



**Convention on the  
Rights of the Child**

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**COMMITTEE ON THE RIGHTS OF THE CHILD**

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES  
UNDER ARTICLE 44 OF THE CONVENTION**

**Second periodic reports of States parties due in 2004**

**UNITED REPUBLIC OF TANZANIA\* \*\***

[20 October 2004]

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\* For the initial report submitted by the Government of the United Republic of Tanzania, see CRC/C/8/Add.14/Rev.1; for its consideration by the Committee, see documents CRC/C/SR.713, 714 and 721 and CRC/C/15/Add.156.

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## Foreword

The process of preparing the country second periodic report on the implementation of the Convention on the Rights of the Child (1998 – 2003) has taken into account inputs from a wide range of key stakeholders through workshops and consultative meetings. Stakeholders include Government Ministries, Non-Governmental Organizations (NGOs) and notably children through their schools. Tanzania Movement for and with Children (TMC), Junior Council of the United Republic of Tanzania and institutions dealing with children in need of special protection.

The Ministry of Community Development Gender and Children (MCDGC) and the Ministry of Youth, Employment, Women and Children Development (MYEWD) in Zanzibar which have been coordinating the preparation process wish to acknowledge the support of NGOs and Development Partners who in one way or another have contributed to the completion of this report. Special thanks goes to Ministry of Justice and Constitutional Affairs, Ministry of Home Affairs specifically departments of Prison and Refugees, Prime Minister's Office and Vice President's office. Others are Ministry of Agriculture and Food Security, Ministry of Labour Youth Development and Sports, Ministry of Water and Livestock Development, the Office of the Administrator General and Ministries of the Revolutionary Government of Zanzibar. The Ministry also acknowledges the contribution of the following International Organizations and NGOs. The United Nations Children's Fund (UNICEF), International Labour Organization (ILO) and NGOs namely National Network of Organizations Working with children (NNOC), *Kuleana*, *Kiota* Women's Health and Development Organization (KIWOHEDE) Youth Cultural and Information Centre (YCIC), Zanzibar Association of Organizations working with Children (ZACA) and *Amani* Early Childhood, Care and Development.

The MCDGC and MYEWCD wish to express sincere appreciation to UNICEF for financial and technical assistance provided for the preparation process.

**Abbreviations and acronyms**

ACRWC	African Charter on the Rights and Welfare of the Child
AFFC	Africa Fit for Children
ANC	Antenatal Clinic
BCC	Basic Certificate Course in Community Development
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
CBMIS	Community Based Management Information System
CBRP	Community Based Rehabilitation Programme
CDP	Child Development Policy
CDTI	Community Development Training Institute
CECAFA	Council for East and Central African Football Associations
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CFS	Child Friendly School
CHRGG	Commission for Human Rights and Good Governance
COBET	Complementary Basic Education in Tanzania
CRC	Convention on the Rights of the Child
CSEC	Commercial Sexual Exploitation of Children
CSPD	Child Survival, Protection and Development
CTP	Children's Theatre Project
DAC	Day of the African Child
DANIDA	Danish International Development Agency
DAWASA	Dar es Salaam Water Supply Authority
DMT	District Management Teams

DSS	District Surveillance System
ECED	Early Childhood Education and Development
EPI	Expanded Programme on Immunisation
ERP	Economic Recovery Programme
ESDP	Education Sector Development Programme
ESR	Education for Self Reliance
FAWE	Forum for African Women Educationalists
FGM	Female Genital Mutilation
GDP	Gross Domestic Product
GENPROM	Gender Promotion
GER	Gross Enrolment Rate
GMP	Growth Monitoring Project
GoT	Government of Tanzania
HBS	Household Budget Survey
HIPC	Highly Indebted Poor Countries
IDB	Islamic Development Bank
IDD	Iodine Deficiency Disorders
ILFS	Integrated Labour Force Survey
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
IPEC	International Programme for the Elimination of Child Labour
IWD	International Women's Day
KCMC	Kilimanjaro Christian Medical Centre
<i>Kiota</i>	A Swahili word meaning

<i>Kuleana</i>	A Tanzania NGO dealing with children's rights
LBW	Low Birth Weight
LDC	Least Developed Countries
LRC	Law Reform Commission
MCDGC	Ministry of Community Development, Gender and Children (URT)
MCH	Maternal Child Health
MEES	Moral Ethics and Environmental Studies
MDG	Millennium Development Goals
MYEWCD	Ministry of Youth Employment, Women and Children Development (Zanzibar)
MLYDS	Ministry of Labour, Youth Development and Sports (URT)
MOEC	Ministry of Education and Culture (URT)
MOH	Ministry of Health (URT)
MOHSW	Ministry of Health and Social Welfare (Zanzibar)
MOI	Mohimbili Orthopaedic Institute
<i>MTAA</i>	Lowest level of local government in urban areas in Tanzania Mainland
MTCT	Mother To Child Transmission
MVC	Most Vulnerable Children
NACP	National Aids Control Programme
<i>Nane Nane Day</i>	National Farmers' Day
NCRC	National Child Rights Committee
NER	Net Enrolment Rate
NGO	Non-Governmental Organisation
NISCC	National Inter-Sectoral Coordination Committee
NPA	National Plan of Action

PEDP	Primary Education Development Programme
PEM	Protein Energy Malnutrition
PER	Public Expenditure Review
PHAST	Participatory Hygiene and Sanitation Transformation
PMS	Poverty Monitoring System
PMTCTP	Prevention of Mother to Child Transmission Programme
PRS	Poverty Reduction Strategy
PSI	Population Services International
RCHS	Reproductive and Child Health Services
SADC	Southern Africa Development Community
SAP	Structural Adjustment Programme
<i>Shehia</i>	Lowest level of local government in Zanzibar
SOSPA	Special Offences (Special Provisions) Act, 1998
TACAIDS	Tanzania Commission on AIDS
TAMWA	Tanzania Media Women's Association
TAS	Tanzania Assistance Strategy
TAWLA	Tanzania Women Lawyers' Association
TBP-EWFCL	Time-Bound Programme on the Elimination of the Worst Forms of Child Labour
TCDC	Training Centre for Development Cooperation
TFNC	Tanzania Food and Nutrition Centre
TGNP	Tanzania Gender Networking Programme
TMC	Tanzania Movement for and with Children
TOT	Training of Trainers
TRCHS	Tanzania Reproductive and Child Health Survey

TRCS	Tanzania Red Cross Society
TSED	Tanzania Socio-Economic Database
TTC	Teachers' Training College
U5MR	Under Five-Mortality Rate
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session on Children
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
URT	United Republic of Tanzania
VAD	Vitamin "A" Deficiency
VCCT	Voluntary Confidential Counsel and Testing for HIV
WFFC	World Fit for Children
WHO	World Health Organization
ZAC	Zanzibar AIDS Commission
ZACA	Zanzibar Association for Child Advancement
ZAD	Zanzibar Association of the Disabled
ZANAB	Zanzibar National Association for the Blind
ZAMPH	Zanzibar Association of Parents of Children with a Mental Handicap
ZAUC	Zanzibar AIDS Unit Control
ZAYADESCA	Zanzibar Youth Advancement for Development, Education, Sanitation
ZEMAP	Zanzibar Education Master Plan
ZFA	Zanzibar Football Association
ZYF	Zanzibar Youth Forum



## **Introduction**

### **Background Information**

1. Tanzania submitted its revised initial report on the implementation of CRC in 1998, which was adopted by the United Nations Committee on the Rights of the Child in October 1999. The report was discussed by the Committee in the presence of delegates from the Government of the United Republic of Tanzania (URT) in June 2001. The Committee adopted the report along with concluding observations in respect to the revised initial report of Tanzania.
2. This 2<sup>nd</sup> periodic CRC report (1998-2003) of the Government of the United Republic of Tanzania (GoT) is prepared in conformity with the CRC General Guidelines for periodic reports. It focuses on the changes made since the last report of 1998 and is based on the comments by the Committee on the Rights of the Child. As reflected in the report, the recommendations made by the Committee have either been implemented or are in the process of being implemented.
3. The report also provides an assessment of the extent of implementation of UN General Assembly Special Session (UNGASS) Outcome Document: A World Fit for Children of 2002.
4. The report pays particular attention to the problem of HIV and AIDS, with a special focus on its implications for children and young people particularly children in need of special protection.

### **Socio-economic situation in Tanzania**

5. Tanzania is among the UN Least Developed Countries (LDC). However in the past few years it has attained a high economic growth with Gross Domestic Product (GDP) at an annual average rate of 4.5 % having increased continuously from 3.3 % in 1997 to 5.6 % in 2001. The economy is predominantly agricultural, mostly coming from production of food crops supplemented by livestock, forestry, hunting and fishing. Agriculture also dominates income generation activities as it is the source of livelihood for about 80 % of Tanzanians and has the highest forward linkages with the rest of the economy. However, performance in the agriculture sector has not been encouraging. Consistent poor performance in this sector is due to adverse weather conditions and the collapse of commodity prices in the World Market.
6. Tanzania has four climatic seasons. The heavy and long rainy season which ranges between 900mm and 1000mm starts in March and ends in June, then comes the cool autumn period which is a period of short and windy rains. This period starts in June and ends in August. From September to December there are short rains that ranges between 400mm and 500mm and followed by sunny period from January to March. Temperatures range between 20 degrees Celsius and 40 degrees Celsius.
7. Tanzania has embarked on various macro-economic reforms since 1997. These were aimed mainly at strengthening further the macro-economic situation, bolstering efficiency of the financial – goods markets, supporting development of the rural sector, improving performance of utilities, and creating an enabling environment for investment and high levels of domestic earnings.

8. Despite the registered level of economic growth, there has been no corresponding reduction in poverty. The average income per capita grew by about 10 % from US \$ 240.2 in 1997 to USD 264.1 in 2001, against the target of US\$ 570 in 2001. The ultimate target of Vision 2025 is a capita income to reach US\$ 3420 by 2025.

9. Due to enormous external debt servicing requirements, Tanzania has been granted debt relief through the enhanced Highly Indebted Poor Countries (HIPC) initiative. The debt policy has enabled the Government through HIPC, to allocate funds to pro-poor sectors. These are education, health, agriculture, rural roads and water. The Multilateral Debt Relief Fund has been an important mechanism for safeguarding expenditures on social services. In addition, bilateral aid agencies continue to contribute towards extension of this fund.

10. Over the past 5 years, Tanzania's macroeconomic performance has overall, continued to improve as shown in table 1.

**Table 1**  
**Trends in selected macro-economic indicators**

<i>Indicators</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
<b>Indicators</b>						
Real GDP growth (%)	3.3	4.0	4.7	4.9	5.6	6.2
Inflation annual average (%)	16.1	12.9	7.8	6.0	5.2	4.5
Merchandise Exports (Mil. USD)	752.6	588.5	543.3	663.3	776.4	877.0
Export/Import ratio (Goods)	65.6	42.6	39.7	49.6	52.0	58.7

*Source:* Poverty and Human Development Report, 2002.

11. Following granting of debt relief by the end of April 2002, the total debt stock declined by 3.6 % compared with the stock registered at the end of June 2001. Macro-economic stability has received special attention, and markets for resources and products have been gradually liberalized while addressing institutional capacity constraints for managing the required changes.

12. These results have produced macro-economic gains. The aggregate economy has grown and macro-economic stability has been achieved. However, results from the 2000/01 Household Budget Survey (HBS) have shown that income poverty has hardly changed for the vast majority of the Tanzanian households in the ten years since 1991/92. Non-income poverty levels are still high and for many indicators there are no signs of decline. For example, infant and under-five mortality that had declined in earlier decades and levelled off in the mid – 1980s seems to have been reversed in 1990s. The rapid spread of HIV and AIDS is likely to be one of the major causes. However, a few indicators of non-income poverty have responded quickly to the abolition of Universal Primary Education (UPE) fee. More than the household income poverty being largely a rural phenomenon both income and non-income poverty vary significantly between urban and rural areas, and among the regions of the country.

## Poverty profile

13. Results of the Household Budget Survey (HBS) of 2000/01, which was carried out as part of the Poverty Monitoring System, show that 18.7 % of Tanzanians live below the food poverty line and 35.7 % live below the basic need poverty line. However, the comparison between urban (particularly Dar es Salaam) and rural areas reveals significant differences for both food and basic needs poverty. Poverty levels are highest in rural areas followed by urban areas except Dar es Salaam as shown in table 2.

**Table 2**  
**Poverty head count ratios for food and basic needs poverty lines,**  
**year 2000/01**

	<i>Food (%)</i>	<i>Basic Needs (%)</i>
Dar es Salaam	7.5	17.6
Other Urban	13.2	25.8
Rural	20.4	38.7
<b>Total</b>	<b>18.7</b>	<b>35.7</b>

*Source:* Household Budget Survey 2000/01

14. The HBS also reveals that inequality between urban and rural development in Tanzania is growing. The description of trends point clearly to growing differences in poverty status between the inhabitants of Dar es Salaam and other urban areas and in rural areas, with Dar es Salaam making the most progress in poverty reduction, and the rural areas the least. But even with the various strata, inequality is increasing slightly as shown by the "Gin coefficient." Table 3 below compares the 'Gin coefficient' for all three strata in the 1991/02 and 2000/01 HBS.

**Table 3**  
**Poverty status in Dar es salaam**

	<i>1991/92</i>	<i>2000/1</i>
Dar es Salaam	0.30	0.36
Other Urban	0.35	0.36
Rural	0.33	0.36
<b>Total</b>	<b>0.34</b>	<b>0.37</b>

*Source:* Poverty and Human Development Report 2001/2002.

## The people

15. The population census is the main source of population data in the country. Since independence in 1961 and the union between Zanzibar and Tanganyika in April 1964, Tanzania conducted population census three times, in 1967, 1978 and 2002. Other sources of population data include the 1973 National Demographic Survey, the 1991/92 and 1996

Demographic and Health Surveys, and the 1999 Reproductive and Child Health Survey. Over the period 1967 to 2002 the population of Tanzania has grown from 12.3 to 34.4 million people, that is, it has almost tripled. The inter-census population growth rate for 1967, 1978 and 2002 was 3.2, 2.8 and 2.9 % respectively. The population growth rate in Zanzibar is 3 % per annum. According to the population and Housing Census of the year 2002 Tanzania Mainland has total current population of 33,584,607 million of whom 49 % are men and 51 % are women. Zanzibar has a total population of 984,625 of whom 502,006 are women and 482,619 are men. The population of Women is over 50 % of the population in the URT. The summary of socio-demographic indicators for Tanzania is as follows:

**Table 4**  
**Summary of socio-demographic indicators**

<i>Indicators</i>	<i>Tanzania mainland</i>	<i>Zanzibar</i>
Population	33,584,607	984,625
Population Growth Rate	2.9	3.1% per annum
Urban population (percentage)	24.2	33.4
Rural population (percentage)	75.8	66.6
Female male ratio	100:96	105:95
Infant mortality rate per 1000	104	90
Under five mortality rate per 10,000	165	114
Maternal mortality rate per 100,000	525	377
Life expectancy	48 years	48 years
Per capital income	US\$ 265.3 (2002)	US \$ 250 (2002)

16. The census results have indicated that about two thirds of the population is concentrated over a quarter of the land area. The population distribution by region ranges from 12 to 1,793 persons per square kilometre. About 77 % of Tanzanians live in rural areas, where the majority of the people are poor, although the urban population has been growing rapidly mainly due to rural-urban migration.

### I. GENERAL MEASURES OF IMPLEMENTATION

17. Since 1998, Tanzania has taken the following measures with view to harmonise national policies, laws and practices with the provisions of the Convention on the Rights of the Child (Arts. 4, 42 and 44, paragraph 6 of the convention)

#### **Political commitment to enhance the condition of children and women**

18. In June 2001, the Government of the United Republic of Tanzania (URT) ratified ILO Convention No. 182 on the Elimination of the Worst Forms of Child Labour. In March 2003 the Government also ratified the African Charter on the Rights and Welfare of the Child and two Optional Protocols to the CRC, which are “Optional Protocol on the Involvement of

Children in Armed Conflicts”, and “Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography”, respectively.

19. The Child Development Policy of 1996 has been revised and is awaiting approval of the Cabinet. The revision has been necessitated by the desire to address emerging issues. These include child participation in all issues concerning their lives; effects of the HIV/AIDS pandemic; protection of children from worst forms of child labour; non-discrimination of children; and the protection of most vulnerable children.

20. A National Policy on HIV/AIDS was adopted in November 2001 with the objective of providing a framework for leadership and co-ordination of the national multi-sectoral response to the HIV/AIDS epidemic.

21. In February 2003 a National Multi-Sectoral Strategic Framework on HIV/AIDS for 2003 – 2007 was initiated and is being implemented by various sectors and institutions.

22. The Health Policy of 1990 was revised in 2002 with a focus on people at risk, and to encourage Health Centres to be more responsive to HIV/AIDS. Antenatal and under five children health services are provided at no fee.

23. A National Refugee Policy was inaugurated in September 2003. The policy provides, among other things, good condition of refugee children.

24. The National Water Policy of 1991 was revised in July 2002 to provide reforms in the water sector aiming at promoting a sense of community ownership of water schemes.

25. A National Food Security Policy is being formulated to take care of vulnerable groups affected by food insecurity particularly children under the age of 5 years.

26. The Women in Development Policy of 1992 was revised in 2000 and designated as ‘Women and Gender Development Policy’ to accommodate gender concerns and to promote responsibilities of both parents in the care and development of children.

27. The Government of Zanzibar inaugurated a Policy for Child Survival, Protection and Development (CSPD) in October 2001. The Policy provides a broad framework for the protection of Children’s’ Rights including child participation in matters of concern to children.

28. Government of Zanzibar also adopted a Women’s Development policy in 2001, which has been drawn with particular emphasis on gender strategies. The Policy is directly linked to CSPD Policy.

29. In the year 2000, the Government of Zanzibar approved the Health Policy. This policy incorporates important issues on children such as Basic Health and Welfare Services, HIV/AIDS and immunization.

30. The Government of Zanzibar is also in the process of developing other child related policies such as Water and Sanitation Policy, HIV/AIDS policy, Youth Policy, Early Childhood and Policy for Vocational Training.

31. The Zanzibar Education Policy is under review to ensure among other things, that improving access to quality education in Zanzibar remains a major priority.

32. The Policy on People with Disability has been approved by the House of Representatives in Zanzibar in 2003.

### **Legal framework and harmonization of legislation with the Convention**

33. The Government is in the process of drafting a single piece of legislation related to children, which would, *inter alia*, provide a uniform definition of the term “child” and protect children from abuse, neglect and other violations of their rights.

34. The Land Act and the Village Land Act, enacted in 1999 have granted access and acquisition of land titles to all categories of citizens and notably women. This is a fundamental development on account of its implications for children of widowed or divorced women.

35. The Government has enacted the Employment and Labour Relations Act of 2004, which protects children from the worst forms of child labour. While the Refugee Act of 1998, provides rights of refugee children.

36. Government is also reviewing the Laws of Inheritance and Succession and the Law of Marriage Act No.5 of 1971 with a view of incorporating the best interests of the child.

37. Tanzania has a Births and Deaths Registration Ordinance of 1920 which provides for the compulsory registration of all children.

38. Recently, the Births and Deaths Registration Decree of Zanzibar was amended to make registration of children immediately after birth mandatory. Following the amendment, fine for late registration has been increased from Tanzania shillings 10,000/= (approximately USD 10) to Tanzania shillings 25,000/= (approximately USD 25). So far, there are no reports of late registration suggesting a high level of awareness at the grassroots level (*Shehia* )

39. The Education Act 1982 of Zanzibar, which is critical to the promotion and protection of the rights of the child, is being prepared for review. According to Section 20 (4) of this Act, a female pupil who is found pregnant before completion of basic education shall be expelled from school. The same applies in the mainland according to the Education Act (1978) of the URT.

40. The Revolutionary Government of Zanzibar is in a process of reviewing the Spinsters, Widows and Female Divorcees Protection Act No. 4/85 which makes an offence for a spinster, on her own free will fall pregnant and if found guilty is liable for sentence of two years imprisonment.

41. The Government of Zanzibar is in the process of domesticating the Optional Protocols to the CRC, that is, the Optional Protocol on Involvement of Children in Armed Conflicts and on the Sale of Children, Child Prostitution and Child Pornography.

## **Mechanisms for monitoring, reporting and data collection for implementing the Convention on the Rights of a Child (CRC)**

42. Both Tanzania Mainland and Zanzibar are in the process of preparing National Plan of Actions (NPA) based on the United Nations Outcome Document “A World Fit for Children” which was adopted during UNGASS in May, 2002. The NPA preparation process envisages inputs from a wide range of key stakeholders through workshops and consultative meetings. Such stakeholders include NGOs, and notably children through their forums, such as schools, Tanzania Movement for and with Children (TMC) and the Junior Council of the United Republic of Tanzania, and institutions dealing with children in need of special protection. In Tanzania Mainland, the NPA Implementation Framework towards UNGASS Commitment has been developed.

43. The current Country Programme on CSPD programme (2002 – 2006), is being implemented in phases for both the Government and the UN with the adoption of the Tanzania Assistance Strategy (TAS) as the government’s strategy for development cooperation with partners.

44. The overall goals of the CSPD programme are two fold: -

- To create and sustain an environment which places priority on the human rights of children; recognize and respect their right to a dignified and productive existence; ensure their survival, protection, development and participation; and improve their respects for social advancement.
- To realize children’s human rights by strengthening capacities of actors at different levels to respect, protect, promote and fulfil their rights.

45. The proceedings for the 2002 – 2006 Country Programme was projected from the Mid-Term Review (MTR) of the 1997 – 2001 Country Programme carried in 1999. The MTR analysed the achievements and opportunities as well as failures and challenges to implementing the 1997-2001 Country Programme on the basic of which the present Country Programme is restructured.

46. The number of villages covered by UNICEF supported community based programme have increased from 1,235 in 1985 to 4,861 in 2002, thus reaching about 50 % coverage of the country or 63 out of 120 districts of the Mainland and all the 10 districts in Zanzibar. This initiative reaches more children and women at the grassroots and facilitates transformation of their lives. It focuses on establishing a core strategic package for improving community, district and regional level capacities in community centred planning, facilitation and development.

47. Alongside the National Development Vision 2025, the GoT has prepared the Poverty Reduction Strategy (PRS), which aims at reducing poverty by half by 2010 and eradicating it in Mainland Tanzania, by 2025 and in Zanzibar by 2020. Several targets of the National Development Vision 2025 and PRS specifically refer to children, adolescents and young people. They strive to address infant and child mortality and malnutrition and to reduce the HIV infection rate in young people who account for 60 % of the national population. To achieve these goals GoT has taken initiatives to provide the blueprints. These are Tanzania Assistance

Strategy (TAS) (2000) and more specifically the PRS (2000). TAS outlines government priorities to improve the quality of life and social well being of particularly the rural poor and most vulnerable groups, which include children and young people.

48. Tanzania has also qualified for enhanced debt relief under HIPC initiatives. The nation was spending about 40 % of the public budget on debt servicing, more than what was allocated for education and health sectors combined. With HIPC initiative the same amount has been plighted back to social services sector.

49. Decentralization initiatives, such as the Local Government Reforms, aims at developing decision - making powers to the districts and villages and enhance effectiveness in service delivery. Likewise, under the Local Government Reform Programme, democratic governance structures at local levels are being strengthened, and service provision designed so as to make it easily accessible to children and young people.

### **Data collection mechanisms on children issues**

50. Mechanisms which have been improved, developed and used in monitoring and analysing the situation of children in Tanzania are:

- Poverty Monitoring System
- National Population and Housing Census of 2002
- Household Budget
- Survey of 2000/01
- Integrated Labour Force Survey
- Tanzania Social-Economic Data base
- CSPD Information Gathering
- Village/*Shehia* Registers
- Community Based Management Information System
- Situation Analysis

### *Poverty Monitory System including monitoring of Millennium Development Goals (MDGs)*

51. Tracking the performance of the key indicators outlined in the PRS is an essential part of the overall strategy in order to obtain hard evidence on whether poverty reduction efforts are hitting their targets or not. Following the introduction of the PRS, the Government initiated the Poverty Monitoring System (PMS) with the aim of providing evidence to assist in the implementation of the PRS, and MDGs and to measure its effectiveness.



*National Population and Housing Census of 2002*

52. The National Population and Housing Census of August 2002 shows that there are 17,442,419 children below 18 years, that is, 51 % of the whole population in the URT. Tanzania Mainland consists of 16,918,818 children of whom boys are 49 % and girls are 51 % while Zanzibar has 523,601 children under 8 years, that is 53 % of the total population and out of these 262,103 (50%) are boys while 261,498 (50%) are girls. There is a further 5,664,907 children under the age of five years.

53. Table 5 shows distribution of children according to specific age groups:

**Table 5**  
**Distribution of children according to age groups**

<i>Sex/age group in years</i>	<i>Under 1 year</i>	<i>Under 5 years</i>	<i>Under 18 years</i>
Female	596,973	2,834,362	8,690,766
Male	594,111	2,830,545	8,751,653
% Total national population	3.5	16.4	50.6

**Source:** National Population and Housing Census Report, 2002

*Household Budget Survey (HBS) of 2000/01*

54. The HBS 2000/01 was conducted by the National Bureau of Statistics and covered more than 22,000 households across all 21 regions of Tanzania Mainland. The analysis focuses on the poverty indicators defined in the PRS, and it provides both national and regional information on the status of households as well as a poverty baseline against which future progress can be assessed.

55. Findings from the HBS 2000/01 confirm that income poverty is still high with 36 % of people living below the basic needs poverty line. Although this is slightly lower than in 1991, in absolute terms (due to population growth), there are now 11.5 million people living below the poverty line compared to 9.5 million in 1991. In addition, disparities between rich and poor, urban and rural are widening. Rural household are much poorer than their urban equivalents in almost all respects, and Dar es Salaam is significantly better off than the rest of the country. Average household consumption rose by around 17 %, with Dar es Salaam seeing a rise of 47 %.

56. Average household size has fallen in the past 10 years from 5.7 people/household to 4.9 people/household. But the number of female-headed households has risen from 18 to 23 %. Housing standards have improved, along with access to protected drinking water sources. In the rural economy, it appears there are signs of a shift away from agriculture as the single source of income; with women in particular moving into alternative income generating activities.

*Integrated Labour Force Survey (ILFS)*

57. There are important links between economic growth, employment and poverty reduction. The ILFS 2000/01 was undertaken in Tanzania Mainland by the Ministry of Labour, Youth Development and Sports in order to bridge the absence of reliable data on the labour market. Initial findings from this survey show that the adult labour force has increased by 6.6 million in the past 10 years, and is now estimated to be 18 million people, 80 % of whom are engaged in agriculture. Currently, the rate of growth of the labour force (58.8 %) exceeds the rate of job creation; 70,000 new job seekers enter the labour market each year, most of which have only minimal educational qualifications.

58. According to the Child Labour Survey of 2000/01 statistics in Tanzania Mainland, 4.1 million out of an estimated 10.2 million children aged 5 – 14 were not attending schools and nearly 4 million of the latter were engaged in either economic activities or house keeping. It also shows that out of an estimated 11.9 million children aged 5 – 17 years, 4.7 million were in the labour market and a significant number are in the worst forms of child labour. On the other hand, the Government with the support of ILO/IPEC conducted Rapid Assessment Survey on child labour in Zanzibar. The survey was conducted in the coastal areas. The result of the survey formed the basis for developing Gender Promotion programme (GENPROM), which aims at combating child labour in the country. The GENPROM is an ongoing programme in four villages in Unguja and four villages in Pemba

*Tanzania Socio-Economic Database*

59. The Tanzania Socio-Economic Database (TSED), based at the National Bureau of Statistics (NBS), has been developed to provide a centralized location to access all data covering both Tanzania Mainland and Zanzibar. The main objective is to increase the availability of data for better planning.

60. TSED offers easy access to quantifiable indicators (the software programme facilitates trend analysis of 330 indicators) for planning, monitoring and evaluation, and greater consistency in the data. It offers an information package, and better presentation of data through graphs, tables and maps, all of which contribute to improved dissemination and sharing of data and information on situation of children.

*CSPD information gathering*

61. In Tanzania CSPD information gathering approach is community based, whereby communities are able to take decisions and also monitor the effect of their decisions on a regular basis. The CSPD programme is coordinated at district level by District Management Teams (DMTs) and by the CSPD Technical Committee at national level. Through monitoring and promotion, members of communities are informed about the status of their children in terms of their nutrition situation and growth in general. Reasons for poor growth of children are discussed during the Village Health Days, which are also used for providing vaccinations. Likewise, children and pregnant women are screened for malaria and other diseases. Other information collected includes registration of new births, primary school enrolment of eligible children, food situation and statistics on water and environmental sanitation.

*Village/Mtaa/Shehia Registers*

62. The Village/*Mtaa/Shehia* Registers are used to register all people living at this level including children. Each level needs to have its entire people registered in order to capture the actual population. The village/*Mtaa/Shehia* registers have proved to be a very important tool in obtaining community information and data especially for basic demographic needs. The current efforts to improve the administration of Village/*Mtaa/Shehia* Registers would be further enhanced by the recently initiated District Surveillance System (DSS). Information and rejuvenation of marginalized groups of communities will enable them to participate in the decision making process and monitoring of actions. GoT has regularised the use of Village/*Mtaa/Shehia* Registers in all villages of Tanzania.

#### *Community Based Management Information System*

63. CBMIS is a monitoring system developed through CSPD programme for gathering child related information at the community level. Through this system information is used to identify problems and challenges for the development of appropriate measures for the remedy of such obstacles.

#### *Situational analysis of women and children*

64. A Situation Analysis of children and women document in Zanzibar of 2001 indicates the status of children and women in Zanzibar and the level of access to social services they enjoy. The overall objectives of CRC of 1989 and the Convention on the Elimination of All Forms of Discrimination Against Women, (CEDAW) of 1979 are discussed in the Situational Analysis. Furthermore, this document contains detailed information on infants and adolescents.

65. The government produces annual reports as required under the CSPD programme on the status of children in Zanzibar. These reports contain vital information on children, particularly on health, water, environmental sanitation, education and other social practices.

#### **Mechanisms for coordinating the implementation of CRC**

66. In July 2003 the Government of United Republic of Tanzania established the Department of Children Development within the Ministry of Community Development, Gender and Children (MCDGC) so as to accommodate issues of children and young people appropriately. The Directorate is responsible for coordinating and monitoring the implementation of the Child Development Policy, Family Development Policy; and the International Conventions on the Rights and Welfare of Children. The Department is also responsible for children and adolescence concerns on HIV/AIDS; identifying and combating the harmful cultural practices and initiating the Family Life Education Programme.

67. The Government of Zanzibar approved the Vision 2020 programme in 2000, which aims at improving socio - economic status of the people and thereby reduce poverty. The Vision consists of a number of programmes including the Zanzibar Poverty Reduction Plan (ZPRP), which was introduced in 2001. This programme aims at improving social services and this relates directly to the best interests of the child.

68. Government of Zanzibar has also developed the Zanzibar Education Master Plan for 10 years (1996 – 2006) to address issues of access, organization and promotion of science and technology. This plan was drawn in line with other national development plans such as ZPRP.

69. The Government of Zanzibar established the two related organs dealing with HIV and AIDS issues in Zanzibar: the Zanzibar AIDS Unit Control (ZAUC), mainly involved with education, provide counselling, financial and moral support to victims: and the Zanzibar AIDS Commission (ZAC). The major role of the Commission is to plan and develop strategies to mainstream the issue of HIV and AIDS in all Government and Non Governmental sectors. One major and shared mandate is to devise strategies for protecting children from being infected and to reduce mother to child transmission (MTCT). In Tanzania Mainland, the Government has established the Tanzania Commission for AIDS (TACAIDS) for Coordinating National Multicultural HIV and AIDS activities.

70. The Government of Zanzibar in collaboration with the International Labour Organization (ILO) initiated a Gender and Promotion Programme in 2002. The programme is planned to improve women's economic status so as to reduce the problem of child labour. The programme is in pilot areas in Unguja and Pemba. So far 62 children have been removed from child labour in Unguja and 112 in Pemba. Out of 174 children, 88 were reintegrated in formal school and 86 were sent to Vocational Training.

71. Tanzania Movement for and with Children (TMC) was officially launched on 28<sup>th</sup> April 2001 by the President of the United Republic of Tanzania to underscore the commitment of the Government to the promotion and protection of the rights of the child. One of the strategies of the TMC is to strengthen networking activities amongst NGOs and to work closely with children and young people's initiatives, strengthening their capacity and providing as much support as possible towards the full realization of children's rights as set out in the CRC and the African Charter on the Rights and Welfare of the Child.

72. There is a national partnership between the three Ministries that is, the MYEWCD of Zanzibar, MCDGC and MLYDS of Tanzania Mainland. All issues concerning children and youths are implemented in consultation between the three Ministries. In addition, the Ministries collaborate in commemorating international events such as the Day of the African Child, International Women's Day, and the World Day Against Child Labour.

73. In the year 2000, the Government of the URT enacted the Commission for Human Rights and Good Governance Act 2001, which established the Commission for Human Rights and Good Governance (CHRGG). A Chairman, Vice Chairman and seven Commissioners head the Commission, four from Tanzania Mainland and three from Zanzibar all appointed by the President of the United Republic of Tanzania. Of the seven Commissioners, two are women. The rationale for establishing the CHRGG is to enhance the fulfilment of the 1948 United Nations Declaration on Human Rights, children's rights being one of them. The Commission is particularly sensitive to complaints to ensuring the enquiry involving them. The law provides under section 19 (1) (b) that if there is a likelihood that the life, liberty or physical safety of a person of the interests of vulnerable persons, including children will be endangered, the Commission may, in the public interest prohibit or restrict the publication of any evidence given before it or the identity of any such person. Compared to courts of law we can say that the Commission is easily accessible by every person, children included.

74. Government of Zanzibar established the National Children's Rights Committee (NCRC) in 2001. This Committee is under the Ministry of Youth, Employment, Women and Children Development (MYEWCD). It brings together representatives from both Government and Non-

Governmental Institutions. The major role of this Committee is to mainstream the policy of children's development and CRC in all child related organizations. The Committee facilitates the implementation process of the Children's Policy, CRC and the preparation of NPA. More efforts are underway to ensure that the Committee is adequately empowered in its task of coordinating children's issues in Zanzibar.

### Allocation of budgetary resources

75. The Tanzania Mainland has taken into account in its Public Expenditure Review (PER) cross cutting issues relating to children, adolescents and young people; gender; HIV and AIDs; and environment. The National Planning and Budgeting guidelines provide specific allocations for these areas, which fall under the social services sector of the economy. The table below (Table 6) shows the public expenditure for social services in Tanzania Mainland.

**Table 6**  
**Public Expenditure for Children between 2000-2003 (TSh. Million)**

<i>Sectors</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>% change 2002/03</i>
Education	75313	88116	103096	109282	6
Health	35112	41081	48065	51429	7
Other Services	63919	73875	82740	86877	5

*Source:* Government of Tanzania, Socio-Economic Survey 2003

76. Zanzibar has a Mid - Term Expenditure Framework, which is useful in ensuring the quality of social services provided, availability and accessibility to children's development. The trend shows an improvement of the allocated budget yearly in Zanzibar as indicated in table 7

**Table 7**  
**Approved budget for social services in Zanzibar (T.Shs)**

<i>Social service</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>
Education	5,450,150,000	5,934,400,000	5,713,410,358	8,353,846,104
Health	2,031,026,800	3,104,441,000	2,610,949,826	5,064,653,325
Water	627,174,000	83,635,563	822,311,080	1,316,303,773
Total national expenditure	47,540,445,000	53,653,570,000	9,146,671,264	14,734,803,202

*Source:* Budget Department – Zanzibar.

77. Some of the bilateral donors withdrew direct financial support from Zanzibar, following the disapproval of the 1995 election results. However, a Consultative Group Meeting held in Dar es Salaam in February 2000 recognized that the suspension of aid largely affected vulnerable groups such as children. Arab Countries and United Nations specialized agencies such as UNICEF, UNDP and UNFPA have continued to support the Government of Zanzibar in

areas such as basic education, primary health, and nutrition and reproductive health. The ILO has also been supporting some sectoral Ministries such as the Commission for Labour and MYEWCD in developing the National Employment Policy. Other bilateral agencies such as DANIDA, in collaboration with UNDP are continuing to support the Government in promoting access to credit for women groups. The Aga Khan Foundation is involved in promoting basic education by funding operations of community based education structures. The Islamic Development Bank (IDB) has a strong interest in the whole educational sector.

### **Dissemination of the CRC**

78. Television and Radio stations air special programmes on children's rights related to the CRC provisions. In Zanzibar four programmes are aired monthly on the radio and six programmes shown on T.V, newspapers like "*Zanzibar Leo*", regularly carry coverage of children's issues, such as child labour, neglect and sexual abuse. GoT has been conducting workshops and training programmes for the general public as a means of creating awareness on child rights. However, far more work is done by NGOs such as *Kuleana*, Save the Children, Plan Tanzania, National Network of Organisation working with children (NNOC), *Kiota* Women's Health and Development (KIWOHEDE) etc. in disseminating the CRC through projects which aim at training and creating awareness on children's rights, producing special magazines, promoting children health and their welfare, up keeping of children in institutions and producing advocacy materials. Similar measures are being taken by different child related NGOs in Zanzibar like ZAMWASO, NGO Cluster's, ZACA, ZAD and The Association for children with Mental retardation.

79. The Day of the African Child (DAC) is commemorated throughout the country on 6<sup>th</sup> June every year. At community level the occasion is an opportunity to increase community awareness on the situation of children, and reinforce community mobilization for improved children's well being and support their rights.

80. In 1991 the Parliament of URT adopted a resolution stating that – "every village should hold a day for children, in which progress reports on the implementation of various children's programmes will be presented and discussed, together with brief celebrations to mark the day." In implementing this Resolution, in year 2000 the Day for Children has been integrated into District Development Plans and adopted as "The June Village Child Day". It is also used for the purpose of advocacy and social mobilization on human rights of children and women. The Revolutionary Government of Zanzibar every year presents the situation of children in the Legislative Assembly, that is, House of Representatives during the budget sessions on 16<sup>th</sup> June, during this period, members of the House are updated on the provision of children rights in the Island.

81. Other events and commemorations, which are used to create awareness on child rights, include World Day Against Child Labour, Children Broadcasting Day and World AIDS Day.

82. Child rights training courses are conducted twice every year at the Training Centre for Development Co-operation (TCDC) in Arusha. The courses draw participants from Eastern and Southern Africa countries to understand the CRC principles, contents and process of implementation. They are further equipped with knowledge and skills to design measures for monitoring mechanisms.

83. The input of NGOs has also been recognized at international level, this has been demonstrated by the recent Maurice Pate Award to *Kuleana* in 1999 for translating CRC into popular language and disseminating it effectively to the public. The inputs of other NGOs such as National Network of Organizations working with Children (NNOC), Plan Tanzania, and Kiota Women's Health and Development (KIWOHEDE) have also been recognized by the Government.

84. The Government in conjunction with Tanzania Movement for and with Children (TMC) have conducted three zonal workshops in Mwanza, Dodoma and Arusha regions concerning the implementation strategies of the UN document: 'The World Fit For Children' (WFFC) and CRC. Different target groups such as professionals, children, youth, government officials, school students and the general public were involved in these workshops. Other zonal workshops were planned for Zanzibar, Mtwara and the Coast regions.

85. The Government of Zanzibar, in collaboration with UNICEF has undertaken efforts to create awareness of the CRC, Children's Policy and the recently World Fit For Children (WFFC) as well as Africa Fit For Children (AFFC). Concurrent with these efforts, the Government, with the support of UNICEF, has supported the creation of children's clubs both in school and out of school, to conduct peer education, especially during commemoration of national and international events such as DAC and International Women's Day (IWD).

86. The Government of Zanzibar, through GENPROM, has conducted training on CRC, WFFC and AFFC. So far, 16 training sessions have been conducted in Unguja and Pemba for the community members, *Shehia* leaders, religious leaders, public figures, and children and youth groups.

87. The preparation process of the Country CRC Report involved a wide range of stakeholders through workshops and consultative meetings. Noteworthy, was the participation of children and young people through primary schools, TMC, Junior Council of the United Republic of Tanzania and other institutions working for and with children. At the high level the report was shared among policy and decision makers within GoT namely the Cabinet Secretariat of Ministers for approval before submitting to the Secretary General of the United Nations.

## II. DEFINITION OF A CHILD

### Legal context

88. The proposed harmonized "Children's Law" advocates for a uniform definition of the term "child" which is in conformity with the Constitution of URT, the National Child Development Policy, the CRC and the African Charter on the Rights and Welfare of the Child. The Government is in the process of merging pieces of legislation that define a "child" differently to conform to the CRC definition of the child being a person under 18 years. However, there are currently pieces of legislation, which recognise children as all persons under 18 years. For example, under the URT Constitution persons under 18 years are not allowed to vote, the Law of Contracts prohibits persons under 18 years to enter into contracts, while the Defence Forces Regulations prohibit all persons under 18 years to be recruited into the armed services. Otherwise in the URT there is general understanding that a child is any person below the age of 18 years.

89. The proposed “Children’s Law” seeks to introduce amendments to a number of existing statutes relevant to rights of the child. These include the Law of Marriage Act, the Law of Succession and Inheritance, Labour Laws and Children and Young Persons Ordinance, Sexual Offences (Special Provisions) Act No. 7 of 1998 and the Zanzibar Children’s policy on Survival, Protection and Development. In common understanding “childhood” is seen differently and divided into four age categories. Under one year, a child is known as an infant. Between one to six years a child is at his/her early childhood development, while between seven and fourteen years, he/she is referred to as an adolescent. At the attainment of puberty, (12 for girls and 14 for boys), another milestone is reached, for a child to experience youth life. From 18 years a minor achieves age of majority and becomes a young person. A child and young person’s status in a common language depends on these age categories.

90. In Zanzibar the Education Act of 1982 strictly prohibits a school child from getting married. In case a marriage is contracted while at primary basic education or junior secondary school (Form II – IV) he/she shall be expelled from school. Article. 20 (40) of this Act therefore stress the importance for a child to complete his/her compulsory (Form II) basic and secondary education. Similarly the URT Education Act of 1975 prohibits a school child from getting married. Review of the Expulsion Regulation by Pressure Groups including NGOs has not yet succeeded.

91. There is no law that allows a child to enter into sexual consent in Tanzania unless such a decision is made for a legal marriage.

92. The forceful conscription of children into the armed forces is prohibited under the Defence Forces Regulations. The Regulations provides that no child below the age of 18 years may be used directly in armed conflict.

93. In Zanzibar, all issues concerning a child are dealt with under Islamic jurisprudence for the Muslims who are the majority and secular law for non-Muslims. However both share the same definition of a child.

94. Issues concerning change of identity for children, in Zanzibar, are under family authority and supervised by a regional court.

95. All children under 18 years are constitutionally authorized to form or join associations concerning their own issues other than the political ones.

### **III. GENERAL PRINCIPLES RELATING TO THE RIGHTS OF THE CHILD**

#### **Non-discrimination (art. 2)**

96. The question of the principle of non-discrimination of children is covered in the Constitution of the URT (Art 3) as per earlier report, and will also be covered in the proposed harmonized “Children Law”, which will be preceded by a Government White Paper. In addition, the Child Development Policy also addresses the question of non-discrimination. The Government and UNICEF have facilitated the adoption of village level programmes appropriate to vulnerable children, so that they can have equal opportunities in development.



97. The Constitution of the United Republic of Tanzania of 1977 and the Constitution of Zanzibar of 1984 contain a Bill of Rights, which reaffirm fundamental rights and basic freedoms. Among these are the rights to equality, (that all human beings are born equal), the right to life, to be registered following birth, freedom of expression, rights to enter and leave the country and freedom of association. All these rights extend to nationals and resident non-nationals alike.

98. The Policy of People with Disabilities has been approved by the House of Representatives in 2003 to ensure their rights in the society.

99. The Government of Zanzibar is reviewing the Spinsters Act No. 4 of 1985 and provision on criminal liability for unmarried women below 25 years of age and girls who fall pregnant.

100. With UNICEF support, the Departments of Social Welfare in both Mainland and Zanzibar have introduced programmes to identify the Most Vulnerable Children (MVCs). For Zanzibar, the programme has already started by supporting 466 children with books, school fees, food and soap. Other 585 children have also been identified for the same support out of which 255 are girls. The Government through the national budget and Non- Governmental agencies is assisting other categories of children such as orphans, children born out of wedlock and children with disabilities. Table 8 shows the total number of children currently under care in two Governmental institutions in Zanzibar while Table 9 shows other Centers that are under Non-Governmental Organizations.

**Table 8**  
**Children under care at the Forodhani Government Unit and SOS village**

<i>Unit</i>	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Forodhani	19	18	37
SOS	46	78	121

*Source:* Department of Social Welfare, Zanzibar

**Table 9**  
**Other institutions taking care of children**

<i>NGO</i>	<i>No. of houses</i>	<i>AIDS orphans</i>	<i>Other orphans</i>	<i>Children under difficult circumstances</i>	<i>Total</i>
ZAWCO	15	19	16	21	56
ZAPHA +	18	28	2	25	55
ZAMWASO	52	34	128	55	217
ZASO	24	49	35	19	103
DSW	10	7	18	10	35
AMA	n/a	0	153	0	153
<b>Total</b>	<b>117</b>	<b>137</b>	<b>352</b>	<b>130</b>	<b>619</b>

*Source:* Ministry of Youth Employment, Women and Children's Development - Zanzibar

101. Government of Zanzibar in collaboration with ZAD has introduced special classes for children with disabilities. However these classes are too few (5 classes) and urban centred to meet the demand. Also, Government, in collaboration with ZAD is in the process of introducing the Inclusive Education Programme. Surveys and several stakeholders and consultative meetings have been held towards launching of this programme.

102. In regard to promoting young girls' rights, the Government of the United Republic of Tanzania has planned to review discriminatory laws which are, in one way or another, prejudicial to children's rights, especially girls. Furthermore, the "SARA" programme is being carried out with the aim of promoting the status of a girl child.

### **Best interests of the child (art. 3)**

103. The general principle of the best interests of the child has now been taken into account in the proposed harmonized "Children's Law" as well as in the reviewed Child Development Policy. In order to implement the objectives of the Convention, the government has established projects, programmes and services, which have an input to children's development. There are programmes such as:

- Child Survival Protection and Development (CSPD)
- Integrated Management of Child Illnesses (IMCI), and
- Time Bound Programme (TBP) on the Elimination of the Worst Forms of Child Labour (EWFCL).

104. There are also laws relating to marriage, custody, maintenance and inheritance rights which complement the Convention. The Law of Marriage Act of 1971, which includes custody, and maintenance of children is currently being reviewed in order to take care of the best interest of the child. On the other hand, labour laws are set to combat child labour. The Education Act of 1978, which was amended to make primary education free for all children, took into consideration the best interest of the child.

105. In Zanzibar, the Government has made efforts to improve the structure of CSPD programme, of which now 5 children are members of the Technical Team of the CSPD programme.

106. The Government of Zanzibar has adopted a policy for Child Survival, Protection and Development. This policy was approved in 2001 and is monitored/coordinated by the Ministry of Youth, Employment, Women and Children's Development. The intention is to integrate it in other sectoral policies, especially water, health and education policies in children policy.

107. The Government of Zanzibar is now reviewing the Spinsters Act (No. 4 of 1985) with a view to abolishing it, as it is oppressive of young girls and women.

108. The Government of Zanzibar, in collaboration with ZACA, has prepared a Training Manual on Children's Rights, in which Child Survival, Development, Protection and Child Participation have been highlighted.

### **The right to life, survival and development (art. 6)**

109. The Government of the URT in collaboration with various non-governmental institutions have taken a number of measures to ensure the right to life, survival and development of children. Among such measures is the Prevention of Mother to Child Transmission (PMCT) programmes on reduction of severe impact of HIV and AIDS to children. Other programmes include the Reproductive and Child Health Programme undertaken throughout the country, for the under five children and pregnant mothers get free medical services.

110. The Government of Zanzibar also provides free health service to all children under five years of age and pregnant women. This is an immediate measure taken to reduce causes of infant mortality. The major causes of infant mortality are malaria, diarrhoea malnutrition, lack of essential micronutrients, which include the low use of exclusive breast feeding for new born babies, anaemia, and HIV and AIDS. Children are protected from various diseases, which can be controlled through vaccines as well as safe water supplies, efficient and effective health services and educational programmes

111. The Government of Zanzibar has established a special Nutrition Unit in order to overcome the problem of nutritional status of under five children. The overall goal of this Unit is to improve the health status of women and children through the prevention and control of micronutrient malnutrition. However, the Unit is severely constrained by lack of funds despite the support from UNICEF on GMP which involves training health workers to train community volunteers to conduct GMP.

112. Regarding care of babies one indicator for assessing the extent is the level of attendance at nursery school, between the ages of 4 and 6. For Zanzibar, in 1999 just 3% of the children attended pre-school programmes. (3.6% Unguja and 2.3% Pemba)

### **Respect for the views of the child (art. 12)**

113. In an attempt to ensure that children's views and aspirations are taken into account, in December 2002 children in Tanzania established a Junior Council of the United Republic of Tanzania. The Junior Council of the URT is a national - wide initiative led by children for children. The Council comprises two representatives from each region of Tanzania Mainland and Tanzania Zanzibar. Membership is limited to persons under 18 years, representing a broad range of backgrounds, with special representation of vulnerable children. The Junior Council strives to be an institutionalised avenue at national level for children to contribute to the national development agenda and child development. In respect of Art. 12 of the CRC, the Government, through the MCDGC have supported the initiative from the beginning, and is working on its official registration.

114. With the support of the Government and TMC, Children of Zanzibar have initiated children's councils in three districts of Unguja. Efforts are being made to enable children in other districts to initiate similar councils.

115. Various Government and private media institutions run programmes for and with children and young people. Television and Radio Stations such as Radio Tanzania, Clouds FM, Radio Kwizera, Radio Free Africa, Television Zanzibar (TVZ), Tanzania National Television (TVT), Independent Television (ITV) and Star Television (Star TV), all run regular

programmes produced by involving children. The weekly children's show on Clouds FM and ITV is unique as it is produced and presented by children themselves. In Zanzibar, children organize and broadcast themselves in a daily news bulletin and artistic display in TV-Zanzibar.

116. Children also participate in school gatherings, Children's *Barazas* during the commemoration weeks of DAC and the Child Effective Media Project. They took part in the preparation of the Outcome Document: A World Fit for Children and Africa Fit for Children and participated in the United Nations General Assembly Special Session for Children (UNGASS) on children in May, 2002.

117. TVZ hosts a variety of programmes related to children. Radio Zanzibar has a programme called *Tuzinduwane*, which discusses how good governance can reduce HIV and AIDS infection. In this programme children express their views directly on ways of reducing HIV and AIDS infection. . So far, 1478 programmes have been aired.

118. The Government of Zanzibar always ensures that children are directly involved in all activities of relevance to children. During the commemoration of the DAC, at all levels (ie from Shehia up to National level) children organize various activities including drama, special children speech, which discuss problems confronting children, aspirations and recommendations for the problems.

#### IV. CIVIL RIGHTS AND FREEDOMS

##### **Birth registration (art. 7)**

119. During the implementation of the Registration of Births and Deaths Ordinance, Tanzania introduced the Civil Registration Programme in Local Governments Authorities. Out of 113 Local Governments 84 were covered. Compulsory registration is also undertaken in dispensaries and health centres situated in villages. The Government has instituted a mechanism to supervise the compulsory registration down to village level.

120. Besides registration of births, the Department of Administrator General has conducted several training programmes. These were aimed at inculcating a culture of registering births and disseminating knowledge on children's rights among partner institutions, stakeholders and the public at large.

121. In 1998, the Department of Administrator General conducted district level training of trainers (TOT) workshops and seminars to health practitioners, Ward and Village Executive Officers, and Health Workers aimed at raising awareness on child registration programme, to health practitioners. The seminars were conducted in 66 Local Government Authorities of Tanzania Mainland. Similarly in 2002, with support from UNICEF, the Department conducted a training programme in Njombe District. A total of six TOTs were held at Njombe District level and 795 participants attended the seminars.

122. In complementing Governments efforts, NGOs were involved in raising public awareness on birth registration, through the television programme "Mulika" televised by Channel Ten Television and Dar es Salaam Television (DTV). This was in addition to a televised panel discussion on the law and the importance of registering births.

123. The factors that impede the implementation of CRC on birth registration include inadequate funding, inadequate human resources, inadequate training/advocacy materials, and a dearth of dissemination programmes.

124. The Government of Zanzibar has established a Birth Registration office in all Districts and *Shehias*. This is in conformity with domestic law governing births and deaths. The Births and Deaths Registration Decree requires parents of the child to notify the Registrar of births within forty-two days of the birth of the child. A form is available at the *Shehia* office, as a first step in obtaining birth certificate from the District Registrar's office as an identity and proof of nationality. The law has gone further by providing that where a birth has taken place in prison, hospital, orphanage/quarantine station, the duty to give such information shall lie with the officer in charge of the institution. No reference shall be made in the register to the fact that a child was born in prison. As a way of sensitising birth registration, some Government institutions demand the provision of a birth certificate as a condition for enjoying access to certain rights.

### **Police brutality (art. 13)**

125. The incidence of police brutality has declined through advocacy programmes conducted by national media bodies, training of Police Officers, seminars and workshops on Human Rights of children. Despite this, the Government has introduced the subject of Human Rights in the Police and Prison College's curricula so as to increase awareness on human rights including children's rights.

### **Corporal punishment**

126. A campaign against corporal punishment which was launched in 2000 by the Minister of Community Development Gender and Children responsible for child development aimed at setting in motion a debate on the appropriate nature of interactions between adults and children. Several NGOs and CBOs took part in the campaign, which comprised of dissemination of materials; publication of newspaper articles and press releases; radio and television programmes; and dialogue in various parts of the country. The Government provided guidelines on the regulation and control of corporal punishment in schools, in which the number of strokes have been reduced from 6 – 4. According to the new regulation, only the Head Teacher/Headmasters of schools are allowed to administer corporal punishment, and there is provision for penalising teachers who go against these regulations. Also, the government in its efforts to regulate corporal punishment has put a provision, which put limit to the number of strokes that may be inflicted upon a school pupil. "No sentence of corporal punishment shall in any case exceed twenty strokes in the case of adults and twelve strokes in the case of juveniles" as it is provided for under section 8 (2) of the Corporal punishment ordinance, Cap 17.

### **Freedom of expression (art. 13)**

127. The Constitutions of the United Republic of Tanzania and Zanzibar provide for the right to every person, including children, to express their opinion and to seek, receive and disseminate information and ideas through the media, regardless of national frontiers. Also, children have the right of freedom from interference with their communication. The two Constitutions provide for the right to be informed at all times of various events, which are of importance to the lives and activities of the people and also issues of importance to the society.

### **Freedom of thought, conscience and religion (art. 14)**

128. The Government URT recognises freedom of thought or conscience, belief of faith and choice in matters of religion, including the freedom to change religion or faith by any person including a child. It is further provided that the practicing of religion, worship and propagation of religion shall be a free and private affair of an individual. However, the Government of Zanzibar, under the Ministry of Education introduced the teaching of Islamic studies in syllabi of public institutions of learning due to the fact that more than 90 % of Zanzibar are Moslems. However, Students in such institutions who are not Moslems are not compelled to take Islamic studies.

129. The right of the child to freedom of thought, conscience and religion is recognized by the Constitution of the URT.

### **The right not to be subjected to torture (art. 37 (a))**

130. The Zanzibar Government enacted various laws to protect children from being subjected to torture. A good example of these laws is the Labour Act (No. 3 of 1997), which restricts employment of a child under the age of 17 years in any type of work except where the employment is in the interest of the child. Also, the Children and Young Persons Decree (Cap 58) facilitates the establishment of Juvenile Courts. Section 6 of this Decree, imposes a legal duty on the Commissioner of Police to make arrangements for preventing, so far as practicable, a child or young person while being detained, from associating with an adult, other than a relative charged with an offence.

131. The Government of Zanzibar established an Interdisciplinary Task Force, to combat child abuse, especially sexual abuse. Its members are police officers, lawyers, medical doctors and social welfare officers.

132. The Government of Zanzibar discourages the use of corporal punishment. The process started by establishing two non-corporal punishment pilot schools, one in the rural and the other in the urban area. However, research has yet to be conducted to assess the impact of these pilot projects. Despite the above efforts, religious and cultural regulations legalize the administration of strokes as a form of socialization and upbringing rather than as punishment. Customarily, parents are expected to ensure that children under their jurisdiction grow up to become well-behaved members of the family and community.

## **V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE**

### **Children deprived of their family environment (art. 20)**

133. Measures taken by URT to improve alternative care include:

- Provision of subscriptions to support care and maintenance of children in Children's Homes;
- Development of National Guidelines for Community Based Care, Support and Protection of Orphans and Vulnerable Children (Draft);

- Development of National Guidelines for care, and protection of orphans and vulnerable children in institutional care;
- Allocation of adequate financial resources. One such example is through the Poverty Reduction Strategy;
- Involvement of communities in identification of orphans and vulnerable children and development of community plans for supporting the orphans and vulnerable children;
- Initiation of community based care programme for care, support and protection of orphans and vulnerable children;
- The need to establish a code of recognition of standards to ensure adequate care and protection of children deprived of family environment has been noted. Collection of views/opinions to establish the code of standards has been made;
- Formation of National Technical Committee to co-ordinate issues facing orphans and vulnerable children.

134. In Zanzibar, the legislative and administrative nature of child socialization does not allow children to be permanently deprived of their family environment. This is in conformity with Islamic law and widely held family practice.

#### **Adoption and foster care (art. 21)**

135. The National Guidelines for Care and Protection of Orphans and Vulnerable Children in Institutional Care has outlined the procedure for formal and informal foster care and adoption services. Adoption order shall not be made in favour of any applicant who is not residing within the East African Territories. Currently, a proposed harmonized “Children’s Law” of Tanzania Mainland is intended to take into account protection of children and cooperation in respect with inter country adoption

#### **Parental guidance (art. 5)**

136. Tanzania is a society with the extended type of family. Although the primary responsibility for the proper socialization of the child lies with parents and/or legal guardians, all grown up members of the extended family have a duty to provide appropriate directions and guidance to the child. In these families, due to tradition and customs, a child is the last member of the family to speak and be heard in the clan until he/she is an adult.

137. According to the Zanzibar Marriage Decree of 1985 and the Children and Young Person’s Ordinance Cap. 13 in Tanzania Mainland, it is the duty and responsibility of the father to provide maintenance for the child. Also, according to the Penal Decree Cap 13 of the Zanzibar Laws (Article 191), it is the duty and responsibility of the identified father of a child born out of wedlock to provide maintenance for such a child.

**Custody of children born in wedlock**

138. For children born in wedlock, custody is shared by both parents. In case of separation or marriage breakdown, the custody of children below the age of 7 years is by the mother while the father is required to provide usual maintenance for those children and in the case of default the law (Zanzibar Penal Decree, Cap 13) Children and Young Persons Ordinance provides for prosecution of the offender.

139. A variety of measures have been taken by the Government of Zanzibar, National NGOs and the community, to provide care and maintenance for the most vulnerable children (MVCs). A total of 37 children from poor families are being cared for in Government institutions. A total of 124 children (78 male and 46 female) have been taken into the care of the Children's Village (SOS). Another 115 orphans are provided for by the Africa Muslim Agency. Other NGOs active in this field are ZAWCO, ZAPHA, ZAMWASO, ZASO, and ZACA. All these NGOs deal with MVC including HIV/AIDS orphans.

**Separation from parents (art .9)**

140. In Zanzibar, adoption is strictly discouraged. International laws are applied to all non-citizen children living in the country and in case separation occurs, then the country jurisdiction allows the return of such a child to his/her native community. However, some difficulties are experienced in few cases to return back home, children taken away from their country.

**Abuse, neglect, abandonment, maltreatment and violence against children (art. 19)**

141. In Mainland Tanzania, Government and a number of the NGOs have undertaken studies and measures against sexual abuse, neglect, abandonment, maltreatment and violence against children. The Ministry of Community Development Gender and Children (MCDGC) in 2003 developed a National Plan of Action (NPA) aiming at combating violence against women and children. The main goal of the NPA is to attain sustainable equality and equity between women and men in Tanzania, and to provide a framework for actions to be undertaken by stakeholders to prevent violence against women and children. On the other hand, NGOs have established community programmes on children's rights that identify children with problems so that action is to help them. Cases of domestic violence, ill treatment and abuse (sexual, physical and psychological) of children are now reported more often and offenders punished. This may be a result of increased awareness and accessibility to information on the rights of the child.

142. The Government of United Republic of Tanzania has also established a procedure, which allows all cases involving mistreated or sexually abused children to be heard in camera. The public and the media are not allowed in the chambers while the victim is giving evidence. Furthermore, the Sexual Offences (Special Provisions) Act of 1998 amends the Children and Young Persons Ordinance, to the effect that: "where a child of less than eighteen years of age is a witness, a victim, accused or a co-accused in a case involving a sexual offence, the child shall be tried in 'camera' and separately from the adult co-accused or the evidence of the child shall be adduced in proceedings conducted in camera".

143. The Government of Zanzibar through the MYEWCD has established a Counselling Unit whereby neglected children can send their complaints. The Unit is responsible for resolving



problems and ensuring that the neglected child receives care/maintenance services from his/her father.

144. In relation to sexual abuse/cases in Zanzibar, the Counselling Unit, in collaboration with the Department of Social Welfare, Police and medical experts, responsible for developing strategies for combating maltreatment, sexual abuse and other violence against a child neglected and homeless children are taken care of by Government but existing facilities are overstretched.

## **VI. BASIC HEALTH AND WELFARE**

### **Right to health and access to health services (arts. 6, 8, Para. 3, 23, 24, 26, 27, paras. 1-3).**

#### **Health Policy**

145. A National Health Policy was formulated in 1990 and reviewed in 2001. The overall objective of the Health Policy on Mainland Tanzania is to improve the health and well being of citizen, with special focus on those most at risk and to encourage the health system to be more responsive to the needs of the people. Specific objectives are: -

- To ensure that health services are available and accessible to all the people in both urban and rural areas. Since children are more vulnerable to diseases, dispensaries have to be increased in rural areas.
- To sensitise the community on common preventable health problems and improve the capabilities at all levels of the society to assess, analyse problems and design appropriate actions through genuine community involvement.
- To promote awareness in Government and the community at large of the fact that health problems can only be adequately solved through multicultural cooperation. Sectors involved are education, agriculture, water and sanitation, community development, women organizations, political parties and non-governmental organizations with the Ministry of Health (MOH) taking the leading role.

146. The Tanzania Reproductive and Child Health Survey (TRCHS) statistics of 1999 on infant and under five mortality rates, show that at present IMR is at 104 per 1000 live births and U5MR is 165 per 1000 live births.

147. In Zanzibar the maternal mortality rate estimated in 1998 was 377/100,000 live births. This is slightly lower compared to the 1992 figure 400/100,000 live births. In the case of young children, mortality rates are also seen to be lower than in 1992. The present estimates are for IMR 83/1000 (2002) and child mortality at 114/1000 (2002) compared to IMR 102/1000 (1992) and 202/1000 1992 respectively.

148. MOH started implementing the IMCI initiative by training health workers on how to care for affected children. Districts like Sengerema, Misungwi, Mbarali, Mpwapwa, Temeke and Kibaha and teachers from Clinical Officers' Schools (Mbeya, Lindi and Masasi) have been trained and there are plans to extend such training to other areas of the country.

149. With the support of UNICEF, training of health workers in the Integrated Management of Childhood Illnesses (IMCI) and on safer pregnancy and delivery particularly at community level has been conducted.

150. The main objective of IMCI programme in Zanzibar is to improve the quality of care of sick children in first level facilities (PHC Units, MCH clinics within hospitals) and first referral facilities (PHC Centres) in all districts. The programme was started in Micheweni, Kivunge and Makunduchi cottage hospitals in the first phase 1997 to 2001. In the GoT /UNICEF contract Programme of 2002 to 2006 more districts are included. These are North 'B' Wete and Urban districts.

151. The IMCI programme has also components on training in capacity development, improving case management skills to health workers managing childhood illnesses, improving supervisory skills, and strengthening organizational capacity of the Coordination Unit. The Unit is responsible for coordination, monitoring and evaluation. Community based IMCI activities are being practiced in the pilot districts.

### **Prevention of malaria**

152. MOH in collaboration with other organizations like the Population Services International (PSI) and Care International distributed treated mosquito nets after a research on the control of malaria affecting children was conducted. Research further shows that chloroquine has failed to treat malaria in 20-52 % of patients who use the drug. Amodiaquine fails by 6 % while Fansidar by 13%. From these results, Fansidar is considered the first drug to replace chloroquine and the third for normal cases and first line for complicated cases. Tanzania is currently in a unique position in terms of use of Insecticides Treated Nets (ITNs), as the government is strongly endorsing ITNs. The country has considerable experience in promoting and distributing different forms of ITN in comparison to other malaria endemic countries in Africa. Tanzania also has a mosquito net factory producing high quality and low priced nets.

153. During the Anti-Malaria campaign in Zanzibar in 2001/2002, a research on the effectiveness of chloroquine was carried out in Micheweni and Kivunge Cottage Hospitals. The result showed 60% failure. In the attempt to fight against malaria in Zanzibar, a new Malaria Drug Policy was developed. The new policy (combination therapy) consists of the following drugs:

1<sup>st</sup> line: Amodiaquine + Artesunate.

2<sup>nd</sup> line: Artemether + Lumefantrine.

3<sup>rd</sup> line: Quinine.

154. In Zanzibar Fansidar can also be used by pregnant women. The outpatient department (OPD) diagnosis rate for pregnant women is estimated at 50 %.

### **Adolescent health**

155. Adolescents are disproportionately affected by the HIV and AIDS epidemic. Although adolescents of between the age of 13 and 18 years constitute 20 % of the Tanzania population,

they compose about 6 % of the new HIV infections. Efforts have been made to support young people against HIV and AIDS. One of the programmes that have been established is the Out-of-School Youth to Youth HIV and AIDS Communication Initiative, which has been running in different parts of the country. The programme has generated many lessons about young people's practices and the risks they are exposed to.

156. Most health services are not friendly to young people especially in the area of reproductive health. Accessibility to health facilities by increasing the proportion of deliveries, which take place in health facilities, is vital in reducing maternal and child mortality. However, initiatives are under way for promotion of youth friendly health Services

### **Prevention of diseases**

157. The Paediatric Department of the MOH is responsible for the health of children. According to Health Policy children under the age of five enjoy free health services. In order to reduce maternal and infant mortality rates, Government, through MOH, has launched training programmes on emergency obstetric care and safe delivery subjects. However due to resource constraints only 35 Districts have benefited from this training.

158. Equipment for Reproductive and Child Health services has been provided to 11 out of 21 regions only in Kagera, Kigoma, Shinyanga, Tabora, Singida, Ruvuma, Rukwa, Dodoma, Lindi, Arusha and Morogoro Regions in the URT.

### **Immunization**

159. The Expanded Programme on Immunization (EPI) co-ordinates national efforts to sustain and further expand the coverage of immunisation in Tanzania. Data from the Ministry of Health (1999) indicates national EPI Coverage of 75 % and it has been raised to 79 % in 2002. In 1999-2000 MOH conducted campaigns on the use of polio vaccine in 44 districts in Tanzania Mainland and the overall immunization coverage was 99 %.

### **Nutrition**

160. The main nutritional problems affecting Tanzania remain to be Protein Energy Malnutrition (PEM), Iodine Deficiency Disorders (IDD), Iron Deficiency Anaemia (IDA) and Vitamin A Deficiency (VAD). Other nutrition disorders also exist, including diet – related communicable diseases such as pellagra, beriberi, scurvy, rickets, deficiencies of some minerals like zinc and excess intake of fluorine, which leads to fluorosis. VAD and PEM reduce survival, but PEM also reduces productivity while IDA affects both physical capacity and intelligence of pregnant women resulting into intellectual impairment of the unborn baby. The deficiency can be passed to the child once born and may have implications for future school performance and the future generation while PEM also affects intelligence capacity and school performance.

161. In Zanzibar, efforts to reduce the moderate and severe rates of malnutrition are carried by individual household, *Shehias*, districts and national level. It is unfortunate that the rates remain high despite the efforts being made. In 1992, the rates were observed to be 5 % severe and 26 % moderate. The 2002 rates are observed to be 7 % severe and 38 % for moderate cases.

**Protein energy malnutrition (PEM)**

162. PEM affect all age groups but is most common for the under five. PEM manifests itself in the form of low levels of mental and physical growth, underweight or clinically as marasmus, kwashiorkor or marasmic kwashiorkor. Inadequate energy and protein intake is often accompanied by deficiencies of other essential nutrition namely vitamins and minerals.

163. According to the 1999 Tanzania Reproductive and Child Health Survey (TRCHS) prevalence of stunting continued to be around 44 %, amongst children under five years of age, with 17 % being severely stunted. Although wasting rose from 6 to 7 % in the 1991/92 and 1996 respectively (TDHS 1992 and 1996), it decreased to 5.4. % in 1999 (TRCHS 1999). Underweight children decreased from 7.8 in 1996 to 6.5 % in 1999. In both cases, children living in rural areas suffered more compared to their urban counterparts, with 48 % being stunted compared to 26 % in the urban area.

164. Adult malnutrition is also a problem in Tanzania. The commonly used Index to assess adult malnutrition is the Body Mass Index (BMI), which is derived by dividing the weight in kilograms by the height in square metres, with a cut off point of 18.5. The results of the 1996 TDHS showed that a non-pregnant women had a BMI of less than the 18.5 cut off point, reflecting a high rate of malnutrition in this group. According to a study done in 7 districts of Tanzania Mainland in 2002 on Low Birth Weight (LBW), risk factors, services and care provision, there was high prevalence of malnutrition among mothers assessed at 4-6 weeks postpartum. The proportion of mothers with low BMI ranged between 0.8 and 13.8 %. Higher proportions of mothers aged 16 to 18 years were malnourished compared to older mothers (over 25 years).

165. Height is a good indicator in identifying women at nutritional risk. In addition maternal height is used to predict the risk of difficult in delivery. According to TDHS 1996, 17 % of the women measured below 150 cm. According to the 2002 study, short maternal stature was common, ranging from 7.2 to 30.3 %. Adolescent mothers were significantly shorter than elder mothers.

166. Regarding low birth weight (LBW) a baby borne less than 2.50kg is an outcome of adverse pregnancy leading to a lot of implications on newborn's subsequent survival, growth and development. LBW is a result of multiple conditions pregnant women are exposed to, before and during pregnancy. These include pre-pregnancy under nutrition, some infection and adolescent motherhood, maternal anaemia, use of drugs and alcohol. LBW babies have an increased risk for prenatal and neonatal mortality and morbidity. According to a study in the year 2002 in seven districts, that is Mbarali, Ngara, Magu, Songea, Musoma, Karagwe and Kilosa Districts, prevalence of LBW (less than 2.5 kgs) was high, ranging from 7.9 % to 21.1 % of new births. Mean birth weights were significantly lower in adolescent mothers.

**Anaemia**

167. Anaemia results into reduced physical as well as mental capacity. There is also a correlation between anaemia and low birth weight, birth defect and reduced immunity among children. In pregnancy, there is increased morbidity and failure to withstand normal blood loss during delivery, both of which could be immediate cause of maternal deaths and thus jeopardizing childcare, which tends to be maternal oriented.

168. In 1993, a community based study conducted in Mainland Tanzania for 10 districts implementing the Health Nutrition Programme (HNP) revealed the prevalence of anaemia haemoglobin (HB) level of less than 11.0g/dl among 1,032 pregnant women investigated, ranged from 13.9 % in Singida Rural District to 79.9 % in Lindi Rural District (MOH, THNS, 1994). In the same study, anaemia prevalence among children under five years of age ranged between 27.2 % in Iramba District to 94.8 % in Liwale District. According to the data collected in 1998 through the Tanzania Anaemia Surveillance System among the 6218 children under five years of age, 61.9 % of the children had anaemia problems.

### **Iodine deficiency disorders (IDD)**

169. IDD manifests itself mainly as goitre, which is the major observable sign, but with more serious effects like cretinism, mental retardation, cretinoidism and other neurological manifestations. On the basis of the spot surveys conducted in the 1980s and 1990s, it is estimated that 27 % of the Tanzania population lives in areas which have deficient iodine deficient and therefore are at risk of developing IDD. It is estimated that 24 % of the population has been affected by IDD. Further estimates attribute 30 % of prenatal deaths to iodine deficiency. According to the evaluation undertaken in 1999/2000 there is an indication that the IDD problem has declined as indicated by a drop in goitre rate from 67.6 in 1988 to 23.5 in 2000. Salt iodation that has risen from 0 % households in 1990 to over 80 % households in 2000 has contributed greatly to the improvement.

### **Vitamin A deficiency**

170. VAD is manifested by low levels of serum retinal and/or exophthalmia. The deficiency affects the eyes, particularly those of young children and if not controlled might lead to blindness. Both mild and severe forms of VAD are associated with morbidity, mortality and growth retardation. Vitamin A plays an important part in vision, growth, reproduction, maintenance of epithelial cells and body immunity.

171. The results of a prevalence study undertaken by the Tanzania Food and Nutrition Centre (TFNC) in 10 regions of mainland Tanzania, indicated that 24 % of children aged 6 months to 6 years had VAD. It was also documented that approximately 69 % of women in the country had breast milk retinal levels below 30ug/dl, implying that VAD is a serious public health problem in Tanzania.

172. Measures undertaken to address PEM and Micronutrient Deficiencies include the following:

- Supplementation of children and women of child bearing age with iron and foliate through Reproductive and Child Health Services (RCHS)
- Supplementation with vitamin for pre-term babies, LBW babies, children 0-24 months, adolescents and pregnant women through health facilities, and specific campaigns; for Vitamin A Supplementation to children aged 6 months to 5 years were undertaken.

- During the Day of the African Child celebrations of June 2002, 5,482,219 children, that is about 80 % of the targeted 5,770,268 were supplemented with Vitamin A;
- Promotion of consumption of iodated salt through advocacy awareness creation, capacity building and strengthening monitoring of salt iodations by industries and small scale processors through establishment of a surveillance system for salt iodations;
- Enhancing production, preservation and consumption of foods rich in vitamins and minerals, especially by children under five years of age;
- Measures to strengthening public health were taken including immunization, maintenance of environmental hygiene and sanitation, deforming, and malaria control. Other measures were awareness creation amongst decision makers, key actors and committees; growth monitoring at health facility and community levels, and establishment and strengthening child day care systems;
- Promotion of better infant and child feeding practices through protection and support of breastfeeding, 0-6 months through;
  - Advocacy and public awareness creation;
  - Strengthening IEC on infant and young child nutrition;
  - Capacity building in lactation management, breastfeeding and HIV and infant feeding counselling and Baby Friendly Hospital Initiative (BFHI) among others;
  - Strengthening the counselling component of breastfeeding and infant feeding in HIV and AIDS through Training of Trainers (TOTs) and counsellors, adoptive and translating WHO/UNICEF manuals and dissemination of IEC materials.
  - Strengthening the BFHI. During 2003, out of 128 hospitals trained and assessed, 59 hospitals declared were baby friendly.
  - Enhancing implementation and monitoring of the National Regulation of Marketing of Breast Milk Substitutes and Designated Products Regulation of 1994 by training Authorized Officers, National Code monitors and regulating advertisements in different media and health facilities.
- Promoting adequate complementary foods through promotion of germinated and fermented foods to improve iron bioavailability of nutrients in child diets, and enhancing the quality and safety, nutrient content, availability and accessibility of the foods.

- Review, development and implementation of policies and guidelines:
  - The National Food and Nutrition Policy is in the process of review. So far, aspects of poverty eradication and nutrition care and support for people living with HIV and AIDS have been included.
  - A National Guide on nutrition care and support for people living with HIV and AIDS was developed, together with guidelines for health eating for people living with HIV and AIDS.
  - Continued with the implementation of the Micronutrient Deficiency Control Policy Guidelines for supplementation of special groups issued in April 1997.
  - Implementation and monitoring of the National Regulation of Marketing of Breast Milk substitutes and designated products.
  - A National Food Security Policy is being formulated and will take care of vulnerable groups affected by food insecurity particularly children under the age of five years.

173. Challenges with regard to implementation of nutrition activities include:

- Controlling PEM and Micronutrient Deficiency in the context of HIV and AIDS and absolute poverty;
- Improving infant feeding practices in the context of HIV and AIDS and trade liberalisation;
- Sustaining the BFHI with limited human, financial and material resources;
- Establishing community Based Support Systems to complement the BFHI;
- Provision of quality counselling to mothers, especially those living with HIV and AIDS at community level;
- Protecting maternity benefits for women;
- Capacity building at different levels to match the increasing demand;
- Carrying out operational research which addresses nutritional needs of special groups including infants and children adolescents and women, and
- Monitoring and evaluating implementation of policies, guidelines and regulations aimed at improving nutrition, especially for women and children.

## **Water and sanitation**

174. According to the Household Budget Survey (HBS) 2000/2001 on Tanzania Mainland, poverty is widespread and deeper in rural areas where about 77 % of the total poor population live. This reaffirms the Government rationale for an increased focus on social development in rural areas. The HBS data analysis on progress regarding water and sanitation sector shows that more ground work is still ahead. About 54 % of the poorest segment of the population still walks long distances to water sources for domestic consumption.

175. Under the structural and institutional reforms, the Government approved the Revised National Water Policy on 27<sup>th</sup> July 2002. The policy provides guidance on such important aspects like water as a finite economic good, which has value and which must be paid for. Water sources must be sustainably managed while emphasis should be kept on equitable allocation and environmental conservation. At the same time, water basins should be instituted to be administratively practical and as planning units for integrated water resources management and coordination.

176. The policy provides for aspects of community participation in provision of water supply through demand responsive approaches; public/private sector partnerships; inter-sectoral coordination, collaboration and information sharing; gender awareness and mainstreaming; the use of appropriate technologies. Furthermore the policy provides for promotion of rain water harvesting technologies and setting up of an appropriate institutional and regulatory framework. Community participation is core since it aims at promoting sense of ownership of water schemes in the communities.

177. The public/private partnership strategies include the privatisation of utility parastatals, like the Dar es Salaam Water Supply Authority (DAWASA). The public/private partnership in collaboration with the community, encourage private companies to construct water schemes in collaboration with communities.

178. Good supplies of water and sanitation services contribute positively to poverty alleviation through reduction of energy time spent in fetching water, and increase in health standards. Generally, a water and sanitation service contributes directly and indirectly in increasing socio-economic welfare of the society including ensuring a conducive environment for increased school attendance.

179. Since 1998, progress has been made in water and sanitation sector. These include:

- Rehabilitation and expansion of existing water schemes in rural areas. This is improving at a low rate due to resource constraints. Out of 794 water schemes, which required rehabilitation and expansion, 122 schemes were rehabilitated during the period between 1998-2003.
- By 2003 about, 292 new water schemes, 3 large dams, 14 medium size dams, 134 deep water wells and 1990 shallow water wells were constructed countrywide during this period under review.
- By October 2002, there were 5,384 villages with water committees and 1,279 villages had autonomous rural water entities with water funds. This increase was



due to community participation and fund contribution from the village members. The village water funds totalled to Tshs 7 billion.

- Water quality surveillance has been intensified while water samples for testing standard amount of chemicals and turbidity are regularly conducted throughout the country, twice a year in rural areas.
- The client service charter for water sector service providers is in place since November 2002. The main purpose is to increase customer awareness of the availability and quality of services provided by water sector and sanitation service providers to clients.
- The proportion of the population with access to safe and clean drinking water in rural areas increased from 46% in 1996 to 50% in June 2002.

180. The introduction of Participatory Hygiene and Sanitation Transformation (PHAST) and other participatory methodologies at the village level has succeeded in promoting hand-washing habits after use of latrines, at the household level and in schools. The Ministry of Health and Ministry of Water and Livestock Development in collaboration with UNICEF, supported the development of PHAST as a key methodology for community-based hygiene, water and sanitation.

### **Children with disabilities (art. 23)**

181. Government has included the aspect of children with disabilities in the National Population and Housing Census of 2002 so as to generate information for understanding the magnitude of the problem and initiate programmes to support this problem.

182. The Muhimbili Orthopaedic Institute (MOI) has been established whereby children with disabilities are given priority care. Given that Muhimbili serves very few children with disabilities, there is a need for enhanced access for all children with disability.

183. The Government has developed initiatives for the establishment of Early Childhood, Care and Development Programme. A pilot programme has been started in Kibaha District. Through this programme early identification of children with disabilities will also be carried out for early prevention.

184. Efforts have been made to ensure that placement in institutional care of children with disabilities is a measure of last resort.

185. Special programmes have been established for the visually impaired, intellectually impaired, hearing impaired, deaf, physically impaired and autism. Table 10 shows the number of special schools and units integrated to regular school and primary schools:

**Table 10**  
**Special, regular and primary schools**

<i>Group of disability</i>	<i>No. of special schools</i>	<i>No. of units integrated into regular schools</i>
Visual	3	28
Hearing	7	22
Intellectual	5	104
Physical	1	3
Deaf/ blind	-	1
Autism	-	1
<b>Total</b>	<b>16</b>	<b>159</b>

*Source:* Ministry of Education and Culture (URT), 2003

186. Currently there is only one Teacher Training College, which trains teachers for children with disabilities

187. Zanzibar Association of the Disabled ZAD has a comprehensive Community-Based Rehabilitation Programme (CBRP) for supporting people with disabilities (especially children). This is a pilot program involving two districts in Unguja, and one district in Pemba. A survey to determine the status of children with disabilities in Zanzibar has been conducted by ZAD. Presently, 1,548 children are in this programme. Table 11 shows categories of Children with Disabilities in Zanzibar.

**Table 11**  
**Categories of Children with Disabilities**

<i>Type of disabilities</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Deaf/Speech problems	139	126	265
Visual	30	32	62
Epilepsy	47	41	88
Albino	21	21	42
Mental	101	76	177
Physical	250	200	450
Multiple	203	164	367
Hydrocephalus	31	12	43
Others	26	28	54
<b>Total</b>	<b>848</b>	<b>700</b>	<b>1548</b>

*Source:* The Zanzibar Association of the Disabled (ZAD).

188. Other NGOs working with people with disabilities include the Zanzibar National Association of the Blind (ZANAB) and the Zanzibar Association of Parents of Children with a Mental Handicap (ZAPMH).

189. The survey conducted in 1998 under CBR, revealed that 50% of the population is under 15 years old. It is estimated that there are 3,000 children with disabilities. Another survey conducted by ZANAB in only one district, discovered that about 1,003 people out of 4,000 are people with disabilities. Of these, 60% are under 19 years of age.

190. The Government of Zanzibar in collaboration with the ZAD has established 3 vocational training centres for persons with disabilities. So far, 27 people have been trained, of whom 12 are male and 15 are female.

191. ZAD has 65 trained volunteers in two districts (North 'A' and central District), 65 trained traditional birth attendants and 20 trained traditional healers in four districts. These community resource persons work on detecting common childhood disabilities.

192. The Mnazi Mmoja Government Referral Hospital has initiated congenital Malformation services with which a total of 41 disabled (25 males and 16 females) have been supported for medical and surgical interventions.

193. The Government of Zanzibar through the Ministry of Education, Culture and Sports in collaboration with ZAD, has introduced an inclusive education programme aiming at enabling children with disabilities to learn in normal classes with other able children.

194. ZAD, with the support of Save the Children's Fund, is improving community-based rehabilitation, with the aim of increasing the skills of disabled people to enable them to be independent.

## **HIV and AIDS**

195. HIV and AIDS has become the single most important factor threatening human development in Tanzania. About 12 % of the adult population is estimated to be infected by HIV. HIV and AIDS has now become the leading cause of mortality among the sexually active population and may soon be among the top three causes of death among under fives. It is currently estimated that there are two million orphaned children as a result of AIDS and the number is still increasing fast. However, efforts undertaken to combat the pandemic include:

- The establishment of the Tanzania Commission on AIDS (TACAIDS) in December, 2000.
- Establishment of the National Policy on HIV and AIDS in November, 2001, to provide a framework on leadership and coordination of the national multi-sectoral response to the HIV and AIDS epidemic
- In May 2003, the government launched the National Multi-Sectoral Strategic Framework (NMSF) on HIV and AIDS for the period of four years (2003 – 2007) in order to translate the National Policy of HIV and AIDS into implementation.

- All government Ministries have programmes related to issues concerning the preventions of HIV and AIDS. For example the Ministry of Community Development, Gender and Children has adopted the Strategic Framework of Community Based Protection of Women and Children against HIV and AIDS and STIs (2002-2007). The Ministry has also HIV and AIDS workplace interventions covering workers at Headquarters, MCDGC Colleges, Regional Secretariats and Councils representatives.

196. Prevention of Mother to Child Transmission Programme (PMCTP) has been implemented as a pilot project in Tanzania since 1999. The implementation has been undertaken in five pilot sites of referral hospitals of Muhimbili, Bugando, KCMC, Mbeya and Kagera and it has been on going since mid – 2000. A Task Force led by the Ministry of Health coordinats the efforts together with National Aids Control Programme (NACP) and UNICEF. The PMTCTP package consists of Voluntary Confidential Counselling and Testing for HIV (VCCT) through Anti-Natal Clinics (ANC) and follow-up care and treatment for the HIV positive, including advice on infant feeding option. The project provides support for setting up of counselling facilities, training of counsellors and supplies of drugs or testing as well as anti-retroviral therapy. Much focus in the existing pilot project on PMTCTP has been given to preventing the transmission of HIV infection and ensuring survival of the child.

197. As from July 2001, approximately 17,000 Ante-Natal Clinics (ANC) clients were voluntarily counselled and tested by the PMTCP project. Out of these, 35 % have used free Voluntary Counselling and Testing (VCT) services, 85 % opted for testing, 5,050 AVC clients tested and 13 % were tested positively for HIV. African Medical Research Foundation (AMREF) through *Angaza* Programme, a Tanzanian initiative, is undertaking other efforts for VCT

198. In order to create awareness on the impact of HIV and AIDS, various institutions have carried advocacy and awareness programmes. These institutions have carried activities on promotion of HIV and AIDS and STIs education, life skills, vocational training, STIs management, HIV testing and counselling of children and out of school youths.

199. In order to have a better order of the HIV situation in Zanzibar, the Zanzibar AIDS Commission (ZAC) has prepared a Situation and Response Analysis Report in 2003 as a first step towards full preparation of a Strategic Plan. The report reveals a marked level of incidence. Currently it is estimated that the HIV prevalence in the general population is 0.6%. Women show infection rates that are four to six times higher than their male counterparts. It is estimated that more than 600 Zanzibarians have died of AIDS since the first case was identified in 1986. To date, 500 AIDS orphans have been registered with NGOs dealing with HIV and AIDS orphans and around 6,000 adults and children are estimated to be living with HIV and AIDS.

200. It was found that over 95% of the population of Zanzibar is aware of the pandemic. Translating this awareness into behavioural change remains a serious challenge particularly among vulnerable groups such as young people.

201. The Zanzibar Response Analysis Report clearly revealed that the nature of the national response to the pandemic has been weak. For example, although a number of Ministries established focal point persons on HIV, they never really functioned. The Technical

Committees for HIV and AIDS under ZACP established by the Ministry of Health and Social Welfare (MOHSW) did not fully implement the mandates given to those committees. The special Task Force of Principal Secretaries on HIV and AIDS has never functioned. Although the health sector was active, the sector failed to develop HIV and AIDS health sector policy public or even mainstreaming HIV and AIDS activities within the sector. The Zanzibar Government formulated Zanzibar National Strategic Plan on HIV and AID for the period 2003 – 2007. The main objective of this strategic plan is to ensure that the HIV pandemic is contained through a multi-sectoral involvement of as many partners and actors as possible and also focus attention on priority groups so as to reduce the impact of the pandemic and minimize spread of HIV transmission to the general population.

202. Sexual intercourse, accounts for more than 90 % of HIV transmission in Zanzibar. HIV transmission through body fluids and blood contacts in hospital settings is controlled or minimized through standard screening and sterilization procedures of invasive equipments. HIV transmission through piercing and other surgical invasive equipments accounts for the remaining factors. Guidelines or directives have been provided to ensure antiseptic techniques are in use in all health facilities. Data from ZACP estimates that about 4% of HIV transmission is of vertical nature (mother to child transmission) inclusive of breast-feeding period.

203. Through the Department of Social Welfare, the Government of Zanzibar has put in place programmes for the care and maintenance of deprived children including orphans from parents' victims of AIDS. Religious institutions particularly African Village and other charitable organizations such as ZAWCO, ZAPHA, ZAMWASO, and ZASO, donate a variety of items including food, school uniform, educational equipment, mattress and bed nets to these vulnerable children including orphans as a result of AIDS.

204. Abortion cases do appear in Zanzibar community. Identification and registration occur in hospital only where the cases are attended and hospitalised. There is no data showing abortion cases at hand.

### **Female genital mutilation (FGM)**

205. In November 2001 The Government launched the East African Network on the Elimination of Female Genital Mutilation (FGM)-Tanzania Chapter. The objective of the Network is to facilitate sharing of information, materials and exchange of experiences among members of the network on the elimination of FGM in their respective areas. National Action Plan for the eliminations of FGM has been prepared so as to protect women and girls against the practice. The GoT, NGOS and other development partners, has taken measures to conduct massive advocacy campaigns, which included training mass media practitioners, so as to sensitise the communities on issues concerning FGM. In this regard the following achievements have been made:

- Villagers in the regions that practice FGM have aired out their views on how to eradicate it.
- Radio and Television programmes are used to sensitise the public on FGM issue.

- Press kits are used by the media to further inform the society on FGM and its effect in social, economic and political context of the people. The press has been kept aware of the issue;
- Special FGM appeal launched and collected signatures of various public figures who protest on FGM practices. In general, as a result of these efforts the extent of the practice has gone down from 12 to 10 % in 2003.

206. In addition, efforts have also been taken by the Government of URT in Tarime District of Mara Region, in which the NPA was introduced to the officials, where FGM hazards were introduced to the traditional healers of all the ethnic groups.

### **Mental health**

207. In Zanzibar mental health cases are handled mainly at Kidongo Chekundu Hospital. Less serious cases are handled in Pemba at Chake Chake and Abdalla Mzee Hospital. Table 12 shows the patients who received services in years 2001 up to 2003 at Kidongo Chekundu Hospital.

**Table 12**  
**Mental health patients 2001/2003**

	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>
New attendants	172	120	52	207	131	76
Re-attendants	325	182	143	499	338	161
From OPD	347	185	162	803	374	429
Follow up cases	9,161	-	-	9,899	4,587	5,312

*Source:* Mental Health Hospitals Zanzibar

208. The Government of Zanzibar has established a Board for the Mental Hospital under the Ministry of Health. The Major role of the Board is to monitor all children with related mental cases as well as their physical and psychological well-beings.

## **VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES (Arts. 28,29,31)**

### **Aims of education (art. 29)**

209. Government of the URT is implementing the Primary Education Development Plan (PEDP) 2002 - 2006 as a strategy for the implementation of the Education Sector Development Programme (ESDP) in Tanzania Mainland. The Implementation of PEDP started in January 2002 with the following objectives:

- To reinstate UPE so as to ensure all eligible children aged 7 – 13 years obtain primary education.

- To improve the quality of Education so as to ensure:
  - Adequate teaching and learning materials
  - Adequate and qualified teachers are in place and
  - To strengthen primary education management system so as to increase efficiency in education services delivery.

210. Tangible PRS indicators are reflected in the implementation of PEDP. Gross enrolment reached 105.3% in 2003 above the set target of 85 % compared to 77.6 % in 1990 while net enrolment rose from 58.8 % in 1990 to 88.5% in 2003. This is in response to the abolition of school fees and other contributions, school concerted enrolment campaigns supported by all levels of government and communities, including construction of new classrooms, recruitment of additional teachers and improvement of nutritional intake. Tables 13, 14 and 15 show the Gross Enrolment Rate (GER) and Net Enrolment Rate (NER) between year 2000 and 2003 for children aged 7-13 years and primary school enrolments in standard one (7 years old).

**Table 13**  
**Gross Enrolment Rate (GER)**

<i>Year</i>	<i>Total number of Children 7 – 13 years</i>	<i>Total number of children in school</i>	<i>Percentage</i>
2000	5,646,293	4,382,362	77
2003	6,229,830	6,562,772	105.3

*Source:* Ministry of Education and Culture, 2003

**Table 14**  
**Net Enrolment**

<i>Year</i>	<i>Total number of children 7 – 13 years</i>	<i>Total number of children in school</i>	<i>Percentage in school</i>	<i>Percentage out of school</i>
2000	5,646,293	3,309,977	58.6	41.38
2003	6,229,830	5,515,793	88.5	11.5

*Source:* Ministry of Education and Culture, 2003

**Table 15**  
**Primary School Enrolments in Standard One**

<i>Year</i>	<i>2002</i>	<i>2003</i>	<i>Total</i>
PEDP Targets	1,500,000	1,600,000	3,100,000
Actual Enrolment	1,632,141	1,481,354	3,113,495

*Source:* Ministry of Education and Culture 2003

211. Table 16 shows improvement in the construction of classrooms, teacher houses, desks and toilets between years 2002 – 2003 through PEDP.

**Table 16**  
**Rehabilitation of Physical Infrastructure**

<i>Year</i>	<i>Classrooms</i>	<i>Teacher'shouse</i>	<i>Desks</i>	<i>Toilets</i>
2002	61,006	25,639	1,320,186	50,747
2003	80,691	27,156	1,407,283	88,990
Increase	19,685 (24%)	1,517	89,097 (66%)	88,243 (26%)

**Source:** Ministry of Education and Culture, 2003

212. Through PEDP, 17,854 teachers have been recruited and 6,000 teachers are under alternative employment, which makes a total of 23,854 teachers.

213. As to the implementation of the Education and Training Policy of 1995, a total number of 7,212 Pre Primary schools both government and Private schools have been established.

214. In providing quality education, the Ministry of Education and Culture (MOEC) has a target of providing teaching and learning materials to all primary schools and has the intention of having a pupil book ratio of 1.1.

215. Table 17 shows the budget allocated under the implementation of PEDP in 2002/2003. This programme is funded though a “basket – funding” arrangement which involves several donors.

**Table 17**  
**PEDP Budget 2002/2003 (T.Shs.000m.)**

<i>Funding</i>	<i>TShs. (000m.)</i>	<i>%</i>	<i>Allocation</i>	<i>TShs.(000m.)</i>	<i>%</i>
Government	175.1	60.4	Capitation	70.1	24.2
Donors	114.6	39.6	Other Charges	13.7	47.3
			Development	51.4	17.7
			Miscellaneous (inc. Salaries)	154.5 (138.4)	53.3 (47.8)
Total	289.7	100	Total	289.7	100

**Source:** Ministry of Education and Culture, 2003

216. To date 202 satellite schools have been established to reduce walking distance to school. It is the intention of Government to create child friendly environment so as to retain children in schools especially girls. One of the strategies of creating child friendly environment is to



construct toilets so that the ratio becomes 1:40 for boys and 1:25 for girls. Construction of such toilets is an on going activity.

217. In an effort to improve education performance, the Government of Tanzania has adjusted pass marks for Standard IV and VII to 45 and 61 respectively.

### **Child Friendly Schools (CFS) initiatives**

218. Pilot Child Friendly Schools (CFS) have been established in 11 districts of Kisarawe, Musoma Rural, Masasi Ngara, Mufindi, Songea, Hai, Kinondoni, Magu and Ilala. The vision of the initiative is to make schools conducive for teaching and learning as well as to promote child rights through child friendly schools. The objective of these initiatives is to involve all social organizations to establish a prototype CF Schools, where schools collaborate with actors in other sectors and the local communities to identify the needs of children..

219. The Government of Zanzibar has established the Zanzibar Education Master Plan (ZEMAP), with the goal of delivering quality education in Zanzibar.

220. Special emphasis is given to girls' students by introducing 2 special classes of science subjects for girls. The plan is also being completed to widen the chance for girls to learn social studies/science. The number of girl students in higher learning institutions has increased from 89, 964 in 1999 to 122,279 in 2003.

221. The Ministry of Education, in collaboration with ZAD has introduced special classes for impaired students. 7 units of this kind of classes have already been opened for 202 children with disabilities like eyesight, mental retardation and slow learning or intellectual capacity.

222. More of children go to school due to reduction in walking distance after numerous schools have been established close to homes the current walking distance from the furthest village to a school is now 3 kilometres.

223. The Government of Zanzibar has made efforts to increase the number of trained teachers. The following trend shows justification of this statement; About 5676 (2545 males and 3131 females) teachers' were trained before June, 2003. This number has increased to 6584 (3829 males and 3735 females) by June, 2003. Also 250 teachers (52 males and 49 females) attended teachers training through distant learning programme in various centers. The Government has opened a branch of Teachers Training College (TTC) in Pemba.

224. In Zanzibar the private sector is licensed to provide education and has provided more opportunities for learning since 1999. A total of 250 schools have been registered.

225. As a way to minimize psychological problems among students, a special programme on guidance and counselling has been introduced in all government schools. At least 2 Counsellors are available in each school. Moral Ethics, Environmental Studies (MEES) and Life Skills Education have been introduced in all Government Secondary schools.

226. Teacher- student ratio however is still not good. The Government policy so far does not allow the private sector to open Teachers Training Colleges in Zanzibar. This leads to a limited number of trained teachers.

227. The Government of Zanzibar also aims at improving pre-primary schools so as to ensure that access to quality education begins at early stages. The Ministry of Education, Culture and Sports is now discussing the possibility of having a policy for Early Childhood Education and Development (ECED). The Aga Khan Foundation has been supporting this programme in the country.

228. The Government has made efforts to increase the possibility for youth to compete in the labour market by improving their skills, knowledge and quality of their education. Alternative education has been provided for supporting students who failed to complete basic education to attend non-formal education schools. Otherwise those who have not been sent to schools during their school age follow the same experience. So far, five classes have been opened.

### **Education, including vocational training and guidance (art. 28)**

229. The Government of Zanzibar has adopted free education policy for all school-aged children since 1964 so as to make the rights to education accessible to all children. This policy is for Government Secondary and Primary education, which is from standard one up to Form Six.

230. More new schools have been built under both Government and community support. About 272 new schools were built by the year 2002 and other 7 schools are under construction.

231. School enrolment rate has improved from an average of 80 % from 1998-2000 to 100 % in 2001. All children aged 7 to 13 are now enrolled for standard one.

232. The number of schools (pre-primary, primary and secondary) has increased from 293 in 1999 to 415 in 2003. Recently, three Higher Learning Institutions have been opened and students are able to acquire degrees in both the Arts and Science Faculties. Secondary Schools have also been increased. There are 38 Schools as shown in table 18 below.

**Table 18**  
**New Secondary Schools in Zanzibar**

<i>District</i>	<i>Number of new schools</i>
West	4
Central	4
South	4
North 'A'	4
North 'B'	3
Mkoani	5
Chake	5
Wete	5
Micheweni	4
<b>Total</b>	<b>38</b>

*Source:* Ministry of Education Culture and Sports, 2003

233. The Zanzibar Educational Policy has been reviewed to promote higher standards of education.

### **Secondary education**

234. Having attained great outputs in the Primary Education Development Plan (PEDP), the Government decided to direct its efforts to Secondary Education, which apart from being vital for sustainable economic take off of the country, it has an input to great social benefits crucial for the modernization and development of society as a whole. The Secondary Education Development Plan (SEDP) 2004 – 2009 is an essential and timely sequel to PEDP to enable effective transition from the expanded primary to public secondary schools. The Government has been supporting girls from poor families to continue with secondary school education through a special programme known as Girls Secondary Education Support Programme (GSESP)

235. The SEDP outlines the framework for achieving greater access to secondary education while simultaneously addressing aspects of equity, retention, and quality and management issues. SEDP also addresses the Government policy on decentralization of the management of delivery of social services, including education and focuses also on capacity building for the central government in order to improve execution of its core functions of policy formulation, provision of a responsive regulatory framework, quality assurance, and improved monitoring and evaluation.

236. The overall goal of SEDP is to increase the proportion of Tanzania youths completing secondary education with acceptable learning outcomes. The Plan has five Programme areas:

- **Improvement of Access:** To reach 50 % cohort participation and transition rate from primary to secondary education by 2010.
- **Equity improvement:** To ensure equity of participation in underserved areas by geographical locations, gender and in income in equalities.
- **Quality improvement:** To raise the pass rate of Division I – III, from the current 36 per cent to 70 %
- **Management Reforms and Devolutions of Authority:** To increase efficiency and responsiveness in the operation of secondary education.
- **Education Management System Improvement:** So as to make sure that the Ministry of Education and Culture becomes more efficient in executing its core functions of policy formulation, monitoring and evaluation, providing regulatory framework, coordination, and optimisations of resource use. The MOEC is also responsible for capacity building of the professional's staff through training.

237. Development for the Secondary Education Plan is in progress in Zanzibar. Targets for improving secondary education include:

- Expansion of enrolment of students from 19.5 % to 50 % by 2015.

- Give equal opportunities to regions and districts achievements.

238. Meanwhile remarkable achievements have been made during the process of improving the quality of secondary school education. The major achievements are:

- Increase in the number of secondary schools by 6 %.
- Number of students has increased by 8 %.
- Short and long courses have been provided to teachers.
- Funds for purchasing teaching and learning materials have been released for 622 schools.
- Renovation and rehabilitation in 63 schools.
- Best performance in schools has increased from 38 to 45 % for boys of form four classes.

### **Complementary Basic Education in Tanzania (COBET)**

239. In recent years several initiatives, including Access and Complementary Basic Education in Tanzania (COBET) has been taken with support from UNICEF and NGOs. The main focuses of this programme is to ensure that child who are unable to access formal schooling are able to enjoy their rights to basic education. Main characteristics of COBET include free education for adults. The primary learning cycle of standard I to V was decelerated from 5 to 3 years.

### **Leisure, recreational, cultural activities (art. 31)**

240. According to the Government of Tanzania Cultural Policy (1997) children must be availed every opportunity for cultural development. This is specified in the following terms:

- That cultural education be an integral part of the entire education process-from Pre-Primary, Primary to Secondary levels.
- That cultural subject be included in the examination systems at this level.

### **Leisure recreation**

241. Current cultural programmes give special priority to children's cultural activities. Among these are:

- Availability of playing grounds.
- The Children's Theatre Project (CTP), is currently operating in 70 primary schools in three administrative regions out of twenty one such regions. Coverage will expand as capacity increases.

- The Children's Theatre Festival is an annual event now involving primary school pupils.
- One-off events are organised for children in major human settlement centers, especially urban areas.
- There is an on-going arts training programme for teachers of pre-primary schools.
- Children are also enjoying visiting historical and game reserves; participating in television, radio, concerts and discussion sessions; involvement in games and sports; and in tradition and cultural practices.

### **Financing levels**

242. Children's recreational or cultural activities utilize about one percent of the total budget for culture.

### **Legal aspects**

243. There is a growing tendency to assign children of very young age prominent roles in various ceremonial events particularly weddings. Often children in these roles are engaged for long hours, depriving them among other things, their right to rest. Secondly, there is the problem of beauty and fashion contests in which children are being used to generate incomes for others while they themselves gain little or nothing at all.

244. Play grounds are available in all Zanzibar Government schools as well as in private schools. Opportunities for leisure and recreational activities are more affordable and effective in urban areas rather than in rural areas. Leisure and recreation facilities are more available in schools than in public areas.

245. There are three 3 official stadia in Zanzibar (Two in Unguja and one in Pemba). There are two official children playgrounds in Zanzibar, one in Unguja and one in Pemba. However, the condition of these grounds is not good. The environment in these grounds needs to consider the best interests of the child.

246. In 2003 the Zanzibar under 19-year olds football team won the CECAFA Cup.

## **VIII. SPECIAL PROTECTION MEASURES**

### **Refugee children (arts. 22 and 38 (1))**

247. Over 520,000 refugees have settled in the Western part of Tanzania. This has made Tanzania the largest refugee host country in Africa. Among these 100,000 children are under five years of age while 200,000 are school aged children and youths. Over 20,000 new babies are born within the camps every year.

248. In order to ensure the protection of asylum seekers and unaccompanied children especially girls, the Government of URT has instituted measures, which will ensure their adequate protection. All refugees and asylum seekers, including unaccompanied girls, are properly registered and documented upon arrival at entry points before they are sent to designate areas.

**Implementation of policies and programmes to guarantee their adequate access to health, education and social services**

249. Refugee children have adequate access to health, education and other social services. During the implementation of refugee care and maintenance programmes, particular attention is given to the special needs of refugee children. Refugee children enjoy health care just like any other refugee, they have access to informal and formal education provided in camps as well as to other social amenities like water provision and recreation facilities.

250. A National Refugee Policy of 2003 has been adopted by the Government. It covers various aspects of the management of refugee matters in Tanzania. There is in place, the Refugee Act, which was enacted in 1998. This law protects the interest of the child through various provisions. Section 35 of the Act deals with reunion of the family, where the child can be reunited with his/her mother or father or his/her relative. The Act is silent on the issue of unaccompanied children. Section 31 (1) of the Act makes primary education compulsory. According to the Act, every refugee child shall be entitled to Primary Education in accordance with the National law and every refugee adult who desires to participate in adult education shall be entitled to do so in accordance to the Adult Education Act.

**Review of standards and procedures in the asylum process to ensure consistency with the international standards**

251. Refugee children, like any other refugees, enjoy access to the existing asylum procedures in the country. During emergency situations whereby refugees enter *en-masse*, refugee children undergo the same processes, such as the screening process at entry points or reception centres, registration, medical examinations, access to food and non-food items.

**Special procedures for refugee children, especially those separated from their families**

252. Some administrative procedures are used in refugee camps to deal with the problem of refugee children who have been separated from their families during the fighting. Normally such children are attached to foster families, which would ensure that all the basic necessities of those children are met. Attempts to trace family members are made through the family-tracing programme conducted by the Tanzania Red Cross Society (TRCS).

**Policy to permit refugees married to Tanzanians, irrespective of gender, to obtain residential status and/or naturalization and further guarantee the rights of the children of such unions.**

253. There are some documented cases involving marriage between male Tanzania nationals and refugee women. Since the law does not allow these head of families to live in the refugee camps, unless one has been employed inside the camp, the Refugee Department usually advises them to process dependant passes for their spouse with the Immigration Department. This

would allow them to live with their refugee wives outside refugee camps and later on if they so wish, may process naturalization through the existing procedures.

### **Cooperation with the office of the United Nations High Commission for Refugees (UNHCR)**

254. The government of URT has instituted measures through its cooperation with UNHCR and other component intergovernmental organizations, or non-governmental organizations cooperating with the UN, to protect and assist unaccompanied children to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. For example, in the refugee camps situated in Western Tanzania TRCS has established family tracing programmes where all refugees including refugee children have access to it. Through this programme many unaccompanied refugee children have benefited a lot since the programme has enabled them to be re-unified by their relatives within the country as well as outside the country.

### **Administration of juvenile justice (art. 40)**

255. The country's first juvenile court was established in 1997 in Dar es Salaam and similar courts have been established in other regions. Efforts are underway to establish them in Mtwara and Mbeya regions. However, it is the intentions of the Government to ensure that the juvenile justice system is available and accessible to all children. In Tanzania, district courts are designated juvenile courts, when a case involves juveniles. This is in accordance with the Children and Young Persons Ordinance, Section 3. It provides, *inter alia* that such cases should as far as possible be heard in camera to maintain the privacy of the child, except where the child charged with an adult. On the other hand, the Prisons Act, 1967 provides that juvenile offenders should not be confined together with adults.

256. In Zanzibar, a child under the age of 12 years cannot be accused for any criminal case. According to Act 11 of 1986.

257. In Zanzibar, Juvenile Courts are established in Zanzibar under Section 3 of the Children and Young Persons Decree, Chapter 58 and Magistrate Court's Act, 1985. The juvenile courts are maintained by Regional Magistrates and are established for the purpose of hearing charges against children or young persons. A Juvenile court may try a child or young person in accordance with section 8 of this Decree for any offence other than manslaughter.

258. Juvenile delinquents in remand or jail are by law supposed to be separated from adults. In compliance with the CRC (Article 40), the Decree in Zanzibar imposes certain standards of treatment and reaffirms a number of established procedural guarantees for children in conflict with the law. In particular, the Decree demands treatment that is consistent with the promotion of children's sense of dignity and worth. Consistent with the CRC (Article 3) the Decree embraces the best interests of the child as a primary consideration in all court proceedings relating to children.

### **Children deprived of their liberty (art. 37)**

259. Currently there are five Remand homes on Tanzania Mainland situated in Tanga, Moshi, Arusha, Mbeya and Dar es Salaam. Remand Homes are managed by Social Welfare

Department, but commitment of children to Remand Homes is done by the courts. There is only one Approved School, which is at Irambo – Mbeya Region. It caters for boys only. Measures taken to improve the situation of Remand Homes include:

- Training of staff on how to deal with such children. The attitude of the staff towards the children has improved.
- Renovation of physical facilities.
- Provision of primary education or vocational training skills (carpentry and tailoring) depending on the educational level of the child during admission to the Remand Home.

**Children in situations of exploitation, including physical and psychological recovery and social reintegration (art. 39).**

260. Appropriate measures for psychological recovery and social reintegration of the child are being taken. In 1998, the Tanzania Media Women's Association (TAMWA) in collaboration with ILO-IPEC entered into the third phase of implementing the Action Programme to prevent the recruitment of girl child domestic workers. This specific Action Programme is integrated into TAMWA's core programme of sensitisation, advocacy and lobbying for eradication of gender violence and discrimination.

261. The objective of the Action Programme is to raise awareness of the adverse effects of child labour among potential girl children domestic workers and their families in the catchments areas. This will help to prevent the recruitment of girl children domestic workers, to influence to policy and legal changes for their protection and development.

**Child labour (art. 32)**

262. Tanzania is among the countries implementing the Time Bound Programme (TBP) for the Elimination of the Worst Forms of Child Labour, which was launched in Geneva in June 2001. The programme is addressing child labour in commercial agriculture, mining, child prostitution and domestic services. The Programme is being implemented in eleven pilot districts. The districts are Ilala, Kinondoni, Temeke, Arusha Urban, Arumeru, Simanjiro, Iringa Rural, Mufindi, Iramba, Kondo and Urambo.

263. In implementing the TBP, the Government established the National Inter - Sectoral Coordination Committee (NISCC) at national level to oversee and coordinate intervention activities against child labour in general and the worst forms of child labour in particular. The NISCC is assisted by other four (4) sub-Committees i.e Commercial Agriculture and Mining; Domestic Service and Prostitution; Education and Technical; and Monitoring and Coordination of child labour intervention activities. At local level, the government has formed District Child Labour Sub-Committees and appointed District Child Labour Coordinators responsible for monitoring and coordinating intervention activities at district level.

264. The Government in partnership with NGO's is implementing a Time-Bound Programme on the Elimination of the Worst Forms of Child Labour (TBP-EWFCL). This is done, among other things, through mass media. The aim of the programme is to involve the media in



awareness raising and community mobilization for the elimination of the worst forms of child labour in Tanzania. It is intended to establish an effective mechanism for strategic media action in the promotion of public mobilization and information campaign against the worst forms of child labour and to institutionalise at the district level an integrated, broad-based and holistic media analysis and advocacy of the worst forms of child labour.

265. With the establishment of inspection guide and the on-going training of Labour Inspectors and Labour Officers on child labour matters, Labour Inspectors and Officers are able to understand and identify the worst forms of child labour. This will enable them to educate employers on the evils associated with child labour and advise them on other alternatives for children.

266. Under the Time Bound Programme, children working in commercial agriculture are identified, counselled and thereafter provided with rehabilitation services, which end up with gradual re-integration to their families. This is followed by complementary basic education and vocational skills training. After the withdraw and skills training, beneficiaries are provided with small grants to initiate viable income generating activities in their respective communities. A total of more than 5,000 children currently working in commercial agriculture in coffee, tea and tobacco plantation in Arusha, Arumeru, Iringa Rural, Mufindi and Urambo will benefit from this support which will be implemented over a period of 18 months from May 2003 to November 2004.

267. The Ministry of Community Development Gender and Children offers Advanced Diploma courses in Community Development; Gender and Women Development; and Project Planning and Management through its Tengeru Community Development Training Institute (CDTI). Three other training institutions of Buhare, Rungemba and Missungwi offer Basic certificates in Community Development (BCC). The Ministry has recently reviewed Community Development Training Curricula to cover issues of children development that will also address child labour issues within the CRC framework, and the ILO Conventions on the Minimum Age for Employment and the WFCL.

268. The MCDGC is currently reviewing the National Child Development Policy of 1996 to incorporate salient issues pertaining to child development. These include child participation rights, challenges posed HIV and AIDS pandemic, emergence of increasing number of orphans, and issues related to worst forms of child labour.

269. The TBP involves socio-economic protection interventions through awareness raising and collective bargaining with employers, workers and Trade Unions. This will help in negotiation and formulation of collective bargaining agreements on prohibition of child labour in plantations/farms. The programme will also provide economic empowerment alternative to poor families. Tanzania has been implementing the sub-regional programme to combat hazardous child labour in commercial agriculture.

270. The Zanzibar Constitution has set the age for employment of 18 years as one may claim for his/her right for labour charges.

271. Review of labour laws is ongoing under the auspices of the SLAREA Project being implemented in collaboration with ILO.

272. Special media programmes on children rights, and in particular, on child abuse, child economic exploitation, have been established and aired through Television of Zanzibar (TVZ) and Radio Zanzibar. A weekly broadcast programme for children rights (Radio Zanzibar) has been initiated to create mass awareness on protecting children against all forms of exploitation including economic, physical and sexual exploitation.

273. A Child Labour Survey has been conducted throughout Zanzibar with special emphasis on locations such as coastal areas where child labour abuses are intensive. A pilot programme to remedy the situation in Chwaka, Uroa, Kiwengwa and Mkokotoni for Unguja Island and Nanguji, Mwambe, Chokocho, Micheweni and Tumbwe for Pemba has been launched. Recently, 62 children have been withdrawn from child labour and returned to school in Unguja and the equivalent figure for Pemba is 112.

274. The Annual ZIFF festival includes workshops for school children (and those out of school) through the SARA Symposium. At least two children are returned to school annually.

### **Drug abuse (art. 33)**

275. The problem of drug abuse in Tanzania is fast growing especially for the youth and young people in schools. In an effort to combat this menace, the Drug Control Commission is undertaking an extensive mass awareness campaigns so as to reduce the problem. The awareness campaigns are conducted through special national or international events such as the International Women's Day, the Day of the African Child, "Nane Nane" Day and International Day Against Drug Abuse and Illicit Trafficking. In addition, the Commission conducts training workshops for teachers, mass media personnel, artist and community leaders. The Government has enacted a law for the prohibition of smoking cigarettes in public places and banning advertisements on smoking cigarettes.

276. In October 2002, the International Anti-Drugs Commission in collaboration with the Dar es Salaam City Council introduced a system of treating drugs addicts in the existing health facilities. Each hospital has a special doctor for that purpose.

277. In Zanzibar, a Department of Drug and Substance Abuse has been established and services are being provided. Zanzibar town has more victims that is 173 in 2002 compared to other districts in Zanzibar. The drug and substance abuse unit provides counselling and where appropriate refers the cases for admission to relevant institutions.

278. A number of private organizations have been established to deal with the problem of illicit use of narcotic drugs and psychotropic substance by children and the youth. Such organizations include the Zanzibar Youth Forum (ZYPF), the Zanzibar Youth Advancement for Development, Education and Sanitation (ZAYADESA) and ZAIADA. Rehabilitation centers for mentally retarded children and youths have been initiated under the ZYPF and Government Mental Hospitals.

### **Child abuse**

279. The proposed Children's Law aims at defining child abuse in the law which comprise any form of harm to a child's well being, including physical abuse, sexual abuse, emotional abuse and neglect. However, the case of child abuse is increasing among Tanzania society. The

are isolated efforts from the community groups and associations such as TAMWA and KIWOHEDE who have been exposing the incidence of child abuse and advocate for their elimination.

### **Child protection**

280. Non Governmental Organizations provide skill training to children so as to be self-reliant. These NGOs offer programmes that equip girls with personal life skills and income-generating activities at the centres and in the community. The activities carried out by these NGOs include:

- Counselling, building of self-esteem, HIV and AIDS prevention
- Informal classes for those who were forced out of school for various reasons.
- Vocational training that offers tailoring classes, batik, drama, arts and craft, and cookery.

281. Section 156 of the Penal Decree of Zanzibar strictly prohibits engaging in the act of buying, selling or bartering of any person for money or for any other consideration. It is also an offence for a person to arrange for, or assist a child to travel to a foreign country, or obtains an affidavit of consent from a pregnant women for money or their consideration, for the adoption of the unborn child of that women, or the registration of births knowingly permits the falsification of any birth record or register, or impersonates the mother or assistant.

282. Child abduction is an offence. It is an offence according to section 123 of this Decree for any person, unlawfully to take an unmarried girl out of custody or protection of her father or mother or other persons having lawful care. Anyone who pleads guilty under this section is liable to punishment in prison for three years. This is consistent with Article 35 of the CRC.

283. The child sexual exploitation is strictly prohibited in the Child Survival Protection and Development Policy, which is monitored by MYEWCD.

284. Media programmes on educating the society on the worst forms of child labour are being aired through TVZ and Radio Zanzibar. Newspapers, especially "*Zanzibar Leo*" and the Newsletter "*Sauti ya Watoto*" place special emphasis on dissemination of children's rights, particularly worst form of child labour. "*Zanzibar Leo*" and Radio Zanzibar have covered almost 9 topics for the year 2003 alone.

### **Sexual exploitation and abuse (art. 34)**

285. According to a Rapid Assessment conducted in Tanzania in November 2001, the phenomenon of children engaged in prostitution is growing quickly and steadily, and developing largely unnoticed. Child prostitution is found in many parts of the country and highly pronounced in major towns and at main truck stops along the highways where state, administrative, military and commercial activities are highly centralized. Prostitution involves quite a number of children including those of 10-17 years old and in many occasions, who do not have families, have criminal records of drug abuse and who have very few social skills and lack parental guidance, love, affection and care. The findings of the rapid assessments show

that, the problem is attributed to poverty in general; limited educational opportunities especially for girls, urbanization as well as cultural practices which favour early and often forced marriages (that promote young girls to run away from rural village to urban centres). Other causes include the apparent preference by adult males to young girls to act as sexual partners in the belief that these girls are free from HIV and AIDS. A survey carried out in 2001 in nine selected sites in Kinondoni District, Dar es Salaam, revealed there are approximately 450 - 500 children engaged in commercial sex.

### **The Second World Congress on Commercial Sexual Exploitation of Children**

286. The Second World Congress on Commercial Sexual Exploitation of Children was convened in Yokohama, Japan, from 17 to 20 December 2001. The Congress was a follow up to the first World Congress of the same name, which was held in Stockholm, Sweden in August 1996. The Government of the URT participated in the Yokohama Congress.

287. The Government of Tanzania adopted the Yokohama Global Commitment 2001 for protecting children from sexual exploitation. In implementing the commitment, a time bound programme targeting the worst forms of child labour, including child prostitution, has been launched. At one level, the programme will support the creation of an “enabling policy environment” to bring about the elimination of the worst forms of child labour. The enabling environment strategy includes supporting the development and implementation of complimentary education, poverty reduction, adult employment creation, and health policies to name a few. At the second level, a series of targeted interventions will be made and aimed at highly vulnerable groups of children at district level. At least 5,000 children from 11 districts in Tanzania engaging in prostitution will be reached through this programme, but more children will be saved from entering into prostitution or other worst forms of child labour. In total, over 30,000 Tanzania children will be reached through these direct interventions. Lessons learned will provide a basis for wider replication aiming at the total elimination of the problem by the year 2010.

288. Article 19 of CRC, advocates *inter alia*, for state parties to take appropriate legislative measures to protect the child from all forms of violence, injury and abuse, including sexual abuse. Similarly Article 34 of the CRC demands state parties to protect the child from all forms of abuse. Articles have been widely domesticated by the enactment of SOSPA, (1998) and the Penal Decree, Cap 13. (1986) in Zanzibar. The SOSPA has raised the age of criminal liability of a child in mainland to 18 years. The definition of rape now extends to include sexual intercourse with a girl with or without the consent of such a girl provided she is under eighteen years old, unless such a man marries the girl. Defilement of girls and boys is prohibited under section 125 of the Penal Decree and SOSPA. Any person whether male or female, who carnally knows any girl or boy, is guilty of an offence and shall be liable to life imprisonment, with or without corporal punishment. Also, section 127 of this Penal Decree protects children from being procured for prostitution. It is an offence to procure or attempt to procure, any person of whatever age whether with or without the consent of that person, to become a prostitute, within or outside Zanzibar.

289. Sexual exploitation of children is an offence under section 145 B(1) of the Penal Decree Acts of Zanzibar which lead to the commission of this offence, include acting as a procurer of a child for the purposes of sexual intercourse or any form of sexual abuse, including a person being a client of a child for sexual abuse of indecent exhibition or show and others.

290. Government has taken further steps to prevent children aged 9 – 18 years old from entering prostitution.

291. The Programme for Withdraw, Rehabilitation and Reintegration of child commercial sex workers has been operating since 1999 in three regions of Tanzania Mainland namely Iringa, Mbeya and Ruvuma, and has been supported by ILO/IPEC. The main objective of the programme is to prevent, withdraw, rehabilitate and reintegrate. The programme targets vulnerable children between the ages of 7 – 17 years. By May, 2003, a total of 1200 children in commercial sexual exploitation have been withdrawn, 850 were placed in rehabilitation centres and 350 were reintegrated into primary school's, 16 children in Secondary Schools and an additional 850 were reintegrated in vocational training.

### **Sale, trafficking and abduction (art. 35)**

292. There is a high mobility of children across the country moving as domestic workers from a very young age, and often abused in the employers' houses. Many girls find themselves without any other alternative than engaging in prostitution. Contrary to Tanzania cultural norms, some unscrupulous parents aid and abet in moving these girls to towns to work as housemaids

293. The Government of the United Republic of Tanzania signed the International CRC and its optional protocols on trafficking as well as ILO Convention 182 on the Elimination of the Worst Forms of Child Labour. Currently the proposed "Children's Law" will take into account protection of children and cooperation in respect with inter country adoption. The Law will also address issues of sale, trafficking and abduction. More over, Zanzibar has carried a Rapid Assessment bearing in mind the 1996 Stockholm World Congress on Commercial Sexual Exploitation of Children.

## **IX. CONCLUSION**

294. The fact that Tanzania is a state party to the CRC and its Optional Protocols is cogent proof of the country's commitment to promoting and protecting the rights of the child. For that reason, both the Government of the URT and that of Zanzibar have taken administrative, legislative and judicial measures, and with varying degrees of success, aimed at implementing the provisions of the CRC. This report has attempted to provide as lucidly as is possible achievements, challenges as well as plans relating to implementation of the CRC. Tanzania is presenting its second country report in fulfilment of its obligations as a signatory and is looking forward to a candid discussion of the same.

**List of legislation on children's issues**

Adoption Ordinance, Cap. 335.

Child Development Policy, (URT 1996) Ministry of Community Development, Women Affairs and Children (MCDWAC).

Child Survival, Protection and Development Policy (Zanzibar, 2000).

Children and Young Persons Ordinance, Cap 13.

Children's Homes (Regulations) Act, 1968.

Constitution of the United Republic of Tanzania, 1977.

Day Care Centres Act, 1981 (NO.17) of 1968.

Education Act, 1978.

National Education Expulsion and Exclusion of Pupils from Schools Regulations of 1979, GN 130 of 1979.

Penal Code, Cap 16.

Primary School (Compulsory Enrolment and Attendance) Rules of 1979, GN 129 of 1979.

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