

**PROTECTING CHILDREN
FROM VIOLENCE:
A COMPREHENSIVE
EVALUATION OF UNICEF'S
STRATEGIES AND
PROGRAMME
PERFORMANCE**

TANZANIA COUNTRY REPORT

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TANZANIA COUNTRY REPORT

Protecting Children from Violence: A Comprehensive Evaluation of UNICEF's Strategies and Programme Performance, Tanzania Country Case Study

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This report for Tanzania constitutes part of a global evaluation titled *Protecting Children from Violence: A Comprehensive Evaluation of UNICEF's Strategies and Programme Performance* which includes four country case studies. The Tanzania case study report was prepared by independent consultants Mei Zegers, Chris Yeomans, Luhovilo Sanga, and Timotheo Masanyiwa recruited by Development Researchers' Network (DRN). Krishna Belbase, Senior Evaluation Officer, EO led and managed the overall evaluation process in close collaboration with the UNICEF Tanzania Country Office where Birgithe Lund-Henriksen, Chief - Child Protection, was the lead counterpart. Tina Tordjman-Nebe, Evaluation Specialist in the EO supported the management of the evaluation including inputs to quality assurance.

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For further information, please contact:

Evaluation Office
United Nations Children's Fund
Three United Nations Plaza
New York, New York 10017
evalhelp@unicef.org

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ACRONYMS

CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CDC	Centers for Disease Control and Prevention
CDO	Community Development Officer
C4D	Communications for Development
CHRAGG	Commission for Human Rights and Good Governance
CPC	Child Protection Committee
CPMIS	Child Protection Management Information System
CPP	Child Protection Programme
CPS	Child Protection Strategy
CPT	Child Protection Team
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
DCMS	District Case Management System
DCPT	District Child Protection Team
DED	District Executive Director
DHS	Demographic and Health Survey
DSW	Department of Social Welfare
DSWO	District Social Welfare Office(r)
ESARO	Eastern and Southern Africa Regional Office
FBO	Faith-Based Organisation
FGM	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
KAP	Knowledge, Attitudes and Practices
LGA	Local Government Authorities
MDA	Municipal and District Authorities
MoCDGC	Ministry of Community Development, Gender and Children (Mainland)
MoCLA	Ministry of Constitutional and Legal Affairs (Mainland)
MOEVT	Ministry of Education and Vocational Training (Mainland)
MoHSW	Ministry of Health and Social Welfare (Mainland)
MOHA	Ministry of Home Affairs (Mainland)
MoJCA	Ministry of Justice and Constitutional Affairs (Zanzibar)
MoRES	Monitoring Results for Equity Systems
MSNPAVAC	National Plan of Action to Prevent and Respond to Violence against Children 2013-2016
MSTF	Multi-Sectoral Task Force
MTSP	Medium Term Strategic Plan
MSWYWCD	Ministry of Social Welfare, Youth, Women and Children Development (Zanzibar)
MUHAS	Muhumbili University of Health and Allied Sciences
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA-MVCII	National Costed Plan of Action for Most Vulnerable Children
NGO	Non-Governmental Organisation
NOWC	Network for Organizations Working for Children
NSVAC	National Study on Violence Against Children
RAM	Resource Allocation Model
SBCC	Social Behavioural Change Communications
SMART	Specific, measurable, available/achievable in a cost effective way, relevant for the programme, delivered in a timely manner

SWO	Social Welfare Officer
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Violence Against Children
VACS	Violence Against Children Survey
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

According to the National Study on Violence against Children (NSVAC), almost three quarters of girls (72%) and boys (71%) in Tanzania have been victims of physical violence during their childhood.¹ In 2009 the Government of Tanzania Mainland passed the “Law of the Child Act” (2009)² while Zanzibar passed the “Children’s Act” in 2011.³ Both laws set out the framework for a child protection system to prevent and respond to violence and are being operationalized through regulations and guidelines. Is the system performing? How do we know? How has the United Nations Children’s Fund (UNICEF) contributed? This report sets out to provide answers to these and other important questions that are asked within the scope of a comprehensive evaluation, which examines UNICEF’s strategies and programme performance in protecting children from violence.

Tanzania was selected as one of four in-depth case study countries and 14 desk review countries included in the evaluation. The focus of the evaluation is primarily on interpersonal violence in homes and communities.

In addition to a desk review of secondary data, a two-week intensive field visit was carried out in Tanzania. The visit was comprised of interviews with key informants and focus group discussions with individuals ranging from senior and sub-national government officials, to international and national Non-Governmental Organisation (NGO) representatives, to UNICEF and other UN staff, to community-based committees and children. Information thus collected was triangulated with available documentation, further interviews and review of draft reports by selected stakeholders. Unfortunately, other than the national study on VAC, which the evaluation notes as an excellent product, very little other research or evaluation information was available to provide additional independent evidence.

As part UNICEF’s country programme, the key VAC-related outcomes that are relevant to the evaluation are:

- 1) Government of Tanzania addresses priority gaps in legislation, strategies and guidelines to protect children and women from abuse, violence and exploitation.
- 2) Municipal and District Authorities (MDAs), Local Government Authorities (LGAs), law enforcement agencies and selected Civil Society Organisations (CSOs) have improved technical skills to prevent and respond to cases of violence, abuse, neglect and exploitation of children.
- 3) Relevant MDAs integrate Child Protection (CP) into their programmes.
- 4) Local service providers respond effectively to women and child victims and exploitation in select areas.
- 5) MDAs produce, utilize and report disaggregated data on violence/abuse/trafficking/exploitation of women and children according to agreed timeframes.
- 6) International treaty coordination of data on children’s rights at the government and CSO level
- 7) Government of Tanzania Justice System better protects the rights of women and children in contact/conflict with the law and is better able to respond to their needs.
- 8) Communication on violence and abuse - Decision makers and communities understand issues concerning violence and abuse against children, including available protection services and prevent harmful traditional practices, violence and sexual abuse.

¹ Prior to age 18. UNICEF, Division of Violence Prevention, National Centre for Injury Prevention and Control, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences (2011). Violence Against Children in Tanzania: Findings from a National Survey, 2009. Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experience in Childhood. Dar es Salaam: Multi Sector Task Force on Violence Against Children.

² Government of Tanzania (2009), The Law of the Child Act, 200. No. 13 to the Gazette of the United Republic of Tanzania, No 28, Vol 90. I(1)h, July. 2009. Dar es Salaam: Government of the United Republic of Tanzania.

³ House of Representatives of Zanzibar (2011), Children’s Act: Act No. 6 of 2011. Zanzibar: House of Representatives of Zanzibar.

Key Evaluation Findings and Conclusions:

The evaluation concludes that UNICEF's effective input through advocacy, technical and financial support contributed to setting in place a CP system to address VAC at the national level and in four model districts during the evaluation period. The UNICEF office in Tanzania successfully supported the government, NGOs and districts to develop this basic structure for a systems approach to CP. All results targets (see 8 outcomes above) were achieved. Some gaps in terms of geographic coverage, need to scale up institutional and capacity strengthening even in district model areas and increased focus on social change and addressing non-socially sanctioned forms of VAC are necessary. Gaps were also identified with respect to knowledge management, particularly the need for baseline and endline studies to determine impact and feedback information to improve the CP system to prevent and respond to VAC.

The design of the country child protection program (CPP) in Tanzania was appropriate for Tanzania. Though the CPP contains the core components for a CP systems design, coherence of the programme logic between the different components is not very evident in the design.⁴ However, during implementation (see Section 4) coherence is established.

Advocacy

Programme effectiveness was, in part, attributable to the good advocacy techniques of UNICEF with its partners to inform systems development—including development of legal and planning frameworks—and social dialogue on norms. The evaluation found that a UNICEF-supported national study on VAC was effectively used as an advocacy tool to stimulate recognition of the need for well-organised systems development on VAC.

Systems Building

UNICEF advocacy and technical support were used to contribute to the development of legal and policy frameworks, develop guides and manuals, provide training and develop institutions at national, sub-national and community levels. Government representatives expressed appreciation for the quality of UNICEF contributions to the development of a CP system with attention to VAC.

The country office focused more on systems building during the evaluation time period than on social norm change. The initial implementation process prioritized response, with preventive interventions picking up in the second stage. The evaluation demonstrates that this prioritisation allowed for the testing of response mechanisms and helped improve both response and prevention with experience.

The government justice system has made progress to protect the rights of children in contact or conflict with the law and is better able to respond to their needs. With regard to the current evaluation, though there has been progress to protect such children from violence, more analysis is needed to determine the full extent of progress. There is an increased reflection of international and national standards in official implementation strategies.

Institution and Capacity Building, Coordination

Coordination between actors is good, especially at national level, but still needs streamlining as too many different entities exist. Institution building for improved functioning of the government and local NGOs to address VAC continues to be necessary. Duty bearers have been trained with UNICEF tools and technical support at national level and in the four districts. At district level, such trained individuals now have the knowledge to respond to cases of VAC in a coherent and effective manner. Nevertheless, many more duty bearers still need capacity strengthening within the model districts as well as in new districts.

Referral Systems and Child Protection Monitoring Systems

Referral systems are in place in the model districts and functioning to address Violence Against Children (VAC). The evaluation did note that services still need strengthening so that the needs of children affected by violence can be fully addressed. Specifically, financial resources to cover the logistics of case

⁴ The evaluators base their analysis for Section 3.4 on a triangulated analysis including information from the Monitoring and Evaluation Section of the Eastern and Southern Africa Regional Office (ESARO)

management—including human resources, transport and other means—are still seriously limited. So, while many local service providers in the model districts are technically able to manage VAC cases, they are still impeded by the lack of resources.

A CPMIS system to record and track reported cases was in place at district level and is functioning in line with expected Outcome 5. It should be added, however, that due to the size of the districts, not all wards have yet been fully covered and the evaluation noted that much more work is needed to ensure that all corners of the districts are reached. A national level CP MIS system is still being developed.

Participation and Social Change

Community participation is good in wards where high focus was placed, though this can still be increased substantially to work more intensively on prevention of VAC and the integration of positive traditional norms. There were, however, still wards within the model districts that had not yet been covered.

The evaluation found that children participate in identifying and referring cases of VAC, but their voice still needs to be listened to more. They often feel a lack of power to change attitudes on VAC, particularly at community level.

While efforts have been undertaken to implement Social Behaviour Change Communications (SBCC), much more attention to various forms of communication for social norm change – preventing and responding to all type of VAC – is needed. Remaining issues include the need to better identify effective SBCC to change norms towards VAC, to ensure that community members report cases of VAC, and to support prosecution of perpetrators where needed. The fact that not all types of VAC can be addressed by changing social norms needs to be discussed and improved prevention approaches developed. Social norms account for only part of VAC. Improved mechanisms to address types of VAC such as rape, incest and physical abuse that cause permanent damage are often caused by lack of self-control and/or emotional imbalance as opposed to being linked to harmful traditional practices.

Gender and Equity

While UNICEF has addressed gender and equity issues through technical support for legal framework development, planning, and research, there is still a necessity to increase attention to the specific needs of particular categories of children. While there was some attention to the needs of specific categories such as street children, others such as children with disabilities and children across income categories were not sufficiently included. The evaluation also identified the special issues surrounding the abuse of boys, including rape, that need more attention.

Sustainability

The sustainability of VAC results over the short- and medium-terms is likely positive. Technical and institutional sustainability of results achieved is likely and the government has allocated some financial resources to sustain initiated activities. Overall outcomes to reduce VAC are likely to be achieved over the long-term.

Notwithstanding the promising models being currently rolled out at district level, significant additional financial and human resources will be required for the CP system to reach a more significant number of people and to ensure that a well-functioning child protection system with attention to VAC is in place across Tanzania.

Key Good Practices and Lessons Learned

- 1) UNICEF stimulated the development of a legal, regulatory and policy framework on child protection with clear attention to VAC using an evidence-based approach. A very important element was the manner in which the completed report on VAC prevalence⁵ was launched. Subsequent to intensive

⁵ UNICEF, Division of Violence Prevention, National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences (2011). Violence Against Children in Tanzania: Findings from a National Survey, 2009. Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experience in Childhood. Dar es Salaam: Multi Sector Task Force on Violence Against Children.

advocacy of UNICEF and its non-government partners, the launch included not just the findings, but also the government's commitment to action.

- 2) UNICEF-supported development of *functioning* institutions at national level and in four model districts. In many instances existing committees were strengthened to add VAC instead of creating new committees. At district level, Child Protection Teams (CPTs) are functioning and meet regularly to plan response and prevention activities on VAC. Some wards within the districts still need better coverage, but wards where local committees are working on VAC are functioning.
- 3) Many well-appreciated tools and guidelines were developed with the support of UNICEF. These also form a good practice that will help ensure that capable individuals in an increasing number of districts effectively carry out response and prevention work on VAC.
- 4) An important lesson learned is that there are still gaps in terms of ability of child protection duty bearers to address the needs of children in different categories, including those with disabilities, across different socio-economic categories, children working and living in the street, child VAC perpetrators and those in conflict with the law.

Recommendations (Summary)

The following recommendations are in order of suggested priority. All recommendations are for UNICEF, but need to be implemented in coordination with the government and other national and sub-national stakeholders. Details for each recommendation are included in the Conclusions section of the current report and in Annex 1.

1. Continue intensive advocacy for, and support the establishment of a coordinating body on child protection. The coordinating body should be placed under the Prime Minister's Office that covers all relevant issues on child protection across society. It should focus on ensuring coherence as well as effectively implementing and enforcing laws, rules and guidelines.
2. Prioritise support for the countrywide dissemination of laws, rules and regulations in Swahili.
3. Provide strong technical support to bring the systems approach to additional districts to address the needs of children affected by and/or at risk of VAC.
4. Further develop Continuous Child Protection Management Information Systems (CPMISs) up to national level.
5. Ensure that baselines, KAP surveys and impact surveys are implemented to track change.
6. Further strengthen capacities, disseminate tools, develop of local bylaws and provide advocacy for increased government support for strengthening response to cases of VAC.
7. Increase focus on prevention at community level. Prevention needs to be carried out using all possible methods ranging from public and social media to community participation supported by the strong role of local leaders with status to push for change. Prevention needs to focus not only on social norms change to decrease socially sanctioned VAC, but also on preventing non-socially sanctioned VAC (e.g., rape, incest, extreme corporal punishment).
8. Promote existing positive social norms to protect children from violence
9. Develop child participation techniques so that children are more systematically included and supported at community level.

10. Scale up specific attention to address VAC in different child population groups including children with disabilities and other specific vulnerabilities as well as children from middle and wealthier income groups.

1 INTRODUCTION

According to the National Study on Violence against Children (NSVAC), almost three quarters of girls (72%) and boys (71%) in Tanzania have been victims of physical violence during their childhood.⁶ In 2009 the Government of Tanzania Mainland passed the “Law of the Child Act” (2009)⁷ while Zanzibar passed the “Children’s Act” in 2011.⁸ Both laws laid out the framework for a child protection system to prevent and respond to violence and are being operationalized through regulations and guidelines. Is the system performing? How do we know? How has the United Nations Children’s Fund (UNICEF) contributed? This report sets out to provide answers.

Reducing Violence Against Children (VAC) is a major worldwide challenge due to its persistent nature. Protecting children from violence is central to UNICEF’s mandate as an organisation that is guided by the Convention on the Rights of the Child (CRC). UNICEF strives to establish children’s rights as enduring ethical principles and to institute international standards of behaviour towards children. The agency works towards ensuring special protection for the most disadvantaged children - victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities.

A comprehensive evaluation of UNICEF’s global strategies and programme performance is being undertaken. This report covers one of four in-depth country case studies and 14 desk review countries included in an overall thematic evaluation of UNICEF’s efforts to address VAC.

1.1 Background to the Evaluation

UNICEF’s advocacy and programme response to protecting children from violence spans more than two decades but has never been comprehensively evaluated. A synthesis review of UNICEF programme evaluations (UNICEF Evaluation Office 2012)⁹ reported significant weaknesses in the coverage and quality of evaluations of UNICEF’s VAC programme interventions. The review consequently identified a need for further evaluation, including a more systematic analysis of UNICEF’s work on advocacy, systems development and social change. UNICEF subsequently decided to arrange for an evaluation aimed at meeting UNICEF’s needs for accountability, organisational learning and strengthening performance with respect to its work on VAC.

While VAC may be addressed through different components of a UNICEF country programme, the primary focus of the evaluation is on the work implemented through the child protection section. The evaluation does, however, analyse linkages to other UNICEF sections and their actions to address VAC. The evaluation particularly focuses on providing sound evaluative evidence and conclusions to inform UNICEF’s future strategies and programmes to combat VAC. The evaluation is expected to be of significant importance and use in:

- Strengthening UNICEF’s global and regional strategies for protecting children from violence,
- Advancing the post-2015 agenda, including the profile of actions to prevent and respond to VAC,
- Implementing the 2014-17 UNICEF Strategic Plan, and
- Informing country-level programme development and response in the coming years.

The current evaluation of UNICEF’s work on VAC is anchored to the consideration of interpersonal physical, sexual and emotional violence (including deprivation and neglect). Specifically, this means that the evaluation has a concentrated focus on VAC in the family/household and the community (including schools), including both the public and the private spheres. The evaluation does fully embrace the need for the analysis to include engagement with wider social, political and economic forces with respect to VAC. The evaluation, therefore, includes legal, policy and programmatic efforts undertaken to address VAC.

⁶ Prior to age 18.

⁷ Government of Tanzania (2009), The Law of the Child Act, 200. No. 13 to the Gazette a/the United Republic of Tanzania, No 28, Vol 90. I(‘)h, July. 2009. Dar es Salaam: Government of the United Republic of Tanzania.

⁸ House of Representatives of Zanzibar (2011), Children’s Act: Act No. 6 of 2011. Zanzibar: House of Representatives of Zanzibar.

⁹ UNICEF Evaluation Office (2012), Protecting Children from Violence: A Synthesis of Evaluation Findings. New York: UNICEF.

1.2 National Context for Child Protection in Tanzania

The United Republic of Tanzania is composed of the mainland and Zanzibar. Zanzibar is a semi-autonomous part of Tanzania that has its own devolved government and legislature. On the mainland the principal entity responsible for child protection is the Department of Social Welfare (DSW) within the Ministry of Health and Social Welfare (MoHSW). Other important ministries contributing to child protection are the Ministries of Community Development, Gender and Children; Ministry of Constitutional and Legal Affairs; Ministry of Home Affairs; and the Ministry of Education and Vocational Training. In Zanzibar the key ministries addressing child protection are the MoHSW, Ministry of Labour and the Ministry of Youth, Women and Children Development.

1.2.1 Poverty Reduction Strategies and Key Legal Frameworks

The governments of both the mainland and Zanzibar incorporate an important focus on reducing violence against women and children in their strategies. On the mainland, the National Strategy for Growth and Reduction of Poverty II 2010-2015¹⁰ includes ensuring individual security and safety as well as reducing domestic and Gender-Based Violence (GBV). The Zanzibar Strategy for Growth and Reduction of Poverty: 2010-2015¹¹ also includes key focus areas on the reduction of violence, particularly the institution of effective mechanisms to respond to rights violation and infringement - physical and non-physical (including all forms of violence, especially violence against women, children and other vulnerable groups) and combat domestic violence, harassment, GBV and discrimination.¹²

In 2009 the Government of Tanzania Mainland passed the “Law of the Child Act” (2009)¹³ while Zanzibar passed the “Children’s Act” in 2011.¹⁴ Both laws set out the framework for a child protection system to prevent and respond to violence and are being operationalized through regulations and guidelines. Further details regarding the development of the legal and policy environment are discussed in Section 4.2.

1.2.2 Violence Against Children in Tanzania and Challenges to Strengthening Child Protection Systems

In 2009, Tanzania became the second country in Africa to undertake NSVAC.¹⁵ The study provides national estimates on the magnitude of sexual, physical and emotional violence affecting girls and boys. Tanzania’s study report was based on three years of intensive data collection and analysis on the mainland and in Zanzibar. UNICEF Tanzania coordinated the study through a Multi-Sectoral Task Force (MSTF)¹⁶ while the Centers for Disease Control and Prevention (CDC) Atlanta and Muhimbili University of Dar es Salaam (MUHAS) provided technical guidance and assistance.

The NSVAC indicated that a high proportion of Tanzanian children are victims of violence. The most common place for violence is the home, followed by schools and areas near schools. Strikingly, over half

¹⁰ Ministry of Finance and Economic Affairs (2010), National Strategy for Growth and Reduction of Poverty II - NSGRP II or MUKUTA II Dar es Salaam: Government of Tanzania

¹¹ Government Of Zanzibar (2010), The Zanzibar Strategy for Growth and Reduction of Poverty: 2010-2015 (ZSGRP II) MKUZA II. Stone Town: Government of Zanzibar

¹² Government Of Zanzibar (2010), The Zanzibar Strategy for Growth and Reduction of Poverty: 2010-2015 (ZSGRP II) MKUZA II. Stone Town: Government of Zanzibar. P 101, Core cluster strategies 3.2.4.3 and 3.2.4.4.

¹³ Government of Tanzania (2009), The Law of the Child Act, 200. No. 13 to the Gazette of the United Republic of Tanzania, No 28, Vol 90. I(i)h, July. 2009. Dar es Salaam: Government of the United Republic of Tanzania.

¹⁴ House of Representatives of Zanzibar (2011), Children’s Act: Act No. 6 of 2011. Zanzibar: House of Representatives of Zanzibar.

¹⁵ UNICEF, Division of Violence Prevention, National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences (2011). Violence Against Children in Tanzania: Findings from a National Survey, 2009. Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experience in Childhood. Dar es Salaam: Multi Sector Task Force on Violence Against Children.

¹⁶ One in the mainland and one in Zanzibar consisting of government ministries, civil society organisations (CSO) and faith-based organisations (FBO)

of boys and girls reported having experienced physical violence over the previous 12 months including such acts as being punched, whipped or kicked. Parents are the most common perpetrators, though large proportions of girls (53%) and boys (51%) cited teachers as the abusers. Of the children reporting physical abuse by teachers, many reported having been harmed more than five times (i.e. 78% of girls and 67% of boys).

Approximately one quarter of children reported being emotionally abused, mostly by relatives and neighbours, with similar figures for girls and boys. Most abuse consists of name-calling, but threats of abandonment were made against 4% of girls and 5% of boys. Many child victims of emotional abuse feel unwanted, which was reported by 9% of girls and 7% of boys.

Sexual violence is common with 3 out of 10 girls and 1 out of 7 boys reporting at least one incident of sexual violence before the age of 18. Notably, 20% of girls reported having their first experience with sexual violence before the age of 14. In the case of boys, 16% were younger than 14 years of age when the first violent sexual experience took place. Most children who reported sexual violence indicated that the perpetrator was someone whom they knew, most commonly a neighbour (girls 32%, boys 17%), a dating partner (girls 25%, boys 48%), a friend (girls 10%, boys 9%), or a relative (girls 7%, boys 14%). Important to note is the fact that teachers were cited as the perpetrator for one out of ten girls. In fact, authority figures in general were responsible for 15% of sexual violence against girls and 3% against boys. Boys were less likely to share their experience of having been affected by an act of sexual abuse. About one third of boys re-counted the act compared to half of girls that had told someone.

Starting in 2009, various analyses¹⁷ indicate that the Tanzania government was facing a number of major challenges to strengthening the child protection system and reducing VAC. The challenges identified included:

- Need for development of an effective and efficient systems approach to child protection.
- Need for coordination at national, district, ward¹⁸ and village levels.
- Low budget allocations at all levels to address VAC within child protection.
- Lack of, or inadequate use of evidence during planning and budgeting for child protection.
- Low number of qualified social welfare workers at district level,¹⁹ and even more so at ward level.
- Case management of VAC victims, including identification and reporting.
- Inadequate functioning of police, health care, and justice system to address and process cases of VAC.
- Low awareness and capacities of duty bearers in health, education, social welfare, police and judiciary.
- Low community awareness (urban and rural areas) of the impact of harmful traditional practices and other forms of VAC.
- Lack of community awareness of available locations to report cases of VAC.
- Reluctance of community members to report and/or follow through on cases due to social pressures from other community members and financial costs.²⁰

1.3 Summary of Outcomes and Approaches on Reduction of VAC: UNICEF Country Programme

Since 2009, with the support of UNICEF and other development partners, Tanzania has been working to address the key challenges above regarding the development of a child protection system including special attention to addressing VAC.

¹⁷ Ernst & Young (2009), Final Report Ministry of Health and Social Welfare, Department of Social Welfare (DSW) Tanzania. Capacity Assessment of the Department of Social Welfare to Fulfill and Deliver Mandate. (idem Zanzibar) Dar es Salaam, Ernst & Young. Government of Tanzania and UNICEF (2013), Baseline Assessment, Country Programme of Cooperation 2011-2015. Dar es Salaam: Government of Tanzania and UNICEF (2013). UNICEF (2013) Synthesis Report of District Bottleneck Analysis for the UNICEF Tanzania Country Program Interventions. Dar es Salaam: UNICEF.

¹⁸ Wards are the next administrative units below Districts in the Tanzanian Government structure.

¹⁹ Not all districts in the country have one or more social workers on their district staff.

²⁰ Financial costs may include lost income due to time taken away from work but also transport to follow up on cases, cost of corruption,

Tanzania is a “Delivering as One” country, also commonly referred to as “One UN”. This means that UN development support is organised through a “single, coherent business plan for all UN funds, programmes and agencies in Tanzania, in which each is responsible for delivery on a set of key actions that jointly contribute to shared results.”²¹ The current United Nations Development Assistance Plan (UNDAP) is the Delivering as One plan of 20 UN agencies and covers the period July 2011 to June 2016. While the current evaluation focuses on the time period from 2009 to 2013, the most relevant time period included in the evaluation are the most recent years. Outcomes that are relevant to VAC in the current evaluation are, therefore, primarily assessed against the outcomes cited in the 2011-2015 UNDAP.

Within the 2011-2015 UNDAP, UNICEF is one of the key agencies responsible for child and maternal health, basic education, children and HIV, child protection, social protection, and water, sanitation and hygiene (WASH). In the 2011-2015 UNDAP, VAC is particularly addressed within the context of social and child protection.

Much of UNICEF’s work to support the development of a child protection systems approach is focused on the enabling environment at national level. However, UNICEF also implemented a first phase programme to develop model systems for child protection at district level in the Hai, Magu, Kasulu and Temeke districts from 2010 to December 2013. Relevant results that the country programme achieved are discussed in greater detail in the findings Section 4.

The target for the evaluation period was only four pilot districts.

Table 1 - Outcomes, outputs and indicators as related to VAC (2011-16)²²

Overall Outcome: Focus on child justice, child protection systems strengthening and birth registration to protect children from violence, abuse, neglect and exploitation in line with government commitments within frameworks of the Law of the Child Act (2009), the Children’s Act (2011) and the national poverty reduction strategies.			
No.	Outcome Indicator	Baseline	Target
1	Adequate legislation, institutional capacity, systems and mechanisms to protect children and women from violence abuse and exploitation	Weak legislation, institutional capacity, systems and mechanisms	Enhanced legislation, institutional capacity, systems and mechanisms
2	Range and quality of interventions/services available to children and women affected by abuse, exploitation and violence	Inadequate access to quality services for women and children affected by violence, abuse and exploitation	Increased access to, and quality of services for women and children affected by violence, abuse and exploitation
Outcome 1: Government of Tanzania addresses priority gaps in legislation, strategies and guidelines to protect children and women from abuse, violence and exploitation			
No.	Indicator	Baseline	Target
1	Government legislation, strategies and guidelines reviewed and adequately	Presence of Anti-trafficking Act, Law of the Child Act, Zanzibar Children’s Act; no regulations or	Regulatory framework finalized in Mainland and Zanzibar including

²¹ United Nations Tanzania Office of the United Nations Resident Coordinator in Tanzania (2010) United Nations Development Assistance Plan July 2011- June 2015 United Republic of Tanzania. Dar es Salaam: UNDP. Page: i.

²² United Nations Tanzania Office of the United Nations Resident Coordinator in Tanzania (2010) United Nations Development Assistance Plan July 2011- June 2015 United Republic of Tanzania. Dar es Salaam: UNDP.

	address abuse, violence and exploitation against children and women	implementation strategy; inadequate enforcement of legislation and regulations on VAC and GBV	addressing trafficking, FGM and child marriage
Outcome 2: MDAs, LGAs, law enforcement agencies and selected CSOs have improved technical skills to prevent and respond to cases of violence, abuse, neglect and exploitation of children			
No.	Indicator	Baseline	Target
1	# of national officers trained as national facilitators on child protection, including trafficking	Ad-hoc training sessions going on	50 national facilitators trained
2	% of frontline workers in UN-supported districts trained to effectively respond to CP issues	0%	100% of Social Welfare Officers (SWOs), GCD police and magistrates; 30% of teachers in 17 districts
Outcome 3: Relevant MDAs integrate Child Protection (CP) into their national programmes			
No.	Outcome Indicator	Baseline	Target
1	Status of relevant National Plans of Action	2007-2010 NCPA does not adequately address protection issues	M&E framework for the Child Protection component of NCPA MVC II completed and operationalised; NPA on VAC progressing as planned, with >75% of activities completed on time; Annual Reports available
2	% of districts implementing the Child Protection System in line with the National Guidelines (inc. non-UN supported districts)	0%	18%
Outcome 4: Local service providers respond effectively to women and child victims and exploitation in select areas			
No.	Indicator	Baseline	Target
1	Child and women victims of abuse, violence and exploitation accessing quality protection services	Limited service provision and inadequate quality of services for women and children who are victims of abuse, violence and exploitation	Increase in access and quality services provided by targeted local service providers

Outcome 5: Communication on Violence & Abuse - Decision makers and communities understand issues concerning violence and abuse against children, including available protection services; prevent harmful traditional practices, violence and sexual abuse

No.	Indicator	Baseline	Target
1	# of cases of violence, abuse, neglect and exploitation of children reported in selected districts	Data unavailable, but very few cases	2500 cases

Outcome 6: Municipal and District Authorities (MDAs) produce, utilize and report disaggregated data on violence/abuse/trafficking/exploitation of women and children according to agreed timeframes

No.	Indicator	Baseline	Target
1	# of cases of women and child victims of violence, abuse, neglect and exploitation - including trafficking - and children in conflict with the law handled by frontline workers (Social Welfare, Education, Health, Police, and Justice Officers)	Insufficient disaggregated data on violence, abuse and exploitation of women and children	2000

Outcome 7: International treaty coordinate data on children's rights at the government and CSO level

No.	Indicator	Baseline	Target
1	National Human Rights Action Plan developed and implementation status	No national human rights action plan; management structure and National Human Rights Action Plan in place; consultations with stakeholders started	Annual Review of National Human Rights Action Plan conducted; Annual targets defined in Action Plan met; New Annual Work plan for the National Human Rights Action Plan set
2	Timely submission of due reports to regional and international bodies	Convention on the Rights of the Child due in 2010 were submitted past deadline	Submissions as per established schedule

Outcome 8: Government of Tanzania justice system better protects the rights of women and children in contact/conflict with the law and is better able to respond to their needs

No.	Indicator	Baseline	Target
1	Incorporation of international standards for child and juvenile justice in the justice system	Inadequate reflection of international standards in child and juvenile justice	Increased reflection of international and national standards, as per implementation strategies

2 EVALUATION CASE STUDY SCOPE AND METHODOLOGY

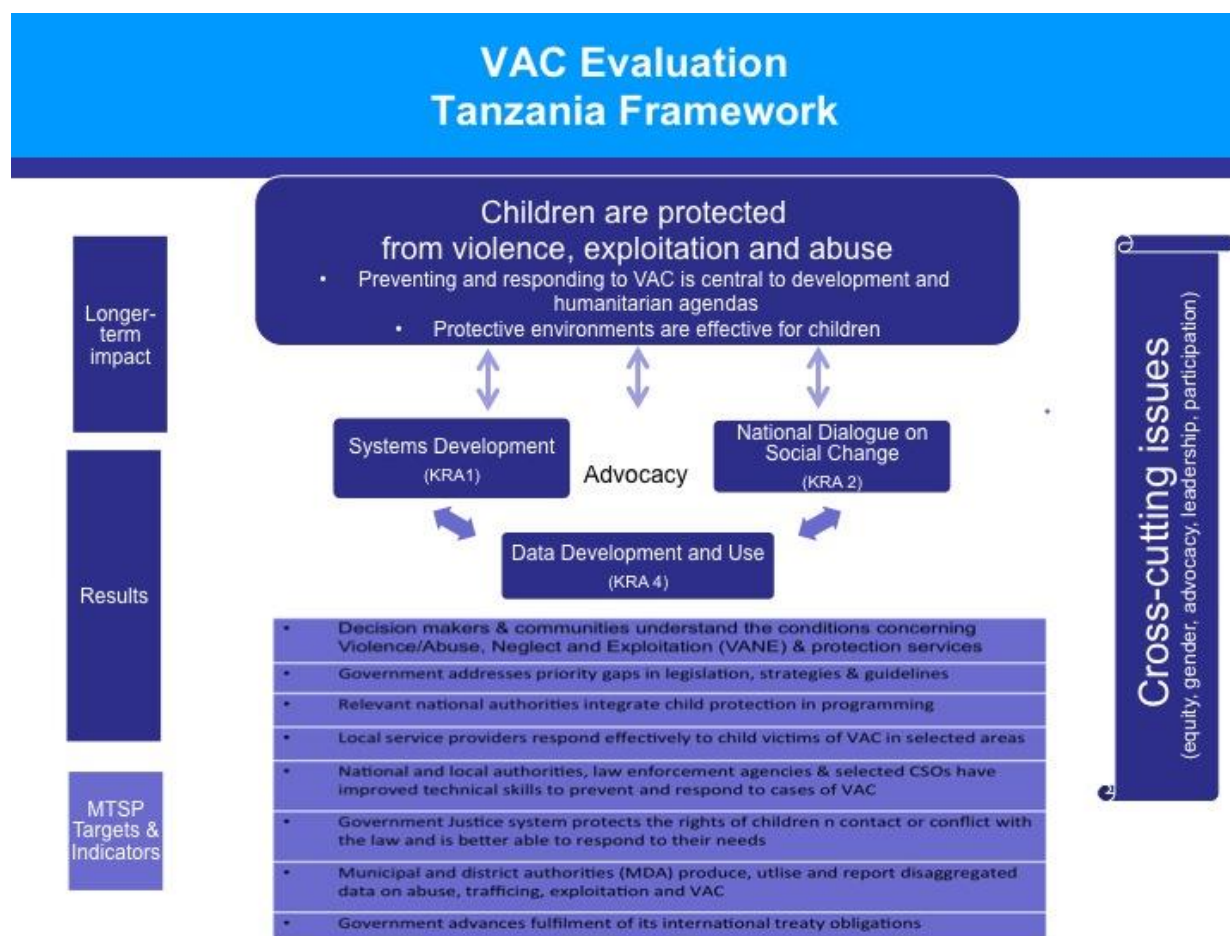
2.1 Definition of the Evaluation Case Study

A highly focused approach is essential to achieve a more in-depth and useful analysis of VAC-related strategies and programme performance. An operationalized definition of the 2002 World Health Organization (WHO)²³ definition of violence is, therefore, used in the country case study. The WHO definition of violence defines VAC as “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”²⁴

Given the need to deepen the focus and concentrate more on interpersonal violence, the evaluation excludes self-inflicted violence. The focus does specifically include violence in schools and also violence perpetrated against children *within* the workplace or institutions such as residential care facilities and *within* child marriage.

As indicated central lower box in Figure 1, this country case study focuses on assessing 5 CP outcomes as related to VAC discussed in Section 4.

Figure 1- Tanzania Case Study Evaluation Framework



²³ World Health Organization (2002) World Report on Violence and Health: Summary. Geneva: World Health Organization. P.4

²⁴ World Health Organization (2002) World Report on Violence and Health: Summary. Geneva: World Health Organization. P.4

2.2 Case Study Objectives and Evaluation Questions

The overall objectives of the country case study of Tanzania are to:

- Assess UNICEF's leadership, leveraging, and convening role at Tanzania country level
- Assess the adequacy and relevance of UNICEF's global strategies on VAC in Tanzania
- Assess application of strategies at national level, considering both prevention and response
- Assess the design, implementation and results of UNICEF-supported approaches to reduce VAC in Tanzania
- Provide forward-looking conclusions, lessons and actionable recommendations

Based on these objectives, the following specific evaluation questions linked to the global evaluation questions were developed:

EQ1: How relevant, appropriate, and coherent is the programme logic of the Tanzania VAC programme?

EQ2: How effective has the UNICEF-supported Tanzania Child Protection Programme (CPP) been in terms of implementation processes and programme results regarding VAC?

EQ3: How effectively have the VAC-related Tanzania CPPs integrated key crosscutting themes and implementation modalities, including gender equality, disabilities, other human rights and equity considerations, country context and capacity into design, implementation, monitoring and evaluation to feed back into policy and decisions?

EQ 4: How effective have UNICEF's advocacy, leadership, leveraging, convening and partnership roles been at country level in Tanzania to protect children from violence?

EQ 5: How efficient have UNICEF's organisational policies, strategies and country programme management practices been in obtaining results with regards to VAC at Tanzania country level?

EQ 6: To what extent are VAC programme implementation processes and results in Tanzania sustainable and can they be scaled up over the immediate-, medium- and long-term²⁵?

2.3 Evaluation (Case Study) Methodology

The field visit to Tanzania to conduct the evaluation took place between 2 and 20 June, 2014, though some additional interviews were also conducted after this time period.

2.3.1 Key Stakeholder Types Included in the Evaluation (See Annex 5 for detailed listing of those interviewed):

- 1) UNICEF Country Office:
 - Senior management and staff responsible for child protection with specific focus on VAC.
 - UNICEF staff working in the different thematic areas and sections (Health, Education, Justice, Children and AIDS, Communications, Monitoring and evaluation specialists.
- 2) United Nations agencies, international Non-Governmental Organisations (NGOs) and networks representatives who work to address VAC.
- 3) National and sub-national level key informants in the public sectors relevant to addressing child protection. Ministries of Education, Health, Social Welfare, Labour, Justice, Home Affairs, Planning and Finance.
- 4) Local entities with specific focus on child protection with attention to VAC at district, ward, and community levels.
- 5) Key national and local civil society organizations (including NGOs) and activists focusing on child protection in general and/or VAC in particular.
- 6) Adult and child leaders representing groups involved in UNICEF-supported field locations and other community members.

²⁵ With immediate operationalized as 0-5 years, medium as 6-10 years, long-term as 10 years or more.

2.3.2 Selection of Field Study Locations and Sampling

One urban district (Temeke District) and one rural district (Hai District) were selected out of the four model districts based on the following rationale:

- The two districts represented 50% of the area where UNICEF is piloting its district level work
- Selecting an urban and a rural district allowed the evaluation team to analyse systems and social norm change efforts in two very different settings

The evaluation used a purposive sampling methodology to select the specific individuals to be included in interviews and focus groups. Purposive sampling involves strategically selecting appropriate respondents to provide relevant information in line with the evaluation questions. Considerations with respect to gender and equity were also included. While a large randomly selected sample of respondents would have been preferable, time constraints in the field dictated smaller sample size and a more qualitative approach.

At community level, evaluators prioritised the purposive sampling of interviewees and/or focus group members to adult and child leaders. Other adults and children were selected as randomly as possible.

2.3.3 Data Collection

The evaluation relied on a combination of interviews with key informants, focus group discussions, direct observation and document analysis. Two international evaluators worked with two national consultants to assist with translations and to help understand the socio-economic context and other important national elements.

For key informant interviews, a semi-structured approach was used to allow for deepened questioning on key issues that interviewees raise. Additional probing on the core and sub-evaluation questions in interviews and focus groups allowed the teams to collect data on the related priority issues. See Annex 6 for the tools used during interviews and focus groups.

Focus group discussions were conducted at community level with Child Protection Committees (CPCs), other groups of relevant key informants, parents and children. The focus group discussions covered the successes, challenges, gaps and recommendations to improve efforts in addressing VAC. The focus groups were conducted to identify the most significant change(s) in communities as well as the level of engagement of group members with respect to addressing VAC. A series of focus group questions then helped prioritize the key results and identify evidence of social norm change in the community via the voices of children and other community members.

2.3.4 Data Analysis

A coding form was developed to allow for the organisation of all collected data by category of required information. The coding form was based on the information needs for the global evaluation that also covers the other 3 country case studies, 14 desk review countries and online survey of remaining UNICEF countries. Country-specific questions were also added (see Annex 6 for details of points covered). Patterns within the triangulated data were identified which were crosschecked by returning to documentation and notes to ensure that correct conclusions were being drawn. Relationships between identified themes were also drawn out, particularly when identifying gaps and recommendations. The data was then triangulated to achieve a full appreciation of UNICEF and partner efforts to address VAC in Tanzania.

2.4 Limitations of the Evaluation

- A major drawback was the insufficient or absent baseline, outcome or comparative data, especially at district level. This meant that the evaluation had to primarily rely on information collected through key informants and focus groups composed of groups using purposive sampling methods. This was

triangulated with documentation that was largely based on UNICEF and/or NGO self-reporting. While the VAC survey provided information on overall prevalence of VAC, it did not provide the amount or type of information needed that can be collected through a baseline survey in model districts covering the evaluation period.

No endline survey was consequently conducted that would allow for detailed comparison to a baseline survey situation. Likewise, no impact analysis was yet conducted using representative sampling in model districts at the time of the evaluation. No independent external evaluations on UNICEF VAC-related effort were available to provide additional information to feed into the evaluation. It should be added that, in new districts that are being covered with the support of UNICEF, baselines are being implemented, so future evaluations should be able to provide more detailed assessment of the results.

- The sensitive nature of many aspects of VAC made some issues difficult to discuss, especially under compressed time conditions.
- The potentially biased selection of communities and groups of children due to time and access considerations.
- The limited time allocated for the evaluation in the country, particularly at the sub-national level. Only two weeks were available, which also included substantial time for travelling to sites to interview key informants and conduct focus group discussions.

3 RELEVANCE AND COHERENCE OF COUNTRY PROGRAMMING LOGIC AS RELATED TO VAC

The UNICEF country child protection initiatives correspond closely to UNICEF VAC relevant strategies on systems building, social change and knowledge development. The design of the country CPP in Tanzania is most especially focused on systems building to eventually achieve a good balance between VAC response and prevention. The evaluation found that overall, the country CPP design was feasible, flexible, innovative and responsive to the country context. The design of VAC activities was clearly based on a Human Rights-Based Approach. Though the CPP contains the core components for a country child protection systems design, the coherence of the programme logic between the different components is not very evident in the design.²⁶

3.1 VAC UNICEF Country Strategies

As indicated in the box at the bottom of Figure 1, strategic emphasis is on systems building to prevent and respond to violence, including improvement of justice systems and implementation of actions to prevent and respond to violence. Actions also include Social Behavioural Change Communications (SBCC)²⁷ and dialogue on social norms to reduce harmful traditional practices. Knowledge development and management was designed around the collection of disaggregated data on child protection issues, including on VAC.

3.2 Country Child Protection Programme Design – Appropriateness

The VAC study carried out in 2009, mapping, other situation analyses²⁸ and national and sub-national discussion groups informed the design and implementation strategies to help ensure appropriateness. Findings of a Situation Analysis of Children and Women (2010)²⁹ on salient gaps in child rights also contributed to the planning specific to reducing VAC. The country level context was thus well considered in the overall CPP design and specific VAC actions.

The standards and principles of human rights including participation, accountability through results-based monitoring, non-discrimination, equity, and gender rights³⁰ are considered in Tanzania's approach to VAC. This includes special attention on upholding Article 19 of the CRC, which requires states to take measures to prevent and respond to cases of violence.

Activities planned under the CPP are based on tried and tested methodologies to develop social welfare systems in high-income countries. Innovation in the design is not highly evident. Some implementation modalities, however, have been adapted to the Tanzanian context, such as a programme for communities to select "fit parents" who can provide emergency shelter to children affected by VAC.³¹

CPP strategies include social dialogue for social norms change. However, not all VAC can be addressed with a social norms focus or by prosecuting perpetrators. Many countries do not have the resources to process court cases against and incarcerate all possible perpetrators. Of course, prosecution is also a necessary tool as it sends a powerful preventive message to the public/communities on VAC response and prevention.

The CPP is sufficiently broad and flexible to respond to contextual differences and changes. In rural areas specific village leaders have been identified to serve as contact points for villagers to report cases of

²⁶ The evaluators base their analysis for Section 3.4 on a triangulated analysis including information from the Monitoring and Evaluation Section of the Eastern and Southern Africa Regional Office (ESARO)

²⁷ SBCC is a method that includes analysis of socio-cultural settings to develop behaviour communications for change.

²⁸ UNICEF (2010), Children and Women in Tanzania, Volume 1 Mainland, Volume 2 Zanzibar. Dar es Salaam: UNICEF.

²⁹ UNICEF (2010), Children and Women in Tanzania, Volume 1 Mainland, Volume 2 Zanzibar. Dar es Salaam: UNICEF.

³⁰ Section 4.9 detail these aspects.

³¹ Also see Section 4.3.3

VAC. Such leaders then help the identified victim of VAC to enter the referral system by orienting her/him to the appropriate police, health centre, Social Welfare Officer (SWO) or all of the above depending on the case. The child is subsequently entered into an overall case management system. In urban Temeke District, however, there are of course no village leaders. At street level points (referred to Mtaa), referral contact for VAC cases have been identified. Community members and district staff/leaders selected such persons based on their standing in the community. Community members were then informed that, in any situation in which VAC was identified, they could go to the street level referral contact to help report the case.

The technical feasibility and scope of the Country Programme emphasize reaching as many locations as possible and are commensurate with the country's limited financial and human resources. The CPP in Tanzania has wisely limited piloting its sub-national model to only four districts. It has yet to achieve full coverage of all wards in these districts due to insufficient financial resources, but has the capacity to scale up within these districts and expand to new districts if additional resources were to be made available.

Indication of the responsible national or other entities to implement the strategies could have been clearer in the basic CPP design. The Government of Tanzania is evidently the principal partner but further details on specific Government offices and other entities was limited.³² It should be added, however, that UNICEF did successfully provide advocacy to ensure that the National Guidelines on Establishing and Strengthening Child Protection Systems³³, the regulations and guidelines under the Law of the Child Act³⁴ and the Child Justice Strategy all provide detailed information on roles and responsibilities of specific implementers. Actual implementation planning indicates that CPP strategies were broadly time-specific covering the country programme period 2010-2013.

3.3 Balance of Response and Prevention

As indicated in a statement of key Tanzania government leaders at a recent global meeting on VAC in Swaziland, for Tanzania the "Priority is to build a child protection system that has the mandate, capacity and resources to prevent and respond holistically and sustainably to violence against children."³⁵ As a result, the country office focused more on systems building during the evaluation time period than on social norm change, though the latter was also covered.

At national and district levels, design focus has been on developing the legal, policy and planning frameworks as well as on institution building and capacity strengthening. At community level the design focused on strengthening structures to respond to VAC, but also gave attention to prevention measures.

The initial implementation process prioritized response, with preventive interventions picking up in a secondary stage. This prioritisation allowed for the testing of response mechanisms and helped improve both response and prevention with experience. UNICEF and its partners³⁶ shared a concern that a great deal of early emphasis on SBCC, including on raising awareness on the detriments of VAC, can initially lead to an influx of VAC cases being reported. Without a robust referral system³⁷ already in place, this stands to overload the social welfare, health and justice systems before efforts to fortify them can be

³²On the mainland the principal partners are the Department of Social Welfare (DSW) within the Ministry of Health and Social Welfare (MHSW), the Ministry of Community Development, Gender and Children (MoCDGC), Ministry of Constitutional and Legal Affairs (MoCLA), Commission for Human Rights and Good Governance (CHRAGG), Ministry of Home Affairs (MoHA). In Zanzibar partners include the Ministry of Social Welfare, Youth, Women and Children Development (MSWYWCD), Commission for Human Rights and Good Governance (CHRAGG), Ministry of Justice and Constitutional Affairs (MoJCA). Other partners during the evaluation period include international NGOs and national NGOs. See the list of interviewees in Annex 4 for some key NGOs working on VAC with UNICEF in Tanzania.

³³ Government of Tanzania (2013), National Guidelines for Establishing a Child Protection System in Tanzania & Appendixes. Dar es Salaam: Government of Tanzania.

³⁴ Government of Tanzania (2009), The Law of the Child Act, 200. No. 13 to the Gazette of the United Republic of Tanzania, No 28, Vol 90. I(1)h, July. 2009. Dar es Salaam: Government of the United Republic of Tanzania.

³⁵ Maembe, Anna & Khamis, Bi Rahma (2014) (Respectively Permanent Secretary, Ministry of Community Development, Gender and Children; Director of Women and Children, Zanzibar), Violence Against Children in Tanzania – Using Data to Influence Policy and Programming. Power Point Presentation to the Global Violence Against Children Meeting held in Swaziland, 28-30 June, 2014.

³⁶ Particularly government.

³⁷ A referral system is actually a sub-system of the larger country child protection system and should include case management.

rolled out. The design of Tanzania's VAC strategy and planning has given due consideration to this potential conundrum by giving initial priority to building up system capacity over scaling up prevention efforts. Ensuring that response mechanisms are strengthened to deal with an influx of cases is a salient part of the design. How to achieve a timely balance of powered up capacity to manage an increased load of VAC cases arising SBCC efforts is one of the challenges inherent to addressing CP in general.

Some interviewees in the Tanzania evaluation equated the development of the system with response mechanisms while linking prevention actions with social change efforts. There is a tendency to over-categorise concepts without considering their interrelatedness and complexity; the issues cannot be so clearly delineated. From UNICEF Tanzania's point of view, a good CPP system with components on VAC includes actions to prevent VAC as well as actions to respond to it. In Tanzania, Child Protection Teams (CPTs) and Most Vulnerable Children Committees (MVCCs) at local level that are part of the child protection system may identify and report specific VAC cases but can also develop Social Behaviour Change Communications (SBCC) campaigns to prevent VAC. Children's Clubs and Junior Council³⁸ may help identify cases of VAC among their friends and in their school, and subsequently refer them to designated persons within the CPP system. They may also work in their communities with classmates on practical elements of prevention by, for example, encouraging them to go to and from school in groups instead of individually.

Prevention in Tanzania was also linked to response in several other ways. For example, child rape cases, when identified, publicised, and especially if brought before courts can have a deterrent effect on perpetrators. Indeed, children and adults in both districts visited reported a decrease in VAC incidence as a result of improved legal and other responses. It is necessary to point out that this finding is based on the observation of stakeholders in the community and is not yet reflected in available District Social Welfare Office (DSWO) data. With increased awareness cases reported to authorities tend to increase before they eventually start to progressively decline—this is indeed what is being observed in the District Case Management Statistics. For example, children in Temeke stated that they can “now go into some parts of our area in the evening where we could not go one or two years ago, people are more afraid to misbehave.” Where communities identified locally responsible individuals to whom VAC cases can be referred, such individuals have also become counsellors and guides on non-violent parenting³⁹ as well as cornerstones for community action against VAC.

As most evaluation key informants indicated, if financial and human resources had permitted, the design should still have placed more emphasis on prevention. Social and psychological elements influence the behaviour of perpetrators. Much more time and emphasis will be needed well into the future on prevention for effective behaviour change to occur. Most of the focus has been on primary prevention. That is to say, preventing violence from happening in the first place by changing conditions in the communities to make VAC less likely. Secondary prevention, dealing with those affected by violence at the point of contact to see if future violence can be prevented, has received less emphasis. As will be discussed in Section 4.4.1, perpetrators may be released on bail without warning to former victims of VAC and their families. Though district level services have been set up and community level committees established, members of three focus groups, 3 child victims and 2 mothers, indicated that more needs to be done help prevent repeat occurrences. Interviews and documentation also indicate that no special methodology has yet been developed to specifically track and diminish the chances that perpetrators may be repeat offenders.

³⁸ Children's clubs and Junior Councils are also part of the child protection system at local level.

³⁹The evaluators avoid using the term “positive parenting” in this case as the term refers to a specific technique with a set of tools. Non-violent parenting may also be promoted in other ways through simple mechanisms such as discussing alternate methods of sanctioning.

3.4 Theory of Change to Address VAC

The extent to which UNDP strategies and country programmes are *logical and consistent* at each level with respect to VAC will need more attention in the future. This includes coherence across targets, indicators, actions/areas of cooperation⁴⁰ and coverage as specifically oriented to VAC in Tanzania.

The programme logic was not originally designed to conform to a Theory of Change (ToC) approach, though both UNICEF and other UN agencies have actively used logical frameworks for planning and to guide implementation. The challenge of the inherent programme logic related to the ToC appears to be partially due to the fact that Tanzania works through the UN Delivering as One approach. It could have been more coherent and other elements more appropriately organised and worded as indicated in the remainder of the current section. Given that the Eastern and Southern Africa Regional Office (ESARO) is actively training countries on improving their ToC, it is expected that this will improve in interim and new programme designs.

Some of the more challenges in the Country Programme relative to Programme Logic/Theory of Change on VAC include:

- 1) The absence of vertical logic indicating how expected outputs and outcomes on VAC are synergistic relative to results, contributing to overall impact. Currently, several appear as stand-alone elements.
- 2) Confusion in the matrix with respect to distinguishing outputs from outcomes as related to VAC.
- 3) Language (focus) is more action than results oriented.
- 4) Unclear identification and measurement of demand side issues, such as demand for VAC and related services
- 5) Limited reference to evaluations, field trip reports, Demographic and Health Surveys (DHS)/Multiple Indicator Cluster Surveys (MICS) or national surveys, sector reviews, sector management information systems, other studies and surveys as supporting data.⁴¹

The cited “if/then” vertical logic in particular needs attention. Namely, the relationship between the activities undertaken and the expected end-result should be more explicit and logical. Underlying assumptions supporting the logic need to be more evident so that a coherent whole is apparent.

Indicators should be relevant, measurable and actionable. According to the version available at the time of the evaluation field work, some of the Tanzania CPP indicators could not, however, be clearly measured either qualitatively or quantitatively. Currently all indicators are measurable. Additionally, there is some overlap among indicators under different outputs, e.g. the indicators under Output 3 and 4 are both related to inclusion of VAC cases in district service delivery.

3.5 Inclusion of Children’s Views in Development of VAC Elements within CPP

The CRC Article 12 requires governments to assure that children who are capable of forming their own views have the right to express those views freely in matters that affect them, and to give their views due consideration in decision making. Children’s views were not directly and actively included in the original development of the CPP, primarily because no system to do so was yet in place. As will be discussed in Section 4.8, child participation did improve during implementation, though there is still room to enhance this further and include children’s feedback into the system.

⁴⁰ The UNICEF Medium Term Strategic Plan (MTSP) 2006-2013 uses the term “Areas of Cooperation” to indicate the type of activities planned to reach the Key Results. UNICEF (2013), 2006-2009 MTSP Updated and Extended to 2013. Version 1 to 2009: UNICEF (2005) The UNICEF Medium-Term Strategic Plan (MTSP), 2006-2009 - Investing in children: the UNICEF contribution to poverty reduction and the Millennium Summit Agenda. E/ICEF/2005/11. New York: UNICEF. New version valid to 2013: UNICEF (2012) Revised Annexes to Medium Term Strategic Plan. Annex 1: Results Framework by Focus Area. New York: UNICEF.

⁴¹ The programme logic/ToC should include more links to verifiable data sources.

4 COUNTRY PROGRAMME EFFECTIVENESS IN ADDRESSING VAC

Overall Outcome: Focus on child justice, child protection systems strengthening and birth registration to protect children from violence, abuse, neglect and exploitation in line with government commitments within frameworks of the Law of the Child Act (2009), the Children's Act and the national poverty reduction strategies.

Key findings: As is detailed in the remainder of Section 4, programme monitoring, documentation and evaluation interviews indicate that the CPP is on track in the planned areas in terms of timely achievement of outputs and intermediate outcomes. Some gaps to achieve the overall outcome remain, including the need to continue institution building, capacity strengthening and addressing the needs of specific categories of children, including boys and children with disabilities. Though UNICEF has provided much support in most of these areas, the country needs are extensive and more work to address them is needed.

The evaluation found that, assuming actual enforcement of laws and implementation of strategies, Tanzania does have in place a basic framework for moving forward with a systems approach to reduce VAC. Much work still remains, however, before the system can be considered fully developed and VAC is notably reduced. The system should fully cover the country, and challenges identified during the child protection system development process need to be addressed.

While the evaluation considers the planned country results framework, other elements relevant to the wider global evaluation are also analysed. Though Section 4 thus has a strong focus on the extent to which the country programme has been effective, additional issues are also covered.⁴² Please note that the presentation and discussion of the results follows a logic structured around discussion of the results with Section 4.1 on systems strengthening, Section 4.2 on social norms change and Section 4.3 on knowledge development. It is important to indicate that all three are strongly interrelated. Elements regarding social norms change and knowledge development are also inherently integrated in the systems approach. Linkages between the three areas are indicated in the text wherever relevant.

UNICEF has been quite successful in working with the government and other implementing partners to develop a wide range of initiatives to strengthen country approaches to reduce VAC.⁴³ Section 4 provides a discussion regarding the difficulties of ascertaining whether these initiatives have already led to substantial reductions in VAC.

Details on the extent to which outcomes were achieved, specific successes, challenges and remaining gaps will be discussed in the remainder of Section 4.

4.1 Systems Strengthening

4.1.1 Advocacy and Strengthening National Legal and Planning Frameworks Regarding VAC

Outcome 1: Government of Tanzania addresses priority gaps in legislation, strategies and guidelines to protect children and women from abuse, violence and exploitation⁴⁴

Key findings: Laws, rules, regulations, guidelines, actions plans, and training packages related to VAC were developed and child protection has subsequently been integrated in national planning. Enforcement and implementation is progressing in target areas. Referral mechanisms with related support for victims of VAC were developed and are functioning in the four target pilot districts at the end of the evaluation period⁴⁵.

⁴² This includes elements such as child participation.

⁴³ Please note that the evaluation team cannot list all of the activities that the UNICEF Child Protection Section supported during the evaluation period. Only some key and illustrative activities are summarized. For details contact Birgitte Lund-Henriksen, Chief, Child Protection @ blundhenriksen@unicef.org.

⁴⁴ Given that the sequence numbering of the country results framework does not directly correspond to structure of the report, the presentation of the results does not always follow the same sequence as in Table 1 of Section 1.3.

⁴⁵December 2013.

Effective advocacy has been a very important overarching activity embedded in the entire country Child Protection Strategy (CPS) and has led to the formal adoption of several key legal and planning frameworks. Government interviewees as well as UN, international and national NGOs indicated that UNICEF had played an important advocacy and technical role throughout the development of many frameworks relevant to VAC.

The most important advocacy instrument over the evaluation period was clearly the UNICEF-supported 2009 NSVAC study⁴⁶ described in Section 1.2.3. Many evaluation interviewees⁴⁷ referred to the NSVAC as fundamental to creating the needed interest to take clear and concerted action. The study helped solidify interest in systems building through the development of legal, policy and planning frameworks. National government, INGO and NGO interviewees all indicated that the NSVAC was a “wake up call” and “has been used as a tool to build political will to act”.

The NSVAC study was considered a landmark in the country because it was the first time evidence was used as an advocacy instrument to address a major child protection issue. The involvement of the major stakeholders⁴⁸ in the design and implementation of the study was a factor contributing to its recognition. A very important element was the manner in which the completed report was launched only subsequent to *intensive personal advocacy of UNICEF* and its non-government partners with the government. Rather than reject the results, as can happen when inherently negative information is brought to light, the government accepted findings and made a call to action.⁴⁹

A few examples of key adopted frameworks during the time period are the Law of the Child Act (2009) with accompanying regulations and rules, the Children’s Act (2011) (Zanzibar), and the Guidelines to the Child Protection Regulations (2013).

Successful advocacy efforts also led to the development of additional rules, regulations and action plans. The Juvenile Court Rules were adopted in 2014. Key activities on child rights, child protection reform and reform of the child justice system are included in the National Human Rights Action Plan 2013-2017 and the Five Year Strategy for Progressive Child Justice Reform 2013-2017 (see Annex 1 for additional frameworks). The final National Human Rights Action Plan⁵⁰ contains specific sections on improving conditions so that children in conflict with the law are less likely to be victims of VAC in detention homes and other justice settings. UNICEF provided technical support to the Tanzania Child Rights Forum to successfully advocate for the retention and strengthening of provisions relating to child rights in the constitution. Children from a Junior Council⁵¹ in the Temeke District who were interviewed for the evaluation reported that they had been included in the advocacy and discussions. They specifically noted that “it is not right to define someone as an adult just because they marry before the age of 18.” The children indicated that their comments were seriously considered in the discussions and in the ultimate changes to the constitution with respect to the definition of the child as up to age 18.

Some other essential frameworks to which UNICEF provided technical support were the National Costed Plan of Action for Most Vulnerable Children (NCPA-MVCII) 2013-2017, and the Multi-Sector National Plan of Action to Prevent and Respond to Violence against Children 2013-2016 (MSNPVAC). A five-year Child Justice Strategy and a National Plan of Action for rolling out police Gender and Children’s Desks

⁴⁶ UNICEF, Division of Violence Prevention, National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences (2011). Violence Against Children in Tanzania: Findings from a National Survey, 2009. Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experience in Childhood. Dar es Salaam: Multi Sector Task Force on Violence Against Children.

⁴⁷ Where the term “evaluation interviewees” is included in the text, this refers to individual, small group and focus group respondents during the evaluation process.

⁴⁸ See list of stakeholders in Annex 4.

⁴⁹ Ministers committed to act on the findings by, for example, agreeing to scale up the establishment of Child Protection Systems in all local authorities, rolling out Gender and Children’s Desks in all police stations, committing to ensuring that all courts handling children’s cases are governed by child friendly procedures and rules.

⁵⁰ Commission for Human Rights and Good Governance (CHRAGG) (2014), National Human Rights Action Plan. Dar es Salaam: CHRAGG

⁵¹ Children’s clubs established with the aim of advancing child rights.

were developed. In the area of child justice, a key component was to create conditions that reduce the incidence of VAC whenever children are in conflict with the law. A set of national guidelines for establishing and strengthening child protection systems⁵² was also established. The guidelines include the establishment of committees at all levels, their roles and responsibilities, as well as those of duty bearers and the case management of victims. The guidelines are also geared towards supporting the government at all levels in assessment, planning, resourcing and monitoring of child protection interventions.

Advocacy has been used at all levels to promote increased budget allocations to child protection systems development in general, and VAC in particular, with some success. At district level, advocacy has been used to promote the development of institutions and passing of some bylaws on addressing VAC.

Another instance in which evidence was successfully used as an advocacy tool occurred after a study identifying public expenditure for CP in 13 districts.⁵³ The findings indicated that budget allocations were very limited. Subsequent advocacy resulted in the development of guidelines on child protection budgeting.

Remaining Challenges to be Addressed with Respect to Laws, Rules and Regulations and Planning to Address VAC

Despite progress on the development of laws, rules and regulations to address VAC, there remains important work to be accomplished including the continuing need to strengthen enforcement and implementations of laws, regulations and guidelines. According to UNICEF's own Internal Mid-Term Review of the Tanzania Country Programme of Cooperation 2011-2015⁵⁴ and many interviewees, there remains a need to **implement** and enforce the laws, rules and regulations. The MSNPAVAC and NCPA MVCII include some essential priority responses to ensure that the country is in line with the laws and regulations, which are essential to implement. These include training of duty bearers⁵⁵ on their obligations and the strengthening of their capacities to implement the Law of the Child Act and the Children's Act. The scaling-up of District Child Protection Systems to all districts so that they effectively provide essential services for prevention, recovery and reintegration of victims of VAC needs to achieve high priority over the medium- and long-term. This includes establishing and supporting Gender and Children's Desks in all police stations as well as improving safety in and around schools. Increased attention to sexual abuse and violence in the context of HIV prevention, care and treatment programmes is also necessary.

The necessity of translating all the laws, rules and regulations into Swahili is another important issue. As several evaluation interviewees pointed out, the fact that the Law of the Child has only recently been officially translated into Swahili hampered its full and successful immediate dissemination. Harmonization of laws recognising that all those below the age of 18 are legally considered as *children* still remains a task to complete. Another glaring CRC gap is the continuing endorsement of corporal punishment in general, and particularly in schools. The laws have not clearly rejected such corporal punishment. Government guidelines have reduced the number of strokes that educators may apply from six to four. Ensuring that corporal punishment in schools is prohibited is key for many reasons, including the detrimental impact it can have on school attendance, which has implications for other issues such as child labour. It should be added that at community level adults and children interviewed for the evaluation indicated that teachers do not adhere to these regulations that reduce the number of strokes. In some

⁵² Government of Tanzania (2013), National Guidelines for Establishing a Child Protection System in Tanzania & Appendixes. Dar es Salaam: Government of Tanzania.

⁵³ Government of Tanzania/UNICEF (2012). Public Expenditure Identification Survey on Child Protection in Tanzania – 2012, Dar es Salaam: Government of Tanzania/UNICEF.

⁵⁴ UNICEF (2014), Internal Mid-Term Review of the Tanzania Country Programme of Cooperation 2011-2015. Full Report. Dar es Salaam: UNICEF.

⁵⁵ "The population or "rights holders" have the right to demand from the "duty-bearer," which is often the state, that it meets its obligations under international law to respect, protect and fulfil people's rights. The duty bearer can also be a private entity such as a corporation, a family, or a local government." UNFPA (2014) FAQ on Human Rights. Available from: http://www.unfpa.org/derechos/preguntas_eng.htm (Website accessed 10 August, 2014)

cases, strokes are also applied with more force even if the number of strokes has reduced as compared to several years ago.

There remains, nevertheless, a continued necessity for advocacy to improve and scale up efforts to reduce VAC. The evaluation team noted that advocacy was well implemented to draw attention to the importance of reducing VAC in a comprehensive and systematic manner. This focus helps to underpin the quality of the development of systems and social norms change strategies.

4.1.2 Institution Building and Coordination at National and Sub-National Levels

Outcome 2: MDAs, LGAs, law enforcement agencies and selected CSOs have improved technical skills to prevent and respond to cases of violence, abuse, neglect and exploitation of children.
Key findings: Targets were reached and first phase districts respond effectively. National and local authorities, law enforcement agencies and local committees were formed and have improved technical skills to address VAC, though especially at sub-national level much more capacity strengthening will be needed. The National Child Protection Advisory Committee chaired by the Social Welfare Commissioner under the DSW exists at the national level, though numerous other committees also exist. Improved coordination is needed among the different bodies. Each of these committees includes some attention to VAC, but pulling all of the many committees and elements together is still quite a challenge.

National Level Institutions and Coordination

UNICEF has been successful in providing technical support to help bring together stakeholders on VAC at the national level through vibrant meetings, coalitions and committees. UNICEF has worked intensively with government and other national stakeholders to establish a coordinating body. At the time of the evaluation, however, there was no national umbrella structure entirely focused on the coordination of child protection, despite presence of various committees that cover child protection issues including VAC. In 2014 there is a Child Protection Advisory Committee, a National Steering Committee on Most Vulnerable Children (MVC) and a National Technical Committee on MVC. In addition, there is the Multi-Sector Task Force on Violence against Children, a committee that focuses on trafficking and a Social Work and Social Protection Working group. A Network for Organizations Working for Children (NOWC) and another network of Civil Society Organizations (CSO) Supporting Children Living and Working on Streets also meet quarterly. Each of these committees includes some attention to VAC, but pulling all of the many committees and elements together is still quite a challenge.

Accordingly, there is a continued strong need for a coordination body to plan practical implementation using cohesive approaches. As one government interviewee pointed out, “we are missing coordination of all these different bodies working on issues related to child protection.” At the UNICEF Country Office, a staff member likewise commented, “Where is the one home for CP work?” INGO and NGO evaluation interviewees likewise noted that there is a need to have a permanent dedicated structure in the government to coordinate all of the child protection actions. As representatives of some ministries pointed out, “it would be better to reduce the number of committees at national level as efficiency is affected by having too many.” They did add that this may be difficult to do because of the diverging interests of the multitude of ministries in both the mainland and Zanzibar who all have a role in addressing the wide range of issues included in child protection.

In fact, some interviewees pointed out that there should be a single coordinating body on CP with specialised sub-committees. Interviewees stated that having an umbrella entity for CP would provide a place to oversee specific areas of concern such as VAC, child trafficking and street children.⁵⁶ This would certainly be more efficient than having so many separate mostly independent committees.

⁵⁶ Existing committees would then also be placed under these areas.

Moreover, the different ministries responsible for aspects of VAC programming and service delivery, Social Welfare, Health, Justice and Education all have separate and distinct reporting structures. Choices will need to be made to ensure that concerted and complementary actions are undertaken to implement and enforce the laws, rules, regulations, policies and plans.

A recent positive step is that the Prime Minister's Office has agreed to oversee the different coordination structures relevant for vulnerable children. Efforts are also underway to integrate the VAC coordination and reporting structures into the National Child Protection Advisory Committee.

Some interviewees pointed out that there is still inconsistent understanding of the concept of VAC, and of the roles and responsibilities of institutions across sectors to address VAC. There is, thus, an ongoing need to ensure that planners and implementers have a common understanding of the relevant laws, rules, regulations and actions to address VAC. According to interviewees at national and sub-national levels, many actors recognize that VAC should be reduced, but cannot agree on what is required to effect this change. One of the major obstacles is reaching consensus on corporal punishment as discussed in Section 4.6.

Sub-national level Institutions and Coordination

Outcome 3: Relevant MDAs integrate CP into their national programmes. Relevant National Plans of Action are being implemented as per plan at national level and in selected pilot districts.

Key findings: Given the low levels of human resources, technical capacities, and awareness of the detrimental effects of violence on children's growth, development and contribution to society, initial results indicate substantial achievements. Initial results indicate good development of institutions and capacities, case management methods and management information systems. Documentation in the form of reports and studies⁵⁷ as well as interviews and focus groups all confirm this finding. Much work remains to be done to increase coverage throughout the districts to make the system fully functional in identifying and processing cases of VAC.

At sub-national level, UNICEF and its partners have worked intensively in the four model districts to establish child protection systems with attention to VAC. CPTs have been formed at district, ward and village levels. The DSW at national level, INGOs and national NGOs have conducted advocacy to increase district level budget allocations to child protection matters. Some actual budget increases have occurred, albeit at levels not sufficient to cover all needs, according to District Child Protection Teams (DCPTs) interviewed.⁵⁸ Particular shortcomings include the need for funding to increase the number of SWOs, transport to provide support to identified victims of VAC, and follow-up monitoring of cases.

District child protection action plans as well as some bylaws relevant to VAC have been developed with UNICEF technical support. Referral pathways have been set up and communities have been made aware on where to seek services and report cases of VAC. Child and adult interviewees attested to a significant increase in knowledge regarding referral, but added that the awareness is not universal and that further effort is necessary to ensure that everyone concerned knows where to go for help in cases of VAC.

According to the District Case Management System (DCMS) data, the number of child protection cases including VAC that were handled during the most recent reporting period—July 2012 to June 2013—was almost double that of the previous period, July 2011 to June 2012. The total number of cases recorded overall since July 2011 was 1,063 children (628 girls, 435 boys). This number is still small compared to the estimated number of children affected by VAC.

In the four districts in which VAC systems are being piloted, UNICEF and its partners estimate that almost 46,000 children experience physical violence and 15,000 children experience sexual violence per year. A

⁵⁷ Too many to list here individually, see Reference list for some key documents.

⁵⁸ The CPT consists of Government as well as NGO and other civil society stakeholders.

basic system to report and manage cases is now in place and functioning. As will be discussed in Section 6 on sustainability, increased financial input and continuing capacity strengthening is needed.

A decentralised CP MIS was developed and is currently tracking referred cases in the targeted districts. The CP MIS is actively used to follow up on cases in these districts (see Section 4.5.1 for additional discussion of the CP MIS).

One Stop Centres were just starting to be established in the targeted districts to support cases of VAC at the time of the evaluation. The One Stop Centres are hospital-based, bringing together health, social welfare and the police to provide coordinated and comprehensive first response support to victims of violence. Such One Stop Centres have a great deal of potential, as many interviewees at national and sub-national level pointed out. Additional One Stop Centres need to be established in more districts.

Strengthening the role and extending the presence of the DSW on the mainland are priorities because at sub-national level, SWOs are the key officials who manage the referral system. At the time of the evaluation about 20% of the mainland districts still did not have a SWO. Most districts have no SWOs at ward level. Government planning does include the appointment of at least four SWOs in each district, and a Social Welfare Assistant in each Ward. In 2014 alone, at least 184 additional SWOs are expected to be deployed to the districts.

4.1.3 Community Level Structures For Prevention and Response to VAC⁵⁹

In line with UNICEF's objective (Outcome 3) to achieve effective response at local level, UNICEF planned and implemented a range of actions to achieve the expected results. This included technical support to service providers who respond to women and child victims of abuse, violence and exploitation in select districts. UNICEF and its implementing partners were effective overall with respect to the extent to which they reached their expected targets down to community level (see Table 1).

UNICEF provided technical support, including through implementing partners, for the strengthening of formal (government) and informal community level structures to address VAC. Training and direct technical support was provided on identification of VAC and referral systems. SBCC was also conducted throughout the structures, though this could still be significantly scaled up for deeper impact. A Child Helpline was set up in June, 2013 at national level to provide support and referrals related not only to CP, but also for matters of general concern to children and their parents. Cases are being reported from community level, though much more support is needed to improve the Child Helpline. Needs include wider awareness-raising of the existence of the helpline, greater available access to means to call and increased number of trained helpline staff.

The government works at community level through Community Development Officers (CDOs) who fall under the Ministry of Community Development, Gender and Children (MoCDGC), a different ministry than that of the DSW. Technically the CDOs are historically responsible for issues such as community mobilization, cooperatives and economic empowerment, but in districts with few or no SWOs CDOs have also been tasked with child protection matters. While CDOs do have a CP mandate with regard to prevention of VAC, they should not be responsible for case management as they have no background in social work. The fact that the CDOs fall under a different line ministry than the SWOs has delayed the establishment of a comprehensive CP coordination body.

There are various groups and committees working to support child protection actions on VAC⁶⁰ at community level in villages and urban neighbourhoods in the model districts. These include local CPCs, school management boards, Children Clubs and Junior Councils at secondary level (including out-of-school children).

⁵⁹ Village and lowest urban administrative level (the latter is referred to as "mtaa")

⁶⁰ In line with Output 3 on response and Output 5 on improved technical skills of duty bearers.

The evaluators met some of the community level CPC structures and were told that the committees meet regularly, usually twice a month to discuss the progress of their action plan, individual cases of VAC and other child protection issues identified in their area. The CPCs interviewed comprised a good cross-representation of government duty bearers⁶¹ and informal community leaders. The respondents indicated that there are clear results with regard to more effective response to identified cases as a result of the regular meetings and training provided to the committees. Children’s cases are more effectively identified, responded to and followed up on.

Some interviewees expressed a concern that the existing child protection system is not yet sufficiently able to handle high increases in reported cases. Substantial scaling up and strengthening is still needed, including increasing the number of human resources, capacities of service providers and transport.

Further to creating a supportive environment for children affected by violence, a “Fit Parents”⁶² initiative has been started within the targeted communities. It is based on designating parents who are willing to volunteer and who, in the judgement of other community members, as vetted by the Social Welfare Officers, demonstrate strong positive parenting skills and volunteerism experience. The Fit Parents operate like emergency foster carers. They are designated to assist and provide emergency care to child victims of violence and/or other emergencies, such as the sudden death of caregivers. Though new, the uptake on this initiative is thus far promising and requires substantial scaling up.

The evaluation team met with one woman who is a designated Fit Parent in Hai District. An award-winning community volunteer, she may not have been fully representative of potential local Fit Parents. Nevertheless, she assured the team that she could personally cite at least several other individuals in her community qualified and willing to be “Fit Parents.”

This initiative has potential to help bridge the existing paucity of adequate emergency shelters and support for child victims of violence, assuming that designated Fit Parents are provided with sufficient financial support to cover food costs and transport, as well training on basic counselling techniques. The Fit Parent interviewed indicated that she received a modest remittance for transport, but no resources to help feed the children she received for emergency care—22 thus far over the last 18 months. Moreover, she had received no counselling training to assist the children and was relying only on her “own past experience.” Like the helpline, this initiative will require considerably more investment in resources and capacity for it be sustainable and appropriately responsive to community needs.

Children in both Temeke and Hai districts underscored the urgent need to have more counsellors made available at community level to “educate people about preventing VAC and help emotionally support children who are affected by it.”

With respect to the Child Helpline, as of June 2014, 506 out of a total 16,188 calls received related to reported cases of VAC.⁶³ Unfortunately, the evaluation team was not able to visit the Child Helpline directly though documentation and interviews with government and other implementing partners to indicate its usefulness. Greater awareness of its existence and referrals are required.

4.1.4 Capacities of Structures to Prevent and Respond to VAC within the CP System

Outcome 2: MDAs, LGAs, law enforcement agencies and selected CSOs have improved technical skills to prevent and respond to cases of violence, abuse, neglect and exploitation of children. Key findings: The target of increased access and quality services was achieved. Capacity strengthening clearly comprises a cornerstone of UNICEF and partners’ current response to VAC in Tanzania. Considerable capacity strengthening coupled with development of corresponding learning materials, guides and manuals has taken place. The quality of the capacity strengthening tools was good, though additional materials to address remaining gaps are needed. Government and other

⁶¹ E.g., CDO, educators, health workers.

⁶² See section 3.2 for details on “fit parents” (temporary foster parents).

⁶³ Most of the call were to ask for information about different subjects.

partners interviewed during the evaluation indicated that UNICEF's technical support was important to the development of content. They also added that the resulting materials were deemed suitable to the local VAC context and were proving useful. Child referral and case management systems are functioning in the target districts.

The evaluation team attended a meeting of a DCPT. It also held individual and group interviews with participants and representatives from NGO partners working in the district. The interviews and meetings provided good information on the usefulness of UNICEF-supported measures to strengthen the CP systems. Training has been provided at national level, in the model districts and for community level structures in villages and urban neighbourhoods. NGO implementing partners and UNICEF staff regularly follow up with technical support to CPCs, and interaction with other local duty bearers. Some SWOs from model districts have also started to act as resource persons for new districts where child protection systems are being implemented. In May 2014, a meeting of over 500 LGA representatives—including mayors and District Executive Directors (DEDs)—was held, in which the CPS experience in Hai was shared with the other districts.

UNICEF has provided technical and other support for the development of vetted regulations on standardised methods to train government service providers on child protection, including VAC. Standard training packages have been prepared for social welfare service providers, the police, judiciary, detention centre inspectors and juvenile detention personnel. Examples of specific materials being rolled out include standardised methods on case management and the operation of Gender and Children's Desks. Other examples include the development of standard national child protection training manuals for the mainland and Zanzibar. The manuals will be used to train existing social welfare service providers as well as college students in the field of social welfare (see Annex 1 for additional examples training tools and guidelines developed). Data to analyse the actual impact of the guidelines and manuals was not yet available at the time of the evaluation. This is, in part, because no impact analysis had yet been conducted as more time was needed for trainees to practice implementation. The evaluation team could only obtain the general impressions of the key informants on these tools/regulations during the current evaluation. The key informants indicated that they were very pleased with the contents of the tools, which had also been jointly developed with their input.

Between 2011 and 2013, UNICEF-supported the training of 30 national facilitators and 77 members of CPTs at LGA level on child protection, including VAC. Over 1,000 police officers from Gender and Children Desks were trained in child protection; over 60 trainers drawn from the police and NGOs were capacitated to cascade this training to desk officers; and 24 justice actors were trained as trainers on child-friendly justice systems. In the field of health, 320 health workers were trained on the clinical management of sexual violence, including towards children.

The need for continuing and scaling up capacity building initiatives and intensive government in-service training is still very evident. This is due, in part, to the large number of individuals who need to be trained at the local government and community level and related costs of training them. Interviewees at all levels indicated that the frequent transfer of government staff formed a major impediment to establishing a well-functioning child protection system with effective measures to reduce VAC.

Capacities of community CPCs, children's peer groups⁶⁴, school management committees and other local groups need continued strengthening and technical support.

4.1.5 Child Referral and Case Management System of Children Affected by VAC

Referral and case management systems of VAC victims have three major components, all of which are coordinated together as part of the CP systems approach. The first is the reporting of a child affected by VAC to responsible individuals who can provide assistance to the victim. The second component is the provision of the actual services to the child affected by VAC and the registration of the child into the case

⁶⁴ Children's clubs and Junior Councils.

management system (CP MIS). This may include physical and mental counselling, health services, access to legal support, as well as placement in emergency care if necessary. The third element is the follow up of the case after the initial crisis period where services were intensively needed. Follow-up monitoring is also essential to prevent repeated violence against the child and to ensure the child's continued overall well-being, including monitoring of child place in care. The laws and regulations, as well as UNICEF's advocacy, strongly emphasise the importance of reporting cases of VAC as opposed to handling such cases within the community setting. The main reasons are to ensure that children are appropriately assisted with psychosocial and health care, and that perpetrators are held responsible.

Evaluation interviewees at district and community levels indicate that the number of child victims of VAC being reported has substantially increased, particularly over the course of the last two years (see section 4.3.2).⁶⁵ The director of the Temeke District Council noted, for example, that the number of reported cases in Temeke had increased from 54 cases in 2011 to 200 in 2013. UNICEF child protection monitoring likewise indicates an acceleration in terms of the number of cases being reported. The increases in reporting likely reflect increased awareness of the importance of reporting VAC cases as opposed to actual increases in the incidence of VAC. Given the fact that the quality of record-keeping was not as strong prior to child protection systems building interventions, it is difficult to know exactly how much actual change has occurred. The fact that data is now being collected is, however, a very positive step. All interviewees and committee focus groups indicate that this is, in part, due to UNICEF technical support provided in conjunction with INGO and NNGO implementing partners.

In the wards within the model districts where child protection systems building has been concentrated, evaluation interviewees (including children) stated that most people now know where to report cases of VAC. In urban areas interviewees, including children, indicate that cases may be referred to street level referral contact points⁶⁶ while in both locations referrals are also done to CPT members, hospitals, police, SWO, and educators. Suggestion boxes have also been placed in strategic locations, for example in schools, where individuals can report concerns about issues, including about incidents of VAC. Children from children's clubs and Junior Council in both districts indicated that they have also referred cases of VAC, frequently to designated teachers or to street "chairpersons."⁶⁷ Children did indicate that they do not always trust⁶⁸ the designated individuals to whom they refer cases. They reported that, in some cases, not much attention is paid to their stories about a child who needs help. In such instances the children said that they did try to talk to other people who would take them "seriously" and the case does enter the system. This would indicate a need to enhance awareness of what constitutes VAC and where to seek help across all wards and districts.

In both the Temeke and Hai districts, interviewees also indicated that some children have started to come forward to report their own cases. This was said to be particularly noteworthy in the case of child protection situations such as those of girls who do not want to be forced into child marriage.⁶⁹

In many cases, however, interviewees indicated that despite community level SBCC, an affected child may never enter into a formal case management system. Community level efforts are frequently the first undertaken to address the case. This usually entails community level contact with the perpetrator and his or her family to ensure that the VAC stops. Only if the VAC is very serious, such as rape, incest or physical abuse resulting in permanent damage, are cases brought directly to the designated persons or committees. Cases may also be brought forward if the VAC is repeated despite community intervention.

⁶⁵ Given that no baseline of incidence of VAC had been conducted at district level, it is not possible to be certain if actual cases increased or only reporting increased. The national VAC survey sample size at district level was too small to perform statistically significant analysis to ascertain the prevalence in districts.

⁶⁶ Also see Section 3.2.

⁶⁷ Children in the focus groups in both districts cited particular cases of child victims of VAC whom they had helped. This included one child who was put in chains every day at 4 pm and another who was engaged in petty crime because he was punished by not being given food to eat at home. In one severe case a mother cut off her daughter's nose, the Junior Council children went as a group to the police station after which the child was taken to the hospital.

⁶⁸ In one group, 2 out of 9 children said that they do not trust the designated teacher to whom they were to report, 6 out of 9 did not trust the police to take referred cases seriously.

⁶⁹ During the time that the evaluation team visited Hai District a self-reported case of child marriage was being addressed. (The child ran away from home to avoid being forced into child marriage)

Interviewees indicated, however, that even in severe or repeated cases of VAC, they still find it very difficult to report cases officially due to community social pressure. CPC members in all groups met during the evaluation indicated that the social pressure not to report or not to pursue the case if it is reported is very high. According to the interviewees, continuing to engage in SBCC to ensure that cases can and will be reported is indispensable. Children, in particular, proposed that adults need to learn more about the long-term emotional and physical consequences of VAC.

A complaint of children and parents in both the Hai and Temeke districts is the lack of information regarding the processing of a legal case against perpetrators. Where victims and their families have the courage to come forward and persevere to press charges, they report that they are not well informed about the ongoing status of their case. In accordance with the law, perpetrators may be released on bail, but victims and their families in both districts independently reported suddenly seeing the rapist in their neighbourhood again.⁷⁰ Case management will need to pay more attention to ensuring that the families of affected children are well aware in advance of the release of an accused perpetrator.

4.2 Social Change

Outcome 5: Communication on violence and abuse - Decision makers and **communities** understand issues concerning violence and abuse against children, including available protection services. They prevent harmful traditional practices, violence and sexual abuse.

Key findings: Dialogue at national and sub-national levels, including community level, has been clearly stimulated through advocacy and SBCC. Evidence for changing attitudes is provided by the strong position of government officials on the need to reduce VAC through the development and adoption of legal and planning frameworks (see Section 4.2.1 and Annex 2). National dialogue is thus evident in coordinated work to develop the legal and planning frameworks and their implementation. It should be stated that at community-level, work on changing social norms is weaker, but steps to strengthen social change in communities are being undertaken. The country program initially placed priority focus on systems building as opposed to social change at community level. The programme only started placing greater emphasis on community level social norms through Communications for Development (C4D)/SBCC once the districts were deemed able to handle the number of cases that may result from greater awareness of the need to report VAC.

Communication strategies and plans were developed with the support of UNICEF to address prevailing cultural attitudes and harmful traditional practices that negatively influence the prevalence of VAC. In Tanzania, UNICEF's C4D approaches combine advocacy, social mobilization, and behaviour and social change strategies on CP and VAC. The C4D elements on advocacy have been discussed in Section 4.1, the current section focuses more on sub-national social norm change and dialogue. As already indicated, prevention and related social norms change received increasing attention as the CP system became more functional in the pilot districts.

As interviewees at national and district levels stated, developing SBCC tools on social norms has been very challenging, as they need to reflect the appropriate cultural responses, language and messages ensuring respect for local customs and religion.

At district level, plans to reduce VAC have been developed through social dialogue involving government and CSO representatives. Community level activities on social norms are carried out with the support of CPCs, which develop community action plans through social dialogue involving community representatives. During interviews and focus groups officials and implementing partners noted that the attitudes of the population in communities regarding the need to reduce VAC in the target districts had substantially changed and improved.

⁷⁰ In one case a distressed mother said she suddenly saw her neighbour who had raped her 8 year old daughter wandering in the street. In another case, a girl said her rapist brother-in-law suddenly appeared at her home.

District level committee members interviewed indicated that they had a greater awareness of VAC, how it affects children and local development, as well as how to prevent and respond to it. CPCs and children's clubs indicated that they, too, had learned more about VAC, its consequences and how to respond to it.

Peer education is organised through the children's clubs and Junior Councils. Special SBCC events are organised around major events such as the Day of the African Child. A parenting manual has been developed that provides alternative means to socialise children without resorting to VAC but it has not yet been rolled out. Experience in Tanzania has, however, indicated that such techniques can be helpful.

District, ward and community CPTs all reported⁷¹ that enforcement of laws led to much discussion at community level resulting in changed attitudes and reduction of VAC. Concrete statistical data to support that attitudes have changed is not available yet. Ward and village level CPC representatives in Hai District indicated that they believed that there has been a substantial reduction of harmful traditional VAC practices such as Female Genital Mutilation (FGM) and emotional abuse. As one group stated, "when we advise people and they do not listen to us, we go as a group from our Child Protection Team and talk to them. We counsel them on VAC and even on the impact of using abusive words to their children." In Temeke, for instance, children indicated that both enforcement and linked SBCC activities resulted in changes that made it possible for children to go to certain areas previously considered too unsafe to visit after sundown. As they stated, "There is a big difference between before and now because people know that we can report them." Children thus noted that attitudes towards unrestrained VAC had thus changed due to greater overall awareness and because of fear of prosecution.

The drivers of VAC are very complex and not just limited to cultural attitudes towards corporal punishment and harmful traditional practices. An approach highly focused on social dialogue and norms change ignores the key factor that rape, incest, permanent physical injury and inflicting severe emotional suffering on children are rarely socially sanctioned acts.⁷² Reporting may be limited by social constructs but the causes of non-socially sanctioned acts of VAC may reside, for example, in alcohol and drug abuse. VAC may also be caused by the perpetrator's psychological issues including lack of self-control, excessive household burdens causing great stress, mental instability or other challenges. Focusing on social norm change without considering other drivers of VAC will not significantly reduce their incidence.

The work on social norms, while essential to reducing VAC, also needs to consider causes of VAC that are not as easily addressed. As WHO indicates, many approaches need to be considered including focusing on reducing alcohol and drug abuse⁷³ (see Annex 1 for some additional specific suggestions). There is thus a gap in UNICEF's strategies, which, though rightly include a high focus on social dialogue and norms change, still need to be expanded to address and reduce all types of VAC.

UNICEF is currently supporting a knowledge, attitudes and practices (KAP) study to analyse the drivers of VAC in Tanzania in greater depth, which can help to identify useful ways forward in this regard. Given the importance of increasing emphasis on prevention this study is likely to have great importance if well carried out, especially if drivers not necessarily linked to socially sanctioned types of VAC are included.

Implicit in UNICEF's global strategies is the concept that *positive* social norms should also be fostered.⁷⁴ A gap has, however, been identified because the fostering of positive social norms to address VAC has yet to be fully initiated.

Changing social norms to reduce VAC is an extremely challenging and time consuming process that is likely to take much more effort well into the future. Though some efforts have been undertaken, more emphasis on prevention in general is needed. This includes the need to address VAC that falls outside of

⁷¹ During the evaluation

⁷² With few exceptions in highly specific cultural contexts where young women are kidnapped and rape, though most such cultural practices have been abandoned in recent years. Olubanjo Buntu, Amani (2012) Rape, Rage and Culture: African Men and Cultural Conditions for Justification of, and Sanctions Against Rape. Pretoria: University of South Africa.

⁷³ World Health Organization (2014). How Can Violence Against Children be Prevented? Available from <http://www.who.int/features/qa/44/en/> (Website accessed 1 October, 2014).

⁷⁴ MTSP 2009-2013

the scope of accepted social norms on corporal punishment and harmful traditional practices. Given that attitudes towards VAC, especially with regard to corporal punishment, are also prevalent among government and Civil Society Organisations (CSOs), it is also important to include attention to such individuals in SBCC.

4.3 Knowledge Development and Management

Outcome 6: MDAs produce, utilize and report disaggregated data on violence/abuse/trafficking/exploitation of women and children according to agreed timeframes.
Key findings: A good national study on VAC has been well used using advocacy techniques to inform systems development—including development of legal and planning frameworks—and social dialogue on norms. A CPMIS module focused on District case management (DCMS) to record and track reported cases was in place at district level and is functioning. It should be added, however, that due to the size of the districts not all wards have yet been fully covered and more work is needed to ensure that all corners of the districts visited are reached. A national level mechanism for data sharing from CP MIS, with distinct but inter-connected modules that generate data from multiple sectors and actors involved in child protection program interventions, is still being developed.

Outcome 7: International treaty coordination mechanisms are in place which allow for the collection of data on children's rights at the government and CSO level.
Key findings: Target achieved on provision of annual reviews on human rights; the State Report to the Committee on the Rights of the Child was submitted in 2012.

4.3.1 National Data Collection and M&E Feedback into National Decision-Making

As already stated, UNICEF has supported the important implementation of the VAC 2009 study and its role as an advocacy tool to foster country action against VAC. UNICEF has also supported the development of a comprehensive Child Protection Management Information System (CPMIS). The district level CPMIS module that was developed during the evaluation period has recently been updated to ensure that it is in line with the new regulations developed under the Law of the Child on the mainland. Training for SWOs and all members of district CPTs on the new CPMIS is underway. Additional CPMIS training modules for tracking the calls to the Child Helpline, on preventive interventions, and of the Temeke Community Rehabilitation Programme are currently being piloted in the model districts. Additional CPMIS modules for the Gender and Children's Desks and on Child Protection Mapping and institutional care will all be rolled out within the next year.

At national level, UNICEF is also supporting the DSW to adopt the CPMIS modules tested in the districts as the core source of information to monitor of implementation of the NCPA-MVCII (2012) while using the NCPA-MVCII data management systems to capture CP data where CPMIS will not yet have been rolled-out. At the time of the evaluation, however, the national level mechanisms for CPMIS data flow and analysis was not yet finalised, in part due to the need to very clearly determine the essence of information needed at national level. Not all data collected at district level is necessary for national level decision-making, therefore UNICEF is supporting the government to develop a scorecard which will define the needed data. UNICEF is also supporting the integration of child protection data into other existing government management information systems, notably the Police Crime Statistics MIS and the Tanzania Health Management Information System (HMIS).

National disaggregated baseline data on CP indicators are integrated in reports to the Committee on the Rights of the Child but, according to available information and the opinion of several interviewees, the quality of the data needs improvement. As one interviewee noted, "We have possibly conflicting data which needs to be harmonised.

At the time of the evaluation, the CPMIS and other VAC-related MIS had not sufficiently been developed at the national level to provide a source of information to feed back into decision making on improving approaches to reducing VAC. As the country covers more districts and the CPMIS is further refined based

on practical experience, it should become a useful source of planning information. At district level, district committees and SWOs reported that they use their CPMIS data to inform their planning. Though the number of cases is still relatively small, officials report that trends are being discerned, particularly with respect to identifying locations where more effort needs to be placed on SBCC to prevent VAC.

Consistent implementation of baselines and KAP surveys to track change in all districts where child protection systems are needed and progress is starting in this respect. Some structured baselines had been conducted in the model districts but not at the very early stage of CP systems introduction. Such studies are necessary to know how effectively change is occurring and to identify gaps and improvements needed. UNICEF is currently supporting early implementation of baselines and KAP surveys to improve planning in the new child protection systems building districts.

As indicated in various other sections, knowledge gaps also exist with respect to the prevention and response for particular target groups of children (See Section 4.9).

4.4 Children's Participation in Implementation and Evaluation of VAC Reduction

Key findings: While many actions to include children's participation in planning and actions were undertaken, much of it useful, there is still room for improvement. Children's voices still need to be more systematically included and supported at community level.

Given that children are community members, their involvement is implied, though it would be preferable if it had been stated more explicitly. More importantly, including children's voices is an essential part of the CRC to which Tanzania is signatory. The UNICEF office and its implementing partners, including government representatives, indicated in interviews and documents their commitment to including children's voices. The extent to which this was achieved is noteworthy though much more effort is needed for children's voices to be seriously considered in decision making.

In Tanzania, UNICEF and its implementing partners actively planned and implemented work with children's clubs in government primary schools, Junior Councils in secondary schools and for out-of-school children, including on VAC. Representatives of children in the Junior Councils are included in District and community CPTs. At community level, child members of the CPT also bring forward cases of VAC and share what they have been doing to provide support to address VAC in their community. CPC members then follow up on the cases presented.

Children in the clubs and councils in the model districts were trained on child rights, including on VAC. Children interviewed indicated that they had learned about VAC, though it was interesting to note that in one group the children indicated that "we do not need anyone else to tell us what VAC is!" As already indicated in Section 4.5, children in the clubs and councils also learn where to refer cases of VAC and are involved in SBCC actions. For SBCC, they provide peer education and are involved in community SBCC events.

Children interviewed indicated that in organised meetings they were really listened to, and provided instances of how their ideas were seriously considered in decision-making. Some children interviewed in Temeke District stated that they had participated in discussions on the national constitution. A Temeke District official indicated that they expected the children's request to enshrine the definition of the child as all those below the age of 18 to be included. Some adult interviewees said that children participating in high-level discussions might be "coached" on what to say. The evaluators noted, however, that Junior Council participants were quite vocal and very good at expressing their opinions in both of the districts visited. They were also honest in terms of sharing their opinions about the challenges they face. This included the difficulties with respect to referrals, trust in duty bearers and their lack of power to change the attitudes of adult community members towards VAC. Children stated, for example, "it is the adults who have to change, as children we do not have the power to make them change."

Despite these efforts, however, there is room for improvement with respect to children’s participation. Children’s voices still need to be more systematically included and supported at community level. In higher-level discussions, there is also the assumption that children who are members of CPTs automatically represent the opinion of their peers on important subjects. A more structured approach is needed to ensure that elected children actually discuss with their peers in the Junior Councils to obtain their opinions prior to providing input into important discussions. Children are still not very strongly involved in monitoring and evaluation of district CPTs despite participation in some of the Monitoring Results for Equity System (MoRES) activities UNICEF organised with partners. Another issue is that child (former) victims of VAC are not visibly present in the children’s clubs and Junior Councils. Though interviewees stated that some children with disabilities are also included in the clubs/councils and CPCs, the evaluators did not meet any.

4.5 Country CP Gender and Equity Issues

Key findings: While UNICEF has addressed gender and equity issues during provision of technical support for legal framework development, planning, and research, there is still a need to increase attention to the specific needs of particular categories of children. This includes the different needs of boys versus girls, children with disabilities, and other vulnerable children with respect to both prevention and response.

4.5.1 Equity Focus, Human Rights, Cultural Sensitivity in Country VAC Efforts

The country child protection activities include good equity, human rights, and cultural sensitivity on VAC. Activities are oriented to include street children, children in conflict with the law, and the poorest children in communities. Human rights, particularly children’s rights, are at the core of the project design and implementation. Training materials and SBCC materials consider culturally sensitive issues as well as the role of religion. Despite this, as will be discussed in the remainder of Section 4, children and adults interviewed noted that major categories of children are not sufficiently addressed.

Though the systems approach is intended to address the needs of all children entered into the referral system, it is necessary for the services to be sufficiently strong to accommodate children with diverse needs. This includes consideration of gender issues and special needs, such as living with disabilities (including albinism⁷⁵), those living in the street and/or in conflict with the law. In addition, the system also needs to increase focus on children across socio-economic levels, since all children are vulnerable to VAC.

4.5.2 Gender Issues

Key findings: UNICEF’s work on VAC in Tanzania uses a general systems approach to *respond* to VAC that assumes that boys and girls receive equal type and quality of support. All types of cases and types of children—whether boys or girls, different age categories, with different vulnerabilities—are assisted through the same systems approach. Having a more differentiated approach, i.e. taking the different needs of both boys and girls into account, would be preferable. For *prevention*, messages could be more clearly targeted to address the different challenges that girls but also boys face. The empowerment of boys and girls to report and stand up for their rights also needs to be increased.

The VAC 2009 study covered the different situation of boys and girls adequately. Much more research is needed, however, to determine how various types of VAC affect girls and boys differently and how they can be best supported to overcome their experiences. This includes studying gender roles and how they impact VAC, and reporting of VAC incidents. The ongoing KAP study on the drivers of violence will help to generate a deeper understanding of this.

⁷⁵ Albinism is considered a disability in Tanzania.

Methods need to be designed that take the different situations of girls and boys into account including on how to increase their willingness to speak up and report. Evaluation interviewees and the VAC 2009 research indicated that girls are reluctant to report cases of VAC due to fear and low confidence to report, especially in the case of sexual abuse. For boys, interviewees indicated that they are reluctant to report abuse for fear of being considered cowards for not defending themselves or shaming their families. It should be added that not only adults raised this issue but also child focus groups members as well as boy victims interviewed. In fact, all such groups and most key informants interviewed indicated that the challenges surrounding the reporting of boy victims of rape or other severe abuse were underestimated as a result of these social norms.

The Country Office CP Section team indicated that they realise that, in the future, boys need to be targeted more directly in actions to reduce VAC. The evaluation team agrees with this, in particular, as gender is not just the concern of girls and women but also of boys and men.

The hesitance of boys and girls to report VAC is affected by their different circumstances and thus, more specialised targeted approaches are needed to overcome such hesitance. The empowerment of girls and boys to stand up for their rights deserves more attention within their respective and specific socio-cultural frameworks.

During implementation, boys and girls are both members in clubs and Junior Councils and are equally represented in the CPTs. Monitoring data is reported disaggregated by sex.

4.5.3 Consideration of Needs of Children with Disabilities

Many evaluation interviewees stressed the vulnerability of children with disabilities to VAC. In Tanzania, children with albinism, other disabilities and mental illness are victims of violence of all kinds. A recent World Health Organisation study (2012)⁷⁶ indicated that children with disabilities are almost four times more likely to suffer from violence than other children. Specific prevalence data of VAC against children with disabilities in Tanzania is still missing. As evaluation interviewees/focus group members indicated, depending on the kind of disability or mental illness, Tanzanian children with disabilities may also be neglected and hidden in dark rooms, far from sight. Other identified challenges of children with disabilities are related to their reporting of VAC. A child who is deaf or has cognitive challenges can have difficulties in expressing her or himself when sharing their experience of incidents such as rape or deliberate neglect.

All community groups interviewed—including children—as well as government and NGO representatives indicated that there is a clear gap that needs to be addressed to reduce VAC against children with disabilities. Future prevention and response actions to address VAC need to consider the needs of such children to a greater extent. This includes provision of specialised support services to identify and support children with disabilities who are affected by VAC. Special attention also needs to be paid to this issue in SBCC prevention efforts. UNICEF has started discussions with a major local hospital, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT)⁷⁷ that specialises in treating children and adults with disabilities. The aim is to develop messages to prevent and respond to VAC against children with disabilities. This type of effort needs to be intensified while also including special attention to the issues surrounding the vulnerability of children with disabilities to VAC and their case management.

⁷⁶ World Health Organization (2012), Children with disabilities more likely to experience violence.

Available from:

http://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/ (Website accessed August 10, 2014)

⁷⁷ CCBRT (2014) About Us. Available from <http://www.ccbrt.or.tz/about-us/> (Website accessed 25 October, 2014)

4.5.4 Consideration of Needs of Other Types of Vulnerable Children

UNICEF-supported activities for children living and working on the streets of Dar es Salaam as part of the planning to reach its goal under Output 3 on attaining an effective response of local service providers to child victims of violence. Such children are highly vulnerable to VAC. Some of the support provided included family reintegration where child safety from VAC was likely, and support for economic strengthening. Examples of actions included the reintegration of 155 street children with their (extended) families, where likely safety was a primordial deciding factor. Of these, only eight subsequently returned to the streets. An additional 66 children who could not be reintegrated with their families were supported with economic strengthening activities while 1,340 children were provided with psycho-social support, counselling, health care and life skills training. Linkages were established with the development of the child protection system, including the engagement of SWOs in the reunification and referral of children to government services. A network of Civil Society Organizations working with children living and working on the streets was formed and is joining a national task force to address the challenges such children face. Increasing the coverage of such activities to other areas of Dar es Salaam and other cities in Tanzania will be important as part of the overall scaling up of child protection and related VAC reduction activities.

There are also knowledge gaps on how to better address and integrate VAC within the context of trafficking into child protection systems building. It should be added that UNICEF has held discussions with IOM and UNFPA to better integrate trafficking, FGM and child marriage in the child protection system. These agencies were also part of the process of developing guidelines, regulations and training manuals.

4.5.5 Children in Conflict with the Law

Outcome 8: Government of Tanzania Justice System better protects the rights of women and children in contact/conflict with the law and is better able to respond to their needs.

Key findings: The government justice system has made progress to protect the rights of children in contact or conflict with the law and is better able to respond to their needs. With regard to the current evaluation, though there has been progress to protect such children from violence, more analysis is needed to determine full progress. There is an increased reflection of international and national standards in official implementation strategies.

A Five Year Strategy for Progressive Child Justice Reform⁷⁸ was initiated, including attention to reducing VAC in conflict with the law. Given that children in conflict with the law are also highly vulnerable to VAC, the implementation of the strategy is an important step to further strengthen a systems approach to reduce VAC. In addition, in this development context most child offenders offend because they are children in need of care and protection (i.e. street children, domestic workers, children living without parental care and children living in extreme poverty). The strategy includes the establishment of juvenile courts, expansion of police Gender and Children's Desks, child friendly prosecution guidelines, integration of child protection modules in the police and prison curriculums and legal aid to concerned children. Other efforts include community rehabilitation schemes and diversion of children to non-custodial sentencing, rehabilitation, and prevention of further offences by addressing underlying factors that contribute to criminal behaviour. As part of an overall systems approach, it will be important to embed such efforts into child protection case management so that children continue to be monitored as long as necessary.

One gap that was also identified several times during the evaluation interviews, including by children, is the issue of child perpetrators of sexual violence. Interviewees stated that, thus far, insufficient attention had been paid to this issue as compared to adult perpetrators. Sexual abuse, bullying involving both physical and emotional abuse and intimidation among children were said to need substantial attention to break the cycle of violence of those "still young enough to change." The issue of the influence of unlimited access to pornography was also mentioned as a major area of concern, including by children. Even in

⁷⁸ Including offenders, victims and witnesses.

one rather remote rural village the evaluation team visited, access to pornography via mobile phones was mentioned as a problem. Four out of five focus groups stated that children wish to try to emulate what they see in the pornographic digital content with their peers, sometimes against the will of those peers.

To address these issues it is important to include special attention to child perpetrators during systems development. The existing number of SWOs and their capacities are still too limited to adequately address the challenges presented by reducing child perpetrators of VAC. Local bylaws, plans, committees and district teams all need to include discussion of how to decrease the violence instigated by child perpetrators. SBCC/C4D should include attention to the fact that VAC is not only committed by adults in messages and activities. The responsibility of children to treat other children with respect and avoid violence, including bullying, needs to be highlighted in materials. Linking children to the ENDviolence⁷⁹ campaign using any locally available smart phone can also turn the digital world into an advantage. Teachers, community leaders, SWOs and CDOs can assist Junior Council groups to become actively engaged in the ENDviolence campaign with its digital content wherever this is feasible. Given how easily children worldwide find ways to use digital media, this will likely take little time to introduce to such groups.⁸⁰

4.5.6 Response and Prevention - Consideration of Children by Age Categories

The CPP included some specific activities on Early Childhood Protection for children 0-8 years old. This included the development of regulations on the management of day care crèches and Early Childhood Education Centres. The regulation covers issues such as the need for caretakers to recognise signs of abuse in young children. Children's Clubs and Junior Councils are organised by age category. In primary schools designated teachers are trained in counselling, though no special financing is yet available. Some specific programmes for adolescents are also conducted, such as for adolescent girls living with HIV in Temeke District, which includes some attention to VAC.

One area of concern that needs more attention is the situational difference concerning the type of VAC by age category and type of perpetrator. The VAC study⁸¹ noted, for example, that the pattern of physical violence by fathers and mothers varied by the sex of the respondent, with the majority of females reporting physical violence by their mother (49.3%) and the majority of males reporting physical violence by their father (50.9%). The study report does not provide much detail regarding the different types of violence in early childhood (up to age 8) and the different role of fathers and mothers in corporal punishment.

Evaluation interviewees noted that younger children under the age of 8 tend to more frequently be victims of physical violence perpetrated by women (mothers, other female care givers). Men tend to more frequently be the abusers of older children – over the age of 12 – and with greater levels of sexual abuse. More information is needed to determine the context and level of violence for the different categories so more adequate adjusted mechanisms can be used to reduce them.

4.5.7 Consideration of Children Across Socio-economic Categories

Given that many of the children met during the evaluation are from poor families, it is interesting that they indicated that “All children are vulnerable to VAC, even wealthy ones. They also need help.” Some government and INGO interviewees as well as some district CPC members thus stressed that there is a need to cover children from all income categories. They gave specific examples of wealthy families in

⁷⁹ UNICEF (2014), ENDviolence Campaign. Available from <http://www.unicef.org/endviolence/>. (Website accessed June 10, 2014)

⁸⁰ MIT Technology Campaign (2014). Given Tablets but No Teachers, Ethiopian Children Teach Themselves <http://www.technologyreview.com/news/506466/given-tablets-but-no-teachers-ethiopian-children-teach-themselves/> (Website accessed October 10, 2014)

⁸¹ UNICEF, Division of Violence Prevention, National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences (2011). Violence Against Children in Tanzania: Findings from a National Survey, 2009. Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experience in Childhood. Dar es Salaam: Multi Sector Task Force on Violence Against Children.

which sexual abuse, and even withholding of food is done as a form of punishment. As one adult interviewee stated, “My strong comment is for national level decisions makers to realise that VAC is not only about the poorest. All children are vulnerable!” Particular suggestions to improve reach to children across society included promoting the participation of children in private schools in clubs/councils and encouraging them to have exchanges with children in government schools. All children need to learn about where they can report VAC, regardless of their social status. Children in private schools can also participate in developing SBCC activities with their peers and in their social circles. In particular, children in private schools can also become involved in the digital ENDviolence campaign.⁸²

4.6 UNICEF’s Leadership, Leveraging, Convening and Partnership Roles

Government, INGO, national NGOs and other UN agencies all clearly attribute a strong leadership role and impact to UNICEF in the area of child protection and VAC. UNICEF has successfully promoted the implementation of ethical approaches to addressing child protection with attention to VAC. Standards for addressing VAC are still under development, but much headway has been made through rules and regulations development. The United States Agency for International Development (USAID) is another agency that has worked strongly on issues related to VAC while international and national NGOs have also played strong roles. Typical comments of evaluation interviewees were, “UNICEF has worked very hard and done a lot of advocacy to develop and implement a systems approach,” (INGO). Also, “We are lucky to have been accorded the opportunity to work with UNICEF. We have incorporated their approaches and this has helped us a great deal,” (District Municipal Council member). A national government representative stated, “[UNICEF staff] work closely with us, we do annual plans and they are very participatory.” A national NGO representative commented, “We are very happy with the coordination and the support from UNICEF, though there needs to be much more effort on the part of all concerned to scale up the efforts.”

UNICEF can clearly be said to have contributed to coordination of country level action in responding to VAC by engaging with key partners, including government institutions as well as international and local organisations. Some coordination challenges at national level, as described in Section 4.3.1, still need to be overcome to ensure that a coherent approach to child protection and VAC in particular is implemented. While the CP Section within UNICEF takes the lead on VAC, several other sections including those working on health, education, communication and HIV, work on VAC issues as relevant to their section. There is sharing of information and collaboration on different specific actions related to VAC among the sections, though this could be further improved. In the area of education, for example, the CP Section has worked with the Education Section to improve the Code of Conduct for teachers to improve attention to VAC. The Communications Section is coordinating actions on VAC using public and social media and also provided support to the dissemination of the VAC 2009 study. Detailing all the examples of efforts of the different sections is beyond the scope of the evaluation. It is, nevertheless, important to note that there is no joint programme across the sections to address VAC. Several UNICEF staff members indicated that a joint country short- and medium-term plan to reduce VAC across the different sections would be extremely useful. Some efforts towards this end were already undertaken to develop, such as MVC-NCPA II around the strategic objectives. This type of effort needs to be continued and scaled up.

The evaluation did notice that at district level few interviewees spontaneously mentioned the role of national or local NGOs. Representatives of national NGOs were present in some of the CPT meetings, but at community level focus groups, members did not mention them. National NGOs are active on issues such as those involving street children, but their role at general community level to develop prevention and response was not very visible.

⁸²UNICEF (2014), ENDviolence Campaign. Available from <http://www.unicef.org/endviolence/>. (Website accessed June 10, 2014).
Hiwel (2014) Hole-in-the-wall. Available from: <http://www.hole-in-the-wall.com/index.html> (Website accessed October 10, 2014).

5 EFFICIENCY ISSUES IN PROGRAMME IMPLEMENTATION AND OBTAINING RESULTS

5.1 UNICEF - M&E Data on Quality and Results to Improve CPP

The UNICEF Tanzania country office uses various monitoring methods, such as tracking accomplishments of outputs (see Table 2) to verify results. Other methods include qualitative field level visits to collect information on “what works and what does not and why.” Such basic information gathering can be very important to improve approaches. Output results are being analysed by sex, though age and equity issues are not yet substantially considered.

To reduce stress on the implementing partners who found that “too many people come to monitor,” the CP section has also altered its monitoring approaches. Monitoring tools were streamlined and visits to districts were conducted in a more focused manner by carrying out joint monitoring missions and addressing only specific issues during one visit.

UNICEF in Tanzania is also implementing the MoRES approach to monitor the results of efforts on child protection within the country programme. MoRES is an intensive approach that includes more emphasis on the extent to which equity is being addressed in programming. It also mirrors the systems approach more strongly than traditional monitoring methods. Though traditional monitoring information is also supposed to use data to feed back into and improve design and implementation of actions, MoRES is more explicitly focused on feedback. In Tanzania, MoRES is being used within the UNICEF office and has already been found useful to identify and address bottlenecks that affect high quality implementation. MoRES is being used across all sectors of the country office in order to have a consistent approach to identifying and addressing implementation bottlenecks. MoRES includes the participation of children, which, as UNICEF country staff pointed out, has already proven useful as they have brought issues forward that had not been considered in depth before. One such example is that more attention is needed to ensure greater road safety as children go to and from school.

Currently MoRES is still being used primarily to inform UNICEF in Tanzania to improve its CPP, though it will also be used to feed information into discussions with and support for implementing partners. As a UNICEF staff member indicated, “the ideal is that MoRES would eventually be integrated into the national system as it provides concrete ways to use learning from experience to improve systems.”

One major challenge is the difficulty in reporting quantitative results on systems building. In the area of systems building in general, and VAC in particular, measuring and reporting effective reduction in VAC is complicated. As compared to reporting on results in the fields of education and health, the numbers of children being reported in the field of VAC are comparatively small, even if child referrals have increased in targeted districts. Initially, with increased awareness of services and willingness to report, there may be simultaneous increases in reported cases. If reports later decrease with time, it may be because of improved prevention, but it may also be that the population reverts to earlier low levels of reporting for different reasons. However, with the support of regional offices UNICEF is trying to develop good indicators that can measure progress of systems building and accompanying impact of good CP systems. Particular attention will be needed to develop, in addition to quantitative indicators, qualitative indicators that are still specific, measurable, available/achievable in a cost effective way, relevant for the programme, and available in a timely manner (SMART).

5.2 Funding and Human Resource Allocations

<p>Key findings: UNICEF generally made good use of financial, human, technical and information resources with respect to addressing VAC.</p>

5.2.1 Funding Resources and Allocations

The country team was able to develop proposals and obtain funding for key identified needs from a range of funding sources over time. UNICEF's work on VAC was integrated into the Delivering as One UN funding. Other major donor sources are from UNICEF internal funding, USAID, and the European Union.

Cost considerations were adequately considered overall in CPP design. Some flexibility was built into the planning as new needs to address gaps in child protection systems building were identified and donors were approached to address the needs. The amount of funding is adequate within the outputs that UNICEF and its UN partners have set within the Delivering as One UN funding goals. The CPP efficiency was notably high, mostly because of feasibility planning in line with realities. Now that basic models have been developed, even if they can still be improved, substantial additional funding is needed to scale up and further improve prevention, response and measuring of results in the area of VAC.

The UNICEF country office conducted calculations that indicate an approximate allocation for VAC-related actions for the time period 2009-2013 of 13 million US dollars.⁸³ The country office indicated that exact calculations of spending on VAC are difficult to determine, as funding from the various sources has different overlapping time periods; some start in 2006 and end in 2012, while others cover the time period of 2011-2015, for example.

The allocation of resources was good with well-targeted investments in areas such as legal and planning frameworks development, capacity strengthening for systems development and case management. Low-cost approaches, such as combining field visits, were used as much as possible. Other low-cost approaches included providing "train the trainers" workshops and working through existing local committees instead of establishing new ones. It is unlikely that resources could have been allocated in a different way to get the same or better results.

Delays in funding allocations to districts for implementing actions caused major challenges during the evaluation period. The UNICEF country office has now installed a monitoring system specifically to track and address any issues of delays in disbursements.

5.2.2 Human and Technical Resources

The CP team is expertly coordinated with good team allocation of expert skills to maximise effectiveness and efficiency. The UNICEF CP country office had 14 staff members in its CP team, of which 12 were based on the mainland and 2 in Zanzibar at the time of the evaluation. The team includes specialists in child protection, monitoring and evaluation on CP, VAC, C4D, and Child Justice. The UNICEF Country Representative and Deputy Representative are providing coordination as well as technical support to the country CP Section. One coordination challenge is the fact that the team has to essentially work with the development of two CP systems in the country, one for the mainland and one for Zanzibar. Coordination of these activities is difficult, but still well managed. However, it should be added that, as already indicated, creation of synergistic coordination among UNICEF sections on VAC needs to be strengthened. Efforts on improving efficiency with respect to addressing VAC were undertaken, including in sections on Education, Communications, Children and AIDS, Health and Social Policy and Development but these remained bi-lateral instead of fully integrated across sections.

At national level, it should also be noted that effective child protection systems building is necessarily very human resource-intensive. Technical support and training of government trainers, NGOs and other key stakeholders is time consuming.

⁸³ See Annex 2 for details of funding allocations.

5.2.3 Information Resources

Funds were efficiently used to provide information useful for planning the design of legal and planning frameworks. The VAC study represented a particularly efficient use of resources, as it provided the needed impetus to launch a strong response towards reducing VAC.

Information from different international resources, including international studies, international consultants and international agencies/organisations working to reduce VAC was used. These include from other UN agencies, but also entities such as the “Together for Girls” campaign.

6 SCALING UP AND SUSTAINABILITY OF RESULTS IN ADDRESSING VAC

Key findings: An evidence-based strategy is in place for reaching DSW's target for scaling up the child protection system. The sustainability of VAC results over the short- and medium-terms is likely positive. Technical and institutional sustainability of results achieved is likely and the government has allocated some financial resources to sustain initiated activities. Overall outcomes to reduce VAC are likely to be achieved over the long-term.

6.1 Short- and Medium-Term Sustainability

A basic framework to prevent and address VAC through a systems approach has been established and a commitment to addressing VAC is visible among the key stakeholders. In line with Output 1, government and NGO partner interviewees at national and district levels indicated good understanding and commitment to addressing VAC. During interviews with government and other key stakeholders, ownership of the efforts to address VAC was thus evident. The passage of laws and adoption of planning frameworks and guidelines provided concrete further evidence of ownership of efforts on VAC.

District government representatives and ward level interviewees in Temeke and Hai districts indicated that they fully intend to continue to implement and develop their strategies to reduce VAC. With sufficient financial support, as well as increased trained duty bearers in social welfare and other relevant areas, the evaluation considers the districts are able to function adequately to address the main needs of victims of VAC. Of course, continued capacity improvement is needed in many areas, including calling attention to and responding to VAC in schools, and making processing of cases against perpetrators more expedient and child friendly.

6.2 Scaling Up to New Districts and Financial Allocations

The UNICEF country CP section estimates that by the end of 2016, 30 districts will have started implementing child protection systems that include attention to VAC. A UNICEF staff member⁸⁴ as well as some government representatives, estimated however, that it could take up to 10 - 15 years to fully cover the country and address the gaps to effectively reduce VAC. The country has close to 45 million inhabitants in 2014⁸⁵ and 169 districts. Reaching full coverage within this time period is within range of feasibility. This is only possible, however, if the both Mainland Tanzania and Zanzibar governments are willing to invest substantial resources, appropriately budgeted for the medium- and long-term towards full implementation of the Law of the Child (mainland) and the Children's Act (Zanzibar). UNICEF worked with its partners to develop a budget guidelines document to accompany the National Costed Plan of Action for Most Vulnerable Children (NCPA-MVCII) 2012 which also includes attention to VAC. Exact figures of needed funds are not available, though subject areas and responsible entities needing investment are well identified in the NCPA-MVCII.

UNICEF and its INGO and NGO partners have used intensive advocacy to promote increased budget allocations. The model districts substantially increased their budget allocations to child protection systems implementation. In Hai District, for example, there were no budget allocations for child protection. For the financial year 2014-2015, Hai contributed 11 million Tanzania shillings (about US \$ 6,350)⁸⁶ from their own sources. In addition, they have recruited two SWOs and allocated specific office space. In most districts, funding from different sources such as the health budget is also allocated to address VAC issues. UNICEF is tracking allocations to verify that they are being made and whether they are being increased yearly.

⁸⁴ The individual spoke on the conditions of anonymity.

⁸⁵ World Population Review (2014), Tanzania Population 2014. Available from: <http://worldpopulationreview.com/countries/tanzania-population/> (Website accessed 5 August, 2014)

⁸⁶ At current exchange rates.

In the NPA on VAC, the key ministries also made formal commitments on how they would address child protection and VAC in particular, including costing of the various interventions.⁸⁷ Several interviewees stressed, however, that given the size of the issues surrounding VAC and the high cost of systems development, prevention and response to VAC, much more funding needs to be allocated at all administrative levels. The need to see substantial financial investments to address VAC through continued institutional and capacity strengthening at national and sub-national level for strong sustainability and scaling up is clear.

6.3 Sustainability of Institutional and National Counterparts' Strengthened Capacities and Partnerships

The institutions that have been strengthened to address VAC through systems building in the ministries at the national level are very likely sustainable. Further improvements in the coordination and implementation of legal and planning frameworks will serve to increase effectiveness, impact and sustainability of the results achieved thus far.

The capacities of national counterparts have been sustainably strengthened, though many more individuals need capacity strengthening for adequate national coverage. Some stakeholders also need more training in different areas to ensure that they are fully capable of implementing VAC prevention and response actions within a systems approach. Continuous assessment of capacity strengthening needs is necessary, including of staff newly assigned to local districts. In fact, as many interviewees pointed out, improving skills and knowledge to address VAC is a continuous process, particularly as new gaps are continually identified. There is a need to develop short- and medium-capacity strengthening plans based on past experience and estimates of capacity gaps. Such plans will help improve the potential for sustainable scaling up and improved systems approaches.

The evaluation team notes that partnerships at national level are likely to be sustainable.

⁸⁷ Ministry of Health and Social Welfare (2013). Commitments in Implementation of the National Costed Plan of Actions for Most Vulnerable Children (2013-2017). Dar es Salaam: Ministry of Health and Social Welfare.

7 CONCLUSIONS AND RECOMMENDATIONS

The evaluation concludes that UNICEF's effective input through advocacy, technical and financial support contributed to setting in place a CP system to address VAC at the national level and in four model districts during the evaluation period. The UNICEF office in Tanzania successfully supported the government, NGOs and districts to develop this basic structure for a systems approach to child protection. All results targets (eight outcomes above) were achieved. There are some gaps in terms of geographic coverage; scaling up institutional and capacity strengthening, even in district model areas, increasing focus on social change and addressing non-socially sanctioned forms of VAC are necessary. Gaps were also identified with respect to knowledge management, particularly the need for baseline and endline studies to determine impact and feedback information to improve the CP system's ability to prevent and respond to VAC.

The design of the CPP in Tanzania was appropriate for Tanzania. Though the country CPP contains the core components for a child protection systems design, the coherence of the programme logic between the different components is not very evident in the design.⁸⁸ In practice, however, coherence is established during implementation (see Section 4).

Advocacy

Programme effectiveness was attributable in part to the good advocacy techniques of UNICEF with its partners to inform systems development—including development of legal and planning frameworks—and social dialogue on norms. The evaluation found that a UNICEF-supported national study on VAC was well used as an advocacy tool to stimulate recognition of the need for well-organised systems development on VAC.

Systems Building

UNICEF advocacy and technical support were used to contribute to the development of legal and policy frameworks, develop guides and manuals, provide training and develop institutions at national, sub-national level and community levels. Government representatives expressed appreciation for the quality of UNICEF contributions to the development of a child protection system with attention to VAC.

The country office focused more on systems building during the evaluation time period than on social norm change. The initial implementation process prioritized response, with preventive interventions picking up in a secondary stage. The evaluation agrees that this prioritisation allowed for the testing of response mechanisms and helped improve both response and prevention with experience.

The government justice system has made progress to protect the rights of children in contact or conflict with the law and is better able to respond to their needs. With regard to the current evaluation, though there has been progress to protect such children from violence, more analysis is needed to determine full progress. There is an increased reflection of international and national standards in official implementation strategies.

Institution and Capacity Building, Coordination

Coordination between actors is good, especially at national level, but still needs streamlining as too many different entities exist. Institution building for improved functioning of government and local NGOs to address VAC continues to be necessary. Duty bearers have been trained with the support of UNICEF tools and technical support at the national level and in the four districts. At district level such trained individuals now have the knowledge to respond to cases of VAC in a coherent and effective manner.

⁸⁸ The evaluators base their analysis for Section 3.4 on a triangulated analysis including information from the Monitoring and Evaluation Section of the Eastern and Southern Africa Regional Office (ESARO)

Nevertheless, many more duty bearers still need capacity strengthening within the model districts as well as in new districts.

Referral Systems and Child Protection Monitoring Systems

Referral systems are in place in the model districts and functioning to address VAC. The evaluation did note that services still need strengthening so that the needs of children affected by violence can be fully addressed. Specifically, financial resources to cover the logistics of case management—including human resources, transport and other means—are still seriously limited. So, while many local service providers in the model districts are technically able to manage VAC cases, they are still impeded by the lack of resources.

A CPMIS system to record and track reported cases was in place at district level and is functioning in line with expected Outcome 5. It should be added, however, that due to the size of the districts not all wards have yet been fully covered and the evaluation noted that much more work is needed to ensure that all corners of the districts visited are reached. A national level CP MIS system is still being developed.

Participation and Social Change

Community participation is good in wards where high focus was placed, though this can still be increased substantially to work more intensively on prevention of VAC and the integration of positive traditional norms. There were, however, still wards within the model districts that had not yet been covered.

The evaluation found that children participate in identifying and referring cases of VAC, but their voices still need to be listened to more. They often feel a lack of power to change attitudes on VAC, particularly at community level.

While efforts have been undertaken to implement SBCC, much more attention to various forms of communication for social norm change, preventing and responding to all type of VAC is needed. Remaining issues include the need to better identify effective SBCC to change norms towards VAC but also to ensure that community members report cases of VAC and support prosecution of perpetrators where needed. The fact that not all types of VAC can be addressed by changing social norms needs to be discussed and improved prevention approaches developed. Social norms account for only part of VAC. Improved mechanisms to address types of VAC such as rape, incest and physical abuse that cause permanent damage are often caused by lack of self-control and/or emotional imbalance as opposed to being linked to harmful traditional practices.

Gender and Equity

While UNICEF has addressed gender and equity issues during technical support for legal framework development, planning, and research, there is still a necessity to increase attention to the specific needs of particular categories of children. While there was some attention to the needs of specific categories of children, such as street children, others such as children with disabilities and children across income categories were not sufficiently included. The evaluation also identified the special issues surrounding the abuse of boys, including rape, that need more attention.

Sustainability

The sustainability of VAC results over the short- and medium-terms is likely positive. Technical and institutional sustainability of results achieved is likely and the government has allocated some financial resources to sustain initiated activities. Overall outcomes to reduce VAC are likely to be achieved over the long-term.

Notwithstanding the promising models being currently rolled out at district level, significant additional financial and human resources will be required for the CP system to reach a more significant number of

people and to ensure that a well-functioning child protection system with attention to VAC is in place across Tanzania.

Key Good Practices and Lessons Learned

- 1) UNICEF stimulated the development of a legal, regulatory and policy framework on child protection with clear attention to VAC using an evidence-based approach. A very important element was the manner in which the completed report on VAC prevalence⁸⁹ was launched, only subsequent to intensive personal advocacy of UNICEF and its non-government partners with the government and including not just the findings but also the government's commitment to action.
- 2) UNICEF-supported development of *functioning* institutions at national level and in four model districts. In many instances, existing committees were strengthened to add VAC instead of creating new committees. At district level, CPTs are functioning and meet regularly to plan response and prevention activities on VAC. Some wards within the districts still need better coverage, but wards where local committees are working on VAC are functioning.
- 3) Many well-appreciated tools and guidelines were developed with the support of UNICEF. These also form a good practice that will help ensure that capable individuals in an increasing number of districts effectively carry out response and prevention work on VAC.
- 4) An important lesson learned is that there are still gaps in terms of ability of child protection duty bearers to address the needs of children in different categories, including those with disabilities, across different socio-economic categories, children working and living in the street, child VAC perpetrators and those in conflict with the law.

7.1 Recommendations

The recommendations are in order of suggested priority. All recommendations are directed at UNICEF, but need to be implemented in coordination with government and other national and sub-national stakeholders.

1. Continue intensive advocacy for and support the establishment of a coordinating body on child protection.

The coordinating body should be placed under the Prime Minister's Office, and cover all relevant issues on child protection across society, including of children with disabilities, street and trafficked children, children in conflict with the law, child perpetrators of VAC, children from middle- and upper-income categories (who are also vulnerable to VAC) and children in different age categories. The coordinating body should focus on ensuring coherence as well as effective implementation and enforcement of laws, rules and guidelines.

2. Prioritise support for the countrywide dissemination of laws, rules and regulations in Swahili.

Translation into Swahili should be done at an early stage after official adoption of the laws and regulations. Dissemination should be promoted through all media: digital, radio, TV, C4D, and simplified pamphlets containing the core points.

3. Provide strong technical support to scale up the systems approach to additional districts to address the needs of children affected by and/or at risk of VAC.

Given the need for government to continue to strengthen its institutional and technical capacities at the federal level, the necessity for UNICEF to continue to support the introduction of the CP systems

⁸⁹ UNICEF, Division of Violence Prevention, National Centre for Injury Prevention and Control, Centres for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences (2011). Violence Against Children in Tanzania: Findings from a National Survey, 2009. Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experience in Childhood. Dar es Salaam: Multi Sector Task Force on Violence Against Children.

approach to new districts is still evident. After 3-4 years another assessment will be needed to determine the extent to which UNICEF's continued intensive technical and other support are still needed to cover more districts.

4. Further develop continuous Child Protection Management Information System (CPMIS) up to the national level.

Work with the government with input from other technical experts to fine tune the CPMIS, so that it is used to track cases at local level and feed essential data into a national CPMIS data system. Not all data collected at local level needs to be entered into a national database, so it will be necessary to identify key data that is needed at national level to inform federal decision making on CP systems development with attention to VAC.

5. Ensure that baselines, KAP surveys and impact surveys are implemented to track change.

Knowledge Base Development for evidence-based programme improvement should be strengthened in all districts where the child protection systems approach is being introduced. This includes analysing CPMIS information, assessing the impact of tools such as guidelines and training manuals, as well as laws/regulations, and changing in attitudes and practices. Use the strong feedback system to design the incorporation of lessons learned, increase field visit exchanges between early and later districts, establish a social networking website to share implementation successes and challenges and pose questions to experienced specialists and website members.

6. Further strengthen capacities, disseminate tools, develop local bylaws and provide advocacy for increased government support for strengthening response to cases of VAC.

Strengthening of duty bearers is needed across the areas of social welfare, health, education, police, justice and other relevant sectors to improve effective services and prevent VAC. The many guidelines, manuals, and other tools developed to implement actions to prevent and address VAC now need to be fully shared. Substantial investment will be needed to channel the required knowledge and skills through the newly developing district systems into the work of all relevant duty bearers. Efficiency can be maximised by concentrating capacity and implementation strengthening through a wide range of communications methods. This could include a certified master trainer system cascading down to informal community volunteers. The separation lines between capacity strengthening and C4D or SBCC should be diminished. Some C4D/SBCC methodologies can be used to strengthen capacities on a particular subject. Training tends to cover a wide range of capacity issues which requires high investment in trainers, training centres, transport, meals, etc. C4D/SBCC can introduce and spotlight a particular component of a capacity at a time. This could be used, for example, to train Fit Parents and community CP members on topics such as working with communities to stimulate the identification of VAC cases, reporting VAC cases, and positive parenting. By splitting information into smaller chunks, accompanied by occasional review in formal meetings to consolidate the knowledge, it can be possible to increase capacities. Additional funding to expand the reach and services of the Child Helpline is also helpful.

7. Advocate for the investment of substantial resources to successfully attain quality coverage of child protection with special attention to VAC across the country.

Substantial scaling up of the number of human resources and provision of transport to identify and follow up on VAC cases are needed. In addition to short-, middle- and longer-term phased budget planning is also needed to ensure that the country fully implements the Law of the Child and the Children's Act. Budgeting for increased staffing of child protection service providers will be vital, in particular for increasing the number of SWOs who form the backbone of the child protection system.

8. Increase focus on prevention at community level.

Prevention needs to be done using all possible methods ranging from public and social media to community participation with a strong role of local leaders with status to push for change. Prevention needs to focus not only on social norms change to decrease socially sanctioned VAC, but also on preventing non-socially sanctioned VAC (e.g., rape, incest, extreme corporal punishment).

9. Promote existing positive social norms to protect children from violence.

This includes focus on protecting children from violence such as rape, incest and other serious abuse that are not socially accepted. See Annex 1 for examples of approaches that can contribute to reducing non-socially sanctioned VAC. Prevention needs to emphasise the long-term emotional and physical consequences of VAC.

10. Develop Child Participation techniques so that children are more systematically included and supported at community level.

A more structured approach is needed to ensure that children elected to Junior Councils actually discuss with their peers in their communities to obtain their opinions prior to providing input into important discussions. Specific issues that will be discussed in DCPTs or at Community Level CP committee meetings should be listed and provided to the Junior Council representatives. The Junior Council representatives could then discuss the points with their members and bring their main concerns and opinions of others more clearly to community and district CP meetings. Discussion sessions can also be held in school classes where Junior Council members discuss the issues with their fellow students. Junior Council members may also conduct meetings with neighbourhood children so that they can include out-of-school children. With more solid preparation before meetings the input of the Junior Council members will thus be credible during the district and community meetings, as they fully represent the opinions of other children. This process will also help strengthen the leadership capacities of the Junior Council representatives as they practice the democratic processes involving gathering input from their peers.

11. Scale up specific attention to address VAC in different child population groups including children with disabilities and other specific vulnerabilities, as well as children from middle and wealthier income groups.

The systems approach should include specialised services and prevention approaches to address the needs of children with disabilities and other specific vulnerabilities, but also include more focus on children from middle and wealthier income groups. Special attention also needs to be paid to these categories in SBCC prevention efforts. While this will mean substantial investment to train specialised social workers and improve referral systems to address the special needs of children with disabilities and others with specific vulnerabilities, this is a human rights issue that cannot be ignored.

12. Increase attention to the issue of child perpetrators of VAC in all aspects of systems development.

The existing number of SWOs and their capacities are still too limited to adequately address the challenges presented by child perpetrators of VAC and need to be increased. UNICEF can advocate for such support and provide capacity strengthening. UNICEF can also promote discussion of the issue of child perpetrators in local bylaws, plans, committees and district teams should all include discussion and capacity strengthening on how to decrease the violence instigated by child perpetrators. SBCC/C4D should include attention to the fact that VAC is not only committed by adults in messages and activities. The responsibility of children to treat other children with respect and avoid violence, including bullying, needs to be highlighted in materials. Linking children to the ENDviolence⁹⁰ campaign using any locally available smartphone can also turn the digital world into an advantage, instead of mostly a threat. Teachers, community leaders, SWOs and CDOs can assist Junior Council groups to become actively engaged in the ENDviolence campaign with its digital content wherever this is feasible.

13. Make theory of change underlying UNICEF country programme planning more explicit and include clear vertical logic.

The relationship between the activities undertaken and the expected end result should be more explicit so that there is a clear logic. This means that UNICEF needs to continue to advocate for better internal logic in the Delivering as One UN results framework.

⁹⁰ UNICEF (2014), ENDviolence Campaign. Available from <http://www.unicef.org/endviolence/>. (Website accessed June 10, 2014)

14. Develop a joint programme across the UNICEF country office sections to address VAC.

A joint short- and medium-term plan to reduce VAC across the different sections would be extremely useful. Articulating the key elements regarding VAC issues in the Education, HIV and Health and Communications sections and how they can be better coordinated to address and prevent VAC would be useful. Reference can be made to the existing UNICEF documents and ongoing UNICEF-supported research on improving cross-sectoral coordination.⁹¹

⁹¹ Inter-Agency Task Team (IATT) on Children and HIV and AIDS, June 2013. Building Protection and Resilience for child protection systems and children affected by HIV and AIDS. Submitted by Siân Long and Kelley Bunkers to the IATT on Children affected by HIV and AIDS. New York: UNICEF and World Vision.
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ANNEXES

Annex 1 Examples of Potential Steps to Reduce Non-socially Sanctioned VAC

These may include learning more about drivers of VAC, with special but not exclusive, attention to non-socially sanctioned VAC in different settings and developing suitable prevention methods:

- 1) Identifying positive social norms to better protect children, including faith-based.
- 2) Conducting SBCC in a more focussed way to more clearly cover issues such as linkages between alcohol and drug abuse and VAC.
- 3) Developing preventive methods to improve psychosocial counselling at community level for would be or ex-perpetrators. This may include informal counsellors; local groups using methods such as the Alcoholics Anonymous⁹² buddy system/supportive mentors, etc.
- 4) Strengthening the role of communities using existing social support positive norms in both urban and rural areas to stop protecting perpetrators
- 5) Practical and psychosocial support for mothers who use VAC due to inability to cope with child rearing and the multitude of household responsibilities (according to several interviewees, especially young children are vulnerable to this).⁹³

⁹² Alcoholics Anonymous Tanzania (2014), Alcoholics Anonymous Tanzania Home Page. Available from <http://aatanzania.net/>. (Website accessed 15 August, 2014).

⁹³ In addition to learning supportive parenting techniques

Annex 2 Child Protection Documents Developed with Support of the UNICEF Tanzania Country Office

Legal (Laws, Regulations, Rules, Guidelines to the Regulations & Working Protocols)	The Law of the Child Act - 2009	
	Regulations to the Law of the Child Act-2013	
	Adoption of Children Regulations - 2011	
	Children Homes Regulations- 2011	
	Apprenticeship Regulations	
	Fit Persons Regulations	
	Multi Sectoral National Plan of Action to Prevent and Respond to VAC - 2013	
	Child Justice Strategy-2013	
	Child Protection Vision	
	Juvenile Court Rules 2014	
	Guidelines to the Child Protection Regulations 2013	
	Children's Homes Guidance - 2013	
	Working Protocols for Education, Health and Police	
	National Strategies, Plans and Programme Docs	National Costed Plan of Action for Most Vulnerable Children - NCPA-MVCII – 2012
		National Guidelines for Establishing a Child Protection System in Tanzania & Appendixes - 2013
		Child Protection Budget Guidelines - 2012
		National Guidelines on how to Establish and Manage One Stop Centres
		Standard Operating Procedures on preventing and responding to Gender Based Violence and child abuse- Tanzania Police Force 2012
		Common Country Programme Document for Tanzania - 2010
United Nations Development Assistance Plan-UNDAP July 2011 - June 2015		
Common Country Programme Document for Tanzania - 2010		
	Tanzania HIV-AIDS and Malaria Indicator Survey 2007-08 - 2008	
	VAC National Survey -Tanzania 2009	
	Capacity Assessment of the Department of Social Welfare - Final Report - Mainland Tz-2009	
National CP Guidelines, Research, Reviews with Relevance to VAC issues	A Report on Evaluation of Community Justice Facilitation Project - 2010	
	Tanzania Demographic Health Survey - 2010	
	VAC Zanzibar Report Excerpt from a National Survey on VAC -2011	
	Analysis of the situation for children in conflict with the law - Tanzania 2011	
	Capacity Assessment of the Department of Social Welfare - Final Report - Zanzibar-2011	
	Linking Community Systems to a National Child Protection Model - 2011	
	Evaluation of 7 Learning Districts Child Protection Annex Final-2012.	
	Public Expenditure Identification Survey on Child Protection in Tanzania - 2012	
Voice of the People - Final Draft - Jan 2013		

	UNICEF TCO - Mid-Term Review Report - Final draft -2014
	Final UNICEF Baseline Assessment Report - 2013
	District Child Protection Training Needs Assessment Report - 2010
	Mapping of Formal and Informal CP Structures, Systems & Services in Tanzania – 2009
	Analysis of the situation for children in conflict with the law - 2012.
	Assessment of the Access to Justice System for Under 18s in Tanzania - 2012
	Assessment of Children in Detention in Tanzania - 2011
	Concept Note for the Establishment of CP systems in New Districts - 2013
	Final Report of Programme Cooperation Agreement between UNICEF and IRC-2012-2013
	UNICEF - Progress Report-Child Protection 2012-2013 CP - 2013
	Tanzania Thematic Child Protection Report 2011
	Final Report of Programme Cooperation Agreement between UNICEF and KIWOHEDE - AUGUST - 2013
	Report on the Implementation of Child Protection Management Information System - CPMIS - Consolidated Presentation - 2013
	Protecting Girls and Women Against Sexual Exploitation - Progress Report US Fund (Sept 2011)
	Protecting Girls and Women Against Sexual Exploitation - Progress Report US Fund 2012
	CPMIS Presentation to Country Management Team - with Sample Data from CPMIS - Sept 2013
	Social Protection Working Group Mid Year Summary Report-2014
	Social Protection - Annual Review 2012-2013 minutes-2013

Annex 3 UNICEF Financial Contributions to the Violence against Children Surveys (VACS) and programme Response

Funding source/ donor	Total Progra mmable Amount	What is the start date? (Year/mon th)	What is the end date? (Year/month)	Description: what are the funds intended to be used for? Survey implementation and/or Programme Response
VAC Survey				
UNICEF (RR)	731,572	2009	2011	Survey implementation, launch of findings and drafting of government commitments to prevent and respond to VAC <ul style="list-style-type: none"> • Planning for survey • Conducting fieldwork and interviews • Data analysis • Report writing, printing materials • VACS launch and government commitments
US Fund SC110216	54,160	May 2011	June 2012	
French Nat Com SC110040	48,713	Jan 2011	Dec 2011	
Global CP Fund SC1-9904	65,714	Jan 2010	Dec 2014	
Subtotal	900,159			
VAC Programme Response				
Communications				
UNICEF (RR)	646,987			Development of multi sectoral Communications Strategy VAC Communication Toolkit for comprehensive community engagement on VAC National parenting training curriculum and materials
US Fund SC110216	71,661	Jan 2012	June 2012	
UN One Fund SC110528	196,066	July 2011	June 2015	
US CDC SC130654	200,000	Sept 2013	Sept 2014	
USAID SC130381	100,000	June 2013	Sept 2015	
Sub Total	1,214,714			
Legislation, Guidelines and Strategies				
UNICEF (RR)	662,350			Development of Rules and Regulations for protecting children from abuse and violence in line with Law of the Child Act and Child Act Drafted all the related rules, regulations and guidelines
CP Them Fund SC069904	2,890	Jan 2006	Dec 2012	
Global CP Fund SC109904	13,212	Jan 2010	Dec 2014	
USAID SC130381	135,000	June 2013	Sept 2015	

Subtotal	813,452			
Local service provider response				
UNICEF (RR)	478,444			TA to develop and strengthen government capacity and LGA to implement family-based alternative care as per regulations and guidelines Develop Child helpline database
Global Child Protection Fund SC069904	70,609	Jan 2006	Dec 2012	
UN One Fund SC110528	110,648	July 2011	June 2015	
Subtotal	659,701			
Availability of data on protection				
UNICEF (RR)	239,164			Develop and roll out Child Protection Management Information System at district level Training of national facilitators for CPMIS
USAID SC130381	10,000	June 2013	Sept 2015	
Subtotal	249,164			
Technical skills on Child Protection				
UNICEF (RR)	467,934			Mainstream Child protection into existing training curriculum Print copies of standard CP training manual and train in-service SWOs and frontline workers Train SWOs on Child Helpline Integrate CP in social work curriculum
Global CP Fund SC109904	1,085	2010	2014	
US Fund SC1300352	62,000	May 2013	July 2014	
USAID SC130381	20,000	June 2013	Sept 2015	
Subtotal	510,019			
Integration of Child Protection				
UNICEF (RR)	1,542,576			Development of National Plans of Action for VAC and Most Vulnerable Children Establishment and strengthening of coordination of national and sub national VAC prevention and response programmes Modelling and scaling up of Child protection System at district level, support the development of operational guidelines and support the operationalization of community-based prevention, including social norms
CP Thematic Group SC069904	43,812	Jan 2006	Dec 2012	
UN One Fund SC110528	515,003	July 2011	June 2015	
US Fund SC120361	103,757	Oct 2012	Oct 2013	
USAID SC130381	200,000	June 2013	Sept 2015	
European Commission SC140002	898,828	Jan 2014	Dec 2015	
Subtotal	3,303,976			
Child Justice				
UNICEF (RR)	1,723,188			TA to develop comprehensive Child Justice and Juvenile Justice systems in

CP Them Fund SC069904	36,375	Jan 2006	Dec 2012	line with the Law of the Child Act and the Child Act. Develop and implement prevention strategies, pre trial measures and alternative sentencing to promote child friendly community-based responses, rehabilitation and reintegration. Develop child friendly court rooms, trial procedures and hearings Train key stakeholders on child friendly procedures and guidelines
Denmark SC071062	83,442	Dec 2007	Dec 2011	
Global CP Fund SC109904	83,831	2010	2014	
UN One Fund SC110530	157,538	July 2011	June 2015	
US Fund SC120730	81,591	Oct 2012	Sept 2013	
USAID SC130381	65,000	June 2013	Sept 2015	
US Fund SC130706	83,960	Oct 2013	Oct 2015	
EU SC130786	454,220	Dec 2013	Jan 2017	
Subtotal	2,769,145			
Technical skills for Child Protection				
UNICEF (RR)	2,267,786			
CP Them Fund SC069904	371,032	Jan 2006	Dec 2012	
Denmark SC071062	77,334	Dec 2007	Dec 2011	
Global CP Fund Sc109904	422,279			
UN One Fund SC110528	191,733	July 2011	June 2015	
US Fund SC120631	86,925	Oct 2012	Sept 2013	
USAID SC130381	519,999	June 2013	Sept 2015	
CDC SC130280	50,000	May 2013	Sept 2013	
EU SC140002	68,000	Jan 2014	Dec 2015	
Subtotal	4,055,088			

Annex 4 List of Consulted Stakeholders

Violence Against Children (VAC) - UNICEF Global Evaluation – Tanzania Country Participant List

Date	Last and First Name	M #	F #	Organization and address or name of Community	Job Title or type of Individual {Local leader, parent(s), Child (ren) etc}
09.06.2014	Lund Henriksen, Birgithe		F	UNICEF	Chief Child Protection
09.06.2014	Joseph, Roselyn		F	UNICEF	Monitoring and Evaluation Specialist
09.06.2014	Haule Mathias	M		MoCDGC	VAC- MSTF Focal Person
09.06.2014	Kawemama Philbert	M		MoHSW	SSWO/CWP
09.06.2014	Mbatia Edith		F	UNICEF	Statistics and Monitoring Specialist
09.06.2014	Mori Evance	M		UNICEF	Child Protection Officer- Field Monitoring
09.06.2014	Mona Aika		F	UNICEF	Child Protection Specialist system Strengthening
09.06.2014	Matelu Sarah		F	UNICEF	Chief PME
09.06.2014	Krishne Belbase	M		UNICEF Evaluation Office New York	Senior Evaluation Specialist
09.06.2014	Baker Yolande		F	UNICEF	Child Protection Specialist - Education
09.06.2014	Karumuna Ophilia		F	UNICEF	Child Protection Officer(Juvenile Justice)
09.06.2014	Mbelwa Gabagambi	M		UNICEF	Child Protection Specialist(Most Vulnerable Children)
09.06.2014	Mgonela Victoria		F	UNICEF	Child Protection Specialist(Access to Justice)
09.06.2014	Harvey Rachel		F	UNICEF	Child Protection Specialist(Child Justice)
09.06.2014	Chuwa Victoria		F	UNICEF	HIV/AIDS Specialist
09.06.2014	Sandra Bisin		F	UNICEF	Chief Communication Specialist
09.06.2014	Namfua Jacqueline		F	UNICEF	Communication Specialist
09.06.2014	Sangiwa Penina		F	UNICEF	Education Officer
09.06.2014	Paul Edward	M		UNICEF	Deputy Representative
09.06.2014	Anna Holmstrom		F	UNFPA	Gender Program Officer
10.06.2014	Felistas Mushi		F	Ministry of Constitutional and Legal Affairs (MoCLA)	

10.06.2014	Clarissa A.Berg		F	UN Women Office	
11.06.2014	Una Higgins		F	International Rescue Committee	Child and Youth Development Coordinator
12.06.2014	Esther Mongi		F	World Vision	Gender and Advocacy Manager
12.06.2014	Rachel Harvey			UNICEF	Lead for Child Justice programmes
13.06.2014	Benedict Missenyi	M		MCDG C	Children Development Assistant Director
13.06.2014	Asha Sarota		F	MoCDGC	Community Development Officer (CDO)
13.06.2014	Christopher Mushi	M		MoCDGC	Social CDO
13.06.2014	Twaha F.Kibalula	M		MoHSW-DSW	Social Welfare Officer (SWO)
13.06.2014	Stephen K.Gumbo	M		MoHSW-DSW	Programme SWO
13.06.2014	Tarimo Jonas	M		MoHSW-DSW	SWO
13.06.2014	Fides Shao		F	CHRAGG	CDO
13.06.2014	Chacha Juliana		F	CHRAGG	Principal Investigation Officer
13.06.2014	Wilbert Mchunguzi	M		Plan International	Child Protection Advisor
13.06.2014	SAARITO saila.Maria		F	EU	Attache
13.06.2014	Ahmed R. Alli			UNICEF	Child Protection Specialist
13.06.2014	John Kalage	M		Save the Children	
13.06.2014	Ms Christina			Ministry of Home Affairs (MoHA) Police Hq	
16.06.2014	Tusa Njwaba		F	IOM	National Program Officer
16.06.2014	Nehemia Ntabaye	M		Africare	
16.06.2014	Tupilike Martin	M		Ministry of Finance	Economist
16.06.2014	Lema Elizabeth		F	Community Care Unity Lead	USAID
17.06.2014	Kagimbo Photidas	F		Temeke Municipal Council(TMC)	Director
17.06.2014	Makaso Gerald	M		Temeke Municipal Council(TMC)	MEO
17.06.2014	Kallli Aziza		F	Judiciary Temeke District Court	Principal Magistrate
17.06.2014	Meshack Mpwage	M		Police Temeke	Police Officer
17.06.2014	Luzago Khamsin		F	Judiciary Temeke District Court	Resident Magistrate
17.06.2014	Vahaye George	M		Temeke Municipal Council(TMC)	Primary Education Officer

17.06.2014	Nzelwa Sarah		F	Temeke Municipal Council(TMC)	SWO
17.06.2014	Masoud Zainab		F	Temeke Municipal Council(TMC)	SWO
17.06.2014	Blandina Mhina		F	Temeke Municipal Council(TMC)	CDO
17.06.2014	Mmasi Martha		F	Temeke Hospital	SWO
17.06.2014	Mtasya Lugano		F	Temeke Hospital	SWO
17.06.2014	Meshack Mpwage	M		Police Temeke	Police Officer
17.06.2014	Renatha Kisenga		F	Temeke Municipal Council(TMC)	SWO
17.06.2014	Makaso Gerald	M		MEO-DCPT	MEO
17.06.2014	Constantina Kizwalo		F	Temeke Municipal Council(TMC)	CDO
17.06.2014	Mgumiro Beatrice		F	Kurasini National Children Home	SSWO
17.06.2014	Mziray Sultan	M		Temeke Municipal Council(TMC)	SWO
17.06.2014	Neema Mambosho			Temeke Municipal Council(TMC)	SWO
17.06.2014	Temeke Ward level Focus group				
	Children Council Focus group				
	Child Victims Focus group and individual interviews				
19.06.2014	Melkizedeck O.Humbe			Hai District	District Executive Director
	Moshiro T. Irene			Hai District Court	District Community Service Officer
	Michael Z.Muburi			Hai District Hospital	SWO
	Evarister M Mkoka			Police Gender Hai District	Police Gender
	Leah P.Kimario			Hai District Council	Legal Officer
	Leah B. Lugeiyamu			Police Gender Hai District	Police Gender
	Sango Dunia			Hai District Council	SWO
	Happy Eliufuo			Police Gender Hai District	Police Gender
	Dr. Jane I. Macha			Hai District Hospital	Doctor
	John Maziku			Police Gender Hai District	Police
	Lema A. Ruth			KIWAKKUKI HAI/SIHA District	Coordinator

	Mahanyo M, Fredrick			Police Gender Hai District	Police Gender
	Agness A. Luhwavi			Primary Education Department	Statistics and Logistic Officer
	Anandum E. Ndossi			Hai Association of Non-Government Organization (HANGO)	District Chairperson
	Julius Massawe			Hai District Hospital	Medical Doctor
	Mahundi M. Christopher			District Secondary Education Department	Assistant Statistic and Logistic Officer
	Simon Helga			Hai District	DSWO

Annex 5 National and Sub National Level Schedule

Time	Organization/ Department	Individual (Interviewee's Name, Title and/or Specific Role, Type of Group)	Location Address
NATIONAL LEVEL			
June 9, 2014			
10:00-10:30	Senior Management	Jama Gulaid Representative	UNICEF
	Deputy Res Rep	Paul Edwards – Deputy Representative	UNICEF
11:30-13:30	CP Team	Presentations, Reference Group discussions	
14:30-15:30	UNICEF, CP Section		
14:30-15:30	UNFPA	Anna Holmström Gender Programme Officer	
13:00 -13:30	UNICEF Section Chiefs	Education	
14:00-14:30		Communication	
16:00- 16:30		Children and AIDS	
June 10, 2014			
10:00-11:30	DSW	Philbert Kawemama	DSW Office – Akiba
	UNWOMEN	Clarissa Alexandersen Berg Programme Analyst	UN Women Office
14:00-15:30	MoCDGC	1. Benedict Missani, Acting Children & Family Director	MoCDGC – Magogoni Feri
		2. Matthias Haule, Community Development Officer	
14:00-15:30	MoCLA	Felistas Mushi	Ministry of Constitutional and Legal Affairs - Magogoni
16:00-16:30	PACT		Victoria – Near Former Knight Support
16:00 – 16:30	UNICEF – Social Policy (SPAD) Section	Usha Mishra – Chief, SPAD	UNICEF – Dar
June 11			
8:30 -9:30	MOHA –Police	Ms. Christina	MoHA Police Headquarters
8:30-9:30	UNICEF	Mona Aika	Child Protection Specialist

9:30- 10:30	Africare	Nehemiah Ntabaye	Iringa Office (available over the phone)
11:00 -12:00	UNICEF	Rachel Harvey	Child Justice Specialist
12:00-12:30	UNICEF	Usha Mishra	Chief of Social Policy
14:00-15:30	IRC	Una Higgins Child Protection Specialist	The person will come to the UNICEF office
15:30-16:00	UNICEF	Roselyn Joseph	M&E Specialist
15:30- 16:30	SAVE THE CHILDREN	John Kalage	Mikocheni near Feza boys school
16:30-17:00	PMORALG	Elightness Mchome (Director of Regional and Local Government Authority	Dodoma (Available on the phone)
June 12			
09:30-11:30	UNICEF	Mona Aika	UNICEF OFFICE
10:00-11:30	World Vision	Easther Mongi Gender & Advocacy Manager	Mikocheni – Near Hubert Kairuki Memorial Hospital
12:30 -13:30	PACT	Cassie Chipere	Victoria – Near Former Knight Support
14:00 -15:00	FHI 360		Opposite UNICEF Office (available over the phone)
16:00 -16:30	Paul Edwards	Deputy Representative	UNICEF
June 13, Fri			
08:00-09:30	Plan International	Wilbert Muchunguzi Child Protection Specialist	Plan Tanzania Plot 96 Mikocheni Light, Industrial Area Off News Bagamoyo Road, Next to TBC1 Dar es Salaam, Tanzania
10:00-11:00	UNICEF ZANZIBAR	Ahmed Ali Child Protection Specialist,	(by phone)
11:00-12:30	Government of Zanzibar		(by phone)
12:00-13:30	EU	Saila-Maria Saaristo, Attaché	Delegation of the European Union to Tanzania, Umoja House P.O.Box 9514 Dar es Salaam, Tanzania
14:00-15:30	CHRAGG	Mary Massay Executive Secretary	Commission of Human Rights and Good Governance (CHRAGG) Lithuli Street
June 14, Sat			

09:00-12:30	Temeke Municipal Council	Sultan Mziray; Subisya Kabuje District SWOs- meeting	Temeke Municipal Offices
	Temeke	Focus Group Discussion Children Children's Club, Junior Council Interviews child victims	Temeke Municipal Offices
June 15, Sun - Review, internal team work			
SUB-NATIONAL LEVEL			
June 16, Mon			
09:30 -10:30	IOM	Tamara Keton	Office located near Double Tree Hotel in Masaki
12:00-13:00	Pact	Anthony Binamungu	
14:30-15:30	USAID	Elizabeth Lema,	US Embassy
14:00-15:30	MOF	Charles Ambele Acting Assistant Commissioner of Regional and District Budgets	Ministry of Finance, Magogoni
June 17, Tues			
09:00-12:00	Temeke LGA	Subisya Kabuje District SWOs District Level Focus Group	
12:00-16:00	Temeke	Subisya Kabuje District SWO Ward level Focus Group	
June 18, Wed			
09:00-11:00	Temeke	Subisya Kabuje District SWO Ward #2	
12:00-12:30	Temeke	Debriefing with the DED	
18:00-	1800 travel to Hai District		
June 19, Thur			
09:00-11:00	Hai	Helga Simon District SWO Hai District level Focus Group	
12:00-16:00	Hai	Helga Simon District SWO Ward level Focus Group	
June 20, Fri			
09:30-12:00	Hai	Helga Simon District SWO Ward #2 Informal discussions District staff, review District MIS.	
18:00		Travel to Dar	