

# Spotlight: Tanzania

## Context

The government of the United Republic of Tanzania has recently taken promising steps to end violence against children. In 2011, Tanzania released the findings of a Violence Against Children Survey (VACS), which demonstrated that physical, emotional and sexual violence, to varying degrees, led to poor general health, increased alcohol use, and increased the risk of sexually transmitted infections. It also found that children who had experienced violence had feelings of anxiety and depression, and suicidal thoughts. The VACS also found that 72% of girls and 71% of boys experience physical violence, while one in three girls and one in seven boys experience some form of sexual violence before turning 18.<sup>1</sup> Emotional violence affects approximately one quarter of both boys and girls.<sup>2</sup> Corporal punishment is lawful in Tanzania and regarded by many as a normal means of disciplining children, while traditional practices – including early marriage and female genital mutilation – persist.<sup>3</sup>

## National Plan of Action to End Violence Against Women and Children in Tanzania

Tanzania, which is a Pathfinding Country in the Global Partnership to End Violence Against Children, committed to ending violence against children with a ground-breaking US \$119 million multisectoral plan to end violence against women and children for 2017 to 2022. Prior to the development of this plan, the government had eight different plans of action to address various aspects of violence against women, violence against children and gender-based violence, each with their own unique coordination structures, activities, monitoring and evaluation structures, and communication strategies. Careful consideration of WHO's *INSPIRE Framework*<sup>4</sup> was undertaken in order to develop the seven thematic areas within the plan itself, which outlines both prevention and response 'priority actions', with expected outcomes, outputs and dedicated indicators.

### AT A GLANCE<sup>5</sup>

Population: **55.6 million**

Girls (0-19): **15.4 million**

Boys (0-19): **15.5 million**

GDP per capita: **US \$877**

Prevalence rates of violence against children<sup>6</sup>

Physical violence: **72.6%**

Emotional violence: **25.5%**

Sexual violence: **20.7%**

### Selected Policy and Legal Framework

National Plan of Action to End Violence Against Women and Children in Tanzania 2017/18 – 2021/22 (2016)<sup>7</sup>

National Costed Plan of Action for the Most Vulnerable Children 2013-2017 (2012)<sup>8</sup>

Child Justice: A Five Year Strategy for Progressive Reform 2013-2017 (2012)<sup>9</sup>

Health Sector Strategic Plan 2015-2020<sup>10</sup>

National Essential Health Package<sup>11</sup>

The Law of the Child Act 2009 (Mainland)<sup>12</sup> | Children's Act 2011 (Zanzibar)<sup>13</sup>

## Alignment with the WHO’s Global Plan of Action

Pillar	Selected actions taken
<b>Pillar I</b> Strengthen health system leadership and governance	<ul style="list-style-type: none"> <li>● Development of the multisectoral and INSPIRE-aligned National Plan of Action to End Violence Against Women and Children in Tanzania (2013)</li> <li>● Inclusion of information, education and communication on violence against children in the essential health package</li> <li>● Comprehensive definition of the coordination structures in place for child protection at all administrative levels (2013)</li> <li>● Becoming a Pathfinding Country in the Global Partnership to End Violence Against Children (2016)</li> </ul>
<b>Pillar II</b> Strengthen health service delivery and health workers/providers’ capacity to respond	<ul style="list-style-type: none"> <li>● One Stop Centre implementation and scale-up (ongoing)</li> <li>● Implementation of Local Government Authority Child Protection Systems (ongoing)</li> </ul>
<b>Pillar III</b> Strengthen programming to prevent interpersonal violence	<ul style="list-style-type: none"> <li>● Implementation of community health programming (ongoing)</li> <li>● Implementation of Local Government Authority Child Protection Systems</li> </ul>
<b>Pillar IV</b> Improve information and evidence	<ul style="list-style-type: none"> <li>● Implementation of the Violence Against Children Survey (2009)</li> <li>● Inclusion of modules on domestic violence and female genital cutting in the 2015/16 Demographic and Health Survey</li> </ul>

“Violence against women and children is a daily reality for a large number of women and children. In Tanzania its prevalence is high, hence addressing it is a central development goal in its own right and key to achieving other development outcomes for women, their families, communities and the nation.”

Hon. Umyy A. Mwalimu,  
 Minister for Health, Community Development,  
 Gender, Elderly and Children<sup>14</sup>



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	National Plan of Action Thematic Area	Selected priority actions
I	5. Implementation and enforcement of laws	<b>Access to legal services</b> <ul style="list-style-type: none"> <li>Develop and adopt Legal Aid Policy</li> </ul>
N	2. Social norms and values	<b>Harmful traditional cultural practices:</b> <ul style="list-style-type: none"> <li>Collate and analyse existing data on norms, values, and initiatives that have delivered behavioural change, and monitor their implementation</li> <li>Develop a communication strategy to promote positive norms and values and address gender inequalities</li> <li>Conduct advocacy campaign to religious and influential leaders and policy makers to promote positive norms and values</li> <li>Facilitate community dialogues on perceptions of violence and harmful practices</li> </ul> <b>Capacity and resilience of women and children to violence</b> <ul style="list-style-type: none"> <li>Review the existing violence against children communication toolkit to include women and men</li> <li>Equip children and women with the relevant knowledge and capacities to protect themselves and their peers</li> <li>Support interventions that address norms and values affecting women and children</li> </ul>
S	3. Safe environment in public spaces	<b>Institutional accountability to prevent violence against women and children in public spaces and work places</b> <ul style="list-style-type: none"> <li>Conduct dialogues and engage religious leaders, political leaders, influential leaders, and transportation associations on laws related to safety for women and children in work and public spaces</li> <li>Develop an advocacy strategy for promotion of safe environment for women and children in public spaces in towns and cities</li> </ul>
P	4. Parenting, family support and relationships	<b>Parenting skills</b> <ul style="list-style-type: none"> <li>Develop National Parenting Framework guidelines and a Family Care Action Plan</li> <li>Train community facilitators on an updated Parenting Education Manual</li> <li>Mainstream positive parenting skills in training curriculum for social workers, health workers, teachers, lawyers, police, and community development workers</li> </ul> <b>Capacity and resilience of women and children to violence</b> <ul style="list-style-type: none"> <li>Conduct visits to families and community groups and sensitisation on positive parenting</li> </ul>
I	1. Household economic strengthening	<b>Access to financial supportive services to vulnerable and marginalised women</b> <ul style="list-style-type: none"> <li>Establish grant for children from poor families to access early childhood development services</li> </ul> <b>Women's awareness on right to property, inheritance rights and protection from gender-based violence</b> <ul style="list-style-type: none"> <li>Engage men and traditional and religious leaders to promote women's rights to own land and other productive resources</li> </ul>
R	6. Response and support services	<b>Resources, tools and infrastructures to provide violence against women and children services</b> <ul style="list-style-type: none"> <li>Review and develop response guidelines and tools for first responders, duty bearers and service providers on violence against women and children</li> <li>Orient on developed guidelines and tools (including effective reporting mechanisms between duty bearers)</li> <li>Training front-line workers on specialised technical packages</li> <li>Strengthen and institutionalise the child helpline and available referral mechanisms</li> <li>Scale up One Stop Centres</li> <li>Allocate separate and equipped social welfare offices to ensure quality provision of social welfare services for victims</li> <li>Develop, translate, and disseminate a simplified guide/Job Aid on referral, guidance, and counselling for duty bearers</li> </ul>
E	7. Safe schools and life skills	<b>Knowledge on life skills and reproductive health and child protection for girls and boys</b> <ul style="list-style-type: none"> <li>Review, integrate, and orient children on violence against children and reproductive health issues in school club learning materials</li> </ul> <b>Reporting and referral mechanism of violence against children in school settings</b> <ul style="list-style-type: none"> <li>Support interventions that address safer schools</li> </ul>

## Other Policy and Legal Frameworks for Ending Violence Against Children

Within the *Health Sector Strategic Plan 2015-2020* it is noted that social welfare officers have a legal responsibility under the Law of the Child Act 2009 for the delivery of child protection services at the local level. The plan outlines the establishment of One Stop Centres (OSCs) in hospitals, which cater to protective, legal, prevention, and rehabilitation needs of women and children affected by violence. It also commits to capacity-building of health staff. The National Package of Essential Health Services includes information, education, and communication on child protection, notably sensitisation by health workers of the community on the importance of child protection and the legal rights of rape victims.

## Coordination to End Violence

The coordination structure is extremely well-defined, and the health sector plays a significant role in oversight and management of the National Plan of Action. At the national level, a steering committee is chaired by the Permanent Secretary of the Prime Minister's Office, while the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) plays the role of Secretariat. The technical committee is chaired by the Permanent Secretary of the MoHCDGEC. Eight thematic working groups, in line with the plan, were formed and meet on a monthly basis. The MoHCDGEC chairs four of the working groups: Household Economic Strengthening; Norms and Values; Parenting, Family Support, and Relationships; and Response and Support Services. National Plan of Action Committees are established at regional, council, ward, and village levels and meet quarterly to discuss progress and report.

## Local Government Authority Women and Child Protection Systems

Tanzania's child protection system is robust. Children and Women Protection Committees will be formed

at regional, council, ward, and village/street level. Committee members at each level are identified in the *National Guidelines for Coordination and Implementation of the National Plan of Action*. Committees work at the community level to identify and refer cases of violence against children. Gender and Children's Desks are being established in police stations, staffed by specialised personnel trained in the management of cases of violence against children, including how to collaborate with health workers.

## Health Care Services and One Stop Centres

By December 2016, four OSCs had been established in Dar es Salaam (Amana Hospital), Shinyanga (Regional Referral Hospital), Mwanza (Sekou Toure Hospital) and Iringa (Regional Referral Hospital). These OSCs provide medical treatment, psychosocial guidance, counselling and legal assistance to survivors of violence, free-of-charge and on a 24/7 basis.

In 2017, a multisectoral national gender-based violence and violence against children task force revised guidelines and manuals for training health workers. This activity was coordinated by the department of preventive services in the MoHCDGEC. To date, trainings have been rolled out in 20 regions, equipping health care workers in hospitals, health centres, and dispensaries.

## Violence Against Children Survey

Tanzania was the second country in Africa to implement a Violence Against Children Survey in 2009, with the report released in 2011. It has proven to be extremely useful both for measurement and advocacy, and helped to catalyse the development of the National Plan of Action.<sup>15</sup> The national study was conducted with 13 to 24 year old girls and boys using a three-stage cluster household survey design. The findings indicated that violence against children is a serious problem in Tanzania.

### ENDNOTES

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- 14 United Republic of Tanzania, 2016.
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