

Tanzania



Photographs: Shehzad Noorani 2010

The Multi-Sector Task Force A National Response to Violence Against Children



Wizara ya Maendeleo
ya Jamii, Jinsia na
Watoto



Background

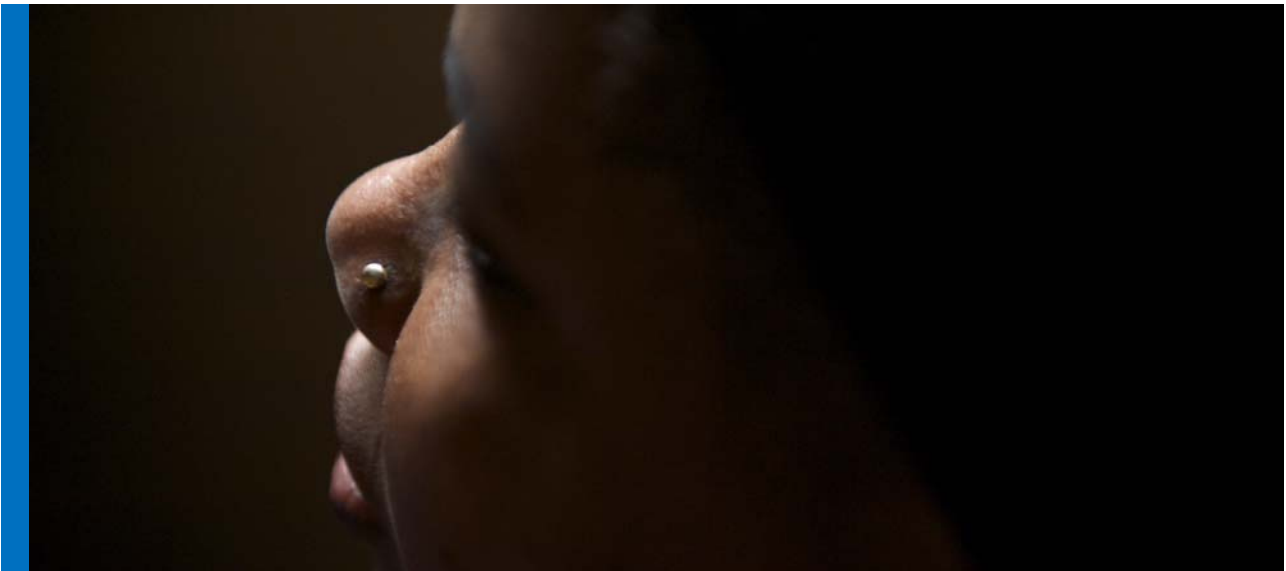
The United Nations Secretary-General's (UNSG) *World Report on Violence against Children (VAC)*, commissioned in 2001 and completed in 2006, was the first and most comprehensive global study on all forms of violence against children. The aim of the study was to research, report, and make recommendations on violence against children in the multiple settings where children live and survive—including the home and family, in schools, care and justice systems, the workplace and the community.

Levels of violence reported were shockingly high in all settings: places presumed to be safe were shown to be unsafe. Forms of violence reported and described were equally disturbing including being beaten, tortured, sexually assaulted, and even murdered by the very adult guardians entrusted with children's daily care. Violence against children was found to be commonplace and everywhere.

From the report, the UN and governments around the world set out a global agenda to protect children from abuse and violence,

with the following set of Guiding Principles: No violence against children is justifiable. Children should never receive less protection than adults;

- ◆ All violence against children is preventable. States must invest in evidence-based policies and programmes to address factors that give rise to violence against children.
- ◆ States have the primary responsibility to uphold children's rights to protection and access to services, and to support families' capacity to provide children with care in a safe environment.
- ◆ States have the obligation to ensure accountability in every case of violence.
- ◆ The vulnerability of children to violence is linked to their age and evolving capacity. Some children, because of gender, race, ethnic origin, disability or social status, are particularly vulnerable.
- ◆ Children have the right to express their views, and to have these views taken into account in the implementation of policies and programmes.



The VAC Study in Tanzania and the Multi-Sector Task Force 2008-2011

While the report served to map the prevalence of violence, it made equally clear that the drivers of this abuse are culturally and locally constructed and placed responsibility on individual States to develop appropriate strategies of response.

Overarching recommendations from this study included to 'develop and implement systematic national data collection and research' urging States to improve data collection and information systems in order to identify vulnerable subgroups, inform policy and programming at all levels and, track progress towards the goal of preventing violence against children.

Swaziland was the first to respond to the UNSG's call, with the implementation and delivery of *A National Study on Violence against Children and Young Women in Swaziland* (2007), the first population-based survey of its kind measuring VAC, focusing exclusively on females. Tanzania was the second country to undertake *A National Study on Violence against Children* in Africa

but moved a step beyond the Swaziland study: for the first time in Africa, all forms of violence against children (sexual, physical and emotional) were measured and this was done for girls and boys.

The planning process for the Violence against Children Study in the Republic of Tanzania started in mid-2008. Subsequently, the Tanzanian Multi-Sector Task Force (MSTF) was conceived in September 2008, with members from the public and private sectors—including government, parastatal and civil society—forming a joint and collective effort to not only guide the research study, its implementation, and the final report, but also to help steer the research into action and tangible results to enhance national child protection response systems.

Establishing the MSTF played a critical role in ensuring national ownership and oversight.

Equally important, the MSTF gave voice to civil society groups who play an important

role attending to community needs where the Tanzanian government has been stretched¹.

The Ministry of Community Development, Gender and Children (MCDGC) was requested by MSTF members to serve as the convener and coordinator of the MSTF's efforts. The PS of the MCDGC accepted this important leadership role in February 2009 placing the study squarely in the hands of the government. In Zanzibar, a similar Task Force was formed naming the Ministry of Labour, Youth, Women and Children Development (MLYWCD) as its lead in February 2009. Leadership from these Ministries has been exemplary and will continue to play a critical role in building support for a comprehensive national prevention and response plan to violence against children.

With Multi-Sector Task Forces established in Mainland Tanzania and Zanzibar, in January 2009, a research team from the Centers for Disease Control and Prevention (CDC) Atlanta arrived in Dar es Salaam to discuss, prepare and agree on the detailed work plan of the VAC study, including the production of an implementation plan outline, draft questionnaires, and estimated budget needs.

Throughout the planning phase, MSTF members were involved in reviewing work plans, budgets, questionnaires, study response plans and ethical clearance documents. The Muhimbili University for Health and Allied Science (MUHAS) was selected as the local research partner and main implementer of the study—placing all study activities within the country's main school of medicine and public health.

By October 2009, a team of CDC and MUHAS researchers jointly trained the Tanzanian team leads and interviewers and field testing was completed. One month later, 3739 children and young people were interviewed spanning Tanzania's twenty-one (21) regions and Zanzibar's ten (10) districts. Data collection was finalized approximately one month later, by the end of 2009. Intensive data analysis by the CDC in consultation with MUHAS followed and preliminary results were delivered to the MSTF in July 2010.

The final results, presented here, reveal a significant challenge to Tanzanian society, the government and its national and international partners. That said, the collaboration and commitment demonstrated by the MSTF and the two lead ministries to date are strong indicators of the potential for a national response proportional to the scale of the problem.

¹ The following are members of the MSTF: Ministry of Community Development, Gender and Children (MCDGC), Ministry of Labour, Employment and Youth Development (MLEYD), Ministry of Health and Social Welfare (MOHSW), Ministry of Education and Vocational Training (MOEVT), Ministry of Justice and Constitutional Affairs (MOJCA), Ministry of Home Affairs (MOHA), The Prime Minister's Office/Regional Administration and Local Government (PMO-RALG), National Bureau of Statistics, Tanzania Commission for AIDS (TACAIDS), Legal and Human Rights Centre, Commission for Human Rights and Good Governance, Muhimbili University of Health and Allied Sciences (MUHAS), World Health Organization (WHO), UNFPA, UNWOMEN, UNAIDS and UNICEF, International Organization for Migration (IOM), United States Agency for International Development (USAID), The Centers for Diseases and Control and Prevention (CDC), PACT, Save the Children.



VAC Study Results: The Prevalence of Violence against Children in Tanzania

Sexual violence experienced in childhood

Sexual violence refers to any act, attempt, or threat of a sexual nature that results or is likely to result, in physical, psychological and emotional harm. Results show that nearly one in three females aged 13 to 24 in Tanzania reported experiencing at least one incident of sexual violence before the age of 18. Among males in the same age group, more than one in ten reported experiencing at least one incident of sexual violence prior to the age of 18. Notably, one out of twenty females reported experiencing physically forced sex during childhood.

Over one in four of female respondents reported that their first sexual intercourse was unwilling, meaning that they were forced or coerced by being either tricked, pressured, threatened, physically forced to engage in sexual intercourse.

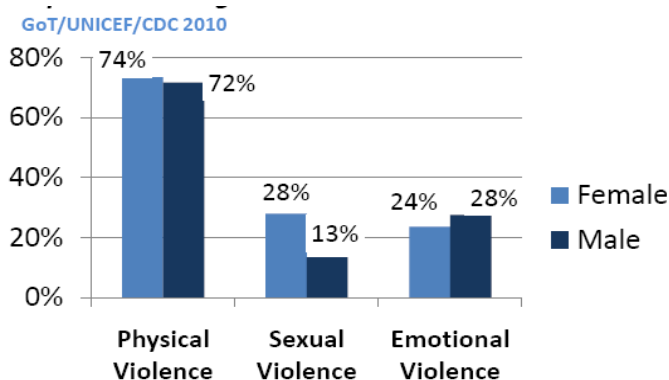
Physical violence experienced in childhood

Physical violence against children can impair their physical, cognitive and emotional development. The survey exposed how frequently children who experienced sexual violence also suffered from physical violence.

Almost three-quarters of both females and males reported experiencing physical violence by a relative, authority figure (such as teachers²) or intimate partner prior to the age of 18. The majority of this abuse was in the form of being punched, whipped, or kicked. Over half of females and males aged 13 to 17 years reported that they had experienced physical violence in the past year by either a relative, authority figure or by an intimate partner.

² It is important to note that the physical violence goes beyond what is sanctioned in schools as corporal punishment. The Corporal Punishment Act of 1979 (amended by Education Circular # 24 of 2002) sanctions "Lashes administered for serious offenses by head of the school or someone designated by him/her, subject to a maximum of four strokes". In Zanzibar, the Education Act Regulations of 1988 defines corporal punishment as being punishment 'administered with a light cane on the covered buttocks in the presence of a third party who shall be a member of the school teaching staff'.

Physical, sexual and emotional violence among children reported in Tanzania



Emotional violence experienced in childhood

Approximately one-quarter of females and nearly 3 out of every 10 males aged 13 to 24 years reported experiences of emotional violence by an adult during childhood. Between nearly one in twenty females and males aged 13 to 24 years reported that they were threatened with abandonment by an adult prior to turning 18 years of age.

Perpetrators of Violence against Children

Perpetrators of childhood sexual violence: Perpetrators can be a person, group, or institution that directly inflicts or supports violence or other abuse against a person or a group of persons; perpetrators are often in a position of real or perceived power, decision-making and/or authority and can thus exert control over their victims.

In Tanzania, neighbours and strangers were the most frequently implicated perpetrators of childhood sexual violence against females. Intimate or well known partners and strangers were the most frequently implicated perpetrators against males. Over two thirds of females who experienced sexual violence reported that the perpetrator

of at least one incident was older, while the majority of males who experienced sexual violence reported that the perpetrator of at least one incident was about the same age. Nearly two-thirds of females who experienced childhood sexual violence reported being victimized by a perpetrator who was 10 or more years older.

Perpetrators of childhood physical violence:

Nearly two out of three females and males experienced physical violence by relatives and more than half experienced physical violence by teachers before turning 18 years of age. The majority of females and males 13 to 24 years of age who reported physical violence prior to age 18 experienced this violence by their fathers and mothers.

Perpetrators of childhood emotional violence:

Among those who experienced emotional violence before age 18, almost 8 out of 10 females and more than 6 out of 10 males reported emotional abuse from a relative.

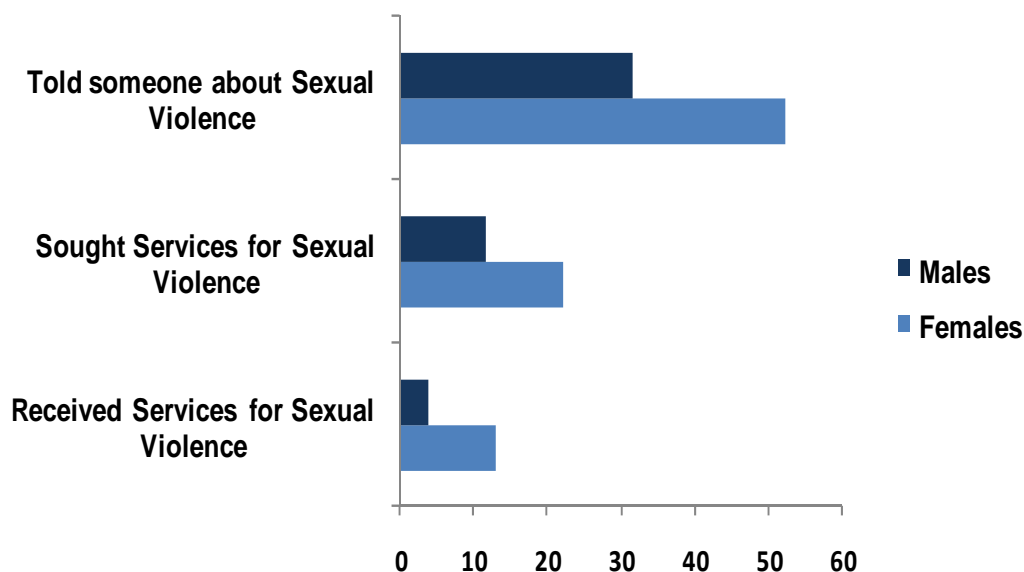
Help Seeking Behaviours of Children who Experience Childhood Sexual Violence in Tanzania

Whether Tanzanians who experienced sexual violence prior to age 18 told anyone about the abuse:

Of those who experienced sexual violence prior to age 18, almost half of all 13 to 24 year old females and two out of every three 13 to 24 year old males did not tell anyone about their abuse.

Family or community reasons (e.g., fear of abandonment or separation, not wanting to embarrass their family), personal reasons (e.g., did not view the violence as a problem, the belief that it was no one's business, and the respondent wanting to deal with it

Whether Those Who Have Experienced Childhood Sexual Violence Told Anyone about It, Sought Services, or Received Services – As Reported by 13 to 24 Year Olds Who Experienced Childhood Sexual Violence (Tanzania Violence against Children Survey, 2009)



herself), and issues with the perpetrator (e.g., not wanting to get the perpetrator in trouble, threats by the perpetrator) were the main reasons females and males gave for not reporting the sexual violence.

additional services, including counseling and support from police or social welfare officers.

Help-seeking among Tanzanians who experienced sexual violence prior to age 18:

Little more than 1 in 5 females and 1 in 10 males who experienced sexual violence prior to age 18 sought services. Overall, only slightly more than 1 in 10 females and 1 in 25 males who experienced sexual violence prior to age 18 reported that they received services.

Approximately one in six females and males who experienced sexual violence in childhood said that they would have liked additional services, including counseling and support from police or social welfare officers.

Links between sexual violence and HIV/AIDS

The study also highlighted an association between exposure to sexual violence and HIV risk behaviours. Children who had experienced sexual abuse and violence were more likely to be exposed to sexual exploitation as children and engage in transactional sex as young adults, less likely to have an HIV test and use condoms and more likely to have multiple partners as they grew older. It is now well-established that violence, left untreated, can lead to a host of physical and mental disabilities that extend far into adulthood.



Moving Research into Action: A Sector-by-Sector plan for Response from the MSTF

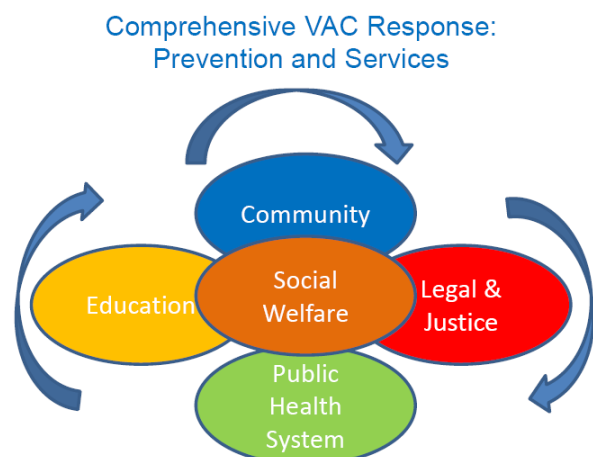
Tanzania's national survey has made it painfully visible that violence against girls and boys is a significant threat to the nation's health and well-being. The findings in Tanzania are remarkably similar to those found in Swaziland only two years prior, providing the first indications of what experts suggest may be a global-wide-trend. The single most important outcome of this research is the evidence it produces to stimulate the action required to address violence against children.

In Tanzania, the evidence is clear and the response is a call for national engagement

While the study results have served to mobilize members of the Multi-Sectoral Task Force, the challenge now is to engage all levels of government and society to understand and respond to violence against children in a comprehensive and integrated way. The key to success will be to ensure that all relevant sectors are willing and able

to provide child-friendly protocols and services to ensure that children who are victims are treated and cared for with the full array of services needed to resume a healthy life.

Importantly, the same sectors will need to reach beyond service provision and work with communities far and wide throughout the Republic to engage leaders, stakeholders, gatekeepers and young people themselves in a common call for zero-tolerance of violence of any kind: physical, emotional or sexual.



JUSTICE AND POLICE

Applying the law and enforcing it through a well-informed police force is essential to providing justice and security to all children in Tanzania. The enactment of the Law of the Child Act (2009) sets a standard for the protection of children, as high as any in the continent. The regulations of the Law of the Child Act (2009), currently under development, will deliver a legally binding set of multi-disciplinary procedures that provide standards for identifying, referring and responding to cases of child abuse.

Police are often the first and only point of contact for victims, accessed through Tanzania's growing number of Gender and Children's Desks. It is here where alongside emergency medical care, cases of abuse are reported and ultimately carried forward for a legal response. Police officers will require training on handling child victims. If properly mandated, police should be able to ensure medico-legal links and provide a solid first line of response to all cases of child protection concerns, leaving no Tanzanian boy or girl behind. Inter-sectoral training will work to improve linkages between the police, social welfare, legal and health sectors.

Suggested Actions:

- ◆ Contribute and support the development of the rules and regulation within the LCA (2009) defining the roles and obligations of all sectors to provide services within a national Child Protection System in Tanzania.
- ◆ Assist in the creation of sector-specific guides that detail the justice, health, education and civil society sectors rules, regulations and obligations specifically for VAC.
- ◆ Provide support to the Ministry of Community Development, Children and

Gender—the coordinating body for the Law of the Child Act (2009)—in the development of the LCA's national implementation plan.

- ◆ Support pre-service and in-service training around LCA implementation in all of the sectors obligated to provide child protection under the law.
- ◆ Build human and logistical capacity for the Tanzanian Police Force to provide adequate and friendly access to and services at the Gender & Children's Desks.

HEALTH

Unencumbered access to emergency (and follow-up) medical treatment and care is perhaps one of the most important immediate services rendered to children who are victims of abuse. Pediatric doses of post-exposure prophylaxis (PEP) to protect against HIV/AIDS and emergency contraception (EC) to protect against unwanted pregnancies can be life-saving.

Follow-up care after essential emergency treatment may define the long term survival of the victim, especially in the area of long term psychosocial care. Gender – Based Violence policy and management guidelines are currently being developed and recognition of the need for these guidelines and services specifically for children is increasing. The process of developing national guidelines can spur multi-sectoral collaboration.

Several models of comprehensive, integrated care have proven feasible. Integrated services that refer into and out of the health care system can improve the quality and timeliness of health care. Importantly, children are largely under-served by adult-oriented programmes and protocols must be

designed with child-sensitive procedures. Ensuring adherence to PEP requires particular attention. Tied to this, provider capacity remains an important barrier to quality, comprehensive care. Current requirements that doctors only collect forensic evidence undermine victim's access to justice and healthcare—expanding this responsibility to other qualified health care providers should be considered.

Multiple risk behaviors are common to both HIV and sexual violence including forced sex in childhood, associated with increased risk for HIV and risk taking behavior, as highlighted in the study. Skills required to provide HIV and GBV services differ and so, consequently, providers should be adequately trained in both HIV and GBV care and making this care further appropriate for children in need of care and protection.

Suggested Actions:

- ◆ Ensure that children's mental and physical health needs around violence prevention, care and treatment are reflected in all national guidelines and standard operating procedures developed in the context of gender-based violence within the medical sector.
- ◆ Encourage strong linkages between violence and HIV/AIDS prevention, care and treatment services building on infrastructure in place with an added emphasis on the interface between violence and HIV/AIDS.
- ◆ Build the spectrum of health care providers capacity to respond to child sexual abuse as well as physical and emotional abuse through pre-service and in-service training and as a standard part of pediatric, child health care.

EDUCATION

Children spend up to 12 hours a day in and around schools and yet findings suggest that most Tanzanian schools are far from safe. Numerous actions need be taken in this sector to ensure the Tanzanian child's safety. Among these the sector requires a national model policy for the prevention, management and elimination of violence in schools accompanied by a national strategic framework on violence-free basic education.

The existing school-based Code of Conduct (including professional ethics and conduct for teachers) needs to be reviewed and revised to reflect new standards of safety. Corporal punishment should be reviewed and guidelines on alternative discipline for teachers and non-violent learning methods should become part of all curriculum efforts in Tanzanian schools. Linkages to communities, including leaders and parents, are equally important. Parents also need to be sensitized and understand the boundaries of discipline and that work on child rights and respecting the views of children is explored in a sensitive and empowering manner that engages parents in the process.

Suggested Actions:

- ◆ Lobby for the Education Sector Development Committee (ESDC) to endorse the Tanzania VAC Study and move relevant issues including Codes of Conduct through proper channels for reform.
- ◆ Support a concrete plan of action with the ESDC on how best to respond nationally to VAC, including, but not limited to, the development of two handbooks planned to guide teachers and head teachers as well as students on the meaning, prevention and response to violence in and around schools.

- ◆ Engage select District Education Directors in the piloting of such handbooks as part of the response and include in this clear lines for VAC referrals to ensure child students can access all services required by law.
- ◆ Advocate for improved prevention efforts that engage school-going children and their parents at the community level with clear accountability mechanisms between parents and teachers.
- ◆ Expand parenting education and involve children in the design of positive, non-violent relationship materials.

SOCIAL WELFARE

Under-reporting around VAC is due to a variety of factors. Most children and caregivers do not know where to go for support services. And, attempts to access support services are often fraught with bureaucratic obstacles. The Social Welfare Officer is the critical agent under the Law of the Child Act in safeguarding children's protection but there is a mismatch between the capacity and availability of Social Welfare Officers and their mandate under the Law.

There is currently one Social Welfare Officer for over 200,000 Tanzanian children. The study findings, alongside the commitments laid out in the Law, call for a revamped Department of Social Welfare and massive scale up of Social Welfare Officers. Once additional Social Welfare Officers have been mobilized, the Department of Social Welfare will need considerable support in training a large and competent workforce in the coming years. These officers will be at the centre of receiving and relaying referrals and overseeing the re-integration of children into safe homes and schools once police and medical issues have been resolved.

A Child Helpline offers the potential to strengthen children's access to reporting and can respond directly to the high level of under-reporting highlighted by the survey.

The MCDGC is leading government efforts to establish a Helpline. A toll-free number for the Helpline has already been secured. Resources will be needed to ensure the Helpline is properly conceptualized, staffed and monitored to provide an effective response. Once in place, in addition to providing children in need of care and protection with a direct response, the Helpline can provide an invaluable source of information on family and community-level abuse for program planners and policy makers—while also creating a myriad of data-organizing possibilities.

Suggested Actions:

- ◆ Support intensive human resource and capacity development to increase the quantity and quality of social welfare workers through the Republic of Tanzania.
- ◆ Reinforce the central role of the Department of Social Welfare and its emerging workforce to serve as the key agents of children's protection and referral into a comprehensive Child Protection System.
- ◆ Promote the Department of Social Welfare's engagement with the justice and police, health, education and civil society sectors to ensure that referrals are made in a timely and effective manner.
- ◆ Assist with the development of a national Child Helpline for safe and actionable responses to threats of, or actual, emotional, physical or sexual violence against children.

STATE AND CIVIL SOCIETY PARTNERSHIPS

Beyond the engagement of Government line Ministries, it is imperative that the NGO/CBO,FBO and private sector community are effectively aligned with Government priorities and supplement these rather than work independently of national efforts. A recent mapping of civil society and government initiatives that provide child-friendly and child-centered services conducted by MUHAS provides a grounded baseline as national service provision plans are made.

The MCDGC will need to coordinate with relevant child-service and child-centered providers to ensure that they enhance government structures, notably at the community-based level where NGO presence is strong in Tanzania.

Harmonizing the public-private sector around VAC is critically important. With the striking results of the VAC study and within the legal framework of the LCA, there are real opportunities to strengthen partnerships within the “Most Vulnerable Children” response to provide increased focus on child abuse and violence as an indicator of vulnerability.

The Child Protection Working Group, under the Implementing Partners Group of the “MVC” program, will need to be expanded to include a broader set of partners as part of an ongoing national dialogue to bring child protection centre stage in the next *National Costed Plan of Action for MVC (2011- 2015)*.

Suggested Actions:

- ◆ Support the Tanzanian Child Rights Forum’s production of a seminal how-to guide on *Advocating and Implementing the Law of the Child Act (2009): An NGO*

Guide.

- ◆ Build national and intra-ministerial support to advocate for moving child protection concerns, inclusive of VAC, as a key activity in the *National Costed Plan of Action for MVC (2011- 2015)*.
- ◆ Build stronger and more complementary roles for government and donor counterpart interventions and activities as they relate to protecting children and addressing VAC, in particular.

Violence Against Children: Launching a Public Awareness Campaign to End Violence

The VAC Study results, the role of the MSTF and ultimately, how the Government plans to both respond to and prevent further violence against children in Tanzania will require effective communication strategies at multiple levels—including the use of multiple types of media to reinforce messaging in communities and institutions around protecting children. Developing messages that make sense in the Tanzanian context, sensitive to conventional social norms, yet pushing for increasingly protective and positive norms will be an on-going task of both Government and private sector counterparts. While the study results show that violence against children in Tanzania is high, this does not pre-empt negative messaging, rather opportunities for change that protect children who are living in a society undergoing rapid change.

Translating the social dynamics and risk factors that underpin the problem of violence against children into effective messages linked to prevention and action to protect children will be a key focus in the years to come.