension but assumes there is a deprivation in that dimension if only one indicator does not meet the appropriate threshold, the MPI weights indicators within each dimension. This means that the results of the MODA are much higher than those using the MPI.

¹⁰ It does not consistently measure increasing multiple deprivation because of saturation effects and the resulting scores are not monotonic (see Evans and Abdurazakov, 2018 for more details).
Contrasting monetary poverty measures with multidimensional ones, which capture whether specific child needs are fulfilled, can provide useful insights. In particular, analysis of the extent to which different deprivations improve with household income has important policy implications as those dimensions that are less responsive to income increments will require a sectoral response, rather than income-support programmes.

The latest estimates of child poverty for Tanzania are presented in the subsequent sections.

**Table 4: Dimensions included in Tanzania’s 2016 Child Poverty analysis**

<table>
<thead>
<tr>
<th>Dimensions in the MODA</th>
<th>Indicators in MODA</th>
<th>Indicators in 2016 Child Poverty analysis</th>
<th>Threshold values</th>
<th>0–23 months</th>
<th>24–59 months</th>
<th>5–13 years</th>
<th>14–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators available and included in the MODA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Nutrition</td>
<td>Infant and young child feeding</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weight for height</td>
<td>Low BMI</td>
<td>BMI is lower than 2 standard deviations from World Health Organization (WHO) reference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stunting</td>
<td>Height for age is lower than 2 standard deviations from WHO reference</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meal frequency</td>
<td>Less than three meals a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Breakfast</td>
<td>No breakfast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Health</td>
<td>Immunization</td>
<td>n/a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skilled assistance at birth</td>
<td>Mother’s assisted delivery</td>
<td>Traditional birth attendant, friend or relative, none, other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Antenatal care</td>
<td>No regular visit to clinic when mother is pregnant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued)
<table>
<thead>
<tr>
<th>Dimensions in the MODA</th>
<th>Indicators in MODA</th>
<th>Indicators in 2016 Child Poverty analysis</th>
<th>Threshold values</th>
<th>0–23 months</th>
<th>24–59 months</th>
<th>5–13 years</th>
<th>14–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Education</td>
<td>Compulsory school attendance</td>
<td>School enrolment</td>
<td>Not enrolled in school</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary school attainment</td>
<td>Primary school</td>
<td>Not completed primary</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre-primary enrolment</td>
<td>Not enrolled in preschool</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Literacy</td>
<td>Cannot read or write</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grade for age</td>
<td>2+ years behind grade for age</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4. Information</td>
<td>Availability of information devices</td>
<td>No communication devices</td>
<td>No computer/radio/TV/mobile phone</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>5. Water</td>
<td>Access to improved water source</td>
<td>Access to improved water source</td>
<td>Source in rainy season</td>
<td>Unimproved source without treatment of water</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time in dry season</td>
<td>30+ minutes round trip to fetch water</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6. Sanitation</td>
<td>Access to improved sanitation</td>
<td>Unimproved sanitation</td>
<td>Unimproved sanitation/shared toilet</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Disposal of stools</td>
<td>Buried, left in the open, other</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>7. Housing</td>
<td>Overcrowding</td>
<td>Overcrowding</td>
<td>People per room more than national median (1.84 per room)</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Roof &amp; floor material</td>
<td>Roof and floor material</td>
<td>Natural flooring and roof</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
### 3.2 Child poverty by numbers

In 2016, Tanzania made concerted efforts to estimate child poverty using both monetary and multidimensional measures (NBS and UNICEF, 2016; REPOA, 2016). These estimates are presented in this section with a view to understanding the current situation of child poverty in Tanzania Mainland, focusing on the regions where qualitative research was conducted – Dar es Salaam, Mwanza, and Mtwara.

Owing to data limitations, all intended disaggregated data cannot be presented by geography, age, and gender (in fact, there is no disaggregation available for the latter). Further, the information drawn from NBS and UNICEF (2016) on monetary and multidimensional poverty (referenced in the subsequent paragraphs) considers rural/urban breakdowns for the whole country (including Zanzibar), but rural/urban disaggregation is not readily available for Tanzania Mainland specifically.

**Monetary child poverty**

In 2012/13, 29 per cent of children aged 0–17 years lived in monetary poverty in Tanzania, a rate that was higher than that for the population as whole (22 per cent). A more extreme poverty line that only considers food poverty (the amount of money that a household needs to acquire a basic food bundle) shows similar patterns, with 16 per cent of children considered ‘food poor’ compared to 11 per cent for the whole population.

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11 This means children were more likely to live in households below a consumption-based poverty line of TSh 32,905.41 per month per adult equivalent (USD 19.74 in 2012, according to an exchange rate of 0.0006 sourced from www.exchangerates.org.uk). This line considers both food and non-food needs (see NBS and UNICEF, 2016 for more details).

12 The food poverty line is the minimal amount of money that a household needs to acquire 2,200 kilocalories of food (a “food bundle”) for each adult equivalent per day.
It is likely that monetary poverty rates are higher for children because they are computed on the basis of household per capita consumption and poor households generally have higher fertility rates. Poverty rates are slightly higher among 5–13 years and 14–17 years age groups (see Table 5).

Monetary poverty is lower among children in households based in urban areas compared to rural areas (6 per cent versus 28 per cent). However, caution is needed when interpreting these numbers. Monetary poverty for urban households could also be low because the poverty line is set too low, missing non-food aspects, such as housing, which tend to be higher in urban settings. Typically, consumption is higher in urban areas, but costs are also much higher, a challenge that is often not adequately captured by poverty measurement (e.g., the basket of food and non-food needs used to calculate the poverty line may exclude some non-food needs that can be expensive in urban areas, such as housing-related costs; Lucci et al., 2018).

In addition, as cities are places with a large concentration of people including well-off households, poverty incidence measures based on shares of the population tend to be low. By contrast, absolute numbers and density measures, i.e., the number of poor people per square

<table>
<thead>
<tr>
<th>Table 5: Monetary and food poverty shares by age and rural/urban status (whole country)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urban</strong></td>
</tr>
<tr>
<td>Age group</td>
</tr>
<tr>
<td>Children</td>
</tr>
<tr>
<td>0–23 months</td>
</tr>
<tr>
<td>24–59 months</td>
</tr>
<tr>
<td>5–13 years</td>
</tr>
<tr>
<td>14–17 years</td>
</tr>
<tr>
<td>0–17 years</td>
</tr>
<tr>
<td>Adults</td>
</tr>
<tr>
<td>18–35 years</td>
</tr>
<tr>
<td>36–64</td>
</tr>
<tr>
<td>65 years &amp; above</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Source: NBS and UNICEF (2016).
Map 3: Monetary poverty density by region and districts

Source: REPOA, 2016b. Poverty density refers to the number of poor people per square metre. Poverty density tends to be higher in densely populated cities compared to sparser rural areas. Map 3 shows Dar es Salaam and Mwanza among the regions with the highest poverty density, including some densely populated districts in these regions (note that these estimates refer to household poverty rather than child poverty specifically, as the latter is not available).

Multidimensional child poverty

According to MODA approach adapted for Tanzania, 74 per cent of the whole country's child population aged 0–17 years appears to experience deprivations in three or more dimensions (NBS and UNICEF, 2016) among nutrition, health, protection, education, information, sanitation, water and housing.13

Multidimensional child poverty by location

Child poverty appears to be higher but also more entrenched in rural than in urban areas. A larger share of urban children experience deprivations in one or two dimensions, while a greater proportion of rural children experience deprivations in four dimensions or more (see Figure 2).

Nonetheless, as argued above for monetary poverty, poverty density and absolute number of poor children can be higher in densely populated urban settings (but these measures are not readily available for multidimensional child poverty). Further, average measures can hide pockets of deep deprivation in large urban centres with deep inequalities.

13 Note that protection refers to the absence of birth registration (for all age groups); the incidence of child labour starting from the age of 5 years; and early marriage, which applies only to youth aged 14–17 years. Further, three dimensions, water, sanitation and housing are measured at the household rather than child level. For more details, see Section 3.1 and NBS and UNICEF (2016). As mentioned above, some have noted that the methodological approach can exaggerate poverty levels (Chakraverty and D’Ambrosio, 2006; Rippin, 2010; Evans and Abdurazakov, 2015).
Figure 2: Percentage of children by number of deprivations and urban/rural status (whole country)

Source: NBS and UNICEF (2016)\textsuperscript{14}

Drawing on the methodology used by NBS and UNICEF (2016), REPOA (2016) uses census data to estimate multidimensional poverty by age groups disaggregated for mainland, regions and districts. Unfortunately, data on rural and urban children and data disaggregated by gender are unavailable. Also due to data limitations, this study draws on fewer dimensions of deprivation, which means it is not directly comparable to NBS and UNICEF (2016).\textsuperscript{15}

At the regional level, multidimensional child poverty incidence is very high in central, northwestern, and south-eastern parts of Tanzania Mainland (including Mtwara – one of the selected regions for the study) (see Map 4). Among the three selected regions for the study, multidimensional child poverty is lowest in Dar es Salaam for all groups at 15 per cent (see Table A.1 in the Annex). The corresponding figures for Mtwara and Mwanza are much higher (at 77 per cent and 73 per cent respectively), exceeding the mainland and country averages (70 per cent and 69 per cent respectively; see Table A.1 in the Annex).

However, when mapping multidimensional poverty and dimensional deprivations at the district level, it becomes apparent that there are wide disparities within regions (REPOA, 2015). Many regions have small ‘pockets’ of better or worse performing districts which are ‘hidden’ by the regional average (ibid.). Urban districts tend to perform better than their rural neighbours (ibid.), but this may be hiding entrenched deprivations in particular wards with a high concentration of child poverty.

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\textsuperscript{14} Note that confidence intervals are not reported. The same applies to estimates by age groups.

\textsuperscript{15} Due to data limitations in the census variables included, these estimates considered six instead of eight dimensions of deprivation (hence the differences in the estimates for Tanzania as a whole which are slightly lower at 69 per cent compared to 74 per cent quoted above). These six dimensions included were: protection, education, information, sanitation, water, and housing, unlike NBS and UNICEF (2016) which also covered health and nutrition.
Map 4: Regional distribution of multidimensional child poverty (based on deprivations in three or more dimensions)

Source: REPOA, 2016, using 2012 census data.

District-level analysis finds multidimensional child poverty to be the highest in Uyui and Kaliua (both in the Tabora region at 96 per cent and 95 per cent respectively), followed by Nanyumbu in Mtwar at 94 per cent, Nyang’wale in Geita at 94 per cent and Musoma in Mara at 93 per cent. In absolute terms, Geita district (of Geita region), three of Mwanza’s districts (Sengerema, Kwimba and Misungwi), and Biharamulo in Kagera have the largest number of children in multidimensional poverty ranging between 200,000 and 280,000 children (REPOA, 2016; see Tables A.1 and A.2 in the Annex for more details). Many of these districts are rural; both Nanyumbu in Mtwar and Misungwi in Mwanza were selected as rural sites for qualitative research.

Overlaps in monetary and multidimensional poverty

NBS and UNICEF (2016) also analyse children’s well-being based on both multidimensional and monetary poverty. Table 6 shows that 77 per cent of all Tanzanian children aged 0–17 years appear to be either monetarily poor, multidimensionally poor, or both. Of these, 26 per cent are poor in terms of both measures, monetary as well as multidimensional; only 3 per cent are only monetarily poor; while 48 per cent of children are only multidimensionally poor (i.e., they do not live in monetarily poor households).

This finding suggests that the 26 per cent of children experiencing both monetary and multidimensional poverty are among the poorest children and MVC, with a much higher proportion of rural children (31 per cent) than urban children (7 per cent) falling in this category (NBS and UNICEF, 2016) (see Table 6).

It also implies that there appears to be a large share of children (48 per cent) who are multidimensionally deprived but not income-poor. However, caution is needed when interpreting this lack of overlap between monetary and multidimensional poverty as it could be a result of methodological choices. The poverty line in Tanzania is fairly low (much lower than international ones; World Bank Group, 2015) and many multidimensionally poor children live in households
that are ‘near poor’ (i.e., close to the poverty line). Further, as the poverty line excludes some non-food costs, such as housing, which tend to be higher in cash-based urban areas, monetary urban child poverty could be particularly underestimated.

In addition, rather than analysis between poor and non-poor categories, the relationship between different deprivations and income can be particularly informative for policy purposes. For instance, academic literature has found school attendance to be closely related to increases in income/consumption (Grimm, 2011). Other deprivations that require large inputs of time and capital appear to be less so (e.g., sanitation; NBS and UNICEF, 2016). This suggests that in the case of the latter a sectoral approach, rather than income-support programmes, are required.

Social norms or lack of awareness/education (particularly mother’s education) could also play a part in explaining the lack of overlap between monetary and multidimensional poverty (e.g., lack of awareness of good practices on nutrition and health could have an impact on children’s deprivation in these areas).

Table 6: Overlap between income and multidimensional child poverty (whole country)

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetarily poor only</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Multidimensionally poor only</td>
<td>32%</td>
<td>51%</td>
<td>48%</td>
</tr>
<tr>
<td>Monetarily and multidimensionally poor</td>
<td>7%</td>
<td>31%</td>
<td>26%</td>
</tr>
<tr>
<td>Sum of either monetarily or multidimensionally poor or both</td>
<td>42%</td>
<td>84%</td>
<td>77%</td>
</tr>
<tr>
<td>Neither monetarily nor multidimensionally poor*</td>
<td>58%</td>
<td>16%</td>
<td>23%</td>
</tr>
</tbody>
</table>

*Deprived in more than three dimensions

Finally, it is worth highlighting that as many as 70 per cent of children remained in the same poverty status in Tanzania between 2008/09 and 2012/13, with monetary poverty slightly more persistent than multidimensional poverty. This suggests that structural factors – e.g., education of the household head or place of residence – may be determining child poverty, rather than temporary factors (e.g., shocks temporarily affecting household income levels; NBS and UNICEF, 2016).
4. POVERTY THROUGH THE EYES OF CHILDREN

Key messages:

♦ Children aged 5–13 years and 14–17 years in the FGDs defined poverty as lack of income to meet basic needs and as a range of unmet basic needs (e.g., lack of food, clothing, education, health, shelter, water and sanitation) in line with both monetary and multidimensional child poverty measures in Tanzania. A comparison of children’s own perceptions of child poverty with dimensions and indicators used in the multidimensional poverty measurement shows areas of coincidence and difference.

♦ Children of all ages (5–17 years) in the FGDs discussed nutrition deprivation (lack of frequent meals and a balanced diet) as a marker of poverty. It was more commonly cited in urban areas (probably since food cannot be grown and is costly), which resonates with findings from the 2016 Child Poverty analysis.

♦ In the FGDs, children aged 5–13 years and 14–17 years (and not only the latter, as hinted by the 2016 Child Poverty analysis) highlighted education deprivation, particularly related to indirect costs of education (e.g., school materials, transport, uniforms). Similarly, they referred to lack of access to health care due to high costs—a dimension that the 2016 Child Poverty analysis does not capture for children over 5 years of age owing to data limitations.

♦ Both the qualitative research and the 2016 Child Poverty analysis had similar results arising out of the dimensions ‘water and sanitation’ and ‘housing’, with housing being especially relevant in urban settings and for the younger cohort.

♦ The FGDs highlighted discrimination, stigma and violence as important markers of the experience of poverty. Young children, particularly in urban areas, referred to physical violence in the household and instances of corporal punishment in school, while girls referred to sexual harassment.

Having described what the statistics convey about child poverty, this section turns to a less explored area – how children themselves perceive child poverty. Based on the FGDs, it discusses how children aged 5–17 years in the selected six sites define and experience poverty (see the Methodology in Chapter 2 for more details on the tools used). Where relevant, it
highlights nuances in children’s perceptions of deprivation depending on their age (5–13 years and 14–17 years), gender, and residence (rural versus urban).

Section 4.1 provides an overview of children’s own definitions of poverty and how these compare, conceptually, with current notions of child poverty. Section 4.2 analyses in more detail how children’s perceptions of poverty relate to the dimensions and indicators used by MODA approach applied to Tanzania. Section 4.3 highlights what emerges from the FGDs with children that may not be captured in quantitative multidimensional assessments of child poverty, particularly the MODA as applied to Tanzania.

4.1 How children define poverty

Children in the FGDs commonly described poverty as lack of household income – in line with monetary measures of child poverty. Children mentioned (household) income as a means to meet basic food needs and essential non-food needs (such as clothing, shelter and education). In their words:

“A child is poor when parents have no reliable income from permanent job or business.”

[Focus group with boys aged 14–17 years, in urban Mwanza, Mwanza City Council]

Even when discussing lack of household income, children in the FGDs referred to poverty as unfulfilled basic needs (i.e., lack of food and clothing, poor housing conditions, inability to acquire exercise books and school uniforms or pay school fees), in accordance with current notions of multidimensional child poverty.

“Poverty is the condition whereby people own nothing and have no income to meet basic needs like clothing, housing, food, education, access to good health-care facilities.”

[Focus group with boys aged 14–17 years, in Dar es Salaam, Kinondoni]

It is also worth noting that some children also referred to particular vulnerable groups of children (e.g., orphans, children with disabilities, child labourers, street children) as poor.

“Poverty is when a child collects empty plastic bottles from the garbage or in the streets”

[Focus group with girls aged 5–13 years, in urban Mwanza, Mwanza City Council]

“Some of the poor children are orphans living in a difficult situation without access to basic needs. They beg on the streets and sometimes are discriminated by others.”

[Focus group with boys aged 5–13 years, in Dar es Salaam, Kinondoni]

“The disabled beg on the streets in their wheelchairs. They can get around TSh 2,000 (USD 1) per day, which is not enough for the family. They are suffering a lot.”

[Focus group with girls aged 15–17 years, in Dar es Salaam, Kinondoni]
4.2 Children’s perceptions of poverty and the 2016 Child Poverty analysis

Given that children in the FGDs mostly defined poverty as unmet needs in a range of dimensions, the following paragraphs analyse in greater detail how their views compare with the dimensions and indicators used in multidimensional child poverty measurement, in the 2016 Child Poverty in Tanzania report. Children of the age groups 5–13 years and 14–17 years were interviewed to capture their perceptions of poverty in this study.

As reported in Chapter 3, the 2016 Child Poverty analysis considers indicators of child poverty at the individual and household levels, with dimensions and indicators varying by age group (see Table 7). At the individual level, it covers ‘nutrition’, ‘protection’ and ‘education’, while at the household level, it focuses on ‘information’, ‘sanitation’, ‘water’ and ‘housing’.

Each dimension and indicator included in the 2016 Child Poverty analysis have been compared with the views of children from the FGDs.

Child-level dimensions: nutrition, protection, education and health

Nutrition

NBS and UNICEF (2016) analysis finds that 42 per cent of 5- to 13-year-olds are nutritionally deprived; while the percentage for the older age group is 7 per cent. This gap is most likely explained by the lack of information on ‘nutrition’ for the older cohort. The 2016 Child Poverty analysis uses three indicators to measure nutrition, i.e., ‘no breakfast the day before the survey’, ‘having less than three meals a day’ and a weight–height body mass index. Owing to data limitations, the latter is captured only for older children.

During the FGDs, children referred to lack of food as a key dimension of child poverty. Interestingly, it was cited more frequently in urban than rural sites (irrespective of child age). This may be because of the need to buy food (rather than grow it), and the high cost of food in urban areas, thus affecting the frequency of meal intake. Results from the 2016 Child Poverty analysis using the body mass index as an indicator of deprivation in nutrition suggest that children in both rural and urban areas are equally deprived in this area, going against the commonly held views of an ‘urban’ advantage (NBS and UNICEF, 2016) and suggesting that nutrition deprivation is also salient in urban areas.

In the words of children:

"Poverty is when the economy is bad; when you ask parents for money or contribution for school porridge and they say that they have no money and that you will eat at home when you are back from school. But then, when you are back, you find nothing to eat at home. You wait until 8:00 p.m. to have dinner, but sometimes you go without food until the next morning."[99]

[Focus group with girls aged 5–13 years, in urban Mtwara, Mtwara MC]

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[95] The health dimension is only considered for children under-5 years.
“We have two meals a day: a little meal in the morning, some food at around 4:00 p.m., and then nothing until the next day.”

[Focus group with boys aged 5–13 years, in urban Mwanza, Mwanza City Council]

“Rich people can afford three meals a day, but we can only have one meal a day or two if we are lucky.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

Children also talked about poor quality diet, mostly based on ugali (a staple food made from maize flour and water is like stiff porridge); this is an area that is currently not included in the 2016 Child Poverty analysis.

“Poor children do not eat a balanced diet as rich children do; they just eat ugali.”

[Focus group with boys aged 14–17 years, in rural Mwara, Nanyumbu]

“We eat ugali day in and day out; we cannot afford anything else.”

[Focus group with boys aged 5–13 years, in urban Mwanza, Mwanza City Council]

Protection

Data from the Child Poverty Analysis (NBS and UNICEF, 2016) suggest that protection is among the highest single deprivation experienced by children aged 5–13 years (68 per cent) and 14–17 years (67 per cent; NBS and UNICEF, 2016). This is mainly related to missing birth registrations, with as many as 61 per cent of children in both age groups not being registered at birth (ibid.).

Other dimensions of ‘protection’ are ‘child labour’ and ‘child marriage’. Children in rural areas (21 per cent of 5 to 13 years old and 17 per cent of 14 to 17 years old) engage in child labour more than children in urban areas (9 per cent and 13 per cent respectively). DHS 2015/16 suggests that 30.5 per cent of young women (aged 20–24 years) got married before turning 18 years (i.e., when they were still children).

During the FGDs, children did not associate any of these aspects of ‘protection’ with the definition of child poverty. They referred to child marriage when discussing the causes of child poverty, and to child labour when discussing its consequences (see Chapter 5 for more details). That said, they mentioned other aspects of protection related to physical safety, which are currently not included in Tanzania’s application of the MODA (see Section 4.3 for more details).

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17 Children in this study are not expected to refer to birth registration as a marker of poverty since this is something that parents take care of and that is less tangible to them. The 2016 Child Poverty analysis also shows that birth registration is not common practice in Tanzania. This may be because parents may not realize the importance of registration, and they may not afford or prioritize the costs associated to registration (e.g., transport and time costs). Further, in some areas the community structures that could facilitate this may be lacking (e.g., community extension workers providing these services at affordable prices; NBS and UNICEF, 2016).
Education

Education is among the greatest deprivations affecting children aged 14–17 years (72 per cent). However, it appears to be less prominent among the younger cohort (aged 5–13 years). This difference could be explained because at the time of the survey (2012/13) primary education was free but not secondary education (later introduced in 2014), affecting enrolment. Further, the education dimension for the older cohort includes primary completion, a more ambitious indicator than enrolment.

Qualitative analysis shows that children in both older and younger cohorts associated ‘being poor’ with ‘being unable to go to school’. Children cited high costs of exercise books, school uniforms, unaffordable school contributions and costs for tuition as barriers to schooling. While most children participating in the FGDs were likely to fall under the category of monetary poor, it is worth reflecting and further investigating the extent to which these indirect costs could also affect children living just above the poverty line.

“\text{I drew a child that does not go to school -- that is a poor child.}\text{99}"

[Focus group with girls aged 5–13 years, in Dar es Salaam, Temeke]

“The family of a rich child can afford school expenses and tuition fees. A child from a poor family cannot attend tuition classes.\text{99}"

[Focus group with boys aged 14–17 years, in rural Mtwara, Nanyumbu]

References to lack of education opportunities were more frequent in the urban than rural sites (irrespective of age). Schools that were overcrowded in urban settlements, far to reach from areas of recent unplanned population growth and/or few in number could explain these concerns in the particular sites selected for this study.

Health

Owing to data limitations, the 2016 Child Poverty analysis (NBS and UNICEF, 2016) does not consider deprivation in health for children older than five years.\text{18} However, children aged 5–17 years discussed poor health during the focus groups as a marker of poverty.

A young child reported:

“I drew a hospital. When I see a hospital, I feel bad because when you are sick and you are poor, you will not be treated even if you go to that hospital. It happened to me the other day when I was very sick. My grandmother took me there even though she did not have money to pay for treatment. Eventually, I was not treated.\text{99}"

[Focus group with girls aged 5–13 years, in Dar es Salaam, Kinondoni]

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\text{18} They only consider health deprivation for children younger than five years of age, and use ‘inadequate antenatal care’ and ‘unskilled birth attendance’ as indicators.
A child in the age group 14–17 years stated:

“A child from a rich family is less likely to get sick than a poor child.”

[Focus group with boys aged 14–17 years, in Dar es Salaam, Kinondoni]

Some children in rural areas also associate poor health to poor living conditions:

“Using firewood in the kitchen makes us cough every day. When you blow a fire, the smoke enters into your chest and lungs. This is very painful, and it can cause bad coughing.”

[Focus group with boys aged 5–13 years, in rural Mwanza, Misungwi]

Household-level dimensions: information, water, sanitation and housing

Information

The 2016 Child Poverty analysis defines lack of information as no communication devices, including computer/radio/TV/mobile phone. Access to information through electronic media is only assessed for children aged 14 to 17 years, and it shows a moderate rate of deprivation (16 per cent) (NBS and UNICEF, 2016).

None of the children aged 14 to 17 years participating in the FGDs mentioned lack of electronic devices as an indicator of child poverty. However, this could also be a result of older children adapting their preferences and reference points to aspirations that may be seen as possible.19

That said, younger children (independent of location) expressed their wish to own such devices and considered them as an indicator of wealth.

“I drew a computer. I like computers because our teacher told us that you can use the computer to communicate and to expand your knowledge.”

[Focus group with girls aged 5–13 years, in Dar es Salaam, Kinondoni]

“This is the picture of a rich child. You see, she is watching television.”

[Focus group with girls aged 5–13 years, in urban Mtwara, Mtwara MC]

“I drew the picture of a house of rich people. This is a house where I would like to live. It has expensive furniture, access to electricity and a television. People can watch news, football and other sports.”

[Focus group with boys aged 5–13 years, in rural Mwanza, Misungwi]

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19 There is an academic literature (Qizilbash, 2006) that studies the ‘adaptation’ problem, referring to the fact that people’s aspirations and desires are malleable and ‘can ’adapt’ in various ways to the straitened circumstances in which they live.’
Water and sanitation

In the 2016 Child Poverty analysis, unimproved sanitation ranks among the highest single deprivations both for children aged 5–13 years (77 per cent) and for children aged 14–17 years (71 per cent; NBS and UNICEF, 2016). For the older cohort, high deprivation is also found for access to improved water using the indicator ‘time to water sources: 30+ minutes round trip to fetch water’ (40 per cent deprivation rate; unimproved water sources is also used as an indicator but its deprivation rate is lower).

Lack of appropriate access to water (including distance to fetch water) and sanitation was also frequently referred to in the FGDs across age groups. It is worth noting that distance to fetch water and lack of adequate disposal of stools (causing a health hazard) were more commonly brought up by younger children in the FGDs.

“I have drawn a motorbike, which I could use to carry water from long distance. If you are sent to fetch water and you do not go, you may be denied food. They may tell you: “You have not collected water, so now you are not going to eat.”

[Focus group with girls aged 5–13 years, in rural Mtwara, Nanyumbu]

“This is the picture of a child in a rich family. There is tap water in her house, and she does not face any problem in accessing water. You see, there, she is taking a shower.”

[Focus group with girls aged 5–13 years, in rural Mtwara, Nanyumbu]

“Because of the lack of water, some children go to school without taking a bath or with dirty clothes. They cannot afford to buy water. At school, they are told that they stink, and they are marginalized. This is especially problematic for girls, especially during their menstrual period.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

“I do not like when poor people that do not have access to toilet relieve themselves in the bushes. They are polluting the environment.”

[Focus group with girls aged 5–13 years, in Dar es Salaam, Kinondoni]

Housing

According to the 2016 Child Poverty analysis, 64 per cent of children aged 5 to 13 years and 59 per cent of children aged 14 to 17 years experience ‘housing deprivation’, which is higher in urban areas and is driven by ‘overcrowding’.

Mainly younger children from the urban areas in the FGDs described ‘housing deprivation’ as overcrowding (which is consistent with findings using the 2016 Child Poverty analysis).
Further, children described poor housing conditions as sleeping on the floor and/or dirty areas, living in small places that are more appropriate for hosting animals than people, living in houses with no electricity and with thatched roofs (natural, non-permanent material).

“I have drawn a house with windows, iron sheets and water tap. It is a household with a toilet and a bathroom. It has access to running water, so that I will not have to go and fetch it.”

[Focus group with girls aged 5–13 years, in urban Mwanza, Mwanza City Council]

Table 8 summarizes the dimensions of poverty and indicators used in the 2016 Child Poverty analysis and those that were brought up in the FGDs.

Table 8: Comparison of dimensions between the 2016 Child Poverty analysis and the FGDs

<table>
<thead>
<tr>
<th>Quantitative data on child poverty from the 2016 Child Poverty analysis (UNICEF MODA applied to NPS data)</th>
<th>Qualitative data on child poverty from FGDs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator level</strong></td>
<td><strong>Indicator</strong></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td><strong>Individual level</strong></td>
<td>Nutrition</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Protection</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>Not enrolled in preschool</td>
</tr>
<tr>
<td></td>
<td>Not enrolled in school</td>
</tr>
<tr>
<td></td>
<td>Cannot read or write</td>
</tr>
<tr>
<td></td>
<td>2+ years behind grade for age</td>
</tr>
<tr>
<td></td>
<td>Not completed primary</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>N/A (data not available for older groups)</td>
</tr>
</tbody>
</table>

(Continued)
<table>
<thead>
<tr>
<th>Household level</th>
<th>Information</th>
<th>Quantitative data on child poverty from the 2016 Child Poverty analysis (UNICEF MODA applied to NPS data)</th>
<th>Qualitative data on child poverty from FGDs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No communication devices</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td>Unimproved or shared sanitation</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td>Inadequate disposal of stool</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td>Unimproved, untreated water</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td>30+ minutes round trip to fetch water</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td>Overcrowding</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td></td>
<td>Natural flooring and roof</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>

Source: NBS and UNICEF, 2016 for the 2016 Child Poverty analysis; authors’ own analysis for qualitative data.

4.3 Dimensions not covered in child poverty measurement

FGDs with children also highlighted the importance of aspects of the experience of poverty that are not covered in multi-topic household surveys used to assess poverty (Alkire et al., 2007). In particular, children in the FGDs described discrimination and stigma and lack of physical safety (both within and outside the household) as important markers of poverty or the very experience of living in poverty.

The MODA approach, and its application in Tanzania, does not include any dimension on ‘discrimination’, ‘stigma’ and/or ‘exclusion’. With regards to physical safety, although UNICEF’s MODA approach includes an indicator on ‘protection from domestic violence’ (under the ‘protection’ dimension, see Chapter 3), this is not included in its application in Tanzania.

Further, even the aspects of physical violence captured in the wider MODA approach are limited. It captures whether children aged 2–14 years experienced any kind of physical violence by parents/guardians (Hjelm et al. 2016). However, the indicator does not cover the full extent of violence that a child may face, which could include sexual and mental violence, and/or neglect or negligent treatment (UNICEF, 2014). In addition, it is limited to violence in the household, while it could also occur in school and within the community (e.g., sexual harassment). While it is debatable whether violence should be included in the definition of poverty (non-materially deprived children may also be subject to violence), children in the FGDs referred to it as an important aspect of the experience of poverty. These two additional dimensions emerged through the FGDs and are explained in detail in the subsequent paragraphs.

Discrimination, stigma and exclusion

Discrimination and stigma are intimately related to exclusion. Shame associated with poverty and humiliation (unfair treatment, discrimination, prejudice) are dimensions missing from internationally comparable data. Zavaleta-Reyes (2007) suggests six indicators to measure specific aspects of humiliation and shame. One of them—‘perceptions of respectful treatment, unfair treatment and prejudiced treatment’—seems especially relevant to child poverty in Tanzania.
Poor children in the FGDs, particularly in Dar es Salaam, report that they are mocked or discriminated by rich children and their extended family members because they do not have a school bag or a clean and new school uniform. References to clothing are notable, as these are a visible marker of poverty that are linked to stigma and discrimination. In the words of children:

“I am a poor child. If I meet a rich child, her mother will tell her not to play with me because I am poor. We should not be playing together. That is poverty.”
[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

“I drew a school bag. When I see my fellow students carrying their school bags, I feel very bad because other students isolate you if you do not have a nice school bag.”
[Focus group with girls aged 5–13 years, in Dar es Salaam, Kinondoni]

“If our school uniform gets old and worn out, we do not have money to buy a new uniform. This may lead to a child dropping out of school, because s/he would then be mocked by fellow students.”
[Focus group with girls aged 5–13 years, in Dar es Salaam, Temeke]

“A poor child may be unwilling or shy to intervene in the classroom. Other children may not listen to him because her/his uniform is worn-out. That child may be called names like ‘stupid’ and ‘fool’ by other children; s/he may be bullied by other children.”
[Focus group with boys aged 5–13 years, in urban Mwanza, Mwanza City Council]

Discrimination, stigma and exclusion are especially experienced by orphans, children with disabilities and minorities like children with albinism. Due to the limited scope of this research, FGDs were not able to cover voices from all these vulnerable groups. Further investigation may shed light on the stigma, discrimination, harassment and social exclusion faced by them.

“At school, children with albinism are humiliated and discriminated. They are insulted and chased away when they try to play with other children.”
[Focus group with girls aged 5–13 years, in urban Mwanza, Mwanza City Council]

“Suppose that a young person is disabled and another person is not. Now, suppose that both of them go and ask a rich man for a job. The rich man would refuse to provide employment to the disabled person.”
[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

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Note that Tanzania’s 2016 Child Poverty analysis excludes clothing expenses. The reason is that comparability over time across the NPS rounds is not possible because the third round asks for those expenses, but the first two do not (NBS and UNICEF, 2016). It is also worth pointing out that the FGDs involved poor children only. Hence, results from the qualitative research do not allow comparison between perceptions of poor- and non-poor children on the meaning of child poverty.
Violence against children

While violence against children within and outside the household is often excluded from standard poverty measurement, this important issue is covered in other specific surveys. The 2009 Tanzania Violence against Children Study (VACS, UNICEF et al., 2011) was the first national survey of violence against children in the country. The survey focused on children aged 13–24 years, and it found that 73.5 per cent of girls and 71.7 per cent of boys experienced physical violence (equivalent to being punched, kicked or whipped) by a relative, an authority figure (as teachers) or an intimate partner prior to turning 18. Moreover, 23.6 per cent of girls and 27.5 per cent of boys experienced emotional violence (namely, being called bad names, feeling unwanted and being threatened with abandonment) during childhood.

Violence within the household

Abuse and corporal punishment within the household featured prominently in FGDs with children aged 5–13 years; they referred to this as conditions experienced while living in poverty. While this was mentioned by girls and boys in both rural and urban areas, it was more salient among girls in urban areas. Children also mentioned vulnerable groups, such as orphans, as being at greater risk of violence.

In the FGDs, domestic violence was mainly referred to as ‘being beaten’; therefore ‘physical’ rather than ‘emotional’ violence was highlighted. In the words of children:

“I hate being beaten all the time. You may be beaten just because you have not collected firewood.”
[Focus group with boys aged 5–13 years, in rural Mtwara, Nanyumbu]

“Some girls are beaten because they refuse to do home chores, and because they are overwhelmed with the work they are given.”
[Focus group with girls aged 5–13 years, in Dar es Salaam, Temeke]

“Orphans are mostly the victims; they are often beaten by step-parents without any reason.”
[Focus group with girls aged 5–13 years, in Dar es Salaam, Temeke]

“My mother does not beat me. But if my siblings or I refuse to do house chores, she will tell my father, who will surely beat us very well.”
[Focus group with girls aged 5–13 years, in Dar es Salaam, Temeke]

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21 This dimension of ‘domestic violence’ (i.e., any member of the household has kicked you, dragged you or beaten you up) could be added to quantitative assessments of poverty, and has been proposed by Oxford Poverty and Human Development Initiative (OPHI) in order to build internationally comparable indicators of violence (Diprose, 2007).
Findings from the FGDs are in line with those of UNICEF et al. (2015), a qualitative study that highlights the significant problem of violence against children in Tanzania. While the report focuses on 13- to 18-year-olds, it finds that girls are at greater risk of experiencing violence than boys, and so are vulnerable groups, such as street children, orphans, children with disabilities and/or with albinism. At home, children are subject to beating or sticking, shaming and name calling. Although adults consider beating as essential to teaching children good morals and behaviour, children often report beating as unjustified and excessive. Ultimately, beating only seems to generate fear and anxiety in children, and the feeling of not being loved and cared for. In the words of a girl in the FGDs:

“*My mother beats me without good reason. Sometimes I make very little mistakes, but she will still beat me. I really do not understand why she does that.*”

[Focus group with girls aged 5–13 years, in urban Mtwa, Mtwa MC]

**Violence outside the household**

Violence is not confined to the household. Younger children in the FGDs also reported instances of physical punishment in school, such as ‘sticking’ at school:

“I was unable to write well at school, so the teacher punished me with a stick.”

[Focus group with boys aged 5–13 years, in Dar es Salaam, Kinondoni]

Corporal punishment is lawful in Tanzania Mainland – the National Corporal Punishment Regulations allow head teachers to cane students. Physical abuse in some occasions has been cited as a reason for children dropping out of school (Tanzania Child Rights Forum, 2013). UNICEF et al. (2015) also highlights that school children report being regularly humiliated, beaten up and sometimes victims of sexual violence from teachers.

Children, particularly younger girls in urban areas, discussed ‘sexual harassment’ during the FGDs. In particular, they referred to sexual violence on the way to school as instances of transactional sex (the latter is discussed in Chapter 5).

“*Girls who are students in schools that are situated on the hills near rocks and caves are victims of rape. I have heard people talking about the rape cases in the area. The area is called Igogo Malulu, where many secondary schools are located. Even my sister participated in awareness training on gender discrimination offered by an NGO. They provided awareness on rape issues and other forms of harassment that young girls face at school. Girls may even prefer to stay at home and avoid school altogether for fear of being raped.*”

[Focus group with girls aged 5–13 years, in Mwanza, Mwanza City Council]

Table 9 summarizes the dimensions of poverty discussed in the FGDs that are currently not included in multidimensional child poverty measurements in Tanzania.
Table 9: Additional dimensions in FGDs

<table>
<thead>
<tr>
<th>Indicator level</th>
<th>Dimension</th>
<th>Subdimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child level</td>
<td>Discrimination, stigma and exclusion</td>
<td>Perceptions of respectful treatment, unfair treatment and prejudiced treatment</td>
</tr>
<tr>
<td>Protection</td>
<td>Domestic violence (FGDs highlighted physical rather than emotional violence)</td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>Violence in school (FGDs stressed corporal punishment)</td>
<td></td>
</tr>
<tr>
<td>Protection</td>
<td>Sexual harassment (FGDs referred to sexual violence on the way to school and transactional sex)</td>
<td></td>
</tr>
</tbody>
</table>
5. CHILD POVERTY DYNAMICS

Key messages:

- Findings from the FGDs are in line with the broader evidence for Tanzania, highlighting lack of household income and parents' education as key causes of both monetary and multidimensional poverty. Interestingly, lack of household income was salient in FGDs in urban areas, perhaps suggesting urban household’s greater dependency on cash for food and non-food needs.

- Children in the FGDs also highlighted other factors related to child poverty, including: lack of food and its impact on other deprivations (e.g., educational attainment); children’s living arrangements, with lack of parents (particularly mentioned in urban areas) and orphanhood associated with both monetary and multidimensional poverty; the role of parents’ low aspirations in perpetuating inter-generational poverty; and gender bias in access to education, including due to child marriage.

- Older children and parents also referred to government under-investment in public services (including education, health care, water and sanitation) as possible causes of multidimensional child poverty.

- Children emphasized the ‘gendered’ consequences of poverty: drugs and alcohol abuse in the case of boys and prostitution, transactional sex and early pregnancy in the case of girls, particularly in urban areas. Child labour, resorting to stealing and robbing as well as living on the streets were other consequences of poverty commonly cited by both older children and adults in the FGDs.

- Discussions on coping mechanisms overlapped with those on the consequences of poverty. Children talked about the need to study hard and avoid temptations (e.g., prostitution/transactional sex, alcohol/drug use), to engage in labour and migrate. Some children in the FGDs reported some instances of inverse migration to escape unaffordable living conditions in urban areas.

This chapter focuses on child poverty dynamics: it discusses the causes of child poverty and childhood deprivation (see Section 5.2) and the coping mechanisms that children adopt to address poverty (see Section 5.3).
It draws on children’s own perceptions of these topics (with a focus on the older cohort, aged 14–17 years, given the complexity of the topics discussed), and complements them with views from adults (focus groups with a mix of adults – guardians, teachers and community leaders and the younger cohort aged 5–13 years). It also analyses whether particular causes, consequences and coping mechanisms were more salient for children of different ages, gender and location (rural versus urban areas). Findings from primary data collection are couched in the broader evidence base for Tanzania.

5.1 Causes of child poverty

This section starts by proposing an overview of the causes of child poverty in Tanzania mentioned by secondary literature. It then presents results from the FGDs.

Findings from the literature

Previous studies have looked at the causes of both monetary and multidimensional poverty in Tanzania. Each of these are studied in the subsequent paragraphs.

Child monetary and food poverty

By definition, household-level monetary poverty is a strong predictor of child monetary poverty. A household below the poverty line struggles to meet children’s needs for food, care, support and protection.22

The Tanzania Mainland Household Budget Survey (HBS) Main Report, 2011/12 (NBS, 2014) discusses household-level characteristics that make some households more likely to experience food and basic needs poverty.23 These are the proportion of dependents in the household (children under 15 and adults above 65 years), whether the household is headed by a female, unemployment of the household head over the past 12 months (because of old age or disability), separated or divorced household head, and parents’ secondary education. In the 2011/2012 HBS, the basic needs poverty rate was 5 per cent for households headed by people with secondary or higher education, and 41 per cent if the household head had no education. Similar results were found for household food poverty. Looking specifically at child monetary poverty, NBS and UNICEF (2016) also note that schooling of the household head and urban (rather than rural) residence make children less vulnerable to becoming monetarily poor.

When it comes to food poverty among children, the Tanzania Human Development Report 2014 (Economic and Social Research Foundation and UNDP, 2014) suggests that lack of access to food is not the only factor that drives high rates of chronic undernutrition among children. At the household level, poor infant and young child caring and feeding practices also play a role. In turn, poor practices relate to limited access to basic nutrition information and lack of services that could educate caregivers on the most nutritious food to feed children. As widely known, childhood undernutrition in the 0–3 years age group has long-term effects on subsequent development (see, for example, Martins et al., 2011) – a clear dynamic impact of poverty over time.

22 In particular, analysis from NBS and UNICEF (2016) finds that the relationship between consumption and protection is very strong, and it is driven by child labour (one of the indicators of protection) among the poorest households in rural areas.

23 See Chapter 3 for definitions of each.
Child multidimensional poverty

NBS and UNICEF (2016) indicate that around 30 per cent of children moved in or out of multidimensional poverty over a four-year period (2008/09–2012/13). Transition in multidimensional child poverty status seems to be mainly explained by the education of the household head. It is worth noticing that only 10 per cent of rural households have a head of household that completed primary education, compared to 30 per cent of urban households (ibid.)

Further, the study also highlights mother’s education as the most important determinant of the number of deprivations experienced by children aged 0–59 months. If the child’s mother has even some primary schooling (rather than ‘no schooling’), the child is three times less likely to be deprived in three or more dimensions. For older children (aged 5–17 years), father’s education appears to make a difference. Having a father with relatively low level of education increases the chance of childhood deprivation in almost all dimensions.

Parents’ lack of education affects both the ‘number’ and the ‘kind’ of dimensions that children are deprived in. For instance, children in rural households with uneducated household heads are more likely to be deprived of water, sanitation and protection. In fact, educated households may value the importance of water treatment and faeces disposal. Education may also help to raise awareness of the benefits of birth registration (one of the indicators for ‘protection’24). Father’s education limits the likelihood of older children engaging in labour; mother’s education increases the likelihood of good nutrition and use of safe water for children under-5 years (ibid.).

Mother’s education also seems to help explain the observed mismatch and limited overlap between monetary and multidimensional child poverty in Tanzania (referred to in Chapter 3) for dimensions such as nutrition, health and education. Ballón et al. (2016) demonstrate that when the child’s mother is uneducated, improvements of a child’s monetary poverty status yield less than proportional improvements in her/his multidimensional poverty status in the above dimensions.

Conversely, the more the child’s mother is educated, the more improvements in monetary poverty translate to improvements in multidimensional poverty. Hence, mother’s education explains the mismatch between monetary and multidimensional poverty, and it influences the extent of this mismatch. Although the authors do not expand on the reasons for this, it is likely that educated mothers are aware of good practices when it comes to nutrition and health and that they place value in children’s education.

Parents’ lack of education may then contribute to intergenerational poverty and persistent childhood deprivation. Thus, investing in parents’ education, particularly mothers, means investing in girls’ education today. As stated by 2016 NBS and UNICEF report, ‘In order to break the cycle of poverty, investing in education and removing barriers to education participation for children, such as having to engage in labour or getting married at an early age, will be essential.’ Investing in girls’ education would contribute to break the persistence of poverty over time, its intergenerational transmission and chronic nature.

24 In rural settings, households may also have limited access to birth registration services.
Findings from FGDs

Children aged 14–17 years in the FGDs were asked to identify and discuss the factors that may lead to poverty as they had defined it. The same approach was followed for FGDs with a mix of adults including teachers, parents and community leaders to collect complementary information.

Because of the complexity of the topic, children aged 14–17 years and adults were the two groups that discussed the causes of poverty in greater depth. Children aged 5–13 years were instead asked to draw pictures on good and bad stories that would depict well- and ill-being, and then narrate those pictures. Causes of child poverty were also derived from their narratives and quoted in this section.

Views on the leading causes of child poverty were consistent across age groups and sites (urban or rural areas). The causes most frequently quoted included:

- Lack of money/household income, including lack of food
- Living arrangements for children, including fatherly abandonment and non-biological children
- Uneducated parents
- Intergenerational poverty and low expectations
- Government under-investment in public services, including lack of access to good-quality and affordable education, health care, and water and sanitation
- Traditions, cultural and social practices.

‘Lack of money/household income’ and ‘uneducated parents’ are causes of child poverty that overlap with those highlighted in NBS and UNICEF (2016). Of course, the different themes mentioned in the bullet points above are interrelated and analysed in more detail in the subsequent paragraphs.

Lack of money/household income

Lack of money and household income was most frequently highlighted as causes of child poverty. This is due to the fact that it prevents children from accessing food and meeting their basic needs. While it was discussed as a cause of both monetary and multidimensional poverty, a glance at children’s quotes in this section implies that the focus was on the latter.

While lack of income was a topic of discussion at all sites, it was mainly referred to by children aged 14–17 years in urban locations, particularly in Dar es Salaam and Mtwara. This could reflect the fact that the urban poor are more dependent on cash for food and non-food expenditure (Lucci, 2014; Mitlin and Satterthwaite, 2013; see Chapter 6 for more details).

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25 Children were asked to draw a poverty tree with the trunk featuring how they define poverty, the roots its causes and the leaves its consequences. More details can be found in Chapter 2.

26 Lack of food was often highlighted during discussions on ‘causes’ of poverty, especially in relation to lack of household income and inability of households to buy food (i.e., monetary poverty leading to deprivation in nutrition). Further, lack of food can be a cause of monetary poverty if it impaired someone to work and earn money; it can also be a cause of deprivation in education if children are too weak to concentrate in school.
“Lack of money causes poverty; nowadays, money is everything. You cannot get food and water or send your child to school without money, even though President Magufuli said that education is free. Sometimes you ask your father for money, and he tells you rudely: ‘I have no money!’ Your mother pulls you aside and tells you that your father did work today, but he was not paid. They promise that they will pay him tomorrow or the next month...”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

Unemployment, unstable informal work without proper social security and low wage affect the household’s economic security, and (consequently) child monetary poverty (UNICEF and Global Coalition to End Child Poverty, 2017). Younger children in the FGDs associated their parents’ unemployment or low-paying jobs with their own poverty.

“A poor child has parents with no job or with jobs that pay low income. The parents are unable to address the child's basic needs, and he/she does not get enough food and cannot access education. One day, this child may become a thief, or he may start collecting empty bottles on the street and try to sell them.”

[Focus group with boys aged 5–13 years, in Dar es Salaam, Kinondoni]

“The reason for poverty in my family is lack of a good source of income. Our parents take loans from neighbours, but they are just relying on irregular employment (like selling firewood and charcoal) and they find it difficult to pay back those loans.”

[Focus group with boys aged 5–13 years, in rural Mwanza, Misungwi]

While lack of employment was particularly prominent in discussions in urban Dar es Salaam, there were differing perceptions among children on the extent to which lack of employment was worse in urban or rural areas. For example, while 14–17-year-olds in Mtwara and Mwanza referred to the lack of opportunities for wage labour in rural areas as compared to urban areas, another participant (a girl in rural Mwanza from the same cohort) referred to the lack of jobs in urban areas and the fact that food needs to be bought rather than grown. Teachers and community leaders in Dar es Salaam suggested that conditions are difficult in both places.

“Resources are scarce here in the city. Meanwhile, there is no employment opportunity in agriculture due to climate change.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]

**Lack of food**

Access to food is critical for children’s physical and cognitive development, and the lack thereof has an impact on other areas of multidimensional poverty. Even short periods of food deprivation can have long-term irreversible consequences on children’s development. Stunted children are not only short for their age: they are also more likely to achieve poor educational outcomes in later childhood and adolescence. They are more likely to become less productive adults and give birth to malnourished babies (UNICEF, 2012b).
Older children who were interviewed at different sites discussed the association between lack of food, lack of physical strength and inability to achieve at school and perform any job.

“A poor child with an empty stomach will not be able to concentrate in school; so, she may decide to drop out of school and she may become a street child.”

[Focus group with girls aged 14–17 years, in rural Mwanza, Misungwi]

“Even when the teacher is teaching, if you have not eaten since the previous day, all you think about is whether you will find any food once you return home. You constantly feel hungry, and you cannot concentrate on what the teacher is saying. You cannot learn in class.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kirondoni]

“Lack of food is the cause of poverty because you will be hungry and fail to do any work; so you will be poor and live in poverty.”

[Focus group with boys aged 14–17 years, in urban Mtwara, Mtwara MC]

Concerns over the impact of poor nutrition on children’s development and health were also mentioned by adults, particularly mothers of children under-5 years and especially in Dar es Salaam. The fact that ‘lack of food’ featured prominently in an urban location is also a reminder that the urban poor, as compared to the rural poor, buy, rather than grow, a bigger share of their food basket. The urban poor are more vulnerable to volatile food-price levels, with potential implications for nutrition and health outcomes for children (see Chapter 6 for more details). In rural Mwanza and urban Mtwara, the high cost of food was related to poor rain patterns, which affect food production.

**Children’s living arrangements**

According to NBS and UNICEF (2016), the marital status of the household head and the presence of parents in the household do not play much role in explaining child poverty in Tanzania. Its analysis shows that if the head of the household is separated or divorced, children are 8 percentage points more likely to be deprived than if the head was never married. This is likely to be more if the reference category (i.e., head of household never married) was different (for instance, head of household married and in a stable relationship).

Children interviewed in the FGDs referred to living arrangements – e.g., lack of parents/separation, parental death, child abandonment – in discussions about the causes of child poverty. ‘Lack of parents’ and ‘parental death’ were reported more often by 14–17 years old children. ‘Lack of parents’ (including parental abandonment) was mentioned more in urban than rural areas, while ‘parental death’ was similarly mentioned in both areas.  

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27 As stated in the introduction and Chapter 2, it is important to highlight the limitations of qualitative evidence and the fact that findings refer to the specific children that participated in the FGDs. There is academic literature showing different results and suggesting that, inter alia, across Sub-Saharan African countries, orphaned children are less likely to be ‘poor’ due to selective adoption by better-off members of the extended family (Beegle et al., 2010). That said, the use of household surveys in the study may miss poor orphan children in alternative care or street children who are excluded from traditional household surveys.
Fatherly abandonment

Abandonment by father was reported as a common experience among poor children in the FGDs. Women are disproportionately in charge of children’s well-being, and many do not have sufficient resources and support. They will be busy working and may struggle to spend time caring for their children, leaving them unattended. This has consequences for both income and multidimensional poverty. In the words of older children:

“When a mother depends on the father for basic needs, parental separation can lead to a child living in poverty. That child may become responsible for bringing food at home, and he may need to engage in labour.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Temeke]

“After parents have separated or divorced, it is difficult for the mother to manage, especially when she has many children. Some of the children will then start using drugs, others will stop going to school.”

[Focus group with boys aged 14–17 years, in Dar es Salaam, Temeke]

This also emerges from discussions with teachers and community leaders:

“A mother will get out of her house early at 5:00 a.m. and come back very late at night. She is usually very tired, and she cannot look after her children. You can find a divorced woman fighting for the needs of her family as the father abandons them. So, when she leaves home in the morning, she may leave money for school and tell her child to go to school. Yet, this child may then spend time on the street, engage in gangs and come back home early before his mother is back. Conflict between parents can create huge problems for their children.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]

Children in rural areas also indicate that their fathers would regularly move with their herd during the dry season. This may also result in the family being left behind. In that situation, the family’s financial condition may worsen. The father may then return once the dry season is over, but he may also marry again, start a new family elsewhere and neglect or abandon his previous family. This can have adverse consequences for household income and meeting children’s basic needs.

Non-biological children

A report by SOS Children’s Villages International (2013) highlighted that around 3 million children in Tanzania are without parental care or at risk of losing it, many due to HIV/AIDS. Without protection from adults, these children are likely to engage in child labour in the most hazardous conditions. Alternative care arrangements are informal for most of them. The financial responsibility of taking care of them often falls on their extended family and community, if they do not become street children.

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28 It is estimated that around 1.3 million children aged below 17 years have been orphaned due to HIV/AIDS (see: UNAIDS, http://www.unaids.org/en/regionscountries/countries/unitedrepublicoftanzania/).
While efforts were made to capture voices from vulnerable children, including orphans (FGDs included out-of-school children, and one IDI was with an orphan child), it was mainly other children and adults that talked about these vulnerable groups (see the Methodology in Chapter 2 for a discussion of the limitations of this study).

Non-biological children may be given fewer resources when those available are insufficient. This can be referred to as instances of neglect and abuse by step-parents, suggesting links with both monetary and multidimensional child poverty. Younger children report:

“Orphans face a lot of challenges, especially when they stay with relatives. They are mistreated and they work too hard.”
[Focus group with girls aged 5–13 years, in urban Mwanza, Mwanza City Council]

“I hate to see a child who is mistreated by the stepmother, discriminated against other biological children and denied food. You may find that the stepmother sleeps under a mosquito net, but the child does not.”
[Focus group with girls aged 5–13 years, in Dar es Salaam, Temeke]

UNICEF (2011) found shifting of caring responsibilities from other relatives to grandparents, with 50 per cent of orphaned children being cared for by their grandparents. Grandparents, themselves, report:

“The death of parents is also a cause of child poverty. I lost my son who left me with four children. No one is taking care of them, except me. Their mother is weak, and she cannot provide for her children. No other relative cares about these children. I am already tired, but there is no other way; I should take care of them. I was supposed to be taken care of at my age, but it is rather me who takes care of my grandchildren.”
[Focus group with female parents/guardians of children under-5 years in Dar es Salaam, Kndononi]

FGDs with adults highlight the risks that may be faced by children living with poor grandparents and how this affects children’s education attainment, nutrition and protection.

“When parents die due to HIV, children will be left with their grandparents and all the burden of taking care of children falls upon them. These grandparents are already tired, so children eventually have no one to look after them. Then you will find a child coming to school tired and sleeping in the class, and sometimes they even miss school. If you punish him, he will tell you: 'Teacher, I am a father and a mother. My grandparents are waiting for me to take care of the family, I have to go and sell fish, which is when I must come to school!'. At the end of the day, that child might stop coming to school.'

‘Although some of the children are taken in by their relatives, they are still facing many problems. There is one girl who was raised by her grandmother after her parents died, but she had a difficult life because her grandmother was very poor, and she could not buy her clothes and pay for her school fees. Unfortunately, the girl was lured by men and became pregnant, and she was then forced to leave school. So, you can see how children could suffer when parents die.”
[Focus group with parents/teachers/community leaders in urban Mtwara, Mtwara MC]
Uneducated parents

In line with the assessments for Tanzania, qualitative research also revealed lack of parent’s education as a cause of child poverty, which is because parents lacking education would not encourage and support their children’s education needs. Older children state:

“Parents do not know the importance of education for their children since they are not educated, and they do not understand the meaning and the value of education. If you are not educated, you will not be able to analyse things. Education opens up your way of thinking.’

‘Suppose a child of farmers, who have little or no education, wants to go to school. Those parents would tell him: ‘We have no money. In this house, there are three hoes. One of them is for you.’ The child may then ask relatives for help or he may just avoid going to school and start farming himself.’

[Focus group with parents/teachers/community leaders in urban Mtwara, Mtwara MC]

Teachers and community leaders added:

“If a parent lacks education, it is difficult for the children to develop because the parent will fail to understand the value of education. This parent may punish the child who did not go to sell things at the market, but s/he will not punish the child if s/he did not attend school. […] Suppose you want to help a poor child, and you provide him with everything but education; then her/his life will not change even with your help.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Temeke]

Intergenerational poverty and low expectations

Respondents indicated that poverty is “inherited” and intergenerational. Older children associate intergenerational poverty with parents’ low expectations of, or aspirations for, children’s future. In rural areas, farmers or fishermen seem to assume that their children will also be farmers or fishermen.

“A child may ask his parents for some money to start a project. Yet, the parents may discourage him by saying: ‘We did not do that when we were young. Life is hard, so you just take a hoe and go farming instead’.

‘If the parent is a fisherman, he will want his child to be a fisherman too. There are no dreams that the child of a farmer may become a ‘big person’. Here in Mkindani, that is the life of many people. It is just children who decide to change things; there is no help from parents.”

[Focus group with boys aged 14–17 years, in rural Mwanza, Misungwi]

In Dar es Salaam, there are poor parents who question the ability of their children to succeed in life.

“Parents may have misconceptions that if someone is rich, then his children will study and become rich. On the contrary, if someone is poor, then his children will not study and remain poor. Otherwise, even if they study, they will not be successful.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Temeke]

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39 This is also associated with the inter-generational transmission of poverty, another cause of poverty discussed in this section.
Government under-investment in public services

The issue of government under-investment in public services emerged during FGDs with older children and with parents, teachers and community leaders. It includes:

- Lack of access to good-quality and affordable education
- Lack of access to health care
- Lack of access to water and sanitation.

Lack of access to good-quality and affordable education

Basic Education Statistics (BEST) for Tanzania (2016) suggest a number of facts about learning environments that contribute to poor quality education.

- High pupil to qualified teacher ratio (PTQR) – The PTQR at pre-primary level is 1:169 and at primary level is 1:42.

- High pupil to classroom ratio (PCR) – The PCR at primary level is 1:73 as against the standard of 1:45. (Dar es Salaam 1:74, Mwanza 1:98).

- Facilities at school are very limited. The pupil to latrine ratio (PLR) is 1:53 for boys and 1:52 for girls as against the standard norm of 1:25 for boys and 1:20 for girls.

School water, sanitation and hygiene (SWASH) mapping in 16 districts (UNICEF and WaterAid, 2010) indicate the following:

- 46 per cent of schools lack functioning water supply.
- 84 per cent of school lack handwashing facilities.
- 96 per cent of schools lack sanitary facilities for children with disabilities.

A respondent from Mwanza City Council in Mwanza stated:

“Since free education was introduced, it has been a chaos. Imagine one class having more than 120 students. How will they understand? Will the teacher be able to follow the progress of each student? Pupils sit on the floor and there are no classes. So, this area needs to be reviewed and improved for the betterment of our children. It is impossible for children to get quality education in these schools. Without that, it is difficult for them to get out of poverty.”

[Key informant interview, Mwanza, Mwanza City Council].

Further, poor state of water supply and sanitation facilities in school are associated with poor school attendance (especially for girls) and ability to learn (WASHplus, 2009). Girls are reluctant to go to school when toilets and washing facilities are not available or, if available, not private, safe and clean (UNICEF, 2010b).

In addition, the FGD with parents/guardians of children under-5 years in urban Mwanza, Mwanza City Council confirm that school infrastructure is not equipped for disabled children.
As much as lack of water and sanitation could deter a child from going to school, an empty stomach, after a long-distance travel to reach the school, could also act as a deterrent to education.

“It takes about five to six kilometres for a child to reach the secondary school here in Jangwani. Therefore, regardless of free education, a parent cannot afford to bring his child to secondary school due to distance. Some parents bought a bicycle for their children, but most of the children do not go to school due to distance.”

[Focus group with parents/teachers/community leaders in urban Mtwara, Mtwara MC]

Parents, teachers and community leaders in Dar es Salaam lament the weakness of the education system, which does not offer any feeding programme for the poorest children. This is an indirect cost to attending school, in contrast with full implementation of free education policy.

“Many secondary schools in Tanzania have no feeding programmes for their students. Children go to school hungry and, after school, they may find adults offering them food in exchange for sex. Girls may get pregnant and then drop out of school altogether.”

“Education is formally free in Tanzania, but children need at least 200 TSh for snacks during school hours. Not all children can afford them, and the poorest are hungry during classes.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]

In addition to the costs for food and transport, costs for school material (books and uniform) remain unaffordable for many poor families.

“Even if a poor child goes to school, she will lack most of the school materials. This may stop her from going to school altogether.”

[Focus group with girls aged 14–17 years, in rural Mtwara, Nanyumbu]

“Education is free, but a child needs books. A child without exercise books will be punished by the teacher. So, the child may think that it is better if he just stays at home; the problem of absenteeism starts there.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]

Some interviewees highlighted the fact that Tanzania’s income-support programme can help with the indirect costs of education:

“Through TASAF, many poor households were able to afford food and send their children to school. They could buy exercise books and school uniforms.”

[Focus group with boys aged 14–17 years, in rural Mtwara, Nanyumbu]

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30 There are examples of school feeding programmes in other regions that improved concentration in the classroom, reduced drop-out rates and gender disparity. From July 2011 to June 2015, the World Food Programme (WFP) provided primary-school children in drought-prone and food-insecure areas with one meal a day through its school meals programme (WFP Tanzania, 2015). However, this applied to the Dodoma and Singida regions, which were not included in the sites for qualitative research.
Another challenge highlighted by interviewees is that poor quality of education in classrooms drives many students to get additional private tuition, which remains unaffordable for poor families (Wedgwood, 2005). This surge has been exacerbated by low salaries received by teachers, which create disincentives to provide good-quality teaching, and the need for teachers to subsidize their earnings with extra work (ibid.).

A mother of an under-5 years child said:

“I have three children. The teacher of one of them called me and said that my child is smart, but he needs to attend after-class tuition. I told her that I have three children, and that I cannot afford to pay for tuition.”

Another mother said:

“You do not want to pay money for tuition because you think it is not right. But then you are afraid of the teacher’s reaction; he may start harassing your child.”

[Focus group with female parents/guardians of children under-5 years in Dar es Salaam, Kinondoni].

Participants in the FGDs, especially those in Dar es Salaam, are convinced that a good education is a prerequisite for employability, to find a good job and escape poverty.

“If you are not educated, you will not be employed. Employers have a contractual agreement with their employees; it will be difficult for you to enter into any contract with the employer if you do not know how to write and read.”

[Focus group with girls aged 5–13 years, in Dar es Salaam, Kinondoni]

In Dar es Salaam, lack of employment was also discussed in the context of the difficulties that young poor people face when seeking a job as they lack the skills that employers are looking for. Youth unemployment and difficulties in finding decent jobs are linked to poor education, which is a cause of child poverty, including lack of vocational training.

“If a child does not attend school or he does not learn while at school, he will miss essential skills that are necessary for him to find a decent job in the future.”

[Focus group with boys aged 14–17 years, in Dar es Salaam, Kinondoni]

“Once a child completes Form IV, he has nothing to do. There is no offer for vocational training in the area. Not anymore, at least, because in the past they did offer carpentry studies in a school nearby. Now, all those students who finish Form IV do not have skills that would make them employable.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Temeke].

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31 Morisset (2013) finds that low levels of education are a leading cause for poor quality jobs held by Tanzanian youth.
The health sector is a policy priority area for the Tanzanian Government. The share of total health expenditure as a percentage of nominal GDP increased from 5 per cent in 2002 to 9.2 per cent in 2014. The total health expenditure per capita has more than tripled during the same period, reaching around USD 40 in 2014. However, public expenditure allocation to the health sector increased only marginally from 6.1 per cent of the total government expenditure in 2003 to 6.8 per cent in 2014 (Wang and Rosemberg, 2018). This is well below the 15 per cent target set by the Organization of African Unity’s 2001 Abuja Declaration (Mtei and Makawia, 2014).

Poor people are exempted from payment of user fees (that were introduced in the health sector in 2003). Nonetheless, implementation of this policy has been limited in scope. Moreover, out-of-pocket payments, a very regressive and inequitable financing source, still cover a high share of THE (Wang and Rosemberg, 2018). Limited financial protection in health and poor quality in health services still challenge equitable access to health services in Tanzania (ibid.).

Lack of nearby facilities, poor quality service and lack of enforcement of provisions for free services for children under-5 years were commonly reported by adults in the FGDs in both rural and urban sites.

Adults in rural Mwanza complained about the lack of health care in the area:

“We only have a dispensary located at Mwanangwa. But if you go there, sometimes you cannot get services, and they will give you a referral to Misungwi main hospital instead.”

“Misungwi Hospital is far. If your child is sick during the night, you will need money to hire a car and reach the hospital. If you have no money, your child cannot be treated.”

[Focus group with female parents/guardians of children under-5 years in rural Mwanza, Misungwi]

This is also the case for health-care facilities in urban areas; for example, parents were concerned about the quality of services in urban Mwanza.

“In our health facility (dispensary), there are no sufficient services. Sometimes, no medical service or even diagnosis is available. The only service available is speaking to a doctor, who may be reading the diagnosis results from the private dispensary. The government has said that services to children under-5 years should be free, but no service is effectively offered.”

[Focus group with female parents/guardians of children under-5 years in urban Mwanza, Mwanza City Council]

“Provision of health services is unfair, especially for children under the age of five years. They should receive free medication and treatment. Nonetheless, health providers force parents to pay for medicines. These providers should be prosecuted.”

“In most hospitals, they favour adults than parents with children. Those adults pay for the service that they receive, and they are served immediately. Instead, parents with children are left to wait for hours before receiving any treatment.”

[Focus group with male parents/guardians of children under-5 years in Dar es Salaam, Temeke and Kinondoni]

Further, in the case of Dar es Salaam, UNICEF (2012a) highlights how the high costs and inconvenience of travelling to clinics and hospitals because of inadequate roads and public transportation may limit utilization of health services by poor urban dwellers.
Lack of access to water and sanitation

People lack safe drinking water and sanitation in both rural and urban areas, which greatly affects children’s health. Urban households’ access to improved sources of drinking water has declined from 90 per cent in 2000 to 80 per cent in 2010. Access to improved water sources is generally lower in rural areas than in urban (informal) settings. Rural access has nonetheless improved from 46 per cent in 2000 to about 48 per cent in 2010 (UNICEF, 2012a). The latest available data from Tanzania DHS 2015/16 indicates that 62 per cent of households have access to an improved source of drinking water (48 per cent in rural areas and 86 per cent in urban settings).

This issue was picked up in FGDs with adults in both rural and urban sites.

“We need assistance from the government to build water facilities in the village through Lake Victoria, so that our children do not suffer from cholera, diarrhoea or death due to polluted water. The government had such a plan for a long time now, but water facilities are yet to be built in our village.”

[Focus group with female parents/guardians of children under-5 years in rural Mwanza, Misungwi]

“Children are affected because we use water from ponds and impure wells. We do not have access to pipe water. The Government has promised us that they will supply piped water, but nothing was done until now. Thus, our children are suffering from diseases like typhoid and diarrhoea. We share the same water with the livestock. Some people bathe, while others drink contaminated water. One bucket of drinkable water costs TSh 200 [c. USD 0.1]. That is expensive for us. You spend money to get safe and clean water, but you cannot always do that. If your child gets sick, you then do not have money for him to be treated.”

[Focus group with female parents/guardians of children under-5 years, in rural Mwanza, Misungwi]

“Access to safe water is a major problem in Tandale. People use shallow wells that are contaminated. Inadequate sanitation is another problem: the solid waste is poorly managed, it is not properly disposed of, and it is not out-of-reach from children. During rainy season, our children suffer from waterborne diseases. Children do not have access to safe drinking water, so their health is at risk. The most necessary service is water, which is essential for drinking and domestic use such as washing. The existing water is not safe for children’s health. It is sourced from a shallow well, and it is salty and dirty.”

[Focus group with male parents/guardians of children under-5 years in Dar es Salaam, Kinondoni]

“Instead of our children playing in an open space, they now go to play in hidden areas, which is very risky for them. Sports are very important to our children because they become fit, but we do not have playgrounds.”

[Female caretaker of children under-5 years, Dar es Salaam, Temeke]

19 per cent of all households in Tanzania use improved unshared toilet facilities; this is the case for 10 per cent of all rural households and 35 per cent of urban households (DHS 2015/16). Urban access to improved sanitation has been limited, and coverage is almost inexistent in
congested urban settlements. In Dar es Salaam, between 72 per cent and 97 per cent of informal residents have no access to improved sanitation. Street children report that most of the capital’s public toilet facilities are non-functional. With non-availability of improved sanitation and rising population density, unsafe excreta disposal poses great health risks to the urban poor, especially children (BEST, 2016). In addition to lack of access to water and sanitation, lack of other basic services, such as access to electricity, waste collection, roads and public spaces, including playgrounds, were also discussed during the FGDs.

Traditions, cultural and social practices

Traditions, cultural and social practices still guide intra-household decisions on child education and child marriage in Tanzania. Girls are greatly affected by underlying values and ideologies on girls’ and women’s place in the home and behavioural norms that maintain rigid gender roles and expectations.

Notwithstanding achievements of gender parity in primary education (with almost equal access to primary education by boys and girls), boys still have greater access to advanced secondary education than girls. Gross enrolment ratios for the first four years of secondary education were 41.9 per cent for boys and 43.3 per cent for girls in 2016. At the advanced secondary school level, they were 9 per cent for boys and 4.9 per cent for girls (UNICEF Tanzania, 2011/12).

Children and adults in the FGDs highlighted how parents may prioritize boys’ over girls’ education. Gender bias in accessing education opportunities were mentioned in FGDs in Dar es Salaam with children (of any age) and adults. Older girls talked about ‘gender’, while adults referred to ‘bad customs and traditions’.

“A girl may be told to not go to school and instead take care of household chores. As a result, she misses her studies, and later may drop out of school due to bad attendance. She will then end up being poor.”

[Focus group with girls aged 5–13 years, in Dar es Salaam, Temeke]

“Gender may cause poverty. A boy’s education is promoted over girls’ education.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Temeke]

“Poverty is caused by poor thinking due to bad customs and traditions. For example, bias in educating girls and boys, with boys normally being given priority over girls. Girls are not given priority because of the idea that they will get married.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Temeke]

Traditional ceremonies may cause a burden on the finances of poor households and their ability to provide for their children’s basic needs.
Among social norms, older children mentioned the issue of forceful marriage, and that girls are often viewed as economic burden and a ‘commodity’ that their families would trade for dowry (Makoye, 2016).

Quantitative data shed light on the extent of child marriage. Recent DHS data (DHS 2015/16) suggest that 30.5 per cent of young women aged 20–24 years, that is one out of three, would marry before turning 18 years.

These data also indicate that 27 per cent of girls aged 15–19 years (approximately, one out of three/four) are already mothers or pregnant with their first child. Adults in the focus groups discuss how child marriage may lead to early pregnancy, girls dropping school and a perpetuation of multidimensional and intergenerational child poverty.

5.2 Consequences of child poverty

The literature on the consequences of child poverty reports that children raised in poverty face increased risk of poor educational and cognitive outcomes, of displaying behavioural and emotional problems later in life, of living in poverty as adults and of having poor health (Moore et al., 2009, Brooks-Gunn and Duncan 1997; Evans and Kim, 2013).
During the FGDs, the consequences of child poverty—that is, the impact that deprivation in a number of areas has on children’s present and future well-being—was also discussed. Analysis of the qualitative evidence suggests that children (with a focus on children aged 14–17 years)\(^\text{32}\) and adults share similar thoughts on the consequences of poverty for children.

Most often, FGD participants cited:

- Gender-related impacts (prostitution, transactional sex and early pregnancy among girls, and drug and/or alcohol abuse among boys)
- Child labour (often in association with dropping out of school)
- Stealing and robbing
- Street children

Each of the main consequences of child poverty emerging from the FGDs is investigated in subsequent sections in greater detail, with emphasis given to quotes from children aged 14–17 years.

**Gender-related impacts of child poverty**

In FGDs, participants highlighted that the consequences of poverty are different for boys and girls. While drug/alcohol abuse (sometimes funded through robbery/stealing) was referenced in the case of boys, prostitution/transactional sex and early pregnancy was discussed in the case of girls. All these have deep consequences for children’s future opportunities later in life.

**Drug and/or alcohol abuse**

Unemployment, insufficient money and related stress could induce teenagers, especially boys, to join groups that abused drugs (e.g., marijuana) and alcohol.

> **A poor boy can become very stressed because of lack of jobs. Peers who use drugs may encourage him to join them to cope with stress.**

[Focus group with boys aged 14–17 years, in rural Mwanza, Misungwi]

> **Others tend to buy marijuana, cigarettes and alcohol despite being below 18 years of age.**

[Focus group with boys aged 14–17 years, in Dar es Salaam, Kinondoni]

**Prostitution and transactional sex**

While lack of jobs is mostly associated with drugs and alcohol abuse among boys, lack of food and hunger may induce girls, as young as 9 years old, to engage in transactional sex or prostitution. Girls in rural areas may also experience sex trafficking and exploitation. Children themselves stated:

\(^\text{32}\) As before, note that only the older cohort was directly asked about the consequences of poverty. In the case of younger children aged 5–13 years, these were inferred from their narratives depicting what they considered poverty/living. For this reason, while findings from the younger cohort were quoted where relevant, more emphasis was placed on findings from children aged 14–17 years.
Some of the elder girls are taken from villages and promised offers of lucrative jobs. But when they reach the city, they are forced to engage in commercial sex. Because they have no place to stay, they feel that they have no choice. The money that they receive from their clients goes to the lady who brought them from the rural areas."

[Focus group with girls aged 5–13 years, in urban Mwanza, Mwanza City Council]

Adults in Dar es Salaam, Kinondoni, talked about a recent case of prostitution involving a 9-year-old child.

"Just yesterday, we sent a child to the police. She was 9 years old. One young man who has a shop noticed that the child had a lot of money every day, like TSh 2,000 [c. USD 1], and was buying things with her friends. He thought that the money may have been given by the child’s mother, so he went to notify the teachers who called her. However, the mother was poor and she could not have been able to afford that money. The child was then interrogated, and she mentioned the name of the person who gave her the money. The child had sex with that person several times. We had to confirm with the police whether the child was lying, but she truly was not a virgin. The young man was arrested. This is the effect of poverty."

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]

Early pregnancy

Closely related to transactional sex, early pregnancy was also referred to by participants as another consequence of poverty affecting girls. Hunger and lack of money to afford bus fares were quoted as reasons to engage in transactional sex leading to early pregnancies.

When discussing early pregnancies, older children mentioned ‘being deceived’.

"For example, I am returning from school and a man in his car stops me and gives me a lift. I may then be deceived and end up being pregnant.’

‘I go home and there is nothing to eat. Then I meet a person who promises me food. He says that he would buy me chips – it is easy to be deceived.’

‘If you have not eaten anything at home and in school, you may surely be deceived.’"

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

Adults in Dar es Salaam also discuss distance to secondary school and hunger as leading to ‘temptations’ that may cause transactional sex.

"For instance, a child completes class seven here at Tandale and continues with secondary education at Mbezi Makabe, which is very far from here. She will have to take a bus to Mbezi, then a motorcycle to Makabe. Her parents have no money for bus fare. While on her way, if someone offers her a lift, she will just accept because she cannot be late for school. In fact, the teacher may punish her for being late. Accepting a lift comes with a cost, and the cost could be as high as getting pregnant at such a young age.’

‘In Tanzania, many secondary schools have no hostels to accommodate their students. On the way between school and home, a child with an empty stomach may bump into a man who offers her chips and eggs. Transactional sex may cover the food cost. Transactional sex may cause early pregnancy and school dropout.’"

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]
Parents, teachers and community leaders talked about the struggle to identify perpetrators, especially in informal urban settings where social networks are weaker.

“In rural areas, when the girl experiences early pregnancy, it is very easy to find the man who is responsible for that. Parents know each other well and speak out. Yet, in Dar es Salaam, the man responsible for your daughter’s pregnancy may deny it, even if everybody knows that it was him who got her pregnant.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]

Child labour

According to the ‘Tanzania National Child Labour Survey 2014’, 36.1 per cent of children aged 5–17 years are working in Tanzania, which comprises 36.8 per cent of boys and 35.3 per cent of girls. Fifteen per cent of these children are working to supplement household income and 35.2 per cent to assist or help in a household enterprise. There are 83.8 per cent of all working children based in rural areas (NBS and International Labour Organization [ILO], 2016).

Child labour was another key consequence of poverty mentioned in the FGDs, with children (mainly girls) conducting some form of work to contribute to the household economic strategy. Children of both age groups talked about child labour, but it emerged more frequency among the older cohort and, interestingly, among children living in urban areas. Child labour is also viewed as a way to fulfil unmet basic needs without resorting to ‘temptations’ such as stealing. However, in some cases, children end up effectively working unpaid.

“Your parent may tell you: “Let’s go to work in the farm for money. We will get paid, and you will get money for the school material.” Then you will spend your Friday and the weekend working.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

“Children who work will at least fulfil their needs. Those who do not work will face temptations, and they may end up stealing people’s property.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Temeke]

“A child may work all day from morning to evening without eating anything. At the end of the day, she may not receive any money for her work.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

Children engage in various jobs. Boys may collect plastic bottles on the streets and then try to sell them. Others may sell water, fish or fruits at the marketplace. They may disclose the wrong age and then be employed in heavy industry for brick manufacturing and machine processing. Others carry out casual work at building construction sites. They may be paid as little as 500 TSh per day [c. USD 0.25]; sometimes, they are given food instead of money. Girls often migrate from
rural areas to work in cities as housemaids, where they may be subject to exploitation, and they may experience harsh working conditions.

ILO conducted a Rapid Empirical Survey of Domestic Workers in the United Republic of Tanzania in 2013. The survey revealed that there are 883,779 domestic workers in Tanzania Mainland, which represent 5 per cent of the total working age population (aged 15–64 years). This number could nonetheless increase to 1,728,228 (7 per cent of the total working age population) if people performing domestic tasks hidden in informal arrangements are considered. Fifty-two per cent of male domestic workers and 78 per cent of female domestic workers in Tanzania Mainland are aged 15–24 years. Around 68 per cent of all domestic workers are migrants, especially moving from rural to urban areas. Migration is facilitated through social networks (of kinship, originality and friendship). Seasonal migration prevails especially after farming seasons, when the demand for household labour in farming households drops (ILO, 2016).

Child labour is inconsistent with the principles underpinning child rights, as defined by the 1989 United Nations Convention on the Rights of the Child, which Tanzania ratified in 1991. Working children are more prone to sacrifice their education, drop out of school or underperform in their studies. This suggests that child labour is not only a consequence, but also a cause of child poverty, which reinforces a vicious circle. Child labour and schooling are not always dichotomous decisions. In some cases, the former can become a prerequisite for the latter. In the words of interviewees:

"Another impact of poverty is poor performance in class because you are working. You wake up at 5:00 a.m. to go to work, and you must attend classes after work. You may get late for school, and you are always feeling tired and stressed out."

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

Stealing and robbing and related lack of safety within urban settings

Discussion on stealing and robbing mostly took place in Dar es Salaam.

"Poverty causes stealing. For example, you are working for rich people and they do not pay you well. If you see money in their house, you may steal it to buy food.'
'In rich houses, they have cameras. So if you steal, they will find it out and fire you.'
'You would not only lose your job. If you try to deny that you stole, they would show you the video tape. Your family needs to eat, and you may end up in jail.'"

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

As a result of stealing and robbing, a prevailing picture of violence and lack of safety within the community emerged from FGDs with children and adults alike. Younger children expressed their fear through painting, and then described it in words:
“I drew a Noah Van, which is often used by robbers for conducting criminal activities such as stealing and kidnapping children. Children were once kidnapped at my mother-in-law's residence, but the criminal was then caught.”

“I drew a gun. I saw it at Manzese street when robbers were stealing in the shops.”

“People have been killed because of robbery. Once an armed robbery happened at the church, and a man was killed.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

Parents of children under-5 years, both in Kinondoni and Temeku, Dar es Salaam, further added to the picture. The role of police in deterring criminals was praised in Kinondoni but questioned in Temeku.

“Respondent 1: There is still no safety. Petty things such as mobile phones are often stolen.
Respondent 2: Wherever there is such deep poverty, insecurity prevails. People try to survive, so cruelty dominates. Most people have nothing. The few people who have something do not feel safe.
Respondent 3: Community police has helped a little – a few years ago, you could not walk in the streets at 8:00 p.m.
Respondent 4: Many policemen are now deployed, and the incidence of robbing has dropped.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]

“Sometimes we are robbed. If you try to resist, they would beat you. We do report them to police stations, but no action is often the outcome.”

[Focus group with female parents/guardians of children under-5 years in Dar es Salaam, Temeku]

Lack of safety can deter (female) teachers from moving to certain urban informal settlements for work.

“They used to come with machetes in the classrooms to rob teachers of their mobile phones. Teachers were ready to quit the job instead of coming to teach here. Even today, many of the teachers here are men. Female teachers are afraid of this place.”

[Focus group with parents/teachers/community leaders in Dar es Salaam, Kinondoni]

Street children

In 2009, the Consortium for Street Children (CSC) surveyed almost 2,300 children on the streets in seven major urban centres around Tanzania (i.e., Dar es Salaam, Arusha, Singida, Mbeya, Iringa, Morogoro and Dodoma). The survey found that family breakdown and economic issues (including the need to support the family, hunger, unaffordable school fees and rent for shelter) were key factors that led to children living on the streets.33

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33 The 2009 CSC survey also reports the needs of street children in details. Children living on the street constantly face stigma, the threat of physical and sexual abuse and forceful removal. They are mistreated, experience hunger, lack shelter and have unmet basic needs. The survey concludes that street children find on the street similar, yet harsher, conditions that they fled from when they left home. Twenty-six per cent of the interviewed street children dropped out of school, 41 per cent were still enrolled and 33 per cent have never been to school.
‘Children roaming the streets and begging’ were also referred to in FGDs while discussing the consequences of poverty. Orphanhood, parental separation, disability and unmet basic needs for food and clothes were among the reasons and markers of poverty associated with street children and begging.

Discussions on street children mainly occurred in Dar es Salaam. Children spoke about unmet basic needs for food and clothes:

“You have not eaten at home and your friends or other children are begging in Posta Street. You then ask yourself: “Those who beg get money, but I am just at home doing nothing.” Eventually, you will also join your friends and start begging.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

“Most of the street children are leaving their home where their basic needs for food and clothes are not met.”

[Focus group with boys aged 14–17 years, in Dar es Salaam, Temeke]

Children made the following suggestions on parental separation and orphanhood:

“Some of the poor children are orphans living in difficult conditions, begging on the street and being discriminated by others.”

[Focus group with boys aged 5–13 years, in Dar es Salaam, Kinondoni]

Parents/guardians of children under-5 years added:

“Street children in this area are, to a large extent, younger than seven. Their father may have left home without ensuring food for his children. Those children may then be roaming around, begging.”

[Focus group with male parents/guardians of children under-5 years in Dar es Salaam, Temeke]

Older children mentioned the harsh life of disabled kids begging on the street:

“The disabled are confined in their wheelchairs and beg on the streets. They can get around TSh 2,000 [c. USD 1] per day. This is not enough to sustain their family. They are suffering a lot.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]

The second part of Chapter 5 describes the consequences of child poverty that children (and adults) discussed during the FGDs. Older children (and adults) provided their own explanations of these consequences. Secondary literature, especially the literature on children’s agency in responding to shocks and adverse events, considers some of these ‘consequences’ as ‘coping mechanisms’ (instead of ‘consequences’). This is the case for child labour and transactional sex (mainly affecting girls). Other consequences of child poverty that the respondents analysed (namely, drug and/or alcohol abuse for boys and stealing and robbing) do not appear to be ‘coping mechanisms’ in secondary literature. ‘Street children’ (also mentioned during the FGDs
among the ‘consequences of poverty’) are often viewed by secondary literature as the most vulnerable to exploitation and to lack of care (see, for instance, National Costed Plan of Action for Most Vulnerable Children [NCPA] I and II).

The next and final part of Chapter 5 discusses the coping mechanisms, that is, strategies that children adopt to escape poverty or mitigate the adverse consequences of poverty in their young lives.

### 5.3 Coping mechanisms

Towards the end of FGDs, children were asked to discuss their own ‘coping mechanisms’, understood as behaviours that a child could follow and actions that s/he may take to mitigate or cope with poverty.

There is a degree of overlap between the way that children described the ‘consequences of poverty’ and their ‘coping mechanisms’, as the former can also be understood as strategies put in place to deal with the pressures from lack of income and deprivations in multiple dimensions. Some of the topics discussed in the FGDs as consequences of poverty are understood in the secondary literature as coping mechanisms. These include strategies to tackle shocks such as parental unemployment, death of family members and/or natural disasters affecting livelihoods. During challenging periods, children may be active social agents who take on paid work to substitute their families’ falling income, meet their basic needs and maintain their families’ livelihood (Chuta, 2014; Guarcello et al., 2008).

Daniel and Logie (2017) found that engagement in transactional sex was also used as a coping mechanism to shocks. Young women aged 15–19 years experience parental pressure to help support the household facing shocks and would engage in transactional sex (specifically in the context of post-earthquake Haiti) to meet survival needs.

In discussions about their coping mechanisms, children talked about the importance of avoiding ‘temptations’ (e.g., this could entail prostitution and transactional sex as mentioned above in the case of girls; drugs/alcohol in the case of boys) and studying hard. Children also mentioned child labour and (reverse) migration from rural (urban) to urban (rural) areas. These coping mechanisms are examined in more detail in the subsequent sections.

### Studying hard and avoiding temptations

Children refer to the importance of resisting temptations and studying hard to be able to escape poverty. Temptations can be related to prostitution and transactional sex in the case of girls, and to ‘bad behaviours’ more generally, which could include resorting to alcohol/drugs/stealing in the case of boys.

A girl in Mtwara said:

> “A child must avoid temptations at all costs. If a girl falls into temptations, she may end up getting pregnant. That child should instead be content with her situation and not wish for what she does not have.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]
Studying hard is viewed as a precondition for a successful life. Children in Dar es Salaam, Kinondoni stated:

“Getting good education is the key to everything in life. You will need to work hard to achieve that.”

[Focus group with girls aged 5–13 years, in Dar es Salaam, Kinondoni]

Children in Mwanza, Mwanza City Council, shared the same opinion:

“A child should study hard in order to find a good job in the future.”

[Focus group with girls aged 14–17 years, in urban Mwanza, Mwanza City Council]

“If I am educated, I will be able to make my dream of becoming a teacher come true.’
‘If I go to school and study hard, I will be able to build a good future for myself and my family.’
‘I always tell my younger brother to concentrate on his studies and to avoid bad habits.’

[Focus group with boys aged 5–13 years, in urban Mwanza, Mwanza City Council]

Child labour

Children discussed child labour not only as a consequence of child poverty, but also as a coping mechanism. This is in line with findings from secondary literature on children’s role in helping their households face shocks (see Section 5.2).

Child labour is part of the strategies that children adopt to meet their basic needs (especially for food), supplement family income and pay for school material (exercise books, uniform and pens). In the FGDs, children mentioned that they would actively engage in work and look for activities that may bring in some money. They are entrepreneurial and ready to work in harsh conditions. However, hard work rarely pays off.

“Girls may decide to try food vending. Boys may try to work as daily labourers. You would find them mixing stones with cement next to construction sites and selling the mixture. They would also try to sell charcoal. They may even get sick because of too much hard work.’

‘Others may wash cars in traffic jams. They may clean the car hoping to get some money, but they often do not receive any payment.’

‘Other children may borrow flour from neighbours, cook chapatis. then go and sell them to get money. A good part of that money though would be used to pay back the neighbour.’

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kinondoni]
Migration

Children migrate from rural to urban areas (either with their families or by themselves) in search for jobs or better living conditions. A recent UNICEF report (UNICEF UK, 2018) argues that child labour may have significant gendered implications, because it is often girls who are first removed from schools, and that may have to migrate (often unaccompanied) to work and send money back to the family.

“Girls migrate to urban areas for domestic work. Boys migrate to start small businesses like selling water, juice, biscuits.’

‘Sometimes, girls who migrate for domestic work are not paid by their employers. If they ask for their wages, they are told: “I gave you shelter, clothing and food – that is more than enough, there is no further payment.” Those girls will not be able to escape poverty.”

[Focus group with girls aged 14–17 years, in rural Mtswara, Nanyumbu]

The reality that rural-to-urban migrants face in cities tends to be harder than expected. Because of high living costs for food and rent and lack of jobs, some migrants may struggle to find sustainable livelihoods and may decide to return to rural areas.

“There are many families that migrated from rural areas to Dar es Salaam. They believed that urban life would be relatively easier, but once in Dar es Salaam they soon realize that they have no place to stay in.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Kikondoni]

“My family and I migrated from our village to this town. Here, we faced many challenges: doing business is very competitive and food is expensive. My grandmother decided to go back to the village, and now she has food on the table for lunch and dinner. That is not the case for me. When I go back from school, I often find nothing to eat at home.”

[Focus group with boys aged 14–17 years, in urban Mtswara, Mtswara MC]

“Recently, a family of friends failed to pay the rent. They then decided to go back to the village.”

[Focus group with girls aged 14–17 years, in Dar es Salaam, Temeke]

“Children’s needs for education may be disregarded if the family migrates.’

‘In our village, families migrate to find green pastures for their cattle. Other families migrate to escape hunger during dry season or to look for income-generating activities. Sometimes, the whole family moves. Children will have to drop out of school, and they may not be able to access a good school elsewhere.”

[Focus group with boys aged 14–17 years, in rural Mwanza, Misungwi]
Children may be also left behind by their own family.

"I know of a family where the mother, the father and the youngest child moved from their village to the city. They left other children behind to live with their grandmother. Their grandmother taught the children to cultivate their farm. They also went to work on other people's farms as wage labourers. Their parents do not provide any assistance or support to them."

[Focus group with girls aged 14–17 years, in urban Mtwaara, Mtwaara MC]

The next chapter investigates migration in more details. It also discusses current urbanization trends in Tanzania, and the impact of urbanization on child poverty.

**Figure 6: Summary: Child poverty causes, consequences and coping mechanisms as reported during FGDs**
Key messages:

♦ Tanzania is urbanizing fast; Dar es Salaam and Mwanza are among the cities with the highest growth. Population growth, changes in the definition of urban areas, and rural-to-urban migration all underpin urbanization in the country, but limited evidence does not allow to establish their relative importance.

♦ Owing to data limitations, it is not possible to fully assess the impact of urbanization on child monetary and multidimensional poverty. Monetary (household) poverty appears to have decreased in Dar es Salaam at a time of rapid urban growth, possibly explained by job creation in services and spillover effects in the informal economy. However, it stayed relatively constant in other secondary cities.

♦ With regard to child-specific dimensions of multidimensional poverty, there has been progress on education, nutrition and health indicators in urban areas at a time of rapid population growth. However, some nutrition and health indicators portray a picture of ‘urban disadvantage’. Frequency of meals is currently worse in urban than rural areas, suggesting households may be skipping meals to make ends meet. For the first time, child mortality rates appear to be higher in urban than rural areas (which is likely to be linked to lack of access to appropriate water and sanitation, waste collection and poor air quality).

♦ Mobility linked to urbanization can disrupt children’s living arrangements and social networks related to the protection dimension. Further, the environmental stressors of urban living mean that children in urban settings may be more susceptible to risky behaviours (e.g., transaction sex, crime and substance and alcohol abuse).

♦ Household dimensions of multidimensional child poverty have seen mixed trends. Access to water, although relatively high, appears to be reversing, suggesting that the pressures of increasing demand may be affecting service delivery. By contrast, data on access to improved sanitation and housing materials suggest some improvements,
although access to sanitation remains staggeringly low at 35 per cent and pose a key challenge.

- Unfortunately, data on ‘access’ to services does not provide a full picture and can be misleading. In dense unplanned settlements, it is the quality and affordability of these services that matter the most; while key trend data on overcrowding and security of tenure are not readily available with regard to housing.

So far, this report has discussed the incidence and characteristics of income and multidimensional child poverty. It has explained how children’s own perceptions of poverty, its causes and consequences can shed light on important issues that may go undetected by quantitative assessments.

In doing so, significant differences in children’s experiences of poverty in urban versus rural areas have been highlighted. This included greater dependency on household incomes for food, overcrowded living condition, lack of public services in areas of recent unplanned growth, higher risks of ‘moral erosion/bad behaviours’ and weakening of household/social networks (e.g., with more children in the FGDs discussing parental separation in urban areas).

Given that Tanzania’s urban population is growing fast and this trend is projected to continue, it is becoming increasingly important to understand how rapid urbanization may impact child poverty. Cities benefit from economies of scale and can, in principle, provide opportunities for households and their children to escape poverty – through diverse job offers and better provision of basic services compared to rural areas. However, there is a real risk that if the provision of basic services does not keep up with increasing demands or if these services and jobs are only available to better-off households, then children living in overcrowded informal settlements today could be locked in intergenerational poverty, with future generations facing a similar fate.

This section is structured as follows. First, it presents the existing evidence on urban population trends in Tanzania Mainland and examines the potential drivers underpinning this phenomenon. It then discusses the likely impacts of rapid urban growth on child poverty, drawing on evidence from both existing studies and findings from the primary qualitative research.

### 6.1 Urbanization trends: what we know and don’t know

**How fast are urban populations growing and projected to grow?**

Tanzania is set in one of the world’s rapidly urbanizing regions (UNICEF, 2012). In 2012, 12.7 million or 29 per cent of the population in mainland lived in urban areas, up from 7.6 million or 23 per cent in 2002 (Census 2002 and 2012; Wenban-Smith, 2015).\(^4\)

\(^4\) Note that these numbers are based on the definition of ‘urban’ used in the census. The 2012 Census report stated, “For the purpose of the 2012 Population and Household Census, urban population consists of people living in areas legally recognized (gazette) as urban and all areas recognized by Local Government Authorities as urban.” In other words, the census classifies small geographical areas (enumeration areas of about 100 households, i.e., 400–600 people) as ‘rural’ or ‘urban’ based on decisions made by the district authorities. While this definition is fine-grained (as it is done at enumeration areas) and uses local knowledge of the areas (as there is no central criteria on what constitutes an ‘urban’ enumeration area), the judgement used by different authorities could vary or even, within the same authority, change over time. Providing central guidance on criteria could help to address these limitations (Wenban-Smith, 2014b).
According to Muzzini and Lindeboom (2008) these numbers could be underestimated as extensive high-density, heavily populated areas may not be officially recognized as ‘urban’. Using an alternative density-based measure and data for the 2002 census, the authors find that 33 per cent of the population lived in high-density settlements in 2002; this is 10 percentage points higher than the census estimates of 23 per cent. Concerns over the growth of high-density settlements with no legal status are also stated in the President’s Office Regional Administration and Local Government (PO–RALG)’s Urban Development and Environmental Management (UDEM) framework, which emphasizes that these are sprawling in an uncontrolled and incoherent fashion (PO–RALG, 2006 in Muzzini and Lindeboom, 2008).

While official statistics do not provide projections broken down by urban and rural areas, UN DESA (2014) estimates that urban populations could rise from 32 per cent of the total population in 2015 to 42 per cent in 2030.

**Figure 4: Future urbanization in Tanzania at a glance**

32% URBAN IN 2015

42% URBAN BY 2030

17 MILLION MORE URBAN RESIDENTS BETWEEN 2015–2030

4.7% YEARLY GROWTH BETWEEN 2015–2030

Source: UN DESA (2014). This includes Tanzania Mainland and Zanzibar as disaggregation by country and rural/urban populations is not readily available.

**Which urban settlements are growing fastest?**

With 4.4 million residents in 2012 (Wenban-Smith, 2014; census data), Dar es Salaam comprises over a third of the urban population and remains the primary city. Mwanza is the second largest city with 704,453 inhabitants and the only other city in Tanzania Mainland with over 500,000 residents. It is followed by Arusha (416,442), Mbeya (385,279) and Morogoro (305,840), all of which have over 300,000 inhabitants (the rest of the regional capitals have fewer than 300,000 residents).

Together with Mwanza, the capital experienced fast population growth between 2002 and 2012 – over 6 per cent per annum (compared to 5.3 per cent for all urban areas; Table 10). Further, according to UN DESA (2014)’s projections their population is expected to double between 2015 and 2030.

It is worth noting that while the other regional capital chosen for this study, Mtwara, experienced slow growth between 2002 and 2012 (2.4 per cent) consultations with stakeholders suggested it has experienced rapid growth since then related to oil and gas discoveries in the area, making it an interesting site for data collection for this study.35

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See the Methodology in Chapter 2 for more details on the criteria used to select sites for our primary data collection.
**Table 10: Urban population growth, 2002–2012, all regional capitals**

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<td><strong>Over 300,000</strong></td>
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<td>Dar es Salaam</td>
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<td>Arusha</td>
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<tr>
<td>Shinyanga</td>
<td>73,921</td>
<td>103,795</td>
<td>3.45</td>
<td></td>
</tr>
<tr>
<td>Tanga</td>
<td>172,557</td>
<td>221,127</td>
<td>2.51</td>
<td></td>
</tr>
<tr>
<td>Musoma</td>
<td>104,851</td>
<td>134,327</td>
<td>2.51</td>
<td></td>
</tr>
<tr>
<td>Moshi</td>
<td>144,336</td>
<td>184,292</td>
<td>2.47</td>
<td></td>
</tr>
<tr>
<td>Tabor</td>
<td>126,089</td>
<td>160,608</td>
<td>2.45</td>
<td></td>
</tr>
<tr>
<td>Mtwarra</td>
<td>79,277</td>
<td>100,626</td>
<td>2.41</td>
<td></td>
</tr>
<tr>
<td><strong>Under 100,000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lindi</td>
<td>29,178</td>
<td>78,841</td>
<td>10.45</td>
<td></td>
</tr>
<tr>
<td>Bagamoyo</td>
<td>28,368</td>
<td>74,786</td>
<td>10.16</td>
<td></td>
</tr>
<tr>
<td>Singida</td>
<td>58,153</td>
<td>85,242</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Total urban areas</td>
<td>7,554,639</td>
<td>12,701,238</td>
<td>5.33</td>
<td></td>
</tr>
<tr>
<td>Total rural areas</td>
<td>25,907,011</td>
<td>30,924,116</td>
<td>1.79</td>
<td></td>
</tr>
<tr>
<td>Total population</td>
<td>33,461,849</td>
<td>43,625,354</td>
<td>2.69</td>
<td></td>
</tr>
</tbody>
</table>

Source: NBS, census data 2002 and 2012 (Wenban-Smith, 2015).

Note: Regional capitals where qualitative research was conducted are highlighted in bold.

It is worth noting that other smaller regional capitals such as Bukoba, Songea, Lindi and Bagamoyo have also experienced fast growth rates between 2002 and 2012, doubling their populations (however, given their small size, this results in small increases in absolute numbers). Although data on smaller towns of over 10,000 populations (other than regional capitals) is limited, they also appear to have experienced fast growth: in aggregate, their populations appeared to have almost doubled from 2,625,620 in 2002 to 4,341,764 in 2012, representing an annualized growth rate of 5.16 per cent (Wenban-Smith, 2015).
What is driving urban population growth in Tanzania Mainland?

Urban population growth can be explained by three factors (Wenban-Smith, 2015; Cohen, 2004):

- Natural population growth (the difference between births and deaths)
- Changes in definitions of urban areas because more places are recognized as urban (e.g., since 2004, town authorities were introduced for settlements with over 10,000 populations) or due to the expansion of boundaries of existing urban areas
- Rural-to-urban migration

Wenban-Smith (2015) finds that all of these factors underpin urban population growth in Tanzania. However, due to data limitations, it is not possible to establish their relative importance – a significant gap that deserves further investigation.

It is worth noting that the third factor, rural-to-urban migration, has been historically understood as the main driver of urbanization (i.e., an increase in the share of the urban population), linked to industrialization and shifts in the structure of the economy. This is based on previous experiences of urbanization in developed countries and in developing regions, such as Latin America and East Asia (Mitlin and Satterthwaite, 2013). In these cases, urbanization was largely explained by rural migrants coming to the city in search of job opportunities in the manufacturing sector. However, recent experiences of urban population growth in Sub-Saharan Africa appear to be taking a different path—transitioning from agriculture to services without industrialization, which has been the subject of much debate (Potts, 2012).

Rural-to-urban migration: ‘pull’ factors

Wenban-Smith (2015) investigates the extent to which urban population growth in Tanzania between 2002 and 2012 took place at the same time as job creation in order to determine the extent to which economic ‘pull’ factors may be at play. He finds that over this period, the economy also picked up, with annual per capita GDP growth rates of over 3 per cent and a rise in formal employment of over 60 per cent. While there is no detailed available data of the geography of formal employment expansion, many of these new jobs are likely to have been created in urban areas.

Limited trend data on employment by industry shows that the share of employment in manufacturing remained stable between 2002 and 2012, while that of agriculture decreased. This suggests an increase in formal employment in other sectors, particularly in services.36 Similarly, the World Bank (2015) suggests that it is mainly services – telecommunications, finance – and, to a lesser extent, construction and manufacturing that have been driving job creation, particularly in the capital. While an expansion of formal jobs in services may not directly reach/employ the poorest households, it can have an indirect effect in generating an increasing demand for products and services provided in the informal economy by low-income households.

---

36 Unfortunately, the industry classification used has changed between these two years, thus making comparison difficult.
Table 11: Number and share of employees by industry, 2002 and 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Agriculture/ Mining</th>
<th>Manufacturing</th>
<th>Services</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>29,178</td>
<td>157,504</td>
<td>420,367</td>
<td>241,596</td>
<td>925,613</td>
</tr>
<tr>
<td>2012</td>
<td>111,255</td>
<td>260,974</td>
<td>n.a.</td>
<td>n.a.</td>
<td>1,550,018</td>
</tr>
</tbody>
</table>


Note: Due to differences in the industry classification, direct comparison for services and other sectors (e.g., construction, transport, among others) is not readily available.

According to Wenban-Smith (2014a), over half of the growth in urban populations could be due to migrants coming to urban areas in search of better opportunities. There is evidence that regions with large populations, such as Dar es Salaam and Mwanza, attracted more migration than others (ibid.). In addition to better work opportunities, the hope of getting better amenities and access to public services can also act as a ‘pull’ factor.

While the city may promise better employment opportunities and amenities than remote rural areas do, there are questions as to whether this promise is actually realized. Many poor households migrating to the city engage in precarious work in the informal sector and have limited access to quality services, as cities and towns struggle to keep up with population growth. In 2014, three-quarters (75.9 per cent) of employees in non-agricultural sectors had informal employment in Tanzania Mainland (NBS, 2015). In 2014, Dar es Salaam alone had half of the population (51 per cent) living in ‘slums’ with poor access to basic services (UN Habitat, 2014).

As suggested by evidence on migration coping strategies from the FGDs, including instances of reverse migration mentioned in Chapter 5, the hopes to find better economic conditions in the city are often not matched by reality.

“There is no growth because most migrants are poor. It is believed that Tandale [a ward in Kinondoni’s district] is a place where it is very easy to live. You can find a house at a very cheap price that most of the poor people can afford. But children’s lives in this area do not change (…).”

[Key informant interview, Dar es Salaam, Kinondoni]

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37 Informal employment refers to employed persons who, by law or in practice, hold jobs that are not protected by labour legislation, not subject to income tax or entitled to social protection and employment benefits. Informal employment can be found in the informal sector, formal sector and the household.

38 UN Habitat defines a slum household, in operational terms, as lacking one or more of the following indicators: a durable housing structure; access to clean water; access to improved sanitation; sufficient living space; and secure tenure. The first four rely on conventional definitions; the last is the most difficult to assess and is not currently used in slum measurement (UN Habitat, 2003).
Rural-to-urban migration: ‘push’ factors

In addition to economic ‘pull’ factors that explain why migrants from rural areas may be attracted to opportunities in the city, there could be other reasons behind rural-to-urban migration even if expectations are not matched by reality. These include internal migration associated with conflict, disasters and rural impoverishment.

Indeed, Wenban-Smith (2015) finds evidence of rural ‘push’ factors that explain rural-to-urban migration in Tanzania Mainland. Even if there has been a slowdown in population growth in rural areas, these populations continue to grow, which increases pressure on land and other resources and potentially lowers rural productivity. This could be another driver for people migrating to urban areas.

Push factors, particularly related to rural impoverishment, were also reflected in the qualitative evidence gathered.

“Increasing population growth in rural areas is a reason for persistent rural poverty. It puts pressure on limited land and resources. It is, therefore, a driver for some families in rural areas to migrate and look for different sources of jobs in urban areas.”

[Focus group with parents/teachers/community leaders. Dar es Salaam, Kinondoni].

What we don’t know about urbanization trends

In short, an analysis of the existing evidence on the drivers of urban population growth in Tanzania Mainland, combined with findings from the primary qualitative research, highlight a series of significant evidence gaps and areas that require further investigation to better understand and therefore respond to rapid urban population growth:

♦ First, the available data does not allow us to establish the relative importance of various factors underpinning urban population growth (i.e., natural population growth, changes in administrative boundaries including expansion of existing urban areas and introduction of new ones, and rural-to-urban migration). This data is not disaggregated by age groups to understand the implications of these drivers for children and young people.

♦ Second, official population projections are only available for regions with no disaggregation for urban and rural areas. This means that we cannot assess the detailed geography of potential urban population growth to better understand future trends and implications for children and young people.

♦ Third, when it comes to internal migration, there is limited evidence on the extent to which different pull and push factors may prevail and how these may vary for different geographical areas (e.g., Wenban-Smith, 2014a and 2015 produced regional estimates but due to data limitations could not provide a conclusive assessment). There is also no evidence on the extent to which households migrate as a unit or children are sent to work/access education on their own/stay with relatives/acquaintances in the city. We also do not know the duration of migration, e.g., whether it is temporary and circular, migrating to the city in certain seasons and then going back to work in rural areas following harvesting seasons).
Finally, the limited available evidence on the drivers of rural-to-urban migration and findings from the qualitative research suggest that there are real risks of the development of a vicious circle, an area which deserves further investigation and urgent response. It appears that population growth in rural areas continues to put pressure on land and rural development, which pushes some poor households out of rural areas and into the city. However, if formal employment and access to good-quality basic services do not keep up with urban population growth, or is only available for the better-off, then both rural and urban productivity could be facing downward trajectories (Wenban-Smith, 2015) with negative consequences for opportunities available for future generations, that is, children today.

Different drivers of urban population growth may require different policy responses. Therefore, it is important to fill these evidence gaps and improve our understanding of the dynamics of urban population growth in Tanzania Mainland.

The subsequent sections discuss in more detail the potential impacts of rapid urban growth, and, in particular, the implications it could have for child poverty.

6.2 The impact of urbanization on child poverty

Despite the fast pace of urbanization, there has been limited research on the particular vulnerabilities that it poses for children and adolescents living in urban centres. In fact, the impacts of current urbanization processes on household poverty (both income and multidimensional) more generally remain little studied (Christiaensen et al., 2013), let alone the specific impacts it has on children.

This section discusses how rapid urban population growth may impact:

- monetary child poverty
- multidimensional poverty, following each of the dimensions of MODA

Such an analysis draws on existing conceptual and empirical studies on urbanization and child poverty/household poverty with a focus on Tanzania. Given the limited recent available evidence beyond UNICEF (2012), studies from elsewhere, relevant trend quantitative using DHS data for 2004/05 and 2015/16 and findings from the qualitative research presented in Chapters 4 and 5 are quoted. Where evidence is lacking, gaps are highlighted and conclusions derived by drawing implications for future research.

Urbanization and monetary child poverty

How urbanization in Tanzania impacts child monetary poverty depends on whether it has a positive or negative effect on the incomes of poor households with children.

As discussed in Section 6.1, urbanization in Tanzania appears to be taking place with or without limited industrialization. This has resulted in formal job creation, which is attributed to an expansion in services, thus potentially increasing demand for products and services in the informal economy. In many cases, poor families or family members migrate from rural areas to the city with the expectation of getting higher wages and better job opportunities. However, they end up working in the informal sector in precarious conditions and with unstable incomes (e.g.,
as self-employed workers, home-based workers, street vendors or domestic and construction workers). A similar outcome occurs if the driver behind growing urban centres is natural population growth that is not matched with an expansion of wage jobs for low-skilled workers.

In addition, as stated in Chapters 4 and 5, urban poor households tend to be much more dependent on cash for food and non-food expenditure, which can be particularly expensive in urban areas – e.g., water, electricity, transport and, in some cases, access to toilets, housing, education and health care (Mitlin and Satterthwaite, 2013). The instability of incomes, coupled with a dependency on the cash economy and high costs in the city, raises questions on the extent to which urbanization has (income) poverty-reducing effects. Instead, this could be leading to shifting rural poverty with urban poverty (i.e., shift of poor people from rural to urban) or making marginal improvements in poverty, getting households just above the poverty line. Further, the dependency on cash makes it challenging to accumulate assets that could be used to insure against unexpected risks (Barlett, 2011).

The limited available data and some concerns over monetary poverty measures, more generally, makes it difficult to provide a conclusive assessment on the impact of urbanization on child monetary poverty in Tanzania. While there is no trend data on child monetary poverty, data on household monetary poverty suggests a significant reduction in Dar es Salaam – from 14.1 per cent in 2007 to 4.1 per cent in 2012 – but a much smaller decrease in other urban areas – from 22.7 per cent to 21.5 per cent (HBS, 2007 and 2011/12; World Bank, 2015). World Bank (2015) suggests that job creation, particularly in services, has been concentrated in the capital and would help explain the larger monetary poverty reduction compared to other urban areas.39

However, caution is needed when interpreting this data. First, data on monetary poverty using a different dataset (the NPS instead of the HBS) and methodology provides different results, suggesting an increase rather than a decrease in household monetary poverty over the same period (NBS and UNICEF, 2016; World Bank, 2015).

Second, a look at data on consumption for different quintiles shows that about 30 per cent of the non-poor population has a consumption level just above the poverty line (World Bank, 2017), which means that small changes to the poverty line can have significant impacts on the incidence of monetary poverty. While the monetary income measure in Tanzania takes into account higher thresholds for basic needs in urban areas, it does not consider rents and housing expenditures (World Bank, 2015), which can be a high expense in urban areas.

If the poverty line does not fully reflect all the high expenses required to meet basic needs in a rapidly urban centre, urban monetary poverty could be underestimated. There could be a scenario where urban households that are not classified as monetary poor (they may be just over the line) are in fact using a number of coping strategies to make ends meet, which could compromise children’s multidimensional poverty.

For instance, the family may be forced to skip certain meals or types of nutritious food or cut back spending on medicines, health care, school materials and transport. This may have

39 Even if low-income households do not access jobs in the formal economy, they may benefit indirectly from increased demand for their products and services sold in the informal economy through supply chains or increased consumption.

40 While overall household monetary poverty saw a decline from 33.5 per cent in 2007 to 28.2 in 2011/12, the NPS, using a different methodology, showed an opposite trend, moving from 14.8 per cent in 2008/09 to 22 per cent in 2012/13 (NBS and UNICEF, 2016). Unfortunately, these trends using NPS are not readily available for urban areas only.
implications for children’s health and educational outcomes (Barlett, 2011). It could use coping strategies that see children more involved in work in the house (from cooking meals to taking care of siblings or older sick relatives), while adults take on multiple occupations to make ends meet. This means that children spend less time playing and focusing on schoolwork. In more extreme cases, children may help in home-based enterprises or take up paid work to augment the family’s incomes or to meet their own needs, working as domestic workers, street vendors or sex workers (or engage in transactional sex), forcing them to miss classes or drop out from school completely (ibid.).

In short, the extent to which urbanization has an impact on child monetary poverty requires further investigation. In particular, more analysis is needed on: i) establishing the direction of monetary poverty trends and the reasons why the use of different data sources produces differing results; and ii) the extent to which poverty line thresholds for urban areas are representative of the costs incurred to meet basic needs. In addition, production of trend data on child monetary poverty would allow to focus the analysis on the dynamics of monetary poverty for poor households with children only.

The subsequent sections analyse how urbanization may impact children’s multidimensional poverty as defined by UNICEF’s MODA approach applied in Tanzania. This is particularly relevant as multidimensional child poverty is much higher than monetary poverty in urban areas, and there is only limited overlap between the two.

Urbanization and multidimensional child poverty

In order to analyse the relation between urbanization and different aspects of multidimensional poverty covered in the MODA, the focus is first on child-specific dimensions – education, health, nutrition and information. This is followed by an assessment of urbanization impacts on MODA’s household-specific dimensions – water, sanitation, housing and information – and a discussion on their implications for child poverty.

Child-specific dimensions: education, health, nutrition and protection

Education and health

Provision of services most used by children, such as education and health, in principle benefit from the scale provided by growing cities. The concentration of large numbers of people in urban centres lowers the costs of provision as compared to remote low-density rural areas. This means that these services tend to be more accessible in urban areas.

In fact, in the case of education, while secondary school attendance remains low, urban children are more likely to attend secondary schooling than their rural counterparts (the same applies to primary schooling). The secondary school net attendance ratio (NAR) is 36 per cent for children in urban areas as compared to 16 per cent in rural areas (DHS 2015/16). There have been improvements over time on secondary attendance for both urban and rural areas – the NAR was 19 per cent and 3 per cent in 2004 (DHS 2004/05). However, while it is notable that enrolment has improved, the gap between girls and boys is widening, suggesting that households are prioritizing boys’ secondary schooling over girls’ (as argued in Section 5.1).41

41 The NAR was 18 per cent for girls and 20 per cent for boys in 2004/05, while this was 33 per cent and 40 per cent respectively in 2015/16 (DHS 2004/05 and 2015/16).
In the case of health outcomes, despite proximity to good-quality facilities, under-5 mortality rates remain high, including in comparison to rural areas (DHS 2015/16). This points to deficiencies in both maternal care (mortality rates are highly correlated with mother’s education) and the quality of health care. This could highlight the fact that rapid urban growth and the sprawl of precarious living environments for children is accentuating health risks for children. While overall child mortality has seen a decreasing trend, it is only recently that under-5 mortality rates are higher in urban than rural areas.

Despite proximity to good-quality services, access may be inequitable and average – concealing dismal outcomes for children living in informal settlements. Children from poor households (or households just above the poverty line) may not be able to access these due to high indirect costs (transport, medication, school materials), as widely discussed in Chapter 5. Further, in urban areas experiencing rapid growth, the quality of services may be compromised due to increasing demand (Barlett, 2011). As a result, parents may also delay and avoid the use of health care as they do not trust the quality of the service provided.

**Nutrition**

High rates of child malnutrition among poor urban communities are an increasing urban problem (Barlett, 2010). There are a number of reasons for this, including the fact that the urban poor cannot resort to subsistence farming and that they face high cost of living and depend on unstable income sources. These have an impact on households’ food budget allocation and children’s nutrition. These factors were discussed in Chapter 5. Generally, nutritional outcomes are better in urban than rural Tanzania (e.g., 25 per cent of children are stunted – short for their age – in urban areas compared to 38 per cent in rural ones, DHS 2015/2016).

That said, indicators such as meal frequencies for young children (aged 6–23 months) show that slightly fewer urban children had been fed the recommended minimum times a day according to their age (36 per cent against 41 per cent in rural areas, DHS 2015/2016). This could suggest that households skip meals as a coping mechanism to make ends meet.

**Protection**

Urbanization driven by migration can trigger social disruption as it can imply the breakup of traditional family patterns and social networks. Children may be separated from their families if a parent/guardian leaves a rural area in search of work in the city; they could also migrate with one parent to the city to get better educated/support them with work; or children could be sent to live with extended family/acquaintance/on their own to get educated or to work in the city. Migration can not only disrupt the nuclear families but also mean less support from networks, including extended family, in raising children (UNICEF Pacific, 2010). In the interviews conducted, there were also references to the fact that wider social networks, beyond the family, may be stronger in rural than urban areas:

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42 To a great extent, this is due to differences in neo-natal deaths. This is a topic that requires further investigation.

43 It was 108 and 138 deaths per 1,000 live births in 2004/05 in urban and rural areas, compared to 86 and 75 deaths per 1,000 live births, respectively, in 2015/16 (DHS 2004/05 and 2015/16).
Unfortunately, there is no available evidence on the extent to which children coming to the city from rural areas do so with both parents, a single parent or guardian, or on their own. What is known is that in 2014/15 on average children (under 18 years of age) were less likely to live with both their parents in urban areas than in rural areas (52.9 per cent were living with both parents in the former against 60.5 per cent in the latter). Further, more children in urban settings are likely to be living with a non-biological parent (21.0 per cent versus 16.7 per cent in rural areas) (DHS 2015/16). Only small differences in these values were registered between 2004 and 2014/15. Single-parent households, with households headed by mothers or grand-mothers who need to work, cannot devote the necessary attention to their children’s upbringing. This has devastating implications for children’s well-being (Bartlett, 2010).

Lack of parenting and supervision combined, in some cases, with the necessity to make ends meet in the absence of the caring family unit may result in urban children’s increasing exposure to risky behaviours (unprotected sex, crime, violence, substance and alcohol abuse; UNICEF Pacific, 2010). The idea that children living in urban contexts were subject to “moral erosion” and at greater risk of “bad behaviours” was pervasive in the qualitative research as evidenced in Chapter 5.

**Household-specific dimensions: water, sanitation, housing and information**

**Water and sanitation**

As in the case of child-specific services, provision of basic infrastructure such as water and sanitation benefit from the scale provided by growing cities. This means that, on average, these services are more accessible in urban than rural areas – in fact, 86 per cent of urban households have access to improved sources of water compared to 48 per cent in rural areas (Table 12). Access to improved sanitation facilities is also higher in urban than rural areas – 34.9 per cent versus 9.8 per cent (Table 13). But these remain a huge challenge as a large proportion of households remain underserved. This is in line with the findings from the 2016 Child Poverty analysis presented in Chapter 3, which highlighted sanitation as a common deprivation for children of different age groups, in both rural and urban areas.

**Table 12: Access to un/improved water sources (%)**

<table>
<thead>
<tr>
<th></th>
<th>Access to improved source</th>
<th>Access to unimproved sources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>86.0</td>
<td>13.8</td>
<td>100</td>
</tr>
<tr>
<td>Rural</td>
<td>47.8</td>
<td>52.2</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DHS 2015/16.

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Proportion whose main source of drinking water is a household connection (piped), public standpipe, borehole, protected dug well, or rainwater collection (DHS 2004/05).
Table 13: Access to un/improved sanitation facilities (%)

<table>
<thead>
<tr>
<th></th>
<th>Improved, not shared</th>
<th>Shared*</th>
<th>Unimproved</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>34.9</td>
<td>42.0</td>
<td>23.2</td>
<td>100</td>
</tr>
<tr>
<td>Rural</td>
<td>9.8</td>
<td>3.9</td>
<td>86.4</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DHS 2015/16. * They would be improved if they were not shared by two or more households.

Evidence of trends over time would allow an assessment of whether access to water and sanitation has kept up with increasing populations in urban areas. Unfortunately, the readily available evidence suggests conflicting trends depending on the sources of data used. While a comparison of DHS 2004 and 2015/16 suggests improvements in access to improved water in urban areas (from 78.3 per cent to 86 per cent), World Bank Development Indicators and World Bank (2017) based on Tanzania’s Household Budget Survey suggest a worsening trend for access to drinking water in urban areas. Differences in the definitions used may explain these discrepancies. It is not possible to compare readily available data on sanitation for DHS 2004 and 2015/16 as the definitions used are slightly different. World Bank (2017) and World Bank Development Indicators both suggest that while provision of sanitation remains a much bigger challenge than access to water in urban areas, unlike the latter, it has improved over time. However, the specific challenges of rapid urban growth for service provision are not just related to increased access but to the quality and affordability of the services provided in densely populated areas. Commonly used indicators of ‘access’ to water and sanitation do not capture these aspects (Lucci et al., 2018).

In fact, in the case of access, to water the extent to which the service is provided by official or private providers is not known. UN Habitat suggested that in 2009, only 25 per cent of Dar es Salaam was served by utilities, with 75 per cent of households in the city being underserved and having to resort to private providers (UN Habitat, 2009). This has implications for the affordability of the service, as private providers often charge much higher rates than those charged by official connections. Indicators of the frequency of water services (Table 14) highlight quality aspects of provision, suggesting that the reliability of the service is lower in urban than in rural areas – 61 per cent of households in urban areas with access to improved sources go without the service for at least 1 day in a two-week time period, against 45 per cent in rural areas.

Table 14: Availability of water service (%)

<table>
<thead>
<tr>
<th></th>
<th>Water not available for at least 1 day in the last 2 weeks</th>
<th>Available with no interruption</th>
<th>Don’t know/missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>60.5</td>
<td>37.8</td>
<td>1.6</td>
<td>100</td>
</tr>
<tr>
<td>Rural</td>
<td>45.1</td>
<td>53.6</td>
<td>1.3</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: DHS 2015/16. * They would be improved if they were not shared by two or more households.

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45. The reports for DHS 2004 and DHS 2015/16 suggest access to improved water increased from 78.3 per cent in 2004 to 86 per cent in 2015/16. By contrast, World Development Indicators show a declining trend from 83.6 per cent in 2004 to 77.2 per cent in 2016, while World Bank (2017), based on HBS data for 2007 and 2012 only, also suggests a declining trend from 80 per cent in 2007 to 78 per cent in 2012.

46. Again, results change significantly depending on the source and may have to do with the definitions used, in the case of World Bank (2017), based on HBS data, access to improved sanitation in urban areas went from 19 per cent in 2007 to 57 per cent in 2012, while World Bank Development Indicators suggest an improvement of 23.3 per cent in 2007 to 26.3 per cent in 2012.
Similarly, in the case of sanitation, while access to improved facilities is higher in urban than rural areas, sharing these in densely populated areas is much more common in urban areas. This poses potential significant health risks for children if facilities are not properly maintained.

In fact, the prevalence of diseases, such as diarrhoea, was slightly higher in urban (14 per cent) than in rural areas (11 per cent) in 2015/16 and appears to have seen a slight increase from its 2004 value of 10 per cent (DHS 2004 and 2015/16).

In addition to water and sanitation, lack of other services, such as proper waste disposal, also have implications for environmental deterioration and children’s health. The literature also suggests a link between poor air quality (for example, by the burning of trash in confined urban settings) and the increased incidence of respiratory diseases, to which the children and the elderly are most vulnerable (UNICEF Pacific, 2010). In fact, the prevalence of symptoms of acute respiratory disease among children under-5 years was higher for urban than rural children in 2015/16 – 5.1 per cent against 3.3 per cent (DHS 2004 and 2015/16).

**Housing**

Rapid urban population growth impacts access to housing, as increasing demand leads to rising costs. Due to the lack of decent affordable housing, many poor urban households resort to living in informal settlements, occupying public or private land and facing insecurity of tenure. In some cases, families themselves build shacks in insecure land while in others, they pay rent.

Insecurity of tenure has a number of consequences. It may affect provision of basic services as public utilities may not serve areas where there is lack of clarity over titling. Further, families and their children may live in fear of eviction. Many governments still perceive eviction as the main way to address inappropriate living conditions in slum areas, instead of seeing it as a result of failure of planning and service provision.

> “Poor families and their children living in poor housing are affected [by eviction], as the government very often tells them to vacate their plots to make way for the development of cities or expansion of cities, e.g., through the construction of hotels.”

[Key informant interview in urban Mwanza, Mwanza City Council].

Insecurity of tenure and fear of eviction can generate stress and disruption for children as it could mean they need to change schooling. Displacement also has impacts on households’ sources of livelihoods and therefore the capacity to afford children’s basic needs including nutrition, education and health care. Lack of assets that could help the household to withstand shocks (ownership of land and housing) and exposure to unhealthy environments are factors that contribute to perpetuating poverty for children growing up in these areas.

In addition to tenure, the condition of housing in informal settlements, particularly overcrowding, can be an area of concern in densely populated urban areas (as demonstrated by results from the multidimensional child poverty analysis in Chapters 3 and 4). Lack of sleeping space and overcrowding can impact on school performance and may be a stressor in household relationships as discussed in the protection dimension. Other aspects of the conditions of
housing, such as the durability of materials used for flooring, wall and roofing, appear to have improved between 2007 and 2012 (World Bank, 2015).47

Flooding is another concern. Heavy rainfall can quickly turn into floods in informal settlements, particularly as overcrowding and blockage of rivers by solid waste compound the situation. These emergencies can damage dwellings and public facilities, disrupt livelihoods and cause loss of life and property (UNICEF, 2012).

Information

Urban areas provide greater exposure to mass media and Internet usage as households tend to own more assets such as televisions, mobile phones and computers (DHS 2015/16; NBS and UNICEF, 2016). Increasing urbanization, therefore, can lead to more access to information for households and their children.

Urbanization also has the potential to change traditional patterns, introducing the new generation to new ways of living and thinking. Children growing up in urban areas could increasingly lose touch with their cultures of origin and their traditional identities. Urbanization brings along new cultural patterns of socialization, in which children and youth have the potential to play a more prominent role. However, spaces for participation have not always adapted to support children and youth’s voices (UNICEF Pacific, 2010).

Related to this, evidence from the qualitative research suggested that children from urban areas were sometimes seen as being more cosmopolitan and better able to express themselves to adults in a range of contexts.

“There is a big difference. If you take a rural child from Shinyanga and compare him with a child from Igogo, they are quite different. A child from urban is confident and intelligent. He has seen a lot of things like cars, infrastructure…can share ideas with foreigners like Arabs, British… But this is different for rural children…if they see foreigners, they don’t have any confidence to interact with them.”

[Focus group with parents/teachers/community leaders, urban Mwanza, Mwanza City Council].

Data gaps and implications for future research

An analysis of the possible impacts of urbanization on monetary and multidimensional child poverty highlights a series of potential positive and negative impacts on different dimensions. It should be noted that, owing to data limitations, many of these assessments are tentative and therefore requires further research to ascertain the impact of urbanization on different aspects of multidimensional child poverty.

Improvements in data would allow a more comprehensive assessment of how urbanization has an impact on child poverty in Tanzania. These include:

◆ **Disaggregating information for marginalized urban groups.** Current official statistics, which depict rural and urban averages, do not detect the condition of poor and marginalized

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47 Improved conditions of flooring in urban areas went from 62.9 per cent in 2007 to 69.2 per cent in 2012; that of walls from 50.6 per cent to 67.8 per cent and for roofs from 84.6 per cent to 90.3 per cent.
urban children, and therefore conceal the huge disparities so prevalent in towns and cities (UNICEF, 2012; Lucci et al., 2018). In order to understand the true extent of deprivations in urban areas and how these are evolving over time, outcomes should be reported for most marginalized groups and by wealth quintiles in addition to averages (e.g., according to households with children in the bottom income, wealth quintiles, and markers of deprivation such as residence in informal settlements; this could be done by oversampling approaches within general surveys and/or by exploring the use of administrative data). This would allow an observation of the extent to which outcomes for these vulnerable groups has improved/worsened with increasing urban population growth.

**Accounting for the quality and affordability of services.** Owing to data gaps, multidimensional measures put emphasis on access to services without accounting for its quality and affordability, which are key challenges in densely populated urban settlements. Readily available data on the costs of provision of water and sanitation, their frequency, wait/queueing and the number of people who share these services would all help to provide a more comprehensive picture of the specific challenges faced by poor households in urban settings.

In addition, data on informal settlements, overcrowding, security of tenure and all critical challenges in urban areas are currently not readily available.

In the case of child-specific services, such as health and education, information on indirect costs incurred as well as quality aspects of these services would complement existing indicators. In the case of education, while there is ongoing work to measure learning outcomes, other quality aspects (such as staffing ratios and school quality) could be brought in through the Education Management Information System (EMIS) data and linked to survey data.

**Keeping consistency of definitions over time.** Understanding how outcomes (e.g., access to 'improved' sanitation) evolved alongside increasing urban populations would require trend data. In some cases, definitions used or its reporting has changed over time, which means outcomes for different years cannot be directly compared (e.g., in the case of DHS 2004 and 2015/16, this applies to access to sanitation or frequency of meals for children). Further, reporting the deprivations by the different status (rather than by the binary improved/not improved) would help to assess the depth of poverty.

**Ensuring sampling frames are updated and reflective of new settlements in rapidly changing urban environments.** Survey sampling frames are often based on census data. Given the rapid urban population growth, the latter may be quickly outdated. It is critical to adjust these frames (e.g., by using satellite imaging) in inter-censal periods to ensure that data is reflective of urban populations and data collection does not miss new informal settlements and areas of recent unplanned growth.
7. CONCLUSIONS AND POLICY IMPLICATIONS

Key messages:

- Evidence shows that income-support programmes impact on a broad range of outcomes directly or indirectly relevant to reducing monetary and multidimensional child poverty. These programmes are therefore foundational interventions for addressing child poverty. In light of this, expand and fine-tune existing income-support programmes, such as the Productive Social Safety Net implemented by TASAF. This includes ensuring it targets vulnerable children, addressing the specificities of poverty in urban areas, and offering livelihood support at the household level and for adolescents who transition into adulthood.

- Reduce additional barriers to access to free basic services. Tanzania has made progress on free education and health care for vulnerable populations, including children. However, indirect financial costs (such as school uniforms, materials, transport fees and lunches) continue to act as barriers to access, and the quality of services remains a key concern.

- Ramp-up efforts to deal with gender-based inequalities. Prevalence of sexual abuse, child marriage and early pregnancy prevents girls from attending or remaining in school. A combination of poverty and entrenched social norms explain these gendered aspects of child poverty, thus limiting the opportunities of girls to escape poverty and realize their potential.

- Strengthen existing support for MVC by improving the system to identify these groups of children (through guidelines, data management and transparency) and better coordinating responses to their vulnerabilities delivered by various actors.

- Plan for the impacts of rapid urbanization on child poverty and raise the profile of urban development. Local government authorities require reliable data, trained personnel, clear mandates and adequate resources to plan for, and respond to, increasing pressures on services in urban areas, and provide integrated approaches to addressing child poverty. Local governments could also facilitate participation from children and young people, for example, through children and young people councils at the ward level.
7.1 Conclusions

This report sought to provide a comprehensive picture of child poverty in Tanzania, its causes, consequences and coping mechanisms. It focused on children’s own perceptions of child poverty situated in the broader evidence of the country.

According to the latest child poverty estimates produced by NBS and UNICEF (2016), child multidimensional poverty is pervasive and much higher than monetary poverty. This limited overlap between monetary and multidimensional poverty could be partly explained by the specific methodologies used and deserves further exploration. Another possible reason for limited overlap is insufficient infrastructure investment on services, such as sanitation, which are less dependent on household income. Further, social norms and/or lack of awareness/education (particularly mother’s education) could also play a role in preventing non-monetary poor (including ‘near poor’) households from using their income to fulfil children’s basic needs in areas such as health, nutrition, education and protection.

This report anchors the theme of children’s perception on poverty by further exploring how they define poverty, poverty dynamics and their own coping mechanisms. Stories from children highlighted that certain dimensions (food, nutrition and health) are a significant part of their experience of poverty in urban centres at all ages. Children often perceive poverty as lack of income to meet basic needs (food, clothing, school education, shelter, health, water and sanitation). Interestingly, it appears that children understand the intergenerational cycle of poverty where their parents’ low level of education or absence of parents (orphanhood) leads to the experience of child poverty. Children interviewed also indicated the importance of other dimensions often excluded from poverty quantitative assessments, such as discrimination, stigma (often reflected in clothing) and violence in the experience of children living in poverty. In the case of violence, young children, particularly in urban areas, discussed instances of physical violence in the household and corporal punishment at school, while girls referred to sexual harassment.

When it comes to how children cope with child poverty (which was narrated in FGDs as consequences of child poverty), there have been notable differences by gender: drugs and alcohol abuse among boys, and prostitution, transactional sex and early pregnancy among girls, particularly in urban areas. Child labour, stealing, robbing and living on the streets emerged as further consequences of child poverty during the FGDs. There were overlaps between children’s references to consequences of child poverty and coping mechanisms as children emphasized that they should avoid temptations (e.g., prostitution and transactional sex) and study hard to escape poverty. They pointed to child labour and migration as coping mechanisms. The report broadened the perspective beyond the individual child’s perception and experience. Primarily through the existing evidence and discussions with caretakers and communities, it found that societal influences (especially the government investment, social norms, practices and traditions) have an important role in shaping children’s perception and experience of poverty.

In the context of rapid pace of urbanization in Tanzania, the report further explores how this urbanization trend may impact on child poverty. FGDs with children highlighted the different nature of poverty in urban versus rural areas. Households in cities are more dependent on

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The poverty line is set particularly low, possibly underestimating monetary poverty, while multidimensional poverty estimates could overestimate it. See also some of the caveats of the MODA methodology explained in Section 3.1.
household incomes for food. Children experience overcrowded living conditions, lack of public services in areas of recent unplanned growth, higher risks of ‘moral erosion/bad behaviours’ and weakening of household/social networks, including due to migration (e.g., with more children in the FGDs discussing parental separation in urban areas).

Unfortunately, trend data on housing (e.g., overcrowding and tenure security), service quality and affordability, particularly important for dense unplanned settlement, are not readily available. The report therefore contains only a partial analysis of the likely impact of urbanization on child poverty. Monetary (household) poverty appears to have decreased in Dar es Salaam at a time of rapid urban growth, possibly explained by job creation in (formal and informal) services, but it seems to have remained relatively constant in other secondary cities.

Further, while there has been progress on some aspects of child multidimensional poverty, there remain areas of concern that call into question the idea of an ‘urban advantage’. For instance, the frequency of meals is currently worse in urban than rural areas, suggesting households may be skipping meals to make ends meet, and for the first time child mortality rates appear to be higher in urban than rural areas (this could be linked to lack of access to appropriate water and sanitation, waste collection and poor air quality). In addition, access to water, although relatively high, appears to be reversing, suggesting that the pressures of increasing demand may be affecting service delivery. While access to improved sanitation appears to have seen some improvements, it remains staggeringly low at 35 per cent and a key challenge with health implications for children.

In this final chapter, these findings are analysed and their policy implications discussed, especially in relation to the causes of child poverty set out in Chapter 5. In particular, five areas that have an impact on multiple aspects of both monetary and multidimensional child poverty are highlighted: i) income-support programmes; ii) access to basic services; iii) policies to reduce gender inequalities; iv) support for MVC; and v) urban development. This is followed by a conclusion by highlighting the remaining evidence gaps.

### 7.2 Policy implications and evidence gaps

#### Expand income-support programmes

Income-support programmes are often used to address household and child monetary poverty and tackle negative coping mechanisms (such as child labour). Evidence shows that these programmes impact on a broad range of outcomes directly or indirectly relevant to reducing monetary and multidimensional poverty (Bastagli et al., 2016). A recent evaluation of Tanzania’s cash transfer programme has shown that has helped to improve educational outcomes among children and increase some measures of subjective well-being (The Tanzania Cash Plus Evaluation Team, 2018). This makes income-support programmes foundational interventions for addressing child poverty.

Interviewees for this study, especially adults and key informants, perceived the need for better targeting of Tanzania’s income-support programme (TASAF’s cash transfer programme),

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88 This final chapter highlights issues and evidence gaps related to research questions 6 and 7 (Table 3, Chapter 2).
particularly in urban areas. A recent baseline evaluation also recommended improvements in targeting as it found under-coverage for children under-5 years (World Bank Group, NBS and OCGS, 2016).

In addition, both interviewees and the literature mentioned the need for complementary interventions for livelihood support (e.g., development of entrepreneurship, access to capital for small enterprises; ibid.). When questioned about actions to address child poverty, interviewees referred to the need for provision of loans for small businesses (to improve their families’ situation as well as their own future) and better vocational training to provide the necessary knowledge and skills for employment. As such, this report recommends the following:

- Continue to make regular updates to improve the targeting mechanisms for TASAF programmes as new technology and sources of information become available. Invest in strong communication, especially at the community level, in any future targeting efforts, particularly to address under-coverage of households with children under-5 years.

- Expand targeting of cash transfers to ensure it covers vulnerable children – as defined by the Government of Tanzania. Ensure that the programme addresses the specificities of urban poverty (e.g., in terms of benefit level and targeting) and provide livelihood support at the household level and for adolescents who transition into adulthood.

- Analyse the work process of TASAF’s conditionalities\(^\text{50}\) and their impact to identify measures on how these can be improved, in particular for secondary education, given the high rates of enrolment at the primary level.\(^\text{51}\)

- Continue to explore how supplementing TASAF with non-income elements (e.g., awareness campaigns on sexual and reproductive health and rights [SRHR] and violence) can help the youth to achieve a safe transition into adulthood by deindividuating risk behaviours related to transactional sex, perceived HIV risk and experiences of emotional, physical or sexual violence.

**Reduce additional barriers to access to basic services and improve quality**

Reducing multidimensional poverty also requires ensuring sectoral approaches to deal with different child deprivations, including ensuring that poor households and their children have access to good-quality basic services (End Child Poverty Global Coalition and UNICEF, 2017).

While both interviewees and the literature highlight how the abolition of school fees has helped with affordability for most vulnerable families and children, indirect costs, such as textbooks, uniforms, transport and school lunches, still pose a barrier for poor children to remain in school. There remains a question on the extent to which this might also be an issue for households just above the poverty line and those not reached by TASAF’s cash transfer programme. The quality of education also remains an issue of great concern.

In the case of health, Chapter 5 of this study highlighted the remaining challenges in the implementation of fee exemptions for vulnerable populations, including children under-5 years, and the quality of services.

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\(^{50}\) These include provisions for children’s school enrolment and regular health check-ups, as well as community sessions on health, nutrition and sanitation every two months (World Bank Group, NBS and OCGS, 2016).

\(^{51}\) Recent evaluation of the income-support programme has not found an increase in school attendance or school outcomes among youth aged 14–18 years but has seen an increase in participation in economic activity (The Tanzania Cash Plus Evaluation Team, 2018).
Note that these aspects of access and quality of services are also critical for the implementation of TASAF’s Productive Social Safety Net programme. As the cash transfer programme attaches conditionalities for additional income based on children’s school enrolment and health check-ups, it reduces demand-side barriers to uptake of health and education. This means that supply issues around access, quality and appropriateness of services gain importance (World Bank Group, NBS and OCGS, 2016) in the programme’s aim to enhance and protect the human capital of beneficiaries’ children.

Therefore, this report recommends the following:

♦ Carry out new analysis to document whether schools are being adequately compensated following the government’s policy on the removal of fees and other parental contributions. This analysis can inform appropriate measures. Consider the government’s (i.e., the Ministry of Education, Science and Technology subsidization of indirect financial costs that may act as barriers for poor children and reassess the targeting and reach of conditional cash transfers (CCTs) as mentioned above.

♦ Focus on the quality of education at all levels, including taking steps to deal with overcrowding where this is apparent (from pre-primary to secondary). This could include using timetabling and multitrack year calendars to reach larger number of students with existing resources in the short term and building new schools in the longer term. Prioritize teachers’ training, promote their skills to support vulnerable children, including children with disabilities, and end corporal punishment. Ensure that schools receive adequate funding for construction, refurbishment, teaching materials and appropriate remuneration for teachers (this could include top-ups/additional incentives to work in underserved areas). Improve the offer and affordability of vocational training to raise uptake. Provide opportunities for children who missed the opportunity to finish secondary school.

♦ In the case of access to health care, focus on improving the quality of facilities, staff and services. This is critical to attaining the long-term aim of increased uptake of health insurance and realizing the long-term vision of universal health coverage with full subsidization for vulnerable populations. This will require an increase in the budget allocation for health (to date, Tanzania has struggled to achieve the Abuja target of allocating 15 per cent of the total budget to the health sector). In the transition period towards universal health coverage, ensure compliance with exemptions for vulnerable populations and continue to raise awareness of the services available and their benefits. In the later roll-out of the Single National Health Insurance, prioritize equitable implementation and ensure that vulnerable children and marginalized populations are targeted first.

♦ While the focus of this report has been on the perceptions of children aged 5–17 years, there is no doubt that early development programmes are smart policies. Prioritize health, pre-primary education and nutrition in the early years of development as these policies have long-term consequences for children’s development and high social returns (e.g., by targeting improvements and free access to services in these areas for vulnerable families including pregnant women and children under-5 years as well as those receiving income-support).

**Ramp-up efforts to reduce gender inequalities**

Findings from the qualitative interviews and the existing literature highlight the extent of gender-based inequalities. Gender bias in access to education, prevalence of sexual abuse, child marriage and pregnancy prevent girls from attending or remaining in school. A combination of
poverty and entrenched social norms explain these gendered aspects of child poverty, greatly limiting the opportunities of girls to escape poverty and realize their potential.

Although a High Court ruling in 2016 raised the age of marriage for girls to 18 years (from 14 years with court consent) and gave the government a year to make the necessary amendments, the ruling was appealed and a decision is pending with the Court of Appeal.52 Regarding adolescent pregnancy, many schools have instituted a practice of mandatory pregnancy testing in view of expelling girls who test positive. Once girls drop out, they are unlikely to re-enter school as they face discrimination, stigma, financial challenges and the absence of a re-admission policy for young mothers of compulsory schooling age.

Participants in the FGDs stressed the need for counselling and awareness campaigns for both boys and girls to avert early marriage and early pregnancies. In fact, there are several modifications to existing laws and regulations that, together with educational campaigns, can help to increase girls’ access to secondary education and reduce child marriage, sexual abuse and teenage pregnancy. These include the following:

- Promote educational campaigns on gender roles, girls’ rights, including reproductive rights, and address the stigma associated with pregnant adolescents.
- Facilitate pregnant girls’ re-entry to school, as ultimately mothers’ education is critical to escaping poverty.
- To allow children to finish secondary school and reduce teenage pregnancy, consider setting the age of marriage for girls and boys at 18 years in accordance with the definition of a child as established by the Law of the Child Act, 2009, the Child Development Policy, 2008, the High Court ruling in 2016, the Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child.
- Follow due process in cases of sexual harassment and abuse (reported to the authorities, investigated and prosecuted).

Strengthen support for MVC

FGDs with children highlighted family breakdown, orphanhood, street children and child labour as prominent causes and consequences of poverty (as discussed in Chapters 4 and 5). Further, younger children in the FGDs referred to violence (physical and sexual abuse in the case of girls) as consequences of poverty and as part of the experience of living in poverty.

A recent study by Mmasa and Mbaula (2016) found that MVC interventions (by government, NGOs and FBOs) face several challenges that limit their efficiency in supporting children most in need. A set of these limitations relates to the identification of MVC, including targeting errors that lead to both under-coverage and leakage (i.e., non-poor children receiving programme benefits). Under-coverage can occur due to fear of discrimination, as some of the poor households and especially those affected by HIV and AIDS tend to avoid being identified for their condition. It can also happen due to difficulties in reaching remote areas and out-of-school children. Leakage can be a consequence of political favouritism during identification. Based on the challenges identified through the qualitative and desk-based research, this report recommends the following:

52 http://www.thecitizen.co.tz/News/Amendment-of-Marriage-Act---will-take-time/1840344-3902684-w6yr9/index.html. Note that the Child Development Policy (2008) coordinated by the Ministry of Health, Community Development, Gender, Elderly and Children highlights the issue of early pregnancy and states how poverty combined with local customs and norms have caused their increase. The policy includes directives for government and relevant stakeholders to provide educational programmes for helping change norms and to amend the Law of Marriage Act, No. 5 of 1971 on the legal age of marriage (which allowed girls to marry from the age of 14 years with the consent of the court, and from the age of 15 years with the consent of their parents).
Ensure better and more transparent MVC data management to improve targeting (Mmasa and Mbaula, 2016).

Improve coordination between MVC interventions, particularly between public service delivery and NGOs/FBOs, including in urban areas, and facilitate moves towards integrated case management. Within government, social welfare services undertake case management that focus on responses to violence, neglect and abuse. Integrated case management – an area where capacity can be strengthened and whereby NGO experiences can be taken to government – deals with a broader range of vulnerabilities. Key to this is referral to relevant programmes and services that address the specific vulnerabilities.

Strengthen implementers’ human and financial capacity (including the child protection system). Increase community participation in designing interventions, particularly from vulnerable children themselves. Given that provisions for improvements were already included in the National Plan of Action to end Violence Against Women and Children, assess the extent to which these are put in place and improving outcomes.

Plan for rapid urbanization and its impact on urban child poverty

Discussions with children also highlighted some of the challenges they face in urban areas: households are more dependent on household incomes for food; children experience overcrowded living conditions and services and lack of public services in areas of recent unplanned growth.

With regards to pressures on service provision, the Five-Year Development Plan recognizes that many local authorities do not consider sufficient financial and human resources to provide quality water, sanitation, health and education services (Ministry of Finance and Planning, 2016). It also acknowledges that decentralization has not been accompanied with the capacity and resources for local authorities to develop their own local development plans.63

Overall, there remains an urgent need to raise the profile of urban development and urban poverty, given the pressures from rapid urbanization. There is also a need to develop more coherent policies to guide urban development in Tanzania, including areas that are relevant for poor families and their children. At present, sectoral interventions related to multidimensional aspects of child poverty are implemented in silos with limited coordination.

Further recommendations to deal with rapid urbanization include:

Strengthen the capacities of local government authorities so they can have reliable data, trained personnel, clear mandates and adequate resources to plan for, and respond to, increasing pressures on services in urban areas (health and education, but critically also housing, transport, water, sanitation and public spaces including playgrounds). Further, there is also a need to improve local governments’ planning capacity for service delivery for children, taking into account the urban-specific aspects of child poverty.

The National Five-Year Development Plan links urbanization with an industrialization strategy and the need for productive job creation. It identifies several important measures,

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63 Property taxation, a potential large source of local revenue, has been identified as being particularly weak and an area for further development (Ministry of Finance and Planning, 2016; Werban-Smith, 2016).
including devising local development plans, improving property taxation (an untapped source of revenue for urban local authorities), land management and registries of land use. While a focus on economic development and job creation is critical, it needs to go hand in hand with a focus on urban poverty and the delivery of good-quality basic services in rapidly growing cities. This will help to nurture a healthy and skilled future workforce.

Given the rapid pace of urbanization, the profile of urban development and urban poverty needs to be raised. An urban development policy should be developed with key stakeholders from different sectors, identifying ways to integrate their respective interventions related to multidimensional aspects of child poverty. As coordinator, the PORALG’s Urban Development Division can initiate such an approach in collaboration with MoLHU.

- Local governments could also facilitate participation from children and young people, for example through children and young people councils at the ward level.

Evidence gaps

The report has identified a series of evidence gaps. Filling these gaps would help to improve the effectiveness of policy targeting child poverty.

- **Targeting and identification of poor children and MVC:** Subnational estimates of both monetary and multidimensional child poverty are currently only available for one point in time. In the case of monetary poverty, data only allow rural/urban disaggregation with no information on mainland or specific regions. Data update and detailed geographical disaggregation, including different cities, would contribute to highlighting geographical disparities in child well-being, informing national and local planning and budgeting processes and ensuring progress on SDG 1 (NBS and UNICEF, 2016). Breakdowns by gender should also be included given that gender inequalities were identified as a cause of child poverty through the qualitative research and the broader evidence base.54

Results from the qualitative research and children’s perception of poverty also suggest it would be beneficial to reassess the indicators and dimensions currently used in multidimensional child poverty measurement and analysis.

- **Better understanding of policy impacts on MVC:** Related to the need to better identify and target vulnerable children, there is evidence gap on how key policies such as school fee exemptions and health insurance policies (e.g., lack of facilities nearby, poor quality and lack of enforcement of provisions for free services for children under-5 years) affect MVC’s access to education and health services. This is an area that deserves further consideration to inform and improve current policies.

- **Further investigation of the relationship between monetary and multidimensional poverty:** This could also shed light on the relationship between child monetary and multidimensional poverty. Further investigation of the relationship between different dimensions, and different aspects within those dimensions, and income can be particularly informative for policy purposes. Certain deprivations, such as school attendance, tend to be more closely related to increases in income than those that require large inputs of time.

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54 For estimates by regions, age-groups and gender confidence intervals should be reported.
and capital, such as sanitation. This has clear policy implications as it shows which areas can be addressed through income-support programmes and which require specific sectoral responses, including investment in infrastructure and in campaigns, to change social norms and behaviours. While NBS and UNICEF (2016) set out some possible explanations for this, a review of particular measurement methodologies (e.g., the extent to which the poverty line is set too low and the MODA might overestimate multidimensional poverty) would be informative for policy purposes.

Further, a more detailed analysis of the situation of the ‘near’ poor or ‘transient’ poor could help to shed light on the links between income and multidimensional poverty (e.g., if lack of overlap between these different measures of topic is related to a low poverty line). This analysis could use a different poverty line (e.g., international poverty line) to get an understanding of the magnitude of this group.

- **Understanding the impact of rapid urbanization on children’s well-being**: Similarly, while some cities are growing rapidly, there is no updated information on population estimates and migratory dynamics at a city level and socio-economic indicators relating to children’s well-being. There is also no evidence on the extent to which household members migrate as a unit or children are sent to work/access education on their own/staying with relatives/acquaintances in the city. We do not know the duration of migration (e.g., whether it is temporary and circular, migrating to the city in certain seasons and then going back to work in rural areas following harvesting seasons). This makes it difficult to assess the impact of urbanization on poor families and their children.

Further, when it comes to monetary poverty and setting the threshold for the poverty line, there are questions on whether exclusion of certain non-food needs that are particularly expensive in urban areas (e.g., housing) may underestimate the extent of poverty. In addition, data on housing tenure, overcrowding, quality and affordability of services for the bottom quintile are critical to understanding urban poverty and addressing pockets of deprivation in wealthy urban areas that are currently hidden in average statistics. But such data are missing.

Finally, existing survey sample frames, based on census data, may be outdated and exclude informal settlements and city expansion areas. Transparency over sampling frames used and conducting slum-specific data collection (e.g., census/surveys) would help to gather disaggregated information that is needed to inform policy in this area (Lucci et al., 2018).

- **Policy evaluations and costing exercises**: Generally, policies need to be rigorously evaluated at the baseline, at regular intervals, and for impacts after they have concluded. Even though a wide range of policies is established in Tanzania that focus on children, there is insufficient evidence (in the form of impact evaluations) on how they are improving children’s lives. As stated in the 2016 Child Poverty Report by NBS and UNICEF (2016), a costing exercise should be undertaken to assess the level of investment needed to reverse the child poverty situation and to highlight the cost of inaction. Such an exercise should consider not only monetary and multidimensional child poverty but equally also the issues highlighted in this particular study based on interviews and FGDs. For instance, the indirect costs incurred by poor families when accessing ‘free’ health and education services should be embedded into such an exercise to estimate the real level of investment required.


UN HABITAT (2014). Slums data.


World Bank Group, NBS and OCGS (2016). Tanzania’s productive social safety net: findings from the impact evaluation baseline survey. World Bank Group, NBS and OCGS.


Table A1: Share of multidimensionally poor children in Dar es Salaam’s, Mwanza’s, and Mtwara’s district-level child population disaggregated by age (%)

<table>
<thead>
<tr>
<th>Location</th>
<th>% of multidimensionally poor children out of all children aged 0-17 years or less</th>
<th>% of multidimensionally poor children out of all children aged 23 months or less (millions)</th>
<th>% of multidimensionally poor children out of all children aged 24-35 months</th>
<th>% of multidimensionally poor children out of all children aged 3-13 years</th>
<th>% of multidimensionally poor children out of all children aged 14-17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>69</td>
<td>62</td>
<td>65</td>
<td>71</td>
<td>73</td>
</tr>
<tr>
<td>Mainland</td>
<td>70</td>
<td>64</td>
<td>66</td>
<td>72</td>
<td>74</td>
</tr>
<tr>
<td>Dar es Salaam region</td>
<td>15</td>
<td>6</td>
<td>7</td>
<td>13</td>
<td>33</td>
</tr>
<tr>
<td>Kinondoni*</td>
<td>15.3</td>
<td>5.5</td>
<td>7</td>
<td>13.2</td>
<td>34</td>
</tr>
<tr>
<td>Temeke*</td>
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<td>5.7</td>
<td>6</td>
<td>13.4</td>
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</tr>
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<td>8</td>
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<td>69</td>
<td>74</td>
<td>77</td>
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<td>81</td>
<td>85</td>
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</tr>
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<td>Kwimba</td>
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<td>78</td>
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<tr>
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<td>83</td>
<td>76</td>
<td>79</td>
<td>85</td>
<td>88</td>
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<tr>
<td>Sergerema</td>
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<tr>
<td>Magu</td>
<td>74.6</td>
<td>68</td>
<td>69</td>
<td>77</td>
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<td>71</td>
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<td>78</td>
<td>82</td>
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<td>Naryumbu*</td>
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<td>92</td>
<td>93</td>
<td>95</td>
<td>95</td>
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<tr>
<td>Masasi</td>
<td>85.5</td>
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<td>83</td>
<td>86</td>
<td>89</td>
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<tr>
<td>Mtwara rural</td>
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<td>78</td>
<td>86</td>
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<tr>
<td>Location</td>
<td>% of multidimensionally poor children aged 17 years or less</td>
<td>% of multidimensionally poor children aged 23 months or less</td>
<td>% of multidimensionally poor children aged 24–59 months</td>
<td>% of multidimensionally poor children aged 5–13 years</td>
<td>% of multidimensionally poor children aged 14–17 years</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
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<td>Tandahimba</td>
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<td>67</td>
<td>66</td>
<td>75</td>
<td>84</td>
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<td>Masasi township authority</td>
<td>70.6</td>
<td>68</td>
<td>69</td>
<td>72</td>
<td>70</td>
</tr>
<tr>
<td>Newala</td>
<td>67.1</td>
<td>61</td>
<td>60</td>
<td>68</td>
<td>77</td>
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<tr>
<td>MtwarMC*</td>
<td>45.5</td>
<td>34</td>
<td>37</td>
<td>48</td>
<td>54</td>
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</tbody>
</table>


**Table A2:** Number of multidimensionally poor children in Dar es Salaam’s, Mwanza’s and Mtwar’s districts disaggregated by age

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of multidimensionally poor children aged 17 years or less</th>
<th>Number of multidimensionally poor children aged 23 months or less</th>
<th>Number of multidimensionally poor children aged 24–59 months</th>
<th>Number of multidimensionally poor children aged 5–13 years</th>
<th>Number of multidimensionally poor children aged 14–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>1.75 million</td>
<td>2.83 million</td>
<td>7.94 million</td>
<td>2.73 million</td>
<td>15.25 million</td>
</tr>
<tr>
<td>Mainland</td>
<td>1.74 million</td>
<td>2.81 million</td>
<td>7.88 million</td>
<td>2.69 million</td>
<td>15.12 million</td>
</tr>
<tr>
<td>Dar es Salaam</td>
<td>246,787</td>
<td>13,025</td>
<td>20,395</td>
<td>100,387</td>
<td>113,330</td>
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<tr>
<td>Kinondoni*</td>
<td>96,315</td>
<td>4,908</td>
<td>7,891</td>
<td>38,084</td>
<td>45,210</td>
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<td>Temeke*</td>
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<td>4,152</td>
<td>6,217</td>
<td>34,743</td>
<td>38,306</td>
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<tr>
<td>Ilala</td>
<td>67,791</td>
<td>4,109</td>
<td>6,208</td>
<td>27,440</td>
<td>30,001</td>
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<td>131,258</td>
<td>205,222</td>
<td>538,054</td>
<td>183,675</td>
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<tr>
<td>Ukerewe</td>
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<td>24,767</td>
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<td>26,654</td>
<td>42,127</td>
<td>109,738</td>
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<tr>
<td>Location</td>
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<td>Number of multidimensionally poor children aged 23 months or less</td>
<td>Number of multidimensionally poor children aged 24-59 months</td>
<td>Number of multidimensionally poor children aged 5-13 years</td>
<td>Number of multidimensionally poor children aged 14-17 years</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
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<tr>
<td>Mtwarra region</td>
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<td>226,634</td>
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<tr>
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<td>50,379</td>
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<tr>
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<td>13,570</td>
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<tr>
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<td>1,728</td>
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<td>12,596</td>
<td>4,183</td>
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</tbody>
</table>

Source: Authors’ calculations of numbers of multidimensionally poor children (based on multiplying the percentage estimates from REPOA (2016) with corresponding age-specific child population figures for Tanzania overall, mainland, and for each district and region listed in that report). REPOA (2016) uses census data, 2012.

*denotes districts where ODI conducted qualitative research.