



## A VISION FOR TANZANIA'S CHILDREN: Integrated Packages of Essential Accelerating Services to Overcome Barriers

### Summary

Tanzania has made notable progress in reducing infant and under-five mortality rates, decreasing stunting, and increasing school participation. However, significant gaps persist, with progress in these areas stalling in recent years, particularly due to economic hardships and the COVID-19.

To address persistent gaps, the government should adopt integrated essential packages of accelerating services that build on existing policies and frameworks. This approach should be built on the existing programmes, combining the Conditional Cash Transfers (CCT) PSSN for poor and vulnerable families, *FURAHA Teens* parenting programmes, *Ujana Salama* and school feeding programmes. These accelerators should be complemented by enhancing the quality and accessibility of health services while improving access to quality education delivery. The mandate of the National Secretariat for Social Protection should be expanded to oversee the coordination of multi-sectoral services. Enhanced coordination among Local Government Authorities, social

welfare workers, and ministries is critical to creating a holistic support system.

Development partners are encouraged to sustain funding levels, advocate for increased resource allocation, and provide technical assistance to strengthen monitoring and referral systems. Non-governmental organisations should complement government efforts by delivering community-based interventions and building local capacity to ensure sustainable outcomes.










### A Bridge Too Far: A Remaining Challenge to Child Well-being in Tanzania

Tanzania's population is predominantly young, with children making up around half of the population, presenting both opportunities and challenges. Economic hardships, where almost half children live in poverty, compounded by the impacts of the COVID-19 pandemic, have exacerbated existing inequalities, particularly in education and health services (World Bank Group & UNICEF, 2023; Zuilkowski, et al., 2024, Enock & Mohammed, 2023). Despite the notable progress,

the situation remains concerning. While the under-five mortality rates have decreased in the last two decades, they are still high with 43 deaths per 1,000 live births (MOH Tanzania and Zanzibar, NBS, OCGS, & ICF, 2022). Immunisation coverage in Tanzania is troubling, with only half (53 per cent) of children aged 12–23 months receiving all basic antigens (MOH Tanzania, MOH Zanzibar, NBS, OCGS, & ICF, 2022). Under nutrition continues to pose public health concern with still 30 per cent of children suffered from stunting (MOH Tanzania, MOH Zanzibar, NBS, OCGS, ICF, 2022) .

**The impressive progress in education still leave one in five of children aged 7 – 13 (21 per cent)**

**not attending primary school.** Further, while the net attendance ratio (NAR) in secondary education rose from 23 per cent to 37 per cent within 8 years, it also shows the challenges in sustaining participation beyond primary education (MOH Tanzania, MOH Zanzibar, NBS, OCGS, ICF, 2022). A range of factors influences education participation and learning outcomes in Tanzania, with pronounced gender disparities. Key drivers include financial constraints, limited school infrastructure, particularly for secondary education, poor school environments, inadequate teacher availability and training, and weak school management (Venkateswaran, R. K., et al, 2021 ; Al-Samarrai, S., & Tamagnan, M. E., 2019)

	Neonatal mortality	↓ 24		Immunisation (all antigens)	↓ 53%
	Infant mortality	↓ 33		Zero dose	↓ 4%
	Under 5 mortality	↓ 43			
	Stunting	↓ 30%		Iron supplement	* 11 %
	Wasting	↓ 3%		Vitamin A supplement	↑ 53%
	Underweight	= 12%		Deworming	* 50%
	Children aged 24–59 months who are developmentally on track in health, learning, and psychosocial well-being				47%
	Participation rate in organised learning (one year before the official primary entry age)				72%
	<u>Net attendance ratio</u>			<u>Gross attendance ratio</u>	
	Primary school	↑ 79%		Primary school	↑ 98%
	Secondary school	↑ 37%		Secondary school	↑ 53%
	Child marriage before the age of 15	= 5%		Birth registration (under 5)	↑ 68%
	Child marriage before the age of 18	↓ 29%			
	Female genital mutilation (women above the age of 15)	↓ 29%			
	FGM/C of girls aged 0 – 14	↑ 0.5%			
	<b>Violence against girls and women aged 15 – 19 years old.</b>				
	Physical or sexual	↓ 13.1%			
	Sexual violence only	↑ 5.6%			
	Physical violence only	↓ 4.3%			
	<b>Violence against girls and women aged 15 – 19 who ever had husband or intimate partner</b>				
	Any violence	↓ 37.2%			
	Sexual violence	↓ 16.3%			
	Physical	↑ 30.5%			
	Emotional	↓ 23.6%			



**Further, the 2022 Tanzania Demographic and Health Survey (DHS) reveals persistent inequalities in children's health, nutrition, and education.** The inequalities were influenced by gender, location, socio-economic status, and maternal education. Notably, several indicators deviate from global trends, highlighting unique challenges in Tanzania. For example, boys lag behind girls across multiple indicators such as neonatal, infant, and under-five mortality rates, nutrition status, and education attendance (MOH Tanzania, MOH Zanzibar, NBS, OCGS, ICF, 2022). These findings underscore the complex interplay of socio-economic factors affecting child survival, nutrition, and education outcomes in Tanzania. Urgent and targeted interventions are needed to address these systemic inequities and ensure every Tanzanian child has the opportunity to thrive.

**Even though there are evidence of declining domestic violence, child marriage, and Female Genital Mutilation (FGM), child protection remains a significant concern.** While the prevalence of domestic violence have decreased, the past concerning situation still is still reflected in the recent situation of domestic violence. More than one-third (37 per cent) of ever-partnered women and girls aged 15–19 years have been subjected to violence by their husbands/intimate partners, with one in sixteen (6 per cent) experiencing sexual violence (MOH Tanzania, MOH Zanzibar, NBS, OCGS, ICF, 2022). Almost one in three (29 per cent) of women aged 20–24 were married before the age of 18, and one in thirteen (8 per cent) girls and women have undergone female

genital mutilation and cutting (MOH Tanzania, MOH Zanzibar, NBS, OCGS, ICF, 2022). Further, although birth registration coverage has nearly tripled over the past six years, a significant gap remains, with 3 in 10 (32 per cent) children still unregistered (MOH Tanzania, MOH Zanzibar, NBS, OCGS, ICF, 2022). This lack of registration leaves many children vulnerable to exploitation and excludes them from essential protections and access to basic services, such as healthcare and education.

#### **The mental health of adolescents is alarming.**

In 2021, nearly one-third (32 per cent) of primary students and one in seven (14 per cent) secondary students at risk of mental ill-health (León-Himmelstine, C., et al, 2021). This reflects the past study (2014) of which one in eight (12 per cent) students aged 13–17 seriously considered attempting suicide (WHO & CDC, 2014).

**To ensure a brighter future for Tanzania's children, an integrated approach by combining several accelerating and essential services is paramount.** Targeted efforts must focus on vulnerable groups—boys facing high mortality and lack of education, girls at risk of early marriage and violence, children in rural and low-income households with limited access to health and education, and adolescents grappling with mental health challenges. Expanding nutritional support, improving school attendance, enhancing child protection measures and improving birth registration, are crucial. Only through integrated services can Tanzania close these gaps and



provide all children with the opportunity to thrive, free from exploitation and fully supported in their development. The need for cross-sectoral collaboration, involving health, education, social welfare, and community engagement, has never been more urgent.

### **Bridging the Gaps: Harnessing Current Policies and Successful Interventions for Enhanced Child Well-being Outcomes**

Tanzania's main development priorities include improving the standard of living through access to basic needs, better healthcare, and enhanced education to develop human capital that can drive the country's growth (Tanzania Development Vision 2025). The commitments in Tanzania Development Vision 2025 are reflected in various policies, such as the third National Plan for Reproductive, Maternal, Newborn, Child, and Adolescent Health & Nutrition (NP-RMNCAHN) 2021 – 2026 or One Plan III, the National Multi-Sectoral Early Childhood Development Programme (NM-ECDP) 2021 – 2026, and Fee-Free Basic Education Programme (FBEP).

One Plan III focuses on quality of care, serving as the foundation for improving survival and overall health outcomes. The strategy maintains the objective of achieving high vaccination coverage at birth and for all antigens, improving nutrition among pregnant women to address anaemia and low birth weight, and promoting nutritional education alongside school gardening programmes for micronutrient-rich foods. The plan also seeks to enhance the quality of services and increase the number of health facilities offering adolescent and youth-friendly sexual health services. NM-ECD 2021-2026 aims to ensure that all children aged 0–8 years develop to their full potential, emphasising a multi-sectoral approach with focuses on health, nutrition, responsive caregiving, early learning opportunities, and safety and security.

FBEP is the cornerstone policy to enhance education outcomes and accelerate growth by increasing school enrolment, universalising 12 years of basic education by eliminating informal fees in government primary schools and formal tuition fees for lower secondary schools. Despite significant impact, the implementation of FBEP has faced significant challenges such as an increase in teacher-pupil ratios, heavier workloads for teachers, overcrowded classrooms, and declining funding (Shukia, R., 2020; UNESCO, 2024).



**The Ministry of Education (MoE) has also been implementing the National School Feeding Programme (NSFP)** with the aim of enhancing nutrition, improving school attendance, and supporting learning outcomes by providing nutritious meals to school children. In 2021, the MoE

launched the National School Feeding Guideline (NSFG), providing a comprehensive framework for schools, communities, and local governments to develop, coordinate, and manage school feeding programmes. The programme has significantly improved the health and nutrition of students by addressing short-term hunger, contributing to overall well-being, increasing enrolment and attendance, and enhancing academic performance (Sanya, H.L., 2015).

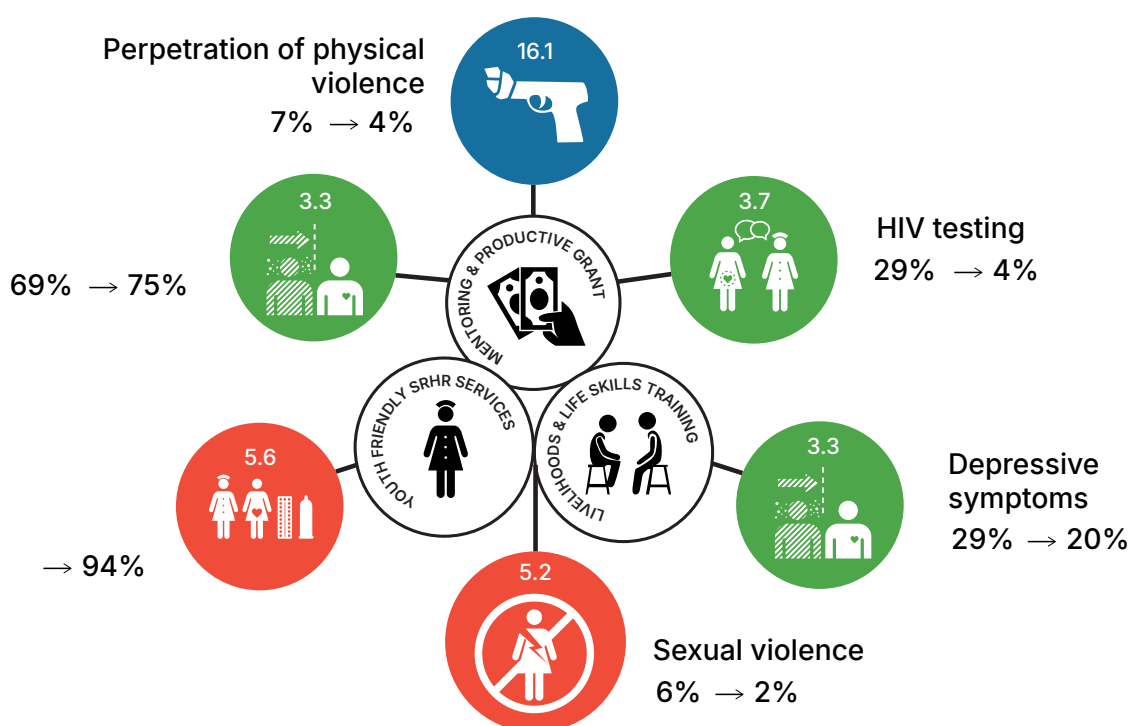
**To better protect children and women, the government has extended previous action plans and strategies with the new National Plan of Action to End Violence against Women and Children (NAP EVAWC) 2024 - 2029 and the National Anti-Female Genital Mutilation (FGM) Strategy and Implementation Plan 2020 - 2025.** The NAP EVAWC 2024 – 2029 sets out ambitious strategies to improve the economic security and stability of families, address norms and values that perpetuate violence and discrimination, create safe environments for women and children, and support parents and families to promote their well-being.

Each action plan, strategy, and programme reflects a recognition of the critical need for cross-sectoral collaboration, acknowledging that progress in one area depends on engaging with and supporting related efforts across other sectors. More importantly, these policies and programmes provide a solid foundation for successful interventions aimed at improving child and youth well-being. The National Social Protection Framework (NSPF), established in 2016, adopts a life-cycle approach to protect Tanzania's poor and vulnerable populations. It emphasises inter-sectoral coordination, facilitated by the National Secretariat of Social Protection under the Prime Minister's Office (PMO), and strengthens support during pregnancy and early childhood through free healthcare for pregnant women and children. The Productive Social Safety Net (PSSN), a cornerstone of the National Social Protection Framework (NSPF), is implemented by the Tanzania Social Action Fund (TASAF) and has demonstrated significant positive outcomes for children and young people (UNICEF, TASAF, UNICEF ORI, REPOA, 2018). By incorporating conditional cash transfers (CCTs) and the Most Vulnerable Children Response System, the PSSN has improved school attendance, enhanced nutritional outcomes for children, and a reduction in child labour, as financial support reduces the reliance on children's income for household needs (UNICEF, TASAF, UNICEF ORI, REPOA, 2018; de

Hoop, J. et al., 2020, World Bank, 2020).

**Ujana Salama**, also implemented by the Tanzania Social Action Fund (TASAF), targets vulnerable adolescents aged 14–19. Integrating livelihood training, mentorship, and youth-friendly health services to empower young people, the programme has demonstrated effectiveness in improving the lives of participating adolescents, including increased economic participation, gender-equitable attitudes, and improved mental health and sexual reproductive health (SRH) knowledge, enhanced health-seeking behaviours and reduced violence, boosted self-esteem and provided alternative livelihood options, influencing schooling decisions among adolescents who previously saw limited benefit in education (UNICEF, 2021; TASAF, 2024; Plan International & Accelerate Hub, 2023).

**FURAHA Teens**, the local adaptation of the evidence-based Parenting for Lifelong Health for Teens (PLH-Teens) programme has reached 75,061 beneficiaries, including 38,802 teen girls aged 9–14 years were successful in reducing overall maltreatment (physical and emotional abuse) by 45 per cent, intimate partner violence (IPV) perpetration by 19 per cent, IPV victimisation by 14 per cent, and school violence by 16 per cent. Additionally, it improved sexual health communication by 86 per cent and strengthened



Graphic 1. Outcomes of "Ujana Salama."

Graphic taken from *Accelerators of Adolescent Well-being: Evidence Synthesis and Implications for Action*.

parent-child relationships, showcasing its comprehensive impact on reducing violence and fostering healthy family dynamics (Martin, M. et al, 2021).

**Funding for the implementation of various action plans, strategies, and programmes, however, presents both challenges and opportunities.** Official Development Assistance (ODA) continuously decreasing but government contribution is on the rise, providing opportunity for Tanzania to better align development projects to the government priorities (World Bank, 2024).

### **Investing in Children: The Economic Imperative for Tanzania's Future**

**Despite funding challenges, investing in children is not only a moral obligation but also an economic necessity.** For example, in 2012, when 42 per cent of children suffered from stunting, malnutrition was estimated to cost Tanzania Tsh 815 billion (USD 512 million) annually in lost revenue (See Magomba, 2012). With the most recent stunting rate at 33 per cent, Tanzania likely continues to face substantial economic losses due to stunting alone. On the other side, Tanzania's main development priorities that include improving the standard of living through access to basic needs, better healthcare, and enhanced education to develop human capital that can drive the country's growth (Tanzania Development Vision 2025). With children comprising approximately half of 34.6 million population, focused investment in child welfare, education, and health services is crucial to reap the demographic dividend and sustain future economic growth.

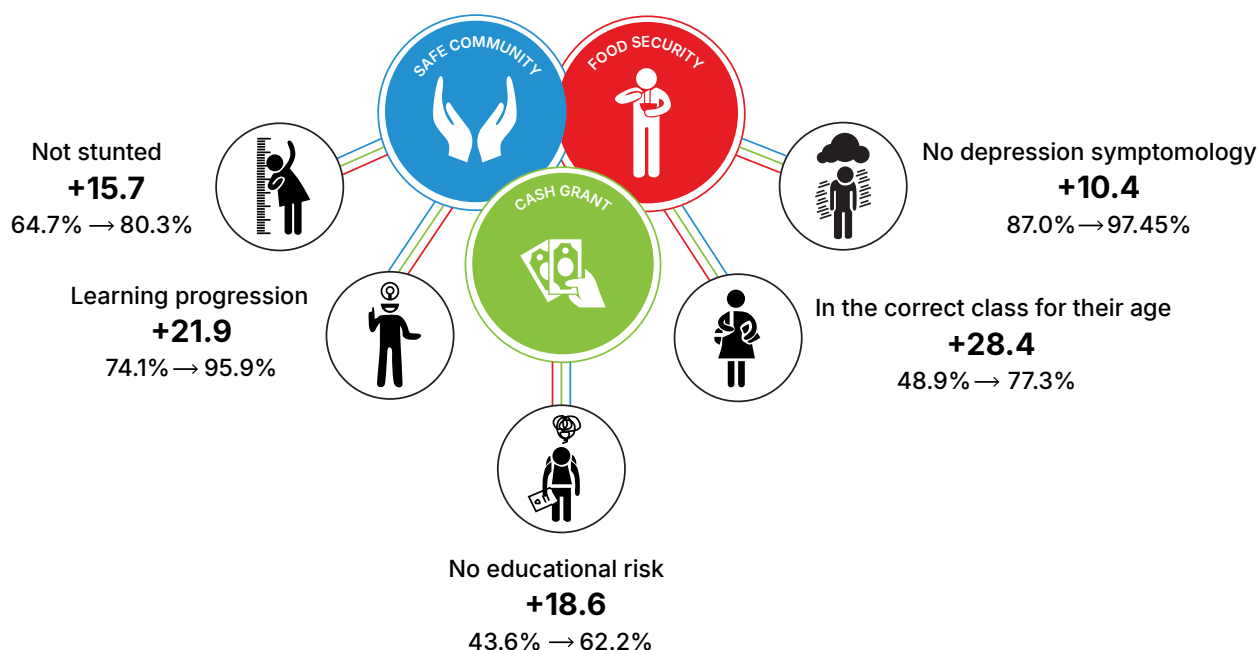
### **Strengthening Proven Foundations: Scaling Success for Tanzania's Children**

**Achieving sustainable improvements in child well-being in Tanzania requires a targeted approach that considers the diverse needs of different age groups, genders, and vulnerable populations, while addressing the urgent need for efficiency amidst declining funding.** Growing evidence from research by the Accelerate Hub, a research consortium based at the University of Oxford, have confirmed about accelerators or provisions that lead to progress across multiple Sustainable Development Goals. Cash transfer serve as a key accelerator that relevant across various life cycles. Other accelerators include food security, school meal, parenting, safe schools, and living in a safe



community (Cluver, L.D., et al, 2019; Mebrahtu, H., et al, 2022; School Meals Coalition, 2024). Cash transfers were associated with HIV care retention, school progression and no emotional or physical abuse. Food security associated with positive child education and cognitive development outcomes. School meal could improve health and diet quality, increase attendance and reduce dropouts, reduce anaemia among girls, reduce gender gaps in education, and help people cope with poverty and vulnerability. Parenting support was associated with good mental health, no high-risk sex, no violence perpetration, no community violence, and no emotional or physical abuse. Safe schools were associated with good mental health, school progression, no violence perpetration, no community violence, and no emotional or physical abuse. Living in a safe community positively associated with all mental health outcomes. Further, a combination of robust interventions can accelerate gains across multiple Sustainable Development Goals (SDGs) for children and adolescents. While individual interventions (cash grants, food security, and living in a safe community) yield positive results, experiencing a combination of two interventions or all three accelerators was associated with higher probability of positive child outcomes with substantial improvements noted in child education outcomes (See graphic 2) (Cluver, L.D., et al, 2019; Sheer, L., 2020; Mebrahtu, H. 2022).





Graphic 2: Mebrahtu, H., Skeen, S., Rudgard, W. E., Du Toit, S., Haag, K., Roberts, K. J., Gordon, S. L., Orkin, M., Cluver, L., Tomlinson, M., & Sherr, L. (2022).

**Evidence also indicates that integrating these interventions can enhance efficiency and lower costs.** The evidence responds to the concern that implementing multiple interventions may pose challenges for the government, particularly in resource-constrained settings. By financing integrated, cross-sectoral strategies, efficiency can be improved, and progress towards achieving the Sustainable Development Goals (SDGs) can also be accelerated. This approach better aligns political incentives with strategies that are ranked highest in terms of cost-effectiveness, ensuring that limited resources are utilised most effectively (Desmond, C., 2024).

**Backed-up by child-focused policies and strategies, Tanzania can integrate existing and proven accelerators, potentially multiplying results while increasing efficiency.** A combination of cash transfer programme, including those specifically targeting adolescents, parenting, and school feeding have the potential to effectively address the pressing challenges in reducing mortality and undernutrition of children under 5, improving participation and outcome of education to, reducing violence and improving mental health well-being.

**The first accelerator is Conditional Cash Transfers (CCTs), a core component of Tanzania's Productive Social Safety Net (PSSN).** PSSN CCTs should continue targeting poor and vulnerable families, with conditionalities designed to achieve tangible outcomes such as reducing mortality, increasing immunisation coverage,

improving the nutritional status of children under five, enhancing educational among secondary school-aged children (13–17 years), reduce child labour.

**The delivery of PSSN CCTs should be complemented by the second accelerator: parenting programmes, including the expansion and integration of *FURAH* Teens as part of the PSSN.** The *FURAH* Teens aims to reduce maltreatment and violence victimisation, strengthen parent-child relationships, and improve mental well-being. To maximise its impact, participation by caregivers and children should be made an additional conditionality for the households receiving CCTs, while also being extended to benefit larger groups within the targeted communities.

**Recognising the importance of combining CCTs with supplementary income programmes, the third accelerator, *Ujana Salama*, should be offered to adolescents aged 14–19 from CCT beneficiary households.** This programme focuses on influencing schooling decisions, improving mental health, and reducing violence, including gender-based violence, while also increasing economic participation among adolescents. It is also expected to increase participation of male adolescents in education.

**The fourth accelerator, the School Feeding Programme, should be improved and expanded.** The programme is expected to improve health and

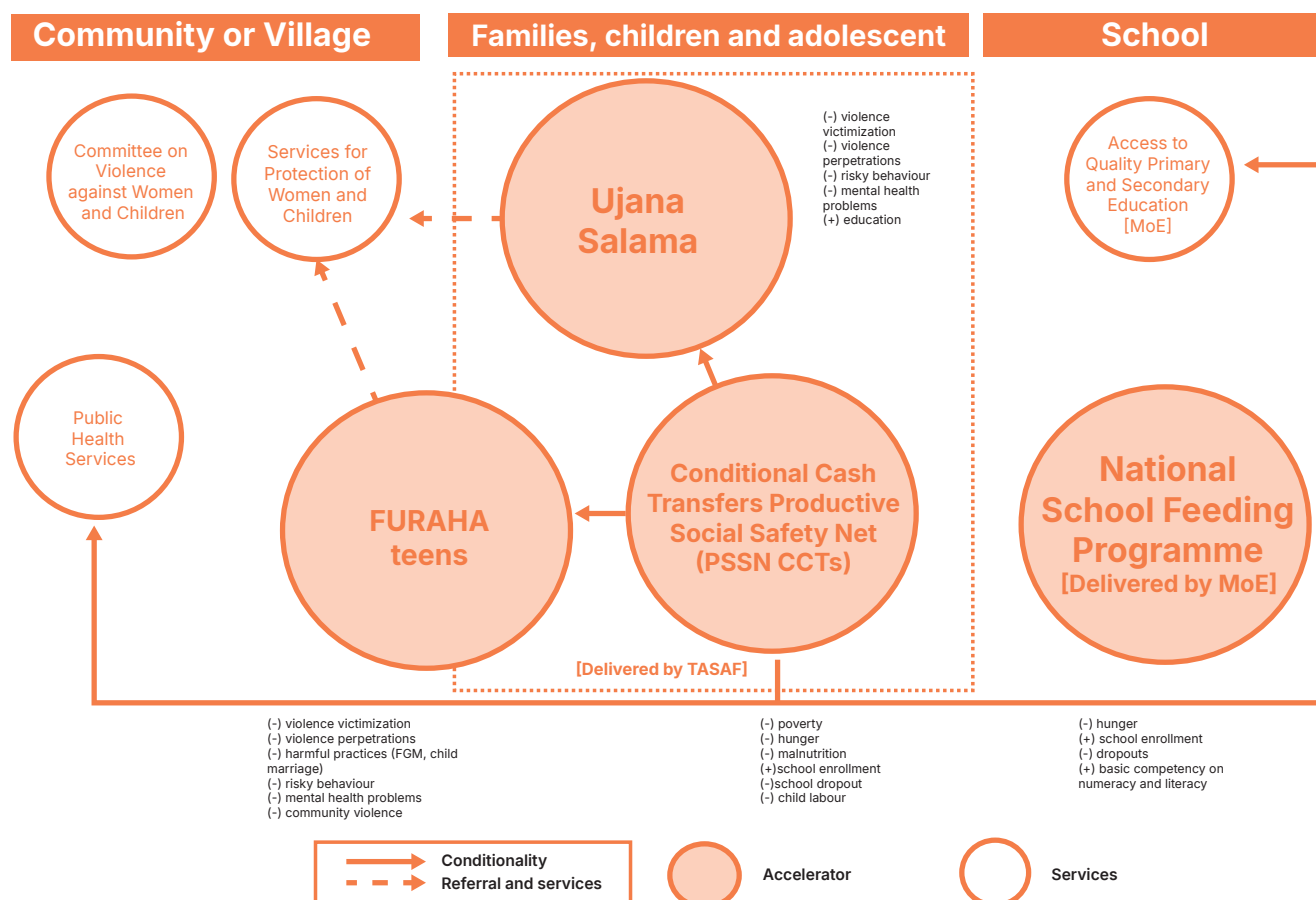
nutrition, increase enrolment and attendance, and enhance academic performance for primary (7–12 years) and secondary (13–17 years) students.

**Improvements in delivery mechanisms are crucial to ensure the effectiveness of these accelerators and to multiply their outcomes.** Improvement of PSSN CCTs includes enhancing targeting accuracy to ensure the most vulnerable populations are identified and included, strengthening the monitoring of conditionalities such as school attendance and regular health check-ups, providing robust support for post-programme participation, and strengthening monitoring and evaluation of the implementation of the programmes (World Bank, 2020). The School Feeding Programme requires improvement in facilitating caregiver and community participations and guidance in the provision of nutritious meals (Tanzania Adolescent Cash Plus Evaluation Team, 2024).

**The delivery of interventions, particularly PSSN CCTs, requires enhanced coordination with other social services to create a more holistic and integrated support system for beneficiaries.**

To this end, the Government of Tanzania should prioritise strengthening the quality of education, especially at the secondary level; improving access to public health services, including pre- and post-natal care, immunisation, and nutrition monitoring; and expanding access to child protection services. By enhancing referral systems and service coordination, the integrated accelerating services model has the potential to significantly improve efficiency and effectiveness, leading to faster and more sustainable outcomes in addressing the complex challenges faced by children in Tanzania.

**Given the significant role of the National Secretariat for Social Protection, the government should expand its role to also coordinate the integrated accelerating services.** This approach will ensure a coordinated effort to improve child health, nutrition, education as well as protection outcomes across the country. Acknowledging the financial constraints, initial implementation of integrated accelerating services should focus on the least-performing regions, such as the Western and Lake zones, where needs are most acute.



Graphic 3. Proposition for Integrated Accelerated Services for Children



## Harnessing Collective Strength: Action Pathways for Government Agencies

### *Recommendations to the Government of the United Republic of Tanzania*

- 1. Prime Minister's Office (PMO)** should expand the mandate of the National Secretariat for Social Protection to include the coordination, monitoring, and evaluation of multi-sectoral integrated packages of essentials accelerating services for children.
- 3. Ministry of Health and Social Welfare (MOHSW)** should enhance the quality of health services and expand immunisation and nutrition programmes and collaborate with the Tanzania Social Action Fund (TASAF) and Local Government Authorities (LGAs) to strengthen the delivery of health-related conditionalities for PSSN beneficiaries
- 3. Local Government Authorities (LGAs)** should strengthen the delivery of local services and improve linkages between conditional cash transfer (CCT) programmes, public health services, adolescent-focused interventions and parenting programme, and school feeding programmes.
- 4. Tanzania Social Action Fund (TASAF)** should collaborate with social welfare workers from LGAs and the Ministry of Community Development, Gender, Women, and Special Groups (MCDGSG) to integrate parenting sessions (*FURAHYA Teens*) into the conditional cash transfer programme.
- 5. Ministry of Education, Science and Technology (MOEST)** should improve the delivery of the National School Feeding Programme by ensuring timely disbursement of funds, facilitating community and caregiver engagement, and investing in regular supervision of the programme.
- 6. National Secretariat for Social Protection** should develop and implement a robust monitoring and evaluation framework for integrated packages of essential accelerating services for children.

### *Recommendations to Bilateral and Multilateral Donors, Development Partners, and Humanitarian Agencies*

- 1. World Bank and International Monetary Fund (IMF)** should ensure adequate funding levels for the continuation of the National School Feeding Programme and PSSN programmes, and advocate for a progressive increase in government allocations to expand and sustain the PSSN.
- 2. UNICEF, World Bank, and IMF** should come jointly strengthen the capacity of the National Secretariat for Social Protection to coordinate, monitor, and evaluate integrated accelerating services. UNICEF, in particular, should provide technical assistance to improve referral systems and enhance child-focused monitoring and evaluation frameworks for integrated packages of essential accelerating services.
- 3. Non-Governmental Organisations (NGOs)** should support national and local government authorities by implementing non-CCT components of integrated programmes in districts with the poorest well-being indicators, build the capacity of local service providers, and engage in monitoring, evaluation, and documentation of the impact of integrated interventions at the local level to ensure sustainable outcomes.



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