



Together for girls



**ACCELERATING ACTION TO
ADDRESS VIOLENCE AGAINST
WOMEN AND CHILDREN:**



**KEY LESSONS FROM THE TOGETHER
FOR GIRLS PARTNERSHIP IN TANZANIA**

FORWARD

In August of 2011, when I was Senior Gender Advisor at the U.S. Department of State's Office of the U.S. Global AIDS Coordinator, I attended a powerful event that has stayed with me ever since: the launch of the second-ever Violence Against Children Survey (VACS) in Dar es Salaam, Tanzania. In a powerful and unprecedented display of government commitment to addressing violence against children as an urgent priority, the Government of Tanzania publicly launched the findings of their VACS. It was only the second such survey ever to be completed (the first being Eswatini).

I was deeply moved, as eight ministers across key sectors made commitments on how they would address the survey findings. They were joined on the podium by civil society leaders from the Tanzania Child Rights Forum and a network of national community-based organizations who also announced their priority commitments to address violence against children. That day, I understood the powerful impact of combining data and political commitment – which is the basis of the Together for Girls (TfG) partnership approach for ending a global pandemic that for generations has been seen as inevitable.

This case study examines Tanzania's trajectory over the past decade in implementing what is now the standard TfG model, in the hopes that we can learn from both challenges and successes.

Our biggest learning to date is that **change is possible**. If we think boldly, act strategically, and allow data and evidence to guide the way, we can create a world where every child and adolescent is safe, thriving and empowered.



DR. DANIELA LIGIERO, PhD
CEO and Executive Director
Together for Girls

A handwritten signature in black ink that reads "Daniela".

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It is based on a research mission to mainland Tanzania and Zanzibar in July 2018, which included interviews with key informants, including implementing partners, bilateral donors, civil society organizations, UN agencies and girls themselves – as well as program site visits and a literature review. The research mission to mainland Tanzania was conducted by Janet Fleischman and Rebecca Gordon, Senior Program Advisor at TfG. Additional research in Mbeya and Zanzibar was conducted by Katherine Brandon, Director of Communications at TfG, and Alexandra Tucci, Senior Communications Officer at TfG.

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ACRONYMS LIST

CBO	Community-Based Organization
CDC	U.S. Centers for Disease Control and Prevention
DHS	Demographic and Health Survey
DREAMS	Determined, Resilient, Empowered, AIDS-free Mentored, and Safe
GBV	Gender-based Violence
LGA	Local Government Authority
MSTF	Multi-sectoral Task Force
MoCDGEC	Ministry of Community Development, Gender, Elderly and Children
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MUHAS	Muhimbili University for Health and Allied Science
OSC	One Stop Center
PEPFAR	President's Emergency Plan for AIDS Relief
PGCD	Police Gender and Child Desk
PMO-RALG	Prime Ministers' Office Regional Affairs and Local Government
SDGs	Sustainable Development Goals
TACAIDS	Tanzania Commission for AIDS
TCRF	Tanzania Child Rights Forum
TfG	Together for Girls
TPF	Tanzania Police Force
USAID	United States Agency for International Development
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
VACS	Violence Against Children Survey
VAW	Violence Against Women
VAWC	Violence Against Women and Children

ACCELERATING ACTION TO ADDRESS VIOLENCE AGAINST WOMEN AND CHILDREN:

KEY LESSONS FROM THE TOGETHER FOR GIRLS PARTNERSHIP IN TANZANIA

I. EXECUTIVE SUMMARY

Violence against children (VAC) and violence against women (VAW) are public health and human rights crises of global proportions, with damaging consequences to the health and well-being of individuals and their communities. Fueled by gender inequality, social norms condoning violence and harmful traditional practices,¹ and exacerbated by lack of commitment to take preventive and protective action and weak protection systems, violence against women and children (VAWC) as well as the magnitude, human toll and societal cost of this violence is increasingly acknowledged by the global community.

[Together for Girls](#) (TfG) is a partnership among national governments, UN entities and private sector organizations working at the intersection of VAW and VAC, with special attention to ending sexual violence against girls. Now being implemented in more than 22 countries, the TfG model supports governments to conduct a national household Violence Against Children Survey (VACS) and to use the data to mobilize action through policies and programs that embed violence prevention and response across multiple sectors.

In 2009, the Government of Tanzania, with support from TfG partners, most notably UNICEF, the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), undertook the VACS. Tanzania was the first country to implement a full VACS, surveying both girls and boys (ages 13-24) nationally to assess the prevalence of emotional, physical and sexual violence. It was also the first country to introduce a government-led, multi-sector task force to oversee the implementation of the survey and the ensuing violence prevention and response work catalyzed by the data, which led to the establishment of a multi-sectoral, costed National Plan of Action. Ten years after Tanzania's landmark research, this case study seeks to consolidate learnings from the national experience of implementing the TfG model.

Research conducted by TfG confirms that the [results of the 2009 survey](#) stunned the country, showing high rates of sexual, physical and emotional violence against both boys and girls, with girls especially vulnerable to sexual violence. The vast majority of children knew their attacker. Very few disclosed the experience and even fewer received services. [The data](#) (available at www.togetherforgirls.org) galvanized Tanzania's leadership by providing both shocking prevalence statistics and contextual information that helped tell the "story" of how violence occurred and its effects.

The government committed to addressing VAC as an urgent priority, launching the results and initial multi-sectoral commitments in August 2011 at a high-level event. These priority commitments led to a one-year plan (*Working Together to Stop Violence Against Children: Priority Response*²), followed by the three-year [*Multi Sector National Plan of Action to Prevent and Respond to Violence against Children*](#) (NPA VAC) (2013-2016),³ and the current [*National Plan of Action to End Violence Against Women and Children*](#) (NPA VAWC) 2017-2022, which builds on all previous work and integrates the VAC and VAW work. These plans are costed and have strong performance measures across sectors, including social services, health, justice, education and local government.

Highlights of results to date demonstrate the impact of early buy-in and multisector coordination. The Tanzanian government and civil society organizations worked with TfG partners to expand one stop centers for comprehensive post-rape care, further institutionalize and scale-up women- and children-friendly police desks, launch a national hotline to report abuse, strengthen social worker training, increase awareness among communities and children of their rights, and introduce child protection budget tools for local government authorities to ensure funding at the local level. The VACS had a huge impact in creating momentum and buy-in; hard data to illustrate the problem helped bring new actors together, including from the VAW world and sectors less familiar with protection work. The processes associated with the TfG model also built significant capacity across sectors, and the coordination model provided an important platform for progress and systems development at national and sub-national levels, as well as for donors.

Though recognizing these achievements, significant outstanding challenges in Tanzania require attention to ensure further progress. Ongoing work clearly demonstrates the importance of country government coordination to advance the VAC and VAW agenda, and to translate global evidence and interventions to the local context. Embedding multi-sector structures and programs locally builds capacity and systems that not only increase reporting and support to survivors of VAWC, but also contribute to sustainability in the face of ongoing policy development, shifting high-level commitment and other challenges. This approach also contributes to prevention as perpetrators know that the systems are in place to end impunity. As Tanzania continues to break new ground on the integration of VAC and VAW, challenges are ongoing to ensure work on women and children is fully integrated, that programs are adequately funded and that gender considerations are integrated throughout. This is further complicated by a problematic policy environment affecting adolescent girls, such as national policies that ban school participation for girls who are pregnant and teenage mothers.







¹ These practices include early and forced marriage and female genital mutilation.

² <http://www.togetherforgirls.org/wp-content/uploads/2017/10/tanzania-country-action-statements-aug-2011.pdf>

³ UNICEF funded the development of the plan and helped coordinate the process.

As the field of violence prevention and response continues to grow, the long-term, multi-sectoral coordination model piloted in Tanzania is often cited as a model for impact, capacity-building, ownership and momentum. This case study seeks to understand both the core components of success and the challenges faced in implementing this innovative model. We hope it will improve our work through the TfG partnership and help inform the broader community of practitioners, advocates, and decision-makers in Tanzania and around the world.

Critical lessons in this case study include:

-  National leadership that prioritizes a coordinated, multi-sectoral response is key.
-  Coordination doesn't just happen – incentives are critical.
-  Adequate human and financial resources based on the data are essential.
-  Ongoing data collection to inform programming and learning allows for continued progress.
-  Prioritizing adolescent girls and engaging them in programs ensures they are not left behind.
-  Sharing challenges and promising approaches helps support both local and global learning in what is still a relatively new field.

II. INTRODUCTION

Violence against children (VAC), and especially sexual violence, is a public health and human rights crisis of global proportions. Evidence now shows that the trauma and physical toll of such violence can result in severe health and developmental outcomes related to reproductive health, HIV infection, mental health, brain development and the immune system.⁴ The evidence also substantiates a tragic and vicious cycle; not only are girls significantly more vulnerable to sexual violence in many countries, but boys and girls who experience childhood violence are more likely to continue it into adulthood as either perpetrators or victims. Around the world, violence against women and children (VAWC) is fueled by gender inequality, social norms condoning violence, poverty and harmful traditional practices,⁵ and exacerbated by lack of high-level commitment and weak protection systems. The magnitude, human toll and societal cost of violence against women and children are increasingly acknowledged by the global community, which made ending all forms of violence against children and women fundamental components of the 2030 Sustainable Development Goals (SDGs).

Together for Girls (TfG) is a partnership among national governments, UN entities and private sector organizations working at the intersection of violence against women and violence against children, with special attention to ending sexual violence against girls.

Founded in 2009, TfG brings together influential actors across multiple sectors in a comprehensive and holistic approach to prevent and respond to violence as essential to promoting and achieving individual rights, well-being, gender equality and sustainable development. Under the TfG model, governments, with technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) and support from other in-country partners, like UNICEF, conduct a national household Violence Against Children Survey (VACS) and use the data to mobilize action through policies and programs that embed the issue across sectors and implementers. The TfG approach has been instrumental in elevating attention to VAC, and the particular risks of sexual violence faced by girls. To date, this powerful data-to-action model has been adopted by 22 countries in Africa, Asia, Eastern Europe and Central America. As a result, VAC data is now available and informing programming for over 10 percent of the world's population under 25 years old, and each country that has completed a VACS is implementing a range of actions targeted to prevent or respond to childhood violence. In addition, the partnership has furthered understanding of the impact of childhood violence on adult behavior and health in developing countries, expanded critical linkages between VAC and violence against women (VAW). As a result, TfG has made a significant contribution to the larger movement to end all forms of violence, including promoting the inclusion of violence prevention and response in the SDGs and supporting the establishment and ongoing work of The Global Partnership to End Violence Against Children.⁶ This coalition includes organizations from every sector and children themselves, with the intent of uniting their voices, actions and resources in a unique collaboration focused solely on ending all forms of violence against children everywhere.

The purpose of this report is to learn from the TfG experience at country level – to improve our work moving forward and to share these learnings with a broader global community of practitioners, advocates and decision-makers. Our hope is that it can inform the strategies of multiple stakeholders in Tanzania and also around the world.



⁴ Hillis S, Mercy J, Amobi A, et al. Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates *Pediatrics*. 2016;137(3):e20154079, <http://pediatrics.aappublications.org/content/early/2016/01/25/peds.2015-4079>.

⁵ These practices include early and forced marriage and female genital mutilation (FGM).

III. TANZANIA: THE CONTEXT

When considering country case studies to demonstrate the power of the TfG data-to-action partnership model, Tanzania serves as an important example. As the first country to complete the survey following the establishment of the TfG partnership, Tanzania was also the second country ever to carry out a VACS (following Eswatini) and the first to include both boys and girls.⁷ Tanzania was also the first place where a government-led multi-sector task force (MSTF) to oversee the work was introduced, a process that has been shown across multiple countries to be critically important to build capacity, ensure that the findings are used to inform comprehensive, multi-sector actions to address violence prevention and response programming, and leverage multi-donor funding. It is also the only country which, having implemented the first national action plan to address VAC, modified its approach for the second national plan and incorporated a response to VAW. Finally, the program reflects an emphasis on leadership and investments in people, not just at the highest levels of government, as in the earlier stages of the program, but also through the increased knowledge and capacity of government staff, professionals who interface with children and young adults across sectors, community influencers, and youth themselves – not just in the capital, but across the country.

“We would never let up for an epidemic, for malaria or measles, why should we let up for the epidemic of violence?”

Andy Brooks, Chief of Child Protection UNICEF Tanzania during VACS implementation

The 2009 VACS findings in Tanzania were alarming, and the findings propelled significant action and demonstrated the power of reliable data to highlight the extent of violence and to spur national accountability and action. Although many challenges remain in Tanzania and across the globe, there are valuable lessons to be learned from this experience. The urgency of this agenda was well-captured by Andy Brooks, who worked on child protection at UNICEF Tanzania during the VACS: “We would never let up for an epidemic for malaria or measles, why should we let up for the epidemic of violence?”⁸

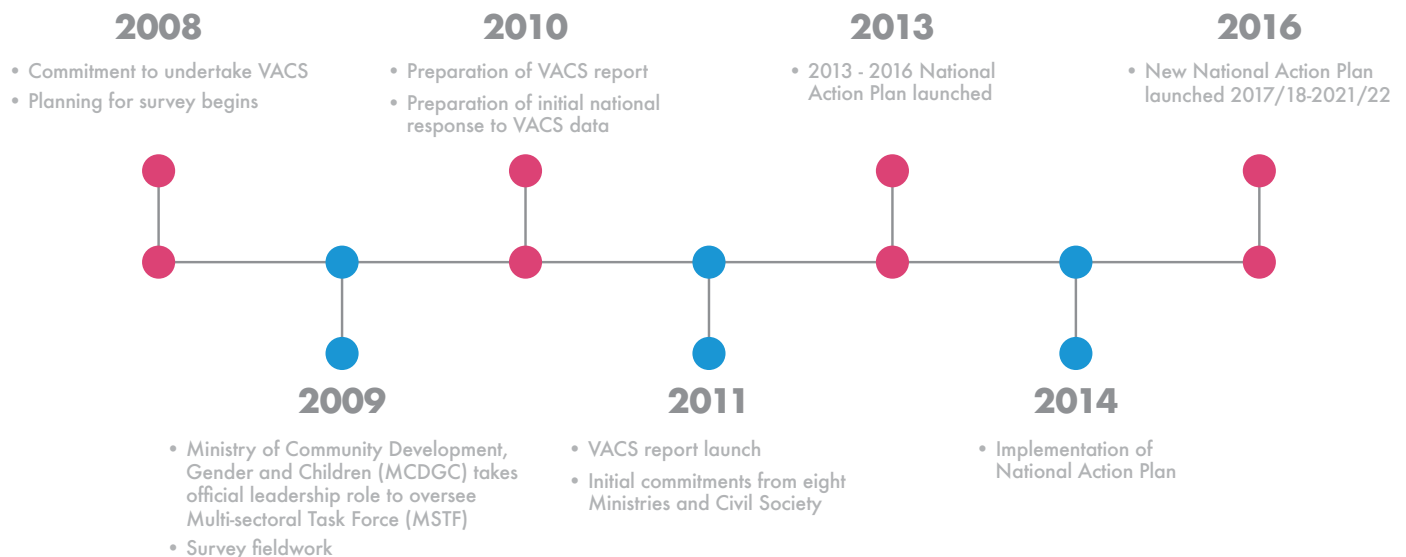
The work in Tanzania to date provides a framework that will enable continued focus on violence prevention and response, even in the face of shifting government and donor priorities and approaches, as is currently the case. The outcomes of these innovations had and continue to have a profound impact in Tanzania and beyond. In addition, Tanzania was one of the first countries to make a global commitment to becoming a Pathfinding Country within the Global Partnership to End Violence Against Children.

The Global Partnership continues to support Tanzania in its work on ending VAC, and the lessons learned to date will also be valuable to progress within the context of what it means to be a Pathfinding Country.

The work outlined in this case study was led first and foremost by the Government of Tanzania at national, district and community levels. UNICEF, CDC and USAID provided, and continue to provide, critical technical assistance, in collaboration with a wide range of Tanzanian and international civil society organizations. Funding for activities highlighted in this report came principally from PEPFAR, UNICEF and the Government of Canada, along with other bilateral donors, private foundations and the government of Tanzania at national and district levels. In addition, the Governments of Sweden and Norway have provided funding for the current National Action Plan to End Violence Against Women and Children.

Over the course of eight years, Tanzania made significant progress on responding to VAC. For the purposes of this case study, we have divided these into two parts (1) laying the groundwork and data collection, and (2) from data to action.

TANZANIA TIMELINE



⁶ The Global Partnership to End Violence Against Children created in 2015, is a coalition of governments, United Nations agencies, international non-governmental and civil society organizations, the private sector, academics and children dedicated to ending all forms of violence, exploitation and abuse against children.

⁷ Ewatini was the first country to complete a VACS but only interviewed girls.

⁸ TFG telephone interview with Andy Brooks, July 2, 2018.

IV. COLLECTING DATA AND LAYING THE FOUNDATION FOR ACTION

The roots of Tanzania's VACS date to the country's long-time commitment to advancing the well-being of women and children. As a response to the 2006 United Nations [Secretary-General's World Report on Violence against Children](#),⁹ which called on countries to prohibit all VAC by law and develop reliable national data collection systems, Tanzania committed to taking proactive steps to address the global pandemic of violence against children. Prior to the Tanzania VACS, there was a limited amount of national data on childhood violence, particularly on older adolescent girls, including the [WHO Multi-Country Study on Women's Health and Domestic Violence Against Women](#) as well as localized studies in Moshi, Dar es Salaam and a few other locations. A promising model was in Eswatini, which in 2007 completed the first VACS, through a partnership between the Government of Eswatini, CDC and UNICEF. Though this first VACS only interviewed girls, the findings, the approach and the partnership provided the foundation for the future. With the formalization of the TfG partnership, Tanzania, along with several other countries, decided to use this approach as an effort to strengthen the national child protection system as well as to better understand the impact of childhood violence on issues of great importance to Tanzania, including for example, HIV, early pregnancy and school participation.

“The government played the leading role, provided the vision and direction to reduce, and hopefully stop, violence, especially for girl children.”

Benedict Missani, Deputy Director, Department of Children, MCDGC

The Government of Tanzania, following discussions with UNICEF and CDC, made the decision to move forward and began the planning process for the VACS in mid-2008. A critical step in this process was the identification of a lead ministry, to create a national Multi-Sectoral Task Force (MSTF) to ensure country leadership and oversight of the entire VACS process. The (then) Ministry of Community Development, Gender and Children (MCDGC)¹⁰ served as the convener and coordinator of the MSTF, with support from UNICEF, bringing together multiple government ministries and departments,¹¹ civil society, academia, UN agencies, USAID and CDC Tanzania. According to Benedict Missani, who was the deputy director of the Department of Children during the VACS, the high-level government buy-in was critical.

With the MSTF [established](#), a research team from CDC headquarters in Atlanta arrived in Tanzania to discuss and prepare the detailed work plan of the study.

Throughout the planning phase, MSTF members were involved in reviewing work plans, budgets, questionnaires and protocols for research ethics. The Muhimbili University for Health and Allied Science (MUHAS), the country's principle school of medicine and public health, was selected as the local research partner and main implementer of the study. By October 2009, a team of CDC¹² and MUHAS researchers jointly trained the Tanzanian team leads and interviewers, and PEPFAR provided funding. One month later, a nationally representative sample of 3,739 children and young people ages 13-24 were interviewed by the teams, with data collection finalized by the end of 2009.¹³

The VACS asked about their overall experiences of violence and measured the magnitude of violence against boys and girls before age 18 as well as the protective and risk factors for violence in childhood. The survey identified health and social consequences associated with violence, and the social, legal and health services available to children who experienced sexual violence. The goal was to provide data to the government that they could use to guide advocacy, policies and programs to protect children from violence.¹⁴

ETHICAL AND GENDER CONSIDERATIONS

Same-sex interviewers were recruited and trained to ensure that boys could be interviewed by men, and girls by women. Only girls or boys were interviewed in each site, to reduce risk of interviewing both the survivor and the perpetrator of the same incident. Ahead of the survey, providers for support services were identified for those who disclosed experiencing violence. Due to the sparse availability of post-violence care providers, a hotline was established and a cadre of social workers was made available from the national level to link to data collection locations. For some respondents, this meant that disclosing violence during the survey was also the first time they were able access care. These ethical practices, building off WHO and UNICEF guidance, have become a standard of the VACS process across countries.

⁹ https://www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf, p. 32.

¹⁰ This ministry merged with the Ministry of Health and is now the Ministry of Health, Community, Gender, Elderly and Children.

¹¹ The members of the Multi-Sector Task Force were: Ministry of Community Development, Gender and Children; Ministry of Health and Social Welfare; Ministry of Education and Vocational Training; Ministry of Constitutional and Legal Affairs; Ministry of Home Affairs; The Tanzania Police Force; The Prime Minister's Office/Regional Administration and Local Government; National Bureau of Statistics; Tanzania Commission for AIDS; Legal and Human Rights Centre; Commission for Human Rights and Good Governance; Muhimbili University of Health and Allied Sciences; World Health Organization; UNFPA; UN Women; UNAIDS; UNICEF; International Organization for Migration; USAID; CDC; PACT; Save the Children.

¹² In interviews with the CDC team, they stressed that the methodology of the VACS was strong and that the protocol, based on WHO guidance, was very clear on ethics, which included a prioritization on training for the investigators. It is also important to note that the VACS built on the 2005 WHO Multi-country Study on Women's Health and Domestic Violence against Women, which showed that gender-based violence was a major problem around the world, including in Tanzania. See: <http://www.who.int/reproductivehealth/publications/violence/24159358X/en/>.

¹³ After consultation with the MSTF, the VACS was designed to include separate samples for Zanzibar and mainland Tanzania.

¹⁴ United Republic of Tanzania, "Multi-Sector National Plan of Action to Prevent and Respond to Violence against Children: July 2013-June 2016," p.10.

Results from the survey shocked the country: Rates of sexual violence were strikingly high, with almost 3 out of 10 females and 1 in 7 males experiencing some form of sexual violence before age 18, and over half of girls and boys experiencing physical violence.¹⁵ A separate VACS, conducted in Zanzibar, found higher reported sexual violence against boys (9 percent) than girls (6 percent).¹⁶ Analysis of the [Zanzibar VACS](#) demonstrated the importance of geographically localized data to reveal patterns. Taken together, the VACS results put the multiple and acute risks that children faced in Tanzania in stark relief and helped propel the government to adopt a coordinated and multi-sectoral approach.

Findings from the Tanzania VACS

Percentage of **females** and **males** who experienced sexual or physical violence prior to age 18

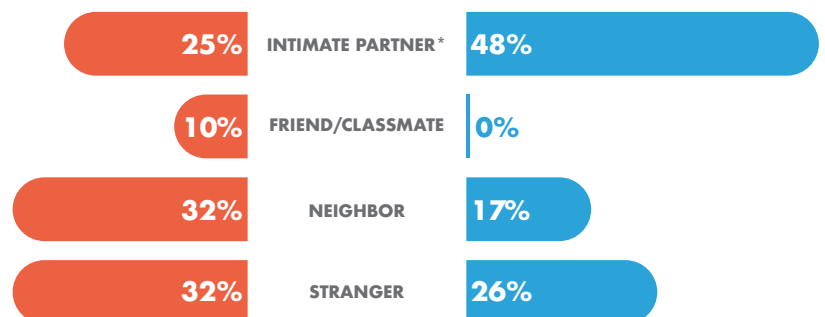


31%[^] of girls who experienced physically forced or coerced sex before age 18 became pregnant

All data among 18-24 year-olds

Perpetrators of sexual violence are often someone known to the child or adolescent

Most common perpetrators of first incident of sexual violence as reported by **females** and **males** who experienced sexual violence prior to age 18



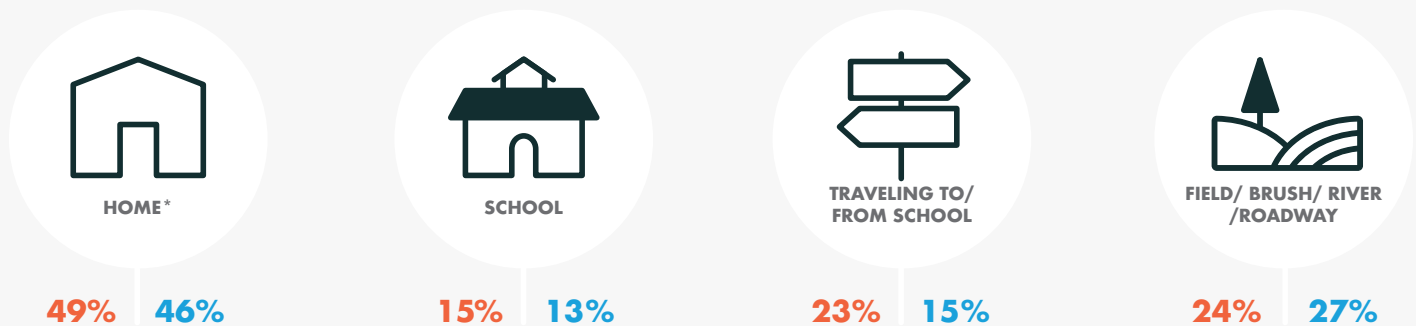
*Intimate partner is defined as spouse, boyfriend, girlfriend or romantic partner

Sexual violence is linked to negative health outcomes



Sexual violence often occurs in familiar locations

Location of first incident of sexual violence experienced by **females** and **males** prior to age 18, as reported by 13-24 year-olds who experienced childhood sexual violence.



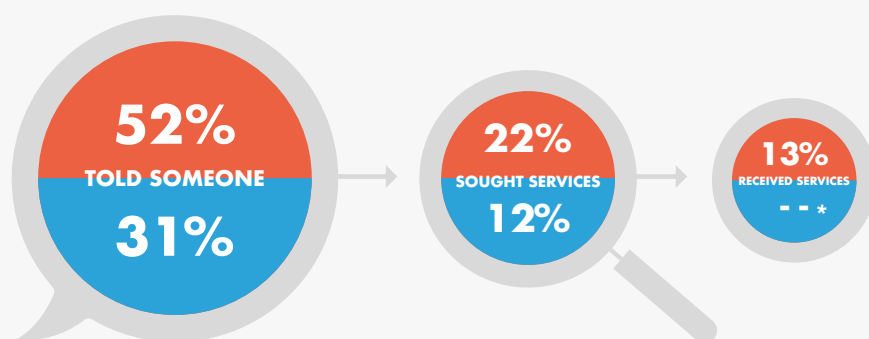
*Respondent's and/or perpetrator's home

¹⁵ UNICEF Tanzania, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences, "Violence against Children in Tanzania: Findings from a National Survey, 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood," Dar es Salaam, Tanzania, 2011, p. 1, https://www.unicef.org/media/files/VIOLENCE_AGAINST_CHILDREN_IN_TANZANIA_REPORT.pdf.

¹⁶ United Republic of Tanzania, CDC, Unicef, "Violence against Children in Tanzania," https://www.unicef.org/media/files/VIOLENCE_AGAINST_CHILDREN_IN_TANZANIA_REPORT.pdf.

Girls and boys who experience sexual violence are not getting the support and services they need

Females and males who told someone, sought and/or received services for sexual violence, among those who experienced sexual violence prior to age 18



* Too few survey responses

A pioneering feature of the Tanzania VACS was the leadership of the MSTF, whose membership went beyond the ministry that traditionally focused on child protection to include sectors such as health, HIV/AIDS, education, police, judiciary and local government. Civil society and some donors were also included. The MCDGC chaired the MSTF and convened the monthly meetings, while UNICEF provided substantial technical, administrative and logistical support.¹⁷ While this approach required considerable investment of time and resources from the government and development partners, the results had a large impact. For most of the MSTF members, this was the first time that they considered child protection matters, including violence against children, as cross-cutting issues for which they had unique responsibilities.¹⁸ Their participation in oversight of the lengthy and complex process of developing and implementing the VACS ultimately helped build their understanding and capacity on VAC issues. Thus, when the data became available, a committed and knowledgeable cadre across ministries stood ready and equipped to advocate for the issues and carry the work forward.

“It was a real eye opener for high-level decision makers at the national level. Speaking about sexual violence was taboo; this brought it to the forefront.”

Anna Maembe, former Deputy Permanent Secretary, MCDGC

Numerous observers also stressed that, before the VACS, there was virtually no focus on violence against boys, and that the results raised critical issues of gendered vulnerability to violence – including how girls were far more vulnerable to sexual violence and boys were more vulnerable to physical violence. Nearly one-third of girls – 29.1 percent – and 17.5 percent of boys reported that their first sexual experience was forced or coerced, and nearly 4 in 10 girls who had experienced violence reported that the perpetrator was 10 years older, while the majority of boys reported that the perpetrator was their own age. However, the Zanzibar results showed a significantly higher percentage of boys reporting sexual violence than girls, indicating differences in how gender and sexual violence are manifested in different cultures.¹⁹ The impact of these gender-related data was emphasized by Dr. Samuel Likindikoki, a lecturer and psychiatrist at MUHAS: “It became a national reference point and showed how big the problem is...Though we knew girls were suffering, the VACS showed the typology.”²⁰

“It became a national reference point, and showed how big the problem is. . . Though we knew girls were suffering, the VACS showed the typology.”

Dr. Samuel Likindikoki, lecturer and psychiatrist at MUHAS

V. FROM DATA TO ACTION

In a powerful and unprecedented display of government commitment to addressing VAC as an urgent priority, in August 2011, the government of Tanzania publicly launched the VACS findings at a high-level event where eight ministers across key sectors²¹ made commitments to address the issues raised by survey findings. They were joined on the podium by civil society leaders from the Tanzania Child Rights Forum (TCRF), a network of national community-based organizations (CBOs) who also announced their priority commitments to address the VACS.

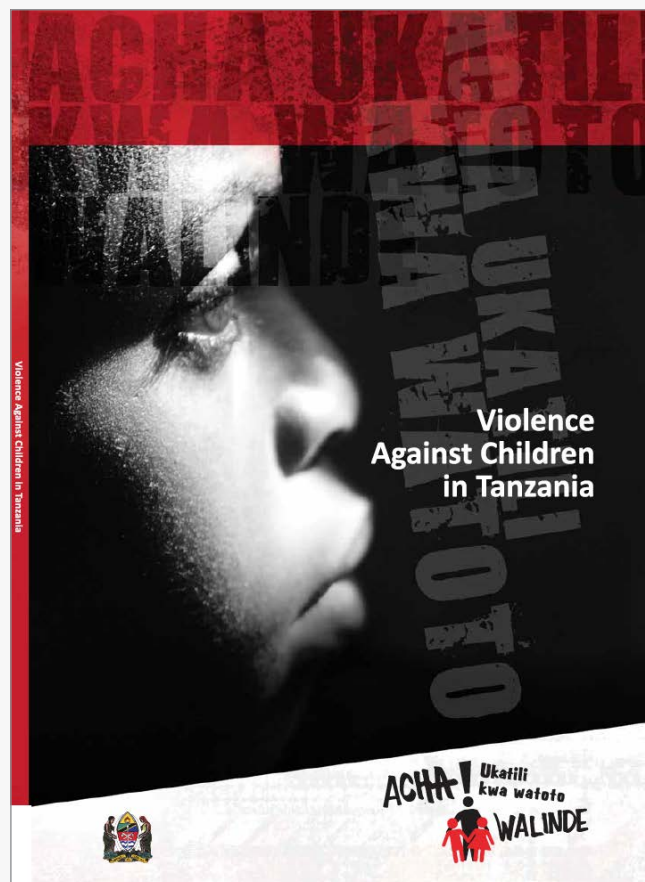
¹⁷ As the VACS transitioned from the research process, a UNICEF child protection focal point supported the MCDGC and MSTF in planning and implementing long-term policy and program responses to the survey findings. This included coordinating and facilitating workshops and discussions with the different MSTF members to develop the “priority responses” and subsequently develop the one-year, then three-year national plan of action.

¹⁸ Kathryn Leslie, internal Unicef memo, “Violence against Children in Tanzania: From Research to Action.”

¹⁹ TFG telephone interview with Katherine Brookmeyer (CDC), June 27, 2018.

²⁰ TFG interview with Samuel Likindikoki, Dar es Salaam, Tanzania, July 12, 2018.

²¹ Ministry of Home Affairs (the Police); Ministry of Constitutional and Legal Affairs; Ministry of Education and Vocational Training; Ministry of Health and Social Welfare; Tanzania Commission for HIV and AIDS; Prime Minister’s Office - Regional Affairs and Local Government (PMO-RALG); and the convening Ministry of Community Development, Gender and Children.



The importance of this event cannot be overstated; it signified a bold expression of the government's willingness to publish sensitive and difficult information and to publicly commit itself to respond. The comprehensive report titled, "[Working Together to Stop Violence Against Children: Priority Responses](#),"²² provided a set of specific actions across government agencies and civil society to respond to the findings. The high-profile event attracted significant domestic media attention and was a milestone in the VACS process, laying the foundation of political will necessary to design and implement a national response.

²² <http://www.togetherforgirls.org/wp-content/uploads/2017/10/tanzania-country-action-statements-aug-2011.pdf>

²³ TFG interview in Dar es Salaam, Tanzania, July 11, 2018.

²⁴ UNICEF funded the development of the plan and helped coordinate the process.

²⁵ In addition to the NPA VAC, other national plans and strategies were developed based on the VACS evidence, including the National Costed Plan of Action for Vulnerable Children – NCPA II, the Child Justice Strategy, and the National Action Plan to End Child Labour.

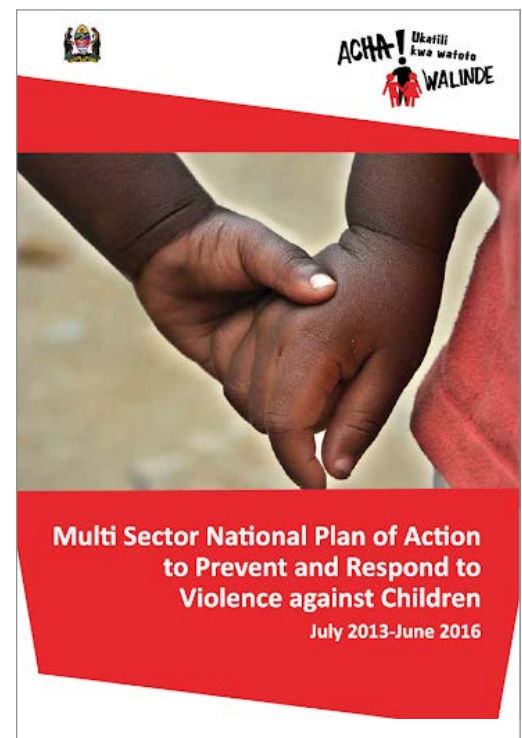
The VACS data guided different sectors in their development of specific action-oriented strategies based on the Priority Responses. This underscored the need to build referral pathways between and among these sectors, including health, HIV, justice, social welfare, the police and communities; and to integrate gender considerations throughout. According to Pedro Guerra, a child protection specialist for UNICEF Tanzania, “The steps are there and VACS created momentum. The government didn’t hide from the bad news, but created a culture to address it.”²³

FIRST-EVER NATIONAL PLAN OF ACTION TO PREVENT AND RESPOND TO VIOLENCE AGAINST CHILDREN

Tanzania used the VACS results and the Priority Responses’ sectoral commitments to propel national action on policies, plans and programs and developed an initial one-year plan (2012-13) that served as a bridge while they put together a longer-term plan. This resulted in the launch of a costed, three-year Multi Sector National Plan of Action to Prevent and Respond to Violence against Children (2013-2016), known as the NPA VAC.²⁴ The first of its kind, this plan set Tanzania on a course to build an integrated, multi-sectoral child protection system with the mandate and capacity to prevent and respond to violence against children.²⁵

The NPA VAC explicitly recognized that no single sector could comprehensively prevent and respond to VAC and included a detailed three-year activity plan by sector with outcomes, indicators, budgets, activities, the responsible implementing agencies and a comprehensive monitoring and evaluation (M&E) framework.²⁶ Some selected examples of specific ministries and stakeholders included:

- **Community Development, Gender and Children:** Promote awareness of VAC in the community, including coordinating implementation and awareness of the 2009 Law of the Child Act; develop and launch a functional Child Hotline.
- **Social Welfare:** Set the regulatory framework and coordinate and strengthen the child protection system, including the cadre of social workers as evidenced by the number of Social Welfare Officers and assistants recruited and deployed in the Local Government Authorities (LGAs).
- **Health:** Ensure appropriate health, trauma and psychosocial services provided to children exposed to all forms of violence, abuse and exploitation. Indicators included the percentage of cases who received appropriate care and the percentage of facilities with at least one service provider trained on management of GBV and VAC.



- **Constitutional and Legal Affairs:** Strengthen access to justice in cases of violence, by expanding child-friendly courts and the percentage of magistrates with a certificate in child rights/child law.
- **Police:** Ensure that child victims of violence receive justice in a sensitive manner that avoids revictimization as evidenced by the number of police stations with Police Gender and Children’s Desks (PGCDs), with an increase in the number of police who have been specially trained.
- **Education:** Create safer schools, including revising the national Code of Conduct for the Professional Ethics of Teachers and developing Child Protection Guidelines for Schools.
- **Prime Minister’s Office - Regional Affairs and Local Government (PMO-RALG):** Ensure all LGAs deploy Social Welfare Officers and make budget commitments for child protection through District Medium Term Expenditure Frameworks.
- **Civil Society:** Work with communities to strengthen protective factors and to reduce societal acceptance of violence. Specifically, for example, the Inter-Religious Council of Peace Tanzania included an indicator on the number of key religious community stakeholders reached with knowledge and skills to address VAC issues.

In addition to these examples, the framework of the NPA VAC included the development of guidelines and standard operating procedures for the social welfare, police, education and justice actors, including guidelines for PGCDs and One Stop Centers (OSCs) as well as training and implementation plans.

The NPA VAC also served as a critical foundation to catalyze government and donor funding. Importantly, the Government of Tanzania developed budget guidelines for local government authorities, which were required to contribute their own funds for child protection.²⁷ Corresponding activity budget lines are now included in the LGA planning tool (Plan Rep) of the President’s Office, Regional and Local Government (PO-RALG), which coordinates implementation through the LGAs. The budget guidelines of the Ministry of Finance and Planning include guidance to Regional Secretariats and LGAs to budget for the implementation of the NPA VAWC.

The TfG partnership also used the NPA VAC to propel greater investments from donors. In 2010, for example, PEPFAR selected Tanzania as one of three countries for its GBV initiative with a focus on

²⁶ To gain buy-in from the other ministries, the MSTF asked the permanent secretary at each ministry to select a senior officer to act as a focal point for the NPA VAC and to supervise the budget process. These focal points worked and planned together and shared information with their respective ministries. This created links between high-ranking staff at the ministries, facilitated coordination between and among ministries, and helped to sustain the process.

²⁷ Unicef supports 19 Local Government Authorities in 14 districts to further this effort.

²⁸ The PEPFAR GBV initiative was a three-year project, using the opportunity presented by women, men and children seeking HIV testing, care and treatment through PEPFAR platforms to provide comprehensive services for survivors of GBV and to strengthen community-based responses and referral networks.

²⁹ National Plan of Action to End Violence Against Women and Children in Tanzania, 2017/18-2021/22, http://www.mcdgc.go.tz/data/NPA_VAWC.pdf. Under the NPA VAWC, the Prime Minister’s office convenes the MSTF, and is responsible for coordinating the plan, since it has the power to oversee and convene other ministries. The secretariat is the Community Development office of the Ministry of Health, Community, Gender, Elderly and Children. It includes the 13 ministries (health, education, local government, water, finance, etc.). Zanzibar produced a separate NPA VAWC.

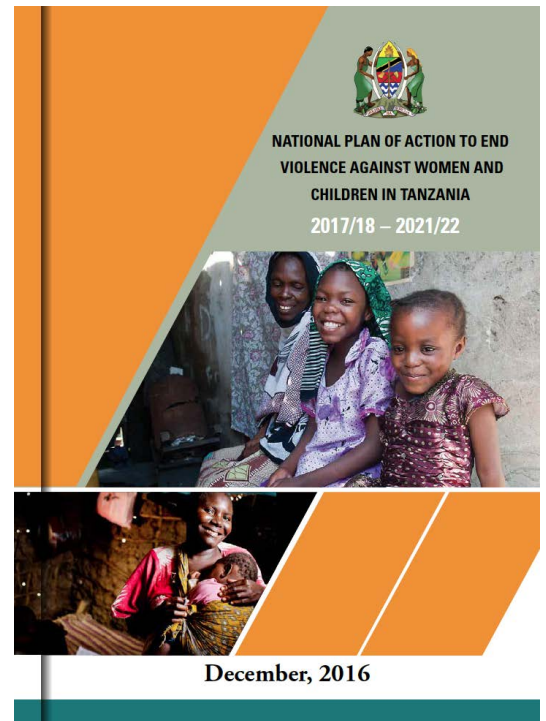
scaling up OSCs.²⁸ Tanzania was chosen largely because the country had both a VACS and a Demographic and Health Survey (DHS) that brought forward data on VAWC, demonstrating the linkage between violence and HIV/AIDS. The Government of Canada also made significant investments as did the European Union and private foundations, among others.

NATIONAL ACTION PLAN EXPANDED TO INCLUDE VIOLENCE AGAINST WOMEN

Though there was considerable progress under the NPA VAC, the fact that there were two separate Government of Tanzania national plans on violence – one addressing VAC and one focused on VAW – was problematic. The logic of bringing VAC and VAW together was clearly expressed by multiple stakeholders in Tanzania, who stressed that the mother and the child should not be separated, and at the local level, survivors report abuse to the same focal points and services, regardless of separate national frameworks.

As such, in the next phase of its strategy to end violence, Tanzania made a significant and concerted effort to integrate violence against women and children. In 2016, Tanzania launched the National Plan of Action to End Violence against Women and Children (NPA VAWC) 2017/18-2021/22.²⁹ The plan sets out ambitious targets: to eliminate violence against women and children by 50 percent by 2021/22.³⁰

The new plan, combining VAC and VAW, is the first of its kind in Africa and frames violence against women and children as a central public health and development issue. The NPA VAWC states that “violence is cyclical and that addressing violence in childhood will also reduce violence against women.”³¹ The plan also links VAC and VAW to the country’s economic prospects, both in terms of the cost of violence to the economy and the impact on the workforce, especially relative to economic opportunities for women. Of note, the new plan emphasizes both prevention and response to violence, whereas the NPA VAC focused more on response. The NPA VAWC states that this more comprehensive approach is necessary because separating services for women and children is “unaffordable and inefficient.”³²



³⁰ Other indicators include: increasing women accessing financial services from 51.2% to 65%; reducing children living on the street by half; increasing the proportion of VAW survivors who reported within 72 hours of violence from 30% to 60%; reducing sexual violence from 17.2% to 8%; reducing teenage pregnancies from 27% to 5%; reducing child marriages from 47% to 10%; increasing VAW cases convicted from 8% to 50%; increasing VAC cases convicted from 7% to 50%; roll out Police Gender and Children’s Desks from 417 to 600; reduce school dropout due to pregnancy by half. See: VAWC p. 11.

³¹ NPA VAWC, p ix.

³² NPA VAWC, p. 7.

DATA ON VIOLENCE AGAINST WOMEN IN TANZANIA

The NPA VAWC cites the 2010 Tanzania Demographic and Health Survey (DHS), which showed that almost 4 in 10 women have experienced physical violence and 1 in 5 women experienced sexual violence; 44 percent of married women experienced spousal abuse, both physical and sexual. The plan bolsters these stark data with economic arguments showing that the high cost of “containing” violence in Tanzania is estimated at \$6.5 billion, or 7 percent of the country’s GDP, which far exceeds the cost of preventing violence. Moreover, the effects of VAW could undermine Tanzania’s aspirations to become a middle-income country by 2025, which will require preventing violence against women and children both to increase workforce performance and to expand opportunities for women to participate in the workforce.

2010 Tanzania DHS. <https://www.dhsprogram.com/publications/publication-FR243-DHS-Final-Reports.cfm>

The NPA VAWC is organized into eight thematic areas, based on the INSPIRE package, developed in partnership with WHO, TfG and others, which identifies seven evidence-based strategies to prevent and respond to VAC,³³ along with an eighth strategy focused on coordination. Unlike the NPA VAC, where actions were based on specific commitments, the new plan is organized thematically, without naming each sector or government agency’s responsibilities, although the lead and collaborating agencies are described in the costing documents and operational tools. This has caused some ministries to struggle to develop their strategies, particularly for ministries that generally do not have child protection or gender specialists. The Thematic Working groups under each thematic area are helping to coordinate the efforts of the different stakeholders from government, UN agencies and civil society.

Merging VAC and VAW without losing focus on either women or children can present challenges; however, it can also help highlight gaps. For example, Tanzania’s child protection system has more established infrastructure and reporting systems than the women’s protection system, underscoring the need to strengthen this system. This is now being addressed, including through the development of case management standards for women who have experienced gender-based violence.

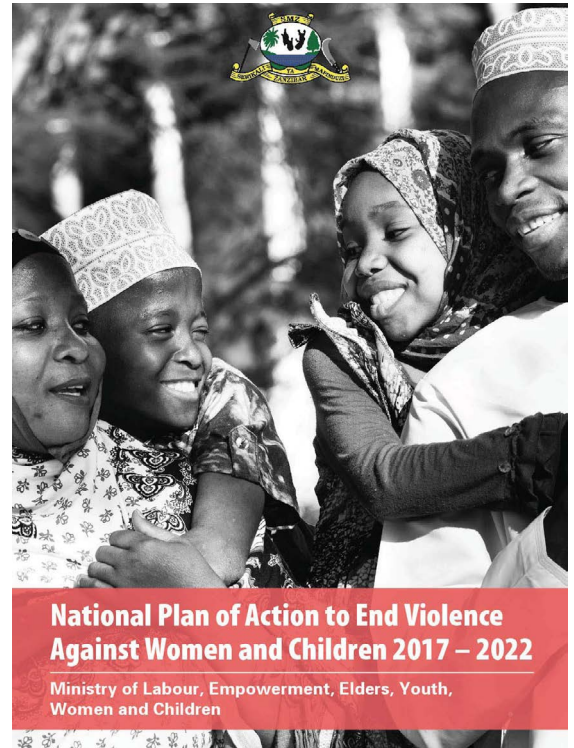
³³ WHO, “INSPIRE: Seven Strategies to End Violence Against Children,” 2016, <http://apps.who.int/iris/bitstream/handle/10665/207717/9789241565356-eng.pdf;jsessionid=D0FA8F31F679032EA9556A1F56C649B7?sequence=1>. The strategies are: implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support services; and education and life skills.

³⁴ NPA VAC, p. 19.

³⁵ The United Republic of Tanzania, Ministry of Health and Social Welfare, “National Management Guidelines for the Health Sector Response to and Prevention of Gender-Based Violence (GBV), September 2011, http://www.healthpolicyinitiative.com/Publications/Documents/1466_1_MANAGEMENT_GDLINES_TO_MOHSW_SEPT_FINAL_acc.pdf.

VI. IMPACT OF TANZANIA LEADERSHIP AND RESPONSE

The TfG model in Tanzania has shown the value and necessity of a multi-sectoral approach, based on solid data, to prevent and respond to VAC. The efforts in Tanzania have led to far greater awareness of the extent of violence, including sexual violence against girls, and the actions undertaken to date have benefited children and families and are laying the foundation for a sustainable systems approach to violence prevention and response. Though a comprehensive evaluation of achievements under the NPA VAC has not been undertaken, significant progress has been made, as evidenced by work-plan tracking. Examples of concrete accomplishments include the national expansion of multi-sectoral child protection teams at the district level; pre-service training for police, social workers and health care providers; in-service trainings for over 6,000 frontline workers; and the establishment of a national hotline to report cases of violence. Given the particular relevance of the social welfare, education, health (including HIV/AIDS) and justice sectors to the national response to VAC, it is instructive to examine some of their key actions and promising programs resulting from the national plans.



THE HEALTH SECTOR RESPONSE: VAW, VAC AND POST-RAPE CARE

The health sector is the frontline provider to treat injuries or infections related to abuse and to provide post-rape care, including testing and treatment for HIV, sexually transmitted infections (STIs) and unintended pregnancies, as well as to ensure referrals for services with the legal and social welfare systems. The Tanzanian government identified critical health services in cases of violence: emergency care for injuries; STI treatment; access to post-exposure prophylaxis (PEP), a short course of antiretroviral medications to prevent HIV infection; emergency contraception (EC) to protect against unintended pregnancies; collection of forensic evidence for legal action; and psycho-social care.³⁴

Tanzania developed national GBV guidelines for the health sector to integrate GBV into medical service provision, management of forensic evidence, linkages between the communities and facilities, and referrals to other relevant sectors.³⁵

The objective of the guidelines is to establish high-quality and comprehensive services and referrals for survivors of all ages, including children, and medical management of abuse for adults and children. An estimated 15 regions in Tanzania have conducted training on GBV care, support, treatment, forensic/legal and data collection.³⁶ In 2016, the (then) Ministry of Health's One Plan II included a section on GBV/VAC, with goals to strengthen and expand coverage for GBV and VAC as part of reproductive, maternal, newborn and adolescent health, and to increase the number of health facilities that provide integrated services.³⁷

INTEGRATED GBV SERVICES

The USAID-funded Boresha Afya North/Central and Southern Zone Program focuses on improving the availability, quality and utilization of integrated post-GBV services for girls and boys as well as adults in 11 regions of Tanzania. This includes: strengthening the policy environment; training healthcare workers on post-GBV/VAC clinical care (including PEP, EC and psychosocial care); strengthening bi-directional referral networks for survivors; integrating GBV screening into family planning outreach; documenting and reporting of GBV cases; increasing access at the community level; and reaching girls with SRH and rights and GBV information through schools. In the North/Central zone between April 2017 and March 2018, the project reported that 343 providers from 185 facilities were trained in comprehensive and integrated post-GBV clinical management, resulting in 15,329 clients (10,967 females) receiving integrated services. GBV screening was integrated in all family planning delivery points, and bi-directional referral and linkage for GBV survivors has been strengthened. In the Southern Zone, the project reported the following results: trained 650 health care providers on comprehensive post-GBV/VAC clinical care and youth-friendly services; focused on prevention at the community level; trained 200 community mentors in addressing harmful gender norms and integrating GBV into family planning outreach; promoted male involvement; and raised community awareness about GBV and VAC. The program reached 2,812 females and 714 males with post-GBV care, and 20,470 people (11,642 females and 8,828 males) with messages about inequitable gender norms, male involvement and post-GBV services.³⁸

³⁶ United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, "National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health in Tanzania (2016-2020), One Plan II, May 2016, p. 22.

³⁷ United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, "National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health in Tanzania (2016-2020), One Plan II, May 2016.

³⁸ Presentation by Deloitte, EngenderHealth, and Elizabeth Glaser Pediatric AIDS Foundation to TfG in Dar es Salaam, "Gender and Youth Focused Care," July 10, 2018.

HIV/AIDS AND VIOLENCE

As a country with a high HIV burden, GBV is both a cause and a consequence of HIV infection in Tanzania. The VACS showed that children who had experienced violence before the age of 18 often engaged in behavior that increased their risk of HIV, including multiple sexual partners, infrequent condom use and exploitative/transactional sex. Moreover, the high rates of sexual violence against girls contribute to the fact that HIV prevalence in Tanzania among young women is more than double that of men their age.³⁹

By opening the space for greater focus on violence as an HIV risk factor, the VACS data helped inform the HIV response in Tanzania, including from the Tanzanian AIDS Commission (TACAIDS) and from PEPFAR. Dr. Fatima Mishro, the Director of TACAIDS at the time, directly credits the VACS with establishing the link between VAC and HIV/AIDS in Tanzania and highlighting prevention as a core activity. Though PEPFAR had long recognized the intersection between GBV and HIV, it deepened its engagement through a three-country GBV initiative launched in 2010, which included Tanzania partially due to the new work taking place through TfG. Building on the VACS data and this GBV initiative, Tanzania subsequently became a PEPFAR DREAMS⁴⁰ country in 2014. Reducing and responding to violence is an explicit element of the DREAMS program in Tanzania, including post-violence care and school-based HIV and violence prevention.⁴¹



³⁹ Tanzania HIV Impact Survey 2016-2017, December 2017, https://phia.icap.columbia.edu/wp-content/uploads/2017/11/Tanzania_SummarySheet_A4.English.v19.pdf

⁴⁰ DREAMS – Determined, Resilient, Empowered, AIDS-free Mentored, and Safe – was launched by PEPFAR in 2014 as a public-private partnership to reduce HIV incidence in adolescent girls and young women in 10 high burden countries. See: <https://www.pepfar.gov/partnerships/ppp/dreams/>. Over \$800 million in additional funding has been distributed to DREAMS countries, making it one of the most significant global programs ever to focus on adolescent girls and young women.

⁴¹ PEPFAR, “Tanzania: DREAMS Overview,” <https://www.pepfar.gov/documents/organization/253960.pdf>

THE EDUCATIONAL SYSTEM AND VAC

The education system has a fundamental role to play in the child protection system, focused on keeping children safe, empowering them to speak about and report violence, and breaking the patterns of violence in communities. Despite the protective effect of being in school, the VACS found that going to school can be dangerous for children, especially girls, who are often sexually abused on their way to and from school, or at the school itself by teachers. The VACS identified schools as the second most likely place, after someone's house, where children experience sexual violence.⁴² Harsh discipline through corporal punishment in schools also figured prominently in the VACS data, and there was a commitment to reexamine this policy at the launch by the Minister of Education. Safe schools and life skills are therefore priority areas for child protection and figure as one of the thematic areas of both the original VAC NPA as well as the NPA VAWC. The plan focuses largely on prevention and awareness raising, employing strategies such as enhancing teachers' skills in positive discipline, developing referral systems in cases of abuse and establishing children's clubs. During the implementation of the NPA VAC, the educational system introduced child protection guidelines for schools, provided wide-scale training for teachers on the code of conduct, and adopted a framework to pursue legal and disciplinary measures against teachers accused of abusing children. Some schools are also working to establish violence-free desks where children can report cases of abuse,⁴³ and, with UNICEF support, some schools have introduced "Happy and Sad Boxes," where children can anonymously report cases and concerns. Guidance and counseling teachers can also refer VAC cases to a social welfare officer, assuming there are trained officers available. Schools are no longer supposed to simply reassign teachers in cases of VAC, which has often been the case in the past.⁴⁴ The government is also building some dormitories for secondary school girls, aimed at reducing travel to school and the risks of violence en route.

While a great deal of progress has been made, physical violence against children at schools remains widespread. Corporal punishment in schools remains legal although new protocols have been put in place, and teachers have benefited from training in alternative forms of discipline.⁴⁵ However, corporal punishment is often still conducted in ways that even exceed the scope of the law.⁴⁶ Frequent rotation of teachers, especially the guidance and counseling trained teachers, poses a challenge for the continuity of prevention of violence activities.

⁴² the Unicef, CDC, Muhimbili University of Health and Applied Sciences, "Violence Against Children in Tanzania," https://www.unicef.org/media/files/VIOLENCE_AGAINST_CHILDREN_IN_TANZANIA_REPORT.pdf; United Republic of Tanzania, "Multi-sector National Plan of Action to Prevent and Respond to Violence Against Children," p. 24.

⁴³ Representatives of the President's Office of Regional and Local Government (PO-RALG, or "Tamisemi" in Swahili) reported that they sent a letter in Nov. 2017 to all regions and local government authorities (LGAs) calling for them to establish gender desks at every school. Interview in Dodoma, Tanzania, July 16, 2018.

⁴⁴ Many observers noted that these cases of violence against children in schools are often hard to prove, and the parents are often paid off to end the case.

⁴⁵ According to Tanzanian regulations, caning in school has to be approved by the headmaster, and only four strokes are allowed; girls are only supposed to be punished by female teachers.

⁴⁶ Videos have been posted online showing children being beaten badly in school.

SCHOOL-BASED CLUBS TEACH VIOLENCE AWARENESS AND PREVENTION

School-based clubs have helped to provide safe spaces for children to learn about how to protect themselves from violence. For example, UNICEF, World Vision and other implementing partners have supported “Tuseme” clubs, which means “Let’s speak out” in Swahili, where children learn about their rights and gender inequality, how to advocate for themselves and where to report violence. By 2017, a total of 415 Tuseme clubs had been trained in child protection.⁴⁷

In districts where the PEPFAR DREAMS program is implemented, some schools also have DREAMS clubs for 10-14-year-old girls. These clubs focus on teaching girls how to protect themselves from violence and HIV.

BUILDING AN INTEGRATED PROTECTION AND RESPONSE SYSTEM IN COMMUNITIES

Protection Committees

Protection committees in Tanzania are an important mechanism to strengthen the multi-sectoral protection and response system. Such teams have been established at many district, ward and village levels, involving representatives from local government, relevant sectors (including social welfare, health, police, education and justice) and civil society. The goal of these teams is to create coordination between key actors and sectors to ensure that both children and adults at risk, and survivors of abuse, are dealt with swiftly and are referred to the appropriate authorities at the local level. In July 2018, the government reported that 89 out of 185 districts had such protection teams.⁴⁸ Where they are operating, the teams are improving coordination and increasing referrals for cases of violence, helping to bring the health and education system, community development officers, social workers and the police into a more comprehensive service network, although capacity to address violence against women is still limited. Coordination at the national level is organized through the Technical Working Groups under the eight thematic areas of the NPA VAWC. They report to the National Technical Protection Committee, consisting of directors of the various line ministries, UN and civil society organizations. Ultimately, the NPA VAWC is coordinated by the Prime Minister’s Office, and the Permanent Secretary of that office chairs the highest level coordination meeting, the National Steering Committee of the NPA VAWC.⁴⁹

⁴⁷ UNICEF and Together for Girls. *Final Report to the Government of Canada. September 2017.*

⁴⁸ *With the new NPA VAWC, these teams have broadened to become women and child protection teams as a way to reduce duplication of services, since separate committees often existed for GBV and Most Vulnerable Children (MVC), but the same members often sat on all committees, and survivors were reporting to the same providers.*

⁴⁹ *National Guidelines for the NPA VAWC were finalized at the end of 2017.*

Police Gender and Children Desks (PGCD)

To provide a more integrated response and to reduce the barriers to reporting VAC and VAW cases, the Tanzania Police Force (TPF) established Police Gender and Children Desks (PGCD) in major police stations around the country. The TPF has been going through a process of reform since 2006, when they recognized that the environment in police stations and the attitudes of police were discouraging survivors of violence from reporting. The TPF established PGCDs staffed with specially trained police and social welfare personnel, with the aim of creating a safe place for survivors to seek assistance and support. Following the VACS, the mandate of the desks was expanded to include children. The PGCDs are a critical link in the child protection system at the district level. PGCDs were a key component of the NPA VAC, with over 400 desks established. Further expansion is included in the NPA VAWC, which calls for increasing PGCDs in all police stations around the country to 600.⁵⁰ By most accounts, the desks have increased the reporting of violence in communities. Staffed by both police officers and social welfare officers, they have reinforced the working relationship between the police and social welfare, creating closer collaboration and consultation on case management. The PGCDs also enjoy strong community support, with reports that the police are often able to raise funds locally to establish and continue them. However, the quality of these desks is variable, and ongoing support of technical partners is needed.

One Stop Centers (OSCs)

The OSCs provide integrated medical, legal and welfare services, including counseling services to support survivors of violence, either on site or through referrals. The NPA VAWC has a goal of expanding the number of OSCs from the current 10 (eight of which were initiated under the NPA VAC) to 26, with the support of the government and international non-governmental organizations (NGOs).

These services are designed to be more client-friendly and to help survivors navigate the reporting and referral process, including filling out the necessary Police Form Number 3 (or PF3 form). A social welfare officer at the OSC meets the client, registers the case and, if necessary, escorts him/her to the hospital for treatment or to collect forensic evidence. If legal action is going to be pursued, the OSC representatives take the case to the prosecutor and connect the client with NGOs that offer legal assistance.⁵¹ The OSC also refers the case to the social welfare officer at the district level, who then conducts home visits to determine if the child is in a dangerous situation; if so, they may attempt to move the child to a shelter or to live with a “fit family,” for short-term emergency care.⁵²

⁵⁰ NPA VAWC, p. 11.

⁵¹ Referrals are often made to non-governmental organizations such as the Tanzania Women Lawyers Association and Women in Law and Development in Africa.

⁵² Fit families are selected from different communities based on certain criteria, including the family's financial ability to support a child, the condition of their house and their motivations for fostering a child. Each family receives some support from the government in the form of food parcels and a small amount of money to cover the child's basic needs. See: Unicef, “Child Protection Systems Safeguard Children from Violence,” https://www.unicef.org/esaro/media-centre_tz2016_child-protection-systems.html.

Spotlight: Mbeya Police Gender and Children's Desks

The Police Gender and Children's Desks opened in 2008 in Mbeya, Tanzania, to encourage increased reporting on sensitive issues related to gender, including sexual violence and rape. Before the existence of the gender desks, survivors of sexual violence had to approach the main police desk to disclose their experience, which served to be a major deterrent in reporting violence.

Today, Mbeya's Police Gender and Children's Desks provide a secure and discreet setting for survivors to report incidences of sexual violence. The gender desks are in separate buildings from the main police office, and provide private rooms for women and children to be served. Officers working at the gender desks are also closely linked to teams working in the healthcare and social service sectors to maximize efficiencies and ensure survivors receive timely care.



Officers working at the gender desks are also closely linked to teams working in the healthcare and social service sectors to maximize efficiencies and ensure survivors receive timely care.

When visiting police gender desks, children who have experienced sexual violence are accompanied by a supporter and undergo a physical exam where they are tested for STIs and HIV. If the child is over 12 years old, they may be given PEP (post-exposure prophylaxis), as a preventative measure to protect against HIV, and emergency contraception to prevent pregnancy. After the physical exam, if necessary, the team works to place the child in safe temporary accommodations through UNICEF's "fit families" program while the legal processes take place.

Since the establishment of the gender desks, Janet Masangano, who oversees the gender desks in Mbeya, notes an increase in reporting of violence against children with hundreds of cases per year. "It wasn't that these cases weren't happening," said Janet. "But rather that people didn't know where to go and how they would be received."

In addition to addressing incidences of violence at the gender desk, Masangano and the police collaborate with child protection teams to conduct outreach on the importance of reporting sexual violence and receiving post-rape care in the local community and in schools.

Mbeya's Police Gender and Children's Desks served as a successful pilot program for many years, and, the model was scaled up to many different regions of the country, including Dar es Salaam and Zanzibar.

Spotlight: The Mnazi Mmoja One Stop Centre



In Stone Town, Zanzibar, the Mnazi Mmoja One Stop Centre – the first of its kind in Tanzania – offers specialized care to survivors of sexual violence, bundling legal, psycho-social and healthcare services in one convenient, discreet location.

For survivors of sexual violence, rapidly receiving care is critical for many reasons. HIV can be prevented if survivors receive life-saving post-exposure prophylaxis (PEP) within 72 hours. Emergency contraception can help prevent a pregnancy if taken within 120 hours. In addition, medical help for physical trauma may be urgently needed depending on the situation. But the

Tanzania VACS found that only 10 percent of children who experienced violence ever received services. By allowing survivors to come to the Mnazi Mmoja One Stop Centre, Zanzibar hopes to increase the number of survivors accessing care.

The Stone Town facility opened in 2011 with support from Save the Children and the Swedish International Development Cooperation Agency (Sida), in collaboration with the Child Protection Unit of the Zanzibar Department of Social Welfare. Additionally, UNFPA provided gender-based violence training and some equipment for the center, and UNICEF provided child protection training. Five other one stop centers are now open in Zanzibar.

All of the one stop centers serve survivors of physical and sexual violence, focusing on females (of all ages) and male children and adolescents. When a survivor comes to the center, they can receive medical, legal and psycho-social services:

- **Medical Services:** Each facility has health professionals on staff, who can provide medical examinations, including testing for HIV and other sexually transmitted diseases, as well as providing PEP.



⁵³ C-Sema was created to promote civic change by allowing children to speak and amplifying their voices, especially around issues of violence. See: <http://sematanzania.org>.

⁵⁴ The Helpline works through two contact centers, staffed by social workers trained in a crisis counseling package, supervised by a two-person quality and case management team. The social worker links the child to a service provider in his/her area, usually a social welfare officer or the Police Gender and Children Desk. C-Sema is partnering with the Tanzania Data Lab (dLab) to analyze the data, support the counselors and improve the system's performance.

⁵⁵ TFG interview in Dar es Salaam, Tanzania, July 9, 2018.

- **Legal Services:** Police officers (who are not in uniform, to make the survivor feel more comfortable) help survivors report the incident and submit Police Form Number 3, which is required before seeking health care if the survivor wants to press charges.
- **Psycho-social Services:** The facility provides counseling and social workers follow up with each patient who comes to the center.

The government has raised awareness of the centers through television ads, radio announcements and community engagement (via community partners and local police education). These efforts are an important step in ensuring survivors can quickly access critical post-rape care.

National Child Helpline

The VACS data and recommendations underscored that children who experience violence rarely told anyone of their experience, and that child-friendly options were non-existent. As included in the NPA VAC, in collaboration with the government, the national CBO, C-Sema,⁵³ established the National Child Helpline (NCH), which provides a toll-free number that can be used on all mobile networks throughout the country to report abuse and to connect with a counselor. On mainland Tanzania, C-Sema receives about 3,000 calls each month (approximately 150 to 190 calls daily) from different parts of the country; however, only about 4 percent (120 calls month/5 calls daily) are genuine calls that need further action (and not all of them deal with VAC). Volunteers refer calls either to Social Welfare Officers or provide online counseling. However, significant challenges remain. C-Sema cannot operate the CHL for 24 hours a day, as they only have 10 volunteer counselors, managing only two shifts. Five to six counselors work 6-hour shifts, taking an average of 19 calls each day. Moving forward, the helpline needs additional support to increase the number of counselors, introduce night shifts and accommodate an increase in call volume expected when more awareness is raised. The largest number of cases involve neglect, followed by physical abuse, then sexual abuse.⁵⁴ Michael Marwa, director of the National Child Helpline, explained that children, as well as parents and caregivers, needed a place to call. “Children are living with trauma; they have a heavy burden on their shoulders,” she said. “There were no platforms or spaces to say this, to share their experience confidentially.”⁵⁵

Civil Society

Tanzanian civil society has played an important role in VAWC prevention and response, as well as policy and advocacy. CBOs throughout Tanzania work with the government and development partners to support VAWC policy and program development, and are often on the frontlines, closer to children’s lives. Umbrella networks like TCRF and Women in Law and Development in Africa – Tanzania (WILDAF-Tanzania) have provided input to policies and have helped communicate the issues locally. Though challenges persist in ensuring that women’s and children’s issues and voices are included and amplified, civil society actors and networks continue to push to ensure the work goes forward.

Spotlight: Kigamboni Community Centre



George Malale, Festo Chengula, Kondo Rashid and Nassoro Mkwesso, spent much of their childhood on the streets of Dar es Salaam, Tanzania, out of school, and often experiencing abuse.

But the four friends were determined to break the cycle of poverty and violence in their communities. As they grew older, they realized they all had different skills that they could utilize to protect other vulnerable children.

They started working voluntarily in 2007; and in 2009, the Kigamboni Community Centre (KCC) was officially established as a nonprofit organization.

Word spread quickly, and they were able to scale up their work through partnerships with the Tanzanian government, UNICEF and others. Today, KCC boasts 45 volunteers and serves 200 children and youth each day between the ages of 6 and 25, including many street children. The center has four pillars of work: Academic, Business, Activities and Social, through which they provide schooling, training for income-generating activities, talent development, community outreach and referrals.

One of their key programs uses data from the VACS to help guide their work in preventing and responding to violence against children and adolescents. The data shows that the problem often starts at the family level, which is why they provide counseling for parents on violence prevention and children's rights, including learning non-violent discipline techniques and how to discuss violence with their children. For many parents, it's often the first conversation they've ever had about violence.

To respond to violence in schools, KCC partners with local teachers to help identify victims, route them to KCC to receive counseling and health services, and make sure students know how to report incidences of violence.

Through this program, KCC is helping to end the stigma around violence, encouraging a broader dialogue about prevention and breaking the generational cycles of violence.



⁵⁶ Reporting on VAC and VAW in Tanzania has increased over time, which most observers attribute to increased awareness rather than more abuse cases. In 2016, according to the Permanent Secretary (PS) of Community Development, an estimated 10,551 cases of violence were reported, and in 2017, that number increased to 13,345. Most of these were rape cases, especially involving young children (majority girls), under 15 years of age. Nevertheless, the PS noted the particular challenge of families not reporting cases of teenage pregnancy, early and forced marriage, and FGM. Interview in Dodoma, July 16, 2018.

VII. CRITICAL ONGOING CHALLENGES

Tanzania has achieved important advances in plans, policies and programs to prevent and respond to VAWC, leading to greater awareness and reporting. At the same time, the Tanzanian example also highlights the political, capacity, and financial gaps in the VAC and VAW system for prevention and response, as well as the ongoing impact of negative and harmful gender norms, which have limited and often stalled the country's progress. Shifting policy priorities associated with leadership changes also are contributing to program vulnerability. In some cases, long-standing policy gaps, such as the endorsement of corporal punishment in schools, impede progress. Other central challenges revolve around how to address the needs of adolescent girls and the social norms that fuel gender inequality, how to finance the multi-sectoral response in a resource-constrained environment, and how to build program capacity and effective referral systems at scale.

Underlying all these issues is the core challenge of sustainability of programs. For example, developing a costed national action plan is an essential step, but ensuring it is fully funded has proven to be challenging. The government finalized the monitoring and evaluation framework for the NPA VAWC in 2018. The implementation of this framework and ongoing investments in monitoring and evaluation will also be essential to track program performance and progress across sectors and make the case for additional resources. These issues are not unique to Tanzania; and therefore, also provide lessons for other countries developing VAC and VAW strategies.

INADEQUATE ATTENTION TO THE NEEDS OF ADOLESCENT GIRLS AND HARMFUL GENDER NORMS

A key challenge in Tanzania (and in many other countries), that is not well-articulated in the NPA VAWC, is the intersection of violence against women and children. Policies and programs addressing the particular vulnerabilities of adolescent girls, such as sexual violence, intimate partner violence, child, early and forced marriage and female genital mutilation (FGM) are insufficient. Too often, policymakers and program implementers do not understand that adolescent girls exist at the intersection of VAC and VAW, and suffer both the physical and emotional violence associated with VAC, in addition to intimate partner violence and sexual assault, more often associated with VAW. Despite increased awareness of GBV in Tanzania and important progress being achieved through dedicated programs like the PEPFAR-supported DREAMS initiative, social and cultural norms as well as harmful traditional practices, such as early and forced marriage and FGM, continue to condone violence against women and girls. These norms and traditions also contribute to the reason why violence against women and intimate partner violence are rarely reported or prosecuted in Tanzania.⁵⁶ In addition, government structures, families and communities, on both the mainland and in Zanzibar, often contribute to covering up and turning a blind eye to these abuses against adolescent girls, by making deals between the families and the perpetrators to hide cases, ensuring they are not prosecuted.

Key issues for adolescent girls in Tanzania include:

- **Teenage pregnancy:** One-quarter of adolescent girls become pregnant before the age of 18,⁵⁷ with little access to services tailored to their needs in schools, communities and health facilities. The VACS data clearly showed the relationship between physically forced and coerced sex and unintended pregnancy, with over 30 percent of girls in Tanzania who experienced physically forced or coerced sex reporting an unintended pregnancy as a result.
- **Early and forced marriage:** An estimated one-third of girls in Tanzania are married before they turn 18,⁵⁸ which heightens their risk of domestic and sexual violence. This issue is particularly prominent in rural areas, where girls as young as 11 years old are married.⁵⁹ Although the High Court of Tanzania ruled in 2016 that section 13 and 17 of the Law of Marriage Act of 1971 were unconstitutional for allowing girls to be married at 14 or 15 – a case driven forward by the Tanzanian CBO Msichana Initiative and its founder, Rebeca Gyumi – the Attorney General appealed the decision to raise the age to 18, and the case is ongoing.⁶⁰
- **School dropout:** The Tanzanian government’s decision in 2017 to oppose school re-entry for girls after they have given birth has resulted in tens of thousands of girls being expelled from school or forced to drop out. Schoolgirls are also subjected to mandatory, routine pregnancy tests at schools across the country.⁶¹ In Zanzibar, the re-entry ban was ended in 2010, as it has been in many neighboring countries. Given the VACS findings that nearly 3 in 10 young women ages 13-24 reported at least one experience of sexual violence before the age of 18, many such survivors are the same girls forced out of school.

To address the underlying norms and values that condone or perpetuate violence and gender discrimination, the Government of Tanzania developed a communications and outreach strategy to end VAWC as part of the NPA VAWC. This strategy aims to address the harmful social norms and replace them with positive and protective social norms. It was approved in December 2018, and regions are currently developing their communications plans based on the national strategy, selecting the issues, messages and channels relevant to their communities.

⁵⁷ Tanzania’s National Bureau of Statistics estimates that some 21 percent of Tanzanian girls have given birth between the ages of 15 to 19.

⁵⁸ According to the 2015-2016 DHS, 34.8 percent of women and girls aged 20-49 years were married by age 18; UNICEF’s most recent estimate for 20-24 year old women is 31 percent, <http://evaw-global-database.unwomen.org/fr/countries/africa/ united-republic-of-tanzania>.

⁵⁹ Girls Not Brides, “Tanzania,” <https://www.girlsnotbrides.org/child-marriage/tanzania>.

⁶⁰ See: Tanzania Ending Child Marriage Network (TECMN), http://tanzaniaendingchildmarriagenetwork.blogspot.com/2016/08/press-release-statement-on-attorney_11.html.

⁶¹ One report indicated that 55,000 girls had been expelled or forced to drop out of school between 2003 and 2013. See: Center for Reproductive Rights, “New Report: Tanzania Forces Girls to Undergo Invasive Pregnancy Tests, Expels Pregnant Students,” September 2013, <https://www.reproductiverights.org/press-room/new-report-tanzania-forces-girls-to-undergo-invasive-pregnancy-tests-expels-pregnant-stud>.

Spotlight: Meet Upendo, a DREAMS Ambassador



Upendo A.'s childhood in Mbeya, Tanzania was not easy. An orphan, she bounced around to different homes, and was raped for the first time at just nine years old. Unable to afford food or school fees, she began a series of sexual relationships with older men.

Tragically, Upendo often found herself in danger with nowhere to turn for help. After being severely beaten at age 11, police were called to Upendo's home. Although she told police the entire story of the abuse, they did not follow up because her family told them it was a "private matter."

Upendo continued to experience physical and sexual violence until many years later, when a peer educator working with the Henry M. Jackson Foundation, a PEPFAR DREAMS implementing partner, came to her home. After asking her questions about her situation, the peer educator encouraged her to come to the health center to get tested for HIV and STIs. She was frightened because she had never been tested and knew she was at-risk, but agreed.

Once she was tested, she began regularly attending the program for intensive counseling and education. For the first time, Upendo felt empowered and in control of her life. Today, she is employed as a DREAMS Ambassador, where she helps identify vulnerable girls in similar circumstances and assists them in getting services. The very first girl that she helped was a 9-year-old girl who was being sexually abused by her father. She encouraged the young girl to report her story, and as a result, the man was arrested and convicted.

As a result of the VACS and subsequent National Action Plan, more resources have been mobilized for violence prevention and response, including funding for the police gender desks in Mbeya, which provide a separate, safe, confidential space for survivors to report sexual violence.

Although the gender desks didn't exist in Mbeya when Upendo was young, she is now working closely with them to encourage girls to report and ensure they get the help they need. "Had I known where to go, I probably would have been rescued much earlier," she said.

Through her work with DREAMS and the police gender desks, Upendo has now helped 324 girls receive services, and she doesn't plan on stopping any time soon. "I use my own life as an example...it is what I can use to help others."



FINANCING OF THE RESPONSE

While the Government of Tanzania has made an effort to finance the response at the national and district levels, including engagement with the Ministry of Finance and the development of district level budget guidelines, in the face of competing priorities, the allocation of resources has been limited. The government is highly dependent on outside donors and development partners for financing, and such funding has markedly decreased in recent years. Many observers reported that few VAWC activities were funded entirely by the government, and instead relied on civil society and donors to provide the funding. There is little transparency in the budget disbursement process. In addition, the government departments most responsible for child protection, Social Welfare and Community Development, are among the least resourced, making it difficult for them to support the necessary activities and hold other ministries accountable. Donors are also facing constraints and multiple competing priorities, and in several cases, are not funding the NPA VAWC at the same levels of the NPA VAC.

The overall cost of the NPA VAWC is estimated at 267.4 billion Tanzanian shillings over five years (approximately \$117,178,691 USD), to be financed by the government, private sector, international organizations and development partners. The plan acknowledges, however, that funding remains “a major risk.”⁶² The Ministry of Finance has publicly committed to fund the response, and in 2017 allocated over 1 billion Tanzanian shillings, but it is not clear how much was actually disbursed.

STRENGTHENING MULTI-SECTOR CAPACITY AND REFERRAL NETWORKS

While there has been important progress, Tanzania has struggled to strengthen the capacity of providers in each sector to deliver a package of essential services on violence protection and response for women and children and to build a robust referral network. For example, significant gaps remain in health care workers’ capacity to provide quality and timely health services in cases of violence and post-rape care. The response is often aggravated by judgmental or discriminatory attitudes toward survivors, especially adolescent girls and certain populations such as sex workers and men who have sex with men.

Similarly, the capacity of the justice system to prosecute cases of VAC or VAW remains limited, and when such cases are prosecuted, they usually do not proceed due to lack of evidence or failure to preserve forensic evidence, poor investigation or corruption in the judiciary.⁶³ Though Tanzania has substantially scaled up the number and capacity of social welfare officers and social workers over the past 10 years, the lack of sufficient numbers of trained social workers and social welfare officers fundamentally undermines the ability of the protection systems to function appropriately. This issue is partly driven by the size of the country, where many rural areas remain difficult to reach for both government and civil society, and have limited services or funding, including from donors.

⁶² VAWC, p. 38

⁶³ U.S. Department of State, Bureau of Democracy, Human Rights, and Labor, “Country Reports on Human Rights Practices for 2017,” <https://www.state.gov/documents/organization/277299.pdf>.

VIII. KEY LESSONS

There has been a groundswell of support around the importance of violence prevention and response to the well-being of individuals, families and communities. The commitment of the global community through the work of the Global Partnership to End Violence (of which Tanzania was one of the original co-chairs) and the uptake of the TfG data-to-action model by 22 countries across four continents, provides clear evidence that country leaders recognize the importance of violence prevention and response as well as of the relevance of the approach. As countries have gone on to adopt and adapt the TfG model, core lessons have emerged from the Tanzania experience for both country-level action as well as global advocacy.

NATIONAL LEADERSHIP THAT PRIORITIZES A COORDINATED, MULTI-SECTORAL RESPONSE IS KEY

The Tanzanian experience clearly demonstrates the importance of country government coordination to advance the VAC and VAW agenda and to translate global evidence and interventions to the local context. Initial strong public commitment at the national level enabled support for multi-sectoral collaboration and accountability, which has proven to be a critical component of an effective response. The importance of engagement of local government authorities in the context of devolution and decentralization cannot be overstated. Embedding multi-sectoral structures and programs locally builds capacity and systems that not only increase reporting and support to survivors of VAW and VAC, but also contribute to sustainability in the face of ongoing policy shifts and other challenges.

ADEQUATE HUMAN AND FINANCIAL RESOURCES BASED ON THE DATA ARE ESSENTIAL

The data now available on VAWC in Tanzania and across the globe powerfully reveal that the extent of this epidemic requires greater human and financial resources. Every country that has undertaken a VACS or VAW study has shown that the levels of violence are unacceptably high, damaging individuals, families and communities and impeding progress across a range of areas critical to the achievement of the SDGs. Yet the funding available to build the capacity to address violence prevention and response, whether from government cadres across sectors or from civil society, remains woefully inadequate. It is essential that national and local government authorities, as well as donors, fully embrace the magnitude of the issue of violence and begin investing in levels commensurate with the problem, including capacity development. This includes support for ongoing advocacy and technical assistance. Ultimately, the government is responsible for planning, budgeting and owning the response as well as holding itself accountable for its implementation.

ONGOING DATA COLLECTION TO INFORM PROGRAMMING AND LEARNING ALLOWS FOR CONTINUED PROGRESS

The VACS has shown the importance of collecting reliable data to guide the response, but it also underscores the need for ongoing surveillance, using both routine data collection and periodic surveys, to better target priority areas and evaluate the success of the investments. Within the context of national or sector plans, performance monitoring through a results framework is essential, including through more geographically-specific and gender-disaggregated data about populations vulnerable to violence. Expanding on new survey approaches by using mobile phones to gather data and to integrate reporting into district-level information systems has great potential for Tanzania and other countries. Existing indicators that have been compiled for the INSPIRE framework⁶⁴ can be used to track progress and identify gaps.

Nonetheless, continued learning and evaluation will be needed to strengthen this relatively new area of violence prevention and response, particularly in low-income settings. Lessons from Tanzania and other countries will be critical to ensure that interventions and programs are achieving the desired results and to strengthen global work in this area.

SHARING CHALLENGES AND PROMISING APPROACHES HELPS SUPPORT BOTH LOCAL AND GLOBAL LEARNING IN WHAT IS STILL A RELATIVELY NEW FIELD

The INSPIRE framework outlines core interventions that prevent violence and support survivors. Continued learning is needed, from Tanzania and other countries, focused on the realities of implementation of these interventions. Bringing together the VAC and VAW systems under the NPA VAWC, and linking pre-existing coordination mechanisms at the national and sub-national level, are major achievements. But as Tanzania continues to break new ground on integration of VAC and VAW, challenges and ongoing learning is needed on the practical implementation aspects of integration to ensure that the unique needs of each population are being met. Documenting high impact interventions as well as emerging promising practices in VAC and VAW will be of great benefit to countries as they continue to implement and scale up programs and identify promising practices. Encouraging government and donor support for the wide dissemination and implementation of these learnings through platforms like the Global Partnership to End Violence Against Children and TfG will make a substantial contribution to preventing and responding to violence; achieving the SDGs; and benefiting individuals and communities into the future.

⁶⁴ <https://www.unicef.org/protection/files/UNICEF-INSPIRE-Book.pdf>.

PRIORITIZING ADOLESCENT GIRLS AND ENGAGING THEM IN PROGRAMS ENSURES THEY ARE NOT LEFT BEHIND

Adolescent girls have too often fallen through the cracks of the VAC response, highlighting the need for a stronger gender lens in multi-sectoral, child protection work. Similarly, younger girls often fall through the cracks of VAW programming. Addressing these issues requires building specific capacity and expertise to target the unique needs of adolescent girls, spanning their risks of sexual violence, early and forced marriage, teenage pregnancy, HIV and FGM. This also means assisting them with staying in school, accessing sexual and reproductive health services (and legal and social services where needed), and participating in economic empowerment programs. Addressing the policy and legal environment and social norms that enable gender inequality and violence, such as corporal punishment in schools and at home, will also contribute to reducing perpetration and supporting recovery for survivors. Critical to this should be a dedicated effort to listen to adolescent girls directly and engage them in a meaningful way in program design and implementation.

COORDINATION DOESN'T JUST HAPPEN — INCENTIVES ARE CRITICAL

Developing political and financial incentives to support multi-sectoral collaboration for VAC and VAW has proven to be a critical component of an effective response. Dedicating adequate financial resources; designating an appropriate platform for multi-sectoral operations and accountability; and, at the national level, identifying an effective secretariat (either through an existing entity or, if needed, a new one) to coordinate the functioning of the response, has been a key element of success contributing to greater sustainability and reduced parallel programming. This approach also provides an important platform for both government financing and national-level donor coordination.



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