

MAPPING STUDY ON THE STATUS OF CHILD RIGHTS AND WELLBEING IN TANZANIA

Phase 1 Report

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ACKNOWLEDGEMENTS

Enhance Tanzania Foundation acknowledges the technical and administrative support received from the government Ministries and Civil Society Organisations and thanks them for their cooperation in this study.

The fieldwork and literature review activities were made easy through the support of government officials, particularly from the President's Office Regional Administration and Local Government, in identifying relevant documents for the review.

Enhance Tanzania Foundation expresses sincere and heartfelt gratitude to participants who took part in this study.

Finally, we send appreciation to Dr Sadaf Shallwani for her coordination and technical inputs during the proposal writing and also during reporting.

Thank you all.

ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
ANC	Antenatal Care
ART	Antiretroviral Therapy
	Agricultural Sector Development Programme
ASDP II	Phase II
CBCPM	Community-Based Child Protection Mechanisms
CBHC	communities in newborn care
CBO	Community-Based Organisations
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CDC	United States Centers for Disease Control and Prevention
CDF	Children's Dignity Forum
CIC	Children in Crossfire
CRC	Convention on the Rights of Children
CSO	Civil Society Organisation
CSOs	Civil Society Organisation
CTC	Care and Treatment Centre
DHS	Demographic Health Survey
ECD	Early Childhood Development
ENTAF	Enhance Tanzania Foundation
EPCMD	Ending Preventable Child and Maternal Mortality
FBOs	Faith Based Organisations
FGM	Female Genital Mutilation
GTZ	German Agency for Technical Cooperation
HIV	Human Immunodeficiency Virus
HSSP IV	Health Sector Strategic Plan IV

HSSPV	Health Sector Strategic Plan V
iCHF	improved Community Health Fund insurance
IDYDC	Iringa Development of Youth Disabled and Children Care
INSPIRE	Seven Strategies for Ending Violence Against Children
JOICFP	Japanese Organization for International Cooperation in Family Planning
LCA	Law of the Child Act
LGAs	Local Government Authority
MoEST	Ministry of Education Science and Technology
MOEVT	Ministry of Education and Vocational Training
MOHCDGEC	Ministry of Health Community Development Gender, Elderly and Children
MVC	Most vulnerable children
NBS	National Bureau of Statistics
NER	Net Enrollment Rate
NGOs	Non-governmental organisations
NPA-VAWC	National Plan of Action for Violence Against Women and Children
OAU	Organisation of African Unity
PAHO	Pan American Health Organisation
PEPFAR	President's Emergency Program for AIDS Relief
PGSM	Parliament with Parliamentarian Group for Safe Motherhood
PORALG	President Office Regional Administration and Local Government
RITA	Registration Insolvency and Trustee Agency
RMNCH	Reproductive, Maternal, Neonatal, and Child health
SIDA	Swedish International Development Cooperation Agency
SRHS	Sexual and Reproductive Health Services
STIs	Sexually Transmitted Infections
TAWLA	Tanzania Women Lawyers
TDHS	Tanzania Demographic Health Survey
TFNC	Tanzania Food and Nutrition Centre
UMATI	Chama cha Uzazi na Malezi Bora Tanzania
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees

UNICEF	United Nations International Children's Emergency Fund
UNODC	United Nations Office on Drugs and Crime
URT	United Republic of Tanzania
USAID	United States Agency for International Development
VAC	Violence Against Children
WHO	World Health Organization
WOWAP	Street Children Women Wake up
WRA	White Ribbon Alliance Tanzania

EXECUTIVE SUMMARY

This mapping study was conducted with the broad aim of gaining a better understanding on the status of the realisation of children rights as stipulated in the African Charter. It also aimed to explore the factors (positive and negative) influencing the achievement of the Charter, and in particular any opportunity for community-based solutions to address the challenges impeding full achievement of children's rights in Tanzania.

The information was collected in two parts: Part one involved evaluating the status of children across key indicators. This part of the study involved a documents review to establish how each right is defined in the local perspective, and how it is stipulated in the African Charter on the Rights and Welfare of the Child. Further documents review established government and civil society initiatives in operationalizing the charter. Finally, the documents review established areas of needs and opportunities for community-based interventions to promote children's rights in Tanzania. Documents reviewed included journals, reports and fact sheets from key players in children's rights, government policies, strategies and performance reports. The other part of data collection involved collecting qualitative data through key informants' interviews from government and five Civil Societies Organisations officials.

Regarding child survival, the mapping study records improvements in addressing under five and infants' mortality but a slow reduction in neonatal mortality. The leading causes of neonatal deaths were asphyxia (31% of all neonatal deaths), prematurity (25%), and sepsis (20%). 9 out of 10 infants get immunised. However, regional disparity exists in achieving immunisation coverage, especially penta3 where five regions accounted for 50% of all infants not receiving penta. Malnutrition is a significant problem in Tanzania where 34%, or 3.3 million children under 5 years old,

suffer from chronic malnutrition (defined as stunting or low height-for-age). Teenage pregnancy is also another challenge endangering survival of Tanzanian adolescent girls', due to pregnancy complications. Adolescent girls aged 15-19 years had both the lowest contraceptive use rates and highest unmet need of about 9% in Tanzania. Inadequate adolescent sexual and reproductive healthcare, where confidentiality is often not respected and services are expensive and not youth-friendly, as well as a short supply of medication, are some of access barriers to adolescent sexual and reproductive health services. The HIV status of young women 15-24 years is considerably higher than that of young men (2.4% and 0.6% respectively). Adolescent girls and young women have been disproportionately affected by new HIV infections compared to male counterparts. Similarly, the mapping study established several community-based interventions to redress issues impeding child survival. These include the promotion of healthy home care including breastfeeding promotion, hygienic cord/skin care, thermal care, and extra care of low-birth-weight babies. Community awareness and family level support came through community health volunteers. Examples include supports like networks of women volunteers organised to promote health, prevent diseases through community participation and empowerment by identifying the salient local bottlenecks which hinder vital maternal, neonatal, and child health service utilisation.

With regards to care for the child in the family and community, parental responsibility refers to all the rights, duties, powers and authority that by law a parent has in relation to his or her child. If a man and woman are married, they automatically have parental responsibilities. For an unmarried father to have parental responsibilities, they must be declared. It is possible by legal agreement for an unmarried father to gain parental responsibility. A local authority can be awarded parental responsibilities.

The consulted reports indicated improvement in parenting practices and this was further reiterated by key informants. Civil societies have been instrumental in creating a safer environment for children at family, in school and in the community. Campaigning against early marriage is an important contribution of civil societies. According to the respondents, child law is sometimes violated because of lack of knowledge of its existence or failure to translate the law, hence the infringement of children's rights persists. Since addressing children's rights is a process, the existing framework still lacks proper guidance, this limitation creates the need to review the framework in order to address the existing gaps. For example, Child Act No.21 of

of 2009 has no clear definition of Care for Child in the family and community. The role of community in parental responsibility is missing in Child Act No.21 of 2009, National Guidelines for Children's Reintegration with Families In Tanzania, there are some 21 million children under 18 (more than half the total population). Of this group, at least 2 million are classified as most vulnerable children (MVC) and 40% of these are AIDS orphans. The concept of Community as among the pillars for parenting does not adequately or vividly appear in available literature, including laws and guidelines. Tanzania has not adopted the long-awaited Parental Guidelines in respect to alternatives, as this puts children whose parents are deceased or separated/divorced at risk of being abused by relatives who have assumed parental responsibilities by way of court order or any other traditional arrangement. Little research and development has been invested in developing and improving this area of parental responsibility.

On the other hand, there is a need to design a sustainable mechanism for helping children in vulnerable families. There are several examples of interventions that can address the need. This includes work by civil societies such as Plan International, Save the Children, Children in Crossfire, Iringa Development of Youth Disabled and Children Care (IDYDC), Street Children, Women Wake Up (WOWAP), Wafanyakazi wa majumbani – Wadada wa kazi na Watoto wetu Tanzania and others. Opportunities for community based interventions include awareness creation activities on good parenting practices and the problems associated with early marriages. Other areas of awareness creation include setting community systems in place for addressing out-of-school children's issues, including both prevention and protection when they are out. They also include economic empowerment for parents who are economically challenged to help care for their children and for youth out of school.

With regard to child protection, the existence of community structures that are set to promote child safeguarding is a step to strengthen community level safeguarding systems. However, the committees are seen as not functional enough to create a safe environment for children. Protection against abuse in schools and in families is not achieved to acceptable levels. Not all cases are reported and not all reported cases are dealt with as expected. This is because perpetrators are not always made accountable for their actions when the committees report them. This is happening for several reasons – the family of the victims fail to cope with legal procedures and

1. <https://www.jsi.com/project/tanzania-most-vulnerable-children-coordinated-care/>
2. https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/TZA/INT_CRC_NGO_TZA_18029_E.pdf

despair, evidence is not always enough to hold one accountable, especially for sexual abuse and there can be corruption in the process. Potential areas for community-based interventions include empowering protection committees to function for the betterment of children, awareness creation for families on what constitute abuse and how to make family environment safer for children, including how to handle evidence of sexual abuse. Other interventions could include capacity building in appropriate parenting as well as school programs that teach children in awareness of their rights and what constitutes a violation of their rights.

With regards to Early Childhood Education, the government policy of having an ECE class in each primary school is a great move. However, the space in most public primary schools is inadequate for primary school and makes it difficult to address the challenge for ECE. In 2020 there were 79,986 students who were in private child care centres. There are 135 private and 48 government child care centres. ECE enrolment was reported to be 50.1% in 2020. It was learnt that not all families take their children to pre-schools at a recommended age. Hence, children delay starting Standard I and get to adolescence while they are still in lower grades, and this aggravates dropout. The reason behind delaying children to start early education on time is because they are perceived as too young to manage the walking distance to school. This is always the case for government schools. On the private providers who are 5%, the situation is contrary. Potential community-based solutions included activities that will increase community awareness on the ECE and the establishment of children play and reading centres in the villages, as this has been one of the proven community-based interventions for low and middle income countries.

The net enrolment for primary education was 91.1% in 2018, surpassing the target of 90% which was set to be achieved by 2020. Girls still face transition challenges. Boys are more likely to transition to secondary school than girls.³ The reasons are several but early marriage and pregnancy prevent girls from making the transition. The number of children that were unable to start secondary education due to a lack of space from 2015 to 2018 were 300,000. Pupil/Qualified Teacher Ratio in Primary Education was 1:52 in 2018. Although generally the national average seemed within acceptable range, the situation is not that good as still there are regional disparities indicating rural-urban divide. Kilimanjaro has the lowest ratio of 1:37.5, with the highest being Katavi at 1:83:3.

3.

<https://cambridgedevelopment.wordpress.com/2018/09/04/challenges-faced-by-the-education-sector-in-tanzania/>

In total by 2018 there were 3.5 million children who were out of school. Out of this, about 2 million were primary-school-age children and 1.5 million were lower-secondary-school-age children. The majority of children dropout after completing primary school. For the few who drop before completing primary school, they do it in early stages of primary education (Standards I-IV). There are both supply and demand sides reasons for this.

Supply side reasons	Demand side reasons
<ul style="list-style-type: none"> ● Severe shortages of qualified teachers, particularly primary school teachers ● Unfavourable school environments because of insufficient classrooms and desks and poor sanitation facilities, often with no running water ● Widespread corporal punishment ● Schools are too far away from children's residences ● Enforcement of the education policy leading to late entrance to school is widespread, and so is non-attendance in schools ● Less effective school inspection ● Poor school level planning and weak supervision 	<ul style="list-style-type: none"> ● Poverty is a key reason why many children do not attend school ● Perception of low value of education held by parents, communities and children themselves ● Weak family structure, leaving many children without proper parental care of their education ● The high opportunity costs of schooling continue to keep children away from school. It is common for children, particularly boys, to start school late, and for girls to leave school early because of family responsibilities

Potential opportunities for community action include:

- i. Engaging the community, parents, and especially mothers in the management of a school and its committees
- ii. Community influence over teacher recruitment in terms of creating soft landings for new recruits through the provision of housing and support to get familiar with the community
- iii. Greater community involvement in and management of school operations through joint planning of school development
- iv. Establishment of social accountability mechanism with high involvement and partnership with government
- v. Advocacy for early entry to school for boys and protection for girls

Child labour is amongst the biggest challenges impinging on children’s rights. Approximately 29% of children of age 5–17 years are engaged in different forms of child labour. The Tanzania legal framework is very clear that the child has a right to work, but it sets the minimum age for employment of a child at 14 and prohibits the employment of children under 18 years in areas where work conditions may be considered hazardous. However, there is a public ignorance of law which results in domestic employment of children, especially girls. Furthermore, gaps exist in Tanzania’s legal framework to adequately protect children from the worst forms of child labour, including the minimum age for work and the compulsory education age when compared to ILO standards. Some community based interventions include education and awareness raising as economic empowerment.

Prevalence of child marriage is high. In 2016, one in three women in Tanzania were married before their 18th birthday. The same survey shows a 5% increase in the marriage of adolescent girls. Drivers of child marriage include conflicting legal and customary laws, poverty, low educational attainment, gender inequality, teenage pregnancy and a perceived need to preserve pre-marital virginity.

Child participation records slow progress. According to key informants’, the majority of Tanzanian children are not being listened to. Participation space is infringed at home and at the community. Platforms for participation are mainly children councils that cascade from village to national level. However, their coverage and functionality is inadequate. Participation space at home and at a societal level is narrowed. Children's decision space is infringed, even on the selection of their career. The same has trickled into the formal systems, hence there is no functional platform for child participation. Child-Parent relations are top down to the extent that some children get sick and keep quiet until the situation worsens. Reason includes:

Child related reasons	Parent/formal systems related reasons
<ul style="list-style-type: none"> ● Children’s competence and choice to participate ● Awareness that they have right to participate their views ● Cultural norms 	<ul style="list-style-type: none"> ● Attitudes and behaviour towards children ● Parental/formal authority failing to provide structure and environment that foster participation ● Traditions and culture

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Conclusion

This mapping concludes that Tanzania is on track in terms of setting policies, laws and guidelines to promote children's rights as per the requirements of the African Charter on the Rights and Welfare of the Child.

The country will improve farther if the policies and laws are harmonised on the minimum age of marriage. The minimum age for both sexes is not currently equalised, and is still 15 for girls and 18 for boys.

Secondly, in terms of key indicators the mapping study showed that child survival efforts are far better for new-born and under five. Effort is needed to address adolescent health issues, nutrition and access to clean water.

ECE is gaining attention in terms of policies and guidelines as well as efforts implemented to ensure teachers with ECE skills are trained and deployed. However, enrolment still lags behind, which is still a challenge, along with delayed entry to ECE and Primary school.

Basic education enrollment is improving but still the challenge of dropout exists. Efforts to promote basic education access and availability were noted, with a slow pace in improving the quality especially around the pupil:teacher ratio. This led to slow improvements in literacy and numeracy.

This mapping study also concludes that there are still many children's rights focus areas that need attention. They include ECE, poor child participation, teenage pregnancy, ineffective child protection and participation structures, challenges related to adolescent girls' education, early marriage and child labour.

Problems related to the violation of children's rights present both urban and rural influence. Cities like Dar es salaam are emerging among the top ten in issues related to teen pregnancy. This creates the need for understanding children's rights challenges in both urban and rural settings.

Lastly the mapping study concludes that despite the vivid synergies between ministries and actors with regards to children's rights, the synergies seemed to be less exploited to improve the situations of children and youth in Tanzania. For example, there is a clear synergy between Education, Health and Ministries dealing with economic empowerment.

Areas of child vulnerability include: inadequate social support especially for vulnerable families, poverty, distance to school, weak child protection systems and community awareness on ECE and child protection as well as cultural norms. The study also identified systems factors such as misalignment between policies and laws or between one Act of a law and the other. This makes young people vulnerable to abuse, neglect, deprivation and violence.

INTRODUCTION



1.1 Introduction

This is the phase one report of a mapping study to assess areas of need and opportunity for community-based solutions towards systemic change for the realisation of children's rights in Tanzania. In this phase, the study focused on gathering national level information on the status of implementation of the African Charter on the Rights and Welfare of the Child in Tanzania. The report presents stakeholder's perspectives including some official statistics portraying the current status. This report has five chapters. The first chapter presents the introduction and background of the phase one mapping exercise. The second chapter presents literature informing the study while the third chapter is on study design and methods. The fourth presents the results in accordance with the thematic areas of the African Charter on the Rights and Welfare of the Child. The fifth chapter provides general conclusions and recommendations.

This study aimed at gathering information on areas of need and opportunity for community action for the rights and wellbeing of children in Tanzania in order to inform community level programming of interventions that foster systemic change in addressing issues affecting children and youth welfare. The objective is to deepen country level data with community level realities with regards to what affect children and youth, underlying causes and potential for community base solution and or networks that will foster positive systemic change in addressing matters pertaining to children and youth in Tanzania. A mixed methods design was used to gather national level and community level data. The protocol has four sections. Section one provides an introduction and background of the study. Section two highlights literature and brings in the framework informing the design of the study. The third section presents the research methodology. The fourth part highlights ethical considerations subscribed to in this study.

1.2 Background

Children's Rights have been among important treaties of the human rights conventions(UNGA 10 December 1948). This was further intensified by the Sustainable Development Goals which contain strong ambitions to eliminate violence against children (UNHCR 2017). The Agenda 2030 makes an explicit, bold, and universal commitment to ending violence against women and children in all its forms as part of an integrated agenda for investing in the protection and empowerment of women and children.⁴

4. <https://www.unicef.org/child-rights-convention>

In 1990, the Organisation of African Union (OAU) also adopted the African Charter on the Rights and Welfare of the Child (OAU 11 July 1990), which entered into force in 1999. The charter provides for the rights and duties of children where article 1 states obligations and discourages any custom, tradition, cultural or religious practice that is inconsistent with these rights. The charter outlines the scope of each article pertaining to the rights and welfare of children. In addition to the charter, INSPIRE - Seven Strategies for Ending Violence Against Children, was developed (WHO July 2016). Further INSPIRE indicators that provide guidance on how to measure change in efforts on reducing violence against children were prepared (UNICEF 2018). The document provides guidance for research initiatives or surveillance mechanisms in order to guide programs and policies.

Despite several decades of global efforts in improving national government response to children's rights, in practice, the progress is slow in many areas. To change children's situation in Tanzania, it is important to look beyond ratifying the conventions and translate the conventions into policy and programs by strengthening implementation of policies at all levels. According to the UNICEF report of 2019 regarding the status of children's rights, 30 years after the convention was ratified, the implementation progress is unacceptably low. For example harmful practices such as female genital mutilation and inappropriate initiation rites continue to exist (Kaime 2005).

After three decades of the implementation of the International Convention on the Rights of Children (CRC), children rights still have a long way to go at all levels. African countries are reported to have made considerable progress in establishing structures responsible for children's affairs, developing policies and plans of action aimed at realising the rights and wellbeing of children, though there are variations (UNICEF 2019). Considerable progress on universal ratification of the Convention on the Rights of the Child has been realised. However, the progress has been uneven and inequitable (UNICEF 2019). Globally, it is estimated that one out of two children aged 2-17 years' experience some form of violence each year. The same report provides bullying as another form of child abuse, where a third of students aged 11-15 worldwide reported to have been bullied in past six months by their peers. 120 million girls are estimated to have suffered some form of forced sexual contact before the age of 20 years. Emotional violence affects one in three children, and worldwide one in four children lives with a mother who is the victim of intimate

partner violence (*ibid*). Inequity between children from poor households in accessing vaccines continues to be a challenge. Slow progress has been noted on child marriage in poor households. Children and youth leave formal education with limited skills, reducing their abilities to compete in the globalised labour market (*ibid*).

Like in other countries, the implementation of child rights in Tanzania indicates mixed results (UNICEF 2019). According to the 2011 Violence Against Children survey report, one in three girls and one out of seven boys experience some form of sexual violence before turning 18 and most of these children do not report. Out of those who report, fewer get care, treatment, or support. Tanzanian women marry young – almost five years earlier than men – at about 19 years of age. Female Genital Mutilation (FGM) exists in Tanzania, and at least 7.9 million women and girls in Tanzania are estimated to have undergone FGM.

With regard to access to health, inequalities in mortality between the poorest and richest children were decreasing during 2005-2016, and, unusually, urban children had no survival advantage over rural children. Urban neonatal mortality rates were high, especially in Dar es salaam. Despite falling from 42% in 2010 to 35% in 2014, the high proportion of stunted children is a sign that chronic malnutrition remains endemic (National Bureau of Statistics (NBS) of Tanzania and ICF Macro 2011). Around 20% of maternal deaths are caused by unsafe abortions, particularly among adolescents,⁵ indicating challenges in accessing reproductive health services for adolescents. With regards to education access, 33.4% of children attend pre-primary school.

Corporal punishment, which is not fully prohibited at home, in schools or the criminal justice system, is another issue (see the quotation below) (Global Initiative to End All Corporal Punishment of Children 2016). The minimum age for girls to marry is still a challenge, and two in five girls marry before their 18th birthday. The minimum age stands at 10 for criminal responsibility, below the United Nations Committee on the Rights of the Child recommended age of 12.⁶ With regard to child labor, 14 years old is the minimum age for child employment but in reality, 28.8% of urban children and 35.6% of rural children below 14 are engaged in types of time-excessive work or hazardous/exploitative occupations that meet the definition of child labor (National Bureau of Statistics 2014). Boys are more likely than girls to be working in such conditions (*ibid.*).

5. https://www.unicef.org/evaldatabase/index_90225.html

6. <https://www.girlsnotbrides.org/wp-content/uploads/2013/04/Minimum-age-of-marriage-in-Africa-March-2013.pdf>

It was also noted that adolescent girls are often sexually exploited by employers in low-paying jobs. Despite having an act of law, response mechanisms and structures against trafficking, its enforcement still needs more effort to mitigate the problem. Child participation continues to be a challenge. For example, the State Party has established Junior or Children’s Councils but the functionality is not meeting the expectations.

Despite two decades of implementing the child rights convention, member states are really struggling. Limitations in practising what countries ratified as protection and safeguarding measures for children are linked to many factors. For example, the adoption of a rights based approach as compared to welfare approach poses a great challenge for all member states and other actors concerned, including parents, teachers, educators, non-governmental organisations and professionals (David 2002). Table 1 outlines challenges faced by member states as presented by David (2002).

Table 1: Challenges in implementing the child rights convention according to David (2002)

Convention focus	Existing challenge
The Convention recognizes the child as a human being entitled to a full array of rights	Most states have managed to address issues of law and policies but failed in implementation. This is because for most states the shift from welfare motivated measures to ones based on legally recognized rights require a fundamental change of mentalities, beliefs and a consensus on conceptualization of who is a child.
The Convention implies a multi-disciplinary vision	As children's issues are cross-cutting within public administrations, success in implementing child rights mainly relies on the states' capacity to coherently coordinate their mandates, resources, policies and programs. This is a frequently reported challenge.
The right of the child to participation	The right of the child to participation requires deep social change in attitudes and values to be properly implemented as it means that children should not be kept invisible in all decision-making processes.

Education	Public authorities need to move progressively away from the traditional conceptions. For example, implementing the right to education would not only cover traditional areas such as access, attendance and drop-out rates, but additionally it would look at issues such as discrimination in the education system, access to health guidance at school, contents of education, corporal punishment and other forms of violence in schools, including sexual harassment.
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1.3 The Rationale of the Study

Tanzania, like any other country, has made progress in addressing state level obligation of the charter by developing systems and structure to advance the child rights agenda. In addition, the country has ratified the international treaties and conventions and developed several documents to guide in-country practice. However, the county lags behind in some areas. Promoting children's rights requires availability of national level commitments in terms of policies, laws, plans and budgets, guidelines and/or strategies on the one hand and also a change of mindset, attitude and perceptions on the other. The latter has been a major hiccup. This study seeks to map areas of need and opportunity for community action for the rights and wellbeing of children in Tanzania in order to identify gaps in country level adaptation of the African Charter on the Rights of the Child and its implementation. The broad aim of this study is to gain a better understanding on the status of realisation of children's rights, as stipulated in the African Charter, and gain further practical understanding of the positive and negative factors influencing the achievement of the Charter, and in particular any opportunity for community-based solutions/interventions in addressing the gaps of implementation of the Charter, if any.

This study is commissioned to Enhance Tanzania by Firelight Foundation in order to map areas of need and opportunity for community action for the rights and wellbeing of children in Tanzania. Firelight Foundation is a multi-donor public charity fund that raises money from foundations, individuals and institutions to support community-based organisations (CBOs) in eastern and southern Africa. The organisation supports catalytic community-based organisations that are working with their own communities to build smart, sustainable, and potentially scalable solutions to the challenges faced by children and youth in eastern and southern Africa.

Firelight Foundation believes in the power and right of African communities to create lasting change for their own children and youth. Firelight believes that lasting change will come when communities create safe, strong and nurturing environments where children and youth thrive and are able to realise their extraordinary potential. The organisation finances the study.

The study will generate information that will guide Firelight Foundation and its partners on areas of priorities for advancing children rights and wellbeing for sustainable impact. Further, the findings will contribute to existing statistics in-country and the existing body of knowledge where the results will be of benefit.

1.4 The Specific Objectives and Questions

The study will focus on three specific objectives

- 1) To establish the status of children on key indicators related to child survival, protection, development and participation
- 2) To explore the potential for community actions in advancing children's rights and wellbeing
- 3) To explore challenges/barriers and strengths/opportunities and synergies for community-based organisations in advancing children's rights and wellbeing at community level

LITERATURE



2.1 Introduction

As stated in Chapter 1, this study seeks to identify gaps in implementing the African Charter on the Rights of the Child at the community level and explore the opportunity for community action in addressing the gaps. This chapter will provide a literature review to inform the study in the context of child rights, international and regional responses to addressing children's rights, achievements and challenges. Secondly, the chapter outlines community-based solutions, implementation experience, and key success factors in Tanzania. The third part outlines capacity elements required for community-based organisations to address child rights issues at community level. Lastly the chapter concludes with a discussion of the theoretical perspectives informing the study's conceptual framework, data collection, and data analysis.

The search for relevant literature was a continuous process, and will continue to be carried out at various stages throughout the study process in addition to keeping up to date with relevant literature throughout the study, in order to situate the study within the existing theories at the design stage and to locate any new and relevant literature, particularly in reference to the study's findings. The literature searches are conducted using keyword searches on multiple databases, cited reference searching, and tracing of citations. Also reports, national frameworks and policies are purposely secured through internet search and from key informants before the study and through snowballing during data collection.

2.2 The Child Rights Context

This section provides a broader perspective in order to highlight key variables for consideration in the development of instruments and analysis. The broader context helps to understand the results and to explain results, including highlights on what worked and why. The contextual issues included in this part include political context, rural-urban migration and social cultural beliefs.

2.2.1 Political context of children's rights

The political context of children's rights in this study is addressed in two ways. First, the literature on children's rights and political stability of the states and second, the literature on political willingness in addressing child rights were searched.

More than 1 in 10 children worldwide are affected by armed conflict. Population displacement caused by wars contribute to child mortality, morbidity and disability (Kadir, Shenoda et al. 2018). The effect is both in countries where the war is taking place and to countries receiving migrants. For countries receiving migrants, the health systems and social infrastructure is overwhelmed. This may compromise children's access to basic necessities, such as food, health care, and education, for decades. Population displacement caused by conflicts have direct effects on child mortality and morbidity (*ibid.*)

2.2.2 Rural-urban migration and children's rights

Evidence suggests that certain migrant populations are at increased risk of abusive behaviours (Jirapramukpitak, Abas et al. 2011). With populations in many nations shifting from rural to urban settings, cases of sexual abuse, exploitation, drug abuse and unwanted pregnancies are experienced (Jirapramukpitak, Abas et al. 2011). Migration was reported to influence child survival when migrants settle, but before settling evidence suggests a risk of reduced child survival due to either migration of the mother and the child or due to the mother migrating alone, leaving the child behind (Brockerhoff 1994).

2.2.3 Social cultural belief and children's rights

In implementing children's rights conventions, a lot has been discovered with regard to clashes between the requirements of the convention and the culture. Child rights conceptualization has been one of the areas with hot debate (Ferguson 2013). Children's rights basically describe who is a child and how children need to be treated. Children's needs connotes what children require to ensure healthy development (Freeman 2009). Literature provides a variety of conceptualizations of what child rights means. For example, Ferguson, 2013 describes children's rights as:

"[...]a class of rights that includes both rights targeted specifically at children and rights in relation to which the identity of the right-holder, who happens to be a child, is critical."

Some cultural beliefs also may lead to a child being in conflict with the law. For example, carrying a gun in some societies is a socially constructed cultural practice that has links to conceptions of masculine power and, in some instances, has been constructed as a symbol of manly prosperity. The same notion is planted in children and brings them into conflict with law (Goldson and Muncie 2012).

In reality, the implementation of children's rights in most African countries is dependent to a larger extent on the level of cultural legitimacy accorded to children's rights norms in a society (Freeman 2009). Any mismatch between the convention and the culture leads to inadequate legitimacy (Evers, Vadeboncoeur et al. 2015).

Although the convention is ratified and considered universal, universalization is highly dependent on a rule or norm which does not command "adequate legitimacy" (Gooneratne 2013).

[...] The culturally legitimate norm rule or value as these are respected and observed by members of the particular culture, presumably because it is assumed to bring benefits to the members of that particular culture." (Kaime 2005)

How a "child" is defined or conceptualised also leads to different connotations and interpretations and hence affects the efforts to promote children's rights (Ferguson 2013). A child as described by the Convention on the Rights of the Child (CRC) clearly provides who is a child

"[...] a child is any human being below the age of eighteen years, unless under the law applicable to the child, majority is attained earlier."(UNGA 10 December 1948)

There has been several years of debate between the research on who is a child and what is the limitation (Gooneratne 2013). However, the African Charter on the Rights of the Child considers a child as any person below age 18.

"For the purposes of this Charter, a child means every human being below the age of 18 years".

Having more than one concept describing the child leads to having different connotations and hence influences, for example, how the law defines a child, especially those below age 18 (OAU 11 July 1990).

2.2.4 Child abuse

Child abuse can be domestic, physical, sexual, neglect, online, emotional, and bullying, but can just as often be about a lack of love, care and attention. Nearly 3 in 4 children –or 300 million children– aged 2–4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers (World Health Organization 2020). 1 in 5 women and 1 in 13 men report having been sexually abused as a child aged 0-17 years. 120 million girls and young women under 20 years of age have suffered some form of forced sexual contact. Consequences of child maltreatment include impaired lifelong physical and mental health, and the social and occupational outcomes can ultimately slow a country's economic and social development (*ibid*). Previous research has identified four major classes of variables that are associated with risk for child abuse: demographic variables, family relationships, parental characteristics, and child characteristics (Brown, Cohen et al. 1998).

2.3 Community Level Initiatives in Addressing Children's Rights

There is a consensus on the importance of strengthening protective factors at multiple levels, such as the family, community, and national levels that is in line with Bronfenbrenner's ecological theory of human development (Darling, 2007). This calls for engaging communities in identifying the needs and creating awareness of children's rights and how to foster them at community level.

Community-Based Child Protection Mechanisms (CBCPM) include all groups or networks at a grassroots level that respond to child protection issues and harm to vulnerable children. These may include family supports, peer group supports, and community groups such as women's groups, religious groups, and youth groups, as well as traditional or endogenous community processes, government mechanisms, and mechanisms such as Child Welfare Committees or Child Protection Committees initiated by national and international non-governmental organisations (NGOs). Some of these –family and peer group supports, for example– are non-formal since they are not part of the government-led system of child protection. Other supports, such as village elders, are arms of the formal government-led system.⁷

7. Wessells, M., Kostelny, K., & Ondoro, K. (2014). A grounded view of community-based child protection mechanisms and their linkages with the wider child protection system in three rural and urban areas in Kenya. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.

Community involvement in child protection is very important in areas with or without adequate protection services and structures (Wessells, Lamin et al. 2015). The little evidence in place suggests positive outcomes for children when community-based mechanisms are applied. Community Based Child Protection Mechanisms are also reported to be frontline efforts to address issues of exploitation, abuse, violence, and neglect and to promote children's well-being. This is because there is a thin line between community level responses, informal mechanisms and cultural aspects. The evidence suggests the use of traditional family and community mechanisms in responding to abuse and even those leading to criminal offences (Wessells, Lamin et al. 2015).

2.4 Frameworks Informing the Study

The focus of this study, as mentioned earlier, is two-fold. First, to identify areas of need on the rights and wellbeing of children in Tanzania. Second, to identify opportunities for community action. In identifying needs, the study used the African Charter on the Rights and Welfare of the Child to identify what children are expected to get, how they are operationalized at country level, what works, what does not work and why.

Table 2: Articles in the African Charter on the Rights and Welfare of the Child








Article 1: State obligation	Article 17: Administration and Juvenile Justice
Article 2: Definition of the Child	Article 18: Protection of the Family
Article 3: Non-discrimination	Article 19: Parental Care and Protection
Article 4: Best Interest of the Child	Article 20: Parental Responsibility
Article 5: Survival and Development	Article 21: Protection Against Harmful Social and Cultural practices
Article 6: Name and Nationality	Article 22: Armed Conflicts
Article 7: Freedom of Expression	Article 23: Refugee Children
Article 8: Freedom of Association	Article 24: Adoption
Article 9: Freedom of Thought, Conscience and Religion	Article 25: Separation from Parents
Article 10: Protection of Privacy	Article 26: Protection Against Apartheid and Discrimination
Article 11: Education	Article 27: Sexual exploitation
Article 12: Leisure, Recreation, and Cultural Activities	Article 28: Drug Abuse
Article 13: Handicapped Children	Article 29: Sale, Trafficking and abduction
Article 14: Health and Health Services	Article 30: Children in Prison
Article 15: Child Labour	Article 31: Responsibility of the Child
Article 16: Protection Against Abuse and Torture	

The framework was used in tandem with the INSPIRE - Seven Strategies for Ending Violence Against Children (Fig. 1) framework to shed light on what should be expected in each article at operational level. The framework was launched alongside the Global Partnership to End Violence Against Children in 2016. It contains seven evidence-based strategies for countries and communities working to eliminate violence against children. Created by ten agencies with a long history of child protection work, INSPIRE serves as a technical package and guidebook for implementing effective, comprehensive programming to combat violence.⁸ The

8. <https://www.end-violence.org/inspire>

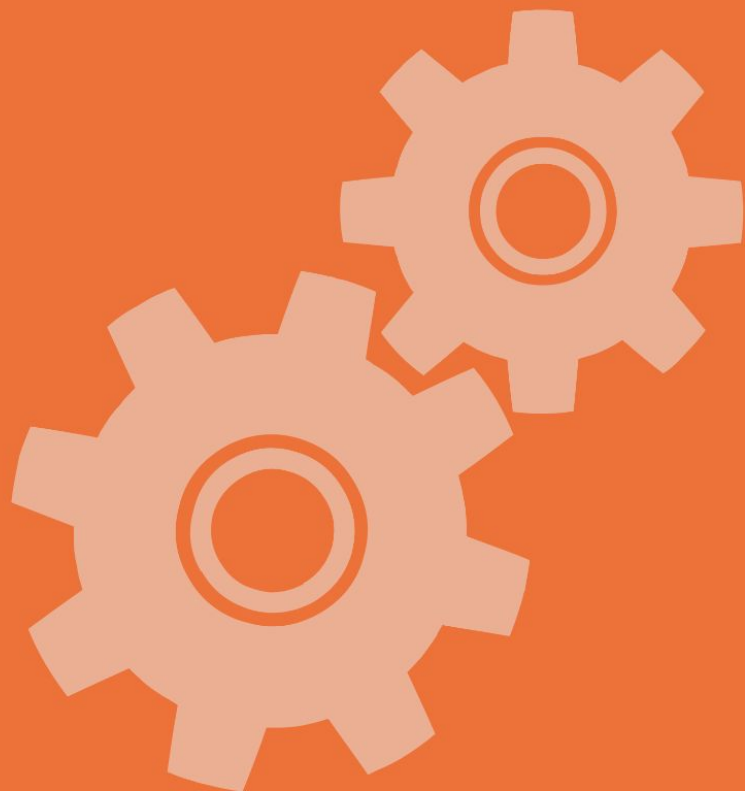
World Health Organisation (WHO) initiated preparation of INSPIRE, in collaboration with the United States Centres for Disease Control and Prevention (CDC), the Global Partnership to End Violence Against Children, the Pan American Health Organisation (PAHO), the President's Emergency Program for AIDS Relief (PEPFAR), Together for Girls, the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the United States Agency for International Development (USAID), and the World Bank.

Figure 1: INSPIRE Seven Strategies for Ending Violence Against Children

Strategy	Approach	Sectors	Cross-cutting activities	
 Implementation and enforcement of laws	<ul style="list-style-type: none"> • Laws banning violent punishment of children by parents, teachers or other caregivers • Laws criminalizing sexual abuse and exploitation of children • Laws that prevent alcohol misuse • Laws limiting youth access to firearms and other weapons 	Justice	Multisectoral actions and coordination	
 Norms and values	<ul style="list-style-type: none"> • Changing adherence to restrictive and harmful gender and social norms • Community mobilization programmes • Bystander interventions 	Health, Education, Social Welfare		
 Safe environments	<ul style="list-style-type: none"> • Reducing violence by addressing "hotspots" • Interrupting the spread of violence • Improving the built environment 	Interior, Planning		
 Parent and caregiver support	<ul style="list-style-type: none"> • Delivered through home visits • Delivered in groups in community settings • Delivered through comprehensive programmes 	Social Welfare, Health		
 Income and economic strengthening	<ul style="list-style-type: none"> • Cash transfers • Group saving and loans combined with gender equity training • Microfinance combined with gender norm training 	Finance, Labour		
 Response and support services	<ul style="list-style-type: none"> • Counselling and therapeutic approaches • Screening combined with interventions • Treatment programmes for juvenile offenders in the criminal justice system • Foster care interventions involving social welfare services 	Health, Justice, Social Welfare		Monitoring and evaluation
 Education and life skills	<ul style="list-style-type: none"> • Increase enrolment in pre-school, primary and secondary schools • Establish a safe and enabling school environment • Improve children's knowledge about sexual abuse and how to protect themselves against it • Life and social skills training • Adolescent intimate partner violence prevention programmes 	Education		

The frameworks informed tools development, data analysis and reporting. These frameworks have been chosen because they provide a systematic and comprehensive way for exploring areas of needs.

METHODOLOGY



3.1 Research Questions

The study seeks to answer three research questions aligned against each specific objective as presented in Table 3.

Table 3: Research Questions

Specific Objectives	Research Questions
To establish the status of children with regards to key indicators related to child survival, protection, development and participation	What is the status of children and youth on key indicators relating to child rights in Tanzania and in different councils involved in the study? What works, what does not work and why, what are the areas of needs for children given the current status
To explore the potential for community actions in advancing children rights and wellbeing	What are the key areas of opportunity for community-based solutions and impact in terms of creating lasting systemic change for children and youth
To explore challenges/barriers and strengths/opportunities and synergies for community-based organisations in advancing children rights and wellbeing at community level	What are the potential opportunities, challenges and synergies for community-based organisations in addressing children needs

3.2 Research Approach

This study utilised an exploratory, qualitative approach of inquiry. According to Hansen, a qualitative approach is best suited to research problems that need to be understood in relation to wider social, cultural, political, and economic contexts that involve exploration into the processes of how these factors relate and interact, through which generalising about the problem would “not give an accurate picture of the situation,” (Hansen 2020). This is in contrast to quantitative research approaches which assume there is an independent reality, or truth, unrelated to context, that can be explored, measured, and replicated through deductive logic. According to Golafshani, unlike quantitative researchers, “who seek causal determination, prediction, and generalisation of findings, qualitative researchers seek instead illumination, understanding, and extrapolation of similar situations” due to the context-specific nature of a research problem.

In phase one both qualitative and quantitative information was collected. Quantitative information was collected from secondary data to establish the current status with regards to key indicators on children rights.

3.3 Sampling Strategy

3.3.1 Selection of respondents

Respondents were purposively sampled. This phase focused on national level respondents. Officials for Ministry of Health Community Development Gender, Elderly and Children (MOHCDGEC), Ministry of Law and Constitution, Ministry of Education, Science and Technology and President’s Office Regional Administration and Local Dealing with children affairs on issues focusing on achieving the four principles of children rights (Non-discrimination, best interests of the child, the right to survival and development and the views of the child) were involved. All government respondents worked at ministries headquarters.

This study used an interview guide for qualitative information gathering and review of relevant documents. Key informants’ interviews were used to collect qualitative information. The justifications for choosing each method are presented in the forthcoming paragraphs.

3.3.2 Interviews

Key informants' interviews were conducted with Social Welfare Officers from the Ministry of Health Community Development Elderly, Gender and Children (MOHCDEGC), President Office Regional Administration and Local Government (PORALG) Health Department, Principal Educational Officer from the Ministry of Education and Vocational Training (MOEVT), Senior State Attorney from the Ministry of Constitutional and Legal Affairs as well as with Civil Society Organisations. Respondents were physically visited at their offices by the research team, and for some telephone interviews were conducted. The research team consisted of two people: a moderator and a note-taker. An interview guide was used to ease collection of information in a systematic manner. The guide was adapted from what was used in a similar mapping study conducted in Zambia that had similar goals and was also commissioned by Firelight Foundation. Since the purpose of the interview was to get in-depth information and that during qualitative data collection new issues may emerge needing further insight, a snowballing approach was used to identify respondents and other organisations in order to get comprehensive information. An interview guide was prepared to guide discussions on major achievements and challenges hindering the realisation of children's and youth's rights. The language of interviews was both English and Kiswahili. All interviews were audio recorded after securing consent. The interviewees were identified through heads of section.

Table 4: Key Informants Respondents

Ministry	Department	Position	Sex	
			Male	Female
MOEVT	Education	Principal Education Officer	1	
PORALG	Health	Senior Nursing Officer		1
MOH	Social welfare	Social Welfare Officer		1
PORALG	Social welfare	Social Welfare Officer		1
PORALG	Social welfare	Assistant Director Social Welfare	1	
CONSTITUTIONAL AFFAIR	Legal	Senior State Attorney		1
CSO			1	3
<i>Total</i>			3	7

The selection of respondents was based on the respondents' institutional affiliation as well as role played in their organisations. In this case, dealing with children affairs in achieving the four principles of children rights (Non-discrimination, best interests of the child, the right to survival and development and the views of the child) were the amongst reasons for inclusion of the respondents as informants.

3.3.3 Documents Reviews

Documents cover wide and inclusive data that brings things up to date (Denscombe 2007). This mapping study used documents as both primary and additional information to the interviews and for triangulation purposes. Documents were purposively selected. Documents reviewed included government documents, research articles and reports from non-governmental organisations. The review of documents was done by six people from the government who were the area experts. The team was provided with a list of issues required in the documents for each section of the charter.

3.4 Data Analysis

A thematic approach of qualitative data analysis was used. Thematic approaches involve the researcher closely examining the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly (Braun and Clarke 2012). All audios were transcribed. Transcripts and field notes were read and thoughts for potential codes were documented. These were aligned with the data collection guides as well as the Charter. A coding frame was developed consisting of pre-determined and emerging codes. Themes and subthemes were reviewed. A detailed report outline was developed and shared to ensure that hierarchy of concepts and themes make sense and present realities as per the findings of the study.

3.5 Ethical Considerations

Institutional Level – Ethical Considerations

Ethical clearance from National Institute for Medical Research (NIMR) was sought and

an introduction letter was sent to potential respondents through their respective ministries to introduce the study.

1. Informed Consent

All participants were made aware before interviews for the purpose and aim of the research, what their involvement entailed, and that their private information will be handled privately. An information sheet detailing all these were provided to participants. A consent form was prepared and those who agreed were requested to sign it. It was made clear that participation is voluntary and that participants have the right to withdraw from the study at any time, with no sanction. For those who could not be reached physically their consent for participation were sought orally.

2. Confidentiality

This mapping study ensured that the information received from participants were kept confidential. Careful consideration was made when publishing the results to avoid the disclosure of personal identifiers. To ensure frank contribution by the research participants, this was communicated at the start of interviews and reiterated at the end.

3. Anonymity

Gray (2009) defines anonymity as an assurance that data will not be traceable to participants in a research project. The research team did the following:

- Personal data was kept in a secure manner.
- Interview transcripts were given another identifier rather than a name of interviewee; files that have the identifier and the respective names were kept under locked storage and destroyed at the end of the project.

Ensuring Rigour

The researcher did the following to reduce bias and ensure rigour:

- Purposive Sampling: The study included information-rich cases and

participants' selection was based on significant attributes in order to obtain full understanding of the topic.

- Reflexivity: Due to the realisation that the researchers' interpretation is influenced by their background, assumptions and the way they see the world (Denscombe 2007, Gray 2009), the researchers minimised this limitation during data collection through immediate validation with respondents and during analysis through validation with some respondents.
- Triangulation: Literature presents challenges regarding the application of triangulation in qualitative studies especially if the aim is to confirm the results (Tobin and Begley 2004, Jones and Bugge 2006). This is because qualitative research does not always aim at establishing truth but rather a recognition of multiple realities (*ibid*). Therefore, the use of triangulation in this study aimed at enlarging the scope of inquiry in order to get a deeper understanding and a more comprehensive picture.

The following sections provide the findings of the mapping study as per requirements of the terms of reference.

The results chapter presents i) General questions ii) Health iii) Education iv) Leisure and recreation v) Inclusion vi) Child protection vii) Social and cultural practices viii) Birth registration ix) Child participation x) Conclusion and Recommendations.

4. General Questions

These questions were intended to open the conversation with interviewees and stimulate their thinking around children's wellbeing and rights. Thus, for this section, we present data only from the interviews. For the remaining sections, we integrate both document review and interview findings. Each respondent was asked about their wishes for children in Tanzania. The respondents' wishes considered a child along the continuum of care, from pregnancy to adolescence. This indicates that there is a stronger relationship between child growth with services or protection they need to access.

"I wish to see Tanzanian children in general exercise their rights. If you look into details, a Tanzanian child has several rights. The right to live, the right to be listened [to], the right to be developed, the right to choose what s/he wants," – Government official.

Another respondent echoed the same. They wished that one day, Tanzanian children live in an environment that is violence free. The respondent still felt that, despite that the country has ratified different conventions, there are still gaps in ensuring that children are protected.

“However, some of their rights are being violated or not being enjoyed by the children accordingly. As the government, we have signed and ratified different charters on how a Tanzanian child should be treated. But some of the things are still missing particularly shortage of social welfare officers at lower level to enforce children rights,” – Government official

One example is the lack of a comprehensive guidance on the application of diversions and alternative measures that would work to keep children away from the mainstream criminal justice system. One respondent noted that they wished there was an excellent justice system.

Table 5: Wishes for Tanzania Children, as described by government and civil society stakeholders interviewed in Phase 1

Wishes for children in Tanzania	CSO Perspectives	Government officials wishes perspectives
	<ul style="list-style-type: none"> ● Children are treated with dignity. ● Children whose rights are violated have the opportunity to access justice. ● Children grow in areas free from violence. 	<ul style="list-style-type: none"> ● I wish all children, regardless of their family economic status and vulnerability, access all basic requirements equally. ● Community recognizes and protects the children, even if they are vulnerable, they need to enjoy their rights. ● Government laws to recognize children with disabilities and vulnerable children. ● Address the missing things in the ratified charters. ● Children to be protected from preventable deaths. ● All children to be protected. ● To have an excellent Juvenile Justice System ● Child access to basic services and interventions to reach children age 0-3.

4.1 The most difficult issues facing children in Tanzania

Respondents were asked about the most difficult issues facing children in Tanzania. Respondents mentioned several challenges that children are facing. These challenges start from the family level all the way to school and community level – (Figure 2). At the family level, many children lack good care and as a result many of them are exposed to things which can affect them, and they can't realise that because they are still young.

Among the common difficult issues facing children in Tanzania includes the realisation of their rights. However, two respondents highlighted that most difficult issues facing children are lack of good care as a result of neglect by their parents, especially when they go to the fields for farming activities. This exposes the children to vulnerable environments. Since other children are still being breastfed, they need to be with their mother most of the time and leaving them at home with other people, especially house maids, to take care of them in their absence may adversely affect their health,

Table 6: Most difficult issues facing children in Tanzania, as described by government and civil society stakeholders interviewed in Phase 1

The most difficult issues facing children in Tanzania	CSO Perspective	Government Officials Perspective
	<ul style="list-style-type: none"> ● Inconsistencies of laws, especially on age to start early child education and marriage. ● Access to justice for those who have their rights violated. ● Children are not safe in areas where they are expected to be safe – perpetrators mostly are guardians, relatives, and neighbours. 	<ul style="list-style-type: none"> ● Children are still exposed to all kinds of violence the perpetrators or the people responsible for the violence. ● Children under five are neglected, especially those whose parents leave the house to earn income. ● Children left with maids are not fed well as house maids in most cases don't see the importance of feeding the child every time. ● Children left under the care of house maids sometimes suffer from diarrhoea due poor hygiene.

The most difficult issues presented in an ecological model:

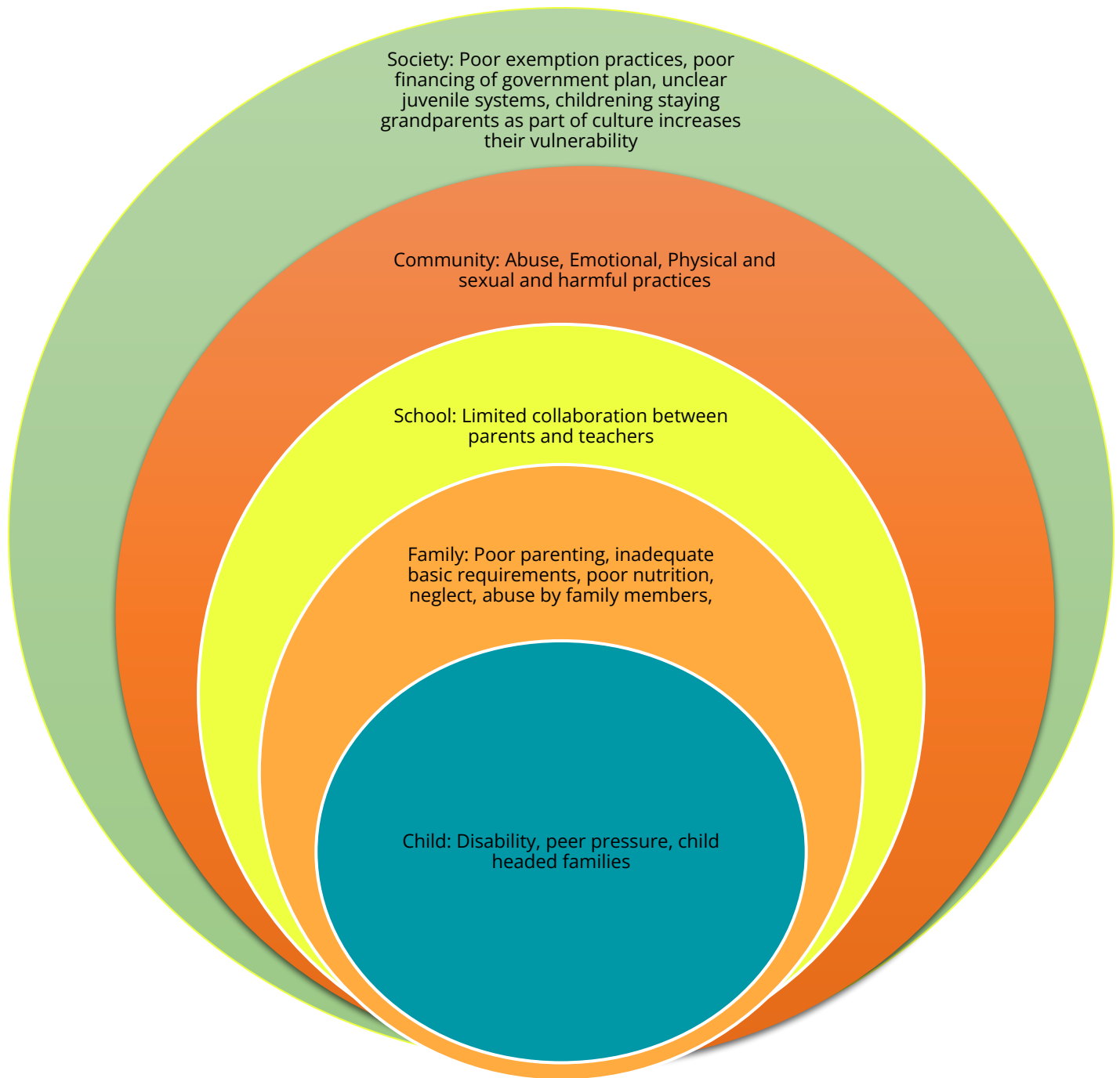


Figure 2: Challenges facing children as identified from interviews

5. Child Survival

5.1 Definition and magnitude of the problem

“Child survival concerns are the efforts adopted by the government and non-government stakeholders to reduce child mortality. This involves adapting and implementing interventions such as immunisation, adequate nutrition, safe water and food that are geared to combat addressable causes of deaths. This includes diarrhoea, pneumonia, malaria, and neonatal conditions.”⁹

The causes of most child deaths are preventable and treatable. In 2019, children aged 1 to 11 months accounted for 1.5 million of these deaths while children aged 1 to 4 years accounted for 1.3 million deaths. New-borns (under 28 days) accounted for the remaining 2.4 million deaths. An additional 500,000 older children (5 to 9 years) died in 2019.¹⁰ Children also die due to Injuries (including road traffic injuries and drowning). Sub-Saharan Africa remains the region with the highest under five mortality rate in the world. Tanzania is amongst the top ten for countries with high under five mortalities.

Table 7: Top 10 countries with the highest numbers of deaths (thousands) for children under-5 years, 2019

Country	Under-5 deaths	Lower bound	Upper bound
Nigeria	858	675	1118
India	824	738	913
Pakistan	399	343	465
Democratic Republic of the Congo	291	187	440
Ethiopia	178	146	216
China	132	116	152
Indonesia	115	97	139
United Republic of Tanzania	103	78	172
Angola	93	43	172
Bangladesh	90	82	99

Source: <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

9. <https://www.google.com/search?q=child+survival+definition&oq=child+survival+&aqs=chrome.1.69i59l3j35i39j69i57j69i60l3.5899j0j7&sourceid=chrome&ie=UTF-8>
10. <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

The African Charter on The Rights and Welfare of the Child Article 5 provides that:

- (1) Every child has an inherent right to life. This right shall be protected by law.
 - (2) State Parties to the present Charter shall ensure, to the maximum extent possible, the survival, protection and development of the child.
 - (3) Death sentences shall not be pronounced for crimes committed by children.
-

5.2 Government Policies on Child Survival

This section focuses on the aspects of child survival with regard to child health. In this section, policies, strategies and interventions for enabling child survival are presented

5.2.1 Major government initiatives in response to the Charter with regard to child survival

Child Development Policy 2008

Child survival issues are stipulated in Tanzania Child Development Policy of 2008 and National Health Policy of 2007. The Child Development Policy of 2008 policy provides that

“Development of child involves their health growth physically, intellectual, ethical and spiritually. The presence of the Child Development Policy, second edition will help to reduce or to eradicate problems which emanate for not fulfilling the essential basic needs. The needs of the children differ according to the stages of growth.” Child Development Policy, pg. 14

The policy further outlines how what should be considered at each stage of child development as presented in page 14 of Child Development Policy:

- i. **Pregnancy (inception) to one year:** At this stage, precaution should be taken in order to ensure the safety of the mother and the child before and after delivery. Other needs of pregnant mothers are nutrition, health services, preventive vaccination and breastfeeding.
- ii. **From two years to five years:** The essential needs include nutrition, conducive environmental sanitation, care, health survival, pre-education, playing centre

facilities in order to prepare them to grow physically and intellectually.

iii. **From six to thirteen years:** Basic need at this stage includes survival, protection, development, involvement, participation, counselling in order to take precaution on early pregnancies, use of illicit drugs and involvement in worst forms of child labour at tender age

iv. **From fourteen to under eighteen years:** In this stage, the needs for the child include survival, protection, education and participation. In addition, they need protection against early marriages and pregnancies, sexual transmitted diseases and HIV AIDS. Also, they need to be empowered so as to be self-reliant.

National Health Policy 2007

The National Health Policy of 2007 provides directives with regards to service availability for children below one year and those within 28 days of birth (section 6.6). Further, it provides directives to address issues of nutrition to children (section 1.1.1). In enhancing access to services to all children the policy also provides directives to exempt all under five children. Friendly services for adolescents are also advocated for.

Among the policies which are available and mentioned by two respondents was the Health Policy of 2007 on children's health and access to health services, which stipulate that all children should have access to health services while those who are under five years should be exempted from paying fees for health services. In order to ensure a wide coverage of health services to all people, the policy was amended and introduced an improved Community Health Fund insurance (iCHF) which covers six family members to enable the community to access health services from lower to higher level, as explained by the government official from PORALG. According to him this policy has been strongly implemented.

"There is health policy of 2007 which has stated clearly that under five children are supposed to be exempted and health services for children who are above five can be accessed as well. Health policy has been amended, now we have universal health coverage where community health insurance known as iCHF has been improved. It covers the six family members..."
– Government Official

Apart from policies, the government has also prepared one plan II and Health Sector Strategic Plan IV, which are in place. Among the objectives is to reduce maternal death and improve the health of mother and child. Government officials admitted that these strategies have fairly been implemented, as quoted hereunder.

“Also, there are different strategies for maternal death reduction; one plan II and now we have HSSPV.” – Government official

5.3 Strategic Frameworks

a) Vision 2025 and National Five Year Development Plans

Several strategic frameworks exist to ensure that child survival in the perspective of health service delivery is taken care of. The five-year development plan 2015 -2020¹¹ and the 2020 -2025¹² all emphasise issues of reducing preventable deaths.

b) Health Sector Strategic Plan IV

These were translated further into a sectoral strategic plan and a costed plan of action. The Health Strategic Plan of 2015-2020 set indicators for reducing child mortality and expanding high impact child health interventions. Several indicators were identified that focused on improving performance in service delivery and the reduction of child mortality. According to the midterm review which was conducted in 2019, improvements have been recorded in reduction of child mortality, except a slow pace was recorded on neonatal mortality. (*The National Road Map Strategic Plan To Improve Reproductive, Maternal, New-born, Child & Adolescent Health In Tanzania (2016 - 2020) One Plan II*)

One plan 2015 -2020 strategy aimed at improving coverage of essential health care intervention packages for children and a reduction in mortality. The key areas addressed by one plan II include: better service provision from pre-pregnancy to postpartum stages using family planning, antenatal and emergency obstetrics, and newborn care interventions including birth registration.

c) National Adolescent Health and Development Strategy 2018 - 2022

Adolescent Health and Development Strategy has six priorities outlined hereunder:

11. <http://extwprlegs1.fao.org/docs/pdf/tan166449.pdf>

12. <http://extwprlegs1.fao.org/docs/pdf/tan205461.pdf>

Table 8: Priorities for Adolescent Health as per Adolescent Health and Development Strategy 2018 - 2022

Demand:	Focus on understanding adolescent’s health demand and better ways to address their demand in a manner that is friendly to them.
Engagement	Engage adolescents so that their issues are well understood by creating strong linkages with economic plans such as the ASDP II and agencies such as the MoEST to empower adolescents; promoting interventions that build adolescent competence, confidence, connection, character and caring involving diverse approaches; creating strong linkages with community development groups, community-based organisations and faith-based organisations to promote positive socio-cultural norms; and promoting adolescent participation and decision making at all levels.
Supply	<p>Ensure availability of effective and adolescent friendly health services through promotion of public private partnership.</p> <p>Strategies in this area include:</p> <ul style="list-style-type: none"> ● Promoting leadership and accountability across the healthcare delivery system; ● Introducing performance incentives to improve service delivery; ● Fostering PPP for adolescent health care delivery; ● Expanding the use of community-based delivery models; ● Promoting a comprehensive curriculum which includes courses such as SRH and life skills; ● Investing in enhancing the skills and capabilities of doctors, nurses, community development officers and teachers; ● And strengthening the supply and management of priority drugs and medical products that are considered critical for AFHS.
Policies, legislations and commitments	Update policy documents to fully recognise adolescents as a unique group and harmonise interventions and addressing policies that are unfriendly for adolescents access to services.

Financing	Strengthen resource mobilisation.
Data access	Streamline the data collection and dissemination process. Harmonise indicators used to collect adolescent data. Enhancing increased access of information to adolescents, gate keepers, educators and service providers; conducting programmatic and operational research and studies.
Coordination	Establish a functional coordination and implementation mechanism that takes into account a multi-sectoral structure, inclusive membership, top level leadership, effective governance, performance measurement, defined outcomes and resource mobilisation.

d) Primary Health Care Development Programme 2007 - 2017

The program aimed to accelerate the provision of quality primary health care services to all by 2017. The specific objectives were:

- i. To rehabilitate, upgrade and establish facilities at primary level to ensure equity and access of quality health care to all Tanzanians;
- ii. To upgrade and establish more training institutions to ensure quality and adequate availability of skilled human resources for health;
- iii. To fast-track capacity building and upgrade on job skills development for allied health workers to meet the needs of the primary health facilities;
- iv. To strengthen and maintain human resource database ;
- v. To provide standardised medical equipment, instruments, pharmaceuticals and sundries to all primary health facilities to ensure optimal performance;
- vi. To ensure that the referral system is operational, and where necessary to establish teams of consultants to conduct mobile clinics and outreach services to support health facilities quality health care and minimise unnecessary referrals;
- vii. To increase financial allocation to the sector with a view to attain the Abuja Call of 15% of the annual budget.

This program has been a game changer in promoting primary health care in Tanzania. Respondents also mentioned the construction of health facilities and improved the quality of health services that are among the strengths in the area of children's health in Tanzania.

“...Our government has constructed and improved health facilities especially from the lower level (village). The objective is to make sure that there is an easy accessibility of health services...” – Government official

In addition to that, improved health of under five children is attributed to bringing health services close to the community and enabling them to access easily as explained by another respondent.

“In Tanzania there is a great achievement especially for children who are under five because the government has brought health services close to the people by constructing health facilities, as many as possible. Initially, they were located very far and people would give up going to the facility to seek for medical attention due to distance...” – Government official

There is a significant improvement in children’s health as a result of the construction of health facilities at the lower level along with the improvement of quality of health services from the lower to higher level. This has pushed many expectant mothers to access health services from nearby facilities.

“Many health facilities have been constructed at lower level i.e from mtaa, village and council level. Services are available from dispensary, health centre to hospital level. So, service for children has been improved because expectant mothers now are accessing health service from their nearby place of residences.” – Government official

5.4 Civil Society Initiatives on Child Survival

The following are some of the key national-level civil society organisations working in child survival in the health sector. This information is extracted from the maternal and sexual reproductive health situation in Tanzania:¹³

13.

https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15404/825_Maternal_and_sexual_health_situation_in_Tanzania.pdf?sequence=1&isAllowed=y

Table 9: Civil societies on child survival national level

Organisation	Roles
Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) ¹¹ – MHCB (2012-ongoing)	CCBRT is a Tanzanian health care organisation which works to prevent disability, provide affordable medical and rehabilitative services, and aid the empowerment of people with disabilities and their families. It also seeks to prevent disability through early identification by strengthening the maternal and newborn health system throughout Dar es Salaam.
BMZ – Health insurance scheme & access to MNH services (2011-ongoing)	Since 2011, a health insurance scheme is in place in Tanzania’s Mbeya and Tanga regions, which aims to improve access to maternal and newborn health services of good quality for pregnant women and their babies (Grainger, 2016). It is jointly funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) via KfW Entwicklungsbank, and Tanzania’s National Health Insurance Fund.
USAID MEASURE Evaluation - EPCMD Since 2016,	USAID/Tanzania’s MCH programmes support activities in line with the Ending Preventable Child and Maternal Mortality (EPCMD) Initiative, which prioritises improved health for the most vulnerable women, girls, new-borns, and children aged under five years (USAID, 2018a).
Sanofi Espoir Foundation/ CAM-TAMA:	Safe motherhood and service delivery. The advocacy NGO Sanofi Espoir Foundation is working in Tanzania to improve maternal and newborn health.
Women and Children First (UK):	Women and Children First is supporting communities to save the lives of mothers and newborns in some of the world’s poorest communities. By supporting their NGO partner (Doctors with Africa CUAMM) they will enable their team in Tanzania to improve community engagement in health and wellbeing, encouraging people to get the quality of health care they need and is available.

Table 9: Civil societies on child survival national level

Organisation	Roles
White Ribbon Alliance (WRA) Tanzania:	PGSM In October 2019, WRA Tanzania launched the What Women Want Campaign results at the Parliament with Parliamentarian Group for Safe Motherhood (PGSM), with the Minister of Health, Community Development, Gender, Elderly and Children. WRA Tanzania’s new Strategic Plan 2019–2022 will increase access for all women and new-borns to quality maternal and new-born health services before, during and after childbirth.
Pathfinder International	In Tanzania, this organisation has pledged to stop preventable maternal deaths by making sure women receive high-quality, respectful maternal care at every point - from their home to the health facility. Since 2013, Pathfinder has partnered with the Touch Foundation and Vodafone Foundation to strengthen Tanzanian health systems, and pioneer innovative digital tools that connect underserved women to lifesaving maternal health care. Other funders include USAID and The ELMA Foundation.
UMATI	The NGO UMATI (Chama cha Uzazi na Malezi Bora Tanzania) was established in 1959. Since then, it has developed a comprehensive range of SRH services for the Tanzanian people. UMATI collaborates closely with and/or receives funding from the Ministry of Health and NGOs, such as Youth Incentives, the Japanese Organisation for International Cooperation in Family Planning (JOICFP), the German Agency for Technical Cooperation (GTZ), SIDA, and AMREF Health Africa.
AMREF	To reduce HIV infections by 75%, new HIV infections among children by <5%, AIDS related deaths by 70% and Stigma and Discrimination to 13.8%, all by 2023. To reduce the tuberculosis epidemic and burden by 50% incidence rate and 75% in deaths by 2025.

5.5 Reality in Child Survival

Reality with regard to child survival in health was explored using a reproductive, maternal, neonatal, and child health continuum of care framework – figure 3. The Continuum of Care recognizes that safe childbirth is critical to the health of both the woman and the new born child—and that a healthy start in life is an essential step towards a sound childhood and productive life.¹⁴ The focus is to elaborate existing policies, strategies, laws and initiative in ensuring survival. The section ends with a summary of key strengths and challenges as well as the takeaways for consideration in programming for child rights interventions at all levels.



PMNCH (2011). Adapted from WHO (2005) - Make every mother and child count.

Figure 3: RMNCH continuum of care model

5.5.1 Maternal and perinatal/postnatal care

Maternal health according to the WHO is defined as a state of total physical, mental and social well being, and not just the non-existence of illness or infirmity in all issues that has to do with the reproductive age of women.¹⁵ It includes the period from pre-pregnancy, pregnancy, labour and delivery and postnatal period.¹⁶ The perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth. Perinatal and maternal health are closely

14. The "Continuum of Care" for reproductive, maternal, newborn and child health (RMNCH) includes integrated service delivery for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and childhood. Such care is provided by families and communities, through outpatient services, clinics and other health facilities

linked.¹⁷ Postnatal care is the individualised care provided to meet the needs of a mother and her baby following childbirth. Although the postnatal period is uncomplicated for most women and babies, care during this period needs to address any variation from expected recovery after birth. The maternal, perinatal and postnatal periods are times where the mother and a baby are vulnerable. Most mortalities occurring within this period are preventable.

Several interventions and strategies are in place to ensure children survive from pregnancy to childhood. Antenatal care provides services that protect the mother and a child during pregnancies. Services such as the Prevention of Mother-to-Child Transmission of HIV and Malaria are some of interventions that are set to enhance child survival. So far, coverage of antenatal care is improving. During 2015-2018 there were major increases in the coverage of antenatal, delivery and postnatal care: ANC four or more visits increased from 37% to 59%, institutional delivery care from 66% to 78% and postnatal visit within 2 days after delivery from 42% to 68%. The increases occurred in all regions (MOHCDGEC 2019). Maternal mortality indicates limited improvement as according to DHS 2015/16 it stands at 556/100,000, a slight increase from where it was in 2010 DHS.

5.5.2 Infant and child mortality

There is a remarkable decline in under five and infants' mortality, with slow improvement in neonatal mortality (figure 4). Several factors contribute to the decline in under 5 mortalities. First was the high level attention to Reproductive, Maternal, Newborn and Child Health (RMNCH), improved breastfeeding practices, Integrated Management of Childhood Illness and high immunisation coverage.¹⁸ This was made possible by the ongoing improvement in health systems, service integration (malaria, HIV, family planning), decentralisation and sector-wide basket funding including increased coverage of child survival interventions, exclusive breastfeeding, insecticide-treated nets, integrated management of childhood illness, vitamin A supplementation and immunisation as well as the Prevention of Mother to Child Transmission (PMTCT).

15. <https://www.google.com/search?q=maternal+health+meaning&oq=maternal+health+meaning+&aqs=chrome..69i57.30464j0j15&sourceid=chrome&ie=UTF-8>.

16. https://www.globalfinancingfacility.org/sites/gff_new/files/Tanzania_One_Plan_II.pdf

17. https://www.who.int/maternal_child_adolescent/topics/maternal/maternal_perinatal/en/

18. <https://www.who.int/pmnch/activities/countries/tanzania/en/index1.html>

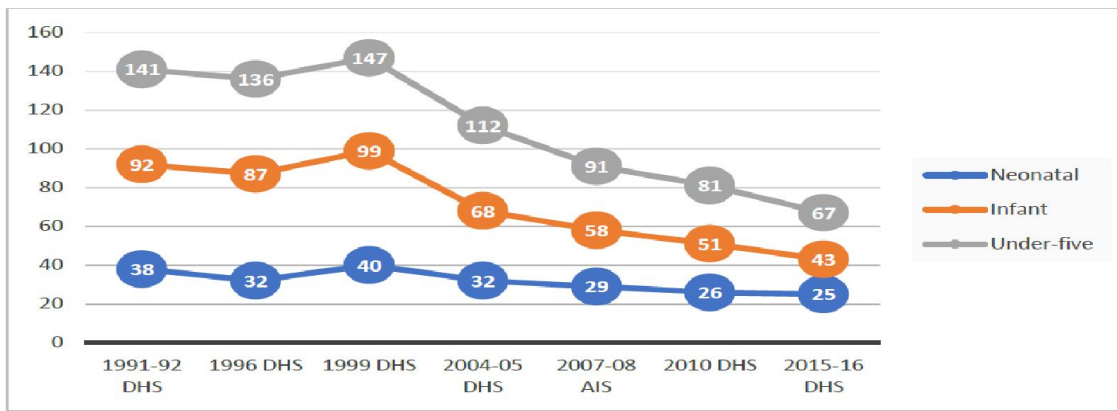


Figure 4: Under-5, infant and neonatal mortality per 1,000 live births, survey data

5.5.2.1 Immunisation

Despite overall progress on immunisation showing good coverage, inequalities between regions still exist. The current status as per the HSSP IV midterm review records 9 out of 10 infants get immunised (MOHCDGEC 2019). Three-quarters of the regions had an increase in penta 3 coverage during HSSSP IV, but there were still 8 regions with penta 3¹⁹ coverage below 85%. Five regions accounted for 50% of all infants not receiving penta3.²⁰

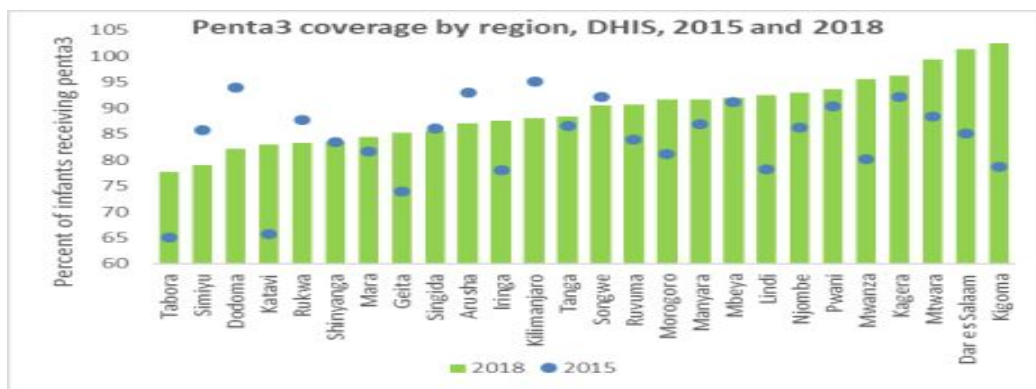


Figure 5: Penta3 coverage by regions

15. <https://www.google.com/search?q=maternal+health+meaning&oq=maternal+health+meaning+&aqs=chrome..69i57.30464j0i15&sourceid=chrome&ie=UTF-8>.
16. https://www.globalfinancingfacility.org/sites/gff_new/files/Tanzania_One_Plan_II.pdf
17. https://www.who.int/maternal_child_adolescent/topics/maternal/maternal_perinatal/en/
18. <https://www.who.int/pmnch/activities/countries/tanzania/en/index1.html>
19. Pentavalent Vaccine is a vaccine that contains five antigens (diphtheria, pertussis, tetanus, and hepatitis B and Haemophilus influenzae type b).
20. **Penta3** is the number (or percentage) receiving the third dose

5.5.3 Nutrition

Malnutrition is a significant problem in Tanzania, where 34% or 3.3 million children under 5 years suffer from chronic malnutrition (stunting or low height-for-age) and 5% suffer acute malnutrition (wasting) (2015–16 DHS-MIS). 58% or 5.6 million children suffer from anemia (2015–16 DHS-MIS). 4% of children under five are overweight (MOHCDGEC 2019).

The MOHCDGEC through the TFNC and Nutrition Stakeholders managed to attain the revision of the Food and Nutrition Policy of 1992, developed its implementation strategy (2015/2016 – 2025/26). From the strategy and outcomes of the National Nutrition Survey 2014, a National Multisectoral Nutrition Action Plan-NMNAP (2015 – 2020) was developed involving high level sector managers drawing on the leadership of the Prime Minister. The NMNAP was rolled out for implementation countrywide and across key sectors.

“In terms of nutrition the government emphasize[s to] women to send their children to clinics and when they attend clinic, they are taught the importance of healthy nutrition. This is how it is being implemented although it has not reached a level which is required. Every family member is supposed to be aware of it because child care is everyone’s role not parents only.” – CSO representative

Apart from poverty and other beliefs related causes, financing for nutrition is low and in most cases it has been vertically managed. Efforts are underway to integrate nutrition into council health plans. Therefore, budget accounting mechanisms (PLANREP) were revised in 2017, allowing for the detailed tracing of nutrition spending across sectors from the district up to the national level. It was established that clear budgetary measures have been initiated to make sure this ambition is realised.

On the other hand, limited awareness on the relationship between growth and children’s environments as well as nutrition was mentioned as an obstacle in early child development.

“The main challenge is low awareness of brain development concept. This is the foundation of the child brain development. From 0-8 years this [is] a period where you can shape who your child wants to be

because at this age the child learns easily and learning pace is also higher than any other age of human being specifically from 0-3 years. The child's ability to learn is higher in this age compared to any other age of a human being. As parents and care givers we don't know the dos and don'ts of this period. What good things should we do for instance we are supposed to let the child go and play but other parents if they find a child is playing and dirty will take a stick a[nd] flog him/her unknowingly playing is right of the child for the brain development. Healthy food; other parents think that healthy food is only meat but instead you can just prepare beans or spinach. When tell[ing] other parents that we should provide food at school they will ask you why? "A child is eating at home" But when was the last time a child to eat, you will find that it was yesterday at 8:00 pm. In the morning a child goes to school without breakfast. Will a child be able to learn? No, but a parent is not aware of that. There are so many things if we start analysing them...but the main challenge in our families is flogging and shouting at a child. These actions are not good for the child." – CSO representative

5.5.4. Adolescent health

Adolescents as defined by the WHO as follows:

"Adolescents' as individuals in the 10-19 years age group and 'Youth' as the 15-24 year age group. While 'Young People' covers the age range 10-24 year."²¹

According to the WHO, the chance in sub-Saharan Africa of a 10-year-old dying before age 24 is 6 times higher than in Northern America and Europe. Some of the causes include undernutrition, early pregnancy, infectious diseases including HIV, injuries and violence, according to the National Road Map Strategic Plan - To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania 2008 – 2015. In Tanzania more than half of young women under the age of 19 get pregnant or are already mothers, and the perinatal mortality rate is significantly higher for young women under the age of 20 (at 56 per 100,000 pregnancies) than it is for women aged 20-29 (at 39 per 100,000 pregnancies), and older women aged 30-39 (32 per 100,000 pregnancies). Hence the need to invest in adolescent sexual

21. <https://www.who.int/southeastasia/health-topics/adolescent-health>

reproductive health (SRH) services, including HIV/AIDS is paramount given the fact that SRH needs are not only basic human rights but that adolescents form a significant section of the population and bear a disproportionate burden of disease with regards to reproductive ill-health and HIV prevalence.²²

Adolescent girls aged 15-19 years have both the lowest contraceptive use rates and highest unmet need of about 9% in Tanzania. Inadequate adolescent sexual and reproductive healthcare, confidentiality is often not respected, and services are expensive and not youth-friendly as well as a short supply of medication are some of access barriers to adolescent sexual and reproductive health services. Table 8 presents the top ten regions leading in-child pregnancies.

Table 10: Top ten leading regions in child pregnancies (age 13 -15)

Region	Number of children who got pregnant 2018/19 age 13- 15
Dar es Salaam	166,338
Tabora	11,180
Morogoro	1,008
Mwanza	431
Songwe	271
Pwani	255
Lindi	191
Geita	147
Ruvuma	124
Shinyanga	110

Source: Social welfare department, PORALG 2018/19

5.5.4.1 Access to safe water and clean water

According to the HSSP IV midterm report, access to improved drinking water and sanitary facilities increased gradually but is likely to fall short of 2020 targets, particularly because of insufficient progress in the rural population. By 2017, 51% did not have access to improved drinking water and 76% did not have access to improved sanitary facilities.

22. <https://www.who.int/pmnch/countries/tanzaniamapstrategic.pdf>.

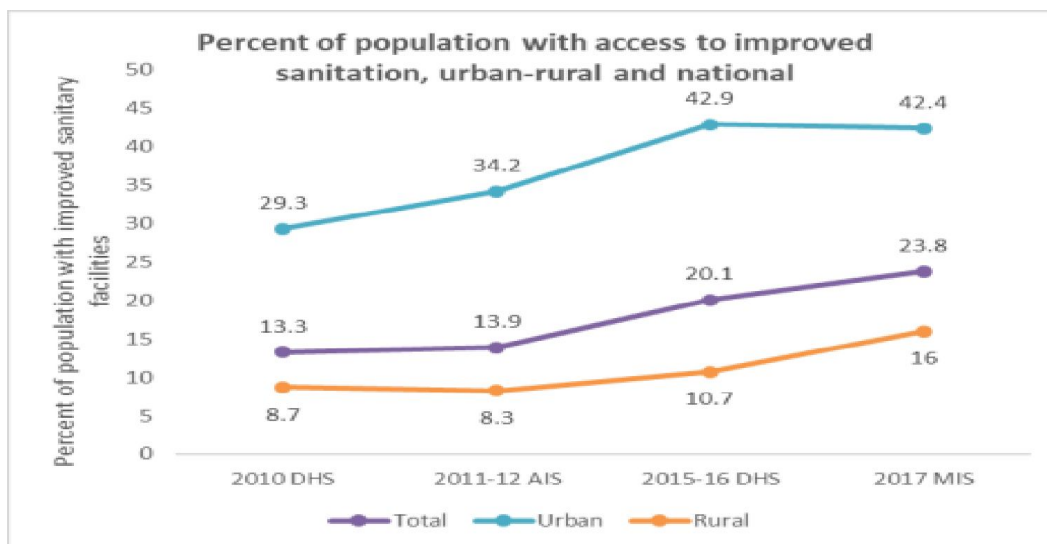


Figure 6: Access to safe and clean water

Source: HSSP IV Midterm review 2019

5.5.5 Children and HIV

According to the HSSP IV midterm report, access to improved drinking water and sanitary facilities increased gradually but is likely to fall short of 2020 targets, particularly because of insufficient progress in the rural population. By 2017, 51% did not have access to improved drinking water and 76% did not have access to improved sanitary facilities.

HIV prevalence in Tanzania mainland differs from region-to-region but the transmission rate is higher in Njombe, Iringa, Mbeya and Mwanza regions compared. In Zanzibar the rate is low, as there are 6,990 people living with HIV and it was reported that in 2018 new infection rate declined from 82,000 to 77,000 in 2019. There has been a positive impact on child survival and the prevention of mother-to-child during pregnancy while the challenge was on poor retention with pregnant 67% and lactating mothers 83% and contribute to transmission of HIV from mother to child (11% in 2019 below the global target 5%). The ART coverage was 66% in 2019 which is below the national target of 90% by 2022. The transmission rate among young women from 15-24 years of 2.4% is higher than their male counterparts at 0.6%. The budget for HIV and AIDS depends on donors such as PEPFAR and Global fund. Gender inequalities must be addressed in order to prevent HIV new infections among adolescent girls.²³

23. <https://www.unicef.org/tanzania/what-we-do/hiv-aids>

5.5.6 Drivers of achievement in child survival in health sector

The implementation of the primary health care development program improved service delivery coverage, especially on maternal and child health, considerably. The Big Results Now (BRN) initiative by the government is also another important contributor to the improvement in child survival. Inequalities in Reproductive Maternal Neonatal and Child Health (RMNCH) coverage are substantial. BRN's focus was to prioritise the existing resources to strategic sectors in order to realise big results. The initiative was a kind of results-based funding, with ear marked achievements targeted. During HSSP IV there was a reduction of the regional gap, especially in 2017-2018, with a greater improvement in most of the BRN regions than in other regions (MOHCDGEC 2019). Support from development partners also contributes to the achievements, especially on family planning and community-based services.

It was mentioned by social welfare officers that the achievements were driven by enforcement of laws, guidelines and strategies for maternal death reduction, one plan II and Health Sector Strategic Plan IV (HSSP IV) as well as deployment of social welfare officers at a lower level. The motive behind this is to protect the children and ensure that they enjoy their rights.

“Enforcement of laws, guidelines and strategies for the aim of protecting the child. As the government we have enacted laws and prepared guidelines. Moreover, there [are] people (social welfare officers) who are responsible to ensure that children enjoy their rights.” – Government official

In addition to that the achievements are also attributed by commitment of the current leadership, the accountability of public servants and support from development partners.

“The driver of these achievements is first of all the current leadership. The president, along with other development partners, are committed to serve the people. They want to see the community accessing the services and tangible achievements compared to the past. The achievements are attributed to the implementation of the ruling party manifesto.” – Government official

Construction of health facilities is underway from lower to higher levels along with the provision of health education to the community on the importance of health insurance through improved community health funds, where up to six family members can be covered and get access to health services from dispensary to regional hospital at an affordable cost. Reproductive and child health care has been improved, with more than 90% children receiving immunisation. This has led to decrease in child and maternal mortality rate due to availability of medicine and reliable health services.

“We do have one plan two strategy which focus on improving labour, women and children services. And also, we do have vaccination program which helped a lot. Because if you see in vaccination, it is over 90%. And also, in health sectors, the malaria treatment and also HIV back in the days we used to lose children with HIV but nowadays there is a significant decrease due to availability of medicine and also, they can be identified earlier and taken to CTC.” – Government official

6. Basic Education

6.1 Child Development and Education

6.1.1 Definition of Concepts

Child development is defined as:

“The growth and development, that is, to the physical, cognitive, emotional and social changes an individual experiences from infancy through to adolescence.”²⁴

During this process a child progresses from dependency on their parents/guardians to increasing independence. Child development involves the biological, psychological and emotional changes that occur in human beings between birth and the conclusion of adolescence.

Education is defined as a:

“Process of facilitating learning, or the acquisition of knowledge, skills, values, morals, beliefs, and habits.”²⁵

24. <https://link.springer.com/referencework/10.1007/978-0-387-79061-9>

25.

<https://www.ohchr.org/en/taxonomy/term/815?page=29#:~:text=Education%20is%20the%20process%20of.morals%2C%20beliefs%2C%20and%20habits.>

“Education is the process of teaching and learning, usually at school, college or university.”²⁶

“The process of living through continuous reconstruction of experience is called education.”²⁷

The African Charter on the Rights and Welfare of the Child provides that every child has the right to an education, to develop his or her personality, talents and mental and physical abilities to their fullest potential. This education also includes the preservation and strengthening of positive African morals, traditional values and cultures. Governments should also take special measures in respect of female, gifted and disadvantaged children, to ensure equal access to education for all sections of the community.

6.1.2 ECD policies

Early Childhood Development is an important area needing attention of all actors as it requires an integrated thinking in addressing it. It is a multi-sectoral issue covering health and nutrition, education, and social protection, and refers to the physical, cognitive, linguistic, and socio-emotional development of young children (Naudeau, Kataoka et al. 2011). The focus is on children up to the age 8. This is because the early years of life matter as it is in this age in life where children are more likely to survive, to grow in a healthy way, to have less disease and fewer illnesses, and to fully develop thinking, language, emotional and social skills and later in life, they have a greater chance of becoming creative and productive members of society

Emphasis to ECE in Tanzania has been marked since 80s when it was realised, through the National Economic Programme of 1981-2000, that the success of the programme was linked to the growth and development of children (Mtahabwa 2011). However, the challenges of inconsistencies between policy documents exist. For example, Early Childhood Education in the context of Tanzania is for children aged 5-6 years.²⁸ Whereas the 2014 Education and Training Policy stated the age for early childhood education is 4-5 years. It was noted that there is a challenge of implementing the current education policy because the law was not revised to suit the requirements of the policy.

26. Longman Dictionary of contemporary English

27. John Dewey

28. URT Education and Training Policy 1995

“It is well implemented however the challenge is we are still using a law of 1978. The current policy is not powerful because the law has not been amended. This new policy state that primary education ends in standard six but it [is] impossible to implement it because the law does not state that. It says standard seven that is why even the existing minister of education refused primary education to end in standard six because the law states standard seven. The law of 1978 was not reviewed.” – CSO representative

6.1.3 ECE government initiatives

Early childhood development and education in Tanzania is traceable to the 1980s. By then the early child centres were mostly run by the private sector and followed Montessori theories (Mtahabwa 2011). Its development was accelerated by combined efforts between private and public institutions. The practice indicates differences in enrolling children into ECE between the public and private sector. While the private sector deals with children of 0-4 years, the public sector focuses on 5-6-years old 1995 education and Training Policy.

Comprehensive early learning is important to prepare children for requisite formal education. The Government of Tanzania recognises that effective learning at primary level and beyond has its foundation in early child development (ECD), including pre-school learning in which children start to be introduced to disciplines and positive attitude towards learning (URT 2016). ECD starts with parents being prepared to be mothers and fathers as well as family bearers; with a vision for and responsibility of fulfilling the aspirations of development and growth of their children. Poor child health at birth, and poor child growth eventually leads to low productivity at adulthood (*ibid*).

Government has indicated a positive move to guide efforts in the provision of ECE through the provision of policies and guidelines. Tanzania Development Vision 2025 aims at transforming the education system to enable it to contribute in the production of human capital that aligns with the socio-economic change intended. The traits of the human capital described in the vision 2025 includes those with a competitive mindset. This is hardly achieved at old age; it is inculcated in children's mind sets at their earlier stage in life.

ECE is provided in both public and private centres. It is coordinated under two ministries. The care of children ages 0-4 is coordinated under the department of Social Welfare of the Ministry of Health, Community Development Gender, Elderly and Children (MoHCDEC), while the care and children of age 5 to 6 are coordinated under the Ministry of Education, Science and Technology (MoEST).

6.1.4 2014 Education and Training Policy

The 2014 Education and Training Policy (2014 ETP) emphasises compulsory Pre-Primary Education. Section 3.1 of the policy states that:

“Each child aged between 3 and 5 years should be enrolled in a compulsory one year of pre-primary.”

The 2014 Education and Training Policy provides compulsory basic education to cover pre-primary through to lower secondary levels. The pre-primary level covers one or two year(s) of schooling enrolling children aged 4-5 years. At this stage a child is to be equipped with basic literacy skills required for further education development which includes reading, writing and arithmetic.

“The policy says that pre-primary education is mandatory to all children of 5 years and they should study for one year. According to the policy a child is not allowed to go to standard one with attending pre-primary education”
– CSO representative

“Equal opportunity towards access to free inclusive pre-school and pre-primary education. Currently, children age 4-6 attend pre-primary school.” – Government official

Respondents also mentioned that there is a great improvement in terms of coordination and oversight, this is made to happen because all players are guided in the provision of ECE.

“There are huge achievements. Initially we did not have guidelines but now they have already been signed. In the past everyone would just decide and establish a day care centre but now there are guidelines to guide them.” – CSO representative

Another effort from the government side is stakeholders' engagement in addressing ECE and the involvement of stakeholders in the development of guidelines.

"Nowadays the government is serious. Previous it was just preparing guidelines and just bring to the stakeholders without being involved....and from there it will go to lower level." – CSO representative

The oversight also is said to have increased efficiency of social welfare officers at periphery levels. It was reported the few available are doing their jobs well. Social welfare staff educate communities on the importance of enrolling their children into ECE.

"Also, social welfare officers although there is a shortage but the existing ones really do their job as they reach people and facilities to educate people." – CSO representative

6.1.5 Child Development Policy 2008

The Child Development Policy 2008 sets the intention of the government in terms of how families and all actors regard the upbringing and basic rights of children, specifically on how to care, protect, and develop children. It further provides policy statements on the establishment of pre-schools, including the importance of providing essential school materials and improving the academic quality of ECE teachers and updating the curricula.

6.1.6 National Policy on Disability 2004

This policy insists on addressing diversity in every aspect including education. It provides special attention to women, elderly and children and stresses the importance of identifying vulnerable groups including those with additional vulnerability. Specifically, for children it emphasises on interventions that will reduce the chances of children to develop preventable disabilities. It further emphasises prioritising children with disabilities in education.

6.1.7 National Strategy for Gender Development

The strategy focuses on equal opportunity to education and child development by calling for actions on issues leading to malnutrition as well as laws that discriminate against children as a group, and/or gender discrimination within children. Further it

promoted sensitization and motivation for community members to participate in constructing and renovating schools to increase girl's enrolment, teachers' capacity building on gender as well as the provision of adequate gender-sensitive teaching and learning materials.

It was reported that the government developed guidelines for the establishment and implementation of day care centres and also a set of activities for a daycare worker. It was noted that it is in the process of developing curriculum.

"They have developed a guideline for establishment and implementation of day care centres also there is an activity guideline for a day care worker. They are in the process of preparing a curriculum so that all college private and government use the same curriculum. So, there are initiatives. Currently, the government is working together with other stakeholders to develop a national multi-sectoral ECD guideline. It is also in the process and about to be completed. Therefore, the government is taking initiatives." – CSO representative

6.1.8 Stakeholder engagement

Another government initiative mentioned includes stakeholders engagement in the provision of ECE. This was also reiterated by CSO respondents.

"The government of Tanzania agreed to provide ECE in partnerships with parents, community, and nongovernmental organisations Ministry of Education and Culture, 1995." – CSO representative

6.1.9 Civil society initiatives in ECE

CSOs involvement was identified in the following areas:

Financial support to government

Apart from service delivery, CSOs have been instrumental in supporting the guidelines development by contributing on content or by supporting the government financially to develop the guideline.

"CIC was a leader in funding and looking for other donors for this national multispectral ECD guideline." – CSO representative

“Another initiative touches the domain framework of nurturing and care framework meaning that nutrition, health, security and protection, opportunities for early learning and ...so it touches all the five domains of nurturing and care framework.” – CSO representative

CSOs reported getting engaged in community based work on ECE.

“Other initiatives which we have taken as an organisation are project based in three regions (Morogoro, Mwanza and Dodoma). We work with day care centres and we focus on pre-primary education so we provide capacity building training on teachers and care workers who care for 3-4 years, children in order to implement learning and care activities for young children.” – CSO representative

6.1.10 Availability

There were 79,986 children who were in private child care centres. There were 135 private and 48 government child care centres. Children living in risky environments do receive a variety of support such as psychological support, education, nutrition, education support in terms of needs, health services.²⁹ In addition, communities also provided support for children in terms of day care centres. On the other hand, the government is promoting community-based Early Childhood Development Centres. These are meant to help take care of the children while their families go to look for their daily subsistence.

“For instance, currently there are community ECD centres being constructed. For instance, if parents go to the field or herd cattle, they can leave their children in those ECD centres.” – Government official

“Free Inclusive Pre-primary and Pre-primary By-law, each primary school must have at least one pre-primary classroom.” – Government official

29. Reported cases on violence against children 2018/19 PORALG social welfare unit

In addition, the government has provided that in each primary school there should be a pre-primary school unit and this is in accordance with the law. This is not only meant to help with parenting but also serve as an important preparatory mechanism for children before they join grade one.

Furthermore, the issue of inclusion is given due attention. There is a directorate and director of inclusive education.

“First of all, if you go to the ministry of education there is a directorate and director of inclusive education. This itself is an achievement.” – CSO representative

6.1.11 Quality

Remarkable efforts by government and non-governmental stakeholders exist in improving the quality of ECE through teacher capacity development programs. The main focus was to improve the availability of teachers. The curriculum has been reviewed to embrace ECE competencies in line with the implementation of the Education and Training Policy of 2014. The program aimed at building skills of teachers on: Management and administration of a class and children, preparing teaching and learning materials, utilising different teaching and learning methods and assessing and evaluating child development and recognizing sounds/phonemics.

“.. Tanzania Education Authority which is responsible for preparing curricula for all levels, prepared a curriculum for pre-primary education. So now we have a curriculum for pre-primary.” – CSO representative

In 2009, it was found that there is a rural-urban divide with regards to several quality variables. The rural classes had less space, larger group sizes, less favourable teacher/pupil ratios, fewer instructional resources and less qualified teachers (Mtahabwa and Rao 2010). The situation has not changed much despite efforts to add classroom desks that were said to be inadequate in almost all areas of the country.

Provision of pre-schools by the Government in every primary school countrywide and provision of teacher training in pre-school education in the Government Colleges are some of the government efforts to address ECE quality challenges. There were 14,958

with ECE specialisations starting from PhD to certificate levels. Out of this 67% are female and around % are qualified PPE teachers in government streams.

Table 11: Number of Qualified Pre-Primary/ECE Teachers

Qualification	Qualified PPE Teachers in government and non-government schools / stream	
	# of Teachers	Number of Females
PhD	28	22
Master	4	2
PGDE	10	5
Bachelor	101	73
Diploma	852	678
Grade A	9,835	6,605
Grade B/C	1,010	882
others	3,038	2,051
Total	14,958	10,318

PhD – Doctor of Philosophy PGDE Postgraduate Diploma in Education. Source EI (2017) pg 24

6.1.12 Access

Pupil enrolment in ECE is improving and so is the pupil/qualified teacher ratio. Pupils' enrolment to early learning improved from 33.4 in 2015/16% to 50% in 2018. Net enrolment and pupil/qualified teacher ratio was reduced from 77.1 to 50.1. The improvement with regard to enrolment is attributed to government policy of compulsory pre-school education. The baseline data in 2015/16 indicated only 54.8% of Standard I pupils had at least one year of pre-primary and 2018 it increased to 75.6%. Regional disparities exist in terms of ECE enrolment (Figure 10).

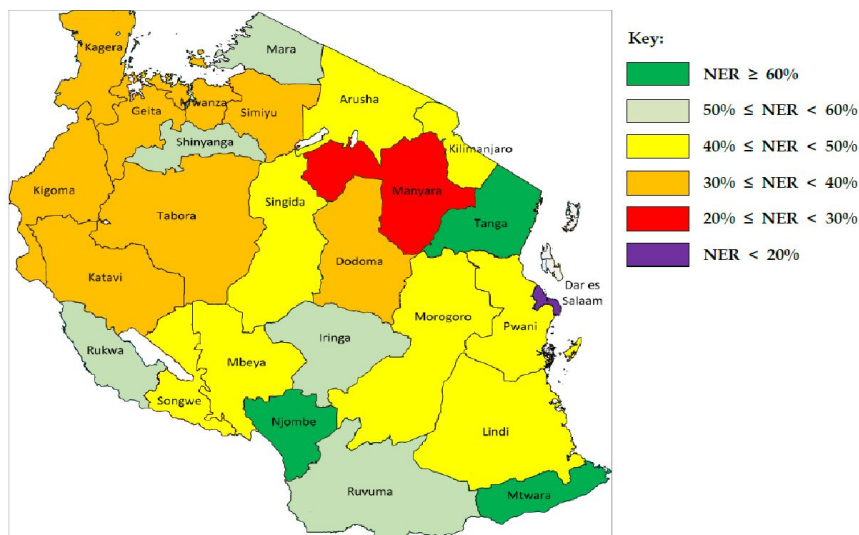


Figure 7: Map of Pre-Primary Net Enrolment Rate by Region
Source: MoEST annual performance report 2018

This aligns to the Sustainable Development Goals target 4.2 that requires by 2030 all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education (Kapinga 2017).

“In fact, there is an achievement and it should reach a point where we have to congratulate ourselves because a huge number of children have been enrolled to schools and get the required facilities at school as well.” – Government official

Table 12: Enrolment in early learning 2014/15 to 2020/21

Indicator	2014/15	2020/21
Early learning	36.9	95
Gross enrolment (%)	33.4	50
Net enrolment	77:1	50:1

It was learnt that not all families take their children to pre-schools at a recommended age. In some areas if the child did not attend pre-school and is already 7 they will still be taken to pre-school first because teachers feel that they will not cope with those who attended pre-school. Hence, children delay starting Standard I and get to adolescence while they are still in lower grades. This aggravates dropout.

“If a child is 7 is taken back to pre-primary education. It was a challenge because those children are grown up and reach adolescence while they are still in lower grades... I came across an incident in Misungwi where there was a child of 9 who is in pre-primary school.” – CSO representative

The reasons behind delaying a child's start in early education on time is because they are perceived as too young to manage the walking distance to school (EI 2017). This is always the case for government schools. On the private providers who are 5%, the situation is contrary. It is common to find children aged three and four years in private schools due to availability of transport and food (*ibid*). Another reason mentioned was lack of awareness among parents and communities.

6.2 Areas of Need and Opportunities for Community Action

Areas of Need

The challenge is inadequate awareness on the importance of pre-primary education and distance to school. According to respondents the awareness problem is on both parents, community leaders and some teachers as well. Another challenge is the distance from pre-primary school. Some parents do delay enrolling the children because the school is far for young children.

“Challenges are still there especially lack of awareness of the importance of pre-primary education to community. When I talk to respective people even those in the field you see the person is not well aware of the pre-primary education. A teacher doesn't know the importance of pre-primary education so does the head teacher, what do you expect from a parent” They were not sending their children to pre-primary education because they don't see the importance instead, they wait until standard one.” – CSO representative

Potential areas for community activities in ECE

- Community awareness programs:

“So, what we do through teachers and Social welfare officers is to educate the community in order to reduce the existing challenges facing children with special needs.” – Government official

- Establishment of children’s play and reading centres in the villages. This has been one of the proven community based interventions for low and middle income countries (Maulik and Darmstadt 2009).
-

6.3 Primary and Secondary Education

The African Charter on the Rights and Welfare of the Child stipulates in Article 11:3 State Parties to the present Charter shall take all appropriate measures with a view to achieving the full realisation of this right and shall in particular:

- (a) provide free and compulsory basic education;
- (b) encourage the development of secondary education in its different forms and progressively make it free and accessible to all;
- (c) make higher education accessible to all on the basis of capacity and ability by every appropriate means;
- (d) take measures to encourage regular attendance at schools and the reduction of drop-out rates;
- (e) take special measures in respect of female, gifted and disadvantaged children, to ensure equal access to education for all sections of the community.

According to the ETP (2014), the education system was set to be restructured to be 11 years of compulsory basic education meaning six years’ primary school, four secondary school, two high school and three or more tertiary for education. The six years of primary school did not happen to date because the law in operation is set at seven years, meaning the six years will not be in operation because this is yet to be accommodated in the new Education Act.

6.3.1 Policies

Tanzania ratified both regional and international treaties for protecting the right to education. This aligns with the country’s constitution. In November 2015 the government issued a circular directing public bodies to ensure that secondary education is free for all children. This was executed by the removal of all fees and contributions. Primary education has been free since 2011. However, with regard to primary schools there are several challenges:

- i) Inconsistencies between policies and Education Act needing harmonisation;
- ii) Minimum marriage age for both sexes is not equalised and still for girls is 15 and boys is 18;
- iii) As mentioned in earlier sections, the rate of adolescent pregnancy is high and if a girl becomes pregnant, she is not allowed to continue with education iv) Still corporal punishment is allowed;³⁰
- iv) The free education covers exam fees, it does not cover school and sports uniforms and learning materials such as exercise books and pens. This continues to be a challenge to poor families.

6.3.2 Availability of primary and secondary school

The number of primary and secondary schools increased from 2015 to 2019. Secondary schools increased from 4,708 schools to 5,001. The primary schools increased from 15,966 to 17,804. There were 3,742 public secondary schools and 1,259 private secondary schools in 2019. Public primary schools by 2019 were 16,233 and private schools were 1,581 (NBS 2019).

6.3.3 Access to primary and secondary school

Education as a national priority in Tanzania has been traced since 1961 which informed the education strategy. The government of the United Republic of Tanzania is committed to the provision of basic education that encompasses pre-primary, primary and ordinary level secondary education, and that the primary education and ordinary level secondary education have been made free and basic. This was done by the abolition of several fees that parents were paying, especially school fees. Several studies in the country and outside indicated that school fees are the main obstacle to enrolment and persistence for children from low income households (Kapinga 2017). This conforms with the Sustainable Development Goals Target 4.1 that requires by 2030 all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes (*ibid*).

Apart from the abolition of school fees other efforts have been ongoing including construction of schools and improvements in the policy frameworks. Figure 8 outlines other efforts. 2015 indicate several developments in terms of policy and other overall guidance- figure illustrates government initiatives

³⁰,

https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/RTE_Country_Facsheet_Tanzania_January_2015.pdf

2015 One-year free compulsory education		National ECE curriculum focusing on three Rs (reading writing and arithmetic)	
	2015 All public schools to have at least one class of pre-primary		2015 All public pre-primary school must have one qualified teacher (2 years certificate level)

Figure 8: ICE initiatives by government

By 2019 enrolment to public secondary schools increased from 1,339,823 (2016) to 1914735 and private secondary schools it decreased from 308,536 (2020) to 0270,302 (NBS 2019).

Table 13: Enrolment of Students in Government and Non-Government Secondary Schools by Sex and Grade, 2016- 2018

Name of Indicator and Level of Disaggregation	2016			2017			2018		
	M	F	T	M	F	T	M	F	T
a) Forms 1-6									
Grand Total	905,896	901,059	1,806,955	947,407	961,450	1,908,857	1,056,498	1,091,968	2,148,466
Government	741,603	727,986	1,469,589	781,077	784,124	1,565,201	894,647	920,039	1,814,686
Non-Government	164,293	173,073	337,366	166,330	177,326	343,656	161,851	171,929	333,780
b) Forms 1-4									
Total	824,767	850,826	1,675,593	863,718	904,172	1,767,890	965,305	1,025,716	1,991,021
Government	683,293	693,756	1,377,049	723,639	744,319	1,467,958	831,825	872,887	1,704,712
Non-Government	141,474	157,070	298,544	140,079	159,853	299,932	133,480	152,829	286,309
c) Forms 5-6									
Total	81,129	50,233	131,362	83,689	57,278	140,967	91,193	66,252	157,445
Government	58,310	34,230	92,540	57,438	39,805	97,243	62,822	47,152	109,974
Non-Government	22,819	16,003	38,822	26,251	17,473	43,724	28,371	19,100	47,471

Source: MoEST 2018 performance report

Enrolment in public primary schools increased from 8,011,229 (2016) to 10,174,237 (2020), a 21% increase where in private primary schools there was a double increase from 287,053 (2016) to 431,193 (2020) a 33.4% increase (NBS 2019). The NER for primary education was 91.1% in 2018 and surpassed the target of 90% which was set to be achieved by 2020. The proportion of children of basic education school age who are out of school in 2018 was reduced to 14%, ahead of the 2020 which was 19%.

6.3.4 Quality in primary and secondary school

School infrastructure such as classrooms, desks, chairs, libraries and toilets including pupil qualified teacher ratio are amongst quality parameters. The number of children that were unable to start secondary education due to a lack of space over the years from 2015 to 2018 were 300,000.³¹ The Pupil/Qualified Teacher Ratio in primary education was 1:52 in 2018.³² Although generally the national average seemed within acceptable range, the situation is not that good as still there are regional disparities. Some regions are better off and some are in very poor status as shown in Figure 11 and Table 12. For example, in Table 12, 15 regions (shaded red) are outside the acceptable range (acceptable rate ≤ 53).

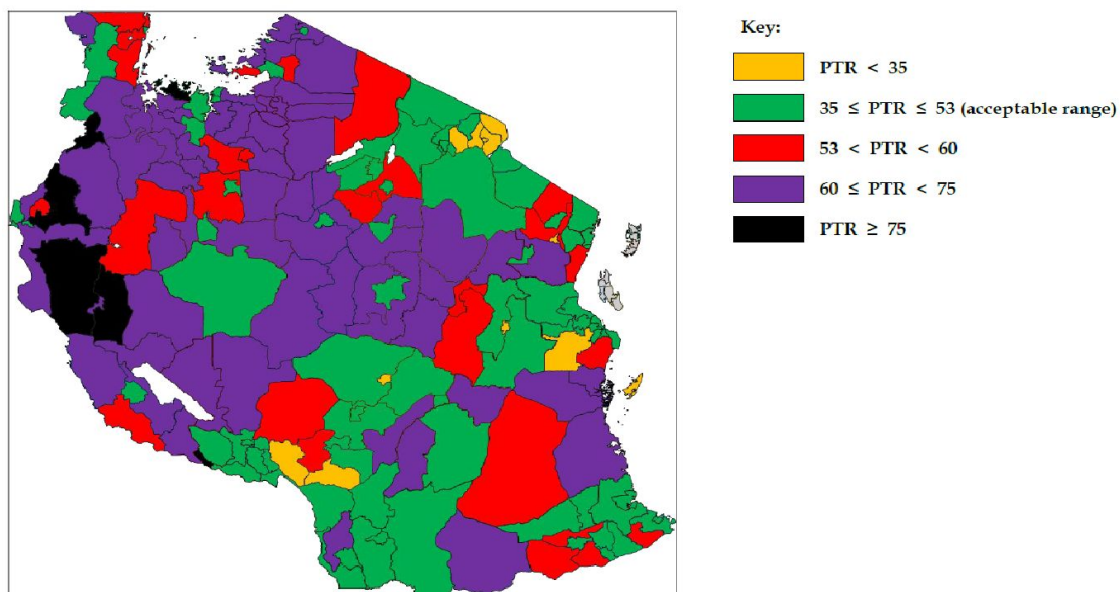


Figure 9: Map of Primary Pupil-Teacher Ratio by Council
Source: MoEST 2018 Annual Performance Report

31. <https://www.worldbank.org/en/news/factsheet/2020/03/31/tanzania-secondary-education-quality-improvement-program-s-equip>

32. <https://static1.squarespace.com/static/5ae8cdb955b02c7c455f14c5/t/5d27875c1c057b00019e8344/1562871658189/MOEST+P+performance+Report+2018+Draft+15.9.2018+for+circulation.pdf>

Table 14: Pupil Teacher Ratios (PTR) in government secondary schools in 2018 (acceptable rate ≤ 53)

S/N	Regions	Pupil/qualified teacher ratio	S/N	Regions	Pupil/qualified teacher ratio
1	Arusha	1:43	14	Mbeya	1:47
2	Coast	1:48	15	Morogoro	1:50
3	Dar es salaam	1:46	16	Mtwara	1:57
4	Dodoma	1:62	17	Mwanza	1:60
5	Geita	1:66	18	Njombe	1:41
6	Iringa	1:42	19	Rukwa	1:52
7	Kagera	1:56	20	Ruvuma	1:53
8	Katavi	1:75	21	Shinyanga	1:66
9	Kigoma	1:66	22	Simiyu	1:63
10	Kilimanjaro	1:35	23	Singida	1:63
11	Lindi	1:56	24	Songwe	1:55
12	Manyara	1:50	25	Tabora	1:72
13	Mara	1:62	26	Tanga	1:55

Source: MoEST 2018 Annual Performance Report

The average dropout rate in primary education in 2018 was 0.7%, well beyond the target of reducing the dropout to 5% by 2020. The trend in pass rate is improving generally and for girls as well. In 2019, candidates who passed were 81.50%, in which 395,738 (80.87%) were girls while 363,999 (82.20%) were boys. In 2020 a total of 833,672 out of 1,008,307 pupils sat for the exams, and 82.68% passed the examination. According to the MoEST 2018 performance report the percentage of schools with high performance has been decreasing from 12.6% in 2015 to 11.0% in 2017. This trend might be attributed to limited teaching and learning resources like adequate teachers, textbooks and basic school infrastructure. This situation is addressed through provision of capitation grants on time and in full and partly by the recruitment of teachers. In addition, the Schools Quality Assurance system that is

implemented is expected to address quality gaps in basic education. Improvements in terms of performance are seen on the parts of girls. This may be attributed to government, communities and key players in education advocacy and support efforts in promoting girls' performance. The number of girls who drop out of school due to pregnancy per year was 5,500 by 2018.³³

With regards to children's ability to read in Kiswahili, there is improvement from 29% in 2011 to 62% in 2017 for Standard III pupils while English literacy was 15% in 2017.³⁴ Overall literacy and numeracy was 42%. The same report also indicated only 23% of schools in the mainland had school meals programs with the exception of Kilimanjaro where 96.6% had school meal programs.

6.3.5 Gender in basic education

There is great improvement in terms of increasing the number of girls enrolling in basic education. The statistics provided in the previous section shows the good pace in closing the gaps between girls and boys. The same is seen in the pass rates generally but a big disparity still exists in science subjects' pass rates.

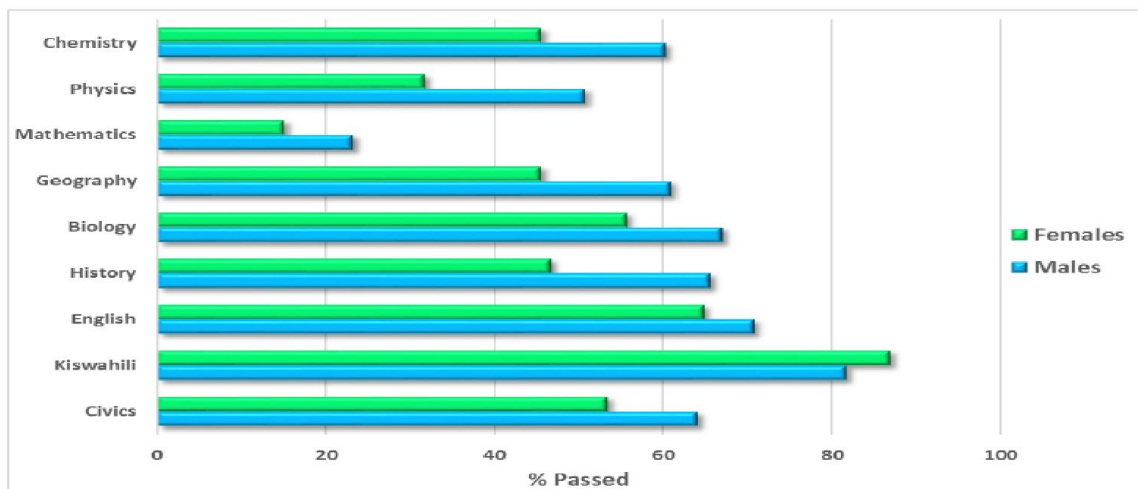


Figure 10: Gender-Disaggregated Performance in 2017 CSEE

Source: MoEST 2018 Annual Performance Report

Girls still face transition challenges while boys are more likely to transition to secondary school than girls. The reasons are several but early marriage and pregnancy prevent girls from making the transition. In 2014, a quarter of 15-19 year-old Tanzanian girls were pregnant or had given birth, and a third of all girls were married by the age of 18. In 2016, almost 3,700 girls dropped out of primary and

33.

<https://www.worldbank.org/en/news/factsheet/2020/03/31/tanzania-secondary-education-quality-improvement-program-sequip>

34. https://palnetwork.org/wp-content/uploads/2020/02/Uwezo-Tanzania-Report_2019_Final.pdf

and secondary education due to adolescent pregnancy (*ibid*). The problem is more prevalent in poor and disadvantaged families.

A rapid study conducted in Zanzibar by ENTAF for Save the Children indicated that children are exposed to risks of abuse as they travel to and from school which affects their attendance to schools. Due to the far distances between home and school, it becomes difficult for girls to travel daily, hence they are often forced to rent rooms in nearby private providers' houses that increase their vulnerability.

6.3.6 Out of school boys and girls

Out-of-school children are children of primary or lower secondary school age who are not in primary or secondary school (OOSCI 2018). These are children of primary and lower secondary school age (7-17). Out-of-school children are another segment of children that are not getting due attention. According to the OOSCI (2018) report about 67.1% of children 5-6 years do not attend school.

The rate of children not attending school (primary and above) was 56.6%. In total by 2018 there were 3.5 million children who were out of school. Out of this about 2 million were primary-school-age children and 1.5 million of lower-secondary-school-age children were out of school in Tanzania.³⁶ The majority of children drop out after completing primary school. The few who drop before completing primary school do it in early stages of primary education (Standards I-IV). There are several reasons contributing to narrowed chances for children to continue to further study as listed in Table 15 as gathered from Global Initiatives on Out of School Children.³⁷

35. <https://cambridgedevelopment.wordpress.com/2018/09/04/challenges-faced-by-the-education-sector-in-tanzania/>

36. <https://www.unicef.org/tanzania/media/596/file/Tanzania-2018-Global-Initiative-Out-of-School-Children-Country-Report.pdf>

37. <https://www.unicef.org/tanzania/media/596/file/Tanzania-2018-Global-Initiative-Out-of-School-Children-Country-Report.pdf>

Table 15: Barriers to school attendance (OOSCI 2018)

Supply side reasons	Demand side reasons
<ul style="list-style-type: none"> ● Severe shortage of quality teachers, particularly primary school teachers ● Unfavourable school environment because of insufficient classrooms and desks, poor sanitation facilities, often with no running water ● Widely spread corporal punishment ● Schools are too far away from children’s residences ● Enforcement of the education policy. Leading to late entrance to school is widespread, and so is non-attendance in schools ● Less effective school inspection ● Poor school level planning and weak supervision 	<ul style="list-style-type: none"> ● Poverty is a key reason why many children do not attend school – this is due to parents failing to meet other costs such as uniforms and exercise books ● Perception of low value of education held by parents, communities and children themselves ● Weak family structure, leaving many children without proper parental care of their education ● The high opportunity costs of schooling continue to keep children away from school. It is common for children, particularly boys, to start school late, and for girls to leave school early because of family responsibilities

6.3.7 Areas of needs and opportunities for community actions

Areas of needs

From the information gathered in this section, the policy of fee free education has increased enrolment in both secondary school and primary school. However, preparation in terms of availability of teaching and learning materials and qualified teaching staff and space remains a challenge. Girls transitioning to secondary schools and completing form four is a heavy journey filled with lots of obstacles such as early marriage and pregnancy preventing girls from making the transition. 36% of women marry before the age of 18 (Ministry of Health, Children - MoHCDGEC/Tanzania Mainland et al. 2016). The percentage of women aged 15- 19 who have either had a birth or are pregnant is 27%. There was an increase from 26% of 2004/05 and 2010 DHS which was 23% (Ministry of Health, Children - MoHCDGEC/Tanzania Mainland et al. 2016).

35. <https://cambridgedvelopment.wordpress.com/2018/09/04/challenges-faced-by-the-education-sector-in-tanzania/>
 36. <https://www.unicef.org/tanzania/media/596/file/Tanzania-2018-Global-Initiative-Out-of-School-Children-Country-Report.pdf>
 37. <https://www.unicef.org/tanzania/media/596/file/Tanzania-2018-Global-Initiative-Out-of-School-Children-Country-Report.pdf>

In 2016, almost 3,700 girls dropped out of primary and secondary education due to adolescent pregnancy. The girls from less advantaged backgrounds are twice as likely to be married at an early age than girls from middle-to-higher-income homes. Girls from poor families are also less likely to re-enter education through vocational training or private tuition, which most cannot afford (*ibid*).

The OOSCI 2018 report indicated that late entry and early departure from schools is a problem in Tanzania. 85% of children are at school age 11 and a third leave school by age 15. The report also establishes that at the lower secondary school, 46.9% of children are over-age for their grades. In total by 2018 there were 3.5 million children who were out of school. The same report also established that many children did not register, or they registered but dropped out after a short period of attendance.

Given that the challenge affects both boys and girls, limited interventions exist for boys. This is because most of the initiatives are donor supported and the programmes are planned outside the country.

“But challenges of most programs that come to us are planned from their own area of establishment outside the country. Even our to do list is already planned by the CSO and the NGOs concerned for those programs. So, when it comes here the headline is already saying our priority is on girls. So, the challenge is project to be designed in other countries and then brought to us to do be implemented in our country.”
– Government official

Opportunities for community-based interventions

There is a growing consensus that reforming public schools needs to be done in tandem with increased cooperation among the schools themselves and a new kind of collaboration with the families and communities served by the schools. Areas of engagement include:

- i. Engaging the community and parents in the management of a school and its committees;
- ii. Community influence over teacher recruitment in terms of creating soft landing for new recruits by provision of housing and support to get familiar with the community;

35. <https://cambridgedevelopment.wordpress.com/2018/09/04/challenges-faced-by-the-education-sector-in-tanzania/>

36. <https://www.unicef.org/tanzania/media/596/file/Tanzania-2018-Global-Initiative-Out-of-School-Children-Country-Report.pdf>

37. <https://www.unicef.org/tanzania/media/596/file/Tanzania-2018-Global-Initiative-Out-of-School-Children-Country-Report.pdf>

- lii. Greater community involvement in and management of school operations through joint planning of school development;
 - iv. Establishment of social accountability mechanism with high involvement and partnership with government;
 - v. Advocacy for early entry to school for boys and protection for girls.
-

7. Child Protection

7.1 Definitions

The definition of violence is drawn from Article 19 of the United Nations Convention on the Rights of the Child: violence against a child means “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.”³⁸

Article 19 of the Convention states that:³⁹

- 1) States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
- 2) Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

The African Charter on the Rights and Welfare of the Child at its article 16 (1) and (2) addresses the protection of children against abuse and torture. The Convention calls upon the State Parties to that Convention to take specific legislative, administrative, social and educational measures to protect the child from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse, while in the care of the child.

38. The United Nations Convention on the Rights of the Child 1990 commonly abbreviated as the CRC or UN-CRC

39. UN_CRC Article 19

neglect or maltreatment including sexual abuse, while in the care of the child.⁴⁰

The document insists that the protective measures shall include effective procedures for the establishment of special monitoring units to provide necessary support for the child and for those who have the care of the child, as well as other forms of prevention and for identification, reporting referral investigation, treatment, and follow up of instances of child abuse and neglect.⁴¹

7.2 Government initiatives

Tanzanian laws prohibit violence against children. The constitution of the United Republic of Tanzania of 1977 as amended from time to time provides for; the equality and non-discrimination (Art 12&13) and freedom from torture, cruel, inhuman and degrading treatment (Art 13(6)(e)).⁴² It does not specifically mention children but by saying all people... it means children are inclusive (construction is mine).⁴³ Section 95 of The Law of the Child addresses issues of child neglect. Mostly this category of violence is interpersonal violence. In this category there are all forms of physical, sexual and psychological abuse, neglect and exploitation including domestic violence and other forms of gender based violence and violence against children.⁴⁴

*“At the national level there are laws, regulations and guidelines.” –
Government official*

Respondents mentioned the need for ensuring that policies and laws are understood and clarified to communities. However, the challenge is availability of social welfare officers at grassroots levels.

*“Social welfare officers are responsible for that and they are supposed
to be available at the community level. But you will be surprised*

40. Article 16 (1) and (2) of The African Charter on the Rights and Welfare of the Child (also called the ACRWC or Children's Charter) which was adopted by the Organization of African Unity (OAU) in 1990 (as in 2001, the OAU legally became the African Union) This document was signed and ratified by Tanzania in 1990. It operates through the Committee known as The African Committee of Experts on the Rights and Welfare of the Child abbreviated as ACERWC.

41. *ibid*

42. See The United Republic of Tanzania 1977 as amended from time to time

43. *ibid*

44. See Section 95 of the Law of the Child act No. 21 of 2009 which imposes the duty to report to the Local Government Authority any issue concerning child neglect to all people surrounding that child.

currently we have social welfare officers up to the council level. But they are not deployed at the ward and village level which is a link between the community and experts. So, there is no one to link the community with social welfare officers unless they go to the council level. So, there are challenges especially someone to interpret laws for the community.”
– Government official

The 2020 ruling party manifesto provides for protection against abuse of all vulnerable group children inclusive. International, Regional instruments, Country Laws, Policies and Strategies in relation to child protection are also in place.⁴⁵

Tanzania has taken all measures in order to ensure the enforcement of the existing laws and regulations prohibiting all abuse, violence and neglect against children, the instruments to that effect include and not limited to:

The Law of the Child Act, No. 21/2009 and its Juvenile Court Rules of May, 2016.

The Anti- Trafficking in Person Act, No. 6 of 2008

The Education Act, Cap. 353 [R.E. 2002]

The Employment and Labor Relations Act, No. 7 of 2004

The Law of Marriage Act Cap. 29 [R.E.2002].

The Legal Aid Act, 2016

The Whistle-blowers and Witness Protection Act, 2015

The Second Five-Year Child Justice Strategy 2019 - June, 2024 following the First Five-Year Child Justice Strategy 2013-2017.

The Government of Tanzania, through the Ministry of Constitutional and Legal Affairs (MOCLA) established the Child Justice Forum in April 2011. This Forum, which was an inter-agency group comprised of key national state and non-state actors and was mandated to develop in order to inform the Forum’s work, the Ministry in collaboration with UNICEF, initiated two comprehensive studies:

(a) an assessment of the access to justice system for under-18 years

(b) an assessment of the juvenile justice system in Tanzania.

45. The child protection regulations of 2015, Government Notice No. 110/2019 for Judicature and Application of Laws (Practice and Procedure in cases involving vulnerable Groups) Rules, 2019 and all relevant laws, rules and policies herein mentioned.

There is also in place National Human Rights Action Plan 2013 – 2017, Nov, 2012, which recognizes the vulnerability of children and the need for the government to take special measures to both protect and also enforce children’s rights.

Government Notice No. 110/2019 for Judicature and Application of Laws (Practice and Procedure in cases involving vulnerable Groups) Rules, 2019.

Government Notice No. 109/2019 for Legal Aid (Remuneration of advocates) Rules, 2019.

Child Protection Regulations, 2015

National Action Plan for the Elimination of Child Labour, 2009

National Youth Development Policy, 2015

In addition, several initiatives have been taken to ensure that children are protected these include:

- Establishment of National Integrated Case Management Framework in 117 out of 184 LGAs⁴⁶
- Operationalization of Child helpline 116 in 64 out of 184 LGAs
- Establishment of community-based alternative care in LGAs (PO-RALG reports, 2020).
- Establishment of Child protection system in all 184 LGAs (PO-RALG Annual report, 2019/20).
- Decentralisation of birth registration for children under five years by amending Birth Registration Act in 2019.

As mentioned in earlier sections, the government fulfils the requirement of the charter by providing policies, legislations, strategies, guidelines and enabling the environment to foster children’s rights. In this area, suitable policies are health policies, child development policy and the Law of the Child Act of 2009. In addition, there are structures at all levels that are set for supporting children safeguarding initiatives.

46. PO-RALG reports, 2020

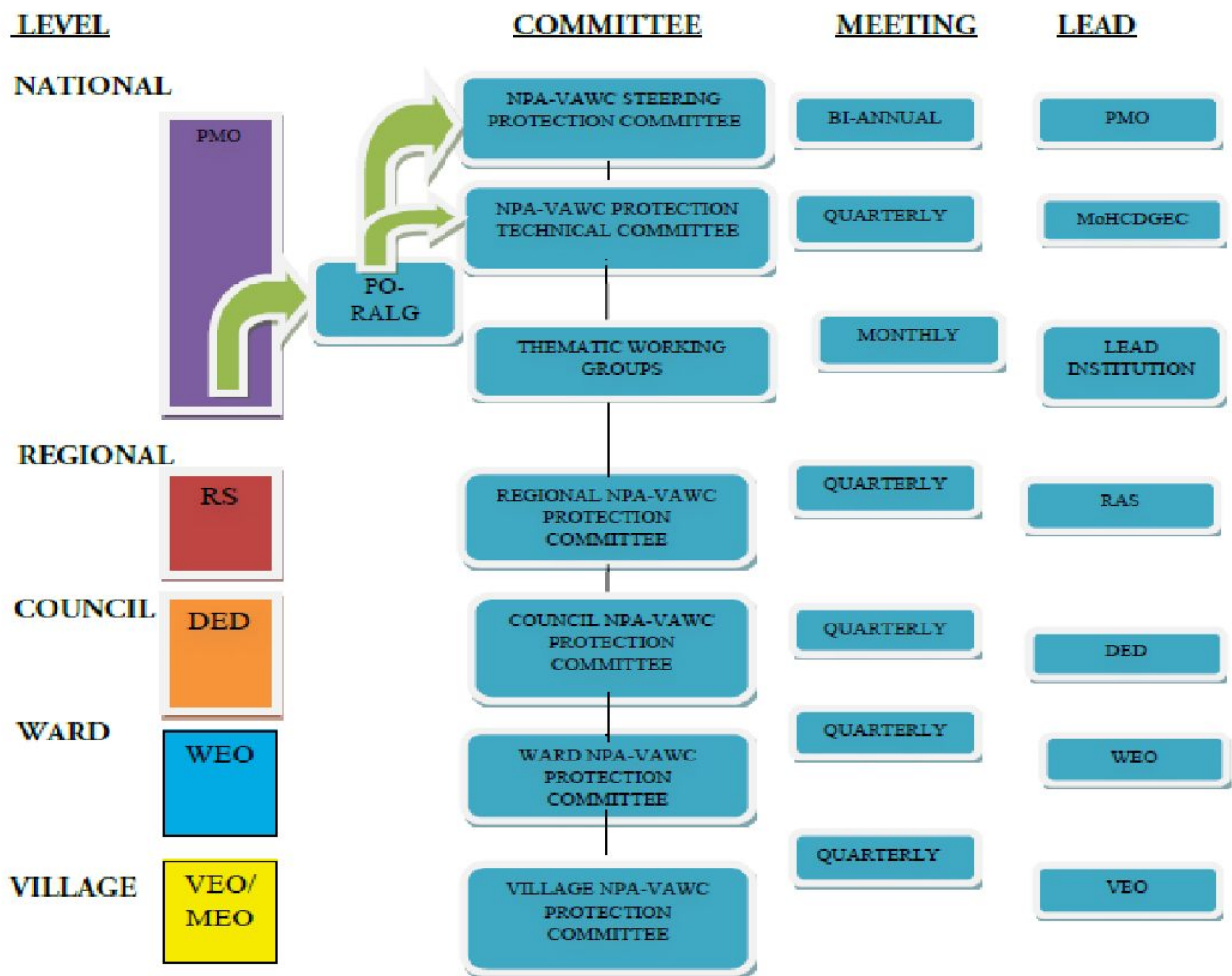


Figure 11: NPA-VAWC INSTITUTIONAL AND COORDINATION STRUCTURE

Source: National Plan of Action to End Violence Against Women and Children in Tanzania 2017/18 - 2021/22 page 3

Roles of councils' levels structures are presented in Table 16:

Table 16: Protection Committees at council level

Committee Name	Roles
Council NPA-VAWC Child Protection Committee	<ul style="list-style-type: none"> ● Monitor and evaluate implementation of NPA-VAWC in all wards and villages; ● Ensure budget allocations for coordination and implementation of NPA-VAWC interventions; ● Provide timely reports on NPA - VAWC progress to the Regional Secretariat (RS); ● Support the development of a well-trained NPA-VAWC workforce across the council; ● Support and monitor the development and implementation of NPA-VAWC annual plans at council levels; ● Keep records of VAWC related initiative, incidences and actions taken; ● Raise the profile of NPA-VAWC with LGA leadership and other key stakeholders through targeted advocacy and regular reporting; ● Facilitate effective collaboration between all partners responsible for NPA-VAWC implementation; and facilitate joint supervision of the implementation of NPA-VAWC.
Ward NPA-VAWC Child Protection Committee	<ul style="list-style-type: none"> ● Monitor and evaluate implementation of NPA-VAWC at ward level; ● Identify, compile and update a list of CSOs, FBOs and other key stakeholders at ward level supporting NPA-VAWC interventions; ● Develop and implement NPA-VAWC interventions in villages; ● Ensure NPA-VAWC interventions are integrated into village/mtaa development plans; ● Raise the profile of VAWC within the ward and village leadership and other key stakeholders through advocacy and regular reporting; ● Facilitate effective collaboration between all partners responsible for NPA-VAWC in the ● ward; ● Mobilize resources to support NPA-VAWC activities; ● Keep records of VAWC related initiative, incidences and actions taken; ● Timely report on NPA-VAWC progress to the Council Director; and ● Provide joint supervision on NPA-VAWC at ward level.

Table 16: Protection Committees at council level

Committee Name	Roles
Village/Mtaa NPA-VAWC Child Protection Committee	<ul style="list-style-type: none"> ● Identify NPA-VAWC high risk areas in the village and develop strategies/plans to reduce VAWC; ● Report and refer VAWC cases that occur in the village; ● Provide initial support to victims of VAWC; ● Sensitise community members on effects and impacts of VAWC; ● Educate community members on women’s and children’s rights; ● Raise the profile of VAWC with village and hamlet leadership and other key stakeholders through advocacy and regular reporting; ● Facilitate effective collaboration between all partners responsible for preventing and responding to VAWC in the village/mtaa including schools; ● Support NPA-VAWC activities in area of jurisdiction; ● Mobilise resources to support NPA-VAWC activities; ● Keep records of VAWC related initiative, incidences and actions taken; ● Timely report NPA-VAWC progress to the ward level; and ● Conduct joint supervision on NPA-VAWC implementation in all the hamlets.

Furthermore, training on how to detect the most vulnerable children, including the guideline, are in place.

According to the respondents, community involvement in parenting is improving and this is bringing hope that the children's safeguarding system is improving and strengthening.

“Children now enjoy their right to live even if s/he is not being raised by his/her biological father/mother. The community has taken the responsibility of taking care of the child by making sure that they provide care for the best interest of the child.” – Government official

Government in collaboration with stakeholders put efforts to create a protective environment for the child as well as provide education and empower the families.

“For instance, we have a certain organisation which is called PACT kizazi kipyra. They deal with children of all ages. If a child is born premature that means a family is empowered on how to take care of the child. This activity is done by health expert at the community level. This organisation deal with all ages who have vulnerabilities. There are criteria which we have outlined on how to identify a vulnerable child. You look at the living environment of the child, status and care. So through these criteria there are people at the community level who identify and link them with the required service. If the family is unable therefore it will be empowered in order to take care of the child.” – Government official

The existing gaps in the area of parenting include challenges in reaching children who are in need of support. There are mechanisms and initiatives by civil societies to support children and families. However, assistance provided to families is not always sustainable, so addressing the problems is short term. Support provided increased dependency.

7.3 Realities About Children

7.3.1 Violence

In 2011, Tanzania released the findings of Violence Against Children (VAC) survey which found that nearly one in three girls and one out of seven boys experience some form of sexual violence before turning 18. Most children do not report their experience, few seek services, and even fewer actually receive any care, treatment, or support if they do report. Rates of physical and emotional violence are high: among girls, 72% experience some form of physical violence, while for boys the figure is 71%. Emotional violence affects approximately one quarter of boys and girls. In addition, corporal punishment is lawful in Tanzania and regarded by many as a normal means of disciplining children.

In addition to physical, sexual, and emotional violence, Tanzania also has traditional practices that harm children and women. Tanzanian women marry young - almost

five years earlier than men - at about 19 years of age. Female Genital Mutilation (FGM) exists in Tanzania, and in some communities as many as 70.8% are circumcised. At least 7.9 million women and girls in Tanzania are estimated to have undergone FGM(URT 2018). Drivers include social cultural norms such as a means of controlling women's sexuality and some communities believe it is an act of transitioning to womanhood.

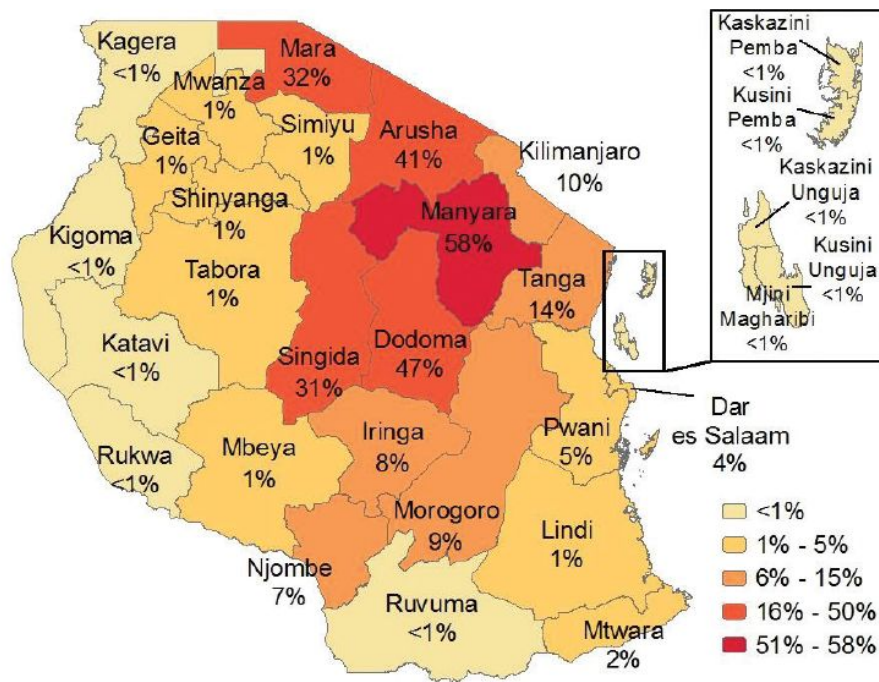


Figure 12: FGM Prevalence by Region

Source:

https://tanzania.unfpa.org/sites/default/files/pub-pdf/FGM_FACTSHEET_24sept_highres.pdf

A recent national survey on Violence Against Children (VAC) in Tanzania found that nearly one in three girls and one in six boys reported at least one experience of sexual violence prior to age 18. Two-thirds of children in Tanzania suffer from two or more severe deprivations and an estimated one in five children is engaged in child labor. While most vulnerable children in Tanzania live in families, a large number do not live with both or either parent and about 10% are orphans. There is evidence that children living in child-headed households and in households with ill adult caregivers are more likely to miss scheduled immunizations and less likely to access other child health services, leaving them susceptible to preventable childhood illnesses (TDHS 2016).

“Seventeen percent of women age 15-49 have ever experienced sexual violence and 9% have experienced sexual violence in the past 12 months. Forty percent of women age 15-49 have experienced one or more acts of physical violence since age 15; 22% experienced physical violence in the past 12 months. The statistics show reduction in domestic violence particularly women age 15 – 49, this includes violence against children aged 15 – 18 from 39% to 17%,” (Ministry of Health, Children - MoHCDGEC/Tanzania Mainland et al. 2016).

7.3.2 Teenage pregnancy

Teenage pregnancy is still a challenge. 2016 TDHS results show that in Tanzania, 27% of women aged 15-19 have begun childbearing: 21% have given birth, and an additional 6% are pregnant with their first child. Rural children are more likely to begin child bearing earlier than their urban counterparts. 32% of rural teenagers have had a live birth or are pregnant, compared with 19% of urban teenagers (TDHS 2016). The Western Zone central, part of southern and South West Highlands Zone have the highest levels of teenage childbearing in Tanzania at 38% and 34%, respectively (Figure 13). Teenage childbearing decreases drastically with increasing education level of young women, from 52% among young women with no education to 10% among young women with secondary or higher education. It is much less common among young women in the wealthiest households. Teenagers in the lowest wealth quintile are more than three times more likely to have started childbearing than those in the highest quintile (42% versus 12%) (TDHS 2016).

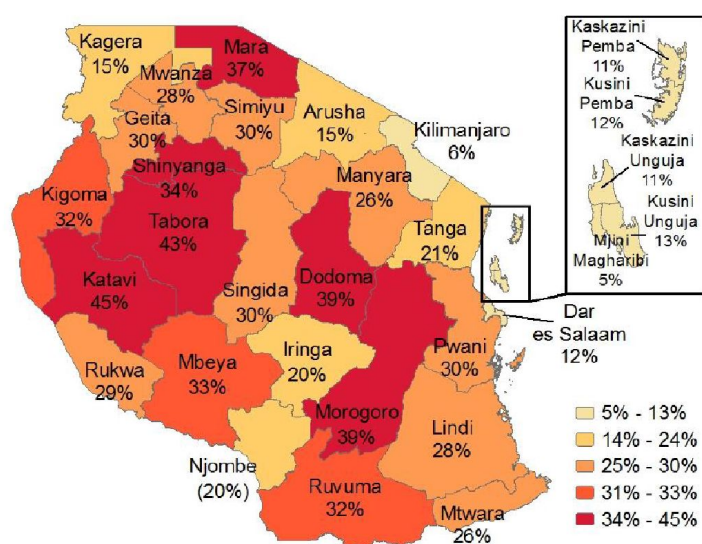


Figure 13: Teenage childbearing by region

Source: Ministry of Health, Children - MoHCDGEC/Tanzania Mainland et al. 2016

7.3.3 Birth certificate

Article 6 of the Charter provides for the requirement of Name and Nationality to every newly born baby. The Charter states that;

1. Every child shall have the right from his birth number and a name.
2. Every child shall be registered immediately after birth.
3. Every child has the right to acquire a nationality.
4. States Parties to the present Charter shall undertake to ensure that their Constitutional legislation recognize the principles according to which a child shall acquire the nationality of the State in the territory of which he has been born if, at the time of the child's birth, he is not granted nationality by any other State in accordance with its laws.

“According to the African charter birth registration is one of the child rights. A child has a right to a name, nationality. The African Charter of 1990 has explained the importance of birth registration. In the past we did not see the importance of birth registration that is why there is a certain generation where it is difficult to have a birth registration certificate. If you have it your parents were lucky to see its importance. Those of us who were not registered had to have affidavit. Now the government has emphasised and the number of birth registration has increased.” – Government official

7.4 Government initiatives

The government of Tanzania responded to the birth registration provisions in several ways. First through enacting laws to enhance birth registration. In 2009, with the Law of the Child Act, Tanzania made birth registration mandatory. Tanzania has a well-developed births and deaths registration structure, through its Births and Deaths Registration Act with a legal obligation to register the birth of a child and a birth certificate issued as a result of birth registration.⁴⁷ Consequently section 6 of the Law of the Child Act provides for Right to name and nationality of the child. Several Acts exist on the same

47. Births and Deaths Registration Act, Cap. 108 of 1920 [R.E 2002]

- The Law of the Child Act No. 21/2009
- The Birth and Death Registration Act, Cap. 108 of 1920 [R.E 2002]
- The Birth and Death Registration Regulation of 2000⁴⁸

Secondly it responded by improving the registration system in order to increase the number of children who get registered and ensure harmonisation and access of birth registration data. It has been challenging to manage birth registration especially at periphery areas.

“The issue of birth registration in the past was not taken into consideration [by] Government official social welfare officers.” – Government official

This problem has been addressed by entrusting this responsibility to the Registration Insolvency and Trustee Agency (RITA). This is due to government initiatives through different campaigns in collaboration with different development stakeholders including UNICEF has helped the government to the extent that now birth registration and issuance of birth certificates for children under five is implemented in every council countrywide.

“In fact, there is a huge achievement. RITA have been assigned to implement birth registration on children so there is a linkage between us, who we are dealing with children, and RITA. After sitting together, we discovered that RITA and us can come and work together. We are running a program which involve RITA and UNICEF to ensure that each child is registered. Unfortunately, I don't have figures which show how many regions have already registered so far but our intention is to cover the entire country. After been registered we get accurate data and link them with other services. Some of the children are born with defects like big head or a hole at their back. In this case a child can be linked with other services especially if they are from low-income family.” – Government official

However, there are challenges that hamper the initiative that involves RITA. The birth registration process is done online so sometimes there is a challenge of network but this one is being addressed by the government through participatory supervision. Another challenge is that other parents don't see the importance of the certificate or they don't keep them well after being issued.

“Of course, challenges are there; especially with the community, systemic challenges, and in terms of implementation. We all know that birth registration process is done online so sometimes there is a challenge of network but this one is being addressed by the government through participatory supervision. Another challenge is that other parents don’t see the importance of the certificate or they don’t keep them well after been issued. So, there is a poor storage of the certificates due to lack of importance of the certificates as a result they get lost unnecessarily. Others think that since this is a campaign for under five children therefore will be issued another certificate when a child attain more than five years. Those are the existing challenges but can be addressed by educating the community because they can be addressed.” – Government official

The 2015-16 TDHS found that 14% of children had birth certificates and 12% did not have birth certificates but had been registered. In total, 26% of children under age 5 had been registered with the civil authority. Boys under age 5 are slightly more likely to be registered than girls (29% versus 25%). The registration of births is more common in Tanzania Mainland urban areas (50%) than in Tanzania Mainland rural areas (16%). The challenges of not having birth registration is among other difficulties to registering the child at school. The percentage of registered births increases with the household wealth quintile, from 8% in the lowest wealth quintile to 65% in the highest wealth quintile. Registration of children has increased from 16% in 2010 to 26% in 2016. However, respondents look at the coverage problem as a matter of time and believe that it will be sorted in near future. Respondents seemed to bank more on the current ongoing initiative that involves RITA in the process of coverage, which is not that big of a challenge because the program is active. So it is just a matter of time because it goes by.

However, one respondent insisted that this will change only if the workforce at grassroots level is increased. Nurses are expected to fill the certificate and some work under pressure due to the number of clients, hence mothers go home without certificates. Although some may be captured during postnatal clinic.

“The only challenge that we will still be fighting for, is the increase of workforce. Because there is a shortage of health workers and community

development agents. So there is a need of investing in these areas. Because when you go to the district hospitals, you will find there the population pressure of service demand is very high. And with the shortage of health workers, the same nurse is to attend a pregnant woman, fill in the birth certificate and with that pressure we find difficulties in providing a good health service. Hence some may go home without the birth certificate. But we have.” – Government official

8. Protection and Support for Vulnerable Families

The notable support found targeting the vulnerable families was through social protection programmes which involve cash transfers. Productive Social Safety Net (PSSN) is among the government programs aimed at supporting vulnerable families through livelihood enhancement and Conditional Cash Transfer (CCT). This program is managed by TASAF under the President’s Office. This initiative was established in 2000 and it is implemented by Tanzania Social Action Fund (TASAF). The cash transfers (CTs) are aimed at addressing chronic poverty in poor families. The program targets the most vulnerable children, orphans and destitute persons. The groups are provided with institutionalised and non-institutionalized care, such as food and non-food support, shelter, healthcare, legal support, education and vocational training, psychosocial support, training on entrepreneurial skills and income generation as well as small grants to achieve an enabling environment for development through creation of community assets and enhancement of beneficiaries’ skills. Several studies were conducted to explore its contribution to the households and the children within these families. For example, the study conducted in 2019 found that cash transfers enable poor households to be able to provide basic school requirements (Mushi, Mwaita et al. 2019).

Another initiative is the Cash Plus initiative. This initiative was launched in 2017 by UNICEF and the government of Tanzania. The initiative supported over 1.1 million food insecure and extremely poor families. The support entailed cash transfer which constituted a basic monthly transfer of US\$4.40. Additional US\$12.32 was paid to households with children attending school and getting health check-ups. This support was targeted to adolescents who are exposed to risks such as violence, early marriage and sexually transmitted infections. The support package also included

cash grants to support in livelihood skill- development, HIV, sexual and reproductive health education, linkage to existing SRH, HIV and violence prevention services, and small grants to support safe economic activities.⁴⁹ The reasons why this project was piloted was the need to learn which model of cash transfer will address the continued challenges faced by the implementation of social protection programs for families. This aimed to boost the impacts of the cash transfers. The Cash Plus baseline assessment report indicated that adolescents are burdened by family work especially those derived from issues related to households headed by the elderly, with an average age of 60 years and those families with large numbers of children and few working-age adults. These circumstances expose adolescents to both family care and economic burdens. The initiative ended in 2020.

9. Child Labour

9.1 Definition

The term “child labor” is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development.⁵⁰ It refers to work that:

- (a) is mentally, physically, socially or morally dangerous and harmful to children; and/or
- (b) interferes with their schooling by: depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work.⁵¹

The worst forms of child labor involve children being enslaved, separated from their families, exposed to serious hazards and illnesses and/or left to fend for themselves on the streets of large cities – often at a very early age. Whether or not particular forms of “work” can be called “child labor” depends on the child’s age, the type and hours of work performed, the conditions under which it is performed and the objectives pursued by individual countries. The answer varies from country to country, as well as among sectors within countries.⁵²

49. <https://www.unicef.org/tanzania/stories/tanzanias-most-vulnerable-adolescents>

50. Article 3 of International Labor Organization (ILO) Convention No. 182

51. International Labor Organization (ILO) Convention No. 182

52. Ibid

Section 82 of the Law of the Child Act No. 21 of 2009 provides for hazardous employment to the child; the section states that;

82. (1) It shall be unlawful to employ or engage a child in any hazardous work.

(2) Work shall be construed as or considered to be hazardous when it poses a danger to the health, safety or morals of a person.

(3) Without prejudice to subsection (3), hazardous work includes-

(a)going to sea; (b)mining and quarrying; (c)porter age of heavy loads; (d)manufacturing industries where chemicals are produced or used; (e)work in places where machines are used; and (f)work in place such as bars, hotels and places of entertainment.

Under the same section subsection (3) provides that; any written law regulating the provisions of training may permit a child:

- a) on board a training ship as part of the child's training;
- b) in a factory or a mine, if that work is part of the child's training;
- c) in any other worksites on condition that the health, safety and morals of the child are fully protected and that the child has received or is receiving adequate specific instruction or training in the relevant work or activity.

Section 87 provides for exception to the above-mentioned scenario to the effect that a child shall have right to acquire vocational skills; the section states that;

"A child shall have a right to acquire vocational skills and training in the form of apprenticeship." – Government official

Accordingly, Section 88 provides for the minimum age for apprentices (interns); the said Section states that;

"The minimum age at which a child may commence an apprenticeship with a craftsman shall be fourteen years or after completion of primary school education." –Government official

Section 92 provides that the work should not be in jeopardy to the best interests of the child. The Section states that "the work should not be exploitative and shall be in accordance with the best interest of the child."

According to the 2019 findings on the worst forms of child labor, Tanzania is one of the sources, transit and destinations of child trafficking for forced labor and commercial sexual exploitation. Girls are more vulnerable to this. In most cases they are taken for domestic and commercial sexual exploitation, especially girls with additional vulnerability such as those orphaned by HIV/AIDS. Other areas of child labour exploitation include farms, mines and quarries, and on fishing vessels.⁵³

9.2 African Charter Provisions on Child Labour

Article 15 of the African Charter on the Rights and Welfare of the Child states that:

1. Every child shall be protected from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's physical, mental, spiritual, moral, or social development.
2. State Parties to the present Charter take all appropriate legislative and administrative measures to ensure the full implementation of this Article which covers both the formal and informal sectors of employment and having regard to the relevant provisions of the International Labour Organization's instruments relating to children.
3. State Parties shall in particular:
 - (a) provide through legislation, minimum wages for admission to every employment;
 - (b) provide for appropriate regulation of hours and conditions of employment;
 - (c) provide for appropriate penalties or other sanctions to ensure the effective enforcement of the ACRWC;
 - (d) promote the dissemination of information on the hazards of child labour to all sectors of the community.

9.3 Government Initiatives

Tanzania, being among the member states of the United Nations and part to the ILO Convention of 1919, is among the countries with frontiers in fighting child labor. This is proved by its effort to enact the Employment and Labor Relations Act of 2004. The

53. <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/tanzania>

Act prohibits child labor. Section 5 (7) of this Act makes it an offence for any person to:

(a) to employ a child in contravention of the Act;

(b) to procure a child for employment in contravention of this section. Further subsection (8) states that in any proceedings under the section, if the age of the child is in issue, the burden of proving that it was reasonable to believe, after investigation, that the child was not under age for the purposes of the Section shall lie on the person employing or procuring the child for employment. This means that any person, Institution when employing a person should make sure that that person is not a child, if is a child then should be employed doing the works which is allowed by the statute i.e. light works and or training. The Act also prohibit forced labour, it goes on to define what it means by forced labour to a child, whereas at its Section 6 states that:

(1) Any person who procures demands or imposes forced labour, commits an offence.⁵⁴

At its subsection 2 it defines forced labour to include and not limited to: *bonded labour or any work exacted from a person under the threat of a penalty and to which that person has not consented but does not include:*

(a) any work exacted under the National Defence Act, 1966 for work of a purely military character;

(b) any work that forms part of the normal civic obligations of a citizen of the United Republic of Tanzania;

(c) any work exacted from any person as a consequence of a conviction in a court of law, provided that the work is carried out under the supervision and control of a public authority and that the person is not hired to, or placed at, the disposal of private persons;

d) any work exacted in cases of an emergency or a circumstance that would endanger the existence or the well-being of the whole or part of the population;

(e) Minor communal services performed by the members of a community in the direct interest of that community after consultation with them or their direct representatives on the need for services.⁵⁵

54. See section 6 of Employment and Labor relations Act of 2004

55. Ibid

Therefore, under the labour law the child is well protected.

Accordingly, The Law of the Child Act No. 21 of 2009 under Part VII of that law prohibits exploitive work, night work, forced labor, hazardous employment and sexual exploitation of the child.⁵⁶ The law is very clear that the child has a right to work, but it sets the minimum age for employment of a child to be 14 years as opposed to other countries where children aged 5-7 years are also under employment.⁵⁷

The Law is very clear that the work which the child will be engaged to must be "light work" which shall constitute work which is not likely to be harmful to the health or development of the child and does not prevent or affect the child's attendance at school, participation in vocational orientation or training programs or the capacity of the child to benefit from school work.⁵⁸

The Law also at its Section 78 (1) prohibits engagement of a child to exploitive work.⁵⁹ The work shall be construed as exploitative if (a) it deprives the child of his health or development; (b) it exceeds six hours a day; (c) it is inappropriate to his age; or (d) the child receives inadequate remuneration. The law does not allow a child to be employed or engaged in a contract of the service performance which shall require a child to work at night. Night work shall be construed to constitute work performance of which requires the child to be at work between the hours of twenty hours in the evening and six o'clock in the morning.⁶⁰ Forced Labour is also prohibited under Section 80.⁶¹ Section 81 (1) of the Laws of the Child provides for the right of remuneration to be paid equal to the value of the work done.⁶²

Section 82 (1) prohibits employing or engaging a child in any hazardous work. Hazardous work is construed to be when it poses a danger to the health, safety or morals of a person. Subsection (3) defines hazardous work to include but not limited to; *(a) going to sea; (b) mining and quarrying; (c) porter age of heavy loads; (d) manufacturing industries where chemicals are produced or used; (e) work in places where machines are used; and (f) work in place such as bars, hotels and places of entertainment.*

56. The Law of the Child Act

57. Sec 77 (1) and (2) of the Law of the Child

58. Ibid Subsection (3)

59. Section 78 of the Law of the Child Act

60. Section 79 of the Law of the Child Act

61. Section 80 of the Law of the Child Act

62. Section 81 (1) of the Law of the Child Act

Further to that subsection (4) permits a child for purposes of training to undergo (a) *on board a training ship as part of the child's training; (b) in a factory or a mine, if that work is part of the child's training; (c) in any other worksites on condition that the health, when it is well settled that safety and morals of the child are fully protected and that the child has received or is receiving adequate specific instruction or training in the relevant work or activity.*

Nothing seemed to be left aside by the LCA is as far as child labour is concern. The LCA has well complemented the Labour Law on issues of child labour. Section 83 of the Law prohibits engagement of a child in any work or trade that exposes the child to activities of sexual nature, whether paid for or not. It also makes it illegal for any person to (a) *induce or coerce in the encouragement of a child to engage in any sexual activity; (b) children in prostitution or other unlawful sexual practices; and (c) children in pornographic performances or materials.*⁶⁴

Notwithstanding the prohibitions of the Law, child labour is common in Tanzania as in other jurisdictions, with millions working in households.⁶⁵ It is more common with girls rather than boys. Girls are commonly employed as domestic servants, sometimes by force. Poor children in particular are trafficked internally for purposes of doing domestic work. To combat that Tanzania ratified the Convention on the Rights of the Child in 1991⁶⁶ and the African Charter on the Rights and Welfare of the Child in 2003.⁶⁷ Tanzania then enacted the Law of the Child Act, 2009.⁶⁸ To help implement that Act and provide a mechanism for the reporting of children's rights violations, a free-of-charge helpline is available throughout the country.

The 2020 ruling prioritised strengthening of legal system especially in areas of human rights. International, Regional Instruments, Country Laws, Policies and Strategies in relation to child labor are in place for adherence.⁶⁹

9.3.1 Major civil society initiatives

Civil Society Organisations which have been identified to deal with child labour

63. Section 82 of the Law of the Child Act

64. Section 83 of the Law of the Child Act

65. ["Ratification Table. African Charter on the Rights and Welfare of the Child"](#). African Commission on Human and Peoples' Rights. Retrieved 19 February 2014.

66. ["Convention on the Rights of the Child"](#). United Nations. Retrieved 19 February 2014.

67. Ibid (n22)

68. ["The Law of the Child Act, 2009"](#) (PDF). Parliamentary On-Line Information System. Archived from [the original](#) (PDF) on 24 February 2014. Retrieved 19 February 2014.

69. The 2020 ruling party manifesto

labour include and are not limited to; Iringa Development of Youth Disabled and Children Care (IDYDC), Street Children Women Wake up (WOWAP), Wafanyakazi wa majumbani – Wadada wa kazi na Watoto wetu Tanzania. Therefore, they complement the government’s efforts fight against child labor.⁷⁰ Activities conducted by these organisations include:

Street Children Women Wake up (WOWAP)	WOWAP empowers women by educating them on their rights and mobilising them to fight traditional practices that discriminate against women. They implemented various projects based on ending Female Genital Mutilation/Cutting (FGM/C), enhancing women on democracy issues, mobilizing the eradication of Gender Based Violence (GBV), curbing the HIV epidemic among girls and women, providing legal aid and legal empowerment, sensitizing communities to fight child early marriages that lead to maternal deaths, morbidity and stigma eradication in the society in Tanzania.
Iringa Development of Youth Disabled and Children Care (IDYDC)	Focus on helping the community on various issues that affect the community by <ul style="list-style-type: none"> • providing education on how to protect the community from disease. • Provision of education for children living in vulnerable environments. Providing education on financial matters as well as loans to the community.
Wafanyakazi wa majumbani	Dealing with fostering rights of house maids
Wadada wa kazi na Watoto wetu Tanzania	Dealing with fostering rights of house maids

9.3.2 Realities about children with regards to child labour

Child labor is amongst the big challenges impinging children rights and is normalized in most of communities. Child labor in Tanzania continues to affect an estimated 4.2 million children aged about 29% of children of age 5–17 years (ILO 2018). According to the report 29% is just a one percent decrease from the previous decade. Children also are engaged in the worst form of labor such as mining, quarrying, and domestic work, each sometimes as a result of human trafficking.

70. Information received from Tanzania Child Rights Forum

Child labor is amongst the big challenges impinging children rights and is normalized in most of communities. Child labor in Tanzania continues to affect an estimated 4.2 million children aged about 29% of children of age 5–17 years (ILO 2018). According to the report 29% is just a one percent decrease from the previous decade. Children also are engaged in the worst form of labor such as mining, quarrying, and domestic work, each sometimes as a result of human trafficking. Children also perform dangerous tasks in agriculture. The report indicated that the primary completion level is 68.7%. This is partly attributed to child labor. Reasons contributing to exposing children to the worst forms of labour are issues that take children out of the formal education system, apart from the ones mentioned in the previous section. It is a practice that contributes to children being left out of the formal education system and expels girls if they are pregnant. Pregnant girls excluded from the school system have increased vulnerability to the worst forms of child labor. Despite having a legal framework which ensures that children are withdrawn from the labour market in line with the International Labor Organizations requirements, child trafficking is still a challenge.

“There is a child domestic trafficking from rural to urban area to work as house maid. Probably she passed the exam but she is not taken to school. Others end up in early marriage. As I explained earlier that there are people who deals with child trafficking in India as accounted by the victim child. They are promised to be taken to Europe or Asia for studies or decent work but after arriving is taken to a job which she could not do it even in her own country.” – Government official

9.4 Emerging Issues

The existing legal framework in place which ensures that children are withdrawn from the labour market in line with the International Labor Organization’s requirements above expounded. The Tanzania legal framework is very clear that the child has right to work, but it sets the minimum age for employment of a child to be 14 and prohibits employment of children under 18 years in mines and in other

hazardous environments, as opposed to other countries discussed above where children aged 5-7 years are also under employment. However, there is a public ignorance of the law which results in domestic employment of children especially girls, despite the presence of the National Action Plan for the Elimination of Child Labor, 2009 and other well placed relevant laws is a big challenge. Furthermore, gaps exist in Tanzania’s legal framework to adequately protect children from the worst forms of child labor, including the minimum age for work and the compulsory education age when compared to ILO standards as illustrated in Table 17.

Table 17: Inconsistencies in minimum age.

Standards	Meets International Standards	Age	Legislation
Minimum Age for Work	No	14	Article 5 of the Employment and Labor Relations Act; Article 77 of the Law of the Child Act (41,42)
Prohibition of Military Recruitment by Non-state Armed Groups	No		silent
Compulsory Education Age	No	13	Article 35 of the National Education Act (50)
Free Public Education	Yes		

Source:

https://www.ilo.org/ipec/Informationresources/WCMS_651779/lang--en/index.htm

9.4.1 Areas of need and opportunity for community-based action

9.4.1.1 Areas of need

According to the information presented in this section, child labour is a problem. It has contributed to an increased number of children who are out of school and it is

partly attributed to shortfalls in the completion rate in primary schools. In addition, the existing information also portrays the need for harmonisation of legislations with respect to age in various aspects such as minimum Age for Work a Compulsory Education Age. Also, improvements in existing laws especially about the inclusion of clauses on the prohibition of Military Recruitment by Non-State Armed Groups. However, having the good laws in place alone wont work it is recommended that Civil Society Organisations in coordination with relevant ministries/ departments help the government in creating awareness among the public particularly on what amounts to hazardous work and light work for children.

9.5 Opportunities for Community Actions in Addressing Child Labour

Reasons leading to child labour are complex ranging from poverty to traditions and most pertinent is a lack of awareness of the hazards of using child labour. This means the remedy for this challenge is a holistic focus in addressing socio-economic and cultural factors leading to child labour. This will happen in an environment where there is a strong relationship between actors. Child labour issue is addressed from grassroots level. Solution to the problems should align to the beneficiaries needs. More important is listening and engaging in effective dialogues creating new opportunities for future prosperity to encourage change and better environments. The possible interventions include:⁷¹

Table 18: Example of community based interventions for addressing child labor

Intervention area	Specific interventions
Education & Raising awareness	<p>Increase children’s access to quality education and raise awareness of the importance and necessity of eliminating child labor.</p> <p>This might include: after school programs, vocational training skills, Model Farm schools and school meals, anti-child labor clubs, establishing and building capacity of community child labor committees, community-based childcare centers, improved learning environments, teacher support, catch-up classes, community events, community improvement grants, adult literacy classes and gender equality training.</p>

71. http://ariseprogram.org/files/4915/9177/5043/ARISE_AR_2019.pdf

Socio-economic empowerment	We can provide a means of socio-economic empowerment with: youth producer clubs, women’s agribusiness groups, Village Savings and Loans groups, income generating activities and linkages with markets
Legal & regulatory frameworks	Support reviews of the National Action Plans on Child Labor

Source: http://ariseprogram.org/files/4915/9177/5043/ARISE_AR_2019.pdf

10. Harmful Social Practices

10.1 Definition

Harmful practices include and not limited to early child marriage due to economic, social and cultural norms, female genital mutilation and corporal punishment.

10.2 Legal Provisions

Section 12 and 13 of the LCA provides that;⁷²

12. A person shall not employ or engage a child in any activity that may be harmful to his health, education, mental, physical or moral development.

13. -(1) A person shall not subject a child to torture, or other cruel, inhuman punishment or degrading treatment including any cultural practice which dehumanizes or is injurious to the physical and mental well-being of a child.

(2) No correction of a child is justifiable which is unreasonable in kind or in degree according to the age, physical and mental condition of the child and no correction is justifiable if the child is by reason of tender age or otherwise incapable of understanding the purpose of the correction.

(3) The term “degrading treatment” as used in this section means an act done to a child with the intention of humiliating or lowering his dignity.

10.3 African Charter Provisions

72. See Section 12 and 13 of the Law of the Child Act

The ACRWC at its Article 21 provides for Protection against Harmful Social and Cultural Practices to the effect that;

1. States Parties to the present Charter shall take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child and in particular:

- (a) those customs and practices prejudicial to the health or life of the child; and
- (b) those customs and practices discriminatory to the child on the grounds of sex or other status.

2. Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be 18 years and make registration of all marriages in an official registry compulsory

Art. 1 (3) Provides that *“Any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in the present Charter shall to the extent of such inconsistency be discouraged.”*

The Penal Code Chapter 16 [R.E. 2002], The Law of the Child Act No. 21/2009, Juvenile Court Rules of 2016, The Labour Laws, Child Protection Regulation 2015 etc.

Section 169A. (1) Any person who, having the custody, charge or care of any person under eighteen years of age, ill-treats, neglects or abandons that person or causes female genital mutilation or carries or causes to be carried out female genital mutilation or procures that person to be assaulted. Ill-treated, neglected or abandoned in a manner likely to cause him suffering or injury to health, including injury to, or loss of, sight or hearing, or limb or organ of the body or any mental derangement, commits the offence of cruelty to children.

10.4 Realities about Children

Female Genital Mutilation (FGM)

The magnitude of the problem and drivers

The prominent harmful practices are Female Genital Mutilation (FGM) and child marriage. One in ten women in Tanzania (aged 15-49) has undergone FGM. Of these, 35 per cent underwent FGM before the age of one.⁷⁴ There are several drivers leading to FGM. These include financial gain to cutters (30000 to 50000 TZS).⁷⁵ There are strong traditional beliefs regarding FGM. Although efforts and enforcement of laws against FGM are ongoing, communities devised another way to practice FGM. In some regions the age of FGM has shifted to babies and new-borns. These multifaceted challenges can only be addressed by a holistic and collaborative approach (*ibid*).

Existing interventions

Civil Societies have been in a driver's seat to raise awareness and rescue girls who are at risk of Female Genital Mutilation practices. Examples of such initiatives include Hakeketwi mtu ("No one should undergo FGM") 2018 under this initiative several interventions have been done. This was a collaborative CSOs effort under partnership with UNFPA.

Table 19: No one should undergo FGM initiative

Kipunguni Knowledge Centre	Rescued the majority of girls in their community from FGM over the last couple of years and has made it their mission to rescue every girl at risk of FGM.	<ul style="list-style-type: none"> ● Cutters ● Traditional leaders ● Girls ● Teachers ● Parents ● Community leaders ● Health workers
ATFGM	Between 2008 and 2017, rescued 2,569 girls from FGM through their rescue camps, which are set up once a year during the cutting season and lesson to traditional leaders and schools on sexual and reproductive health and rights education, and extra tuition in regular school subject.	
Network of Volunteers	Monitors parents' promises not to cut their daughters after they return home.	

74. https://tanzania.unfpa.org/sites/default/files/pub-pdf/FGM_FACTSHEET_24sept_highres.pdf

75. <https://tanzania.unfpa.org/en/news/national-csos-collaborate-their-efforts-end-harmful-practices>

10.5 Child Marriage

Prevalence of child marriage is high. According to data from the Tanzania Demographic Health Survey (TDHS) 2015/16, one in three women in Tanzania marry before their 18th birthday. The same survey shows a 5% increase in the marriage of adolescent girls in the 15-19 age bracket since the previous survey in 2010 (TDHS 2016). Drivers of child marriage are summarised in Table 20 as extracted from Fact Sheet: Child Marriage of UNFPA Tanzania.⁷⁷

Table 20: Drivers of child marriage

Driver	Description
Conflicting legal and customary laws	<ul style="list-style-type: none"> ● The Law of Marriage Act, 1971 allows for boys to marry at 18 and for girls to marry at 15 with parental consent and permits both girls and boys to marry at 14 with a court's permission. ● The Local Customary Law (Declaration) Order, GN 279 of 1963 allows each ethnic group to follow and make decisions based on its customs and traditions. This law is particularly relevant to child marriage, since communities have the power to apply their own traditions in regard to the minimum age at marriage without breaking Statutory Law.
Poverty	<ul style="list-style-type: none"> ● Due to economic hardships many families find it hard to manage the family needs and hence resort to marrying off their daughters as a means of "protecting" them economically. ● Some girls may agree to marry young to escape the difficulties at home, unaware of the challenges marriage will bring. ● In some communities the bride price that parents receive upon marriage. In most cases the dowry is in terms of cash or cattle this is considered as a means to reduce poverty.
Low educational attainment	<ul style="list-style-type: none"> ● As mentioned earlier in total by 2018 there were 3.5 million children who were out of school. Out of this about 2 million were primary-school-age children and 1.5 million were lower-secondary-school-age children are out of school in Tanzania ● School Girls with higher levels of education are less likely to marry as children. There is a strong negative relationship between a person's level of education and their age at first sex. The percentage of women who have sexual intercourse by age 15 decreases substantially as levels of education increase. ● Adolescent girls who drop out of school to marry seem to be most marked in the primary to secondary transition period.

77. https://tanzania.unfpa.org/sites/default/files/pub-pdf/Factsheet_CM_UNFPA_14oct.pdf

Gender inequality	<ul style="list-style-type: none"> • Gender inequality expose girls to risks of child marriage. Girls and women are systematically deprived of educational, financial and social resources • Families with limited financial resources will educate boys who are seen as an economic investment. • A lack of schools in rural communities and the distances that girls must travel to and from school often leaves them vulnerable to sexual exploitation and assault; this is an additional barrier to them continuing their education.
Teenage pregnancy	<ul style="list-style-type: none"> • As mentioned earlier teenage pregnancy has increased by 4% since 2010, from 23% to 27% (TDHS 2015/16). • Stigma and violence to unmarried pregnant adolescents push them to marriage.
Need to preserve girls' pre-marital virginity	<ul style="list-style-type: none"> • Social norms shape how sexuality is viewed, expressed, experienced and constrained. Parents are prompted to arrange early marriages for their daughters due to a perceived need to preserve girls' pre-marital virginity and to protect her and her family from the risk of shame or dishonour attached to "inappropriate" behaviour outside of marriage, which may also decrease the amount of dowry a family receives. There is also a fear of sexual assaults.
Culture	<ul style="list-style-type: none"> • Bride price • Protecting virginity • Girls do not have value

Source: Child Marriage of UNFPA Tanzania and National survey on the drivers and consequences of child marriage.⁷⁸

78. <https://www.forwarduk.org.uk/wp-content/uploads/2019/06/Forward-230-Page-Report-2017-Updated-Branding-WEB.pdf>

10.6 Areas Where Child Marriage is Common



Source: Lessons from Child Marriage survey – Published 4th April 2017- Accessed 12/7/2021,
<https://www.girlsnotbrides.org/articles/weve-learnt-national-survey-child-marriage-tanzania/>

10.7 Existing Efforts Against Child Marriage

According to the Penal Code (2), any person who commits the offence of cruelty to children is liable on conviction to imprisonment for a term of not less than five years and not exceeding fifteen years or to a fine not exceeding three hundred thousand shillings or to both the fine and imprisonment, and shall be ordered to pay compensation of an amount determined by the court to the person in respect of whom the offence was committed for the injuries caused to that person. The offences include ill-treatment, neglect or abandonment of that person or causes

female genital mutilation or carries or causes to be carried out female genital mutilation or procures that person to be assaulted. Ill-treated, neglected or abandoned in a manner likely to cause him suffering or injury to health, including injury to, or loss of, sight or hearing, or limb or organ of the body or any mental derangement:

“The government has put more efforts on any harmful practices especially gender violence. Currently there are different committees on violence against women from lower level (mtaa) to national level. It is a National Strategic Plan on Violence Against Women and Children. These committees have been very helpful as people are aware now and know what should be done so that when a person commit a crime of any form of violence its punishment is clearly stated by the law.” – Government official

“There are national guidelines that address these practices such as GBV and violence against children and women. In addition to that, there are also different regulations which address harmful practices for children.” – CSO representative

Amendments of Laws as and when need arise, creation of awareness to those communities mostly affected with the practice in collaboration with Civil Society Organisation. A lot of efforts have been made. First of all, social welfare officers have been recruited although there is a shortage at the village level of approximately thousand and something. In addition, different committees on violence against women and children exist up at the village/street level.

“The government has put more efforts on any harmful practices especially gender violence. Currently there are different committees on violence against women from lower level (mtaa) to national level. It is a National Strategic Plan on Violence Against Women and Children.” – CSO representative

The Education Act, Cap. 353 at its newly added Section 60 A (1) prohibits to marry or impregnate a primary or a secondary school pupil.⁷⁹ The said Section 60 A (1) states that: *It shall be unlawful under any circumstance for (a) any person to marry a primary or secondary school girl or a school boy; or (b) a primary or secondary school boy to marry any person.*

79. Section 60 A (1) Education Act, Cap. 353

The Education Act, Cap. 353 at its newly added Section 60 A (1) prohibits to marry or impregnate a primary or a secondary school pupil.⁸⁰

The said Section 60 A (1) states that: *It shall be unlawful under any circumstance for (a) any person to marry a primary or secondary school girl or a school boy; or (b) a primary or secondary school boy to marry any person.*

CSOs were reported to demonstrate bigger support in ensuring at grassroots levels there trained personnel to deal with children welfare including protection.

“Other stakeholders supported us by training and deploying voluntary assistant social welfares in more than eighty-one councils at the village level. Their main responsibility is to look for vulnerable children. They identify them at the village or street level and link them to services. Up to now we have more than 15552 trained social welfare officers who are volunteering at the lower level. But these are efforts of different stakeholders who are supporting us at the lower level.” – Government official

10.8 Corporal Punishment

Despite the existing evidence indicating that corporal punishment is illegal and that it does not help children to become productive and responsible citizens, corporal punishment is still practiced. For example, The Government has confirmed that caning of children is justifiable. The Government rejected recommendations to prohibit all corporal punishment made during the Universal Periodic Review of Tanzania in 2011. Corporal punishment is widely used even for minor offences and even if the government is prohibiting it. (Feinstein and Mwachombela 2010). Feinstein and Mwachombela (2010) noted that students themselves see a clear causality between teachers’ violent behaviours and their poor performance, and argue that harsh discipline and humiliation leads to poor achievement. Reasons calling for corporal punishment include misbehaviour like lying or bullying other students but also performing poorly.

81. <http://www.endcorporalpunishment.org/wp-content/uploads/country-reports/URTanzania.pdf>

11. Child Participation

11.1 Definition

Child participation in decision-making can be defined as the situation which enables a child in the different stages of growth to have an opportunity of participating fully in airing out views, ideas, feeling and participate as well in the decision of issues which concern his/her own development and those which are needed to be implemented within the concerned community that surrounding him/her. This opportunity should start at the family level then expand to the community and national levels. Participation steps commence as the child grows up. The participation and sharing information with a child depend on the age and the type of issues the child has to participate in and share. The basis of a child's right to participate is part of human rights. Child participation in society includes and not limited to;

1. **Listening** to children's opinions and providing space for children to express themselves, Children sharing their concerns about protection within various settings like the home, the community, and in schools.⁸²
2. **Respecting** all children's views and concerns and giving them serious consideration on their views. It is important to ensure that the society listens to all children, boys and girls equally, including children that need special attention (i.e. Disabled children).⁸³
3. **Including** children in decision making processes that affect them at all levels of society which include and not limited to family, school, community, health care, legal system, child protection services and government.⁸⁴

There are standards for child participation in society this includes and not limited to;

- An ethical approach - transparency, honesty and accountability acknowledging power imbalances between children and adults and making sure children understand the outcome of their participation/contribution.
- Children's participation is relevant and voluntary, making sure children want to participate by asking them, gaining their consent and building on their own knowledge of their situation that is informing them of the length of activities to make informed decisions.

82. Malipula A.G., The Principle of the bests interests of the child for children in conflict with the law; Doctor of Philosophy Thesis, Open University of Tanzania, 2020

83. Ibid (N36)

84. Malipula A.G., Doctor of Philosophy Thesis (n35)

- A child-friendly, enabling environment assuring the quality of children's participation by creating a positive environment for their participation standard.
- Equality of opportunity, providing an inclusive environment regardless of age, gender, religion, ethnic origin, etc.
- Staff are effective and confident Making sure adult workers have the necessary knowledge and skills to encourage genuine children's participation effectively
- Participation promotes the safety and protection of children Reducing children's risk of abuse or exploitation/negative consequences of their participation
- Ensuring follow-up and evaluation, making sure children have the opportunity to participate in follow-up processes/activities as they are an integral part of monitoring and evaluation processes.⁸⁵

Article 7 of the African Charter on the Rights and Welfare of the Child calls for freedom of expression for every child who is capable of communicating his or her own views, who shall be assured the right to express his opinions freely in all matters and to disseminate his opinions subject to such restrictions as are prescribed by laws.

11.2 Government Initiative

Government promotes child participation by provision of legislation. This includes The Law of the Child Act No. 21/2009, Juvenile Court Rules of 2016 and National Youth Development Policy, 2015. The Law of the Child Act, Juvenile Court Rules of 2016 and the Children's Charter are well adhered to. Children who are capable of speaking especially in matters concerning them in court sessions are allowed to participate personally. The position is well backed by the Court of Appeal (CAT) in Othinil Kimbute's case which pointed out that; A child may give unsworn evidence if he/she is unable to understand the above, but in that event, the court is required to admonish him/her to speak the truth.⁸⁶

Apart from legislation, for example, it was mentioned that there are clubs at schools where they can express their opinions. All these are government efforts also there are child protection and safety committees but we should improve them to ensure even children are getting involved in those committees.

85. Ibid (n34)

86. *Kimbute Otinil 'v' Republic* Criminal Appeal No. 24 of 2010 High Court of Tanzania, Arusha 2010

“There are efforts which are being made at the national level that is why there are clubs at schools where they can express their opinions. All these are government efforts also there are child protection and safety committees but we should improve them to ensure even children are getting involved in those committees. I don’t know its composition but we can involve children, I will make follow on this.” – Government official

Other initiatives are the establishment of children councils in villages and streets. These councils go up to the national level. The children councils provide a room for children to express their views in many aspects. It was reported that they have been a good source of information for social welfare officers to hear children's voices. For example, children recommend how parents should behave and treat their children as well as what the government should do for them. It was found that there is a National Plan of Action For Child Participation 2014-2019. The document stipulates the aim of the government to formalise children's involvement in decision making through the establishment of a Junior council which is in response to the UN General Assembly Special Session on Children (UNGASS).⁸⁷

“Of course, at the council or district level there are government efforts especially establishments of children councils from village/streets, council, regional up to national level. Of course, they have been established in some of the regions and councils but the aim of the government is to establish them countrywide.” – Government official

At the national level, the government allocates 10% of the national budget for supporting youth development, women and people with disabilities.

“At national level, now the government allocate 10% as a loan for youths, women and people with disabilities. Therefore, at national, if they meet the criteria, they can be supported.” – Government official

11.3 Civil Society Initiatives

In 2002, the Junior Council of the United Republic of Tanzania was created at the national level ⁸⁸ and the government committed to extend the Council throughout

87.

http://www.africanchildforum.org/clar/policy%20per%20country/2018%20Update/Tanzania/tanzania_nationalactionplanonChild%20Participation_2014_en.pdf

88. https://www.tanzania.go.tz/egov_uploads/documents/_sw.pdf

the Council throughout the country. Responding to slow implementation by the government, Save the Children created child-led organisations (children's councils) in several districts in Mainland Tanzania and Zanzibar. This study analysed the operations of the councils in Temeke, Lindi and Mjini Magharibi to assess whether these bodies had facilitated child participation in local government processes.⁸⁹

Civil Society Organizations, especially those dealing with legal issues, participate in the representation of children with a view to enable them to participate on matters concerning them. To mention a few, Tanzania Women Lawyers (TAWLA), Women Legal Aid Centre (WLAC) Women in Law and Development in Africa WILDAF etc.

- Awareness raising through information sharing
- Advocacy and Lobbying
- Financial Support
- Evidence based research approach

11.4 Realities about Child Participation

This right was considered almost impossible by respondents. According to key informants, the majority of Tanzanian children are not being listened to. For those who think they listen, they basically are not listening. Listening is confused with providing:

“For instance, according to the lifestyle we have, as parents, nowadays we listen to children by providing the children with the stuff which they seem to prefer. For instance, you buy your child a mobile phone or Ipad or you buy your child a computer/tablet and think that you are listening to your child while you were supposed to sit down with your child and negotiate with him/her.” – Government official

However, when it comes to participation space at home, the space is narrowed according to the respondents. The main reason is cultural.

“The issue of decision making is cultural. We go back to our culture and beliefs of our families. We believe that a child understanding is always low. This is culture and we have been raised that way. When a father is speaking a child must keep quiet while a child could explain him/herself why they have done.” – Government official

89. <https://resourcecentre.savethechildren.net/sites/default/files/documents/5795.pdf>

"It is hard impossible for a child to make decision because a parent will say, 'I am paying my money how come you want to decide for me.'" - Government official

Respondents mentioned an area where a child decision space is infringed mostly on decisions on what they need to be.

"Maybe in his/her career development a child prefers something but we don't give them an opportunity to make that choice. But as parents or guardians, we don't give our children an opportunity to fulfil their ambitions or dreams." - Government official

The same perception about children's ability to participate has trickled into the formal systems and consequently there is no functional platform for child participation.

*"Children are not being involved in decision making process. first if you pass through our decision-making structure, most of them have no children or youth representation. If you check in our decision-making committee in ward officials, finance and others, they don't."
- Government official*

One impact of infringing on decision-making space and poor relationships with parents or guardians is that some children get sick and keep quiet until the situation worsens.

"The child has also a right to say if s/he is not feeling well that is why you find some children collapse because they afraid to say if they are sick. If you ask him/her what were you afraid of? They would say, "I am afraid that I would have been beaten" The child feels that if s/he says that is sick the family will think that is lying. So, this is still a challenge to many families, they need to change and become aware that even children have their own decisions because they have their own needs. It better to listen to them because they real need to do certain things" - Government official

11.5 Areas of Needs and Opportunities for Community-Based Interventions

Areas of Needs

- Children’s empowerment to understand that they have rights to participate
- Reinvigorate children councils in collaboration with children or youth

Opportunities

- Children councils exists, develop child participation guide/manual
-

12. Discussion

The mapping report indicates mixed results in terms of key indicators on children rights. Generally, there are great political commitments in terms of setting strategic frameworks, policies and laws in almost all sections involved with children’s rights, except for the girls who get pregnant in school. The situation is now improving after the government has changed its stance on this matter. The mapping study is spotting deviations between written policies, strategies, laws and the actual practice. This seems to impact on the achievement of key indicators in certain areas such as adolescent health, education pre- and primary as well as child protection, child participation including efforts to address harmful practices.

Several reasons are emerging that may explain the reasons for deviation between intentions and actual implementation of children rights policies, strategies and laws. First is financing: The major area where the government was seen more active was on primary education, secondary education and child survival. This is specifically on employing teachers/health workers, mobilising efforts for constructions and rehabilitations of education/health facilities, including upgrading staff skills. Despite major support in these areas still issues relating to awareness and behavioural change lag behind including infrastructure and pupil/teacher ratio in several areas. It was found that the government's active participation is minimal especially on other components of children rights such as participation and protection, including forbidding harmful behaviours. These activities were in most cases implemented through CSO and CBOs initiatives. Given their funding nature it is hard for them to ensure nationwide coverage and sustained support. This makes efforts in promoting children’s rights more project-oriented and short term, with limited geographical coverage.

Another reason contributing to the deviations between written and practice in addressing children's rights are related to the alignment of policies as well as Acts. Children's rights are multisectoral and are fostered through laws, policies and strategies, which are under the mandates of more than one ministry. This was found to slow children's rights promotion because of existing misalignment between the guiding documents and/or laws.

Moreover, this mapping study noted that there is an indication of low institutionalisation and mainstreaming of CSOs and CBOs efforts into government funded activities. This needs further exploration in phase two to see how efforts on the ground are mainstreamed and are set to be taken to scale.

CONCLUSIONS



13. Conclusion

This mapping concludes that Tanzania is on track in terms of setting policies, laws and guidelines to promote children rights as per the requirements of the African Charter on the Rights and Welfare of the Child. The country will do far better if the policies and laws are harmonized. The minimum age of marriage which is not equalized still is still 15 for girls and 18 for boys.

Secondly in terms of key indicators the mapping study showed that child survival efforts are far better for newborns and under five. Efforts are needed to address adolescent health issues, nutrition and access to clean water.

ECE is gaining attention in terms of policies and guidelines, as well as efforts implemented to ensure teachers with ECE skills are trained and deployed. However, enrolment still lags behind and is still a challenge along with delayed entry to ECE and Primary school.

Basic education enrollment is improving but still the challenge of dropout exists. Efforts to promote basic educational access and availability were noted, with a slow pace in improving the quality especially on pupil/teacher ratio. This led to slow improvements in literacy and numeracy.

This mapping study also concludes that there are still many areas of children's rights that are in need of attention, including ECE, poor child participation and teenage pregnancy, ineffective child protection and participation structures, challenges related to adolescent girls' education more, early marriage and child labour.

Problems related to the violation of children rights are present in both urban and rural areas. Cities like Dar es Salaam are emerging amongst the top ten in issues related to teen pregnancy. This creates the need for understanding children rights challenges in both urban and rural settings.

Lastly the mapping study concludes that despite the vivid synergies between ministries and actors with regards to children's rights, the synergies seemed to be less exploited to improve the situations and children and youth in Tanzania. For example, there is a clear synergy between Education, Health and Ministries dealing with economic empowerment.

13.1 Areas of vulnerability for children

The following areas of vulnerabilities for children were identified:

- Inadequate social support especially for vulnerable families;
- Poverty;
- Distance to school;
- Weak child protection systems and community awareness on ECE and child protection as well as cultural norms.

The study also identified systems factors such as misalignment between policies and laws or between one Act of law and the other. This makes young people vulnerable to abuse, neglect, deprivation and violence.

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MAPPING STUDY ON THE STATUS OF CHILD RIGHTS AND WELLBEING IN TANZANIA

Phase 2 Report

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ACKNOWLEDGEMENTS

This study would not have been possible without the coordination and technical contribution from Mr Rasheed Maftah, assistant director of social welfare services from President' Office Regional Administration and Local Government (PORALG).

ENTAF team would also like to sincerely thank the Regional Administrative Secretaries of Dar es Salaam and Shinyanga regions including the leadership of Temeke Municipal and Shinyanga District council for allowing their officials to participate in the study and granting permission for ENTAF team to collect data in their areas.

ENTAF is thankful to Veronica Jenga Lyanga, Lilian Mafole, Aisha Mwinshari and Irene Kisweke for their cooperation and field level coordination.

Thank you to the respondents in the study for consenting to participate.

We acknowledge the professional contribution we received from Dr Sadaf Shallwani. Finally, we are thankful to the Firelight staff who in one way or another facilitated this work from design to validation. Your technical and administrative support is highly appreciated.

ABBREVIATIONS

ANC	Antenatal Care
ARV	Antiretrovirals
CBCPM	Community-Based Child Protection Mechanisms
CBO	Community Based Organisation
CDC	Center for Disease Control and Prevention
CRC	International Convention on the Rights of Children
DAWASA	Dar es Salaam Water and Sewerage Authority
ECE	Early Child education
FGD	Focused Group Discussion
FGM	Female Genital Mutilation
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
KII	Key Informant Interview
MOHSW	Ministry of Health and Social Welfare
NBS	National Bureau of Statistics
NGOs	Non-Governmental Organisations
NPA- VAWC	National Plan of Action for ending Violence Against Women and Children
NIMRI	National Institute for Medical Research
OAU	Organisation of African Unity
PAHO	The Pan American Health Organisation
PEPFAR	President's Emergency Program for AIDS Relief
PORALG	President Office Regional Administration and Local Government
UNICEF	United Nations Children's Fund

UNODC United Nations Office on Drugs and Crime
USAID United States Agency for International Development
VEO Village Executive Officer

EXECUTIVE SUMMARY

Tanzania, like any other country, has made progress in addressing state level obligation of the charter by developing systems and structure to advance the child rights agenda. In addition, the country has ratified international treaties and conventions and developed several documents to guide in-country practice. However, the country lags behind in some areas. Promoting children's rights requires the availability of national level commitments in terms of policies, laws, plans and budgets, guidelines and or strategies on one hand and also change of mindset, attitude and perceptions on the other. The latter has presented a major hiccup.

This study seeks to map areas of need and opportunity for community action for the rights and wellbeing of children in Tanzania in order to identify gaps in country level adoption of the African Charter on the Rights and Welfare of the Child and its implementation. The broad aim of this study was to gain a better understanding on the status of realisation of children's rights as stipulated in the African Charter, and to explore opportunities for community-based solutions and interventions for addressing the gaps.

The study employed exploratory qualitative research where children, parents, government officials, community leaders and community-based organisations were enrolled in the study. Key informants – interviews, focus group discussion and H- assessment – were gathered to answer the study questions. The findings suggest that children's rights were addressed in various ways across the articles of children's rights, and that there were no major differences between Shinyanga district council and Temeke municipality on the status of achievements. However, Temeke's challenges differ from those of the Shinyanga district council due to

their local context, the former being urban and the latter being rural. Although there are considerable efforts in terms of setting policies, legislations and strategies, their implementation is limited because in most cases the work is done by NGOs and CBOs for almost all of the themes except for child survival and health, where facility-based services are to a larger extent handled by the government as well.

The following are the areas of needs with potential for community-based solutions:

Thematic Area	Areas of need
Child Survival and Health	<ul style="list-style-type: none"> ● Promote food fortification in terms of skills and availability of substance ● Promote health insurance enrolment ● Male involvement in antenatal care (ANC) and HIV/AIDS ● Promote improvement of health seeking behaviour ● Collaboration with traditional healers to promote communities to go to health facilities for seeking care and treatment
Care of the child in the family and community	<ul style="list-style-type: none"> ● Addressing gender divisions of caregiving and breadwinning ● Shared parental responsibility ● Violence against women and children
Child education	<ul style="list-style-type: none"> ● ECE centres integrated in public schools ● No formalised mechanism for remunerating ECE teachers in ECE centres integrated in public schools ● Attrition of ECE teacher in ECE centres integrated in public schools ● Private ECE centres not adhering to standards
	<p>Primary Education</p> <ul style="list-style-type: none"> ● Addressing truancy contributed to by poverty, unreliable transport and peer pressure

Thematic Area	Areas of need
	<p>Secondary Education</p> <ul style="list-style-type: none"> ● Early pregnancies ● Poor sanitation and lack of sanitary pads for girls which is unfriendly for menstrual hygiene ● Limited infrastructures and shortages of teachers
Leisure and recreation	<ul style="list-style-type: none"> ● Schools have limited space for playing grounds thus children have to move to other schools with playing grounds when they need to do so ● In the case of Shinyanga, children shared playing grounds with other community members which respondents considered unsafe for them because they may copy some of the irresponsible behaviours from adults such as drug abuse and use of profanities ● Sometimes open spaces for children to play are intruded by communities in the cause of establishing new settlements ● Parents do not consider taking their children out for recreation to be important
Inclusion	<ul style="list-style-type: none"> ● Children with disabilities in Dar es Salaam are sometimes used as means for generating income, and parents use them to beg for support ● Children with disabilities have challenges at homes and in schools, including: <ul style="list-style-type: none"> ○ Infrastructure and learning facilities are not friendly and there is no assistance when they want to continue to higher level, they lack support from their parents ○ In family levels some do not have infrastructures like a wheelchairs ○ Children with albinism who are in centres have security yet those who are in communities face security that is questionable ○ Shortage of teachers with skills to train children with disabilities

Thematic Area	Areas of need
Child protection	<ul style="list-style-type: none"> ▪ Coverage of child protection committees is minimal ▪ Child protection committees exist at ward level but they are not trained – hence not functional ▪ No nationalised mechanism to train and supervise the committees ▪ Sexual abuse in schools is rarely reported because children do not cooperate and they need counselling to do so ▪ Sexual abuse at the family level exist but parents do not listen to their children especially when it involves relatives
Harmful practices	<ul style="list-style-type: none"> ▪ Child labour was reported in Dar es Salaam especially relating with employing house girls, a practice that is more common for children from poor families ▪ Forced marriage, violence against children with disabilities and child labour were mentioned as being common harmful practices in the areas visited ▪ Initiation ceremonies contribute to drop out of school because they are taught by their parents about sex and how to handle a man sexually
Child participation	<p>At community level</p> <ul style="list-style-type: none"> ▪ Generally, children are not involved in decision making at family level <p>At school level</p> <ul style="list-style-type: none"> ▪ At school children get involved just by being informed but they do not decide. School clubs exist but they only discuss issues relating to their subjects

From the findings four major conclusions emerged

1. Despite the fact that Tanzania indicated a positive move in promoting children’s rights, on the ground the impact is weakened due to limited sustained efforts to implement national policies and strategies at the

community level. The work is to a greater extent left to CBOs whose budget and capacity are limited leading to addressing children's rights issues in a fragmented manner. This makes it hard to achieve a comprehensive positive influence on children's rights.

2. Children feel not safe enough at the family and community level to report violence, particularly those who are outside marriage, due to a lack of support and security from other family members and also their intention to report is shied away as sometime they get less attention at home especially when a perpetrator is a relative.

3. ECE systems are underdeveloped from infrastructure, teachers and regulatory frameworks perspectives.

4. The findings suggest that child inclusion requires integration into normal systems. However, the findings also indicated that the main system to which the integration needs to happen are weak.

INTRODUCTION



Background Introduction and Rationale of the Study

1.1. Introduction

This is the phase two report of the mapping study commissioned by Firelight Foundation to ENTAF. The focus of the study was to assess areas of need and opportunity for community-based solutions towards systemic change for the realisation of children's rights in Tanzania. The objective was to supplement and deepen community-level realities, perspectives, and priorities, to map where the challenges for children are the greatest, where community-based solutions, organisations and networks could be the most powerful. This included exploring what the major challenges/obstacles are to those organisations for realisation of children's wellbeing and rights. The findings from this study will inform Firelight's future investments in community-based organisations, systems and solutions relating to child protection, child wellbeing, and the realisation of child rights. It will also be used to inform the broader philanthropic field.

1.2 Background

Children's rights have been among important treaties of the human rights conventions. This was further intensified by the Sustainable Development Goals which contain strong ambitions to eliminate violence against children. The Agenda 2030 makes an explicit, bold, and universal commitment to ending violence against women and children in all its forms as part of an integrated agenda for investing in the protection and empowerment of women and children.¹ The African Union also adopted the African Charter on the Rights and Welfare of the Child, which entered into force in 1999. The charter provides rights and duties of children where article 1 is set to express a state's obligations and discourages any custom, tradition, cultural or religious practice that is inconsistent with these rights. Annex 1 outlines the scope of each article pertaining to the rights and welfare of children. In addition to the charter, INSPIRE Seven Strategies for Ending Violence Against Children was developed. Further INSPIRE indicators that provide guidance on how to measure change in

1. <https://www.unicef.org/child-rights-convention>

Despite several decades of global efforts in improving national government responses to children's rights, in practice the progress is slow in many areas. The notion that the government ratifying the conventions and translating the conventions into policy and programs will improve the situation of children is proving incorrect. According to the UNICEF report of 2019 regarding the status of children's rights, 30 years after the convention was ratified, the implementation progress is unacceptably low. For example, harmful practices such as female genital mutilation and inappropriate initiation rites exist.

1.3 Status of Children

After three decades of the implementation of the International Convention on the Rights of Children (CRC), children's rights are still far fetched at all levels. African countries are reported to have made considerable progress in establishing structures responsible for children's affairs, developing policies and plans of action aimed at realising the rights and wellbeing of children though there are variations (UNICEF 2019). Considerable progress has been made in universal ratification of the Convention on the Rights of the Child. However, the progress has been uneven and inequitable (UNICEF 2019). Globally, it is estimated that one out of two children aged 2–17 years' experience some form of violence each year. The same report highlights bullying as another form of child abuse where a third of students aged 11–15 worldwide reported to have been bullied in past six months by their peers. 120 million girls are estimated to have suffered some form of forced sexual contact before the age of 20 years. Emotional violence affects one in three children, and worldwide one in four children lives with a mother who is the victim of intimate partner violence (*ibid*). Inequity between children from poor households in accessing vaccines continues to be a challenge. For example, 85% of children from richest households in Sub Saharan Africa received at least one dose of measles vaccine, compared with around one half of those who are poor. Slow progress has been noted on child marriage for the poor. Children and youth leave formal education with limited skills, reducing their abilities to compete in the globalised labour market (*ibid*).

Like in other countries, there have been mixed results in the implementation of

child rights in Tanzania. According to the 2011 Violence Against Children survey report, one in three girls and one out of seven boys experience some form of sexual violence before turning 18 and most of these children do not report. According to the Violence Against Children Study by Save the Children, about one half of girls and two thirds of boys do not tell anyone about their experience. Over 60% of girls give family or community reasons (with the most common reason being fear of abandonment or family separation) for not telling, while another 26% give personal reasons.² The response systems for those who report is weakened by many factors such as limited knowledge of health providers to handle sexual abuse cases, limited legal support and community compromising the formal reporting systems due to fear or family ties. Tanzanian women marry young – almost five years earlier than men – at about 19 years of age. Female Genital Mutilation (FGM) exists in Tanzania, and at least 7.9 million women and girls in Tanzania are estimated to have undergone FGM. With regard to access to health, inequalities in mortality between the poorest and richest children were decreasing during 2005-2016, and, uncharacteristically, urban children had no survival advantage over rural children. Urban neonatal mortality rates were high (38 per 1000 live births) and significantly higher than rural (20 per 1,000 live births), with the largest difference during the first week of life.

Despite falling from 42% in 2010 to 35% in 2014, the high proportion of stunted children is a sign that chronic malnutrition remains endemic (National Bureau of Statistics (NBS) of Tanzania and ICF Macro 2011). Around 20% of maternal deaths are caused by unsafe abortions, particularly among adolescents,³ indicating challenges in accessing reproductive health services for adolescents.

With regards to educational access, 33.4% of children attend pre-primary school. Corporal punishment exists and is not fully prohibited at home, in schools or the criminal justice system (see the quotation below) (Global Initiative to End All Corporal Punishment of Children 2016).

The minimum age for girls to marry is still a challenge, and two in five girls marry before their 18th birthday.

The minimum age for criminal responsibility stands at 10, below the United Nations Committee on the Rights of the Child's recommended age of 12.⁴

2. <https://resourcecentre.savethechildren.net/pdf/5127.pdf/>

3. https://www.unicef.org/evaldatabase/index_90225.html

4. <https://www.girlsnotbrides.org/wp-content/uploads/2013/04/Minimum-age-of-marriage-in-Africa-March-2013.pdf>

With regard to child labor, the minimum age for child employment is 14 years old but in reality, 28.8% of urban children and 35.6% of rural children below 14 are engaged in types of time-excessive work or hazardous/exploitative occupations that meet the definition of child labor (National Bureau of Statistics 2014). Boys are more likely than girls to be working in such conditions (*ibid*). It was also noted that adolescent girls are often sexually exploited by employers in low-paying jobs. Despite having an act of law, response mechanisms and structures against trafficking, its enforcement still needs more effort to mitigate the problem. Child participation continues to be a challenge for example although establishment of junior council was considered as an avenue for creating space for children.

Despite more than two decades of implementation of the African Charter on the Rights and Welfare of the Child, states are really struggling. Limitations in practising what countries ratified as protection and safeguarding measures for children are linked to many factors. For example, the adoption of a rights-based approach as compared to a welfare-based approach has posed a great challenge for all states and other actors concerned, including parents, teachers, educators, non-governmental organisations and professionals. Table 1 outlines challenges faced by states as presented by David (2002).

Table 1: Challenges in implementing the child rights convention

Convention focus	Existing challenge
The Convention is that it recognizes the child as a human being entitled to a full array of rights	Most states have managed to address issues of law and policies but failed in implementation. This is because for most states the shift from welfare motivated measures to ones based on legally recognized rights require a fundamental change of mentalities, beliefs and a consensus on conceptualization of who is a child.
The Convention implies a multi-disciplinary vision	As children's issues are cross-cutting within public administrations, success in implementing child rights mainly relies on the states' capacity to coherently coordinate their mandates, resources, policies and programs. This is frequently reported to be a challenge.

2. <https://resourcecentre.savethechildren.net/pdf/5127.pdf/>

3. https://www.unicef.org/evaldatabase/index_90225.html

4. <https://www.girlsnotbrides.org/wp-content/uploads/2013/04/Minimum-age-of-marriage-in-Africa-March-2013.pdf>

Convention focus	Existing challenge
The right of the child to participation	The right of the child to participate requires deep social change in attitudes and values to be properly implemented as it means that children should not be kept invisible in all decision-making processes.
Education	Public authorities need to move progressively away from the traditional conceptions. For example, implementing the right to education would not only cover traditional areas such as access, attendance and drop-out rates, but additionally it would look at issues such as discrimination in the education system, access to health guidance at school, contents of education, corporal punishment and other forms of violence in schools, including sexual harassment .

1.4 The Rationale of the Study

Promoting children’s rights requires the availability of national level commitments in terms of policies, laws, plans and budgets, guidelines and or strategies on one hand and also change of mindset, attitude and perceptions on the other. The latter has proven to be a major hiccup.

This study seeks to map areas of need and opportunity for community action for the rights and wellbeing of children in Tanzania in order to identify gaps in country level adaptation of the African Charter on the Rights and Welfare of the Child and its implementation. The broad aim of this study is to gain a better understanding on the status of realisation of children’s rights as stipulated in the African Charter, and gain further practical understanding of the factors influencing (positive/negative) the achievement of the charter, and in particular any opportunity for community-based solution/interventions in addressing the gaps of implementation of the charter if any.

This study is commissioned to Enhance Tanzania by Firelight Foundation in order to map areas of need and opportunity for community action for the rights and wellbeing of children in Tanzania. Firelight Foundation is a multi-donor public charity fund that raises money from foundations, individuals and institutions to support community-based organisations (CBOs) in eastern and southern Africa. The organisation supports catalytic community-based organisations that are

working with their own communities to build smart, sustainable, and potentially scalable solutions to the challenges faced by children and youth in eastern and southern Africa. Firelight Foundation believes in the power and right of African communities to create lasting change for their own children and youth. Firelight believes that lasting change will come when communities create safe, strong and nurturing environments where children and youth thrive and are able to realise their extraordinary potential. The organisation financed the study and provided support for training the research assistants specifically in the participatory methods with children, given their experience in engaging children in identifying their needs with regards to child rights.

The study generated information that will guide Firelight Foundation and its partners on areas of priorities for advancing children's rights and wellbeing for sustainable impact. Further the findings will contribute to existing statistics in the country and the existing body of knowledge where the results will be of benefit.

1.5 The Specific Objectives and Questions

The study focused on three specific objectives:

- 1) To establish the status of children on key indicators related to child survival, protection, development and participation.
- 2) To explore the potential for community actions in advancing children's rights and wellbeing.
- 3) To explore challenges/ barriers and strengths/ opportunities and synergies for community-based organisations in advancing children's rights and wellbeing at community level.

LITERATURE



Literature Informing the Study

2.1 Introduction

As stated in Chapter 1, this study seeks to identify gaps in implementing African Charter on the Right and Welfare of the Child at the community level and identify opportunities for community action in addressing the gaps. This chapter first presents the context of child rights, international and regional response to addressing children's rights, achievements and challenges. Secondly the chapter outlines community-based solutions, implementation experiences and key success factors. The third part outlines capacity elements required for community-based organisations to address child rights issues at the community level. Lastly the chapter concludes with a discussion of the theoretical perspectives informing the study's conceptual framework, data collection, and data analysis.

The search for relevant literature was continuous, and was carried out at various stages throughout the study process in addition to keeping up to date with relevant literature throughout the study, in order to situate the study within the existing theories at the design stage and to locate any new and relevant literature, particularly in reference to the study's findings. The literature searches were conducted using keyword searches on multiple databases, cited reference searching, and tracing of citations. Also reports, national frameworks and policies will be purposely secured through internet search and from key informants before the study or through snowballing during data collection.

2.2 The Child Rights Context

2.2.1 Political context of children's rights

The political context of children's rights in this study is addressed in two ways. First, literature on children's rights and the political stability of the states and second, the literature on political willingness in addressing child rights were searched.

More than one in ten children worldwide are affected by armed conflict. Population displacement caused by wars contribute to child mortality, morbidity and disability. The effect is both in countries where the war is taking place and also to countries receiving migrants. For countries receiving migrants the health systems and social infrastructure is overwhelmed. This may compromise children's access to basic necessities, such as food, health care, and education, for decades. Population displacement caused by conflict have direct effects on child mortality and morbidity.

2.2.2 Rural urban migration and children's rights

Evidence suggests that certain migrant populations are at increased risk of abusive behaviours. With populations in many nations shifting from rural to urban settings, cases of sexual abuse, exploitation, drug abuse and unwanted pregnancies is experienced. Migration was reported to influence child survival when migrants settle, but before settling evidence suggests a risk of reduced child survival due to either migration of the mother and the child or due to the mother migrating alone and leaving the child behind.

2.2.3 Social cultural belief and children's rights

In the experience of implementing children's rights conventions, a lot has been discovered with regard to clashes between the requirements of the convention and the culture. Children's rights conceptualization has been one of the areas with hot debate(15). Children's rights basically describe who is a child and how children need to be treated. Children's needs connotes what children require to ensure healthy development(16). Literature provides a variety of conceptualizations of what child rights means. For example, Ferguson 2013 describes children's rights as:

"[...]A class of rights that includes both rights targeted specifically at children and rights in relation to which the identity of the right-holder, who happens to be a child, is critical." (Ferguson 2013)

Some cultural beliefs also may lead to a child being in conflict with the law. For example, carrying a gun in some societies is a socially constructed cultural practice

that has links to conceptions of masculine power and, in some instances, has been constructed as a symbol of manly prosperity. The same notion is planted in children and brings them into conflict with law.

In reality, the implementation of children's rights in most African countries is dependent to a larger extent on the level of cultural legitimacy accorded to children's rights norms in a society. Any mismatch between the convention and the culture leads to inadequate legitimacy.

Although the convention is ratified and considered universal, universalization is highly dependent on a rule or norm which does not command "adequate legitimacy."

[...] The culturally legitimate norm rule or value as these are respected and observed by members of the particular culture, presumably because it is assumed to bring benefits to the members of that particular culture".

How a "child" is defined or conceptualised also leads to different connotations and interpretations and hence affects the efforts to promote children's rights). A child as described by the Convention on the Rights of the Child (CRC) provides a loop to consider when a child is no longer a child even below the age of 18.

"[...] a child is any human being below the age of eighteen years, unless under the law applicable to the child, majority is attained earlier."

There has been several years of debate between the research on who is a child and what is the limitation. However, the African Charter on the Rights and Welfare of the Child considers a child as any person below age 18.

"For the purposes of this Charter, a child means every human being below the age of 18 years".

Having more than one concept describing the child leads to having different connotations and hence influence for example how the law defines a child especially those below age 18.

2.2.4 Child Abuse

Child abuse can be physical, sexual, neglect, online, emotional, and bullying, but can

just as often be about a lack of love, care and attention. Nearly 3 in 4 children – or 300 million children – aged 2 to 4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers. One in five women and 1 in 13 men report having been sexually abused as a child aged 0-17 years. 120 million girls and young women under 20 years of age have suffered some form of forced sexual contact globally. Consequences of child maltreatment include impaired lifelong physical and mental health, and the social and occupational outcomes can ultimately slow a country's economic and social development (*ibid*). Previous research has identified four major classes of variables that are associated with risk for child abuse: demographic variables, family relationships, parental characteristics, and child characteristics.

Reporting child abuse has been the most challenging part of identifying the cases of child abuse and enforcing measures against perpetrators. Global estimates of child maltreatment indicate that nearly a quarter of adults (22.6%) require certain mandated professions to report 'severe' or 'significant' physical abuse by parents or caregivers.

Despite progress in the under-five mortality rate, there are countries that still have high rates of under-five mortality. In Sub-Saharan Africa, one child in 13 is dying before his or her fifth birthday, making it the region with the highest under-five mortality rate in the world. Sub-Saharan Africa and central and southern Asia account for 52% of the global under-five population and the two accounted for more than 80% of under-five deaths in 2019.⁵ Continuing breastfeeding remains a challenge in urban settings and with educated mothers. Globally, in 2020, 149 million children under five were estimated to be stunted and 45% of children's under-five deaths are attributed to undernutrition globally.⁶

2.3 Community Level Initiatives in Addressing Children's Rights

There is a consensus on the importance of strengthening protective factors at multiple levels, such as the family, community, and national levels that is in line with Bronfenbrenner's ecological theory of human development.

5. <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality#:~:text=Since%201990%2C%20the%20global%20under,1%20in%2027%20in%202019.>

6. <https://www.who.int/news-room/fact-sheets/detail/malnutrition>

This calls for engaging communities in identifying the needs and for creating awareness of children's rights and how to foster them at community level.

Community-Based Child Protection Mechanisms (CBCPM) include all groups or networks at grassroots level that respond to and prevent child protection issues and harms to vulnerable children. These may include family supports, peer group supports, and community groups such as women's groups, religious groups, and youth groups, as well as traditional or indigenous community processes, government mechanisms, and mechanisms such as Child Welfare Committees or Child Protection Committees initiated by national and international non-governmental organisations (NGOs). Some of these supports – family and peer group supports, for example – are non-formal since they are not part of the government-led system of child protection. Other supports, such as village elders are arms of the formal, government-led system.⁷

Community involvement in child protection is very important in areas with or without adequate protection services and structures. The little evidence in place suggests positive outcomes for children when community-based mechanisms are applied. Community Based Child Protection Mechanisms are also reported to be frontline efforts to address issues of exploitation, abuse, violence, and neglect and to promote children's well-being. This is because there is interconnection between community level responses, informal mechanisms and cultural aspects. The evidence suggests the use of traditional family and community mechanisms in responding to abuse and even those leading to criminal offences.

2.4 Frameworks Informing the Study

The focus of this study as mentioned earlier is twofold. First it aims to identify areas of need for the rights and wellbeing of children in Tanzania and second it aims to identify opportunities for community action. In identifying needs, the study used the African Charter on the Rights and Welfare of the Child to identify what rights children are expected to receive, how these rights are operationalized at country level, what works, what does not work and why.

7. Wessells, M., Kostelny, K., & Ondoro, K. (2014). A grounded view of community-based child protection mechanisms and their linkages with the wider child protection system in three rural and urban areas in Kenya. London: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems.








Table 2: Articles in the African Charter on the Rights and Welfare of the Child

Article 1: State obligation	Article 17: Administration and Juvenile Justice
Article 2: Definition of the Child	Article 18: Protection of the Family
Article 3: Nondiscrimination	Article 19: Parental Care and Protection
Article 4: Best Interest of the Child	Article 20: Parental Responsibility
Article 5: Survival and Development	Article 21: Protection Against Harmful Social and Cultural practices
Article 6: Name and Nationality	Article 22: Armed Conflicts
Article 7: Freedom of Expression	Article 23: Refugee Children
Article 8: Freedom of Association	Article 24: Adoption
Article 9: Freedom of Thought, Conscience and Religion	Article 25: Separation from Parents
Article 10: Protection of Privacy	Article 26: Protection Against Apartheid and Discrimination
Article 11: Education	Article 27: Sexual exploitation
Article 12: Leisure, Recreation, and Cultural Activities	Article 28: Drug Abuse
Article 13: Handicapped Children	Article 29: Sale, Trafficking and abduction
Article 14: Health and Health Services	Article 30: Children in Prison
Article 15: Child Labour	Article 31: Responsibility of the Child
Article 16: Protection Against Abuse and Torture	

The framework was used in tandem with the INSPIRE Seven Strategies for Ending Violence Against Children (Figure 1) framework to shed light on what should be expected in each article at operational level. The framework was launched alongside the Global Partnership to End Violence Against Children in 2016, it contains seven evidence-based strategies for countries and communities working to eliminate violence against children. Created by ten agencies with a long history of child protection work, INSPIRE serves as a technical package and guidebook for implementing effective, comprehensive programming to combat violence.⁸ The World Health Organisation (WHO) initiated preparation of INSPIRE, in collaboration with the United States Centers for Disease Control and Prevention (CDC), the Global Partnership to End Violence Against Children, the Pan American Health Organisation (PAHO), the President's Emergency Program for AIDS Relief (PEPFAR), Together for Girls, the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the United States Agency for International Development (USAID), and the World Bank.

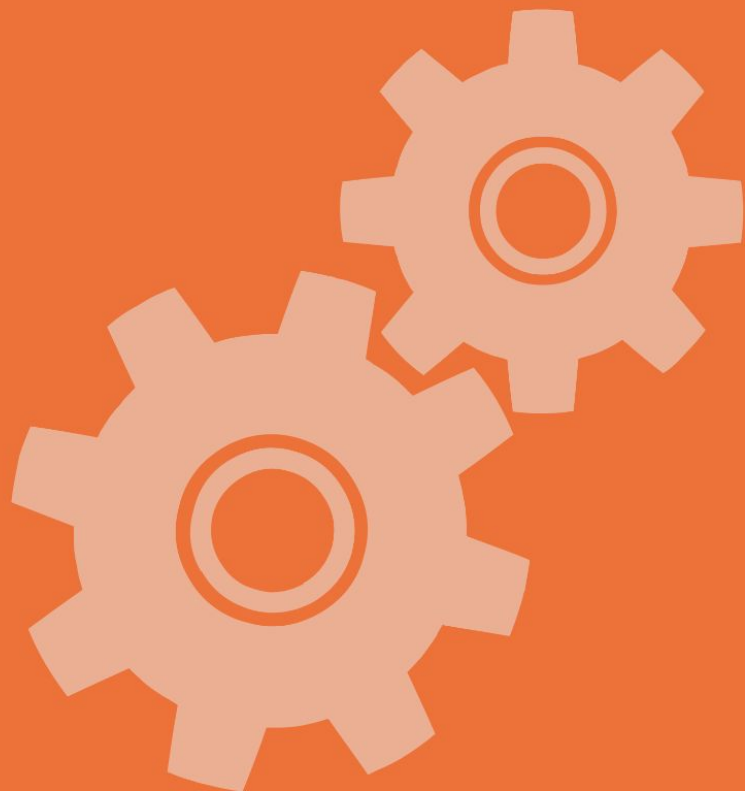
8. <https://www.end-violence.org/inspire>

Figure 1: INSPIRE Seven Strategies for Ending Violence Against Children

Strategy	Approach	Sectors	Cross-cutting activities
 Implementation and enforcement of laws	<ul style="list-style-type: none"> • Laws banning violent punishment of children by parents, teachers or other caregivers • Laws criminalizing sexual abuse and exploitation of children • Laws that prevent alcohol misuse • Laws limiting youth access to firearms and other weapons 	Justice	
 Norms and values	<ul style="list-style-type: none"> • Changing adherence to restrictive and harmful gender and social norms • Community mobilization programmes • Bystander interventions 	Health, Education, Social Welfare	Multisectoral actions and coordination
 Safe environments	<ul style="list-style-type: none"> • Reducing violence by addressing "hotspots" • Interrupting the spread of violence • Improving the built environment 	Interior, Planning	
 Parent and caregiver support	<ul style="list-style-type: none"> • Delivered through home visits • Delivered in groups in community settings • Delivered through comprehensive programmes 	Social Welfare, Health	
 Income and economic strengthening	<ul style="list-style-type: none"> • Cash transfers • Group saving and loans combined with gender equity training • Microfinance combined with gender norm training 	Finance, Labour	
 Response and support services	<ul style="list-style-type: none"> • Counselling and therapeutic approaches • Screening combined with interventions • Treatment programmes for juvenile offenders in the criminal justice system • Foster care interventions involving social welfare services 	Health, Justice, Social Welfare	Monitoring and evaluation
 Education and life skills	<ul style="list-style-type: none"> • Increase enrolment in pre-school, primary and secondary schools • Establish a safe and enabling school environment • Improve children's knowledge about sexual abuse and how to protect themselves against it • Life and social skills training • Adolescent intimate partner violence prevention programmes 	Education	

The frameworks informed tools development, data analysis and reporting. These frameworks have been chosen because they provide a systematic and comprehensive way to explore areas of need.

METHODOLOGY



Study Methodology

3.1. Introduction

This section provides a detailed elaboration of the research methodology used to address the overall research aim, objectives, and questions, which were covered in Chapter 1. The chapter starts with discussion of overall research methodology which includes study design; sampling strategy used to select the region, councils and respondents; data collection methods and analysis. It further explains ethical considerations, methods used to ensure rigour and study limitation.

3.2 Study Design

This section describes the study design, which includes the study approach, how the case study selection was done, sampling strategy, data collection methods and how data was analysed.

3.2.1 Study approach

This study applied an exploratory, qualitative approach of inquiry. According to Hansen, a qualitative approach is best suited to research problems that need to be understood in relation to wider social, cultural, political, and economic contexts that involve exploration into the processes of how these factors relate and interact, through which generalising about the problem would “not give an accurate picture of the situation” (Hansen 2020). This is in contrast to quantitative research approaches which assume there is an independent reality, or truth, unrelated to context, that can be explored, measured, and replicated through deductive logic. According to Golafshani, unlike quantitative researchers, “who seek causal determination, prediction, and generalisation of findings, qualitative researchers seek instead illumination, understanding, and extrapolation of similar situations” due to the context-specific nature of a research problem.

3.3 Study Location

Table 3: Study location

Region	Council	Wards	Schools	Remarks
Dar es Salaam	Temeke Municipal Council	Chang'ombe and Chamazi wards	Kibasila secondary school Chamazi secondary	For Dar es Salaam children from 13 years of age are already in secondary school
Shinyanga	Shinyanga District Council	Iselamagazi and Usanda wards	Iselamagazi primary school Usanda Secondary school	In Shinyanga children delay to start school so it was not easy to get the age range required for both primary and secondary school

3.4 Sampling strategy and inclusion criteria

3.4.1 Selection of respondents

The study involved

- i) national and council level government officials for Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC); Ministry of Law and Constitution; Ministry of Education, Science and Technology; and President's Office Regional Administration and Local
- ii) community leaders, parents/caregivers and children.

All respondents were purposely selected. This sampling strategy was chosen because the samples in this kind of studies need to relate to the information sought (Denscombe 2007; Creswell 2009; Boeije 2010). The selection of key respondents, especially those who are at council level, was done in a collaboration with relevant government officials. The following were the inclusion criteria (Table 4).

Table 4: Inclusion criteria for respondents

Respondents	Inclusion criteria	
Government	<ul style="list-style-type: none"> ● Council Education Officer (primary and secondary school) ● Council Social Welfare officer 	
CBO	<ul style="list-style-type: none"> ● Dealing with issues on children’s rights ● Operate in selected regions and councils 	
Community leaders	<ul style="list-style-type: none"> ● Village chair ● Religious leader (Muslim and Christian) 	
Parent/caretaker	<ul style="list-style-type: none"> ● Selected from the villages who were resident and stayed near the schools which were enrolled in the study. This was done purposely considering logistical issues ● Both men and women were included in the same group. There was no need of separating them because the issues discussed were not sensitive and did not bring gender concerns 	
Children	<ul style="list-style-type: none"> ● From schools within selected villages or wards the following categories of children were enrolled <ul style="list-style-type: none"> ○ In-school older girls (13-17 years of age) ○ In-school older boys (13-17 years of age) ○ Out-of-school older children of both genders (13-17 years of age) 	
Teachers	<ul style="list-style-type: none"> ● Patron and matron either from primary schools or secondary school 	

3.5 Data Collection Methods

3.5.1 Key informants interviews

A list of potential interviewees was developed for each council. The main criteria for selection were institutional affiliation and position held. Since the purpose of the interview was to get in-depth information and that during qualitative data collection new issues may emerge needing further insight, a snowballing approach was used to identify respondents and other organisations in order to get comprehensive information. This was helpful to identify CBOs. An interview guide (Annexed 1a and

1b) was prepared to guide discussions on major challenges facing their district in the realisation of children's and youth's rights; and the major assets, opportunities and protective mechanisms in the community supporting and promoting the realisation of children's and youth's rights.

Twenty (20) Key Informants Interviews were conducted. Categories of respondents are illustrated in Table 5. The language of interviews was Kiswahili. All interviews were audio recorded.

Table 5: Categories of Key Informants respondents reached

Respondents	Dar es Salaam	Shinyanga	Remarks
KII – Religious leaders	Target: 2 Actual: 2	Target: 2 Actual: 2	
KII – Village executive Officers	Target: 2 Actual: 2	Target: 2 Actual: 2	
KII- District Social welfare officer	Target: 1 Actual: 1	Target: 1 Actual: 1	
KII- CBOs	Target: 1 Actual :1	Target: 1 Actual: 5	In Shinyanga we included 5 Firelight partners
Teachers	Target: 0 Actual: 0	2 [Patron in secondary school and matron of primary school]	Teachers were included in Shinyanga because we needed to triangulate emerging issues from children basically on school-based violence
KII- District education officers	Target:1 Actual: 1 [secondary schools]	Target 1 Actual: 1 [Primary but was responsible also for secondary]	

3.5.2 Focus groups discussions

Focus group discussions were conducted with parents/caregivers derived from two districts. In total four focus group discussions were conducted, comprising two groups of female parents/caregivers and two of male parents/caregivers. Participants were purposely selected based on attributes that were relevant to the study purpose. A FGD guide was prepared (Annexed 2a and 2b) and the discussion was in Kiswahili.

Table 6: Categories focus group discussion participants reached

Respondents	Dar es Salaam	Shinyanga
In-school older girls (13-17 years of age)	Target: 20 Actual: 20	Target: 20 Actual: 20
In-school older boys (13-17 years of age)	Target: 20 Actual: 20	Target: 20 Actual: 20
Out-of-school older children of both genders (13-17 years of age)	Target: 20 Actual: 20	Target: 20 Actual: 20

3.5.2.1 H-Assessment (Save the Children, 2009)

A H-Assessment was conducted for older children. This methodology involved drawing a large H on a flip chart. In the middle, above the horizontal line, children name a space where they spend time. To the left of the left vertical line, children discussed and listed factors that support their safety and well-being. To the right of the right vertical line, children discussed and listed factors that harm their safety and well-being. In the middle, below the horizontal line, children discussed and listed suggestions for improvement and ways in which that space could be improved to better support their safety and well-being. The children's work is presented in Annex 3.

3.5.3 Mechanism of identifying respondents

Table 7: Mechanisms of identifying interviews' respondents

Respondents	Mechanism used for identifying key informants
Government officials	Council level: ministerial department heads were asked to identify officials at subnational level.
Community leaders	Council officials assisted in identifying and making appointments with community members and leaders of the areas visited.
Parents and primary care givers	Ward community development officers and CBO leaders assisted in identifying respondents.
CBO	Government officials and Firelight assisted in getting the CBOS for enrolment in the study.

3.6 Data Analysis

This section discusses the data analysis process. There is no rule of thumb for how qualitative data should be analysed. This section presents the data preparation, analysis framework chosen and its rationale. It presents a detailed description of the analysis processes applied for each of the datasets, in this case documents and interviews. Furthermore, it highlights the different data sources that were integrated in the analysis including how they were used (in sequence or parallel).

3.6.1 Data preparation and management

As stated above, all interviews were collected in Kiswahili. The first step was to transcribe the interviews in Kiswahili and translate them into English after transcription, which proved to be time consuming and cumbersome. To ensure accuracy both Kiswahili and English transcripts were used when coding. To ensure accuracy of transcription, the researcher had to sample 5 transcripts from each location and read while listening to the audio file to establish coverage of contents and identify whether they were paraphrased or written as they were spoken by

by respondents. Few paraphrasings were identified and those that were found were corrected.

3.6.2 Analysis framework

Literature provides several approaches for analysing qualitative data. The choice depends on what the researcher wants to answer, such as explaining causal relationships (*what* questions), proposing a theory (*why* questions) or understanding the context that explains observed regularities.

A thematic approach of qualitative data analysis was used here. Thematic approaches involve the researcher closely examining the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly (Braun and Clarke 2012). A coding frame was then prepared. Codes and categories were developed by considering each line, phrase or paragraph of the transcript; this was compared with initial themes in relation to study objectives and questions. The coding was done on the printed transcripts where the key phrases were highlighted and comments were inserted to jot preliminary the initial interpretation of the data. Data was examined to identify similarities, variations, association and emerging concepts and how they are explained by participants. This kind of analysis was done to examine variations, similarities, key concepts and associations. The process was guided by research questions presented in chapter one and emerging themes.

3.7 Ensuring Rigour

Qualitative research is prone to criticism that suggests it lacks scientific rigour. The criticisms are partly contributed by i) qualitative researchers' act of neglecting the importance of creating an account of methods and data which can enhance its application by another researcher in the same way to come up with the same conclusions and ii) the mind-set of the researchers influenced by their perception of what makes a piece of knowledge scientific.

There is always a relationship between the piece of research and the presumed underlying truth. This may be the source of bias in the overall research process. Applying techniques that improve rigour is important in increasing validity.. Validity of research is not only influenced by methods but also interpretations and implications drawn from it. In this study deliberate efforts were made to ensure rigour throughout the process where triangulation and transparency of methods were applied. These techniques are discussed below.

3.7.1 Triangulation

Triangulation is a technique to analyse results of the same study using different methods of data collection(33). Triangulation was done through reaching multiple methods as well as asking multiple respondents questions on the same issue.

The study reached multiple respondents. These include: Government officials at council level, village and religious leaders, teachers, parents/caregivers and children. In addition, the study used a variety of data collection methods (Key informants' interviews, FGD and H-assessment). This was done to provide a deep understanding of the reality about children in community settings. Furthermore, the results were validated in a half day workshop to which CBOs and national and council government officials were invited.

Literature considers triangulation as both a mechanism for collecting primary information and also a means for validating findings. Furthermore, during analysis, the findings from phase one and phase two were also triangulated in order to inform the interpretations. Literature presents challenges regarding the application of triangulation in qualitative studies, especially if the aim is to confirm results (Tobin and Begley 2004, Jones and Bugge 2006). This is because qualitative research does not always aim at establishing truth but rather a recognition of multiple realities (*ibid*). Therefore, the use of triangulation in this study was aimed at enlarging the scope of inquiry in order to get a deeper understanding and a more comprehensive picture.

3.7.2 Transparency of methods and analysis

Transparency is concerned with the obligations of the researcher to share data

analysis, methods and their interpretations regarding the findings. In this section's sampling, the methods used in data collection and analysis are fully elaborated. Quotes have been provided in support of arguments where it was appropriate. Quotation allows the readers of this study to interpret the data in relation to the interpretation presented in this report(32). Making the process visible allows the readers of this report to do similar research in other councils in Tanzania or in countries with similar context to Tanzania.

3.8 Ethical Consideration

Ethical consideration was done at two levels. Level one constituted seeking permission to conduct the study from the institutions with mandate to authorise research and from the ministry responsible for the local authorities where the study was conducted. Level two constituted observing research ethics that related to the individual respondents What was done at each is elaborated in the following sections.

3.8.1 Level 1: Research ethics clearance and Permission from participating organisations

Ethical approval was granted by the National Institute for Medical Research (NIMR) – Annex 4. Apart from the ethical clearance permission to collect data was sought from PORALG, region and councils where data was collected in this case Temeke Municipal and Shinyanga District Council – Annex 5.

3.8.2 Level 2: Individual level consenting

At individual level the following were ensured:

Getting an informed consent

All respondents were given a study information sheet that indicated the rationale relevance and the fact that their responses will be kept confidential (Annex 6). This

was provided to respondents during interviews. During interviews respondents were also provided with a consent form to sign and in addition the interviewer explained the contents of the consent form (Annex 7) and assured respondents that their participation is voluntary and their responses will be kept confidential. Permission to record the interview was asked prior and a liberty was provided to respondents to request treating some of their information as off the record when that was requested.

Although the study was carried with no direct risk to the participants, some of the discussions regarding abuse had the potential of creating emotions. When respondents felt uncomfortable they were told if they felt uncomfortable for any reason during the interview process, they may ask for a stop and the interview would be terminated. Participants were assured that their comments will remain confidential and the researcher ensured that interviews were conducted in places where respondents felt secured to respond. With regard to the management of data they were assured that their responses will be kept safe.

Confidentiality

All responses were kept confidential. To ensure frank contribution by the research participants, this was communicated at the start of interviews and also reiterated at the end.

Anonymity

Gray (2009) defines anonymity as an assurance that data will not be traceable to participants in a research project. Careful consideration was made when writing the results to avoid the disclosure of personal identifiers.

The following was done

- Personal data were kept in a secured manner in closed lockers;
- Interview transcripts were given another identifier rather than a name of interviewee; files that have the identifier and the respective names were kept under locked storage and will be destroyed three years after the completion of the PhD project.

3.9 Study Limitation

Highlighting the limitations of the study is a common practice for any research. This provides an opportunity for potential users of the findings to make informed decisions about validity and application in other settings. Although the design considered a variety of variables that can make use of the findings in areas with similar contexts, it is hard to guarantee that the results can be used in other settings outside Tanzania because of differences in micro and macro contexts.

FINDINGS



Status of children on key indicators related to child rights

4.1 Child Survival and Health

This section presents information gathered from Dar es Salaam and Shinyanga regarding realities about children on survival and health. This part of the study gathered information on access to maternal and child health, antenatal care and post-natal care, under-five health care, nutrition, HIV/AIDS and water and sanitation.

4.1.1 Maternal and child health

The African Charter on The Rights and Welfare of the Child Article 5 (2) provides that;

“State Parties to the present Charter shall ensure, to the maximum extent possible, the survival, protection and development of the child.” (1990)

The phase one mapping study established that, at the policy level, child survival is ensured through health policies and strategies with regards to maternal health services, where children are protected from diseases through mothers’ vaccinations and provision of prophylaxis. It was established that at least in each village in Tanzania there is a dispensary where mothers can access these services. The phase two study indicates the existence of points of care where mothers can access antenatal services. This finding was similar for both Shinyanga and Dar es Salaam.

“There is no challenge because in our ward, we have a lot of health facilities and health services are close to the people.” [VEO – Dar es Salaam, urban]

“Women take their children to clinics nowadays, especially after the introduction of mobile clinics where health providers go to their places.” [KII-respondent – Shinyanga]

However, challenges in the uptake of Antenatal Care (ANC) Services were mentioned

in Shinyanga, where women do not finish the four ANC bookings and they start Antenatal clinics late. One respondent mentioned that mothers delay starting a clinic and hence do not finish all the four recommended visits. The challenges identified were the distance from health facilities and limited awareness. It was further reported that the presence of mobile clinics has enhanced access to distanced communities.

*“Many women attend clinics late. Even during delivery, they come late.”
[KII-respondent – Shinyanga]*

Another qualitative study conducted in Dar es Salaam also indicated factors for late booking included individual perceptions of antenatal care, past experience with pregnancy, fear of pregnancy disclosure, and socio-cultural beliefs as the key individual and social factors for late ANC attendance. Shortage of trained healthcare workers, lack of spouse’s escort and health providers’ disrespect to pregnant women were the main health system barriers to early ANC attendance.

Male involvement was mentioned as a challenge. Two respondents mentioned that they always see women in clinics with limited participation of men in the clinics. According to them, male participation is rare behaviour, to others and to themselves. Also, women cover their men when they ask to come with them to the clinic.

*“I do not remember the last time I took my wife to the clinic; it has never happened.”
[KII-respondent – Dar es Salaam]]*

“The problem is on spouses who do not accompany their wives to clinics. When women are asked, they say they travelled or he is not around.” [KII-respondent – Shinyanga]

Phase one mapping study found that there was an increase of institutional delivery from 66% to 78%. One respondent in Dar es Salaam during the phase two mapping study reported that, despite having an increase in institutional delivery, the environment in the health facilities is not that pleasant. This is because sometimes the facility capacity is low in terms of infrastructure and staff.

“The major challenge facing mothers during delivery is the surrounding environment of our hospital. Currently, we are receiving a large number of people compared

to the past. At first, we used to transfer them but currently, we receive them in our hospital.” [KII-respondent – Dar es Salaam]]

In Shinyanga, one respondent mentioned that belief in superstition in some areas delays seeking health services. It was mentioned that before seeking medical care parents start from traditional healers first.

“There have been efforts through health facilities, where people are invited to take their children to clinics. The problem is the community relies much on traditional healers. Hence leading to poor uptake of health services.” [KII-respondent – Shinyanga]

4.1.2 Postnatal care

In phase one mapping study, it was reported that the postnatal care visits within two days after delivery was 68% (39) almost in all regions. One respondent mentioned that there is a limited awareness as to why a neonate should be taken to a clinic if the child is not sick.

“Many women are not aware of the importance of taking the neonates to postnatal clinics while the child is not indicating any sign of sickness.” [KII-respondent – Dar es Salaam]

4.1.3 Access to under-five services

Health care services for children under five have been improved and so do the children's health status. This is attributed to the government's emphasis on the importance of health education, particularly nutrition, provided through different platforms such as seminars and the health facilities during clinic visits. It was also reported that Dar es Salaam health facilities coverage is high in areas visited.

“The current health care has been improved compared to the past, this is due to the knowledge that they received. Children used to have malnutrition because they were not receiving proper nutrition, but after the government started emphasising, and through various seminars people started to get awareness on how to feed children.” [KII-respondent – Dar es Salaam, rural]

Despite the existence of exemption policies for under-fives in practice children still pay for services. This is because of frequent shortages of medical supplies. In most cases women are told to buy medicines in private pharmacies.

“Children who are under five years are exempted from cost sharing but when you go to the hospital, [...] they will tell you we don't have this medicine you are supposed to go and buy, so this results in no free treatment for our children who are under five. If a parent is not well financially and not able to cover medical expenses this means a child won't get medicine and the child's health will deteriorate.” [KII-respondent – Dar es Salaam]

However, in Dar es Salaam it was reported that there is an NGO that supports families to enrol in Community Health Funds insurance mechanisms. The arrangement was that the families were helped in the first year and families were to mobilise funds for renewing the insurance cover for the next year. It was reported that supported families did not mobilise the fund as expected instead they went to ask for new cards without having any money for contribution.

4.1.4 Immunisation services access

Respondents mentioned inequitable access to immunisation. Despite communities receiving health education as mentioned earlier, some families fail to take their children to health facilities to be immunised due to distance to facilities.

“Some families stay far from health facilities, hence this leads to poor response to immunisation.” [KII-respondent – Shinyanga]

There is a great chance that some children do not get fully immunised as required by the vaccination routine, and this was also reported in Dar es Salaam. This is due to movement to new settlements where service structures are not yet developed.

In Shinyanga it was reported that the existence of mobile clinics slowly improves coverage of immunisation services especially for the families that live far away from health facilities. Furthermore, the involvement of leaders for community mobilisation especially on immunisation was reported to contribute in mobilising communities to take children to immunisation.

4.1.5 Nutrition services

The status of malnutrition was reported in the phase one study. This phase of the findings indicates the existence of urban-rural disparities in terms of food access. In urban settings, there is a variety of foods but in rural areas there is a challenge. Food availability in rural areas is seasonal and in most cases there is a shortage of food varieties.

“There is a problem with nutrition. This is because communities eat one variety of food for the whole season and this poses a challenge to their nutrition.”
[[KII-respondent – Shinyanga]

Exclusive breast feeding was reported to be a challenge in Dar es Salaam. This is because women in urban areas are busy with other income generation activities that impede them from practising exclusive breastfeeding. It was reported that women do have responsibilities of looking after/providing for the family. Therefore, they resume work in most cases within a shorter time to provide for their families.

“Some breastfeed for 40 days and start feeding the child with other foods.”
[KII-respondent – Dar es Salaam]

One respondent mentioned that, child malnutrition is also contributed by the long hours children stay at school without eating. Younger children are supposed to get at least one meal in school. However, the majority of parents cannot contribute to the feeding fund. So, children do not get food at school hence children stay longer hours without eating.

“Problem of child malnutrition is high, because children do not get food while in school. Children stay for longer hours without eating. There is a poor parent’s response to contributing to food for children while at school.” [KII-respondent – Shinyanga]

This perspective was echoed by one in school child who said that, when she is in school, she eats only once a day. During weekends she eats three times a day.

“For me during school days like today I eat only once, but during weekends when I

when I am at home I eat three times a day.” [Child respondent, in school – Shinyanga]

Poverty is another reason contributing to malnutrition. It was mentioned that the monthly income is very low, which cannot enable the family to have three meals a day. They can only afford two meals but yet it is not a balanced diet.

“Due to their income many families can only afford two meals a day but not a balanced diet.” [KII-respondent – Dar es Salaam]

In school, children reported having enough food to eat in both Shinyanga and Dar es Salaam. However, out-of-school children in Dar es Salaam reported that those with parents can access food but those with no parents have trouble getting food.

“Those with parents can get enough food, but those with no parents it is difficult for them to get food.” [Child respondent, out-of-school – Dar es Salaam]

The study found that there are CBO initiatives on improving nutrition services in Shinyanga. Activities included fortification of maize flour and cooking oil. The fortified food and oil were sold at subsidised prices. This initiative was supported by several organisations including Firelight Foundation. Community knowledge on the importance of fortification substance is high and the continued use of fortification substance even after the project ended. This led to a reduction in stunting. According to the respondent, this initiative had reduced stunting for about 46%.

“Before we started, we had stakeholders who helped us on how to know the statistics on stunting and after we are done, we should do research to see the impact to Shinyanga. When we started the rate of stunting was 78% for Shinyanga region to children under five, it dropped from 78% to 42%, and Firelight supported us on the same program in 2020/2021 and it dropped again to 32%. Also, in order to reduce stunting, we managed to [fortify] cooking oil and maize flour, so what we did was to put incentives into those products. If the product was sold at 4000 Tshs the project topped up 900 TZSs, so they bought for 3100. This influenced them to buy more, and after the price of the program was over, the price came back to normal, [yet] they continued to buy because we assessed the purchases in shops even after the price normalised.” [KII-respondent – Shinyanga]

4.1.6 Access to HIV/AIDS services

HIV/AIDS programs were reported to be working very well for women during pregnancy. Pregnant women with HIV have access to ARV, health education and other social supports. In section 4.1.1, it was reported that some women delayed starting ANC and hence do not have a chance to complete all four bookings as recommended by WHO. Although the number of times an infected pregnant woman gets into contact with a facility for ART services will be reduced due to late booking, WHO recommends initiation of ART to infected pregnant women at any stage of gestational age.

The biggest challenge is for the general public because people are not willing to go for testing. Gender imbalance in terms of access to health education on HIV and access to testing was reported where men were said to have limited access to these services than women.

“People test but not voluntarily, and the majority of them who go for tests are women especially when they attend the AnteNatal Clinic.” [KII-respondent – Shinyanga]

“No, because a pregnant woman attends clinics after a given time when [she] is supposed to attend. They are always taught a lot during that period, so the issue of mothers affecting a child by HIV/AIDS during delivery, we don’t have those cases.” [KII-respondent – Dar es Salaam]

Furthermore, it was reported that CBOs provide health education on HIV/AIDS to children under 18, however, boys participation was reported to be lower than that of girls. This is because boys are always mobile.

“In response to training and social behavioural change, girls are very active compared to boys who are busy. For example, if we have five sessions you may find a boy attending one session. Boys are mobile to look for future life compared to girls, who are just home very rarely, but to find girls is possible.” [KII-respondent – Shinyanga]

One respondent mentioned that stigma is continuing to be a challenge. Those who are diagnosed with HIV normally seek care and treatment in other areas not in their

domicile. This was said to have the potential of impacting many things. Among the effects is that it affects the statistics that are used to allocate HIV supplies. The basis for allocation is not the users of the services but is the population official statistics that is drawn from official census statistics. For HIV care and treatment one of the big challenges is to ensure continuity of services for those who have started ART. The tendency for patients to seek services in areas where they are not known, makes it hard to trace those who abscond from services.

“Another challenge is that many people don't register to the health centre around their home when they test positive. Instead, they register to the next health centre, so when you go to the specific health centre you find the number of beneficiaries is low but in reality, they are many. First it affects us statistically. The village knows it has a certain number of populations with HIV/AIDS, and you do demand creation of let's say hundred people. The [number of] people attending hospital is forty, then why is it that the number of demand creation is bigger than the people attending hospital. So, you find others didn't attend the hospital in that area and the reason behind is because they are afraid of being stigmatised.” [KII-respondent – Shinyanga.

One respondent mentioned that people are aware of the importance of knowing their HIV status, but fear taking tests influences their decision for voluntary testing.

“Most people don't go for HIV tests. It's the biggest challenge. If you go for an HIV test, it helps you to know your health status. People are not ready to go for an HIV test because they are afraid of the results.” [KII-respondent – Dar es Salaam].

The findings also indicated that children are oriented on issues related to HIV/AIDS in school and also by the CBOs. It was mentioned that information that was provided to primary school pupils was limited to signs, symptoms and prevention. At school children living with HIV/AIDS are supported by teachers in several ways. The pupils express themselves to the teacher and report that they are on medication.

“Also, pupils wanted to know about HIV and AIDS because they learn in school, so

we had to tell them about the signs and syndromes of HIV but we didn't go that deep." [KII-respondent – Shinyanga]

"Here the challenge is big because we have pupils who are HIV positive who came to express themselves and they take medication." [KII-respondent – Shinyanga]

4.1.7 Access to clean and safe water

Phase one mapping study indicated access to clean and safe water is a challenge, and reported several initiatives to address the problems. In this phase improvements were reported for Dar es Salaam where Dar es Salaam Water Supply and Sanitation Authority (DAWASA) started to expand clean water distribution to several households. The respondent reported that, before this initiative started, the majority of households used water from drilled water wells which were not accessible to many.

"We are thankful to DAWASA, they have seen this and they came and connected water and right now every house has clean water. At first people used to drill water wells, but DAWASA recognized that not every house has access to clean water, and they came here to connect water to some households." [KII-respondent – Dar es Salaam]

The mentioned DAWASA initiative was reported to not reach all households. There are households that reported that they fetch water from whatever source, which they said is risky but there is no good alternative.

"Changombe and Toroli, when I say Changombe A, B and Toroli a lot of people don't take clean and safe water. We are just taking any water but it is not clean. Only God is the one who protects us from the epidemic because we don't even boil water for drinking. Just have a survey house by house, [and you will see that] people drink water which is not boiled. We only fetch water from the tap and let it settle ready for drinking. I can say we thank God that in Chamazi we have no such challenge. If it is available, it is not a big challenge because we get clean and safe water." [KII-respondent – Dar es Salaam]

One respondent, an out-of-school child, reported that access to water is not in every household. There are areas where water is not available and one has to buy it to access it. Given other hardships, this makes the matter even worse.

“It is a challenge to get clean water for drinking, because everything needs money.” [Child respondent, out-of-school – Dar es Salaam]

In Shinyanga it was reported that urban wards access water more than rural wards. The source of the water is Lake Victoria. The rural respondent reported that water is not clean and human beings are sharing the source of water with cattle. Furthermore, it was reported that the practice of boiling water is not common. People feel boiling water is just a waste of time.

“The water here is unclean and not pure. It is used for both humans and cattle.” [Child respondent, out-of-school – Shinyanga]

The water is not safe. Boiling water is like a waste of time to most parents, so we just drink it fresh. [Child respondent, out-of-school – Shinyanga]

Furthermore, children reported that they do not have access to water at school. From parents FGD it was reported that children do not go to school instead they are sent to fetch water in the nearby rivers. This was said to have an impact on their school attendance. It was also mentioned that teachers sometimes send the children to fetch water for them.

“We don’t have water at school, we get it a bit far.” [Child respondent, in-school girl – Rural]

“Some children instead of going to school they go to the river, and sometimes they are sent by their teacher to fetch water.” [FGD respondent – Shinyanga]

4.1.8 Existing government and CBO Initiatives in child survival and health

4.1.8.1 Government and NGO initiatives in child survival and health at community level

I. Construction and rehabilitation of health facilities

II. Hiring and capacity building of health workers

III. Respondents indicated that because of health education provided during clinic and through radio sports, the uptake of ANC services was reported to increase, although not adhering to the four booking standards. This was for both Dar es Salaam and Shinyanga as illustrated in the following quotes

“We started seeing the strength after the community was educated by the government. There is a decrease in diseases to children such as malnutrition.” [KII-respondent – Dar es Salaam, rural].

“There is big success because of the health education provided by health workers.” [KII-respondent – Shinyanga]

“Mothers attend clinics because there are danger signs during pregnancy – as they are taught this during ANC visits.” [KII-respondent – Shinyanga]

Government initiative on expanding water access was mentioned in both Dar es Salaam and Shinyanga.

4.1.8.2 CBOs Initiative on child survival and health at community level

Furthermore, one CBO in Shinyanga reported having initiatives to educate communities on a variety of aspects and also empowering them through the promotion of income generation activities. CBO’s engagement in promoting social protection through improved health insurance cover was mentioned in both Dar es Salaam and Shinyanga.

“For around five years we have been dealing with maternal and child health, focusing on pregnancy and after delivery. We have been educating them what to do during pregnancy in order to keep the mother and the child safe during pregnancy and after delivery.” [KII-respondent – Shinyanga]

“Malaria: Even the time we were teaching about nutrition we taught five groups of foods to maintain their immune system, and also we talked to health providers to insist on using medicine. But also, through clinic shows we taught them to take precautions on malaria before and after the birth of children, so we insisted on the use of nets.” [KII-respondent – Shinyanga]

“Our organisation has been empowering different communities living in hardships to engage in income generation activities in order to be able to address their problems. Also advocating for health insurance for their children. For Tanzania we have NHIF which has a special program for children which is 50,400/= TZS, the equivalent to 22 USD per year.” [KII-respondent – Shinyanga]

Other CBOs were reported to support the provision of sanitary pads for school girls. CBO initiatives were also reported to be promoting good nutrition with interventions on food fortification as well as training on preparing diets as well as gardening. This included entrepreneurship training.

4.1.8.3 Challenges facing CBOs initiatives on nutrition

Challenges faced by CBOs in the delivery of services in the community according to the findings are in two categories. First category includes the challenges of uptake of desired knowledge and practice by the community and second is the challenges of cooperation. Specific challenges mentioned in each category are summarised in Table 8.

Table 8: Challenges Faced by CBOs

Challenges of uptake of desired knowledge and practice by the community and sustainability	Quotes
<p>Promoting nutrition [Poverty related]</p> <ul style="list-style-type: none"> ● A family practice where a child is fed as an adult without considering the need for nutritious food for their development. ● Families do prioritise selling milk rather than give it to a child. ● It was reported that communities were oriented on how to prepare nutritious food. Most families did not practise the skills, claiming they don't have food. 	<p><i>"Poverty and a lack of knowledge among parents, since they are being penalised when they don't take their children to the clinic on time. So parents find it easy to go to the pharmacy to buy medicine to avoid that penalty." [KII-respondent – Shinyanga]</i></p> <p><i>"Lack of education, especially to parents/ community, which results in poor responses to health issues. Many parents have a negative response to serious issues which require going to hospital." [KII-respondent – Shinyanga]</i></p>

<ul style="list-style-type: none"> • There is no sustainability of project interventions because of community dependency syndrome. 	
<p>Challenges of cooperation</p> <ul style="list-style-type: none"> • Community leaders seek remuneration when they are engaged; if there is no payment they are reluctant to cooperate. • Communities sometimes need to be paid when they are engaged in activities. This made CBOs consider moving to another community that is cooperative. • CBOs also report challenges in accessing data from the government, and this affects CBOs timely reporting of deliverables to their funders. 	<p><i>"There are challenges. Number one is dependence syndrome. For example, you implement a project to help people and you have to cooperate with local leaders, but usually, we don't provide incentives for them. Since there is no incentive, they become reluctant to cooperate with you. The same applies also to participants whom you want to train. They want to be paid while the education you give them is for their own benefit." KII-respondent Shinyanga</i></p> <p><i>"Another challenge is coordination. We work with the government but when you are in need of certain data from the government, it takes a very long process. For example, if you want to implement the project right now, permission from the government takes two months. How do you explain to the donor that you have not managed to start implementing the project?" [KII-respondent - Shinyanga]</i></p>

4.2 Care for the Child in the Family and Community

This section explores parents' strength and challenges in child care, and government and NGOs initiatives in promoting child care in the community.

4.2.1 Rights and responsibilities of spouses

Key informant's perspectives on the strengths of parents in child care

Child care is increasingly becoming a responsibility of both mothers and fathers in Shinyanga. This is because of initiatives promoting child care and good parenting, which are reported to have contributed increased awareness and a change in men's attitudes towards child care.

“The success is that the community is educated. The father and mother cooperate in taking care of the child, not as it was before in the past when taking care of a child was the responsibility of the mother only.” [KII-respondent – Shinyanga]

“Great success has been brought by civil society organisations, which are all over the villages at great part. Sometimes [they] have been providing incentives like sanitary pads, also they have been providing education to parents and the community in general.” [KII-respondent – Shinyanga]

It was also reported that the relationship between children and parents are improving. This is evident in family practices such as eating together, parents following the development of the children in schools, then going to collect examination results and check if their children attend school.

“The relationships between children and parents are improving. Parents are sitting with their children taking food together, and if you ask teachers, they say now parents are going to make follow-ups of their children at school. They go to take examination results and see if their children attend school, so things have improved.” [KII-respondent – Shinyanga]

Key informant’s perspectives on the challenges of child care in the family

Key informants mentioned aspects that increase children's vulnerability in the family which also affect their care. These include children born from extra marital relationships, children from divorced families and children from families living in extreme poverty.

“Children from outside of marriage suffer. They are not accepted on both sides; they are more secret children.” [KII-respondent – Shinyanga]

“Children suffer a lot, because when parents divorce children are taken to grandpas who are not able to take care of them.” [KII-respondent – Shinyanga]

“Through Tanzania Social Action Fund (TASAF) a large group is in that system. Also there are many stakeholders who distribute school facilities and health insurance.” [KII-respondent – Shinyanga]

It was mentioned that in most cases, extra-marital children are normally not accepted in fathers' families. It is always a secret and therefore their biological fathers are not fully responsible for their care. Also, it was reported that a girl's child who stays with the mother's spouse who is not her biological father is at higher risk of abuse by the mother's spouse. The respondents mentioned that it is hard to have preventive measures for children who are in such circumstances, because it is not possible to identify that this child is from outside of a marriage and is prone to abuse unless there is a challenge that is reported.

"We didn't identify children from outside marriages unless there is a challenge, when you know that this child is from outside of a marriage." [KII-respondents – Shinyanga]

It was reported that extra-marital children normally fail to integrate in the family of their mothers or fathers, because they normally have an inferiority complex. The problem increases if the child belongs to the wife. Normally the husbands do not count the children of their wives as their children.

"The challenge is big. The child is feeling inferior and they don't count other children as part of the family. Also, it depends on the habit of the mother, because the father usually does not stay home for long so they don't understand, but during distribution of responsibilities there is a difference between this child and others." [KII-respondents – Shinyanga]

One respondent mentioned that there was a case where a man married a daughter of his ex-wife and impregnated the girl, and also infected the child with HIV. The man did this after divorcing the mother of the child.

"We have the case here at the court where a father married a daughter of his ex-wife and impregnated her and infected her with HIV and the cause was the divorce and unfortunately mother left her daughter back home." [KII-respondent – Shinyanga]

This experience was also echoed by children as illustrated in the following quotes:

“Yes, nowadays father sexually assault their daughters, I even don’t know why.” [Child respondent, out-of-school – Dar es Salaam]

“There are some parents who mistreat their children.” [Child respondent, in school girl – Shinyanga]

“Sexual harassment (Father may rape his own daughter). It has happened.” [Child respondent, in-school girl – Shinyanga]

On the other hand, one respondent also reported the challenge of children who were delivered by girls before the girl officially got married. These children are exposed to challenges because at first the girl may refuse to disclose who impregnated her or the victim may deny paternity of the child. This situation and that of divorce lead to many children being managed in single parenting. It was also reported that children in hardship conditions are taken to the orphanage or child care centres, especially in Dar es Salaam. However, in Shinyanga children are always integrated into their families because the centres are not there.

“There are no such services [child day care centres] in this community.” [KII-respondents – Shinyanga]

It was reported that a child’s upbringing is influenced by where they are brought up. Children who are brought up by a single parent, grandmother or any other relative are at risk of a poor upbringing, as in some instances they are not given good care in terms of basic needs and follow ups, as well as proper counselling at home. Respondents mentioned that there is an association between a child’s upbringing and their performance at school.

“The first challenge is poor upbringing, and parents are the source of this due to the fact that many marriages are breaking up. If a marriage has challenges it becomes even [more] difficult to take good care of the children. Many children now are being brought up by single parents or caregivers such as grandmother, grandfather, aunt, uncle etc. You take the child to your grandmother, who is unable to take good care of the child because of her old age, and expect the

child to develop well – this is a challenge. You take a child to your uncle, meanwhile he has to take care of his children as well. Do you expect he will take good care of the other child? So, the majority of children face a challenge of good upbringing.” [KII Government Official, Council level]

“[Most] children who face poor upbringing also have poor performance academically because they will not be able to concentrate on their studies. Children will not be able to enjoy their rights, because we understand that there are many rights apart from access to education, good shelter etc. We see many children loitering in the streets and the main source is poor upbringing attributed to marriage conflicts.” [KII Government Official, Council level]

Children’s perspective on care for a child in the family – Dar es Salaam

In Dar es Salaam child respondents indicated that mothers are more responsible for the care of children in the family than fathers. This is because fathers leave early in the morning and come back during the night. One out-of-school child respondent mentioned that fathers do not fulfil their responsibility. The respondent mentioned a father’s irresponsibility makes children vulnerable to harmful practices such as child labour or other unpleasant behaviour. Children opt to behave differently not because they want to but in the course of searching for food.

“[The primary caregiver] is a mother because father can leave from morning to night and mother is the one who remains with children.” [Child respondent, in-school – Dar es Salaam]

“Parents, both father and mother, are responsible for taking care of me.” [Child respondent, in-school – Dar es Salaam]

“Mother usually is taking care of the family while father is not fulfilling his responsibility. So, sometimes you might find that child involves herself in some other stuff that will affect her or him, but the child is fighting for food.” [Child respondent, out-of-school – Dar es Salaam]

“Mother is always responsible for taking care of children at home.” [Child respondent, out-of-school – Urban]

“You find children are taken care of by their mother although the father is there but he doesn’t take care of the family.” [Child respondent, out-of-school – Dar es Salaam]

“Usually, the mother is the one who takes care of the children because most children stay with single parents due to divorce or death.” [Child respondent, in-school boy – Dar es Salaam]

Children’s perspectives on parents responsibility for child – Shinyanga

The results of Shinyanga with regards to parents’ responsibility for a child indicate similarities with the responses of children in Dar es Salaam. The result indicates responsibility for child care is highly on mothers both for rural and urban. In some cases, the mother is supported by older children as illustrated in the following quotes.

“My mother takes care of myself; father can leave and comes back after two days.” [Child respondent, in-school boy – Urban]

“Mother is the one who takes care of the family.” [Child respondent, out-of-school – Urban]

“Children take care of themselves and [are taken care of] by [their] mother. Father goes to his friend or to drink.” [Child respondent, out-of-school – Rural]

“Sometimes I take care of me and my sibling because I live with mother and young sister, and sometimes she has to go to find something for us to eat.” [Child respondent, out-of-school – Rural].

4.3. Discipline that Maintains Dignity of the Child

4.3.1 Key informant’s perspectives

It was reported that, despite having laws around children, its implementation is

hampered by a lack of guidelines. Consequently, children are punished in the community contrary to the law. Sometimes when a child commits a crime, he/she is taken to adults' lockups.

"At the family level there is a law of child, which states if a parent is found abusing a child [they] will be sued. But there is no guidance. In the community, children are being punished without following any guidance. When a child commits a crime, [they are] taken to the lockups and mixed with adults. In this way the rights of the children are being violated." [KII-respondent – Shinyanga]

Children reported punishments at home, especially from fathers who are not their biological father or from relatives staying at home. The type of discipline children encounter is being over beaten. Children reported that parents' punishment is harsher than the punishment of the teachers.

"Yes, especially [from] step parents because they take the child as not his/hers." [Child respondent, in-school boy – Dar es Salaam]

"Over beating, he doesn't provide enough, no time to rest." [Child respondent, in-school boy – Dar es Salaam]

"Parent's punishment is harsher as compared to teachers." [Child respondent, in-school boy – Urban]

Punishment was reported at school, where teachers flog children in unacceptable ways. Sometimes teachers use scissors to forcefully cut students' hair. The situation makes children feel insecure.

"We are being punished by teachers frequently. You can be flogged up to 15 sticks per day. So, this situation makes us afraid and feel insecure here at school." [Child respondent, in-school girl – Urban.]

"Sometimes teachers use the same scissors to forcefully shave those students with long hair, something which is not safe in terms of health." [Child respondent, in-school girl – Urban.]

4.4 Child Development and Education

This section explored the realities about children's development and education in community settings. In this part, early childhood education, primary schools' education and secondary schools' education situations were explored. They are discussed in the following sections.

4.4.1 Early child education

Respondents reported recent developments on the part of the government to expand access to early child education in Tanzania, where each primary school is expected to have an ECE class.

"There is success. Starting with pre-primary, currently there is pre-primary education at all primary schools. Even if the primary school is far, [there are] satellite schools to accommodate children around the community."
[KII-respondent – Shinyanga]

However, the public systems are less developed and they lack many infrastructures that are friendly to younger children. In addition, some communities live far from school, making it hard for children to attend pre-primary school at the recommended age. Experience in Shinyanga and Dar es Salaam, respondents indicated that children attend pre-primary school from 4, 5 or 6 years. Respondents mentioned most of the private pre-primary schools/centres do not always adhere with the recommended standards.

4.4.2 Primary education

In Dar es Salaam, it was reported that girls get enrolled in school earlier than boys as they grow faster than boys. KII respondents also mentioned that due to government initiative in promoting education, many primary schools and secondary schools are being constructed, which was considered a positive move. However, quality of education was mentioned as being a challenge, as illustrated in the following quote:

"For how we are going now, maybe if our government has not put effort on better education, otherwise we will still have [bora elimu/just education]. But if you want your kid to have a better education, you have to take them to other schools apart from the government [schools]." [KII-respondent – Dar es Salaam]

In Dar es Salaam most of the schools are surrounded with small business

activities, tempting children to engage in income generating activities to support their family income. Truancy is a challenge for Dar es Salaam.

“The biggest challenge to children in my society is education, because around my society we are surrounded with a lot of business, so our children are influenced to do business. So, you might find children who stop going to school and end up engaging in small business. But we as leaders must communicate with the headmaster of the school and the parent of that child who is not going to school.” [KII-respondent – Dar es Salaam]

“Yes, children escape from school and go for casual work like carpentry workshops.” [KII-respondent – Dar es Salaam]

Some children leaving home but not reaching school end up in gangs and engage in smoking marijuana or engage in small income generating activities such as carrying people’s luggage in markets.

“Okay, first I would like to start by saying that many children are truant in school, from standard one up to standard six. Many of them leave home saying that they are going to school but they don’t reach school. This is a major challenge in primary school children at Msufini Primary and Chamazi primary.” [KII-respondent – Dar es Salaam]

Factors contributing to truancy include poverty, when a family cannot provide for the child, school surroundings, parents not following up their children's attendance to school, and poor peer groupings.

Unreliable transport

In Dar es Salaam transport availability was mentioned as a factor contributing to truancy. This is because children decide not to go to school. Children struggle more in transport, but in most cases girls are given lift. This exposes them to early marriage or early pregnancy. There are no school buses for public schools, hence students depend on public transport. Since their fare is less than the amount paid by adults, the majority of bus conductors refuse some of the students to board their buses. According to the government, each bus is required to board

five students. Since they are punished when they are late to school, others decide to be truant for fear of the punishment. This is particularly for the urban setting, Dar es Salaam. During the rainy season the situation becomes even worse. Students whose parents are divorced lack proper parental care, hence skip or drop out of school. The following quotes illustrate this finding

*"We are being bullied by bus conductors as a result we delay coming to school."
[Child respondent, in-school boy – Rural]*

"There are no school buses for students, they are just for normal passengers but each morning they carry students, but we pay 300 shillings instead of 200 shillings as a bus fare." [Child respondent, in-school boy – Rural]

"Sometimes when we are at the bus station, and you have delayed getting into the bus, if any teacher finds you there you will punish you in front of people because you have delayed. One day there was a girl who had just got into the bus and the bus changed the route so that girl had to drop and start to look for another transport. When she failed, she went back home." [Child respondent]

Parents not following up on their children's attendance at school

One respondent mentioned that children take advantage of not being followed up on by their parents. Hence, they may not attend school. While at home they say they are going to school but in reality they don't attend.

Poverty

Some children lack school uniforms, exercise books or payment, or need to support their parents and therefore they end up not attending school. It was also noted children may engage in income generating activities. The respondent mentioned that leaders are struggling to address the problem and ensure children go to school.

Another respondent mentioned distance to school plus hunger as the reasons for poor attendance.

"Distance, hunger – we have schools where children walk seven kilometres,

and make fourteen [kilometres] going and returning, plus [they are hungry] because parents are not ready to contribute food at school for their children.”
[KII Government Official, Council level]

Peer pressure, especially for teenagers

Children at the puberty stage were said to be overwhelmed by pressure and eagerness to adapt behaviours from their peers. This is aggravated by them not being properly guided and managed through this stage. Thus, due to such peer pressure they may end up not going to school and do something else during school hours.

“The main reason is poor upbringing, because this is the stage where many of them attain puberty so if they are not properly guided, they will face such challenges. If parents don’t play their part well children at this age can be influenced and engage themselves in irresponsible behaviours such as truancy.”
[KII Government Official, Council level]

In Shinyanga, increased enrolment was reported. This is because parents become aware of the importance of education and the overall policy of free education.

“In primary education, as I said before, the law has been forcing people to take children to school but also there has been a census to identify children of school-going age. Also, the free education policy has convinced many parents to take their children to school.” [KII-respondent – Shinyanga].

However, challenges of insufficient teachers were reported, as well as limited classrooms.

“There is success, because we have them here. The main challenge is insufficient teachers, and there is no food to take. Also, there is overpopulation in the class, usually the class had twenty-five children but now the class has one hundred twenty-five, it is big.” [KII-respondents – Shinyanga]

4.4.3 Secondary schools

Not all wards in Dar es Salaam have secondary schools. Children may be selected to join secondary schools in wards with secondary schools which are far from their vicinity. Therefore, children are exposed to risk factors at schools and on their way to school. One respondent mentioned that a certain school has groups with unpleasant behavior, such as drug abuse and sexual affairs for girls, that influence children who join the school.

“For secondary school we [kata/ward] don’t have a secondary school. Children are selected to join nearby secondary schools such as Kibasila, Keko and other schools, in which child security is too small. A lot of parents complain about Keko secondary school, that most of the students do reach school, they just end up [with bad groups].” [KII-respondent – Dar es Salaam]

“Students smoke marijuana in the toilet and behind the classrooms, particularly unused buildings”. [Child respondent, in-school girl – Urban]

“Those are not in this [kata/ward] they are in other [kata/ward] but in all this ward they are near to each other, but the environment of the school influences the student into bad groups.” [KII-respondent – Dar es Salaam.]

Transport to school in Dar es Salaam was mentioned as a challenge by children as well. One child reported a problem they face in town transport, famous as “dala dala”. A child mentioned that even if they find the seat is free, they are not allowed to sit. Sometimes they are not allowed to get on the bus because their fare is less than the amount paid by adults. Consequently, they reach school late and also reach home late.

“In dala dala is not only that you have to stand on a bus, but even to get in is a challenge, so you come to school.” [Child respondent, in-school – Dar es Salaam]

For the case of Shinyanga it was reported that due to free education, the majority of children enrol to secondary schools, and hence it contributes to protecting them from early marriages and hence early pregnancies.

“We get children who are mature [enough] to save them from early pregnancy

that has helped, and also this has been influenced by free education policy.”
[KII-respondent – Shinyanga]

It was learnt that in Dar es Salaam early pregnancy cases are being reported for secondary school girls, particularly in form two and three. Whereas in Shinyanga, the cases are reported in primary schools as well.

“Early pregnancy cases are being reported. For instance, from March 2020 to March 2021, this is our data collection year, 36 pregnancy cases were reported. The majority are form two and three children, and very few are form one and four. We have not received any cases from form five and six.” [KII-respondent – Dar es Salaam]

“Yes, we have cases of early pregnancies in Shinyanga.” [KII-respondent – Shinyanga]

Early pregnancy in Shinyanga was reported to be decreasing due to efforts on the ground to educate communities. It was mentioned that in previous years hundreds of cases were reported by currently annually there are less than fifty cases as illustrated in the following quote:

“Early pregnancies still exist but it keeps decreasing compared to the past years, where you could hear a hundred pregnancies per year but now less than fifty early pregnancies cases are reported as a result of awareness creation in the community.” [KII Government Official, Council level]

It was reported in Shinyanga that one girl from secondary school was found using family planning. Probably this may explain why older girls like form five and six have rare cases of pregnancies.

“We identified through a teacher, who one day when she was talking to a student and discovered that she is using family planning.” [KII-respondent –Shinyanga]

It was reported that those who get pregnant are supported through youth loans

to sustain their lives. This is the government initiative managed under the council directors' office. Another initiative is to connect them with stakeholders who provide support such as sending them to vocation training through CBOs.

"We don't have a direct program to allocate them where to go, but when we find them on the other side we include them in youth loans. But when we get stakeholders they take them, which means we connect them with those opportunities they go for vocational training." [KII-respondent – Shinyanga].

Generally, girls were found to be challenged by several issues in their education life. For example, it was reported that not all girls who get the opportunity to join secondary schools are encouraged to do so. This is because some parents would love their girls to get married. Parents would advise girls to write false answers in national exams because they want them to fail. Apart from family level obstacles, girls are also more vulnerable when they are in day than in boarding schools. This is because being far away from school exposes them to the risk of early marriage.

4.4.4 CBOs initiatives in education

CBOs initiatives were reported in support of secondary schools. These included building user-friendly toilets for girls. Girls were trained on menstrual hygiene and sexual and reproductive health. In addition, CBO reports interventions in improving pedagogical skills for teachers.

"On the education side, we do improve infrastructure especially for girls, so in five schools we have built toilets that accommodate girls including water. We educate them on how menstruation and pregnancy happens and safe self-protection from their local methods like using tree leaves. But also, we train teachers. Recently we had training for teachers on how to use learners centre methodology unfortunately on the education side we have not done it much." [KII-respondent – Shinyanga]

4.5 Leisure and Recreation

In this section we discuss access, availability of safe play and activity spaces that are accessible, safe and inclusive. The results are presented in the following

sections.

4.5.1 Access to leisure and recreations

One respondent mentioned that the challenges of having playing grounds in public schools is caused by the programme of expanding schools without considering standards. The majority of schools do not have playing grounds. The focus of 5th phase government administration was to build more classrooms. This was done with poor adherence to Ministry of Education policy. All schools built since 2007 have no playing grounds. So, children do not have access to leisure and recreation at school. Schools have to move to other schools with playing grounds when they need to do so.

In the case of Shinyanga, children do play in school grounds but with limited sports amenities. In some schools the area is small and is shared with other community members, which respondents considered unsafe.

“Playgrounds are the same as school grounds and are the places to play for children. There are areas to play even though some school’s areas are small and sometimes the playground is also used by other community members of which is not safe.” [KII-respondent – Shinyanga]

It was also reported that the focus of the curriculum is mostly on academics and that there is less emphasis on physical education.

With regards to playing grounds at the community level, Shinyanga reported limited access. This is because sometimes open spaces for children to play are intruded by communities to establish new settlements.

“It’s a challenge because when we are working in low-income facilities there are areas which have not been surveyed, people build houses near each other, to the extent that they don’t leave a place where children can play. Previously we had this open space which was not surveyed, so as days go by people sell this area and they build houses, so there is no playground at all, even at school, so

children struggle to play. That's why most children right now spend much time playing video games or playing near roads. But families which are well off take their kids to go somewhere and play." [KII-respondent – Shinyanga]

It was also reported in Shinyanga that in the village there are no recreation facilities. In urban areas there are a few hotels, private schools and hospitals, which in most cases are accessed by paying a fee.

4.5.2 Availability of safe play and activity spaces that are accessible, safe and inclusive

4.5.2.1 Chances for children to rest

Chances for children to rest were reported to be limited in both Dar es Salaam and Shinyanga.

One in-school child respondent mentioned that having a chance to rest depends on family status. This was evident from quotes of children of Dar es Salaam, where some said they have time to rest and some said they don't.

"It depends to the status of the family; some families do not have time to rest because of the economic situation where a child – especially girls – carry some responsibilities like cooking." [Child respondent, in-school boy – Dar es Salaam]

"Yes, we get time to rest." [Child respondent, in-school girl – Dar es Salaam]

"We both get opportunities in sports." [Child respondent, in-school girl – Dar es Salaam]

"I have my brother, we usually both work on homework assignments and after we finish, we rest." [Child respondent, out-school mixed – Dar es Salaam]

Also, girls are more preoccupied with household activities than boys. Girls normally wash dishes, clean, fetch water, cook and wash clothes while boys are allowed to remain idle. So, it is difficult for girls to involve themselves in sports.

"Girls are more preoccupied with house chores than boys." [Child respondent, in-school girl – Dar es Salaam]

"Wash dishes, clean, fetch water, cook and wash clothes, while boys are just wandering around." [Child respondent, in-school boy – Dar es Salaam]

"When your mother is there will say, 'You are a girl, you have to cook, wash dishes, mop the floor.' Meanwhile she will tell a boy, 'ooh my son go to play games now.'" [Child respondent, in-school girl – Dar es Salaam]

"Boys rest a lot because they do not do any activity at home [other] than fetching water. When [that] is done, no more any other activity". [Child respondent, out-of-school – Dar es Salaam]

"Girls have a lot of activities at home, such as cooking [and] washing dishes, so it's difficult for a girl to involve herself in sports." [Child respondent, out-of-school – Dar es Salaam]

However, children in Shinyanga also reported that boys and girls have limited chances to rest because they all have household responsibilities. Boys reported working on farms and brick-making while girls work on household activities. This was contrary to key informants in Shinyanga. The key informants in Shinyanga report that there is a gender imbalance between boys' and girls' chances to rest.

"They have no time to rest in this community, particularly girls." [KII-respondent – Shinyanga]

One respondent mentioned that it is not a practice in Shinyanga to find someone looking for places for children to have recreation.

"It is very local in Shinyanga, we don't have a recreation centre because if you find a parent who [is looking] for his children to go to a recreation centre, he is coming from another place and the existing centers are very local." [KII-respondent Shinyanga]

4.5.2.2 Status of children with special needs in recreation and leisure

It was reported that children with special needs normally have inferiority complexes, and they shy them from engaging in recreation activities. It was mentioned that children with disabilities are isolated by the community. Children with special needs do not have access to leisure and recreation because of a lack of facilities for them as well as coaches.

“Normally children with disabilities get opportunities but they feel inferior due to their disabilities. They normally isolate themselves but sometimes even the community isolates them, but due to the knowledge they obtain, these cases have reduced to a large extent.” [Child respondent, in-school – Dar es Salaam].

4.6 Inclusion of Children with Special Needs

4.6.1 Strengths

There is a law and policies protecting children with special needs, and also there are special schools for them. There are committees dealing with issues of women and disabilities.

The practice at the community level is changing. The practice of hiding children with disabilities is decreasing. The incentives families receive from communities contributed to this change.

4.6.2 Challenges

Generally, children with disabilities' safety in the family was reported as questionable for both Dar es Salaam and Shinyanga.

It was reported that children with disabilities in Dar es Salaam are sometimes used as a means for generating income. Parents use them to beg for support in the streets.

Children with disabilities were said to have challenges at homes and in schools.

The challenges include;

- Infrastructure that is not friendly. A lack of learning facilities and no assistance when they want to continue with their studies.
- At the family level, some do not have infrastructure like wheelchairs.
- Children with albinism who are in centres are secured/protected, but those who are in communities their security is questionable.
- Shortage of teachers with skills to train children with disabilities.

4.7 Child Protection

4.7.1 Spaces where children spend time

4.7.1.1 Parent's perspectives

Dar es Salaam parents' perspective	Shinyanga parents' perspective
Chan'gombe <ul style="list-style-type: none"> • Playing ground • Video games kiosks • Open spaces • Bus station 	School Church Video games kiosk Market Rivers
Chamazi <ul style="list-style-type: none"> • Play ground • Market • Mining areas • School • Video games kiosks 	

4.7.1.2 Children's Perspectives

Dar es Salaam children's' perspective	
In-school girls <ul style="list-style-type: none"> • School • Street • Playing ground • Bus stop 	In school boys <ul style="list-style-type: none"> • Market • Madrasa • School • Church • Tuition

<p>Out-of-school girls</p> <ul style="list-style-type: none"> • School • Playing ground • Friends house • Beach • Church 	<p>Out-of-school boys</p> <ul style="list-style-type: none"> • Restaurant • Home • Watch video • Market • Farm
Shinyanga children's' perspectives	
<p>In-School girls</p> <ul style="list-style-type: none"> • School • Market • Friend's house • Farm • Mosque 	<p>Boys in school</p> <ul style="list-style-type: none"> • School • Farm • Playground • Church/mosque • Watching football
<p>Out-of-school girls</p> <ul style="list-style-type: none"> • Neighbour • Play ground • Market • Church/mosque 	<p>Out-of-school boys</p> <ul style="list-style-type: none"> • Market • Farm • Feeding animals • Neighbour

4.7.2 Status of the areas where children spend time

School environment

Areas where children spend time	Supportive factors	Harmful factors
School	<ul style="list-style-type: none"> • Gain skills • Interact with friends • Play • Secure 	<ul style="list-style-type: none"> • Peer pressure influencing poor behaviour such as smoking marijuana • Shortage of teachers making it difficult to observe children's behaviour • Laissez-faire teachers • Unacceptable corporal punishments <i>"We are told only four sticks are allowed by policy, but our teacher can hit even more than 20 sticks." [Child-Respondent – Dar es Salaam]</i> • Environment not friendly to girls' menstrual hygiene

Home	<ul style="list-style-type: none"> Secured because of the existence of other family members 	<p><i>Note: Most of harmful factors were mentioned by out-of-school children</i></p> <ul style="list-style-type: none"> Relatives staying with children verbally abuse children when the parents are absent Unacceptable punishments Relatives sometimes abuse girls and boys sexually Parents normally do not believe stories about abuse by their relatives <i>"Parents should listen and trust their children, because when you face a challenge of sexual abuse and try to tell your parent, they don't trust and think that you hate their relatives." [Child-Respondent, out-of-school girl]</i> Stepmother's harassments and abusive language
Prayer houses	<ul style="list-style-type: none"> Safe because there is supervision 	
Community centres such as video game kiosks, market, mining or rivers, bus stop)		<p>Bus stop</p> <ul style="list-style-type: none"> Conductors' abusive language Violence on the bus Changes in bus fare in the early morning or changing routes on the way makes children need to exit and look for another bus Only five school children are allowed in one bus, so this makes children stay at the bus station for a long time, exposing them to abuse and harassment. They also reach home or at school late.

4.7.3 Strengths

According to the National Plan of Action to end Violence Against Women and Children (NPA-VAWC) at each level there must be VAWC protection committees. It depends, but generally it should not be less than 18 to 20 people.

“In this community at the local level there is a committee for women and child protection which deals with issues of children with disabilities.” [KII-respondent – Dar es Salaam]

“Not all streets have this committee. Because we have been able to start this committee and train them, they are able to work well now and help the society.” [KII-respondent – Shinyanga]

The roles of NPA-VAWC protection committees are presented in Table 9.

Table 9: Specific Roles of the Protection Committee

Specific roles of the Protection Committee at - Council level
<ul style="list-style-type: none"> ● Monitor and evaluate implementation of NPA-VAWC in all wards and villages; ● Ensure budget allocations for coordination and implementation of NPA-VAWC interventions; ● Provide timely reports on NPA – VAWC progress to the Regional Secretariat (RS); ● Support the development of a well-trained NPA-VAWC workforce across the council; ● Support and monitor the development and implementation of NPA-VAWC annual plans at council levels; ● Keep records of VAWC related initiative, incidences and actions taken; ● Raise the profile of NPA-VAWC with LGA leadership and other key stakeholders through targeted advocacy and regular reporting; ● Facilitate effective collaboration between all partners responsible for NPA-VAWC implementation; and ● Facilitate joint supervision of the implementation of NPA-VAWC.
Specific roles of the Protection Committee at ward level
<ul style="list-style-type: none"> ● Monitor and evaluate implementation of NPA-VAWC at ward level; ● Identify, compile and update a list of CSOs, FBOs and other key stakeholders at ward level supporting NPA-VAWC interventions; ● Develop and implement NPA-VAWC interventions in villages; ● Ensure NPA-VAWC interventions are integrated into village/mtaa development plans; ● Raise the profile of VAWC within the ward and village leadership and other key stakeholders through advocacy and regular reporting; ● Facilitate effective collaboration between all partners responsible for NPA-VAWC in the ward; ● Mobilise resources to support NPA-VAWC activities; ● Keep records of VAWC related initiative, incidences and actions taken; ● Timely report on NPA-VAWC progress to the Council Director; and ● Provide joint supervision on NPA-VAWC at ward level.

The roles of the village NPA-VAWC Protection Committee

- Identify NPA-VAWC high risk areas in the village and develop strategies/plans to reduce VAWC;
- Report and refer VAWC cases that occur in the village;
- Provide initial support to victims of VAWC;
- Sensitise community members on effects and impacts of VAWC;
- Educate community members on women's and children's rights;
- Raise the profile of VAWC with village and hamlet leadership and other key stakeholders through advocacy and regular reporting;
- g) Facilitate effective collaboration between all partners responsible for preventing and
 - responding to VAWC in the village/mtaa including schools;
- h) Support NPA-VAWC activities in area of jurisdiction;
- i) Mobilise resources to support NPA-VAWC activities;
- j) Keep records of VAWC related initiative, incidences and actions taken;
- k) Timely report NPA-VAWC progress to the ward level; and
- l) Conduct joint supervision on NPA-VAWC implementation in all the hamlets.

The committees operate from village, then ward, council, and regional up to national level. In all wards in Shinyanga DC, committees exist and are given three days of training. Out of 126 villages, only 20 villages have committees, which were oriented on their roles and functions. It was found from one respondent that CBOs do have initiatives to support NPA-VAWC at the village and ward levels. Some of the initiatives include establishing and training street child protection committees, although this happened in five wards in Dar es Salaam.

"The committee operates from the village, then ward, council, regional up to national level, but in our case only ward committees have been capacitated. Although at village level there are some committees which have been capacitated as well, but very few. You may find [that in] only 20 out of 126 villages, their committees have been trained, while all committees at ward level have been formed and capacitated." [KII-government official, Council level]

It was reported that the council level NPA-VAWC protection committees receive reports from ward levels. There are specific reporting forms.

"Yes, we receive reported cases from wards. We have reporting forms and each ward

*has a register for recording all reported incidents and they were addressed.”
[KII-government official, Council level]*

In day-to-day operation NPA-VAWC protection committees operates individually and reports on incidences of child abuse as they occur.

“The committee carries out their duties individually, but if you call them, they will tell you what they have done in order to help people, they have a lot of information. There is a committee in a certain village which reported a step-mother who was mistreating a child. Also, it is difficult to identify domestic violence unless a family member or someone from outside reports it. It is very difficult for family members to report but children and other non-family members, in most cases, committee members usually report.” [KII government official, Council level]

CBOs were reported to be important actors in promoting the roles of committees and children’s rights at local levels. The work of CBOs must align with the NPA-VAWC.

These include Rafiki SDO which focuses on parenting, household economy, and health. Investing in Children and Society (ICS) is working to create safe and nurturing environments for children to reach their full potential. They focus on skillful parenting and ending violence against children. In addition, they support economic empowerment of communities specifically in agriculture and food security. Thubutu Africa Initiative (TAI) focuses on life skills and safe school as well as health.

“We have many CBOs, at least more than ten, dealing with violence reduction against children. They don’t implement any initiative out of NPA. All their initiatives must be in line with the NPA (household economy, parenting, social cultural practices, life skills and school-based violence, legal support) so every CBO must abide by NPA guidelines. They can’t initiate anything outside NPA.” [KII government official, Council level]

In Shinyanga, committees were considered more efficient in addressing cases sent to them. Their work is considered to have contributed to the reduction of early marriages. This is because some wards have set a condition that before marriage they must prove that the bride is 18 years old.

“All reported incidents have been addressed accordingly and this has led to decline of early marriages, because there are wards where before marriage, they must prove that the bride has attained an eligible age to get married and then grant permission to push through. This has reduced early marriage incidents to a large extent.” [KII government official, Council level]

4.7.4 Challenges

Although policy provides for the establishment of Child Protection Committees, in actual practice in many areas they do not exist. For the few which were formed, their functionality is impeded by a lack of capacity to handle their responsibilities. This is because there is no nationalised mechanism to train and supervise them.

“[...] What I can only say is that there is a lack of understanding in implementation from the lower level, and you may find that in some areas that have a committee they are not trained, and that they can’t perform well because no one is there to do follow up.” [KII-respondent – Shinyanga]

Another challenge mentioned was a lack of resources to organise meetings.

“Lack of resources, because the committees needs to meet every three months but duties are carried out by individuals.” [KII government official, Council level]

Another challenge mentioned by committees include difficulties in addressing abuse cases in a timely way, until a family member reports. The family members in most cases fail to report because of the fear of ruining the family relationship.

4.7.5 Sexual abuse

It was reported that sexual abuse in schools is rarely reported because children do not cooperate and they need counselling to do so.

“Sexual abuse cases for secondary school children are there, but very few are

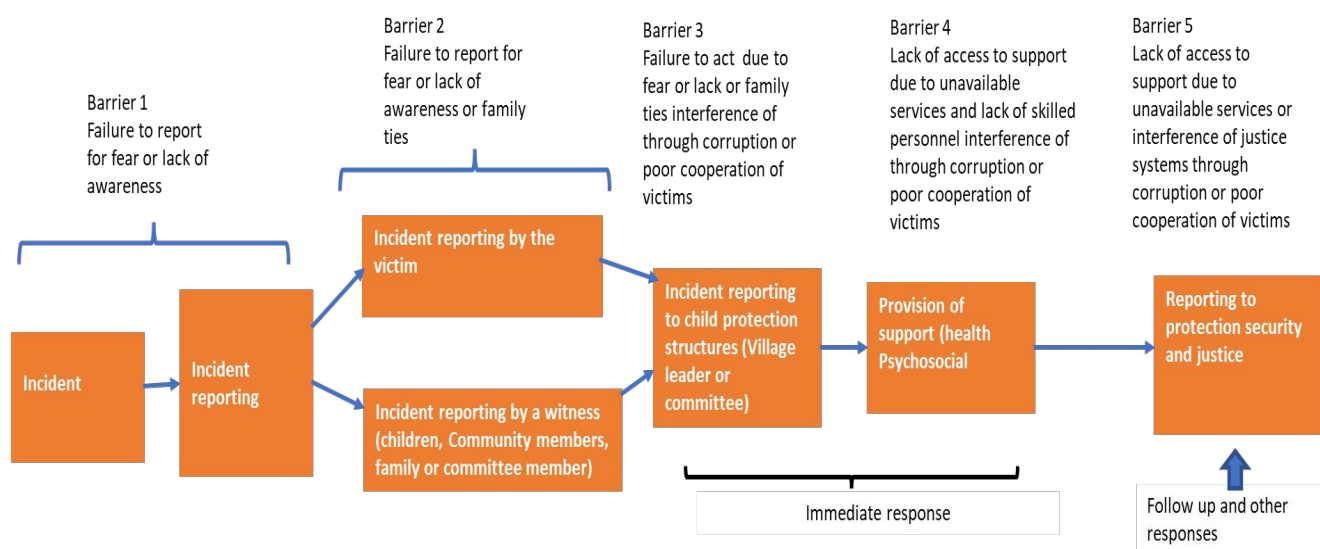
reported unless very close follow-up is made to the children after a counsellor discovers unusual behavior. That is when a child can start to speak out. Otherwise, it is very rare for such a case to be reported, especially for the secondary school department.” [KII-respondent, Council level]

Basically, respondents mentioned that it is not always that the information of child abuse is obtained from the victim. Sometimes the information is received from witnesses or those who detected that there is a possibility of abuse and decide to inquire with the child. Their information is passed through different stages and the main actors forward the incident to justice systems in the committee level or police. One respondent mentioned that the pathways through the justice system are not smooth. There are several barriers. These include:

- Lack of disclosure due to fear;
- Lack of awareness on where to report;
- Family ties;
- Corruption;
- Weak immediate support systems;
- Family and the victim unable to keep up with the process through the justice systems due to fear or unable to afford the associated expenditure.

Referral points as mentioned by respondents are summarised in the following figure.

Figure 2: Reporting abuse referral pathways



It was reported that there can be poor reporting and follow up on cases by parents in case a girl-child gets pregnant, because they would want her to get married.

“When a girl attains puberty, parents prepare her to get married, thus why pregnancy cases are very hard to handle, because even if we identify the pregnancy, we lack support from parents. It has reached a point where even children take it as a norm and say, “When [a person reaches] an adolescent age, the next step is to get married.” For example, now they have finished standard seven until January when results are out. You will find many have got married despite the fact they have passed or not.” [KII government official, Council level]

4.7.5.1 Child abuse in schools

Child to child abuse

It was reported by in school students that child abuse within the school was committed by some of the students, who come with sharp objects such as razor blades and threaten other students.

“Sometimes other students come with sharp objects such as razor blades and screwdrivers in the classroom. So this makes you feel insecure.” [Child respondent, in-school girl – Shinyanga]

“You may find that a boy wants to date you and if you are not ready, they will wait for you during the time of going home and harm you.” [Child respondent, in-school girl – Shinyanga]

“Some of the students, particularly boys, are using drugs such as marijuana therefore it is not safe especially when you come across them.” [Child respondent, in-school girl – Urban]

Teacher to child abuse

One child respondent mentioned the presence of sexual abuse at school where teachers are perpetrators.

“A male teacher may ask you to have a sexual affair with him so that he can exclude

you from punishment.” [Child respondent, in-school girl – Urban]

“Sexual affairs between a student and teacher or between student and student, but mostly between a teacher and student, and [then girls] get pregnant early.” [Child respondent, in-school girl – Urban]

4.7.6 Exploitation

Child labour was reported in Dar es Salaam, especially relating to the employment of house girls. The majority of house girls are employed below the age of 18. Parents send their children to get employed as house girls because they want to get money from them. This practice is more common for children from poor families.

*“As we can see, most of the house girls are employed at a very young age. I don’t think if a child can complete his/her primary school at the age of 18, most of them are below that. There are various cases brought to us about how children are violated, you find a child less than 18 years old has to cook, wash dishes, he has to take care of other young children and the mother is at the office. If we come [across] such a situation, we normally decide to take the child back home and the mother becomes responsible. That is why we say parents only focus on money rather than *utu wa moto* – “ Childs’ dignity”. If they were not looking [at the] money, they would have not employed a child.” [KII-respondent – Dar es Salaam].*

4.8 Protection from Social Harmful Practices

Despite having laws that protect children from harmful behaviours, forced marriage, violence against children with disabilities, and child labour were mentioned being common harmful practices in the areas visited.

4.8.1 Child marriage

Early marriage was reported in Dar es Salaam. It was mentioned that these marriages lead to divorce. Furthermore, there have been cases of fathers raping

their children.

“There is sexual violence [against] girls. For example, there is this case that is still in Maturubai, the father is still accountable for he has raped his daughter.” [FGD-respondent – Dar es Salaam]

Reasons as to why children are forced to get married include the need for wealth, illiteracy and traditional practices. It was reported that initiation ceremonies contribute children dropping out of school, because they are taught about sex and how to handle a man sexually, and this is done by parents.

“We, coastal people, train a child how to do sex at the age of 13-15 but also the dance in ceremonies are not good because people dance naked in front of children and this affect them psychologically.” [FGD parent-respondent]

“One day I attended an initiation ceremony for my neighbour, my expectation was to see a child being taught how to respect elders and self-hygiene but what I saw I said if this is a tradition it is bad and I doubted if that girl would even finish form four.” [FGD parent-respondent]

Further it was mentioned that many parents are after wealth. Sending a child to a man attracts a dowry. In most cases, this is paid in terms of cows. Therefore, girls are discouraged from performing well as they will not be left to pursue further education.

“Some parents discourage their daughters [from] performing well in school. A girl may be told even if you pass your examination, I won’t take you to school, after all you [are] a girl...This is sometimes caused by poverty. You know families which are poor, they cannot afford to buy basic needs for their kids who are in school.” [KII-respondent, Council level]

It was established parent’s literacy level and also poverty are among the drivers of child marriage.

“When parents have no education, they don’t have knowledge on the effects of child marriage.” [KII-respondent, community level]

Other reasons include cultural norms.

“Some cultures like Sukuma tribe, they used to get married to [children] and hence children do not see it as a bad thing, hence they get married at a very young age, most of them being in primary and secondary school. [KII-respondent – Dar es Salaam]

4.9 Birth Registrations

Birth registration service is accessible to all children in both Shinyanga and Dar es Salaam. It was reported that the majority deliver in health facilities, where they are registered.

“I have not seen any challenge, because when a child is born they are given a certain paper which helps them acquire the birth certificate. I have not heard any complaints from parents, and currently all children even in school have birth certificates compared to past years. This is due to the knowledge of the importance of birth certificates that parents were given by the government.” [KII-respondent – Dar es Salaam]

“Now the community is civilised, many deliver at dispensary, so after [the] birth of [a] child there is direct registration, so now it is not a challenge.” [KII-respondent – Shinyanga]

4.10 Child Participation in Decision-Making

At community level:

It was reported in Dar es Salaam as well as Shinyanga that junior councils exist by law. According to the guideline there must be a minimum of twenty members and a maximum of no more than forty. The village representation for junior council is between three to four, depending on the number of villages in the ward. However, in Dar es Salaam the number of representatives at street level is one child because there are many streets.

“They exist legally, and the guideline requires a junior council to have not less than twenty and not more than forty members. Their numbers correspond to the number of villages in the ward. If a ward has five villages that means each village will have three, four or five representatives.” [KII government official, Council level]

“We have that platform to involve them, even though not all areas have formed a junior council, but also, we involve them in meetings. But at the family level is not as that especially a girl. [KII-respondent – Dar es Salaam]

Although the government established the junior councils, its implementation is mainly by CBOs and NGOs.

“The main stakeholders for the formation of junior councils are Rafiki, AGAPE, GSI to mention a few. Junior councils are there and have been very helpful for children,” [KII government official, Council level]

It was reported that junior councils are not formed in schools but rather they are formed by the village and ward, hence they include both in-school and out-of-school children. According to the guideline eligibility, the criteria is from 7-17 years old. The custodian is a village executive officer.

“First of all, junior councils are not formed at school. They are supposed to be formed at village and ward level and the custodian is a village executive officer. They include both in-school and out-of-school children. If you work with them, they will mention even out-of-school children, children with special needs.” [KII-respondent –Dar es Salaam]

The roles of the junior councils are to address violence against children, identifying, supporting and advocating for the most vulnerable children in their communities, reporting on child rights violations and raising awareness about child rights and responsibilities. The work of junior councils is done through meetings as well as participation in decision-making forums.

“If they are capacitated, they report incidents of their fellow children who want to get married, or if they have been raped. They have helped us a lot. Through junior

councils there are children who reported an incident of a person who raped five children and testified in court. The perpetrator was sentenced [to] life imprisonment. The source of information was a junior council.” [KII-respondent – Shinyanga]

“Their main role is to know and advocate for their rights. Also, to represent their fellow children in advocating for their rights. So, it is an organ which advocates for children rights.” [KII-respondent – Shinyanga]

The operation of junior councils according to the guideline is that they have to attend a three days training first that covers issues related to their rights, responsibilities, violence, gender issues, leadership and integrity and then what is expected out of the members in relation to the promotion of rights and actions in terms of violations.

“First of all, there is a guideline and they have to attend a three day training which covers the following topics; their rights, responsibilities, violence, gender issues, leadership, integrity. A child must be aware of what is being [done] to her and if it is not right what action should they take. What are the roles of the parents.” [KII-respondent – Shinyanga]

“Junior councils have been capacitated and now children report many cases, despite the fact they have not been formed in all areas. So far there are about 12 junior councils at village and ward levels.” [KII-respondent – Shinyanga]

In its operation the junior council is supposed to meet every month. However, if there is an incident before the meeting dates the members are expected to report immediately without waiting for the routine meeting date.

“They meet every month because they are children hence, they are not busy. They report any incidents individually; they don’t wait until they meet all of them. Whenever they face any challenge, they report. Some of them even report through 116 (toll free number).” [KII-respondent – Shinyanga]

The support junior councils get is mainly training and resource materials for them to use in promoting children’s rights. There are financial resources given to junior councils.

“We don’t have any resources apart from them to know by heart the incident reporting number. We provide them with children’s rights leaflets translated into a simple Swahili language. A guideline for formation of junior councils. Training about

their rights and how to advocate for their rights. What is violence, how to identify perpetrators. After being equipped with all that they [are] able to advocate for their rights.” [KII-respondent – Shinyanga]

According to one respondent, the legal and policy context for child participation is conducive, as there are laws and policies as well as structures to foster children’s participation. Junior councils were mentioned as an important platform for children’s engagement at the community level. It was reported that not all councils have junior councils. The implementation of junior councils was highly supported by Save the Children and was not implemented country wide.

The advantages of junior councils include:

- Children’s capacity and confidence to raise matters concerning them is developed and hence children are empowered;
- Children’s participation makes government policies and plans responsive to children needs;
- Children build confidence to report and resist abuse.

It was mentioned that junior councils’ representatives sit in committees to end violence against women and children at all levels.

“We frequently involve them in district NPA-VAC and they are given [the] opportunity to air their views. We have also emphasised that they should be involved in the village meetings. Children are being involved in the village committee meetings. Children now ask their teacher to arrange meetings so that they can talk with their fellow students from other schools. They visit each other.” [KII-respondent – Shinyanga]

At family level

Generally, children are not involved in decision making at the family level.

“I really don’t know why but I think that parents believe that their child is still in a young age and cannot decide, maybe when they reach above 18 years is when they can participate.” [KII-respondent – Dar es Salaam]

“This is the biggest challenge. If it happens [that] there is [a] meeting at home,

children are chased out, they are not allowed to participate in which they also have ideas and you may work out on their idea but just because he/she is the child they are isolated.” [KII-respondent – Dar es Salaam]

“Parents do not involve their children in decisions, wives are not involved in some issues, about children it is even worse.” [KII-respondent – Dar es Salaam]

It was also mentioned that boys are given more chances of participation than girls if any children are involved.

“When we talk about child participation in decision making, more priority is given to the boys compared to the girls. Girls are seen as they are supposed to be at home only, but when a man contributes his idea in the community or home it is seen as a correct thing. Due to the provided knowledge based on equality between men and women, it has at least lifted women in this. Women are now engaged in one way or another.” [KII-respondent – Dar es Salaam].

At school level

At school, children get involved just by being informed but they do not decide. School clubs exist but they only discuss issues relating to subjects taught in classes and not much on child participation issues.

“At school level they are involved and this is because they have their clubs where they discuss academics. But on a family level there is still a problem. Even though some children learn from school, they tell and share with parents, so next time parents share with their children because they know at school they are being taught. They are involved in feeding animals, farm activities but not when selling or buying family properties.” [KII-respondent – Shinyanga]

“Of course, children are being involved especially in schools by giving them information, for instance when we construct classrooms or receive visitors but they are not participating in decision making.” [KII-respondent – Dar es Salaam]

“No there are no junior councils, instead there are school clubs where they discuss issues relating to their subjects.” [KII-respondent – Dar es Salaam]

Strengths, Challenges, Opportunities and Synergies in Advancing Children’s Rights and Well-being at the Community Level

This section brings in the forward-looking perspectives in advancing children’s rights and wellbeing at community level. It presents the strengths and challenges of community-based organisations in addressing issues related to children's rights and wellbeing. It also highlights opportunities for community-based actions given the current situation.

5.1 Current Status and Potential for Community Action

Thematic Area	Areas of need	Potential for community action [ASPIRE Strategy and other]
Child Survival and Health	<ul style="list-style-type: none"> ● Promote food fortification in terms of skills and availability of substance ● Promote health insurance enrolment ● Male involvement in ANC and HIV/AIDS ● Promote improvements in health-seeking behaviour ● Collaborate with traditional healers to promote communities going to health facilities for seeking care and treatment 	<p>Comprehensive community program, including:</p> <ul style="list-style-type: none"> ● Promotion of health insurance ● Awareness creation on nutrition, sanitation, hygiene, pregnancy and child care delivered through campaigns and home visits ● Demand creation strategies on maternal, child and adolescent health services ● Promotion of male involvement in nutrition and reproductive health including HIV/AIDS

<p>Care of child in the family and community</p>	<ul style="list-style-type: none"> ● Addressing gender divisions of caregiving and breadwinning – women have greater burden in caregiving and also are involved in breadwinning <ul style="list-style-type: none"> ○ Women stay longer with children, so they are highly responsible for responsibilities such as disciplining the child, child education at home and at school ● Children of divorced parents ● Extramarital children ● Out-of-school children suffer from economic difficulties ● Parents economic problems failing to care for the children 	<ul style="list-style-type: none"> ● Through community mobilisation programs ● Immediate screening, risk and safety assessment including prompt investigation of such reports; combined with interventions to address abuse to children at the family level ● Strengthening of VAWC protection committees ● Cash transfers ● Community group loans and entrepreneurship training ● Positive parenting sessions ●
<p>Child education</p>	<ul style="list-style-type: none"> ● ECE centres integrated into public schools are not child friendly ● No formalised mechanism for remunerating ECE teachers in ECE centres integrated in public schools ● Attrition of ECE teacher in ECE centres integrated in public schools ● Private ECE centres not adhering to standards 	<ul style="list-style-type: none"> ● Building toilets in schools that are hygienically favourable for girls ● Working with community child care centres to train caregivers and parents, leaders and volunteers on early child stimulation ● Capacity building of ECE teachers ● Rehabilitation of ECE integrated in public schools to become child friendly ● Community mobilisation to support and manage ECE centres ● In collaboration with the government, prepare ECE schools participatory supportive supervision checklist and devise

<p>Child education</p>		<ul style="list-style-type: none"> ● mechanisms for supervising ECE centres using community committees ● Empowering community committees to support and supervise the implementation of ECE centres
	<p>Primary Education</p> <ul style="list-style-type: none"> ● Addressing truancy contributed by poverty, unreliable transport and peer ● Limited capacity (class and teachers) ● Poor water supply <p>Secondary Education</p> <ul style="list-style-type: none"> ● Schools are far ● Transport challenges ● Early pregnancies ● Unfriendly for girls menstrual hygiene ● Limited infrastructures and shortages of teachers 	<ul style="list-style-type: none"> ● Establish safe schools ● Improve knowledge about abuse and how to protect themselves ● Life and social skills training ● Adolescent intimate partners' violence prevention program ● Immediate screening risk and safety assessment and prompt investigation of such reports combined with interventions ● Counselling and therapeutic services ● Knowledge centre for girls who got pregnant at schools and were expelled. ● Adult learning for children who missed the opportunity to be in schools in normal years ● Building tutors' capacity for early child development
<p>Leisure and recreation</p>	<ul style="list-style-type: none"> ● Schools have limited space for playing grounds thus children have to move to other schools with playing grounds when they play ● In the case of Shinyanga, children shared with other community members in which respondents considered unsafe ● Sometimes open spaces for children to play are intruded by communities in the 	<ul style="list-style-type: none"> ● Set times for children to avoid mixing children with adults in playing grounds ● Set affordable and locally appropriate community centres for family and children recreation ● Schools to organise affordable and locally fit holiday camps ● Scale up scouts

	<ul style="list-style-type: none"> ● cause of establishing new settlements ● Parents do not consider taking their children out for recreation as important 	
Inclusion	<ul style="list-style-type: none"> ● Children with disabilities in Dar es Salaam are sometimes used as means for generating income. Parents use them to beg for support ● Addressing identified challenges facing children with disability 	<ul style="list-style-type: none"> ● Inclusive classroom ● Expand coverage of teachers with skills ● Encourage students interaction
Child protection	<ul style="list-style-type: none"> ● Coverage of child protection committees is minimal ● Where they exist not trained – hence not functional ● No nationalised mechanism to train and supervise them ● Sexual abuse in schools is rarely reported because children do not cooperate and they need counselling to do so. ● Sexual abuse at the family level exists but parents do not listen to their children, especially when it involves relatives 	<ul style="list-style-type: none"> ● Training violence against women and children’s protection committees at street level ● School trainings to teachers and student on child rights ● Building and running one stop centre to deal with child abuse and GBV ● Counselling and therapeutic services
Harmful practices	<ul style="list-style-type: none"> ▪ Child labour was reported in Dar es Salaam especially relating with employing house girls ▪ Majority of house girls are employed below age 18. Parents send their children to get employed as house girls because they want to get money from them. 	<ul style="list-style-type: none"> ▪ Support community-level transformation of social norms and practices ▪ Empower women and girls to express and exercise their rights ▪ Advocacy for law enforcement

	<ul style="list-style-type: none"> • This practice is more common for children from poor families • Forced marriage, violence against children with disability and child labour were mentioned being common harmful practices in the areas visited • Poor reporting and follow up of cases by parents in case a girl child gets pregnant because they want her to get married. • Initiation ceremonies contribute to drop out of school because they are taught about sex and how to handle a man sexually this is done by parents 	
Child participation	<p>At community level</p> <ul style="list-style-type: none"> ▪ Generally, children are not involved in decision making at family level <p>At school level</p> <ul style="list-style-type: none"> ▪ At school children get involved just by being informed but not to decide. School clubs exist but they only discuss issues relating to subject 	<ul style="list-style-type: none"> ▪ Strengthen junior councils ▪ Strengthen school children's clubs

5.2 Strengths of Community-based Organisation in Advancing Children's Rights and Well-being at the Community Level

This was explored through assessing the interventions delivered by community-based organisations in advancing children's rights and perceived impact of those interventions. The study reached a total of six CBOs, five were from Shinyanga (Firelight partners) and one in Dar es Salaam. It was established

CBOs who are active in implementing child rights activities at community level. The focus ranged from enhancing access to services, capacity building in promoting children’s rights practices at community and home and also advocacy. CBOs focused on child survival and health as well as child protection and those with limited involvement were seen in promoting child participation as illustrated in Table 10.

Strengths of CBOs were derived from several aspects including:

- i) having finances to implement activities
- ii) skills
- iii) operating at grassroot levels
- iv) legitimacy and recognition by the government.

Table 10: Activities of CBOs

Areas of CBOs engagement	Interventions
Child survival and health	Nutrition: <ul style="list-style-type: none"> ● Training on how to cook nutritious food, on importance of fortification substance ● Food fortification ● Gardening Maternal and child health <ul style="list-style-type: none"> ● Awareness creation danger signs during pregnancies and child care ● Capacity building of health workers ● Promotion of health insurance ● Sexual and reproductive health training ● Awareness creation on HIV/AIDS ● Family planning
Child Protection	<ul style="list-style-type: none"> ● Capacity building to violence against women and children child protection committees ● Facilitating parenting sessions

Child education	<ul style="list-style-type: none">• Improving school infrastructure e.g. toilets• Provision of pedagogical skills• Provision of sanitary pads
Income and economic strengthening	<ul style="list-style-type: none">• Gardening• Entrepreneurship skills

CONCLUSIONS



Conclusions

From the findings five major conclusions emerged:

- i) Despite the fact that Tanzania indicated positive movement in promoting children's rights, on the ground the impact is weakened due to limited sustained efforts to implement national policies and strategies at the community level. The work is to a greater extent left to CBOs, whose budgets and capacity are limited, leading to work addressing the children's rights issues being done in a fragmented manner. This makes it hard to have a comprehensive positive influence on children's rights.
- ii) Children are not safe enough at the family and community level because they are being exposed to risks, such as being an extramarital child or being left with unfaithful relatives or family members. In addition, children are reluctant to report abuse due to their lack of security, and also their intention to report is diminished as sometimes they get less attention at home, especially when the perpetrator is a relative.
- iii) ECE systems have underdeveloped infrastructure, teachers and regulatory frameworks perspectives.
- iv) The findings suggest that child inclusion requires integration into normal systems. However, the findings also indicated that the main system to which the integration needs to happen are weak

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