



**Convention on the  
Rights of the Child**

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COMMITTEE ON THE RIGHTS OF THE CHILD  
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**WRITTEN REPLIES BY THE GOVERNMENT OF THE UNITED REPUBLIC OF  
TANZANIA CONCERNING THE LIST OF ISSUES (CRC/C/TZA/Q/2) RECEIVED BY  
THE COMMITTEE ON THE RIGHTS OF THE CHILD RELATING TO THE  
CONSIDERATION OF THE SECOND PERIODIC REPORT OF TANZANIA  
(CRC/C/70/Add.26)**

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- In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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**Acronym**

BMI	-	Body Mass Index
COBET	-	Complementary Basic Education in Tanzania
EDC	-	Education Development Centre
GN	-	Government Notice
IPEC	-	International Programme for Elimination of Child Labour
IYCN	-	Infant and Young Child Nutrition
MKUKUTA	-	<i>Mkakati wa Kukuza Uchumi na Kupunguza Umaskini</i>
MoH	-	Ministry of Health
NSGRP	-	National Strategy for Growth and Reduction of Poverty
POFLEP	-	Population and Family Life Education Programme
<i>Shehia</i>	-	Lowest level of local government in Zanzibar
TBP	-	Time Bound Programme on the elimination of child labour
TDHS	-	Tanzania Demographic Health Survey
USDOL	-	United State Department of Labour
VETA	-	Vocational and Educational Training Authority

## INTRODUCTION

The United Republic of Tanzania presented its second periodic country report on the Implementation of the Convention on the Rights of the Child in September 2004. In response to this, the Committee listed issues to be taken up in connection with the consideration of our report. The following are responses to questions raised:-

### ANSWERS TO THE QUESTIONS POSED BY THE COMMITTEE

#### PART I

This part provides available data, statistics and information on General Measures of Implementation – including activities meant to implement recommendations contained in the committee’s previous concluding observations of the second country report of the United Republic of Tanzania (CRC/C/15/Add.156).

#### A. Data and statistics

##### 1. Disaggregated statistical data (by sex, age groups, urban and rural areas of children under 18 living in the United Republic of Tanzania (URT)).

###### a. Number of population by age and sex for the group (0-18)

Age	2003			2004			2005		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0-4	2,765,536	2,730,562	5,496,098	3,062,959	3,020,130	6,083,089	3,389,911	3,337,551	6,727,462
5-9	2,567,713	2,539,776	5,107,489	2,456,377	2,434,365	4,890,742	2,321,974	2,305,557	4,627,531
10-14	2,262,713	2,236,452	4,499,165	2,368,950	2,339,143	4,708,093	2,475,397	2,444,180	4,919,577
15-18	1,161,679	1,170,011	2,331,690	1,198,946	1,199,802	2,398,748	1,238,728	1,232,967	2,471,695
<b>Total</b>	<b>8,757,641</b>	<b>8,676,801</b>	<b>17,434,442</b>	<b>9,087,232</b>	<b>8,993,440</b>	<b>18,080,672</b>	<b>9,426,010</b>	<b>9,320,255</b>	<b>18,746,265</b>

Source: 1002 National Population and Housing Census

###### b. Percent of population by age group and sex 0 – 18 yrs)

Age	2003			2004			2005		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0-4	16.20	15.33	15.76	17.35	16.42	16.87	18.57	17.56	18.05
5-9	15.04	14.26	14.64	13.92	13.23	13.57	12.72	12.13	12.42
10-14	13.26	12.56	12.90	13.42	12.71	13.06	13.56	12.86	13.20
15-17	6.81	6.57	6.69	6.79	6.52	6.65	6.78	6.49	6.63
<b>Total</b>	<b>51.31</b>	<b>48.72</b>	<b>49.99</b>	<b>51.48</b>	<b>48.88</b>	<b>50.16</b>	<b>51.63</b>	<b>49.03</b>	<b>50.30</b>

Source: 2002 National Population and Housing Census

*c Statistical data Disaggregated by gender as regards to urban and rural areas*

Year	Total		Rural		Urban	
	Male	Female	Male	Female	Male	Female
2003	8,757,641	8,676,801	6,743,384	6,681,137	2,014,257	1,995,664
2004	9,087,232	8,993,440	6,997,169	6,924,949	2,090,063	2,068,491
2005	9,426,010	9,320,255	7,258,028	7,176,596	2,167,982	2,143,659

Source: 2002 National population and Housing Census

**2. Disaggregated data on budget allocations and trends***(a) Budgetary allocations in Education sector by Education levels (2003 – 2005) in (Tanzania Mainland)*

Financial year	Total Education Sector (Tshs.)	Education Sector							
		Primary & Non Formal Education		Secondary Education		Teacher Education		Tertiary & Higher Education	
		Total (Tshs.)	% share	Total (Tshs.)	%share	Total (Tshs.)	Share%	Total (Tshs.)	Share %
2002/2003	396,780	289,618	73.1	29,876	75	6,646	1.7	70,540	17.8
2003/2004	487,729	361,425	74.1	32,469	6.7	7,700	1.6	86,140	17.7
2004/2005	504,745	322,196	63.8	92,045	18.2	6,189	1.2	84,315	16.7

Source: Public Expenditure Review (PER) 1998 -2005

*(b) Health care (different type of health services, i.e. primary health care, vaccination programmes, adolescent health care, HIV/AIDS and other health care services for children, including social insurance)*

**Government Health spending by level/category, FY 03 –FY04 TSh billion**

	FY 03/04			FY04/05		
	PE	OC	Total	PE	OC	Total
<b>Preventive primary health care</b>						
MoH preventive services	0.30	5.89	6.19	0.34	12.32	12.67
Regional preventive services	0.15	0.15	0.30	0.17	2.67	2.85
Council preventive	23.40	11.08	34.47	25.22	18.80	44.02
<b>Total preventive/primary</b>	<b>23.85</b>	<b>17.12</b>	<b>40.97</b>	<b>25.74</b>	<b>33.79</b>	<b>59.53</b>

Source: Health sector Public Expenditure Review (PER)

*(c) Programmes and services for children with disabilities*

Programmes and services for children with disabilities include:-

- Inclusive and/or integrated school programmes.
- Provision of social and financial support.
- Provision of assisting devices for children with disabilities such as hearing aids, crutches, wheel chairs, tri-cycles, white canes, etc.
- Special assistance during vocational trainings for assisting children with disabilities.
- Games and sports programmes

- Resettlement programmes. Assistance provided after completion of training i.e tools for initiating businesses.
- Early/identification for early intervention of children with disabilities (20,000 children have been reached).
- The programme for children with special needs targets at increased gross and net enrolment of boys and girls, including children with disabilities in primary schools, from 90.5% in 2004 to 99% in 2010. The programme also targets at increasing percentage of girls and boys with disabilities and orphans and vulnerable children who qualify for secondary education to be enrolled and complete secondary schools by 2010.
- For achieving improved survival, health and well-being of all children and women, especially vulnerable groups, the programme targets at reducing HIV and AIDS prevalence among women and men with disabilities between 15 and 35 years old. Despite this the project promotes knowledge-based care among health workers for attending, among others, people with disabilities and the elderly.
- National Strategy for Growth and Reduction of Poverty (NSGRP) also targets at providing adequate social protection and rights of the vulnerable and needy groups with basic needs and services, whereby 20% of children and adults with disabilities will be reached with effective social protection measures by 2010.

(d) *Support programmes for families*

Programmes for supporting family include:

- Provision of seed money for establishing Income Generating Activities (IGA ) to 2,000 families
- Marital counseling whereby 180,000 cases were attended in the year (2003), 288,200 (2004) and 35,000 (2005).
- Population and Family Life Education Programme (POFLEP) aims at contributing to the improvement of gender equity and equality, sexual and reproductive health, family prosperity with the ultimate goal of improving the quality of Tanzanians as stipulated in the National Development Vision 2025. The programme will to address the following priority population issues:
  - i. **Gender inequality.** The programme concentrates, among other issues on unequal access to higher education and skills especially discrimination of girls and women, increasing family resources, persistent discrimination of women and the girl child, etc.
  - ii. **Sexual and reproductive health** focusing on the following issues;-
    - Rapid decrease of HIV and STIs infection;
    - Early and late pregnancies;
    - Frequent pregnancies;
    - Rape and irresponsible sexual behaviour; and
    - Maternal and child morbidity and mortality.
  - iii. **Family problems.** The programme focuses on the following:-

- Single parent families;
- Child headed households;
- Child neglect, child labour and child abuse;
- Low family income;
- Children and family members in special needs;
- Erosion on traditional ethics and morals;
- Family disharmony and instability; and
- Problems of the elderly.

iv. **Poverty.** The programme concentrates on poor and inappropriate technology; income poverty; low cash income; non income poverty; inadequate basic social services like health, education, clean and safe water, poor clothing, nutrition, clean and safe water and vulnerability to unpredictable events.

*(e) Support for children living below the poverty line*

Programmes:

- Provision of school materials, food and health care, clothing and shelter
- Training of care takers, so as to provide better care for these children
- At secondary School level, there is a programme to exempt school fees to children from poor families
- Provide psychosocial support for children living under poverty line.

*(f) Support for children who are in need of alternative care including the support for care institutions*

Programmes:

- The Government through the Social Welfare Department is implementing Community Based Programme for Care Support and protection of orphaned and vulnerable children whereby 190,921 Orphans and Vulnerable Children have been supported through this programme in 21 Districts. This has been out of the stakeholder recognition there effective and efficient care, support, protection of the Most Vulnerable Children (MVC) has to provide through the Communities and member of the community must be involved in process.
- Mama Mkubwa Model - This is a model whereby older mothers at community level provide care to orphans in that community with the support of community members who provide food and other basic necessities to the orphan
- Children who are in need of alternatives care are being provide with skills so as to enable them tp be independent and self reliant
- Children who are need of alternatives care are being protected from abuse and violence, through the community justice facilitation programmes

*(g) Programmes and activities for prevention of and protection from child abuse, child sexual exploitation and child labour.*

*(i) Child labour*

The Government in collaboration with the social partners and by the support of the United States Department of Labour (USDOL) through the International Labour Organisation (ILO), has since 2002/03 – 2004/05 been implementing the Time Bound Programme pilot project against the worst forms of child labour targeting the following sectors/areas:

- (a) Commercial Agriculture sector
- (b) Domestic service sector
- (c) Mining sector
- (d) Commercial sexual exploitation sector

The objectives of the project were to combat the worst forms of child labour through: preventing children at risk from entering into worst forms of child labour; withdrawing children from worst forms of child labour and providing them with suitable alternatives such as formal education or skills training or economic empowerment for income generating activities. The project was implemented in 14 districts. The targeted children were of the age between 7 years to less than 18 years.

Involved partners in this campaign included Government Ministries/Departments, Trade Union Organisations, Employers Association, Non-Governmental Organisation and International NGOs such as the Education Development Centre (EDC).

*Activities carried out by the Stakeholders included:*

- Conducting surveys for fact finding
- Conducting awareness raising activities
- Direct interventions (withdrawing of children from worst forms of child labour)
- Carrying out inspections targeting child labour incidences
- Capacity building by conducting training workshops to district, ward and village officials on child labour and its worst forms.
- Setting policy framework for programme implementation.

Through joint efforts by the development partners children were either prevented or withdrawn from Labour and linked to appropriate service providers (EDC, VETA, COBET, and Primary school):

The following table shows the number of children who were either prevented or withdrawn from child labour and linked to appropriate service providers' e.g EDC, VETA, COBET and Primary school.

**SUMMARY OF PROGRAMME IMPLEMENTATION BY IMPLEMENTING INSTITUTION/ORGANIZATION**

Institution	Children prevented			Children Withdrawn from worst forms of Child labour			Children from Withdrawn form child abuse and sexual exploitation			CLC (EDC)			VETA			Primary School			Total number of children reached			Targeted No.of children
	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total	
KIWOHEDE	3503	270	3773	480	242	5043	55	14	69	50	139	189	789	78	867				8304	512	8816	5000
CHODAWU	2242	2238	4480	2250	1504	3754	382	361	743				511	348	859				4492	3742	8234	7500
ATE & TPAWU (TBP)																			3372	3109	5481	500
GOOD HOPE&WORLD VISIO -	1375	752	2127	1061	456	1517	234	342	576				230	470	700	1035	1333	2368	2436	1208	3644	2500





*iii) Advocacy and public enquiring done by Commission for Human Rights and Good Governance*

In 2005 the Commission conducted public inquiry on violation of child rights in eleven districts of Tanzania Mainland. These districts were Kinondoni, Morogoro Rural, Moshi Rural, Mbeya, Mbinga, Magu, Mafia, Kilwa, Lushoto, Kibondo and Tabora. This report will be ready in June, 2006.

*(h) Programmes and services for abandoned children, including street children;*

- Dropping in centers so as to provide shelter, education and vocational skills for abandoned children including street children, before reintegration to formal schooling and reunification with their families.
- Temporary care.
- Reunification/resettlement.
- National Guidelines for service to street children, which gives direction on how to provide street children with services and remove them from the streets.

*(i) Programmes for the recovery and rehabilitation of juvenile offenders.*

- Probations services which are undertaken by the Social Welfare Officers for children in conflict with the law.
- Reformatory school. At present there is only one such schools in Tanzania Mainland.
- After care services are provided to children in conflict with the law, in which they are taken care through voluntary supervision.

**3 .Children deprived of a family environment and separated from parents (disaggregated data)**

(a) Separated from their parents.

No data available for children separated from the parents

(b) placed in institutions

<b>Year</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
2003	6,670	6,580	13,350
2004	6,720	6,700	13,420
2005	6,760	6,740	13,500

(c) placed with foster families;

<b>Year</b>	<b>No. of children</b>
2003	65
2004	80
2005	95

(d) adopted domestically

<b>Year</b>	<b>No. of Children</b>
2003	35
2004	42



		n			y school				
<b>Tanzania Mainland</b>	41,783	510	15,640	22,492	96	2,442	224	143	232
<b>Zanzibar</b>	1,570	4	489	518	1	489	12	22	12
<b>Total Tanzania</b>	<b>43,353</b>	<b>514</b>	<b>16,129</b>	<b>23,010</b>	<b>97</b>	<b>2,931</b>	<b>236</b>	<b>165</b>	<b>244</b>
<b>%</b>	10	1.19	37.2	58.08	0.22	6.76	0.54	0.38	0.56

Source: National Population and Housing Census

The table shows that in Tanzania Mainland 53.85% of disabled persons had completed primary education ie std 5-7, 37.43% std 1-4 and 5.84% had completed secondary school education (Std 9-12). The data also reveal that only 0.56 of people with disabilities had completed university or related.

In Zanzibar, 33% of the disabled persons had completed Primary education ie Std 5 – 8 followed by those who completed Std 1-4 31.15% and secondary education 31.15%

*f. non attending school*

**Data not available**

## 5. Disaggregated data by sex, age groups for:

*a. Rates of infant and child mortality rate*

Childhood mortality rates have decreased dramatically in the past five years. However, one in every nine children in Tanzania dies before his or her fifth birthday.

According to the Tanzania Demographic and Health Survey of 2004, the Infant Mortality Rate was 68 per 1,000 live births. The under five mortality rate was 112 per 1,000 live births as shown in the table below. In 1999, IMR was 99 and the U5MR was 147 (Deaths per 1,000 live births). This decrease may be due to improved breastfeeding practices, increased vitamin supplementation and reduction in malnutrition.

Number of deaths per 1000 live births	Total	Mainland Urban	Mainland Rural	Zanzibar
Infant mortality (between birth and first birth day)	68	72	86	61
Under-five mortality ( between birth and fifth birthday)	112	108	139	101

Source: Tanzania DHS 2004-05 Key Findings

*b. Maternal health and rates of immunization;*

Maternity care	Total	Mainland Urban	Mainland Rural	Zanzibar
Women giving birth who received antenatal care from a health professional (%)	94	97	94	99
Percentage of births assisted by a health professional	46	81	38	51
Percentage of births delivered in a health facility	47	81	39	49
<b>Child immunization</b>				
Children 12-23 fully vaccinated (%)	71	81	69	75

Source: Tanzania DHS 2004 – 2005 Key Findings

The following table shows percentage of children 12-23 months who have been immunized in relation to the type of vaccine:-

*Percentage of children 12-23 months who are immunized*

Type of vaccine	1999			2003/04		
	Urban	Rural	Total	Urban	Rural	Total
BCG	100.0	91.0	92.7	96.0	90.3	91.4
DPT-HB	89.9	78.9	81.0	94.3	84.0	85.9
Polio3	84.8	78.8	79.9	88.4	82.5	83.6
Measles	90.3	75.3	78.1	89.7	77.7	79.9
All	80.5	65.5	68.3	81.5	68.8	71.1

Source: TDHS 1999 & 2003/04

*c. Nutritional status*

- i. Over 96 percent of mothers in Tanzania do breastfeed and 13.5 percent of infants are exclusively breastfed during the first 4 to 5 months of life. However exclusive breastfeeding at 6 months which is the recommended age is about 2 percent (TDHS 2004-2005). It has also been shown that 59 percent of mothers initiate breastfeeding within one hour of delivery. Furthermore, 30 percent less than 2 months receive foods and other drinks. Observations have indicated that colostrums are still being discarded in some societies in the country. The median duration of breastfeeding in Tanzania is 21 months (TDHS 2004-2005).
- ii. Complementary foods should be introduced when a child is six months of age. In Tanzania early complementation is common with about 7 percent of infants being complemented at the age of 2 months and 32 percent at 2 - 3 months. The data also shows that about 9 percent of infants are not complemented at 6 - 9 months of age. Furthermore, about 5 percent of infants are fed from bottles with nipples. The frequency of child feeding is too low, the nutrient density is inadequate. For example children aged 6 - 9 months consume food made from grains on average 2 times a day. The frequency of consuming foods made from grain increases by age. At 24 - 35 months, the frequency is 2.6 times. (TDHS 2004-2005). In addition, due to poor sanitation and poor access to water, complementation is often unsafe.
- iii. Malnutrition, particularly protein energy malnutrition, nutritional anemia, iodine deficiency disorders and vitamin A deficiency disorders are among the major nutrition problems affecting infants and young children in Tanzania. Data on nutrition status of children below 5 years of age shows that 3 percent were wasted, 38 percent stunted and 22 percent were underweight. Over 70 percent of Tanzanian children under 5 years of age have some degree of anaemia, with 43 percent moderate and 4 percent severe anaemia (TDHS 2004-2005). Younger children aged 6 - 23 months are affected mostly by anaemia (80%).

The national survey on Vitamin 'A' deficiency conducted in 1997 showed that 24.2 percent of children aged below five years have Vitamin 'A' deficiency (Ballart et. al 1997). Other nutritional disorders which include obesity and deficiencies of some vitamins and minerals are yet to be quantified. (URT, 2003).

Protein Energy Malnutrition in pregnant women is often reflected in the proportion of children born with low birth weight (below 2.5 kg). Data available shows that the

prevalence of low birth weight in Tanzania stands at 16 percent (TRCHS, 1999). TDHS 2004-05 shows that 48 percent of women aged 15 - 49 years are anaemic, pregnant women 58 percent, breastfeeding women 48 percent. Overall, 10 percent of Tanzanian women are considered too thin (BMI less than 18.5), while 1 percent of women are extremely thin (BMI less than 16) (TDHS 2004-2005). Vitamin 'A' deficiency affects about 69 percent of lactating women (Ballart et al. 1997).

With regard to the iodine deficiency problem in Tanzania, about 84 percent of households are consuming iodated salt. This falls slightly short of the 90% recommended by WHO.

- iv. Tanzania is undergoing rapid social and economic change, which intensifies the difficulties that families face in providing appropriate feeding and care for their children. Expanding urbanization and globalization has resulted in increase of the number of families that depend on informal or uncertain employment and incomes with few or no maternity benefits. Most women, especially in the rural areas and in the informal and private sectors face heavy workloads. Meanwhile. Accurate information on optimal feeding practices is inadequate, and the number of food insecurity in rural and urban households is on the rise. All these have a negative impact on infant and young child nutrition.
- v. Advocacy and social mobilization activities in infant and young child nutrition have been in place since 1980s. Various approaches have been used including production and distribution of IEC materials, use of mass media, commemoration of World Breastfeeding Week since 1994, and interaction with policy makers during parliamentary sessions. There seems to be an increase in the level of awareness on infant and young child nutrition issues, however formal assessment of the impact is yet to be undertaken.
- vi. Capacities for addressing IYCN issues are limited among health workers and other service providers and communities in terms of knowledge and skills, training materials and other resources. The government together with Development partners, NGOs and other stakeholders joined hands in addressing the issue of capacity development.

The following table shows the nutritional status of children in Tanzania:-

*National nutritional status of children in Tanzania 2004/2005*

<b>Nutritional Status of Children</b>							
Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status; height-for-age, weight-for-height, and weight-for-age, by background characteristics, Tanzania 2004-2005							
Background Characteristic	Height-for-age		Weight-for-height		Weight-for-age		No of children
	Percentage below -3SD	Percentage below -2SD	Percentage below -3SD	Percentage below -2SD	Percentage below -3SD	Percentage below -2SD	
<i>Age in months</i>							
<6	1.4	8.0	0.0	1.2	0.2	2.4	758
6-9	3.9	18.9	0.4	2.3	2.1	14.8	599
10-11	7.1	33.5	0.3	3.5	5.7	29.5	300
12-23	15.4	45.2	0.9	6.3	6.0	29.0	1,662
24-35	13.8	39.2	0.1	3.1	3.8	24.5	1,653
36-47	16.4	45.2	0.2	1.4	3.6	22.1	1,520
48-59	15.6	43.3	0.4	1.9	3.2	21.5	1,496
<i>Sex</i>							
Male	13.6	38.6	0.4	3.3	3.9	22.1	3,988
Female	12.0	36.8	0.3	2.7	3.5	21.5	4,001
<i>Residence</i>							
Urban	7.4	25.8	0.4	2.8	2.1	17.0	1,536
Rural	14.1	40.5	0.4	3.0	4.1	22.9	6,453
<i>Mainland/Zanzibar</i>							
Mainland	12.9	38.0	0.3	2.9	3.7	21.9	7,792
Total Urban	7.3	26.0	0.4	2.9	2.0	17.3	1,514
Dar es Salaam city	1.9	16.9	0.5	4.1	0.9	14.3	381
Other Urban	9.1	29.1	0.3	2.4	2.4	18.3	1,133
Total Rural	14.3	40.9	0.3	2.9	4.1	23.0	6,278
Zanzibar	7.0	23.1	0.7	6.1	3.1	19.0	197
Unguja	4.6	18.0	0.7	6.7	2.7	17.0	125
Pemba	11.1	32.1	0.8	4.9	3.8	22.5	72

Source: Tanzania 2004 Demographic and Health Survey

**Note:**

Each of the indices is expressed in standard deviation unit (SD) from the media of the NCHS/CDC/WHO International Reference Population.

The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) are shown according to background characteristics.

*d. Adolescent health, including early pregnancy and sexually transmitted infections (STIs), drug, tobacco, other substance abuse, mental health and suicide.*

***Proportion of adolescents (15 – 19) who have started child bearing***

1999 (percent)			2003/04 (percent)		
Urban	Rural	Total	Urban	Rural	Total
20.4	19.4	19.7	19.6	28.7	26.0

Source: TDHS 1999 & 2003/04

**Disaggregated Data on Drug Abuse and Substance Abuse in Mainland Tanzania and Zanzibar.**

In Tanzania it is mostly the out of school/ out of work youths in major urban areas who are involved in Drug Abuse.

In August 2003, a household Survey involving 300 youths in Dar es salaam (mainland Tanzania) and Zanzibar showed that a significant percentage of youths are between 10 – 21 years are addicted to alcohol, tobacco, hypnosedatives, Cannabis and Heroine.

The following Table shows Rates of use in the last 30 days. (Addicted Cases)

Catchment Area	Alcohol	Tobacco	Hypnosedatives	Cannabis	Heroin
Stone Town Zanzibar	15%	15%	9%	9%	3%
Kinondoni Dar es salaam	16%	15%	10%	11%	2%

Source :- Ministry of Health and Social Welfare 2006

The following Table shows the Admissions to Psychiatric Hospitals (Dar es salaam, Zanzibar and Dodoma) youth admitted for management of drug addiction were as follows.

YEAR	13years	14 years	15 years	16 years	17 years	18 years	% of Total
2003 July - December	0	0	1	0	0	4	8.4%
2004 January - December	3	0	5	4	5	11	4.3%
2005 January - June	0	0	1	2	2	1	8.4%

Source: Ministry of Health and Social Welfare 2006

**6. Child abuse (disaggregated data by age, sex, and type)**

*a. number of reported child abuse cases*

	2003		2004		Differences	2004		2005		Differences
	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>		<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	
1yr to yrs age	110	91	181	137	117	181	137	380	148	210
9 yr to 17 yrs age	311	213	333	258	67	333	258	518	318	245

<b>TOTAL</b>	<b>421</b>	<b>304</b>	<b>514</b>	<b>395</b>	<b>Excess 184</b> <b>11.25%</b>	<b>514</b>	<b>395</b>	<b>898</b>	<b>466</b>	<b>Excess 455</b> <b>20%</b>
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Source: Ministry of Home Affairs 2005

- b. Number and percentage of reports with additional information on type of follow-up provided and the outcome of the cases, including prosecution, withdrawals and sanctions for perpetrators;

**Data not available**

- c. Number and proportion of child victims that have received counselling and assistance in recovery.

**Data not available**

## 7. Criteria for poverty and the number of children living below the poverty line

Specific data on children living below poverty line are not available, except for data based on the whole population. According to the latest Household Budget Survey (2001) over a third of the population (36%) fall below the national basic needs poverty line and nearly a fifth (19%) fall below the food poverty line<sup>1</sup>. While this is a decline from 39% and 22% respectively in 1991/2, it is still high; moreover, the biggest decline has been registered in Dar es Salaam, with much smaller changes in rural areas and other urban centres. Poverty remains overwhelmingly rural, with 87% of the poor living in rural areas.

New analysis combining census and HBS data has produced poverty estimates at the district level for the first time, showing rural poverty rates in district varying from below 20% to above 50%.<sup>2</sup> It appears thus that while incremental progress has been made, economic growth has not fully translated into appreciable – or equitable - household level poverty reduction<sup>3</sup>.

Area	Basic needs poverty		Food poverty	
	1991/92	2000/01	1991/92	2000/01
Dar es Salaam	28%	18%	14%	8%
Other urban centres	29%	26%	15%	13%
Rural zone	41%	39%	23%	20%
Tanzania Mainland	39%	36%	22%	19%

Source: Household Budget Survey 2000/01

Data from 2004/05 TDHS indicate that children from poorest households have less primary school attendance ratio compared to children from well to do households

Primary School net attendance ratio	Gender Parity		
	Male	Female	Total
Quintile			
Lowest	58.1	58.6	58.3
Second	62.6	69.1	65.7
Middle	71.3	75.5	73.3
Fourth	78.8	84.8	81.8
			0.97

<sup>1</sup> Household budget survey 2000/1

<sup>2</sup> Poverty brief, DP poverty monitoring group, January 2006

<sup>3</sup> De Waal, Alex et al. 2004 *Changing vulnerability to crisis in Tanzania: Implications for Children and UNICEF activities*



Highest	87.0	89.4	88.3	1.01
Total	70.9	75.4	73.1	0.97

Source: 2004/05 TDHS

Data from 2004/05 TDHS indicate that children from poorest households have less secondary school attendance ratio compared to children from well-off households

Secondary School net attendance ratio				Gender Parity
Quintile	Male	Female	Total	Index
Lowest	0.5	0.3	0.4	0.53
Second	1.2	0.9	1.1	0.80
Middle	2.0	2.6	2.3	0.76
Fourth	5.9	7.6	6.7	0.98
Highest	25.1	20.9	22.7	0.79
Total	6.8	7.5	7.1	0.98

Source: 2004/05 TDHS

Data from 2004/05 TDHS indicate that children from poorest households have highest malnutrition rate especially stunting and underweight compared to children from well to do households

Nutrition status of under fives in per cent		
Quintile	Stunted	Underweight
Lowest	44.9	24.8
Second	42.8	25.8
Middle	40.9	23.3
Fourth	37.5	20.0
Highest	15.7	12.2
Total	37.7	21.8

Source: 2004/05 TDHS

Data from 2004/05 TDHS indicate that number of mosquito nets increases with economic status of the households

Percentage of households with at least one mosquito net			
Quintile	Any type of net	Ever treated net	Insecticide treated net
Lowest	26.7	10.4	5.9
Second	31.5	15.5	10.1
Middle	37.0	20.9	15.0
Fourth	50.1	29.9	21.9
Highest	81.8	62.2	55.8
<b>Total</b>	<b>46.3</b>	<b>28.7</b>	<b>22.6</b>

Source: 2004/05 TDHS

## 8. Education (Disaggregated statistical data) on:

a. rates of literacy, below and over 18 years;

Literacy rates estimated from 2002 National population and Housing census data are comparable to HBS estimates (2000/01) though census rates were slightly lower. Males generally fare much better than females. The overall adult literacy rate (for 15 years – olds and older) is 78 per cent

for males and 62 per cent for females. Literacy rates in the younger age group (15-24 years) are 81 per cent and 76 percent respectively – higher rates overall and with a much smaller gender differential. (Poverty and Human Development Report 2005 p. 19).

*b. rate of enrolment in pre-primary schools, primary and in secondary schools;*

(j) Pre Primary Education:

Total Enrolment by sex in both Government and Non Government Pre Primary Schools, 2004-2005

(a)Total Enrolment	2004			2005		
	Male	Female	Total	Male	Female	Total
Year I-II	279891	274944	554835	318617	319974	638591
(b)Total per year						
Year I	176766	172248	349014	205817	207593	413410
Year II	103125	102696	205821	112800	112381	225181

Source: Basic Statistics in Tanzania (BEST), Ministry of Education and Culture, June 2005

Pre- Primary Education:

Total Enrolment by Sex in Government Pre- Primary School: 2004 -2005

	2004			2005		
	Male	Female	Total	Male	Female	Total
Year I-II	276006	271537	547543	311176	313028	624204
(b)Total per year						
Year I	174573	170335	344908	201559	203504	405063
Year II	101433	101202	202635	109617	109524	219141

Source: Basic Education in Tanzania (BEST), Ministry of Education and Culture- June 2005

(ii) Enrolment in Primary Schools, 2003 - 2005

	2003			2004			2005		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
STD I - VI	3,365,420	3,197,352	6,562,772	3,626,241	3,456,822	7,083,063	3,855,712	3,685,496	7,541,208
STD I	763,044	718,310	1,481,354	697,594	670,721	1,368,315	680,087	668,350	1,348,437
STD II	773,088	718,899	1,491,987	717,273	680,760	1,398,033	661,844	638,532	1,300,376
STD III	549,829	511,496	1,061,325	729,134	680,730	1,409,864	690,568	652,291	1,343,159
STD IV	452,748	436,107	888,855	561,990	531,999	1,093,989	735,146	692,252	1,427,398
STD V	281,770	270,028	551,798	379,928	367,195	747,123	447,151	420,119	867,270
STD VI	284,446	282,957	567,403	270,253	259,456	529,709	374,381	359,470	733,851
STD VII	260,495	259,555	520,050	270,069	265,961	536,030	266,535	254,182	520,717
TOTAL	6,730,840	6,394,704	13,125,544	7,252,482	6,913,644	14,166,126	7,711,424	7,370,692	15,082,416

Source: Basic Education Statistics in Tanzania (BEST)- Ministry of Education and Culture, June 2005

(iii) Enrolment in Secondary Schools, 2003 - 2005

	2003			2004			2005		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Form 1-6	187,578	157,863	345,441	232,636	199,963	432,599	279,754	244,571	524,325
Form 1	51,638	48,106	99,744	74,475	73,015	147,490	91,680	88,559	180,239
Form 2	51,678	47,471	99,149	58,936	54,525	113,461	78,905	76,814	155,719
Form 3	35,458	27,833	63,291	44,570	35,216	79,786	45,089	33,162	78,251
Form 4	31,794	25,509	57,303	34,419	26,442	60,861	42,460	33,273	75,733
Form 5	9,196	5,014	14,210	11,109	6,091	17,200	11,746	7,147	18,893
Form 6	7,814	3,930	11,744	9,127	4,674	13,801	9,874	5,616	15,490
TOTAL	375,156	315,726	690,882	465,272	1,057,062	865,198	559,508	489,142	1,048,650

Source: Basic Education Statistics in Tanzania (BEST)- Ministry of Education and Culture, June 2005

d. Number and percentage of drop out and repeaters

**Dropout by Reason in Primary School, 2003 – 2005**

Reason for dropout	2003	2004	2005
Truancy	33,135	35,237	32,287
Pregnancy	2,227	2,550	2,590
Death	2,764	2,938	3,071
Others	3,428	5,086	3,331
<b>TOTAL</b>	<b>43,557</b>	<b>47,815</b>	<b>43,284</b>

Source: Basic Education Statistics in Tanzania (BEST)- Ministry of Education and Culture, June 2005

Number of repeaters in primary schools 2003 - 2005

	2003			2004			2005		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Repeaters	194259	194064	388323	188179	187508	375687	220741	218566	439307
%Increase	168.8	170.3	169.6	3.1	-3.4	7	17.3	16.6	16.9
						-3.3			

Source: Basic Education Statistics in Tanzania (BEST) - Ministry of Education and Culture, June 2005

e. teacher pupil ratio and number of children per class

**Pupil/Teacher Ratio in Secondary Education**

Year	2003	2004	2005
Pupil/Teacher Rates	1:21	1:23	1:22
Government	1:20	1:23	1:26
Non Government	1:22	1:23	1:16

**Pupil/Teacher Ratio in Primary Education**

Year	2003	2004	2005
Teacher/Pupil Ratio	1:57	1:58	1:56

Source: Basic Education Statistics in Tanzania June, 2005, MOEC

**9. Disaggregated statistical data on the number of children:**

a. Infected by HIV/AIDS

The total number of infected children by HIV/Aids between 0 – 19 years of age is **1,053** in 2003 which is **5.6%** of an estimated total population of children below 19 years of age and most of these are likely to have acquired infection through mother to child transmission. The following table shows the total number of children infected by HIV/AIDS:-

**Table 1: Distribution of reported AIDS cases by age and sex, Tanzania 2003**

Source: National AIDS Control Programme report of October, 2004 - Distribution of AIDcases in 2003

Age Group	Male		Female		Unknown		Total	
	No. of Cases	%	No. Cases	%	No. of Cases	%	No. of Cases	%
0 - 4	171	4.1	178	3.2	43	0.5	392	2.1
5-9	118	2.8	84	1.5	31	0.4	233	1.2
10 - 14	55	1.3	62	1.1	12	0.1	129	0.7
15 - 19	98	2.4	187	3.4	14	0.2	299	1.6
<b>TOTAL</b>	<b>442</b>	<b>10.6</b>	<b>511</b>	<b>9.2</b>	<b>100</b>	<b>1.2</b>	<b>1053</b>	<b>5.6</b>

About 754 (4%) of the AIDS cases reported in 2003 were below 15 years of age and most of these are likely to have acquired HIV infection through mother to child transmission. As it can

be seen from both table 1, the number of cases decreases from age groups 0 - 4; 5 - 9; 10 - 14; and 15 - 19. This picture is typical of infections at birth many of whom do not survive above 5 years; hence the number reporting to health facilities after 5 years will be decreasing as the trend shows. The number begins to rise from the age of 15 years and above, this is the period of (hetero) sexual transmission reaching maximum levels at the peak of reproductive age 25-40 years for both sexes. It is important to note that the age clustering for children goes up to age 19 years in this report.

*b. Distribution of affected AIDS cases in 2004*

Between 1<sup>st</sup> January and 31<sup>st</sup> December 2004, a total of 16,430 cases were reported to the NACP from the 21 regions of Tanzania Mainland. This resulted into a cumulative total of 192,532 cases since 1983 when the first AIDS cases were reported in Tanzania. The number of cases reported in 2004 (16,430) were fewer than those reported in 2003 (18,929). Table 2 show the age and sex distribution of the reported AIDS cases for the year 2004. About 540 (5%) of the AIDS cases with known age and sex reported in 2004 were below 15 years of age and most of these are likely to have acquired infection through mother to child transmission. This figure is smaller than the previous year of more than 700 but higher in percentage.

**Table 2: Distribution of reported AIDS cases by age and sex, Tanzania 2004**

Age group	Male		Female		Unknown		Total	
	N	%	N	%	N	%	N	%
0 - 4	154	3.8	122	2.7	8	0.1	284	1.7
5 - 9	83	2.1	68	1.5	3	0.0	154	0.9
10 - 14	41	1.0	55	1.2	6	0.1	102	0.6
15 - 19	52	1.3	150	3.3	4	0.1	206	1.3
<b>TOTAL</b>	<b>330</b>	<b>8.2</b>	<b>395</b>	<b>8.7</b>	<b>21</b>	<b>0.3</b>	<b>746</b>	<b>4.5</b>

*Source: National AIDS Control Programme report of October, 2004 - Distribution of AIDS cases in 2003*

**Trends of the epidemic**

Data from the field has also been analyzed to provide estimates for people living with HIV/AIDS in the country. The following tables summarize the findings for both male and females. Tables 3 - 4 show this trend for the period 2000-2006.

**Table 3: Estimated male (thousands) living with HIV/AIDS by age groups, Tanzania 2000–2006**

Year	2004	2005	2006
0-4	50	50	50
5 - 9	30	30	30
10 - 14	0	0	0

<b>15 – 19</b>	40	40	40
<b>TOTAL</b>	<b>120</b>	<b>120</b>	<b>120</b>

Source: National AIDS Control Programme report 2006

**Table 4: Estimated female (thousands) living with HIV/AIDS by age groups, 2000–2006**

Age	2004	2005	2006
<b>0-4</b>	50	50	50
<b>5 – 9</b>	30	30	30
<b>10 - 14</b>	0	0	0
<b>15 - 19</b>	100	110	110
<b>TOTAL</b>	<b>180</b>	<b>180</b>	<b>180</b>

Source: National AIDS Control Programme 2006

**Table 5: Estimated cause and type- specific orphans in Tanzania, 2003 - 2006.**

Year	Maternal AIDS	Paternal AIDS	Dual AIDS	All AIDS	Total Orphans (all causes) (thousands)
<b>2003</b>	671,400	613,150	639,590	644,950	<b>1,990</b>
<b>2004</b>	701,640	637,980	661,210	678,410	<b>2,040</b>
<b>2005</b>	722,390	656,550	673,740	705,190	<b>2,080</b>
<b>2006</b>	734,840	669,460	678,860	725,450	<b>2,110</b>

Source: National AIDS Control Programme 2006

**c. Heading households;**

According to the National Population and Housing Census conducted in 2002 the numbers of households headed by children were 66,000.

**d. Orphans of HIV/AIDS living in extended families**

- One percent of children under the age of 18 years have lost both parents.
- Ten percent of children have lost one or both parents.  
the percentage of children under age of 8 with one or both parents dead is slightly higher in urban areas (13) than in rural areas (9 percent).
- Majority of children live with both parents (61 percent), but 16 percent live with neither parent.

**10. Disaggregated statistical data by age, sex and type of crime on:**

**a. Persons below eighteen, who have allegedly committed a crime, reported to the police;**

	2003		2004		2005	
	1yr. – 8yrs age	9yrs – 17yrs age	1yr. – 8yrs. age	9yrs. – 17yrs. age	1yr. – 8yrs. age	9yrs. – 17yrs age

<b>Rape</b>	-	-	-	120	-	-	-	130	-	-	-	102
<b>Theft</b>	3	61	4	96	5	72	7	90	6	38	8	52
<b>Assault</b>	6	8	12	30	7	23	6	32	3	17	13	47
<b>Child destruction</b>	-	-	48	-	-	-	74	-	-	-	70	-
<b>Bhang</b>	-	48	-	90	-	56	-	80	-	66	-	80
<b>TOTAL</b>	<b>9</b>	<b>117</b>	<b>64</b>	<b>336</b>	<b>12</b>	<b>151</b>	<b>87</b>	<b>332</b>	<b>9</b>	<b>121</b>	<b>91</b>	<b>281</b>

Source: Ministry of National Security and Protection, 2006 (Police)

b. Number of persons below 18 years charged and sentenced to imprisonment (Tanzania mainland prisons) from 2003 – 2005

	Offences/Crime	2003		2004		2005		Total
		M	F	M	F	M	F	
1.	Murder			2		4	1	7
2.	Manslaughter	1	2	3				6
3.	Attempted Murder			2				2
4.	Robbery	19		14		17		50
5.	Theft	22		29		60	4	115
6.	House breaking and stealing	25	1	26	1	47	S/n	103
7.	Possession of Dangerous Drugs	3		5		8	1	17
8.	Possession of Government Trophies	2				2		4
9.	Sexual offences	5		9		21	1	36
10.	Possession of Arms and Ammunition	3				4		7
11.	Wounding	2		5		5		12
12.	Arson							
13.	Corruption							
14.	Possession of illicit liquor					1		1
15.	Loitering							
16.	Others	14		19		48		81
	<b>TOTAL</b>	<b>96</b>	<b>3</b>	<b>114</b>	<b>1</b>	<b>217</b>	<b>10</b>	<b>427</b>

Source: Ministry of National Security and Protection, 2006 (Police)

c. Detention facilities for persons below eighteen in conflict with law and their capacity;

Name of facility	Capacity		
	Boys	Girls	Total
<b>(a) Remand Homes in Dar es Salaam</b>			
<b>Tanga</b>	24	8	32
<b>Moshi</b>	24	8	32
<b>Arusha</b>	24	8	32
<b>Mbeya</b>	24	8	32
<b>(b) Iramba Reformary School</b>	300	8	308

Source: Ministry of Health and Social Welfare

(d) *Persons below eighteen detained in these facilities and persons below eighteen detained in Adult facilities.*

Refer Table (b) under question 10(b) above

e. *Number of persons below 18 years kept in pre-trial detention in Tanzania Mainland prisons from 2003 – 2005.*

S/n`	Offences/Crime	2003		2004		2005		Total
		M	F	M	F	M	F	
1.	Murder	13	1	35	3	54	5	111
2.	Manslaughter	7		5		5	2	19
3.	Attempted Murder			2		26		28
4.	Robbery	10		20		63		93
5.	Theft	33		39		95	6	173
6.	House breaking and stealing	41		32		70	1	144
7.	Possession of Dangerous Drugs	4		1		16	3	24
8.	Possession of Government Trophies	2				7		9
9.	Sexual offences	10	1	9		36		56
10.	Possession of Arms and Ammunition	6				6		12
11.	Wounding	10		7		19		36
12.	Arson	3				7		10
13.	Corruption							0
14.	Possession of illicit liquor	3						3
15.	Loitering	7		3		10		20
16.	Others	8	8	34	7	46	3	106
<b>TOTAL</b>		<b>157</b>	<b>10</b>	<b>187</b>	<b>10</b>	<b>460</b>	<b>20</b>	<b>844</b>

Source: Ministry of National Security and Protection 2006 (Prisons)

(f) *Reported cases of abuse and maltreatment of persons below eighteen occurred during their arrest and detention.*

**No case has been reported (2003 -2005)**

(g) *Persons under 18 tried and sentenced as adults*

**Refer to table ( b) under question 10(b) above.**

(h) *Persons below 18 years who have been saved their sentence, have been released and are involved in social reintegration programmes.*

Tanzania does not yet have social reintegration programmes for persons below 18 years who have been saved their sentences, and have been released.

## 11. Statistical data on special protection measures on the number of children:

- a. *Involved in sexual exploitation, including prostitution, pornography and trafficking and the number of children provided with access to recovery and other assistance;*

**Data not available**

- b. *Involved in substance abuse and the number of children who received treatment and rehabilitative assistance*

**Data not available**

- c. *Involved in child labour, indicating type of work*

According to the Integrated Labour force and Child Labour survey carried out by the Government in Tanzania Mainland 2000/01, out of an estimated total of 11.9 million children aged between 5-17 years, 4.7 million children are engaged in economic activities either on full time or in combination with both school and employment, and 1.2 million children are child labourers.

Under the Time Bound Programme, the Government has implemented targeted interventions in eleven districts to establish standards and examples and others to emulate. With the support of ILO/IPEC project phase 1, the Government has withdrawn from worst forms of child labour 11,541 (20%) out of 57,731 who were in worst forms of child labour in the 11 districts in 2003. In addition, 13,737 children have been prevented from getting into child labour representing 14% of the total number of 97,842 children who were at risk from getting into child labour in the 11 districts in 2003.

- d. *Children working in the street.*

These children are mainly engaged in petty businesses such as selling juice food, groundnuts, ice cream, cigarettes, and car washing. Such children are dealt with, under the child labour programme which is operating within the country.

## **B. GENERAL MEASURES OF IMPLEMENTATION**

This section provides information on activities meant to implement recommendations contained in the Committee's previous concluding observations on the initial report of the United Republic of Tanzania (CRC/C/15/Add. 156). The information involved is based on legislation; coordination; definition of the child; corporal punishment; administration of juvenile justice and other measures of implementation.

- a. *Legislation*

Taking into consideration the recommendations made by Law Reform Commission, the Government through the Ministry of Justice and Constitutional Affairs, formulated a committee to solicit public views on the amendment or repeal all discriminatory laws be it statutory or customary. Among the laws which are to be amended or repealed include, but not limited to, the Law of Marriage Act of 1971, the Adoption Ordinance Cap. 375, the Succession and Inheritance Laws, the Affiliation Ordinance Cap. 278, the Children and Young Persons Ordinance Cap. 13, the Customary Law (Declaration Order) of 1963, and the Probate and Administration Ordinance Cap. 445.



There is a political will to ensure that laws that protect children from sexual abuse, violence, exploitation, child labour and any other forms of discrimination are enacted. In order to have a single children's piece of legislation, the Government is now in the process of harmonizing all Acts related to children so as to safeguard their rights and welfare. Therefore a White Paper is being prepared to take into account views of the public in general before the Bill is tabled by the Parliament.

The exercise will commence in the next financial year 2006/07. This exercise will include a questionnaire on the need to have a specific legislation entitled "**The Children Law Act**". This legislation will be comprehensive and shall include constitutional and international standards on the rights of a child, including the CRC, the minimum age of criminal responsibility, marriage and employment.

**b. Coordination**

The government of the United Republic of Tanzania established the Children Development Department in 2003, in order to coordinate and monitor the implementation of Child Development Policy and all the international conventions relating to child's rights and welfare. However, in terms of budgetary allocations, the Ministry of Community Development Gender and Children is, at the moment, receiving very little funds which sometimes is very difficult to coordinate the implementation of children's rights.

Since its establishment, the Children Development Department has reviewed the Child Development Policy of 1996 to include HIV/AIDS pandemic, child participation, the right not to be discriminated and all other child's rights enshrined under the Constitution of the United Republic of Tanzania and in the Convention on the Rights of the Child. These important elements were not earlier included in the 1996 Policy.

**c. Definition of the child**

In Tanzania there are different sources of law with different definition of the child. Under the Customary, Islamic or Hindu Law, the age of majority is determined on the basis of attaining puberty. In the Statutory Law a child is defined according to the context. This means that in various legislation pertaining to the rights of a child, child is defined according to purpose and context of each legislation. It is clear that there is a need to harmonize the definition of a child and young person under Tanzanian law.

Some of the definitions are as follows:-

S/No	Legislation	Definition
1.	The Interpretation of Laws and General Clauses Act, No. 30 of 1972. <ul style="list-style-type: none"> <li>• The Age of Majority Ordinance Cap. 413.</li> <li>• The Age of Majority (Citizenship Law) Act. of 1970.</li> <li>• The Citizenship Ordinance Cap. 452.</li> </ul>	<ul style="list-style-type: none"> <li>- A "minor" is a person who has not attained the apparent "age of majority" that is 18 years.</li> <li>- A "minor" is a person who has not attained the apparent "age of majority" that is 18years.</li> <li>- A "minor" is a person who has not attained the apparent "age of majority" that is 18 years.</li> </ul>
2.	Children and Young Person Ordinance Cap. 13	<ul style="list-style-type: none"> <li>- A child is a person below 12 years.</li> <li>- A young person is person under 16 years.</li> </ul>

3.	The Primary School (Compulsory Enrolment and Attendance) Rule.	A “child” is the one who has attained the age of 7 years but not attained the age of 13.
4.	The Criminal Procedure Act of 1985	A “child” is a person under the age of 16 years.
5.	Juvenile Justice	A “child” is a person under the age of 16 years.
6.	The Penal Code Cap. 16	Exempts a person under the age of 10 years totally from criminal responsibility. For a person under the age of 12 she/he is criminally responsible if it has proved that at the time of committing the offence he/she has capacity of knowing that he/she was committing the offence.
7.	The Law of Marriage Act No. 5 of 1997.	A male can enter into marriage at the age of 18 years. A female can enter into marriage at the age of 15 years.
8.	The Evidence Act No. 6 of 1967	Defines a child of tender years as the one below the apparent age of 14 years.
9.	The Constitution of the United Republic of Tanzania of 1977 as amended	Person below 18 years are not allowed to vote.
10.	The Law of Contract Ordinance, Cap. 433.	Prohibit persons under 18 years to enter into contracts
11.	Defence Forces Regulations	Prohibit person under 18 years to be recruited with armed services

Currently there are different pieces of legislations that define a “child” differently as explained above. Some of the legislations recognize children as all persons under 18 years and some not. In order to harmonize the definitions on the “child” and to be in conformity with the UN standards, the Government is in the process of merging all pieces of legislations relating to children rights so as to have one definition of a “child”

In the Tanzanian context a “child” is a person below 18 years. This is supported by the Constitution of the United Republic of Tanzania, which states clearly that a person is entitled to vote or be voted if he or she is above 18 years of age, the Constitution therefore recognizes a child as a person under the age of 18 years.

The Law of Contract ([Cap 433](#)) allows person above the age of 18 years to enter into contract contrary to that, the contract is said to be null and void.

*d. Corporal punishment*

In Tanzania corporal punishment to children still exists. This is being administered under the Education Act Corporal Punishment Regulations (Control of Administration of Corporal Punishment in School) and the Corporal Punishment Ordinance Cap. 17.

Under the Education Act, corporal punishment means “punishing by striking a pupil on his or her hand or on his/her, normally in clothes, buttocks with a light flexible stick but excluding sticking a child with any other instrument or in any other part or the body. This punishment is only administered for serious breach of school regulations or grave offences. The Head teacher is the only person allowed to strike a pupil, but he/she can appoint another teacher to act in his/her behalf on his/her absence. Only four strokes are allowed per pupil at a time at schools.

Under the Corporal Punishment Ordinance Cap. 17 a juvenile is treated differently from an adult. Under this Ordinance; corporal punishment means whipping in the case of an adult and ‘canning’ in the case of a juvenile.

However, corporal punishment is still one of the types of punishments that a court can order against a person. However, law regulates the punishment (See Government Notice 74/1930 and Government Notice 76/1941). The regulation includes the size of a cane to be used. For juveniles, a lighter rattan cane that is free from knots is allowed. It shall not be less than one-quarter of an inch and not more than three-eighth of an inch in diameter and shall not exceed thirty-six inches in length. Accordingly, corporal punishment is adequately managed both by courts of law and in our situation relevant. Alternative punishments to corporal punishment do exist and are widely used. Corporal punishment is used in rare and peculiar situations where other punishments are inadequate or ineffective.

#### **Administration of Corporal Punishment Ordinance**

<b>Description of offence</b>	<b>Penalty</b>
Juvenile convicted with an offence at courts under the Penal Code and is not punishable with death or imprisonment.	Shall be liable for corporal punishment without any other punishment. <ul style="list-style-type: none"> <li>• Strokes not exceed 12.</li> </ul>
Adult convicted with an offence under the Corporal Punishment Ordinance Cap. 17.	Shall be liable to corporal punishment with, without any other punishment. <ul style="list-style-type: none"> <li>• Strokes not exceed 24.</li> </ul>

#### *e Administration of juvenile justice*

The Juvenile Justice system in Tanzania Mainland and Zanzibar falls under the larger system of administration of justice. It is structured along a double tier court system constituting the Court of Appeal of Tanzania, the High Court of Tanzania, the High Court of Zanzibar, Resident Magistrate’s Courts, Regional (Zanzibar), District and Primary Courts, Juvenile Courts, Kadhi’s Courts (Zanzibar) and Shehia Courts (Zanzibar). It is regulated by two legislation, **Children and Young Persons Act, Cap. 13** in Tanzania Mainland and the **Children and Young Persons Act** in Zanzibar which include hearing of such cases in camera. There are two main points to note. One, the law provides that juvenile courts must sit in different buildings, or on different days or different times from regular courts for adults and must be closed to the general public if the person charged before is below 16 years of age. Two, when a juvenile is charged jointly with an adult, the sitting must be in a separate buildings or rooms. There is a likelihood of violation of the principle of protection of child’s or young person’s privacy. A decision of the High Court in Dar es salaam in **Nguzo Vicking (Babu Seya) and three others, criminal Appeal No.84/2004** (unreported) in interpreting this provision was of the view that if the evidence of a child is adduced in proceedings conducted in camera that would be regular and in compliance with the law.

The juvenile system generally, the Tanzanian Criminal Procedure Act of 1985 and the Constitution of the United Republic of Tanzania, provide some protection to a person accused of a criminal offence, like the right to be defended in court through legal representative of his/her choice. The procedure of hearing juvenile cases is the same as other cases, except that children are given special priority such that child’s parents or guardian can attend in all proceedings.

According to Children and Young Persons Ordinance Cap. 13, juvenile court proceedings are supposed to be closed to the public. The only people allowed in the court room are the members and relatives of the accused child, officers of the court, parties to the case and their advocates and any other person that the court may authorize to attend during the proceedings.

In order to protect children who are brought before the juvenile courts from being subjected to fear, presiding magistrates, advocates, prosecutors and other court officers are required to dress casually, but smartly. They are also requested to address the matter in the language which children can understand.

The variety of correctional measures, including alternatives to institutional care are provided under the Children and Young Persons Ordinance. The magistrate will determine the sentence and its duration, usually following the recommendations of the Social Welfare or the Probation Officers in their investigation or pre-sentencing report.

## **2. Invoking CRC in Domestic Courts**

The survey undertaken by Commission for Human Rights and Good Governance (CHRGG) in the Juvenile Court did not establish any case decided in the reporting period where the CRC principles were referred to. Given the lack of regular centralized case reporting in Tanzania (the latest law reports being those of 1997); there could be such cases which could not be tracked as they are not reported. However, we need to take into consideration the fact that human rights law was for a long time only occasionally presented in Tanzanian Courts. This is partly due to the fact that human rights started to be offered as a course in Tanzanian universities in 2001. Consequently Human Rights litigation became a domain of few educated individuals. Litigation on children rights is done by children rights institutions, but in a limited scale as cases often depend in courts for a long time which makes litigation a difficult option for them.

## **3. The Commission for Human Rights and Good Governance (CHRGG)**

CHRGG is empowered under section 6 of Commission of Human Rights and Good Governance Act No. 7/2001 to receive, investigate and enquire into the complaints on violation of human rights and principles of good governance. The public at large is allowed and encouraged to submit their complaints without discrimination. The Commission receives individual complaints under section 15 of Act No. 7 of 2001 which states that:

- a. The Commission shall have power to investigate any human rights abuse or mal-administration on its own initiative or on receipt of complaint or allegation under this Act by:
  - (i) An aggrieved person acting in such persons own interest.
  - (ii) An association acting in the interest of its member or
  - (iii) A person acting in the interest of a group or class of person.

The Commission receives complaints through various sources, to wit:

- (i) From general public, children inclusive.
- (ii) Through visit and inspections of prisons and other detention facilities.
- (iii) Through media whereby incidences of child rights violation are reported.

Most of the reported incidences are in respect to corporal punishment, children imprisonment/ detention with adults in prison and police stations, rape, sodomy and other worst forms of child abuse.

*Availability of Resources***Human resources:**

In terms of resources, the Commission has a shortage of human resources. However the Commission presently is in the process of recruiting new staff..

- **Financial Resource:**

The Government of Tanzania is the main funder of the Commission. There are some developing partners helping the Commission such as DANIDA which assisted in the establishment of the Commission. UNICEF also assisted the Commission in different areas.

- **Constraints:**

The Commission has not yet established branch offices in region/zones, thus making it difficult to be accessed by citizens in remote areas of the country.

#### 4. **National Programme of Action**

The Outcome Document as contained in the United Nations General Assembly Special Session for Children (UNGASS) in 2002 provides a framework through which nations committed themselves to make the world fit for children. The Government of the United Republic of Tanzania prepared the National Plan of Action (NPA) as a monitoring framework of the implementation of the outcome document as well as the CRC. Furthermore, in order to address the multi-dimensional aspect of poverty, the Government has spelled out its commitment to reduce poverty through the National Strategy for Growth and Reduction of Poverty (NSGRP) 2005-2010. A multi-sectoral approach has been chosen to ensure that each sector addresses key aspects of poverty within the framework of NSGRP. It is within NSGRP strategies that national resources are budgeted and allocated to various actors including those that are of prime importance to children. Specific NSGRP targets and strategies addresses children and young peoples issues in areas of early childhood, primary and secondary education, HIV and AIDS, infant and child health, child nutrition, maternal health, water and sanitation, social protection, support to vulnerable groups, and child protection and rights.

#### 5. **Efforts for dissemination of the CRC and State party reports**

The Government has translated into Kiswahili (Tanzanian national language), and disseminated to the public the Convention on the Rights of the Child (CRC) and the two CRC Optional Protocols to the CRC for wider consumption. Also the State Party report of the second periodic report has been printed and distributed to Government ministries, institutions and non governmental organizations in the country.

Country wide televisions and radio stations air special programmes on children's rights related to the CRC provisions. The commemoration events of the Day of the African Child (DAC) and other national and international events such as the International Women's Day, the International Family Day and the International Female Genital Mutilation (FGM) Day, are used for educating the society on children's rights.

#### 6. **Awareness of CRC**

The subject of human rights and children rights are not part of school curriculum to date. However, the Ministry of Education and Vocational Training has mainstreamed children's rights education in the Child Friendly Schools Programme. The Ministry of Education and Vocational Training also produced a booklet on children's rights mainly for children both in

schools and out of school environments. The booklets have been distributed to all Child Friendly Schools and Complementary Basic Education Centres. The Government has embarked on community sensitization on children and human rights aiming at providing legal protection for the most vulnerable children in the communities. The community sensitization is done by the trained youths who are trained on children rights and human rights in general and other legal issues affecting children including child labour, juvenile justice, law of marriage, court system,. Currently this programme is implemented in 15 districts.

#### **7. Update information on cooperation**

The Government is cooperating with the international community in various activities. The international community is supporting programmes for the well being of Tanzanian children through the implementation of the National Strategy for Growth and Reduction of Poverty.

The Government has been involving NGOs in various activities for awareness raising on children rights, and the Ministry of Community Development Gender and Children had various forums with NGOs working for and with children. The Fourth Government of URT has placed the coordination and registration of NGOs under the mandate of the Ministry of Community Development Gender and Children.

#### **8. Issues affecting children state party considers to be priority education**

The Government is currently implementing the Primary Education Development Programme (PEDP), which seeks to ensure that every child of school going age is enrolled in schools and those who are beyond the compulsory enrolment age, are admitted to primary school under Complementary Basic Education (COBET). On completion of the specially designed three-year curriculum, they can re-enter school at Standard Five or proceed to secondary education or other post-primary opportunities or work, depending on their ages. A similar complementary curriculum aiming at assisting children to catch-up and re-enter the formal school system is being considered at the secondary school level.

#### *Child Protection*

The Government is determined to ensure that the orphaned children and those devoid of care and protection are taken care of by the communities through assistance of the State. The child vulnerability is addressed in the National Strategy for Growth and Reduction of Poverty (NSGRP). With the support from UNICEF, the Social Welfare Department is finalizing a Costed Most Vulnerable Children (MVC) Plan of Action which will define actual needs of the MVC. The cost involves providing minimum support for MVC household care and support, education, health care, social protection and security, and psychosocial support. Nevertheless, the fragmentation of responsibility regarding protection – between the Ministry of Community Development Gender and Children, the Ministry of Labour Employment and Youth, the Ministry of Health and Social Welfare and the Ministry of Education and Vocational Training provides a special challenge to existing co-ordination mechanisms. A proposal to establish a National Co-ordination body has been made, but has not yet been endorsed.

## **PART II**

The Government of the United Republic of Tanzania has translated the United Nations Convention on the Rights of the Child (CRC) , and it's Optional Protocols (Optional Protocol to the CRC on the Involvement of Children in Armed Conflict, and the Optional Protocol to the

CRC on the Sale of Children, Child Prostitution and Child Pornography) and the African Charter on the Rights and Welfare of the Child, into Swahili which is a national Tanzanian language. Copies of the text of the CRC are provided with this report.

### PART III

This part provide a brief up-to-date on the information provided in the last report in relation to new bills or enacted legislation; new institutions; newly implemented policies and newly implemented programmes and projects and their scope.

- *New bills or enacted legislation*

The Government enacted the Employment and Labour Relations Act. No. 6 of 1998 which provides protection of children from the Worst Forms of Child Labour. The Law complies with the Constitution of the United Republic of Tanzania and ILO Convention No. 138 of the minimum age of employment and No. 182 on the Elimination of the Worst Forms of Child Labour. The Law prohibits employing children in:-

- Worst forms of child labour under 18 years in mining, industries, ships, etc.
- Employment of night jobs such as security guards.

The Government has also drafted the *white paper* and the process has begun on the enactment of a Children Law. There is also a process to enact legislation on HIV and AIDS.

- *Newly implemented policies*

The National Disability Policy was adopted by the Government on 17<sup>th</sup> March, 2004. The Policy draws in the spirit of the standard rules on equalization of opportunities for persons with disabilities and covers *inter alia*:

- Awareness creation
- Information
- Health services
- Early intervention
- Technical Aids
- Education
- Skills training
- Employment
- Barrier free environment
- Care
- Community based rehabilitation
- Integration
- Recreation
- Disabled persons organization
- Disabled persons fund
- International cooperation
- 

The policy aims at the following outcomes:

- Coordination of the activities of various stakeholders for effective resource utilization and maximum impact to the target population.
- Provision of equal opportunities.
- Provision of an enabling environment for disabled persons to be self reliant.
- Provision of adequate resources for service delivery.

**THE ADDITIONAL INFORMATION ON THE SECOND PERIODIC REPORT ON THE  
IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD IN  
ZANZIBAR:**

**INTRODUCTION**

The additional report of the second implementation of periodic report on the CRC is for the improvement/up dating the second Report (CRC) Periodic Report for United Republic of Tanzania submitted in GENEVA 2003. This is to cater for the need of giving the valid information about the information the CRC for the period covering 2003 –2005/2006

**1) Number and percentage of children under 18 yrs old in Zanzibar.**

**TABLE NO. 1: THE TOTAL CHILDREN UNDER 18 YEARS IN ZANZIBAR BY AGE, SEX RURAL AND URBAN CATEGORIES.**

	TOTAL CHILDR EN	MAL E	FEMA LE	RURAL	URBAN				
				BOTH SEX	M	F	Both Sex	M	F
0-4	153,842	77,497	76,347	96,852	54,892	41,960	57,090	28,605	28,557
5-9	147,236	73,711	73,524	94,114	47,873	46,241	53,122	25,838	27,284
10-14	133,811	67,589	66,222	86,350	44,840	41,510	47,461	22,749	24,712
15-18	88,712	43,306	45,406	54,267	27,343	26,934	34,435	15,963	18,472
<b>TOTAL</b>	<b>523,602</b>	<b>262,103</b>	<b>261,499</b>	<b>331,583</b>	<b>168,948</b>	<b>151,145</b>	<b>192,108</b>	<b>93,155</b>	<b>99,025</b>

*Source: URT Population and Housing Census (2002) VOLII.*

Note : Total % of under 18 yrs children in Zanzibar is 54  
Total % of under 18 yrs children living in rural areas is 62.14  
Total % of girl children in Zanzibar is 49.0  
The Growth Rate is 3.1 per annum.



**TABLE NO. 2 : PERCENTAGE OF UNDER 18 YRS OLD CHILDREN IN ZANZIBAR BY AGE, SEX, RURAL AND URBAN CATEGORIES.**

	TOTAL CHILDREN	MALE	FEMALE	RURAL	URBAN				
					BOTH SEX	M	F	BOTH SEX	M
0-4	29,4	50.3	49.6	62.9	56.6	43.3	37.10	50.00	50.0
5-9	28.1	50.	49.9	63.9	50.8	49.	36.0	48.6	51.4
10-14	25.5	50.5	49.	64.5	51.9	49.6	35.	47.9	52.
15-18	16.9	48.8	51	61.2	50.4	45.5	38.8	46.4	53.6
<b>TOTAL</b>	<b>100</b>	<b>50.</b>	<b>49.9</b>	<b>63.</b>	<b>50.9</b>	<b>45.5</b>	<b>36.6</b>	<b>48.5</b>	<b>51.5</b>

Source: URT Population and Housing census (2002)VOL.II

## 2) Budgetary allocations in key child related sectors.

**TABLE NO. 3: BUDGET ALLOCATIONS TO CSPD PROGRAMME IN ZANZIBAR.**

YEAR	FOREIGN GRANTS	SMZ	TOTAL
2003/2004	86,000,000	40,000,000	126,000,000
2004/2005	86,000,000	25,520,000	111,520,000
2005/2006	86,000,000	22,970,000	108,970,000

Source: Ministry of Finance and Economic Affairs (CSPD UNIT) 2006.

Note: Budgetary allocation under key sectors categories such as Education Health and water are not available due to time limit in the preparation of this informative report.

## 3) Number of children of children.

- a) Separated from then parents (from 2003 – 2005)
- b) Living in institutions from (2003 – 2005)
- c) Adopted domestically or through inter country adoption.

Note: These categories (a,b,c) do not exist in Zanzibar.

4) **Child with Disabilities****TABLE NO. 4: NUMBER OF CHILDREN WITH DISABILITIES BY RURAL AND URBAN CATEGORIES.**

CHARACTERISTICS		TOTAL	RURAL	URBAN
Dumb/Hearing Impaired		19.17	21.03	16.03
	Male	15.82	17.92	12.28
	Female	23.08	24.65	20.42
Albino		1.10	0.97	1.32
	Male	1.04	0.89	1.29
	Female	1.17	1.07	1.35
Mentally Handicapped		17.00	15.40	19.71
	Male	17.87	15.47	21.90
	Female	16.00	15.32	17.14
Multiple Handicapped		9.46	10.52	7.66
	Male	9.17	10.38	7.14
	Female	9.80	10.69	8.28

Source: MLYWCD 2005.

5) **Rates of infant and child mortality (from 2003-2005) (not available)**i) **Rates of immunization.**(i) **TABLE NO. 5: RATES OF IMMUNIZATION (2003 -2005)**

Vaccine	2003	2004	2005
BCG	121	128.0	128.0
OPVO	42.3	51.03	52.01
DPT Hep	82.2	89.0	89.2
Measles	92	90.0	91.0
OPV3	75.6	88.0	89.0
TT2+	70.4	73.0	80.3

Source : MOHSW – Zanzibar.

(ii) **TABLE NO. 6: DORPOUT RATE (DPT – HB – DPT HB 3) (2000 – 2005)**

YEARS	BCC	MEASLES	DROPOUT RATE%
2000	30,871	29,645	4.0
2001	33,671	31,294	7.1
2002	32,789	29,005	11.5
2003	35,977	33,417	7.1
2004	38,310	37,222	2.8
2005	89,50	8,611	3.3

Source: MOHSW, 2005.

**(iii) TABLE NO. 7: DROPUT RATE (BCG Measles) (2000 –2005)**

YEAR	BCG	(MEASLES)	DROPUT RATE
2000	36,008	33,540	6.9
2001	41,161	31,399	23.,7
2002	40,988	30,547	25.5
2003	49,490	37,405	24.4
2004	41,385	29,423	28.9
2005	12.361	10,431	15.6

Source: MOHSW, 2005

6. Adolescent health, early pregnancy and sexually transmitted infections (STIs) including HIV/AIDS

**TABLE NO. 8: NUMBER OF TEENAGE PREGNANCIES RECORDED, (2002-2005):**

DISTINCT	TEENAGE PREGNANCIES			
	2002	2003	2004	2005
Urban	13	1	14	4
West	12	9	7	8
North "A"	1	-	-	1
North "B"	1	1	7	5
Central	18	13	11	18
South	7	6	10	6
Micheweni	2	2	3	1
Wete	7	19	3	4
Chake chake	5	8	15	4
Mkoani	8	8	2	5
<b>Zanzibar</b>	<b>74</b>	<b>67</b>	<b>70</b>	<b>56</b>

Source: Ministry of Education and Vocational Training 2005.

## 7. Girls expelled from school due to early marriage and teenage pregnancies

Teenage pregnancies and early marriage are some of the problems that affect girls' education in Zanzibar school. To reduce the problem the Ministry of Education and Vocational Training in collaboration with UNICEF, UNFPA, Save the Children and AYA provide life skills to in-school and out-school youth through clubs and peer learning programmes however the problem still exists in many schools both in Urban and rural areas.

**TABLE NO. 9: GIRLS EXPELLED FROM SCHOOLS DUE TO TEENAGE PREGNANCIES AND EARLY MARRIAGES 2002- 2005:**

DISTRICT	TEENAGE PREGNANCIES				EARLY MARRIAGE			
	2002	2003	2004	2005	2002	2003	2004	2005
Urban	13	1	4	2	9	-	2	2
West	12	9	5	7	3	-	1	1
North "A"	1	-	-	1	-	1	-	-
North "B"	1	1	4	2	1	2	1	-
Central	18	13	9	17	6	7	12	1
South	7	6	8	6	-	2	-	2
Micheweni	2	2	2	1	2	15	2	7
Wete	7	14	2	4	13	28	7	16
Chakechake	5	5	6	1	12	13	15	8
Mkoani	8	5	1	4	3	6	10	18
<b>Zanzibar</b>	<b>74</b>	<b>56</b>	<b>41</b>	<b>45</b>	<b>49</b>	<b>74</b>	<b>50</b>	<b>56</b>

*Source: Ministry of Education and Vocational Training, 2005.*

#### 8. Number of reported Child abuses. (2000 – 2005).

**TABLE NO. 10: PROBLEM REPORTED IN THE MYWCD**

PROBLEM	2001		2002		2003		2004		2005		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F
Raping	9	18	2	8	9	56	9	56	5	28	34	166
Drug abuse	1	0	3	1	8	2	8	2	-	-	20	5
Earls Pregnancy	0	11	0	7	0	29	0	29	-	11	0	76
Abandoned Children	1	4	11	10	77	76	66	57	36	72	194	2199
Physical attack	2	0	0	0	8	0	3	-	7	-	13	7
Family conflicts.	-	-	-	-	-	-	7	20	20	16	27	36
Total reported cases per year	50		42		266		262		195		815	

*Source: MYEWCD, 2005.*

#### Proportion of adolescence treated for ST1 and tested for HIV.

So far there is no systematic checking of HIV among adolescence but he few who have been tested and disturbing number have been found to be positive. Record also shows that there are adolescence who have been treated with STI some of them are still in school. This is no surprising since studies have indicated that adolescence are highly involved in sexual practices which are the main cause of HIV and STI infections.

**9. Rates of Literacy Below and Over 18 yrs. (i) and (ii).**

The Zanzibar Education Master Plan (ZEMAP) (1996 – 2006) target is to increase adult literacy rate from 61% in 2000 to about 85% by the year 2006 at annual rate of 5% increase. According to the 2002 Population and Housing Census, the literacy rate (15years by and above) in Zanzibar is estimated at around 71%. However, illiteracy is more pronounced among women especially in rural areas compared to men. By the year 2005 there were 45.5 adult literacy classes with a total population of 7,545 of whom 5,471 (72.5%) were females.

**(i) TABLE NO. 11: LITERACY RATE (15YEARS AND ABOVE)**

DISTRICT	LITERACY RATE (15YEARS AND ABOVE)		
	MALE	FEMALE	TOTAL
Urban	92.1	82.9	87.3
West	89.3	78.8	83.9
North "A"	59.8	41.2	49.6
North "B"	75.9	59.8	67.7
Central	83.1	70.4	76.8
South	88.0	74.9	80.9
Micheweni	52.5	32.8	41.8
Wete	72.0	51.3	60.8
Chakechake	70.5	51.3	41.8
Mkoani	66.2	52.0	58.4
<i>Zanzibar</i>	<b>78.7</b>	<b>64.4</b>	<b>71.1</b>

*Source: Ministry of Education and Vocational Training, 2005*

**(ii) TABLE NO. 12: PERCENTAGE LITERACY BY AGE CATEGORIES (4 – 19 AGE GROUP AND ABOVE 19).**

	LITERATE	ILLITERATE	TOTAL %LITERATE	
<b>Total</b>	<b>526954</b>	<b>282998</b>	<b>809952</b>	<b>65.1</b>
4-9	37869	106204	144073	26.3
10-14	110185	23108	133292	82.7
20-24	91709	14564	86391	83.1
25-29	60011	16674	60761	78.3
30-34	46797	13964	60761	77.0
35-39	37440	13769	51209	73.1
40-44	25954	13597	39551	65.6
45-49	16317	11150	27467	59.4
50-54	11540	13977	25488	45.3
55-59	6331	8587	14918	42.4
60-64	4768	11216	15984	29.8
65-69	2411	6650	9061	26.6
70-74	1980	7311	9791	21.3

75-79	760	3300	4061	18.7
80+	1052	5466	6518	16.1
<b>Age 4-19</b>	<b>239763</b>	<b>14803</b>	<b>382565</b>	<b>62.7</b>
<b>19+</b>	<b>287188</b>	<b>140195</b>	<b>427385</b>	<b>867.2</b>

Source: MOEVT, 2005.

#### 10. Pupil – Classroom Ratio.

One of the setbacks that affect the quality of education is overcrowding classrooms especially at basic education level. Overcrowding hinders teachers application of active learning approaches. The Ministry of Education and Vocational Training has introduced a programme of large class teaching where two or more teachers are engaged in one class. While the programme helps to maintain discipline, it has not so far improve learning as the concept is new to teachers and most of the teachers have not received any training in large class teaching.

**TABLE NO. 13: PUPIL – CLASSROOM RATIO (2002-2005).**

DISTRICT	2002	2003	2004	2005
Urban	76	80	82	75
West	94	91	76	79
North “A”	101	98	95	83
North “B”	91	96	87	85
Central	70	64	62	51
South	42	46	42	39
Micheweni	106	76	89	79
Wete	89	87	79	81
Chakechake	94	87	81	84
Mkoani	88	82	79	82
<i>Zanzibar</i>	<b>84</b>	<b>81</b>	<b>77</b>	<b>74</b>

Source: MOEVT, 2005.

## 11. Rate of enrolment in Pre primary schools, primary schools, and in secondary schools.

### i) Pre-primary education.

Pre-primary education is by policy left to the private sector. The government has established very few pre-school in every district as model schools and also provides guidelines to run these

schools. Currently, there are 205 schools provide pre-primary education. These include 25 government and 180 privately owned schools of which 70 are community based Madrassa initiated by the Aga Khan Foundation. The whole sub-sector has a population of 18,538 of which 14,744 are enrolled in the private sector and 3,794 are enrolled in government schools. The pre-primary education is a fast growing sector by infrastructure. The number of schools providing pre-primary education has increased from 139 in 2002 to 205 in 2005. This is an increase of 66 schools equivalent to 47.5 percent however the enrolment at this level is only 15.9% of the children who are supposed to be at this level. Table 1 below shows Gross Enrolment rate (GER) by district and gender from the year 2002 to 2005.

**i) TABLE NO. 14: ENROLMENT RATE AT PRE-PRIMARY BY DISTRICT AND GENDER, 2002-2005**

DISTRICT	2002			2003			2004			2005		
	M	F	T	M	F	T	M	F	T	M	F	T
Urban	29.1	29.6	29.4	28.4	29.1	29.1	26.9	28.1	27.5	28.0	27.8	27.9
West	41.3	40.3	40.8	50.6	50.6	50.6	49.7	48.8	49.2	58.3	53.8	56.0
North 'A'	2.5	2.6	2.5	2.7	2.7	2.7	1.7	1.6	1.7	3.2	3.3	3.2
North 'B'	7.2	7.3	7.3	5.7	5.3	5.5	3.7	3.0	3.4	6.1	4.8	5.4
Central	10.6	14.0	12.3	9.0	9.0	9.0	10.3	11.4	10.9	15.4	16.5	15.9
South	12.8	12.6	12.7	11.4	11.4	11.4	13.3	14.2	13.7	18.6	20.3	19.5
Micheweni	1.2	1.4	1.3	2.6	2.6	2.6	1.1	1.1	1.1	3.4	3.3	3.3
Wete	8.2	7.7	7.9	7.1	6.4	6.7	5.9	5.5	5.7	7.0	7.1	7.0
Chake Chake	5.0	5.3	5.1	5.7	7.1	6.4	5.7	6.4	6.0	7.7	7.8	7.8
Mkoani	3.5	4.2	3.9	5.0	6.0	5.5	5.3	5.1	5.2	6.2	6.2	6.2
<b>Zanzibar</b>	<b>13.8</b>	<b>14.2</b>	<b>14.0</b>	<b>14.3</b>	<b>14.8</b>	<b>14.6</b>	<b>13.6</b>	<b>13.9</b>	<b>13.8</b>	<b>16.0</b>	<b>15.7</b>	<b>15.9</b>

Source: MOEVT, 2005

### ii) Primary education.

About 70% of the school population is at this level which encompasses children of age 7-13 years (formative age). The level has been constantly expanding in both infrastructure and enrolment. For example, in the year 2003 there were 195 schools offering primary education with 98.1% gross enrolment rate and in the year 2005 the number increased to 245 schools with 101.3%, in contrast to the pre-primary level, the primary level education is mostly provided by

public schools with 96.5% of the primary level population enrollment. Due to increase number of pupils at this level, most school run in double shift except those in South district.

**(ii) TABLE NO. 15: ENROLMENT RATE AT PRIMARY BY DISTRICT AND GENDER, 2002-2005.**

DISTRICT	2002			2003			2004			2005			
	M	F	T	M	F	T	M	F	T	M	F	T	
Urban	87.9	84.0	85.8	85.4	82.7	84.0	84.5	81.7	83.0	84.5	83.4	84.0	
West	242.6	255.2	248.9	255.2	271.2	263.1	84.5	288.5	278.6	283.0	310.4	296.6	
North 'A'	109.6	95.7	12.5	107.7	98.8	103.1	268.9	100.7	104.6	105.3	99.0	102.1	
North 'B'	80.8	79.1	80.0	79.6	79.5	79.6	108.7	80.1	80.6	81.4	83.9	82.6	
Central	98.5	101.1	99.7	94.5	98.4	96.4	81.1	98.9	97.6	92.1	94.7	93.4	
South	88.9	81.5	85.1	89.0	79.3	84.0	96.4	79.1	82.7	80.9	74.3	77.6	
Micheweni	78.6	69.6	74.2	79.7	74.1	77.0	86.4	75.7	80.0	84.1	78.7	81.4	
Wete	78.9	79.5	79.2	79.3	79.7	79.5	84.2	81.5	80.0	79.0	80.8	79.8	
Chake Chake	95.7	89.6	92.6	96.8	91.8	94.3	78.6	90.9	92.5	92.2	89.0	90.6	
Mkoani	83.7	78.9	81.3	86.3	81.5	83.9	94.2	79.9	8.22	87.6	82.0	84.8	
Zanzibar	99.8	96.4	98.1	100.1	98.1	99.1	84.5	99.5	100.3	101.4	101.3	101.3	

Source: MOEVT, 2005

### iii) Secondary Education

Secondary education is provided through two systems determined by the national Standard 7 examination performance. The first system is for those who qualify to go to biased secondary schools for four un-interrupted years leading to O-level Examination followed by two years of higher secondary examination.

The second system is for those who are not selected to go to biased schools, they enter ordinary secondary school which is characterized by three cycles namely, first lower secondary (OSC-From II), the second lower secondary (From III-IV) and higher secondary (From V-VI).

The enrolment for boys at this level in the first three years is higher than that of girls but in 2005 the enrolment of girls is much higher than that of boys. This is due to Ministry's own efforts to increase the participation of girls and also due to campaigns by organization such as UNCIEF and FAWE to support girl's education. However, at higher secondary level. The enrolment of Girls decline as shown in Table 5a) and Table 5b) below.



**(iii) TABLE NO. 16: ENROLMENT AT SECONDARY LEVEL BY SEX, 2002- 2005**

YEARS	SEX CATEGORIES		
	M	F	TOTAL
2002	23,281	22,747 (49.4%)	46,028
2003	25,302	25,109(49.8%)	50,411
2004	28,336	27,856(49.6%)	56,192
2005	29.579	34,421(53.8)	64.000

Source: MOEVT Statistical Abstract, 2002 – 2005

**iv) Alternative Education**

A good number of school aged Children do not attend school either through drop or being never enrolled. There are a number of reasons attributed to this situation which include early marriages teenage pregnancies, lack of parent's awareness on importance of education, poverty and many others. Currently (2005), it is estimate that 20% percent of primary school children are out of school and about 25% of cohort of Children drop out before competing the basic education cycle.

Alternative education programme have been introduced to give the Children opportunity to learn. However, participation of girls at this programme is not satisfactory as indicate in Table 6 below.

**(iv) TABLE NO. 17: ENROLEMENT IN ALTERNATIVE EDUCATION BY SEX, 2002-2005.**

YEAR	NO. OF CENTRES	ENROLMENT		
		M	F	T
2002	4	247(79.7%)	63(20.3%)	310
2003	8	240(72.1%)	93(27.9%)	333
2004	11	279(72.8%)	104(27.2%)	383
2005	12	328(80.6%)	79(19.4%)	407

Source: MOEVT Statistical Abstract, 2005

**TABLE NO. 18: PUPIL-TEACHER RATIO BY DISTRICT, (2002-2005).**

District	2002	2003	2004	2005
Urban	27	28	28	24
West	30	32	30	28
North "A"	44	45	35	29
North 'B'	31	30	27	23
Central	27	28	26	23
South	29	31	28	25
Micheweni	44	46	46	43
Wete	33	34	33	32
Chake chake	34	32	33	30
Mkoani	31	31	31	32
<b>Zanzibar</b>	<b>31</b>	<b>32</b>	<b>31</b>	<b>28</b>

*Source: Ministry of education and Vocational Training*

**Statistical Abstract, 2005**

**12. Children and Youth infected by HIV/AIDS.**

**TABLE NO. 19: NUMBER OF ADOLESCENTS TESTED FOR HIV AND TREATED FOR STI, (2003-2005)**

YEAR	Number of Adolescent tested for HIV/AIDS				No. of Adolescent treated for STI	
	Tested		Positive			
	M	F	M	F	M	F
2003	157	91	3	5	5	33
2004	224	176	2	3	-	-
2005	201	277	3	7	-	-
<b>Total</b>	<b>582</b>	<b>544</b>	<b>8</b>	<b>15</b>	<b>5</b>	<b>33</b>

*Source: MEDICOSDELMUNDO, 2005*

In spite of the efforts taken by different governmental and non-government organization in educating youths on the consequences of teenage pregnancies, still the number of teenage pregnant girls is a alarming both in Urban and rural areas. The effective solution to this problem is to increase life skills training among girls themselves and there parents and to make schools and communities less conducive to sexual practices.

**13. Persons Below 18 years who have Allegedly Committed a Crime Reported to the Police.**

**TABLE NO. 20: CASES REPORTED TO THE POLICE (2003-2006).**

YEAR	TOTAL CASES	FEMALE	MALE
2003	128	13	126
2004	106	11	107
2005	53	5	59
2006	9	-	11
<b>TOTAL</b>	<b>296</b>	<b>29</b>	<b>303</b>

*Source: DPT of SW, 2006*

**14. Number of Children Below 18 yrs Who have Been Charged With a Crime.**

**TABLE NO. 21: CHILDREN BELOW 18YRS WHO HAVE BEEN CHARGED WITH A CRIME (2003-2005).**

YEAR	TOTAL CASES	TYPE OF CRIME						
		M	F	DRUGS	ASANLT	FRAUD	CONICTED	WITHDRAWN
2003	128	120	8	24	6	1	5	92
2004	107	90	17	12	18	24	3	50
2005	53	50	3	14	2	1	6	20
<b>TOTAL</b>	<b>288</b>	<b>260</b>	<b>28</b>	<b>50</b>	<b>26</b>	<b>26</b>	<b>14</b>	<b>162</b>

*Source: High Court of Zanzibar, 2005.*

15. National programme of Action which takes into account the objectives and goals of the out come document "A world Fit for Children" is still in pipeline.
16. Zanzibar is now in the process to disseminate the convention to the grass not level. The dissemination was proceeded by harmonization, (domestication) and interpretation of the document into simple local language.
17. There is on going training s on the convention across all districts of Zanzibar which are run concomitantly with the dissemination exercise. The target groups are children youth and the local community at shehia level.
18. Up dated information on the cooperation between the state party and the international community including non-governmental organizations.

There is good cooperation between government of Zanzibar and International and local NGO, such as UNICEF, Save the Children Fund, Medicos Delmundo, Africare, Actions Aid etc. Agakhan Foundation etc in efforts to implement the convention.

19. The issues that affect children Zanzibar considers to be priorities include education, health, water and environmental sanitation, social unrest, poverty, legal matters and social injustice.
20. Update the information provided in regard to:-
  - **New or enacted legislation.**
    - Employment Act No. 11/2005 which strictly protects children from being employed.
    - Protection of sprinters and single parent Act No. 4/2005 which protects the right to education of a girl student who become pregnant. The law allows a girl child to continue schooling after birth instead of being chased from school.
    - The government has also repented the education Act No. 6/86 which was more exploitative to school children especially girls whom become pregnant. Traditionally, these girls were being chased from school.
  - **New implemented policies.**
    - Education policy (revised – 2004) and made more child friendly and desirably. The policy has adopted issues such as compulsory pre-primary schools, has made the time of graduate for basic education and low secondary education shorter than earlier.
      - ie, 2 years for pre-primary.
      - 6 years for primary.
      - 2 years for low secondary.
      - 2 years for A level.
      - 3 years for University.
    - Water policy (2003) which encourages the spirit of cost-sharing to make the service more sustainable and efficient for the betterment of future generation.
    - Policy for people with disabilities (2003) now it is place after being missed for years the policy struggle to equate the rights of the people with disabilities, finish the problem of stigmatization and poor attitude among the society to disabled people.
    - Health policy (revised – 2005/2006). The policy now adopts cost sharing system to make the health services and facilities more adequate and desirable to the people.
    - National Guidelines on the Elimination of child labour which is community based has been developed and it is in the operational.

21. Non discrimination in general and particular discrimination against girls, children with disabilities.
- Inclusive Education Programme has been launched in Zanzibar and it is in operational.
  - District based committees for disabled children have been formed. Five out of ten Zanzibar districts have been covered.

**TABLE NO. 22: DISTRICT BASED COMMITTEES FOR DISABLED CHILDREN**

NO.	DISTRICT	NUMBER OF COMMITTEES/DISTRIT
1.	North 'A'	2
2.	Central	3
3.	Chake Chake	4
4.	Wete	4
5.	Micheweni	2

Source : UWZ 2005

22. Measures taken to eliminate the disparities between various parts of the United Republic in particular between Tanzania Mainland and the Island of Zanzibar.
- Special Ministry for Union matters has been established.
23. Special TV and Radio children owned programmes have been established of which children use to express their view to the public. These programmes are organized and run by children themselves.
- Children enjoy their rights of freedom and association by forming their clubs and councils through which child participation and involvement opportunities in issues that affect their life are expanded and encouraged.
24. Corporal punishment in Zanzibar especially in school has started to be discouraged. Pilot programme in some schools to abolish this kind of punishment is being run by the Ministry of Education and Vocational Training. Though, it will take long to finish this behavior in society as regard to the cultural practices.
25. Protection of children who are in need of alternative care including the support of care institutions.

**TABLE NO. 23: NUTRITIONAL SUPPORT FOR THE FAMILIES/MOTHERS GET TWINS BIRTHS (2003 -2006).**

YEAR	NO OF BIRTHS	GIRLS	%	BOYS	%	TOTAL	%
2003/2004	9	15		8		23	
2004/2005	6	9		5		14	

2005/2006	3	5		7		12	
<b>TOTAL</b>	<b>18</b>	<b>29</b>		<b>20</b>		<b>49</b>	

Source ; MOHSW, 2006.

**Note: This support resists for 2 years period of breast feeding.**

26. Total Children in Care institutions (2003 - 2005)

**i) TABLE NO. 24: FORODHANI CHILDREN HOUSE**

YEAR	MALE	FEMALE	TOTAL
2003	18	16	34
2004	17	15	32
2005	19	21	40
<b>Total</b>	<b>54</b>	<b>52</b>	<b>106</b>

Source: DPT OF SOCIAL WELFARE: 2005

**ii) TABLE NO. 25: CHILDREN TAKEN CARE IN SOS VILLAGE**

YEAR	MALE	FEMALE	TOTAL
2003	75	44	119
2004	85	52	137
2005	88	63	151
<b>TOTAL</b>	<b>248</b>	<b>159</b>	<b>407</b>

Source: DPT OF SOCIAL WELFARE: 2005.

**iii) TABLE NO. 26: CHILDREN TAKEN CARE UNDER AFRICA MUSLIM AGENCY (AMA). UNGUJA.**

YEAR	MALE	FEMALE	TOTAL
2003	57	-	57
2004	57	-	57
2005	50	-	50
<b>TOTAL</b>	<b>164</b>	<b>0</b>	<b>164</b>

Source: DPT OF SOCIAL WELFARE: 2005.

**iii) PEMBA (CHAKE CHAKE).**

YEAR	MALE	FEMALE	TOTAL
2003	59	-	59
2004	56	-	56
2005	56	-	56
<b>TOTAL</b>	<b>171</b>	<b>0</b>	<b>171</b>

Source: DPT OF SOCIAL WELFARE: 2005

**Note: In this recent Africa Muslim Agency Does not own Houses for female Children though it works on to own.**

**GAPS:** Inadequate time for data collection was among the key setbacks during the preparation of this informative Report. Due to this constrain some areas could have not been covered, though the required information at those particular areas are available in responsible organizations. Either, some information good have not been gathered and reported as per the given instructions due to the fact that such categories do not exist in Zanzibar. Areas which could have not been covered are :-

- 1) Budgetary allocations in key child related sectors by sector categories.
- 2) Rates of infant and child mortality (from 2003-2005).
- 3) Rate of Malnutrition.
- 4) Number and proportion of child victims that have received counseling and assistance in recovery.
- 5) Number of children living below the poverty line.
- 6) % of children completing primary and secondary education.
- 7) Number and percentage of drop-outs and repetitions.
- 8) Detention facilities for persons below 18yrs in conflict with law and their capacity.
- 9) Person below 18yrs kept in pretrial detention and the average length their detention.
- 10) Reported cases of abuse and maltreatment of persons below 18yrs accrued during their arrest and detention.

