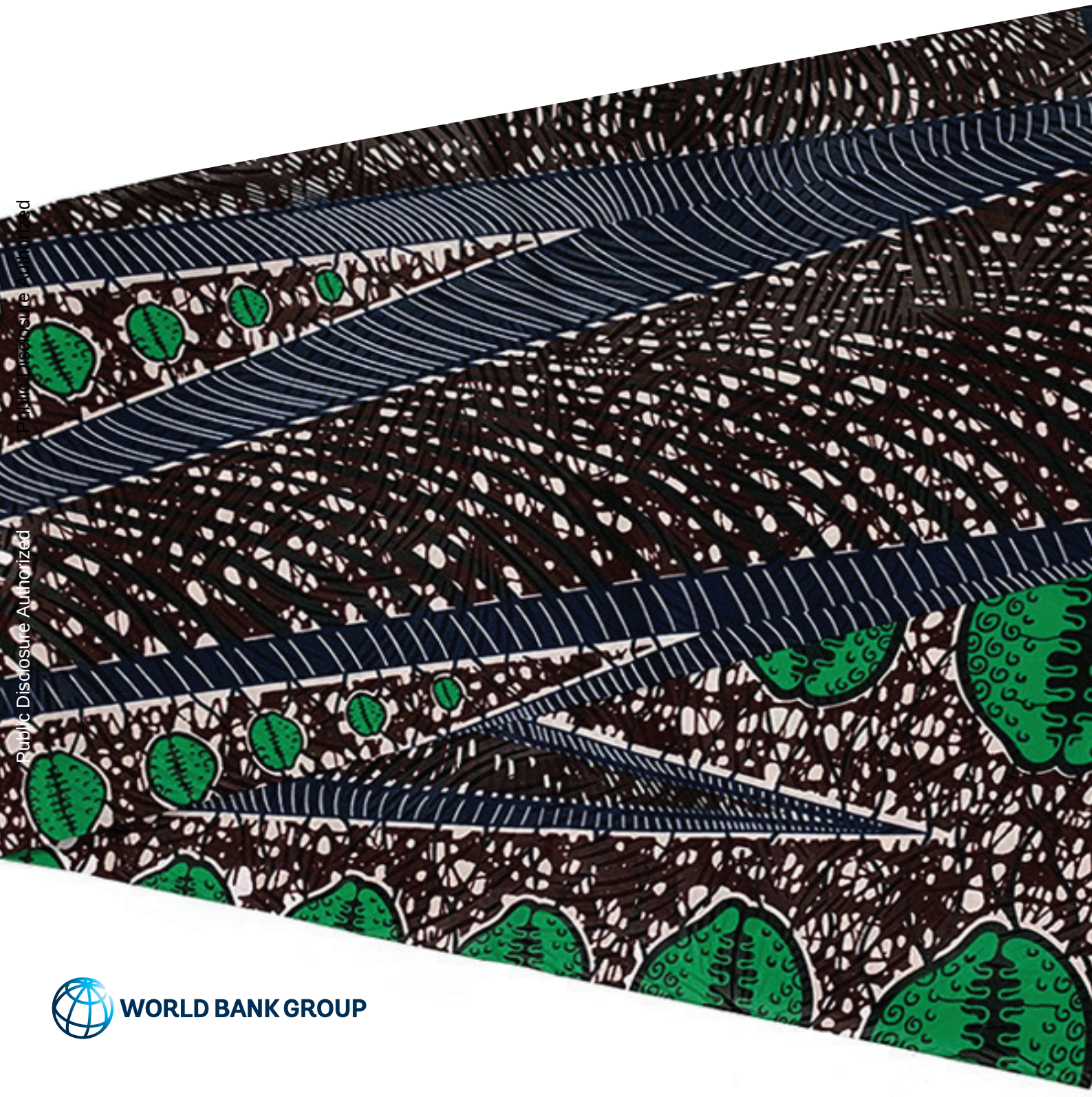
EASTERN AND SOUTHERN AFRICA GENDER PLATFORMS

Tanzania Gender Based Violence Assessment

Scope, Programming,Gaps and Entry Points



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Tanzania Gender-Based Violence Assessment: Scope, Programming, Gaps and Entry Points

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1 In January 2022, the Ministry was separated into two Ministries, one being the Ministry of Health and the second the Ministry of Community Development, Gender, Women and Special Groups.

Salaam and Zanzibar in 2019, including the Ministry of Labour, Empowerment, Elders, Youth, Women and Children; Police Gender and Children Desk officers; Children's Court officers; UN-representatives, and non-government organizations from Mainland Tanzania and Zanzibar.

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Abbreviations

AFNET	Anti-Female Genital Mutilation Network of Tanzania
AUC	African Union Commission
CARE	Cooperative for Assistance and Relief Everywhere.
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CDF	Children's Dignity Forum
CSO	civil society organization
CHRAGG	Commission for Human Rights and Good Governance
CIDO	Customary Law Declaration Order
CSW	Commission on the Status of Women
DRC	Democratic Republic of Congo
DCMS	District Case Management System
DV	domestic violence
EC	economic control
FBOs	faith-based organizations
FGM	female genital mutilation
FYDP	five-year development plan
GBV	gender-based violence
GII	Gender Inequality Index
HTP	harmful traditional practices
HBS	Household Budget Survey
HDI	Human Development Index
HDR	Human Development Index Report
IPV	intimate partner violence
KII	Key Information Interviews
LHRC	Legal Human Rights Centre
LMA	Law of Marriage Act
MoALF	Ministry of Agriculture, Livestock Development and Fisheries
MoCLA	Ministry of Constitution and Legal Affairs
MoEST	Ministry of Education, Science and Technology
MoFP	Ministry of Finance and Planning
MOHSW	Ministry of Health and Social Welfare
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MoHA	Ministry of Home Affairs
MoITI	Ministry of Industry, Trade and Investment
MoLEYWC	Ministry of Labour, Empowerment, Elders, Youth, Women and Children
MTAKUWWA	Women and Children Protection committees (MTAKUWWA committees)
NGO	non-governmental organization

NPSC	National Protection Steering Committee
NPTC	National Protection Technical Committee
NC-VAWC	National Commi□ee on Violence Against Women and Children
NPA-VAWC	National Plans of Action to End Violence Against Women and Children
NBS	National Bureau of Statistics
NELICO	New Light for Children Organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
OSC	One Stop Centre
PO-RALG	President's Office – Regional Administration and Local Government
PCCB	Prevention and Control of Corruption Bureau
PMO	Prime Minister's Office
RITA	Registration, Insolvency and Trusteeship Agency
SDG	Sustainable Development Goals
SEA	sexual exploitation and abuse
SH	Sexual Harassment
SHIVYAWATA	Tanzania Federation of Disabled People's Organizations
SOSPA	Sexual Offences Provision Act
TASAF	Ministry of Social Action Fund
TPF	Tanzanian Police Force
TFF	Tackle Africa and Tanzania Football Federation
TACAIDS	Tanzania Commission for AIDS
TDHS-MIS	Tanzania Demographic Health Survey and Malaria Indicator Survey
TWG	Thematic Working Groups
TAWLA	Tanzania Women Lawyers Association
TFNC	Tanzania Food and Nutrition Centre
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
URT	United Republic of Tanzania
VAC	violence against children
VAW,	violence against women
VAWC	violence against women and children
WB	World Bank
WiLDAF	Women in Law and Development in Africa
WHO	World Health Organization
ZAFELA	Zanzibar Female Lawyers Association

Glossary of Key Terms

Gender: Refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as relations between women and those between men. These attributes, opportunities, and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context.[2] The term is also used more broadly to denote a range of identities that do not correspond to established ideas of male and female.

Gender-Based Violence: Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. The term 'GBV' is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. The United Nations Declaration on the Elimination of Violence against Women (DEVAW) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women." DEVAW emphasizes that the violence is "a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women." Gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence—so that perpetrators are not held accountable, and survivors are discouraged from speaking out and accessing support.[3]

Harmful Traditional Practices: These are cultural, social, and traditional practices that can be harmful to a person's mental or physical health. Examples include female genital mutilation/circumcision, child marriage, traditional birth practices, wife inheritance, fattening scaring, branding, female infanticide, dowry price, exorcism, or witchcraft.

Intimate Partner Violence: Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviors by an intimate partner.

Sexual Abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.[4]

Sexual Exploitation: Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.[5]

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2 UN Women, 2001. https://www.un.org/womenwatch/osagi/pdf/factsheet1.pdf

3 See Inter-Agency Standing Committee Gender-based Violence Guidelines, 2015, pg. 5, and DEVAW, 1993.

4 Ibid.

5 United Nations Secretariat. 2003. 'Secretary-General's Bulletin on Special Measures for Protection for Sexual Exploitation and Abuse'. ST/SGB/2003/13, <www.pseataskforce.org/uploads/tools/1327932869.pdf>

Sexual Harassment: Any unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature.[6]

Sexual Violence: Sexual violence is any sexual act, attempt to obtain a sexual act, threats of harm or physical force, by any person regardless of relationship to the victim, in any unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion.

Violence Against Children: Defined as physical, sexual, emotional and/or psychological harm, neglect, or negligent treatment of children (i.e., people under the age of 18), including exposure to such harm, that results in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power. This includes using children for profit, labor, sexual gratification, or some other personal or financial advantage.

6 US Department of State. n.d. Sexual Harassment Policy, <www.state.gov/s/ocr/c14800.htm>

EXECUTIVE SUMMARY

Assessment Objectives

The objective of this assessment is to provide background information about gender-based violence (GBV) issues, policies, programming, and gaps in Tanzania, for the purpose of assisting the World Bank (WB) to 1) consider how to directly support efforts to address GBV in Tanzania; 2) inform strategies for integrating attention to GBV in development programming; and 3) understand the extent of GBV response programming.

In addition to providing an overview of data on the scope of GBV in Tanzania, the assessment investigates: legislative and policy protections related to GBV; systems and coordination mechanisms in place for addressing GBV in Tanzania; and GBV response and prevention programming. The assessment analyzes key gaps across these areas of investigation based on input from key stakeholders as well as the desk review and concludes with several recommendations for WB to consider in order to assist in addressing these key gaps.

Assessment Methodology

The report is informed by a desk review on GBV prevalence and the legal and policy environment in Tanzania, as well as by key informant interviews (KIIs) and stakeholder consultations with government and non-governmental officials involved in GBV prevention and mitigation to understand their perspectives and priorities. The assessment is meant to be a light review to provide an overall impression.

Key Findings

Areas of Investigation	**Progress**	**Key Gaps**
GBV Legislation and Policies	● Relatively progressive framework anchored on a progressive Constitution and relevant pieces of legislation. ● The National Plans of Action (NPAs) for Tanzania and Zanzibar on violence against women (VAW) and violence against children (VAC) central to advancing national efforts to address GBV.	● Need for improvements in specific laws related to domestic violence and marital rape. ● Limited allocation of resources in support of the implementation of the NPAs. ● No evidence of monitoring frameworks, exacerbated by low levels of funding.

GBV Systems and Coordination	● Comprehensive coordination system laid out by the NPAs, from national to local levels. ● The community-based referrals processes through the Women and Children Protection committees (MTAKUWWA committees) have improved coordination at the local level.	● Coordination not sufficiently resourced from the national level to the local level. ● Relatively archaic paper system of data collection on service delivery statistics for GBV inhibits understanding of trends and needs. GBV data does not appear to be collected systematically, harmonized, and properly integrated to inform decision-making.
GBV Response and Prevention Programming	● Response programming exists across all key sectors of the multi-sectoral response (health, psychosocial, legal/justice and security (police). ● Core guidance documents have improved response across these key sectors to deliver a package of essential services. ● There have been a number of prevention initiatives undertaken in Tanzania, particularly by NGOs/ CSOs.	● There are key gaps across all sectors of response, particularly in terms of quality of services and ensuring survivor-centered care. ● There is limited prosecution of GBV cases due to lack of evidence, failure to collect and/or preserve forensic evidence, poor investigation, or corruption in the system. ● It is not clear whether prevention interventions have been evaluated for impact and/ or can be taken to scale.

Recommendations

Legislation and Policy

- Further NPA efforts to reform laws that undermine rights of women and girls to be free from violence and discrimination, particularly by promoting advocacy on specific provisions for domestic violence and marital rape in the penal code.
- Consider facilitating a strategy that supports sustainable funding for the NPAs and their accelerated implementation, such as through the establishment of a large basket fund led by government with support from private sector and development partners. Ensure this strategy builds out commitment and capacity of government to meet its budgetary responsibilities through the development and implementation of ongoing funding mobilization strategies.
- Support an evaluation of the NPAs as they near completion that can be used as the basis for development of a successor plan(s).
- Building on the Shinyanga example, (the only region in Tanzania that has cascaded the Tanzania NPA by developing its own regional plan responsive to its context) support efforts

to cascade the Tanzania NPA to the regional level as a way to build out regional ownership and implementation of the NPA.

- Support a review of the National Social Protection Policy Implementation Plan; assess current efforts to increase economic empowerment livelihoods for GBV survivors and women and girls at risk of violence and devise further interventions focused on economic stability based on the findings of the assessment.

Systems and Coordination

- Strengthen national systems for coordination by facilitating a rapid review of the implementation of the coordination system for the NPAs and target support to key gaps at the national level, such as the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), as well the Secretariat of the National Protection Steering Committee. Include in this the capacity to promote monitoring and reporting on coordination at all levels of the coordination system.
- Invest in improvements to GBV information management systems to ensure standardized and quality GBV data is collected throughout the country. This could be done through the roll-out of the District Case Management System (DCMS) in those districts where it is not yet established.

Response and Prevention

Increase investments in development or capacity strengthening of systems, structures, and mechanisms for GBV response/service delivery to ensure the availability, accessibility, usability, responsiveness, and accountability of such services across the entire service delivery chain, i.e., justice sector, health sector, and social welfare sector.

Change social norms that contribute to the under-reporting of GBV by promoting help-seeking behaviors and building the capacity of service providers to enable them to ensure survivor-centered approaches to GBV.

- Support the development of a national system to monitor the quality and sustainability of service provision in One Stop Centre (OSC) health services, including staff capacity assessments and quality-of-care feedback by survivors receiving care. Invest in staff training on survivor-centered approaches and expanding access to care for under-served populations through the MTAKUWWA committees.

Develop a strategy for building out the social welfare workforce and improving capacity of social workers to provide psychosocial services as part of case management.

- Facilitate police training through the Police Academy as well as through targeted training for Police and Gender Desks on the existing Police Gender and Children Desk guidance.
- Consider piloting the Zanzibar Special Family Court model in mainland Tanzania in order to build trust in court processes and fast-track cases.
- Build legal literacy among the population through translation of laws and policies as well as support to widespread community outreach and sensitization. Link this to support for free legal aid in areas where this is not currently available to survivors.
- Support a review of the NPA's National Community and Outreach Strategy to ensure that its approach is aligned with best practices for the prevention of GBV through changing social norms and consider scaling up elements of the strategy in order to support measurable behavior change.

1. Background to the Gender-Based Violence Assessment

1.1 Purpose of the Assessment

This assessment has been commissioned by the WB to provide baseline information on GBV issues, policies, programming, and gaps with a view towards assisting the WB to a) consider how to directly support efforts to address GBV in Tanzania; b) inform strategies for integrating attention to GBV in development programming; and c) understand the extent of GBV response programming in the United Republic of Tanzania. This will not only allow the WB to focus their support to GBV programming more strategically (beyond a project-to-project basis) to maximize investment, but also assist in understanding the nature and extent of GBV services that can be made available to survivors of sexual exploitation and abuse (SEA) and/or sexual harassment (SH) in WB-funded infrastructure and development projects.[7]

More specifically, the assessment investigates:

- Existing data on GBV and prevalence of different forms of GBV
- The national legal framework and policies that address GBV
- The institutional arrangements and coordination mechanisms for GBV response
- GBV response programming currently available to survivors
- GBV prevention interventions.

The assessment analyzes key gaps across these areas of investigation based on inputs from key stakeholders as well as the desk review and concludes with several recommendations for WB to consider in order to assist in addressing these key gaps.

1.2 Methodology of the Assessment

A combination of methods was employed in this study, including a desk review and interviews with key stakeholders.

1.1.1 Desk Review

The desk review comprised an examination of literature on the prevalence and drivers of GBV in Tanzania as well as laws and policies related to GBV and good practices that can inform actionable recommendations.

1.1.2 Stakeholder Consultations

The desk review was supplemented with consultations with select GBV experts from national and regional levels during a 2-day stakeholder consultation in Zanzibar in November 2019 with representatives from the Zanzibar Ministry of Labour, Empowerment, Elders, Youth, Women and Children; Police Gender and Children Desk officers; Children's Court officers; UN agencies;

7 This assessment does not focus on SEA or SH in WB-funded projects. Nevertheless, recognizing that survivor care and support is a key responsibility of any SEA/SH action plan, the information in this report can be used as a reference for projects to understand availability of and gaps in GBV services in Tanzania. This assessment also does not investigate the extent to which WB development projects are integrating GBV risk mitigation strategies as part of reducing the risk of GBV occurring at the community level during project implementation. This report will be followed by subsequent research on WB investments in Tanzania that will provide specific guidance on improving project capacity to address SEA and SH, including survivor referrals, and will also consider potential strategies for GBV risk mitigation in select development projects.

and non-governmental organizations in Tanzania and Zanzibar. Questions were presented to facilitate input on the GBV landscape, challenges, and opportunities.

In addition, key informant interviews using an interview guide were conducted in Dar es Salaam with Social Welfare Services, Department of Health, Social Welfare and Nutrition, UN Agencies, and non-governmental organizations. Additional consultations were held with select partners to review proposed recommendations. The interview guide is included in appendix 1 and list of key informants in appendix 2.

1.1.3 Limitations

Data on violence against women and girls in Tanzania has increased significantly over the years. However, data on the nature and extent of GBV programming is not consolidated or easily accessible. The limited scope of KIIs also impacted the ability to collect information on the full scope of GBV programming across Tanzania. As such, information presented in this assessment is not exhaustive, but rather intended to provide a snapshot of some of the key structures that are in place to facilitate GBV prevention and response in the country, and to highlight some of the key gaps in these structures.

2. Gender and Development in Tanzania

2.1 Development Context

Tanzania has experienced over 20 years of sustained economic growth, and in July 2020 was formally designated as a lower-middle income country rather than a low-income country. The Tanzania Development Vision 2025 aims to achieve a middle-income status by 2025 and outlines key steps towards increasing human development and physical capital, including an emphasis on gender equality in all social, economic, and political contexts.[8]

From 2007 to 2018, Tanzania successfully decreased poverty rates by 8 percentage points from 34.4 percent in 2007 to 26.4 percent in 2018.[9] This reduction has slowed, however, in recent years, with the average annual decline in poverty rates decreasing from 1 percent to just 0.3 percent.[10] While Tanzania's female labor force participation rate is one of the highest on the continent, women appear to have benefited less from structural transformations in the economy so far, with a slower transition out of agriculture and into other types of employment relative to men.[11]

2.2 Gender Inequality

The total fertility rate in Tanzania is high at 4.8 births per woman and is partially driven by high adolescent fertility and early marriage. High fertility, adolescent fertility, and early marriage are correlated with decreased economic activity, lower levels of education, poverty, and decreased agency. High fertility, especially adolescent fertility, is also associated with poorer health outcomes for women as well as for their children. On a larger scale, high fertility prevents the country from capitalizing on a demographic dividend, a pre-requisite of which is a rapid decline in fertility.

While the country has moved towards gender parity in participation for girls and boys in lower levels of education, on the mainland there are still significant gender gaps at the upper secondary level where school fees are still in place. Lower educational attainment among females is correlated with earlier pregnancy, increased fertility, decreased economic opportunities and decreased lifetime earnings. While Tanzania has achieved close to gender parity in pre-primary, primary, and low secondary education, the transition to upper secondary education is accompanied by a significant drop off in female enrollment corresponding to the advent of puberty and accompanied risks of child marriage, teenage pregnancy, and additional household responsibilities.[12]

8 "Tanzania Country Overview," Text/Html, World Bank, Accessed September 16, 2021, https://www.Worldbank.Org/En/Country/Tanzania/Overview.

9 "Tanzania's Path to Poverty Reduction and Pro-Poor Growth." World Bank, Accessed December 11, 2021. https://www.worldbank.org/en/country/tanzania/publication/tanzanias-path-to-poverty-reduction-and-pro-poor-growth.

10 Ibid.

11 Ardina Hasanbasri†, Talip Kilic‡, Gayatri Koolwal# And Heather Moylan. 2021. LSMS+ Program in Sub-Saharan Africa: Findings On Individual-Level Data Collection On Labor, And Asset Ownership And Rights. World Bank. https://openknowledge.worldbank.org/bitstream/handle/10986/35544/LSMS-Program-in-Sub-Saharan-Africa-Findings-from-Individual-Level-Data-Collection-on-Labor-and-Asset-Ownership.pdf?sequence=5

12 The United Republic of Tanzania, Basic Education Statistical Abstract, 2004-2017; The United Republic of Tanzania, Education Sector Performance Report, 2018/2019.

Revenues from women entrepreneurs are 46 percent less than those of male entrepreneurs. This disparity is the result of multiple compounding factors, including women's lower spending on wages for workers in their businesses, lower returns to the wealth index, and lower rates of registration. In addition to this, men are more likely to use their own savings from their non-agricultural businesses as startup capital while women tend to rely on gifts from family and friends, which may restrict women's ability to achieve faster and sustainable business growth in the long-term.

Women farmers achieve lower agricultural yields than their male counterparts by an estimated 20 to 30 percent. Analysis using Living Standards Measurement Study (LSMS) data suggests that reasons for this persistent gender gap center on women's lower access to male farm labor and lower returns from both labor and non-labor inputs, such as pesticides and organic fertilizer.[13] In a predominately agricultural economy in which agriculture accounts for 65 percent of the overall labor force, these differences reflect and reinforce significant gender disparities.[14]

Overall, women have significantly less decision-making power than men in Tanzania. Within the household, women are less likely than their husbands to be involved in decision-making about their healthcare, major household purchases, and visits to their family or relatives. Of currently married women who earn cash for their work, over half of women jointly decide how to spend their earnings with their husbands, over a third make decisions independently, and almost a tenth of women report their husbands as the primary decision-maker in how to use the woman's earnings. Women are more likely to participate in these decisions as they age if they live in urban areas, are employed for cash, have higher levels of education, or are members of wealthier households.[15]

13 Slavchevska, V. (2015). Gender Differences in Agricultural Productivity: The Case Of Tanzania. Agricultural Economics, 46(3), 335-355.

14 "Employment In Agriculture, Female (Percentage of female employment) (Modelled ILO estimate) - Tanzania | Data," Accessed August 31, 2021, Https://Data.Worldbank.Org/Indicator/SL.AGR.EMPL.FE.ZS?Locations=TZ.

15 Tanzania DHS 2015/2016.

3. Scope of the Problem of GBV

Key Statistics

- Nationally, 40 percent of all women aged 15-49 years have experienced physical violence, while 17 percent have experienced sexual violence.
- Of women aged 15-49, 44 percent have experienced either physical or sexual **violence by an intimate partner.**
- Spousal violence[16] prevalence is highest in rural areas, averaging 52 percent while the prevalence in urban areas averages 45 percent.
- Almost 30 percent of girls experience **sexual violence before the age of 18.**
- The average **prevalence of female genital mutilation (FGM)** among girls and women aged 15-49 is 10 percent.
- 58 percent of women and 40 percent of men believe that **a husband is justified in beating his wife** under certain circumstances.
- **Among never-married women,** 16 percent have experienced physical violence and 9 percent experienced sexual violence.
- Only 54 percent of women in Tanzania who experienced physical or sexual violence **seek help.**

Source: TDHS-MIS 2015-2016

The term 'GBV' is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. While gender inequality is always at the root of GBV, there exists other contributing factors which may exacerbate this risk in Tanzania, including high rates of early marriage and childbirth, low levels of economic independence and lower earnings among women, low levels of education among women, significant age gaps between husbands and wives, and polygamy. These factors, in combination with other differences in urbanicity, agriculture, economic conditions, and traditional practices, contribute to many of the regional variations in the prevalence of GBV described below.

3.1 Existing Data

Women and girls in Tanzania experience violence throughout the life cycle from childhood to old age. The following section is organized to reflect this, drawing on a range of sources, including the Tanzania Demographic and Health Survey (DHS 2015-2016), the National Survey on Violence Against Children in Tanzania and Zanzibar (2011), and other research in order to accurately describe the scope and prevalence of GBV across life stages.

16 Spousal violence encompasses physical, sexual or emotional violence.

3.1.1 Child Physical and Sexual Violence

The 2009 National Survey on Violence Against Children in Tanzania and Zanzibar (VAC survey released in 2011) estimates that **75 percent of children experienced physical violence** by a relative before attaining the age of 18 years.[17] Almost three-quarters of females reported experiencing physical violence by a relative, authority figure (such as teachers), or an intimate partner before the age of 18, and more than one-half of females aged 13 to 17 years reported that they had experienced physical violence in the past year.[18] The vast majority of this abuse took the form of being punched, whipped, or kicked.

The high rate of physical violence against children reflects the widespread use of corporal punishment which is allowed in schools and practiced in the home nationwide. In August 2019, the government of mainland Tanzania took the important step of banning teachers in the lower grades of primary school from entering classrooms with canes. However, the use of harsh corporal punishment, including caning, hitting, punching, and forcing students to remain in degrading and uncomfortable positions in the classroom, remains common, and Human Right Watch reports that this physical violence has also been documented to lead to later sexual violence against girls in secondary school.[19]

According to the same VAC Survey, almost **3 out of 10 Tanzanian females reported at least one experience of sexual violence before the age of 18**. The most common form of sexual violence experienced by girls was sexual touching, followed by attempted sexual intercourse. Six percent of females reporting to have been physically forced to have sexual intercourse before the age of 18. When asked about experiences in the year preceding the survey, 14 percent of females aged 13 to 17 years reported that they had experienced at least one form of sexual violence. The three most common perpetrators were strangers (32.5 percent), neighbours (24.8 percent), and dating partners (24.6 percent), with the majority (70 percent) older than the victim.[20]

Of those who had their first sexual experience before age 18, nearly one-third (29.1 percent) of females reported that their first sexual intercourse was forced or coerced. **Eighty-one percent reported receiving money or goods for sex compared to 24.6 percent of who did not**.[21]

3.1.2 Female Genital Mutilation

According to the TDHS-MIS 2015-2016, the average prevalence of female genital mutilation (FGM) among girls and women aged 15-49 in Tanzania has declined from 18 percent in 1996 and 15 percent in 2013 to 10 percent in 2016. The prevalence of FGM appeared to be very low (at only 1 percent) for girls 14 years and younger. However, this is likely an underestimate of the

17 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: UNICEF Tanzania, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences, 2011 112009, National Survey on Violence Against Children, page 27.

18 Ibid, 98.

19 Martínez, Elin. (2019) "Tanzania: Ending Violence in Schools Begins with Banning Canes in All Classrooms." Human Rights Watch. https://www.hrw.org/news/2019/09/03/tanzania-ending-violence-schools-begins-banning-canes-all-classrooms.

20 Ibid, 43.

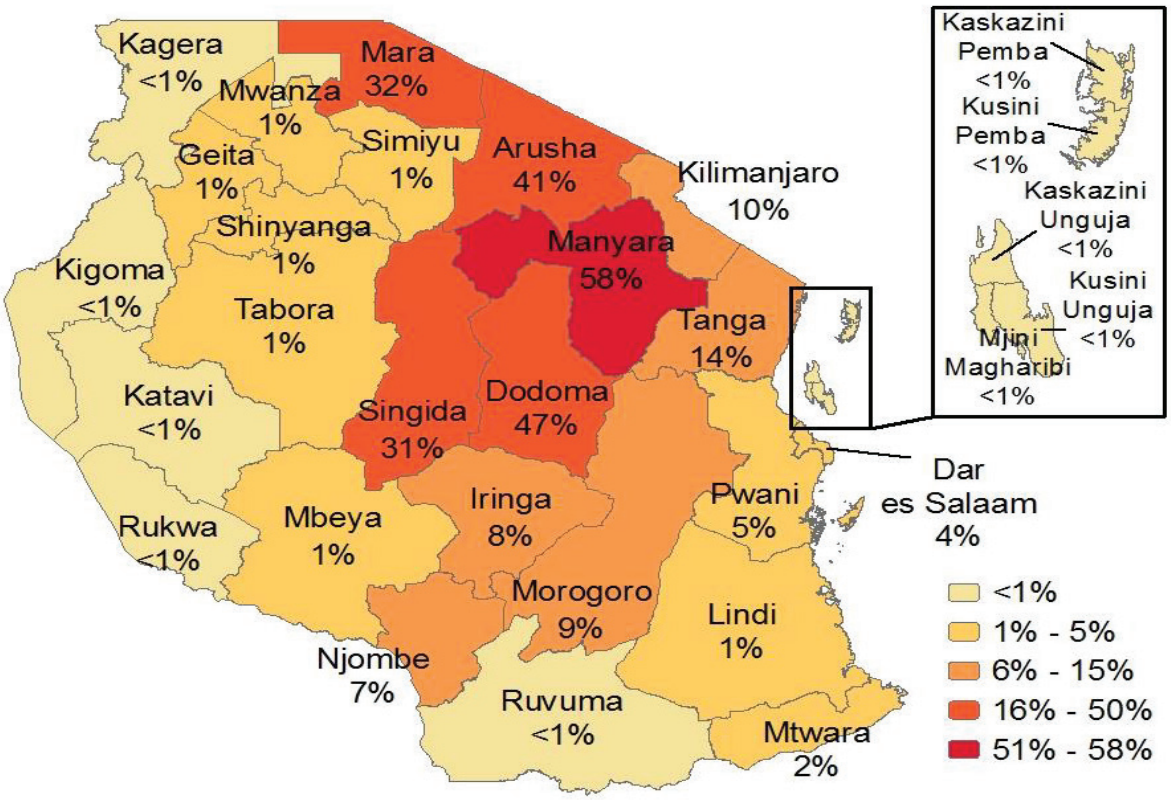
21 2009, National Survey on VAC, page 76.

true prevalence of the practice as respondents may have been afraid to admit to participating in the practice—and because FGM in most regions is done to girls of 13 years and above.[22]

The national prevalence of FGM in Tanzania also elides significant regional variations. As shown in the figure below, the most recent estimates of the prevalence of FGM range from 58 percent in Manyara to less than 1 percent in much of western Tanzania.[23]

In the regions with the highest prevalence of FGM, the practice is fueled by harmful traditional practices, beliefs, and customs. It is believed that FGM is necessary because girls who do not undergo FGM are unclean and unworthy and that ancestors will punish those who abandon the traditional practice of FGM.[24] FGM is seen as a necessary rite of passage to initiate girls into maturity, to prevent pre-marital sexual intercourse, and to obtain a higher bride-price when daughters are betrothed.[25]

Figure 1: Prevalence of FGM in 2015-2016 by region



22 TDHS-MIS 2015-2016 Page 360

23 These patterns of regional variation have been seen across studies, including Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change. UNICEF, July 2013, page 31. Accessed on 30th May 2020. https://www.unicef.org/publications/index_69875.html

24 Ibid.

25 Ibid.

Girls are socialized to want to undergo FGM to be accepted by their families and communities with some claiming that FGM helps girls avoid contracting HIV/AIDS, prevent urinary tract diseases and ensure they do not suffer from infertility or give birth to disabled children once they are married.[26] The societal acceptance of FGM practices ensures that those who do not undergo FGM remain unmarried and or are forced to undergo FGM as adults if they choose to marry.[27]

In 2018, United Nations Population Fund (UNFPA) concluded that "*Overall the observed reductions in FGM are not sufficient to offset the expected population growth, as one in ten women in Tanzania (aged 15-49) has undergone FGM; of these, 35 per cent underwent FGM before the age of one*."[28]

3.1.3 Child Marriage

Data from the 2015-2016 TDHS-MIS suggest that more than 1 in 3 girls in Tanzania are married before their 18th birthday. This represents a slight decline, from 40 percent in 2010 to 36 percent in 2015-16. In a 2017 study on the drivers and consequences of child marriage in Tanzania, the Ministry of Heath, Community Development, Gender, Elderly and Children (MoHCDGEC) confirmed that the prevalence of child marriage remains high in many regions of the country. Table 1 shows the percentage of female respondents who report that they were married before the age of 18 in the five highest-prevalence regions of Tanzania.[29] The rate of child marriage is particularly high among some ethnic groups such as the Maasai and Gogo in which early marriage is closely linked to FGM.[30] Women and men in urban areas marry later than their counterparts in rural areas, and women with at least a secondary level of education marry much later than women with no education with a median age of 23.6 years and 17.8 years, respectively.[31]

Table 1: Five Highest Regions of Child Marriage (2017)

Region	Percentage of female respondents reporting that they were married before the age of 18
Tabora	76%
Shinyanga	64%
Mara	55%
Dodoma	45%
Manyara	44%

26 Ibid.

27 Ibid, 8.

28 United Nations, Tanzania, UNFPA, Tanzania and the European Union. FGM Fact Sheet P. 2. Accessed 30th May 2020. https://tanzania.unfpa.org/sites/default/files/pub-pdf/FGM_FACTSHEET_24sept_highres.pdf

29 National Survey on the Drivers and Consequences of Child Marriage in Tanzania, February 2017, p. 39.

30 "No Way Out: Child Marriage And Human Rights Abuses In Tanzania" (Human Rights Watch, October 29, 2014), Https://Www.Hrw.Org/Report/2014/10/29/No-Way-Out/Child-Marriage-And-Human-Rights-Abuses-Tanzania.

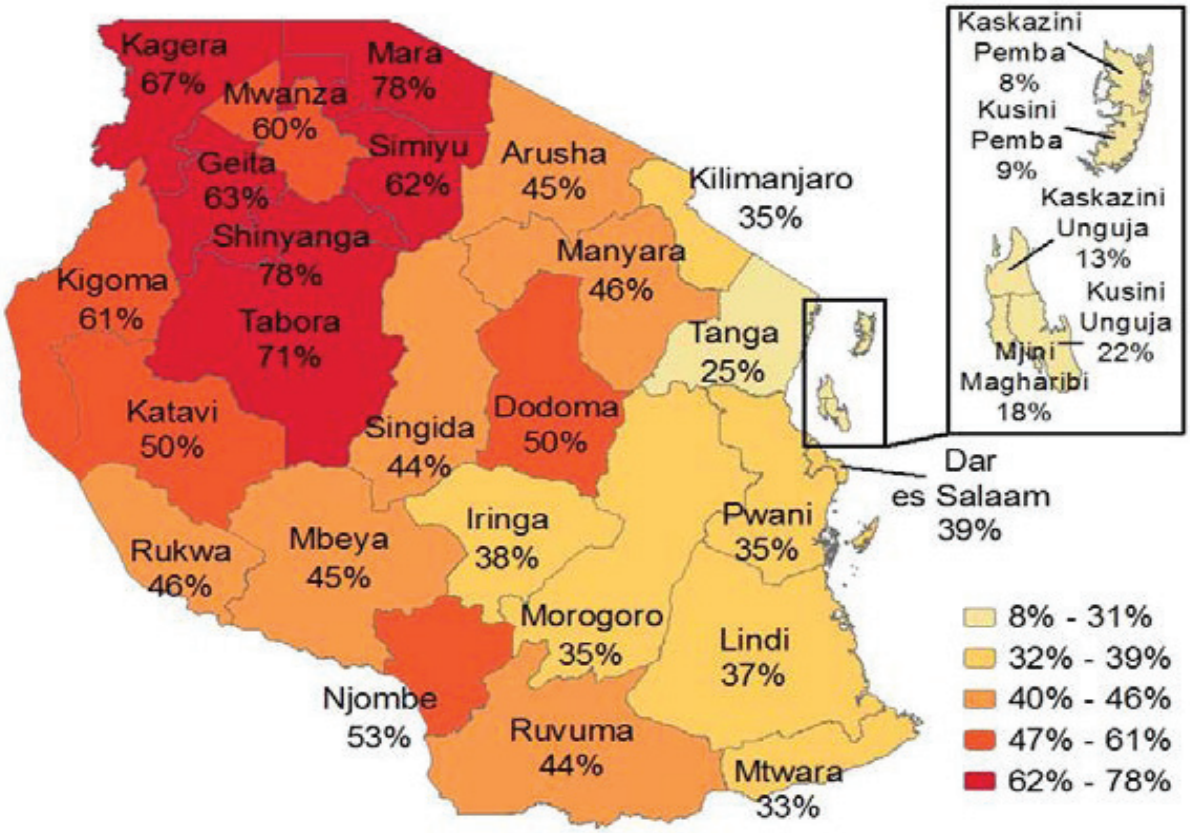
31 TDHS-MIS (2015-2016)

3.1.4 Intimate Partner Violence

The reported rate of violence among married women in Tanzania ranges from 78 percent in the Mara and Shinyanga regions to only 8 percent in Kaskazini Pemba and 9 percent in Kusini Pemba. Overall, 44 percent of women aged 15-49 have experienced either physical or sexual violence by an intimate partner. This is significantly higher than both the global estimate of the prevalence of lifetime intimate partner violence (IPV) among women 15-49 of 27 percent, and the regional average for Sub-Saharan Africa of 33 percent.[32] While the methodologies and timeframes of different survey instruments investigating IPV vary and comparisons in prevalence should therefore be done cautiously, estimates from WHO studies suggest that IPV is more common in Tanzania than in many other countries where WHO has undertaken the same research. In fact, comparing the WHO data to other countries, Tanzania ranks in the top 12 highest-prevalence countries in the African region.[33]

Physical violence and sexual violence may not occur in isolation; rather women may experience a combination of different forms of violence at the hands of intimate partners. According to the Tanzania Women Lawyers Association (TAWLA), legal aid services indicate that IPV is on the rise, but not reported

Figure 2: Prevalence of IPV Against Ever-married Women by Region (2015-2016)



32 WHO. Violence Against Women Prevalence Estimates, 2018. Global, regional, and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. https://www.who.int/publications/i/item/9789240022256, pgs. 22, 24.

33 WHO Sexual and Reproductive Health and Research. Accessed December 11, 2021. https://srhr.org/vaw-data/data?region=Africa&region_class=WHO&violence_type=ipv&violence_time=lifetime&age_group=15_49

The most recent DHS indicates the prevalence of physical violence amongst women after the age of 15 stands at 40 percent, among women aged 15-49.[34] The percentage of women who have experienced physical violence since age 15 has not changed in Tanzania Mainland since the 2010 TDHS-MIS, but it has increased from 10 percent to 14 percent in Zanzibar.[35] Seven in 10 women who experienced spousal violence suffered varying types of injuries namely; cuts, bruises or aches; 15 percent reported deep wounds, broken bones or teeth and other serious injuries.

Married women experience violence more than those who are not married.[36] In terms of trends, 16 percent of women who have never married have experienced physical violence since the age of 15, compared with 63 percent of divorced, separated, or widowed women and 44 percent of currently married women.[37] Overall, 8 percent of pregnant women have experienced physical violence during pregnancy.[38]

A 2017 study on GBV conducted in Mwanza found that 61 percent of women respondents experienced physical and/or sexual violence in their unions.[39] Sixty-eight percent of women reported that they had experienced physical violence in their lifetime, and 82 percent of women experienced controlling behavior by a partner in their lifetime.[40] The study added that "a substantial proportion of women reported severe physical violence which happened frequently, suggesting that this is a common experience among women in this population."[41]

The acceptance of the use of violence by husbands/partners is high in Tanzania, including among women. According to TDHS-MIS 2015-2016, 58 percent of women and 40 percent of men believe that a husband is justified in beating his wife under certain circumstances, i.e., if the wife burns the food, argues with him, goes out without telling him, neglects the children or denies him sex. Two out of 5 women believe that it is acceptable for a husband to beat his wife if she neglects the children or argues with him; 3 in 10 women believe it is acceptable to beat a wife who goes out without first telling the husband; 3 in 10 men think it is acceptable for a husband to beat his wife if she doesn't take care of the children or if the wife argues with him.[42] Tolerance of wife-beating appears to have remained comparatively stable since 2004-05. The percentage of women who agree that wife-beating is justified decreased from 60 percent in 2004-05 TDHS-MIS to 54 percent in 2010 TDHS-MIS but then increased to 58 percent in 2015- 16 TDHS-MIS.

In Zanzibar, nearly 60 percent of females and over 50 percent of males support wife-beating under any of the circumstances presented above.[43] Even in younger generations, 4 out of 10 females (40.8 percent) and nearly 1 out of 2 males (46.0 percent) aged 13 to 24 believed that it was appropriate for a husband to beat his wife. Sixty-two percent of women who

34 Ibid, 368.

35 Ibid, 368.

36 UN Global Database on Violence Against Women

37 TDHS MIS 2015-2016, page 369.

38 Ibid, 369.

39 Ibid, 4.

40 Ibid,.

41 Ibid, 7.

42 United Republic of Tanzania 2011, Violence Against Children in Tanzania: Findings from National Survey 2009, United Nations Children's Fund (UNICEF), US Centres for Disease Control and Prevention (CDC), Muhimbili University of Health and Allied Sciences.

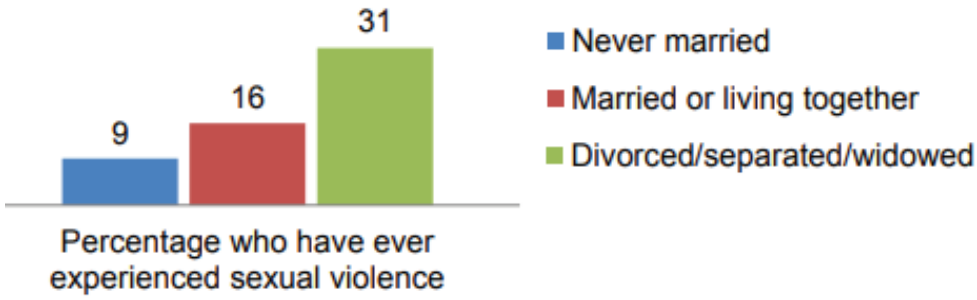
43 Ibid, 83.

experienced physical violence as children by a relative expressed support of wife-beating as compared to 53.0 percent who had not experienced physical violence as children perpetrated by a relative. For men, 56.4 percent who experienced childhood physical violence by a relative believed physical violence was acceptable compared to 49.3 percent who had not experienced childhood physical violence.[44]

3.1.5 Sexual Violence

According to the Tanzania DHS 2015-2016, 17 percent of all women 15-49 have experienced sexual violence. Seven percent of women aged 18 or older experienced sexual violence before age 18, and two percent of all women aged 15-49 experienced sexual violence before age 15.[45]

Figure 3: Prevalence of Sexual Violence by Marital Status (TDHS-MIS 2015-2016,[46])



The prevalence of sexual violence varies according to region and subgroup. The proportion of women who have experienced sexual violence is highest in the Western (22 percent) and Lake (21) Zones and lowest in Zanzibar (9 percent) and the Northern Zone (11 percent). The rate of sexual violence is especially high among female sex workers, of whom 51.7 percent reported sexual and physical abuse, including rape.[47]

The perpetrators of sexual violence are often persons with whom the woman has a close personal relationship. Forty-eight percent of cases of sexual violence occurred at the hands of a current or most recent husband/partner while in 40 percent of reported cases the perpetrator was a former husband/partner. Forty-two percent of women who have never been married reported perpetrators of sexual violence to be current or former boyfriends. Thirty-one percent reported friends/acquaintances as perpetrators, while 7 percent reported strangers as perpetrators.

A study by the TAWLA in December 2018 revealed that acts of sexual violence among married women were on the rise with women reporting their spouses forcing them to engage in anal intercourse. Reports of marital rape were recorded mainly in Singida, Tabora, Iringa, Arusha, and Kilimanjaro, but women are also afraid of reporting because they are ashamed or afraid of retaliation by their husbands.[48]

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44 Ibid, 84.

45 TDHS-MIS 2015-116, page 369.

46 p. 369

47 Gender Based Violence and Violence Against Children: A Manual for Health Care Providers and Social Welfare Officers, July 2017, page 21.

48 Ibid, 162.

3.1.6 Additional Harmful Traditional Practices

Many traditional festivities and initiation rituals are linked to sexual violence against women and girls in Tanzania. During *vigodoro* ceremonies, for example, young girls are required to partially undress and allow men to touch them while performing traditional dances. Rape is also common during these celebrations.[49] In the Shinyanga region, during the *bukwilima* harvest festival, girls are forced to choose among eligible men to have sex with through a ceremony known as *chagulaga* and may be subjected to physical and sexual violence if they refuse. Another common harmful traditional practice is *samba* in which girls are taken to a witchdoctor to prepare them for marriage using traditional medicines. After this ceremony, the girl must accept any marriage proposal offered to her, or else risk bringing shame and bad luck to her family.[50]

While many initiation ceremonies originated as a way to prepare girls for FGM and/or marriage, these constitute distinct harmful practices and often continue to be prevalent even in communities with relatively low rates of FGM and child marriage.[51] One example of an initiation ritual practiced in different variations throughout Tanzania is *unyago*, which typically involves keeping girls indoors for multiple weeks while they are subjected to force feeding them so they will gain weight (as larger girls are considered sexually more attractive than slim girls), and teaching them "*how to handle men sexually*." The community then holds a large celebration in which the girls are allowed outside for the first time and presented to potential suitors. Dar es Salaam, Pwani, Lindi, and Mtwara are especially well-known for these *unyago* celebrations.[52]

Once married, women may be subjected to widow inheritance or cleansing upon the death of their husband. Widow inheritance requires that a woman marry her late husband's brother in order to remain with her children. Alternatively, she may be required to undergo widow cleansing in which she has sex with a relative of their deceased husband or hired man to cleanse herself of his spirit.[53] These practices are most common in the Mbeya and Mara regions.

A married woman may also take a younger girl to be her "ghost" husband. The girl will observe all of the rituals associated with marriage and live with the older woman as husband and wife. However, there is no sexual relationship between the two women, and the young girl is often forced to have sex with her male husband and bear children for the couple.[54]

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49 UNICEF Tanzania (2017). "A Study of the Drivers of Violence Against Children and Positive Change in Tanzania and Zanzibar," p. 66-67. https://www.unicef.org/tanzania/media/2341/file/Drivers%20of%20Violence.pdf

50 Ibid.

51 National Survey on the Drivers and Consequences of Child Marriage in Tanzania, February 2017, p. 51.

52 Ibid, 52.

53 Tanzania Women Judges Association. (2011). "Stopping, Shaming, and Naming the Abuse of Power for Sexual Exploitation," p. 29. https://studyres.com/doc/17729874/tanzania-women-judges-association-s-country-report

54 Norah Hashim Msuya. (2017). "Harmful Cultural and Traditional Practices: A Roadblock in the Implementation of the Convention on the Elimination of Discrimination Against Women and the Maputo Protocol on Women's Rights in Tanzania." PhD Thesis, pp.148-9. https://researchspace.ukzn.ac.za/xmlui/bitstream/handle/10413/14989/Msuya_Norah_H_2017.pdf?sequence=1&isAllowed=y.

3.1.7. Help-Seeking Behaviors among Survivors of GBV

GBV is often underreported. According to the TDHS-MIS 2015-2016, only 54 percent of women who experienced physical or sexual violence sought help. Of those who do seek help, most women turn to a family member, with only 9 percent seeking help from the police.[55] The 2009 VAC study similarly found that almost half of females who experienced sexual violence in childhood did not report their experiences to anyone. About 1 out of every 5 girls sought services for their experiences of sexual violence, with about 1 out of 8 females receiving those services for their experiences of sexual violence before the age of 18.[56] Patterns of help-seeking for sexual violence in Zanzibar were similar to those of Tanzania as a whole.[57]

Survivors who report their experiences risk "scorn" as communities consider sexual violence and IPV private issues.[58] Interviews with organizations working on gender equality and rights confirmed that survivors' first point of seeking help was most often the family. In instances of intimate partner violence, "*this would entail family meetings between the parents of couple and other elders who would mediate and provide the first line of solution*." [59]

Nevertheless, the number of women who experienced *both* physical and sexual violence who sought help increased by almost 20 percent from the 2010 to 2015-2016 DHS. Sixty-four percent of women who experienced both physical and sexual violence reported seeking help compared to 53 percent of those who experienced physical violence only and 29 percent of those who experienced sexual violence only[60]. By region, help-seeking for physical or sexual violence is most common in Iringa (72 percent) and Morogoro (70 percent). Help-seeking is also higher among formerly or currently married women, women with more children, and women who are employed for cash.[61]

3.2 Groups Particularly at Risk of GBV

Regardless of age or socio-economic status, women and girls in Tanzania may suffer from GBV throughout the life cycle, but some groups are disproportionately at risk due to intersectional issues including poverty, illiteracy, sexual orientation, gender identity, age, or disability, among other factors. There is limited data on these specific groups in Tanzania. However, the following section highlights some of the unique challenges and forms of GBV facing these groups.

An emergent aggressive form of violence targeting elderly women and widows has been witnessed and on the rise. Since 2016, a group of rapists in Kigoma popularly known as TELEZA break into houses and brutally and repeatedly rape elderly women and widows, and many of the survivors fail to report.[62] Fact-finding missions by non-governmental organizations (LHRC and Twaweza) revealed frightening circumstances such as the rape of a woman who returned home at midnight from fetching water, repeated rape of a 60-year-old woman after being hit with a rod, and rape of an eight-month pregnant woman.[63]

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55 TDHS-MIS 2015-2016, page 367.

56 Violence Against Children in Tanzania: Findings from National Survey 2009, page 27.

57 United Republic of Tanzania 2011, Violence Against Children in Tanzania: Findings from National Survey 2009, page 10.

58 Key informant interview.

59 Key Informant, LHRC.

60 TDHS-MIS 2015-16, p. 398.

61 Ibid.

62 Diana Rubanguka, "Kundi la wabakaji laibuka Kigoma" 25th May 2016 and Fadhili Abdallah " Teleza azidi kuchafua hali ya hewa Kigoma."

63 Legal and Human Rights Centre and Zanzibar Legal Services Centre, Tanzania Human Rights Report: Sexual Violence: A Threat to Child Rights and Welfare in Tanzania, page 162.

Adolescent girls and young women may be at particular risk for sexual harassment and assault. Evidence from a study on SH and GBV on public transportation found that women between the ages of 18 and 25 were 22 percent more likely to experience harassment or violence than older women.[64] As noted above, adolescent girls are also at risk for specific harmful traditional practices such as *bukwilima* or *samba.*

Disabled women and girls are likely to experience higher rates of GBV as result of social stigmatization and increased vulnerability. The UN Office of the High Commissioner for Human Rights notes that disability is highly stigmatized in Tanzania, making it especially difficult to collect accurate data on the prevalence of GBV among this population.[65]

Additional data is needed to better understand the prevalence of GBV among other at-risk populations in Tanzania, including lesbian, bisexual, and transgender women, sex workers, divorced, and widowed women.

3.3 GBV and COVID-19

The government of Tanzania has taken a markedly different approach to the COVID-19 pandemic than other neighboring countries. The data on the impact of this approach—and the impact of COVID-19 more broadly—on the prevalence of GBV are very limited. The first case of COVID-19 in Tanzania was reported on March 16, 2020. However, in May 2020, the government stopped reporting data on COVID-19 cases, and former President John Magufuli declared Tanzania to be "COVID free" in June 2020. After President Magufuli's death in March 2021, the country's approach to COVID-19 changed, and the new government led by Vice President Samia Suluhu Hassan has since publicly acknowledged the existence of the virus in Tanzania and implemented a new response plan. [66]

A rapid gender analysis undertaken by CARE in April 2020 found that a majority of female respondents in East, Central, and Southern Africa reported increased GBV and harassment and decreased access to resources and decision-making during the COVID-19 pandemic.[67] These findings are supported by global evidence on the effects of the pandemic on rates of GBV and by anecdotal accounts from members of women-led organizations in Tanzania, including Stella Nziku, a leader of the Mufindi Women's Network. Speaking to UN Women, Nziku stated,

64 World Bank Group: "Understanding and Addressing Gender-Based Violence in Public Transport for Highly Vulnerable Groups in Dar es Salaam." https://thedocs.worldbank.org/en/doc/179331603898899363-0050022020/original/15653WBDIMEPolicyBriefTRATanzaniaGBV.pdf.

65 OHCHR. "Disability and Gender-Based Violence – Tanzania." https://www.ohchr.org/documents/issues/women/wrgs/girlsanddisability/governments/tanzania.doc.

66 CARE International. Tanzania COVID-19 Response Report for Bloomberg Philanthropies, p. 3. https://reliefweb.int/sites/reliefweb.int/files/resources/Tanzania-COVID-19-Bloomberg-Report-Final.pdf.

67 Mahuku, E, Yihun, K.L., Deering, K, & Molosani, B. (2020). CARE Rapid Gender Analysis for COVID 19 East, Central and Southern Africa. CARE International: https://careevaluations.org/wp-content/uploads/ECSA-RGA-_-FINAL-30042020.pdf.

> *"I knew that that the cost of gender-blind interventions that excluded women would be very high…. After the death of my husband, I became a victim of psychological and economic violence when some relatives grabbed all our properties. Because of my tough experience, I did not want to see women and girls going through similar psychological pain, as a result of the effects of the COVID-19 pandemic."*[68]

School closures in Tanzania have put adolescent girls at heightened risk for GBV, including child marriage and sexual violence. The Irish Embassy in Tanzania reported increased rates of teenage pregnancy during the pandemic and expressed concerns about government policies which limit educational access for pregnant girls and young mothers.[69] Due to this and other advocacy, in November 2021, the government of Tanzania announced a new effort to expand educational access for these groups, representing an important step forward in improving educational access for girls and responding to the effects of COVID-19[70].

68 UN Women. (2020). "Women Take the Lead to Fight GBV during COVID-19 in Tanzania." https://africa.unwomen.org/en/news-and-events/stories/2020/09/women-take-a-lead-to-fight-gbv-during-covid19-in-tanzania.

69 Embassy of Ireland, Tanzania. (2020). "Responding to COVID-19 and Gender Inequalities through Community Radio." https://www.dfa.ie/irish-embassy/tanzania/news-and-events/latestnews/responding-to-covid-19-and-gender-inequalities-through-community-radio.html.

70 "World Bank Statement on the Announcement by Government of Tanzania on Equal Access to Education for Pregnant Girls and Young Mothers." (2021) https://www.worldbank.org/en/news/statement/2021/11/24/world-bank-statement-on-the-announcement-by-government-of-tanzania-on-equal-access-to-education-for-pregnant-girls-and-y.

4. Legislative and Policy Environment for Addressing GBV

The national response to GBV in Tanzania is anchored in key legal, policy and development frameworks which illustrate improved commitments to the rights and protections of women and girls in the last 20 years.

4.1 Legislative Environment

4.1.1 Key Legislation

The Constitution of the United Republic of Tanzania (1977) and the Revolutionary Government of Zanzibar Constitution (1994) explicitly prohibit discrimination based on gender and provide for gender equality.[71] The **Bill of Rights and Duties** is provided for in the Constitution and emphasizes individual freedom, equality, and justice. Article 12 (1) guarantees equality of all persons, providing that "*all human beings are born free and are all equal*." The Constitution asserts the principles of non-discrimination and equality through Article 13 which provides in subsection 1 that "*all persons are equal before the law and are entitled, without any discrimination, to protection and equality before the law.*" Article 29 (1) echoes the right to equal protection under the law, providing that "*Every person in The United Republic has the right to enjoy fundamental human rights and to enjoy the benefits accruing from the fulfilment by every person of this duty to society*."

The legal and policy infrastructure that responds to GBV is found in a number of specific laws including Law of the Child, Law of Marriage, Anti-Trafficking in Persons Act, Criminal Procedure Act, Employment and Labour Relations Act, Education Act, Customary Laws Declaration Order of 1963, HIV and AIDS (Prevention and Control) Act, Land Act, Indian Succession Act, Probate and Administration of Estates Act, Rights of Persons with Disabilities Act, and Village Land Act. These are summarized in appendix 3.[72]

The Penal Code (revised 2002) has criminalized various GBV offences through the 1998 Miscellaneous Amendments, also known as the Sexual Offences Special Provisions Act (SOSPA). SOSPA increased the criminal penalties for sexual violence and made illegal the crimes of tracking in persons, sexual harassment, and FGM. **The Criminal Procedure Act 7/2018 section 151 (1) prevents anyone accused of sexual offenses from qualifying for bail and has increased maximum sentences**. As a result, regional courts can now give sentences of between 7 and 14 years, with sentences from the High Court ranging between 30 years and life imprisonment. The amendment of **the Legal Aid Act, 2017** has provided a framework for the implementation of reforms to guarantee access to justice for all, including poor and vulnerable women and girls. This law is designed to coordinate the provision of legal aid services to indigent persons and has established a registry of legal aid providers, including paralegals, who provide free legal assistance across the country.

The **Law of Marriage Act (LMA), 1971 prohibits spousal beating** in Section 66 which states that, "*For the avoidance of doubt, it is hereby declared that, notwithstanding any custom to the contrary, no person has any right to inflict corporal punishment on his or her spouse*." **However,**

71 Articles 12 to 24, Constitution of United Republic of Tanzania.

72 Tanzania is also signatory to various international and regional agreements that further its commitments to addressing GBV, summarized in appendix 4.

the LMA allows polygamy under customary, Islamic, and civil marriage rites.[73] According to this law, there are two kinds of marriages: monogamous and polygamous marriages. The Islamic and customary marriages are presumed to be polygamous or potentially polygamous, while the Christian marriages are presumed to be monogamous.

As of 2019, the minimum age of legal marriage is 18 for boys and girls, when the Court of Appeal upheld a High Court ruling which increased the minimum age of marriage for girls and boys from 14 years and 15 years respectively.[74] **Amendments to the Education Act 2016 also prohibit child marriage** by clearly stipulating in Section 60 (1) that it is unlawful under any circumstance for a) any person to marry a primary or secondary school girl or boy or b) a primary or secondary school boy to marry any person.

4.1.2 Key Gaps and Opportunities in Legislation

The United Republic of Tanzania benefits from a largely enabling legal environment that can facilitate an end to violence against women and children. Even so, **the assessment noted several critical gaps in protective legislation related to GBV**, including:

- The failure of the constitutional definition of discrimination to include explicit prohibition of both direct and indirect discrimination against women in the public and private spheres;[75]
- The continued existence of discriminatory laws such as the Customary Law of Inheritance (The Local Customary Law Order of 1963);
- The presence of various forms of discriminatory and criminal sanctions faced by women in prostitution; and
- The lack of prohibitions against marital rape and domestic violence under Tanzania or Zanzibar criminal or civil legislation.
- Absence within the Kadhi's Court Act 1985 to provide for maintenance of the divorce during the period of "eddat" or for the division of matrimonial assets.

Furthermore, enforcement of laws continues to be a challenge due to, among other factors, weak investigations, insufficient evidence, social norms against reporting, delays within the court system, lack of training for law enforcement officers, inaccessible court costs, and corruption among police and the judiciary, as will be discussed further under the review of programming below.

73 The legal framework of Tanzania is pluralistic. This means that there are several systems of law operating in the same jurisdiction. Consequently, there is customary law which is codified in the Customary Law Declaration Order (CIDO) 1963, Islamic law, and statutory laws.

74 Until recently, the LMA permitted child marriage for girls as young as 14 or older with parental consent. In 2019, a public interest case filed in 2016 with the Tanzania High Court challenged the constitutionality of the child marriage in Tanzania and demanded the government give girls equal protection under the law. The High Court ruled that marriage under the age of 18 years was illegal and directed the government to raise the minimum age to 18 for both boys and girls within one year. The Attorney General of the State appealed against the ruling. The appeal was based on the claim that the disparity in the minimum age was a compromise to accommodate customary, traditional, and religious values on marriage.

75 As observed by the Committee on the Elimination of Discrimination Against Women (CEDAW) at its Sixty Third session, Paragraph 8, CEDAW Committee concluding observations on the combined seventh and eighth periodic reports of the United Republic of Tanzania.

4.2 Policy Environment

4.2.1 Key Policies

National commitments to addressing GBV are captured in **the National Plan of Action to End Violence Against Women and Children in Tanzania 2017/18 – 2021/22 and the National Plan of Action to End Violence Against Women and Children in Zanzibar 2017-2022.** They provide the overall policy framework for preventing and responding to GBV (and VAC) in Tanzania.

> *"Changing gender norms related to male entitlement over girls and women's bodies and control over their behavior is a critical strategy to achieve gender equality, reduce violence, shape prevention and address specific care and support needs."*
>
> *- Theory of Change, Zanzibar NPA 2017-2022*

These NPAs have been developed and aligned to government policies and initiatives related to gender equality and the promotion and protection of women's rights. This range of policies and national guidelines enable more strategic implementation of the NPAs. They include amongst others:

- The Zanzibar Gender Policy (2016) and its Implementation Plan
- The Education and Training Policy (2014) which provides for equal access and opportunities to education and training for boys and girls
- 2006 Zanzibar Education Policy which emphasizes access and equity
- The Social Protection Policy for Tanzania Mainland;
- The National Health Policy (2017)
- Small and Medium Enterprises Policy (2006)
- Women and Gender Develop Policy (2000) for Tanzania Mainland and its Implementation Strategy (2005); and
- National Energy Policy for Tanzania Mainland (2015)
- Zanzibar Social Protection Policy (2014)
- The Zanzibar Cooperative Development Policy (2014)
- Education and Training Policy (2014)
- National Strategy on Inclusive Education (2009-2017)
- National Gender-based Violence Committee (Zanzibar) and Roadmap on Violence against Children and Gender-based Violence (2014-2016)
- National Disability Mainstreaming Strategy (2010-2015); and
- Policy on Disability (Zanzibar, 2010).
- The Zanzibar Occupational and Health Policy (2017).

The current NPAs also build on previous work on VAC and VAW, including the 2009 national VAC survey and subsequent three-year Multi-Sector National Plan of Action to Prevent and Respond to Violence against Children (2013-2016), as well as the Zanzibar 2011 National Multi-

Sectoral Strategy and Action Plan for Preventing and Responding to Gender-Based Violence.[76] By integrating the VAC and VAW efforts, the NPAs provide "*for the first time a unified and comprehensive framework that outlines the clear intersections between violence against women and children whilst recognizing the specific individual needs of each constituency*."[77]

Some of the intersections noted in the NPAs include:

- **Shared risk factors** for violence against women and children such as weak legal sanctions against violence, social norms that condone inequality in all spheres, inadequate protection of human rights as well as weak institutional responses
- **Common consequences of violence** against women and children that affect their physical health, mental health, and social functioning
- **Social norms** that condone violence against women and children and prevent help seeking**; and**
- **Co-occurrence of violence against women and violence against children in the same household** which refers to child maltreatment and intimate partner violence occurring at the same household at the same time.[78]

The NPAs also recognize that it is often the same services that respond to the needs of children and adult survivors, and consolidating plans was a strategic opportunity to address duplication, overlap, and inefficiency. [79]

Both the Tanzania and Zanzibar NPAs have prioritized investing in building systems to prevent GBV and respond to the needs of survivors.[80] This systems approach involves bringing together a range of structures, functions and capacities across key sectors, including social services, health, justice, security, and education from the national to local levels.[81] Implementation also focuses on strengthening data collection and reporting, movement building and coordination and collaboration.[82] These approaches and proposed actions are highlighted below, and described in more detail in appendix 5.

The NPAs also emphasize several important principles linked to the implementation of the proposed actions, including universal coverage and equity; gender equality; autonomy and empowerment of women and girls; engagement of communities and families; alignment with cultural norms; and a recognition of the needs of the most vulnerable, among others.[83]

76 Ministry of Social Welfare, Youth, Women and Children Development, Multi-Sector National Plan of Action to Respond to Violence Against Children 2011-15, 2011; and Ministry of Social Welfare, Youth, Women and Children Development, A Multi-Sectoral Strategy and Action Plan for Preventing and Responding to Gender-Based Violence in Zanzibar, 2011.

77 National Plan of Action to End Violence Against Women and Children Zanzibar, 2017-2022, p. 23.

78 Ibid, 24.

79 Ibid, 7.

80 Ibid, 9.

81 Ibid, 9.

82 The Tanzania NPA refers to the implementation approaches used to operationalize the strategies (Page 12) and the Zanzibar NPA refers to the principles to guide the implementation of the Plan (Page 28).

83 Ibid.

Eight Thematic Areas of the Tanzania NPA	Three Key Outcomes of the Zanzibar NPA
1. Household economic strengthening 2. Norms and values 3. Safe environment 4. Parenting, family support, and relationships 5. Implementation and enforcement of laws 6. Safe schools and life skills 7. Response and support services; and 8. Coordination, monitoring, and evaluation. [84]	1. An enhanced enabling environment 2. Integrated prevention and response; and 3. Support services that build the capacities of men, women, children, families, and communities.[85]

4.2.2 Key Gaps and Opportunities in Policies

In general, the NPAs are quite comprehensive in their approach. The high number of consultations prior to developing the NPAs have resulted in wider knowledge and understanding of the rationale for the NPAs. Key informant interviews confirmed that many stakeholders are aware of NPA priorities. One interviewee stated:

> *"During the consultations a lot of lively debate on which components would fit in each thematic area, for instance children, disability concerns. Using the [WHO] INSPIRE model, we were able to get a criterion of selection and arrived at a consensus on the eight thematic areas. Actors in this space have a strong understanding of the plan."*[86]

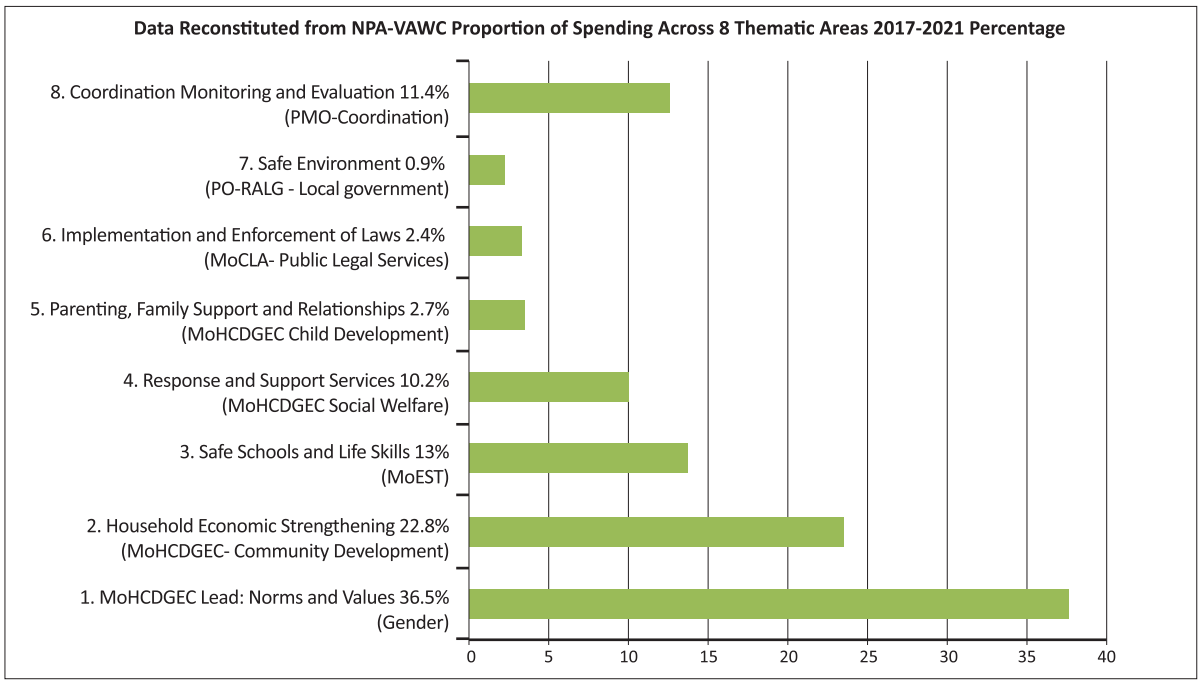
However, because the NPAs are organized around thematic areas, there are no key sectors that have core oversight of different elements of the NPAs—this is a departure from the NPA-VAC. Notably, lead ministries and agencies are described in the costing documents and operational tools. On the one hand, mainstreaming of the NPAs across ministries has encouraged ministries to build out their attention to GBV. Key respondents observed that through gender focal persons in the different ministries, there are national events which are jointly coordinated such as International Women's Day and the 16 Days of Activism on Ending Violence Against Women. And yet, for those ministries and agencies without child protection or gender specialists, implementation is an ongoing challenge.

84 Based on the seen INSPIRE strategies developed by WHO: Seven evidence-based strategies to prevent violence against children.

85 National Plan of Action to End Violence Against Women and Children in Zanzibar, 2017-2022, p. 34.

86 Key informant interview WILDAF.

Figure 4: NPA Proposed Costing of 8 Thematic Areas, 2017-2021



Challenges in implementation are exacerbated by significant funding gaps. The Tanzania NPA was costed at 267.4 billion Tanzania shillings over the five years, with the expectation that the Prime Minister's Office and several ministries would allocate a proportion of their budgets to specific NPA commitments. A review of the budget for FY 2017/2018 revealed that the Prime Minister's Office did not prioritize the Tanzania NPA for resourcing. The MoHCDGEC has no mandate to hold other government counterparts responsible if they do not set aside funds for implementation of the NPA.

Weak institutional capacities and limited infrastructure to embed and fully implement the NPAs is an ongoing challenge. The financial and human resource gaps were identified during key informant interviews at the government level as well as amongst non-governmental organizations. Most of the funding to roll out programs for GBV has been facilitated by development partners. This is not sustainable.

Moreover, the proposed budget heavily invests in social norms change and household economic strengthening relative to other interventions. While these allocations are a welcome recognition of the importance of prevention programming, there remains a need to ensure spending for both response and prevention of GBV, using evidence-based approaches to ensure maximum impact.

Box 1: Good Practice Case Study on Cascading the NPA: Shinyanga Region Plan to End Violence Against Women and Children[87]

The Shinyanga region presents a success story as the only region in Tanzania that has cascaded the Tanzania NPA by developing its own regional plan responsive to its context. The benefits of cascading include strengthening ownership of the plan, identification of context-specific challenges, and the development of customized GBV and VAC prevention and response interventions as well as providing an opportunity for accelerated implementation of targeted interventions ending GBV and VAC.

The plan observes that harmful traditional practices, values, and norms still exist and have contributed to an increase in some forms of GBV in the Shinyanga region. These social norms and practices perpetuate unequal relations based on gender, making women and children vulnerable to physical, sexual, and psychological violence in their homes and in their communities. The plan notes that traditional ceremonies such as *bukwilima* and *samba* contribute to GBV. As the result of harmful traditional practices, Shinyanga is one of the leading regions for child marriage. Following enactment of the regional plan, several activities were undertaken to address context-specific concerns. These include:

- Community dialogues, trainings and media interventions targeting men, religious leaders, and traditional leaders were undertaken to sensitize them on perceptions of violence against women in relation to harmful practices, and the effects of cultural norms and values which facilitate violence against women and children.
- By-laws from regional level to ward and village level were enacted to ensure the effectiveness of the response towards harmful traditional practices and related issues.
- The Shinyanga Municipal council developed a project for the prevention of violence in the marketplace that has been implemented in five markets (Ngokolo, Ibinzamata, Kambarage, Mjini, and Lubaga) with a view to address violence against women and children in public spaces; and
- Awareness raising initiatives on prevention and response to GBV VAC undertaken through utilization of public forums to create awareness about violence issues that happen in public and private spaces.

87 Regional Strategic Plan to End Violence Against Women and Children in Shinyanga 2020/2021-2024/2025.

5. GBV Systems and Coordination Mechanisms

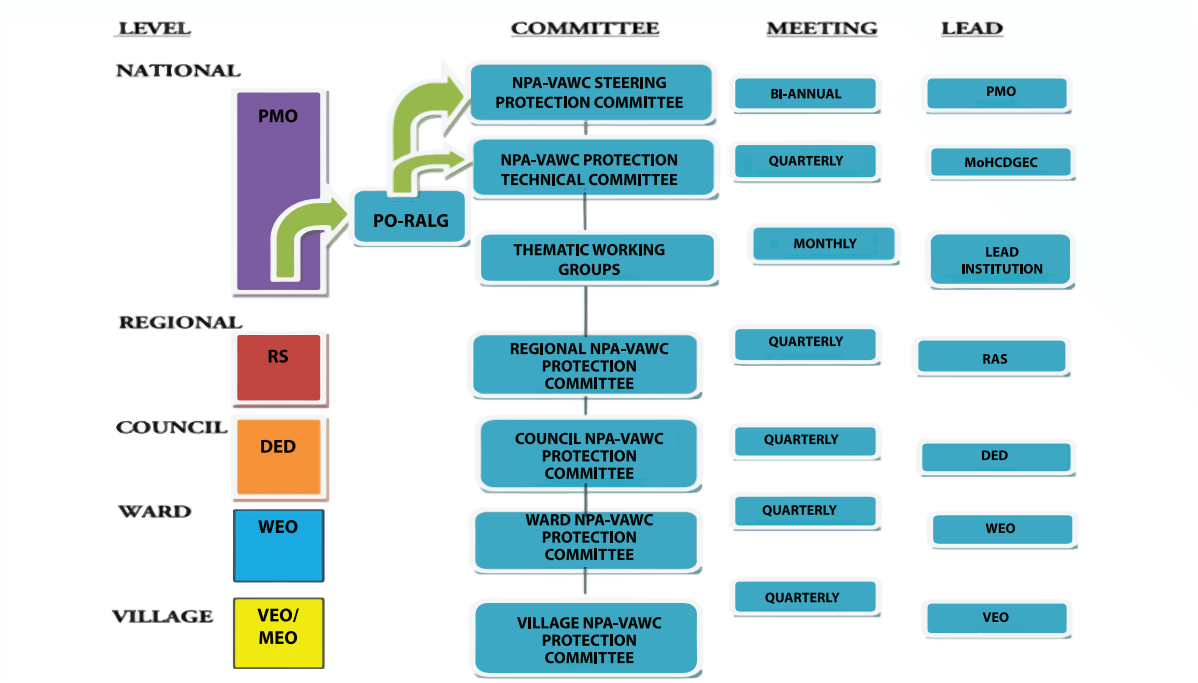
This chapter identifies key systems responsible for the redress of GBV in Tanzania developed at the national level that then cascade to the local level as designated within the NPAs for Tanzania and Zanzibar.

5.1 United Republic of Tanzania

5.1.1 Tanzania National Systems

The NPA Tanzania is both multi-sectoral and cross-jurisdictional and organized at the national level and the local level as shown in figure 5. **The NPA Tanzania establishes a National Protection Steering Committee, National Protection Technical Committee, and Thematic Working Groups to facilitate coordination for GBV response and prevention.**

Figure 5: GBV Coordination under the NPA Tanzania



The **National Protection Steering Committee** (NPSC) is chaired by the Permanent Secretary Prime Minister's Office (PMO) and the Secretariat and is under the MoHCDGEC. The NPSC provides policy guidance and coordination of the NPA. The committee meets biannually to ensure national compliance to international obligations, mainstreaming of NPA, and adequate resourcing. It is responsible for reviewing and approving annual work plans and offering policy guidance on implementation.[88] Insofar as accountability lies at the PMO, this is meant to assure the highest level of political will, oversight, and efficiency in coordination.

The **National Protection Technical Committee** (NPTC) is chaired by the Permanent Secretary

88 Members are the Permanent Secretaries from the PMO, Presidents Office—Regional Administration and Local Government (PO-RALG), Ministry of Home Affairs (MoHA)—Police, Prison and Immigration (includes human trafficking), Ministry of Finance and Planning (MoFP—Commissioner of Budget), Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Ministry of Constitution and Legal Affairs (MoCLA), Ministry of Education, Science and Technology (MoEST), Ministry of Agriculture, Livestock Development and Fisheries (MoALF), Ministry of Industry, Trade and Investment (MoITI) and representatives of development partners, civil society organizations (CSOs) and faith-based organizations (FBOs).

of the MoHCDGEC and meets quarterly. The NPTC reviews and approves sector and thematic working groups' progress reports and provides recommendations for improvements. The Secretariat is also housed in the same Ministry. The Secretariat is comprised of implementing Ministries led by the Director of Policy and Planning of the Ministry responsible for Women and Children. The Secretariat serves as secretary to the technical and steering committees, coordinates reviews, carries out joint monitoring, and prepares guidelines to facilitate implementation of NPA at all levels.

The **Thematic Working Groups** (TWGs) are aligned to the eight thematic areas of the Tanzania NPA. They meet monthly and analyze reports on implementation, facilitate communication between various partners' efforts, provide mapping of coordination efforts, and offer technical assistance to partners. The TWG leads provide progress reports on the NPA implementation to the NPTC.

5.1.2 Tanzania Subnational Systems

At the local level, the coordination of the Tanzania NPA is housed at the President's Office—Regional Administration and Local Government (PO-RALG) which supports effective implementation at the Regional Secretariat, Council, Ward, and Village/Mtaa levels.[89] The PO-RALG's role is to strengthen the reporting and communication mechanism at local levels, submit consolidated reports of local government authorities on NPA implementation to the NPSC and NPTC, convene stakeholders forums annually, and ensure integration of NPA interventions and mobilization of resources at the local level.

The **Regional Secretariat** coordinates all the NPA interventions at regional level and is chaired by the Regional Administrative Secretary.[90] This Secretariat meets quarterly to discuss progress, challenges and lessons learnt and monitors implementation, ensuring all Council plans and budgets include NPA and convene bi-annual regional stakeholder meetings.

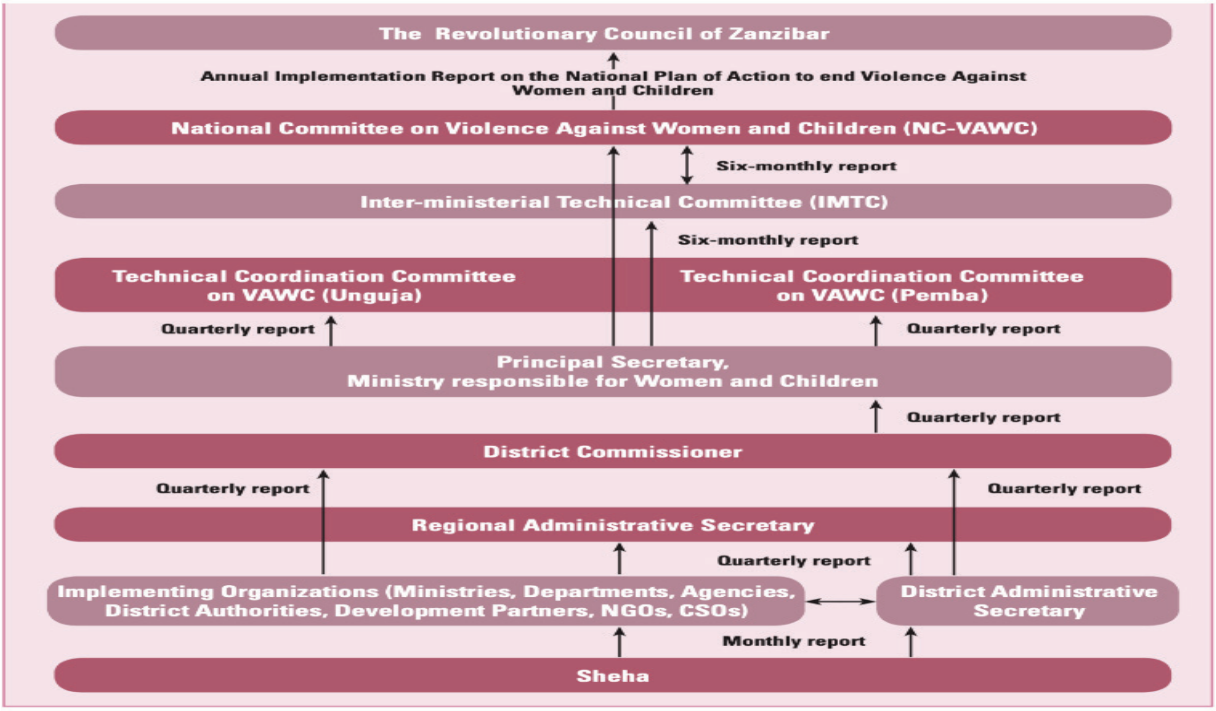
5.2 Zanzibar GBV Systems and Coordination Mechanisms

The Zanzibar Plan of Action is similarly organized with committees established at the National, District, and Shehia levels (see figure 6 below).

89 National Plan of Action to End Violence Against Women and Children in Tanzania 2017/18-2021/22, p. 29.

90 The Regional NPA Committee includes the Regional Community Development Officer, the Regional Social Welfare Officer, the Regional Police Commander, the Regional Local Government Officer, the Regional Education Officer, the Regional Medical Officer, the Regional Planning Officer, the Regional Legal Officer, the Regional Immigration Officer, the Regional Prison Officer, the Regional Labour Officer, the Resident Magistrate-In-Charge, and representatives from CSOs, FBOs, and women groups.

Figure 6: GBV Coordination under the NPA Zanzibar



The National Committee on Violence Against Women and Children (NC-VAWC) is the highest coordination mechanism mandated to supervise the implementation of the Plan in Zanzibar. The Committee is chaired by the Minister Responsible for Legal Affairs and co-chaired by the Minister Responsible for Women and Children. The custodian of all reports and information relating to the conduct of the NC-VAWC is the Principal Secretary responsible for Women and Children. The National Committee is constituted of Ministers and Regional Commissioners and meetings are hosted bi-annually to review and report on progress.

The key functions of the Committee include: providing regular reports on the implementation of the Zanzibar NPA; providing policy guidance and expert advice to ensure interventions are aligned with national policies and strategies; advocating for the mainstreaming of the NPA-VAWC within relevant government plans and strategies at all levels; supporting the adequate allocation of resources; expediting the processing of reported cases of violence against women and children; and providing advisory support to the Ministry responsible for Women and Children and other relevant national stakeholders in executing their mandate to address violence against women and children.[91]

Two Technical Coordination Committees in Unguja and Pemba are responsible for coordination and oversight of the implementation of the plan. The committees are chaired by the Principal Secretary of the Ministry responsible for Women and Children in Unguja and co-chaired by the two Regional Commissioners in Pemba. The custodian of the reports and information relating to the Technical Committees is the Principal Secretary of the Ministry. The Technical Committees constitute directors and technical staff from relevant government ministries, departments, and agencies, NGOs and CSOs. The Committee reviews annual work plans of relevant implementing agencies and ensures integration of key actions to address violence against women and children.

91 Zanzibar National Plan of Action to End Violence Against Women and Children in 2017/18-2021/22, p. 5.

At district levels, there are District Committees which report and are directly supervised by the respective Technical Coordination Committees in Unguja and Pemba. They are responsible for coordinating and monitoring the implementation of all interventions as well as developing the multi-year district plan to address violence against women and children. They provide a platform for communication between different organizations represented in the committee. They meet monthly and are chaired by the District Administrative Secretary. Most importantly, the district level committees look at protection data and discuss prevention and response opportunities and gaps. A standard induction package is used to train all committees; however, depending on circumstances, additional regional or district-specific protection concerns can be added to committee training.[92]

At the community level are Women and Children Protection Committees (MTAKUWWA committees), comprised of duty bearers and community members who convene quarterly and share protection concerns across the protection spectrum.

5.3 Key Gaps and Opportunities in Systems and Coordination

A significant aspect of the NPAs is that they consolidate protection structures for women and children into one system that runs from village to national level. The powerful **link from the PMO down to the village/mtaa and Shehia levels enables a coherent approach** to prevention and response interventions. This reflects and reinforces the NPAs' prioritization of systems-building.

The coordination mechanisms have the promise of embedding accountability for results and outcomes through periodic reporting. From the village/mtaa and Shehia levels, monthly reports are meant to be generated on progress made, lessons learnt, and proposed mitigation interventions; at the regional levels, there is meant to be quarterly reporting; at the national level, annual reports document achievements and constraints and emerging knowledge. However, it is not clear the extent to which this reporting is in place.

More concretely, there have been 18,186 MTAKUWWA committees established that support strengthened coordination between key actors and sectors. As impressive as this number is, it still does not represent national coverage. Moreover, as with all aspect of the Tanzania NPA, financing remains an issue for coordination. For example, research presented in 2019 reported that the PMO has not designated or earmarked funds for the establishment of a unified coordinating committee structure proposed in the NPA.[93]

92 These packages include but are not limited to: the Management and Response Guideline for GBV/VAC Survivors of 2012; Guidelines for the Implementation of the National Plan of Action to End Violence Against Women and Children (Mwongozo wa Utaratibu wa Mpango Kazi wa Taifa Wa Kutokomeza Ukatili Dhidhi ya Wanawake Na Watoto) 2017/18-2021/22; and the National Parenting and Education Manual and the National Policy Guidelines for the Health Sector Prevention and Response to Gender-Based Violence, 2011. [[AQ: Please confirm that the existing translation is required in this footnote.]]

93 Dr. Rasel Mpuya Madaha, 2018. Budget Analysis and Tracking on GBV financing: The Case of Selected Government Ministries in Tanzania.

6. GBV Response and Prevention Programming

This chapter summarizes some of the core elements of GBV response and prevention programming in Tanzania. It is not meant to be exhaustive, but rather to provide a general overview of the major structures in place to ensure services for survivors, as well as provide some sense of the programming in place to address prevention of GBV. This section focuses on government-led actors and initiatives carried out by civil society under the implementation plan for the Tanzania and Zanzibar NPAs as a starting point for the World Bank to engage with national partners.

6.1 Response Programming

6.1.1 Health Sector Response

The main infrastructure for the delivery of GBV support services for survivors in Tanzania is the national health and social welfare services which operate under the MOHSW.[94] There is a national referral system of patient care that includes community dispensaries (4,679), health centers (481), district hospitals (95), regional hospitals (19), and national referral hospitals (8) in the country. As part of the Tanzania NPA, OSCs have been scaled up from four to 26 centers. Healthcare, legal assistance, and psychosocial support services are available under one roof, with the intent of supporting strengthened collaboration between different service delivery actors at the community and national level. The OSCs are informed by the National Guidelines for Integrating and Management of the OSC services into Health Care Facilities (2013). While key informants expressed support for the OSC approach, concerns were raised about the lack of financial resources and human capacity.

The National Policy Guidelines for the Health Sector Prevention and Response to Gender-Based Violence (2001) articulate the roles and responsibilities of Ministry and other stakeholders in planning and implementation of comprehensive GBV services. The subsequent Clinical Management Guidelines (2011) provide a framework for standardized medical management of sexual violence cases and aim to strengthen referrals. Health services include emergency medical examination, provision of Post Exposure Prophylaxis (PEP) and Emergency Contraceptive Pill (ECP), collection of forensic evidence, and referrals where appropriate.

By 2018, at least 22,600 health care providers and social welfare officers had been trained in these standards from Dar es Salaam, Mbeya, Dodoma, Shinyanga, Mara, Mwanza, Geita, Iringa, Njombe, Katavi, Rukwa, Ruvuma, Morogoro, Kigoma, Mtwara, Simiyu Pwani, Lindi, Mtwara, Songwe, and Kagera Regions.[95] There have also been efforts to integrate GBV into pre-service curricula for clinicians and nurses, ensuring that GBV training reaches frontline workers in the health sector. Most regions have held training on GBV and VAC care, treatment, forensic management of evidence and data collection. However, key informants expressed some concerns that health care providers may still retain attitudes that are not supportive of survivors. As captured by one respondent:

94 National Guidelines Health Sector, p. 6.

95 United Republic of Tanzania, Beijing Plus 25, p. 15.

"Persistent stereotypes around survivors and concerns around why they put themselves at risk in the first place undermine any potential implementation of the survivor-centered packages [by health care providers]."

6.1.2 Psychosocial Sector Response

There is a National Child Helpline #116 that offers a toll-free service across all mobile networks in Tanzania and Zanzibar for women and children who are at risk of violence, as well as family and community members who report children at risk. The Helpline has been developed by the government with support from United Nations Population Fund (UNFPA). It is served by at least 55 counsellors.

In addition, the National Policy Guidelines for the Health Sector provide that psychosocial support be availed to GBV survivors. The guidelines designate social workers and community development workers be trained to provide psychosocial support services to GBV survivors, and underscores the need for safety and protection, including shelters/safe houses.[96] However, the assessment established that while the OSCs offer some counselling, there is limited formal psychosocial services for GBV survivors in Tanzania. The Muhimbili National Hospital (a government-sponsored hospital) in Dar es Salaam offers a counseling program for survivors of GBV but the program focuses on child sexual violence survivors. Most of counseling available in public hospitals is focused on HIV and not GBV.

Social workers are key in identifying the GBV and VAC risks within the community and are often the first point of contact for survivors and coordinate the continuum of care. **While training of social workers has been undertaken, they are not sufficient in numbers.[97] The country has a deficit of 62 percent of social welfare workforce** and as such have adopted an approach of utilizing community case workers trained as frontline workers in responding to GBV and VAC.[98] Moreover, existing social workers have not been sufficiently trained in case management or psychosocial response.

Following the COVID-19 outbreak, the MoHCDGEC, with support from UN Women, organized the first training-of-trainers on mental health, GBV, and psychosocial support services. Thirty-three social welfare officers and psychologists from the Ministry of Health, Institute of Social Work, Tanzania Social Workers Association, Segerea Correctional Services, and community development and health care workers attended the workshop.

Other organizations such as the Tanzania Federation of Disabled People's Organizations (SHIVYAWATA) provide specialized counselling and support services to survivors with special needs.

96 National Policy Guideline for the Health Sector Prevention and Response to GBV, p 19.

97 A Facilitators Guide for Health Care Providers and Social Welfare Officers on GBV and VAC has been developed and rolled out since July 2017.

98 Interview with Assistant Director Social Welfare Services Department of Health, Social Welfare & Nutrition Services, President's Office, Regional Administration & Local Government.

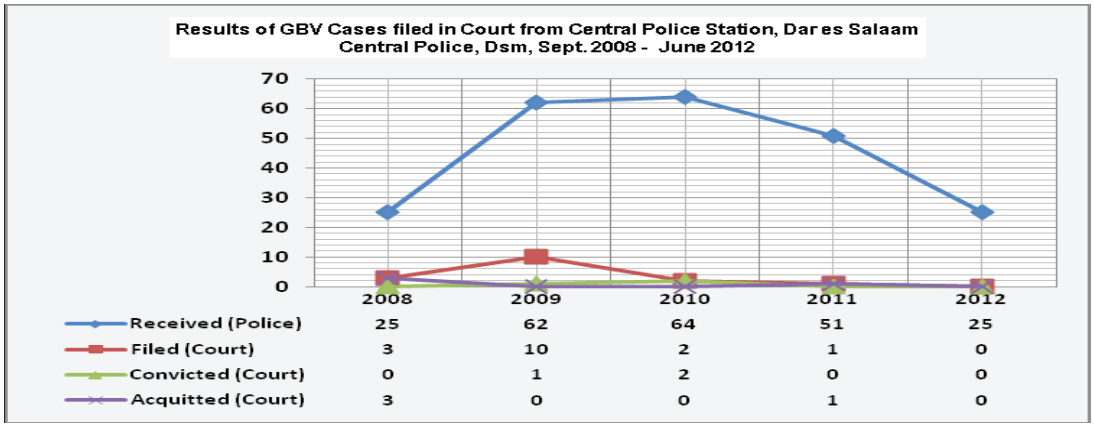
6.1.3 Legal/Justice Response

In 2008 and 2012, the Ministry of Justice and Constitutional Affairs undertook two key assessments which inform current reforms in the legal sector, namely, the Legal Sector Reform Assessment in Tanzania (2008), and the Capacity and Needs Assessment of the Legal Sector Actors in Zanzibar together with the Assessment of Need and Obstacles in Zanzibar (2012). **These assessments found that beneficiaries of legal services, particularly women, young people, the elderly, and the poor experienced significant barriers in accessing services**, including corruption, lack of affordable legal representation, and social pressures. These findings were further supported by key informant interviews. In addition, **multiple cases of sexual harassment have been documented in the legal system**, including "*demands for monetary and sexual favours as preconditions for obtaining bail,*[99] *favourable judgment or employment benefits*."[100]

Social pressures and corruption in the judicial system mean the rate of successful GBV prosecutions is very low. Witnesses and perpetrators may have control over survivors, or perpetrators may bribe witnesses or otherwise corrupt the process of administration of justice. In other cases, perpetrators will apologize and pledge to compensate and desist from their behavior and the matter is resolved. Survivors may never report their intimate partners because they don't want them to go to jail because they are the sole breadwinners, or they are afraid of retribution and punishment for reporting.[101]

Figure 7 below highlights these trends.[102] Of a total of 1,091 GBV cases reported in Dar es Salaam between 2008 and 2012, the vast majority (945) involved children, and the forms of violence were as follows: rape (533), trafficking (275), sodomy (92) and physical violence (24). Less than 1 in 6 reported cases in any given year were brought to court, and fewer still resulted in a conviction.

Figure 7: Results of GBV Cases Filed in Court from Central Police Station (2008-2012)[103]



Source: WiLDAF Report, 2012, p. 40.

99 For example, Onesphory Materu vs. Republic (Court of Appeal) Tanga, Criminal Appeal No. 334 of 2009, where a police officer on duty raped a 14- year-old inside the remand cell on a written promise that he would release her from custody. He also allowed her to sit on a bench outside and get a glimpse of sunshine. When he refused to release her as promised, the girl filled charges giving the release note as part of her evidence of the unfulfilled promise.

100 Legal Sector Reform Programme. Gender Assessment of Legal Sector Institutions in Tanzania, Ministry of Constitutional and Legal Affairs, Dar es Salaam, 2012, p. 37.

101 Legal Sector Reform Programme. Gender Assessment of Legal Sector Institutions in Tanzania, Ministry of Constitutional and Legal Affairs, Dar es Salaam, 2012, p. 37.

102 Central Police Station, Dar-es salaam.

103 WiLDAF Report, 2012, p. 40.

Nevertheless, some progress is being made. To address the confidentiality of GBV court cases, Zanzibar has designated judges to form a Special Family Court which fast tracks completion of cases for quick resolution. The government and private sector have increased efforts to provide free or low-cost legal services in Tanzania and Zanzibar. Several NGOs and CSOs, including the Tanzania Women Lawyers Association, Zanzibar Female Lawyers Association (ZAFELA), Legal Human Rights Centre, and WiLDAF offer paralegal services by trained lay advisors, particularly in rural areas. The government has also begun providing legal aid assistance and increased investments in child justice programming in partnership with UNICEF and UNDP. **Despite these improvements, the number of lawyers offering legal aid services remains insufficient to meet the demand.**

6.1.4 Security Response

The Tanzanian Police Force (TPF) has strengthened its response to cases of GBV, including through the establishment of the Tanzania Police Female Network. Further steps taken under the TPF's Three-Year Action Plan (2013-2016) included establishing 417 Gender and Children's Desks, training officers to provide more victim-centered services, and creating 13 new One Stop Centres in mainland Tanzania for GBV services.

The TPF have also developed comprehensive guidelines on the establishment of Gender and Children's Desks. While respondents note that there have been significant **improvements in these desks** since the new guidelines, many officers still revert to encouraging reconciliation in the case of intimate partner violence. According to one key respondent,

> *"Police officers scorn upon a woman reporting spousal beating, even though it is prohibited by law. Often they will interrogate her as to what would have provoked her husband to the beating."*

Moreover, most of the Gender and Children Desks do not have the appropriate infrastructure to operate as not all have been upgraded in line with the guidelines. In these instances, much-needed privacy is compromised, resulting in a lack of critical evidence about the details of the violation. With limited government resourcing for the NPA, it has not been possible to resource the rollout of the minimum requirements for the Gender and Children Desks to the extent planned.

6.1.5 Referral Pathways and Information Management

The MTAKUWWA committees are felt to be improving coordination and increasing referrals on cases of violence, linking survivors to support and services. Key informants noted there have been positive changes in help seeking behaviors, as articulated by one respondent, "*Now, GBV is more public through greater reporting*." Kigoma was highlighted by many respondents as a model site demonstrating the presence of vibrant and well-supported MTAKUWWA Committees as well as community organizing for awareness and sensitization that has resulted in an operational referral system for survivors of violence and increased reporting. Even so, as mentioned previously, there are disparities in capacities and regions being reached by the committees.

The NPAs are also building on existing district case management systems (DCMS) and processes for the development of a comprehensive women and child protection system. When the child protection systems were being established during the NPA-VAC, the structures to prevent and respond to violence were either weak or non-existent. There were no joint

approaches by police, health, and social welfare officials; as such, the government began investments in a structured case management system. The establishment of children's protection teams developed referral pathways between the police, social welfare, health, and education sectors as well as emergency assistance for child protection cases. However, the roll-out of the District Case Management System (DCMS) is still ongoing.

Financing for coordination is a challenge as the various referral pathways require resources in order to be effective. This includes financing for data collection and management. For instance, the social workers manual (paper) system of recording GBV or VAC incidents is a hinderance The recently developed web-based software system for district case management has been rolled out to 36 out of the 185 Districts, but the minimal coverage hinders the opportunity for improved efficiency in response and tracking of reported GBV and VAC cases.[104] These manual systems are also encountered at the Police Gender and Children Desks, health facilities and the courts.

Despite the referral mechanism, gaps emerge when there is no formal case management system. According to one respondent,

> *"… as there is no checklist -- and where there is one it is manually recorded and stored -- partners cannot tell how the survivor is being supported through the different levels of referral. There is need for an automated and harmonized case management system to enable everyone in the referral pathway to effectively follow up on the survivor.*

6.2 GBV Prevention Programming

GBV prevention programming is largely community-based and driven by NGOs and community and faith-based actors. These efforts seek to promote awareness and sensitization about GBV within institutions of learning, faith-based institutions, and community spaces. An example of GBV prevention programming is the CHAMPION Project, a mass media and community awareness campaign designed to reduce GBV and promote positive messages and changes in social norms.

The Data Driven Advocacy Project,[105] another initiative aimed at strengthening advocacy and development of appropriate communication messages, has several working groups and endeavors to build the capacity of CSOs to generate and use data to advocate for GBV-related policy change. (For additional examples of prevention interventions by NGOs and CSOs in Tanzania, see appendix 6.)

While civil society is responsible for the majority of GBV prevention efforts in Tanzania, some government programs have been implemented under the NPA, including a National Communications and Outreach Strategy to End VAWC. The strategy aims at addressing harmful social norms and replacing them with positive and protective social norms. The communications plan is being cascaded at regional levels with the support of civil society. According to one respondent, "*Since we are holding joint sensitization activities with government, the community has become more interested and participates actively… a sign that there is an opportunity to listen and reshape the harmful traditional practices*."

104 Ibid.

105 A project funded by Freedom House and Pact Tanzania. WiLDAF is convenor of one of the working groups.

In Zanzibar, the Ministry of Labour, Empowerment, Elders, Youth, Women and Children launched the Zanzibar Social Protection Policy in 2014 to establish a social protection system to manage women's economic risks and social vulnerability and ensure access to essential basic services. Building on this effort, the National Social Protection Policy Implementation Plan (NSPPIP) 2017-2022 is under development. In addition, in some regions, interventions have been undertaken to establish and strengthen women's savings groups and train families on financial management. Another intervention which has proven promising is strengthening the land tenure security system to promote women's sole and joint land ownership.[106] This includes creating a more enabling environment for women to hold land titles and for smallholder farmers, including young women, to participate and be more productive in the agricultural sector.

The Ministry of Education, Science and Technology in collaboration with the World Bank has developed the Secondary Education Quality Improvement Project (SEQUIP) which aims to increase access to secondary education, provide responsive learning environments for girls and improve completion of quality secondary education for girls and boys. **The SEQUIP project implementation is supported by a GBV Action Plan which highlights key components on awareness-raising and shifting norms and attitudes so as to prevent GBV.**

106 UN Women and UNFPA Joint Project, e.g., in Ikungi district supporting participatory village land use planning, issuance of Certificates of Customary Rights of Occupancy (CCRO's) to women and men.

7. Recommendations

Informed by the findings from this review, this section provides several high-level recommendations organized in terms of the core areas of investigation for this review: legislation and policies; systems and coordination; and GBV response and prevention programming. The recommendations offer key considerations for how the WB can support GBV-specialized programming efforts in Tanzania and are also meant to inform future strategies for building out attention to GBV in WB's development portfolio.

7.1 Legislation and Policy

- Further NPA efforts to reform laws that undermine rights of women and girls to be free from violence and discrimination, particularly by promoting advocacy on specific provisions for domestic violence and marital rape in the penal code.
- Consider facilitating a strategy that supports sustainable funding for the NPAs and their accelerated implementation, such as through the establishment of a large basket fund led by government with support from private sector and development partners. Ensure this strategy builds out commitment and capacity of government to meet its budgetary responsibilities through the development and implementation of ongoing funding mobilization strategies.
- Support an evaluation of the NPAs as they near completion that can be used as the basis for development of a successor plan(s).
- Building on the Shinyanga example, support efforts to cascade the Tanzania NPA to the regional level as a way to build out regional ownership and implementation of the NPA.
- Conduct a review of the National Social Protection Policy Implementation Plan: assess current efforts to increase economic empowerment livelihoods for GBV survivors and women and girls at risk of violence and devise further interventions focused on economic stability based on the findings of the assessment.

7.2 Systems and Coordination

- Strengthen national systems for coordination by facilitating a rapid review of the implementation of the coordination system for the NPAs and target support to key gaps at the national level, such as the MoHCDGEC, as well the Secretariat of the National Protection Steering Committee. Include in this the capacity to promote monitoring and reporting on coordination at all levels of the coordination system.
- Invest in improvements to GBV information management systems to ensure standardized and quality GBV data is collected throughout the country. This could be done through the roll-out of the District Case Management System (DCMS) in those districts where it is not yet established.

7.3 Response and Prevention

- Increase investments towards development or capacity strengthening of systems, structures, and mechanisms for GBV response/service delivery to ensure the availability, accessibility, usability, responsiveness, and accountability of such services across the entire service delivery chain, i.e., justice sector, health sector, and social welfare sector.

- Change social norms that perpetuate the under-reporting of GBV by promoting help-seeking behaviors and building the capacity of service providers to enable them to ensure survivor-centered approaches to GBV.
- Support the development of a national system to monitor the quality and sustainability of service provision in OSCs, including staff capacity assessments and quality-of-care feedback by survivors receiving care. Invest in staff training on survivor-centered approaches and expanding access to care for under-served populations through the MTAKUWWA committees.
- Develop a strategy for building out the social welfare workforce and improving capacity of social workers to provide psychosocial services as part of case management.
- Facilitate police training through the Police Academy as well as through targeted training to Police and Gender Desks on the existing Police Gender and Children Desk guidance.
- Consider piloting the Zanzibar Special Family Court model in mainland Tanzania in order to build trust in court processes and fast-track cases.
- Build legal literacy among the population through translation of laws and policies as well as support to widespread community outreach and sensitization. Link this to support for free legal aid in areas where this is not currently available to survivors.
- Support a review of the NPA's National Community and Outreach Strategy to ensure that its approach is aligned with best practices for the prevention of GBV through changing social norms and consider scaling up elements of the strategy in order to support measurable behavior change.

Appendix 1: Key Informant Interview Guiding Questions

1. How have you been involved in overall development and implementation of the National Plan of Action 2017-2022?

2. How have the following three key outcomes of the plan been realized?

    - Enabling environment – legislative and policy environment, adequate resources, data and information management and improved coordination

    - Prevention – norms and values strengthening, income and economic strengthening, safe environments, family and parent support, education, and life skills

    - Response and Support services – integrated national protection mechanism established, national and local response and support services.

3. In developing the NPA outcomes, key guiding principles were outlined to assure responsiveness of the Plan. How are these principles integrated in implementation of plan? Specially,

    - That the system is accessible to all women and children throughout Zanzibar including most hard to reach rural areas

    - Confidentiality and privacy of survivors is maintained

    - The safety, wellbeing and empowerment of women and children are paramount; the accountability of perpetrators is emphasized and sought through all appropriate channels.

4. Overall, does the NAP-VAWC sufficiently respond to prevention and response of GBV/VAC?

5. The multisectoral response anticipated in the plan entails partnerships of multiple sectors as well as coordination and partnerships between the public and private sector as well as other stakeholders. What is the extent of these partnerships and how are they responding to ending GBV?

6. How is the multisectoral coordination mechanism working? Follow up on gains, challenges and lessons learnt.

7. To what extent have the resources sufficiently enabled the realization of the NPA-VAWC?

8. Recommendations to end GBV? What else should be done to make the programs more effective?

Appendix 2: Key Informants Interviewed

1. Rasheed Mufta –Social Welfare Services, Department of Health
2. Anna Kakuta - WiLDAF
3. Mary Richards, Head of Programmes, TAWLA
4. Anna Henga, Executive Director, LHRC
5. Fulgence Massawe, Director Advocacy and Reform, LHRC
6. Hodan Addou -UN Women – Country Director, UNICEF
7. Maud Droogleever Fortuijn- UNICEF
8. Stephanie Shanler - UNICEF

Zanzibar workshop consultations

9. Mrs. Muhaza Gharib Juma -Social Welfare
10. Hafidhuu Said – Social Welfare
11. Jamila Mahamoud- ZAFELA
12. Abdallah Abeid- ZAFAYCO
13. Zahor Faki Mjaka- POLICE DESK
14. Amina Abdulrahma Yussuf- (JUMAZA)
15. Naila Abdulbasit – Mahakama ya Watoto
16. Ali Rashid Salim – Media Consultant
17. Asha Aboud – ANGOZA
18. Onesmo Ole Ngurumwa
19. Ali Chirikira – UN Women
20. Salma Said- WAHAMAZA
21. Abeid – ZanzibLS
22. Hassan Issa – UKUEM
23. Hawra Shamte - TAMWA

Appendix 3: National Legislation Relating To GBV

Statute	Summary
The Constitution of the United of the Republic of Tanzania 1977	Explicitly prohibits discrimination on the basis of gender among other things. Articles 12-29 incorporate the Bill of Rights and Duties, which set out the basic rights and duties of citizens which broadly asserts and protects against GBV.
The Penal Code, Cap 16 (revised in 2002)	Incepted long before Tanzania's independence in 1961[107], discourages GBV offences such as intimidation and neglecting children.
Law of Marriage Act, Cap. 29	This law is the main piece of legislation which governs all forms of matrimonial affairs in Tanzania. It has existed since 1977 with significant amendments to human rights discourse added through the CEDAW, Maputo Protocol and other legislative instruments.
Law of the Child Act (2009) and the Zanzibar Children's Act 2011	Enacted to give effect to the international human rights instruments on the rights of the child, as well as the mechanism of unifying legislation providing for the rights of children. The law also came as a solution to the prolonged demand and advocacy of stakeholders in children's rights. **Establishes multisectoral procedures that provide standards for identifying, referring, and responding to cases of child abuse and other forms of violenc**e.[108] They incorporate the essential elements required to build a protective environment, including a child-friendly justice system. The law of the Child prohibits child labor, (Section 78) and sexual exploitation of children (Section 83). The punishment for sexual exploitation of a minor is a fine of not less than 1 million Tanzania shillings and nor more than 5 million or to imprisonment for a term of not less than 1 year and not more than 20 years or both.
The Evidence Act	The Evidence Act (Cap 6) has undergone several amendments since the SOSPA amendments in 1998. In terms of admissibility of evidence, this **has been widened to allow for the admissibility of evidence from young children who are survivors of violence.** The provision states that the child can give evidence of the events even if it is uncorroborated provided that the Court finds such evidence credible and has helped establish the value of testimony by children in sexual offences. This could have contributed to the doubling of countrywide reporting to the police of sexual crimes by children below 15 years of age during the period of 2004-2008.[109]
Sexual Offences (Special Provision) Act 1998	Enacted with the aim of protecting the dignity and integrity of women in matters relating to rape, defilement, sodomy, sexual harassment, incest, FGM, child abuse, and child trafficking.

107 Penal Code, Cap. 16 is part of received laws of 1930.

108 United Republic of Tanzania 2011, Violence Against Children in Tanzania: Findings from National Survey 2009, p. 110.

109 Tanzania Women Lawyers Association, Review of Laws and Policies related to Gender-Based Violence of Mainland Tanzania, p. 18.

Anti-Trafficking in Persons Act No. 6, 2008	**The Anti-Trafficking in Persons Act 2008** implements Tanzania's obligations under the UN Convention against Transnational Organized Crime, including the Protocol to Prevent, Suppress and Punish Trafficking in Persons. This builds from the criminal penalties for tracking in persons established by SOSPA and places definitions, penalties, and protection of victims under one legal umbrella.
HIV/AIDS Prevention Act No. 28, 2008	Prohibits stigmatization and criminalizes intentional transmission of HIV.
Land Act, 1999	Presumes interest of women to matrimonial property.
The Prevention and Combating of Corruption Act 2007	**The Prevention and Combating of Corruption Act 2007** establishes the Prevention and Control of Corruption Bureau (PCCB). The PCCB is mandated to handle all types of corruption including the demand or offer of sexual favors in exchange for official services. Section 125 of the PCCA provides that "*Any person being of position or authority, who in the exercise of his authority, demands or imposes sexual favor or any other favor on another person as a condition for giving employment, a promotion, a right, a privilege or any preferential treatment commits an offence and shall be liable on conviction to a fine not exceeding five million shillings or to imprisonment for a term not exceeding three years or both*." This provides explicit protection against sexual exploitation and abuse, colloquially referred to as sextortion.
The Employment and Labour Relations, 2004	**The Employment and Labour Relations 2004 makes provision for labor rights and establishes basic employment standards**. The legislation prohibits discrimination on the basis of sex, gender, pregnancy, marital status, disability, HIV/AIDS or age. Sexual harassment is also prohibited as articulated in Section 7(5). The law also prohibits night work for pregnant mothers under certain circumstances,[110] while guaranteeing maternity leave as a right for mothers and paternity leave for fathers. The Zanzibar Public Sector Service Regulation of 2014, Section 36(1) prohibits all forms of gender-based violence in the workplace for employee and employers.
The Criminal Procedure Act 2007/8	Prevents anyone accused of sexual offenses from qualifying for bail and has increased sentences that courts can pass for related cases.
Education Act 2016	**Prohibits child marriage** by clearly stipulating in Section 60 (1) that it is unlawful under any circumstance for a) any person to marry a primary or secondary school girl or boy or b) a primary or secondary school boy to may any person. Any contravention to this law merits a 30-year imprisonment and also provides penalty for impregnating a primary or secondary school girl at 30 years. For anyone who aids, abates, or solicits a school going child to marry while pursuing their education they are also committing a crime liable to five years imprisonment or five million shillings fine or both. The law also stipulates that "*Every head of school shall keep a record and submit to the Commissioner or his representative a detailed quarterly report of cases of marriages and pregnancies and legal actions taken against the offenders*."

110 Section 20, Employment and Labour Relations Act 2004.

Appendix 4: International And National Frameworks Relevant To Tanzania's Commitments On GBV

International and national frameworks committing to ending violence against women and children
The Sustainable Development Goals (SDGs) set targets to realize measurable progress addressing violence against women and children: ● SDG 5 seeks to achieve gender equality and empower all women and girls and sets targets on elimination on harmful practices. ● SDG 16 sets targets for ending abuse, exploitation, trafficking and all forms of violence against children.
The Agreed Conclusions adopted by the Commission on the Status of Women (CSW) at its 57th session provides further guidance for establishing comprehensive, coordinated, inter-disciplinary, accessible, and sustained multi-sectoral services for all victims and survivors of all forms of violence against women and girls.
Updated Model Strategies and Practical Measures on the Elimination of Violence against Women in the Field of Crime Prevention and Criminal Justice provide broad recommendations that cover substantive, procedural, and operational criminal justice issues while recognizing the importance of a holistic, coordinated multidisciplinary response (General Assembly Resolution 65/457).
The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1985 and its Optional Protocol (2006). General Recommendation 19 outlines what member states should be doing to address the issue of violence against women.
The Beijing Declaration and Platform for Action, 1995 and its 12 Critical Areas of concern. The Government has identified four themes as country priorities: enhancement of women's legal capacity, economic empowerment of women and poverty eradication, women's political empowerment and decision making, and women's access to education and employment.
The Convention of the Rights of the Child (CRC), 1989 and its Optional Protocols
Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, 2006
African Charter on Human and Peoples' Rights (ACHPR), 1984 Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa (Maputo Protocol), 2003

The African Charter on the Rights and Welfare of the Child (ACRWC) and relevant regional Protocols
Tanzania Development Vision 2025 with its goal for peace and social tolerance which includes gender equality and empowerment of women in all socio-economic and political spheres.
The Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA III): ● Empowers women and protects children for economic and social transformation ● Sets targets on gender equality and equity ● Sets target on prevention and response to violence.

Appendix 5: Guiding Principles And Approaches Of The NPAs

Implementation approach	Proposed Actions
Getting to the right legal framework	● Law of Marriage Act to reduce child marriage ● Law of Inheritance ● Child Act classification of child violence as crimes ● Strengthening alternative justice systems ● Promoting a responsive and sensitive legal system to vulnerable persons, particularly for children in conflict with the law, women children with disabilities and children with albinism.
Multi-sectoral response	● Partnerships between multiple sectors, including health, gender, child protection, education, law enforcement, judicial and social affairs, public and private sector, civil society, and professional associations.
Scaling response	● Analysis of capacity and "starting point" at national and district levels to ensure geographic disparities are not created/sustained. ● Building comprehensive integrated system for all survivors of violence such as Protection Committees, One Stop Centres, Police, Gender and Children's desks. ● Improving identification, service delivery and reporting. ● Provision of quality health, social welfare and criminal justice support services for women and children to respond to violence.

Focusing on prevention	● Sustained work on norms and values. ● Building the capacities of families and communities to empower and protect women and children. ● Focus on root causes of violence at all stages of life. ● Engaging men as key agents in addressing unequal gender roles. ● Ensuring children are safe in schools.
Strengthening data collection, analysis, and reporting	● Development of indicators and tools for measuring trends[111] in line with national development blueprints, Agenda 2063 and SDGs, and resolve the absence of baseline data. ● Build on existing data sources and mainstream in all relevant sectors. ● Evidence-based practice to inform interventions. ● Best practice consensus relevant to social-cultural context.
Movement building	● Increase numbers and diversity of actors working to prevent violence at all levels. ● Engage with traditional community structures and processes.
Translating plans into budgets	● Integrate costed interventions within the annual budget frameworks of responsible implementing institutions.
Focusing on the most vulnerable	● Focusing on women and children at most risk. ● Address the needs of women and children disadvantaged and discriminated against due to gender, income, disability, or other vulnerabilities.
Coordination and collaboration	● Strengthen coordination at the national and subnational levels. ● Enhance awareness on annual plan targets and terms of reference.

111 The lack of comprehensive baseline data, reliable and consistent measurement systems has been found as a limiting factor in terms of responsiveness and impact of interventions.

Appendix 6: Examples Of GBV Prevention Programming In Tanzania

1. KIVULINI: Community Mobilization to End GBV

KIVULINI was established in 1999 and works closely with women and men through community action groups, community volunteers, and end violence groups. Kivulini works to address the root causes of GBV by mobilizing the communities (young people, women, and men) over an extended period of time to change attitudes and behaviors. The GBV prevention work is based on *Mobilizing Communities to Prevent Domestic Violence* developed by Raising Voices.

The community groups are at the forefront of the efforts and play a key role in 'getting the word out' to other women, men, community leaders, and children. There are over 300 members who take the lead in organizing and conducting community dialogues, public events, community theatre, video shows, impromptu discussions, etc., within their own streets and communities. These community members also track cases of violence, help women experiencing violence, conduct family mediation and refer clients to Kivulini or other relevant institutions when additional support is needed. Their goal is to create dialogue about, and action against, domestic violence. The representatives of all the groups meet monthly with Kivulini staff to plan, review, discuss challenges, problem solve and get further training. These representatives then train and support other members in the groups.

2. AFNET: Masanga Catholic Sisters and Alternative Rights of Passage

FGM awareness and advocacy is led by the Anti-Female Genital Mutilation Network of Tanzania (AFNET) who strive to create awareness of the negative effects of FGM and the importance of eradicating it.[112] Plan International, Tanzania, also leads a coalition to create awareness, provide training, counselling and empower survivors to break the cycle of FGM and to advocate for their daughters and siblings not to undergo FGM.[113]

Through collaborative initiatives such as a month-long training on human rights, reproductive health, extra tutoring in school subjects and positive cultural training, followed by a graduation ceremony, serves as an alternative to FGM as a rite of passage for girls in the community, which has been operational since 2007 has led to the graduation of over 2,000 girls who attended the camp. The training aims to protect girls from FGM, child marriage and adolescent pregnancy, and to keep them in school.

The Association of Termination of Female Genital Mutilation Masanga Centre has an alternative rite of passage which was commended by the government as one way proving to the community the possibility of sustaining good moral standards without subjecting a girl to FGM. In 2019, it was reported in a national newspaper that the girls camped at the ATFGM Masanga Centre when the FGM season was held in various parts of the region. Many girls escaped from their homes to the Centre after they discovered they were at high risk of being forced to undergo the harmful practice. Masanga Centre has since 2008 saved almost 3000 girls from undergoing the cut. The Centre is strategically located at the heart of communities that embrace FGM. It is run by Sisters of the Roman Catholic Church under the Diocese of Musoma.[114]

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112 Network Against Female Genital Mutilation (NAFGEM)

113 Amiri. A. The Violence Against Women in Tanzania: Female Genital Mutilation (FGM), p. 24.

114 United Nations, Tanzania, UNFPA, Tanzania and the European Union, FGM Fact Sheet.

3. TANLAP: The Anti-GBV Clubs—Norm Changing in the Formative Years

The project targets children and young persons is girl's rights and legal aid clubs selected districts in Kagera Region which was established in early 2019, in collaboration with Kagera regional government, to facilitate debates and teaching to younger girls about their rights, including the right to education, the importance of the rule of law and access to justice. These ongoing clubs also provide useful forums/opportunities for girls, boys, paralegals, Welfare Officers, and teachers to meet and discuss issues relating to girl's rights and legal aid services for the promotion and protection of women, girls, and boys within their communities against GBV.

4. Championing Gender Equality: The CHAMPION Project's Gender-Based Violence Prevention Interventions in Tanzania

The Kuwa Mfano wa Kuigwa (Be a Role Model) mass media and community awareness campaign was launched to influence the national dialogue around GBV in Tanzania. Spread through print and electronic media (e.g., television, radio), the campaign focused on key GBV messages coupled with motivational messages and a call to action for men to be role models in their communities. Additionally, CHAMPION trained 125 journalists on GBV. Other community outreach activities targeted places where men congregate, such as football matches and bars. The project provided technical assistance and training for the MCDGC on effective strategies for addressing GBV, including coordinating multi-sectoral and civil society efforts to address violence. Further, CHAMPION worked with the MCDGC to develop a supplementary GBV module for the Community Development Technical Institutes' curricula, as well as draft National GBV Interventions Coordination Guidelines.

GBV intervention results demonstrated the value of investing in the social and cultural environment to change attitudes and beliefs about gender, violence, HIV, and male involvement. In addition:

- CHAMPION's GBV interventions reached nearly 90,000 community members with individual or small-group GBV prevention activities in target districts.
- Increased awareness of GBV also led to an increased number of people seeking support. Findings from a qualitative assessment indicate that community perceptions and dialogue around GBV have improved over time as a result of the project.
- The radio spots, posters, trainings, and community outreach programs contributed to most positive changes.

The "Be a Role Model" mass media campaign was successful in achieving its main behavior change objective: to increase dialogue about GBV and shift entrenched social norms surrounding GBV in Tanzania. Results showed that it is possible to alter opinions and behaviors surrounding GBV, such as whether a man is ever justified in hitting his wife, chooses to act against GBV, and initiates a conversation about GBV with family and friends, through mass media communications.[115]

115 Engender Health (2014) Championing Gender Equality: The CHAMPION Project's Gender-Based Violence Prevention Interventions. CHAMPION BRIEF No. 14. CHAMPION-Brief-14-GBV-Overview_lowres.pdf (engenderhealth.org)

Appendix 7: Best Practices In Comparative Context

The issue of GBV remains high in Tanzania and Zanzibar notwithstanding positive government policies and programmes. There are, however, innovative programmatic interventions from the African region and beyond that can provide examples of good practice. Evidence from other contexts suggests that strategies that combine a variety of elements which have been selected on the basis of the local context and the need to address root causes of the violence and make for the most successful interventions in ending GBV and VAC.

1. Shifting gender roles and social expectations that normalize VAW (Ethiopia)

Some of the key elements of successfully programming to end violence against women include attention to both gender responsive and gender transformative approaches. The following example[116] notes that the "*intentional utilization of the coffee ceremony provided an opportunity for facilitators to model non-traditional gender roles, promote equitable behaviors and at the same time increase the cultural relevance of the program. It also served as an entry point to discuss various topics related to gender norms, power and sexuality*."[117]

Unite for A Better Life (UBL) in Southern Ethiopia Gets Men to Reduce Intimate Partner Violence Over Coffee

Using a traditional female activity, the coffee ceremony, UBL gathered women and men together for "discussion and interactive activities focused on gender norms, sexuality, communication and conflict resolution, HIV/AIDS, and IPV." Notably, each participant had an opportunity to prepare the coffee for the group, and the act of deliberately subverting gender norms[118] was thought to perhaps have contributed to the positive outcomes summarized here as follows:

- Effectively reduces reported perpetration of intimate partner violence (IPV) among indirect beneficiaries (members of the broader community in villages targeted by the intervention) when delivered to men
- Shifts gender norms and HIV risk behaviors among indirect beneficiaries when delivered to men, women, and couples
- In general, the effects for indirect beneficiaries are comparable to the effects for direct beneficiaries, suggesting that intervention messages have effectively diffused through the broader community
- The gender transformative intervention took place in a rural setting with low education and socioeconomic indices: 75 percent women and 50 percent men not educated; and
- Messaging delivered to *men* is diffused to non-participants.[119]

116 Leight J, Deyessa N, Verani F, et al. (28th January 2021) Community level spillover effects of an intervention to prevent intimate partner violence and HIV transmission in rural Ethiopia. BMJ Global Health. https://gh.bmj.com/content/bmjgh/6/1/e004075.full.pdf

117 Ibid. https://gh.bmj.com/content/bmjgh/6/1/e004075.full.pdf

118 Ibid. https://gh.bmj.com/content/bmjgh/6/1/e004075.full.pdf

119 Source: Leight J, Deyessa N, Verani F, et al. Community level spillover effects of an intervention to prevent intimate partner violence and HIV transmission in rural Ethiopia. BMJ Global Health 2021

2. Harnessing communication: Techniques to foster positive change to end VAW – Tanzania, Uganda, and Kenya

Communication tools play a critical role in educating, informing, and supporting actions to end GBV. Examples of three good practice are shared below highlighting the effectiveness of communications tools which recognize gender and the diversity of audience. Public health studies suggest that education entertainment has succeeded where information campaigns have failed.[120] The two examples below—Uganda's communal anti-GBV Edutainment and Kenya's Tahidi High television series—are strong examples of social norms and attitudinal change efforts to end GBV and VAC through the use of commercial media.

Adolescent Schoolgirls Empowered by Television in Kenya121

Tahidi High, a popular Kenyan TV series developed in 2007, is currently doing prime time re-runs that began in 2020. In one recent replay, a man convinces the headmistress of a school to allow a teenage girl who has recently delivered a to return to her studies. The man points out to the headmistress that the future of this Kenyan baby depends on his mother's education and that the father of the child is allowed to return to school.[122]

Several related issues are also discussed including father of the child and his male friends lying about the girl's reputation to shame the girl and tarnish her reputation, school gossip, etc. The issue is resolved with the girl being allowed back to school with the support of the headmaster and her close friends.

Such stories, whether commercially produced or donor-funded, can appeal to a young audience and show the universality of the challenges faced by people of all ages and the positive changes that can be brought about through their own advocacy.

3. Rethinking Safety: A Multidimensional Response to GBV/VAW (Israel)

Women and children suffer twice, once at the hands of the perpetrator and secondly when forced to leave their homes and begin an uncertain future at a safe house. Israel's approach at Beit-Noam is to provide stability for the wife and children instead by removing the perpetrator, but not into incarceration. The perpetrator continues their employment but is housed in a residential facility and barred from returning home until deemed safe for his family.

120 A. Banerjee, A. Ferrara, E. and Orozco, V. (2017); Entertainment, Education and Attitudes Towards Domestic Violence https://www.aeaweb.org/articles?id=10.1257/pandp.20191073. Green, D.P. Wilke, A. and Cooper, J. (January 31, 2019). Countering violence against women at scale: A mass media experiment in rural Uganda. https://www.poverty-action.org/sites/default/files/publications/GreenWilkeCooper2019.pdf, p.28.

121 The Portrait of a Secondary School Student in a Contemporary Kenyan Television Drama: A Study of Tahidi High, p. 24. Wesonga O. Robert June 2011, Wesonga, Kenyatta University doc link

122 Researchers analyzing soap operas and telenovelas (television novel or soap operas), agree that these modern genres shape opinions, prompting viewers to reflect on their lives and prepare for social change. Highly charged soap operas like Tahidi High rely on romantic tension and other features of serial narrative to offer education-entertainment. Robin Okuthe (September 8, 2010) Agencies Take Soap Operas into Life Messaging Microsoft Word - Agencies Take Soap Operas into Life Messaging (sfcg.org).

Hostels for Battering Men: A New Approach in Israel

In 1997, the Beit Noam Association established the Beit Noam Residential Treatment Center, a hostel for battering men who are in criminal proceedings with the law due to domestic violence and who were referred for treatment. Referrals to Beit Noam are mainly by probation officers and social services personnel. The Beit Noam hostel is designed to provide its residents with a therapeutic and educational structure. While battering men undergo an intensive four-month residential treatment program at Beit Noam, their wives or partners and children remain in their home and are not forced to seek shelter outside their communities. The hostel houses 13 residents at any given time, each one for a four- month period, engaged in a therapy process designed to transform their abusive behaviors to nonviolent ones.

Beit Noam residents are the "hard core" of violent behavior in Israel, representing age groups from 18 to 70. They reflect a cross-section of Israeli society and cut across the educational and economic spectrum to include all religious and ethnic divides: Jews, Arabs, Orthodox, and non-observing. The Beit Noam therapeutic rationale is based on:

- **Creating a structure that simulates a home atmosphere**. The therapeutic work transmits experience in running and participating in equal household rights and obligations. The household is run cooperatively by the residents, requiring them to share tasks, co-exist with the other residents, and exert mutual effort to resolve conflicts in a non-violent way

- **Using a combination of dynamic and cognitive behavioral techniques**. The therapists view violent behavior as a result of emotional blocks and navigate the residents through a multi-level process that leads to their taking responsibility for their violent actions, understanding the consequences thereof, and creating alternative communication means, i.e., assertiveness and honesty.[123]

4. Enabling Legal and Policy Environments Using Information Technologies (Democratic Republic of the Congo)

New digital technologies are offering new tools to prevent and respond to VAW and GBV. Technologies have improved women's access to information and services. For example, Physicians for Human Rights launched MediCapt, a mobile application that clinicians in Kenya and the Democratic Republic of the Congo. Health care providers can use MediCapt to compile medical evidence, photograph survivors' injuries, and securely transmit the data to police, lawyers, and judges involved in prosecuting sexual violence crimes.[124]

A further example of how access to legal aid empowers individuals and communities promoting the protection of human rights is illustrated in the example below.

123 Source: https://evaw-global-database.unwomen.org/en/countries/asia/israel/1997/beit-noam-residential-treatment-center-for-perpetrators-of-domestic-violence

124 MediCapt - Physicians for Human Rights (phr.org)

Digital Case Filing System to Facilitate Information Exchange in the Democratic Republic of Congo

In Eastern DRC, for a majority of reported SGBV cases, by the time police reaches the scene, significant evidence has been lost or destroyed. Furthermore, cases that are investigated are rarely shared with the prosecutor's office in Goma due to insufficient coordination. These challenges lead to infrequent prosecutions and feed a culture of impunity whereby perpetrators are led to believe that they will not be held accountable.

To address the communications and collaboration breakdowns that hamper the investigation and prosecution of SGBV cases in eastern DRC, the Rule of Law Initiative of the American Bar Association partnered with the prosecutor's office and the special police force dedicated to women and children to implement an innovative digital case filing system. The digital case filing system enhances police-prosecution collaboration, provides logistical transportation support and enables investigating officers to communicate with prosecutors from the crime scene in real-time through an SMS-based case filing application.

Since October 2013, the SMS case filing system has facilitated the work between prosecutors in North Kivu (Masisi, Walikale and Kasaï Oriental) and police officers, resulting in more of these cases being heard in courts. This work is part of a larger initiative that seeks to enhance local capacity to improve access to justice for victims of SGBV in eastern DRC, including legal education campaigns, psychological and medical assistance clusters, and legal aid clinics.[125]

5. Maximizing Resources for Gender Equality and the Rights of Women and Children (Timor-Leste)

Some countries have attempted to cost a package of essential support services to prevent and respond to violence against women, which gives us some understanding of the scale of investment required. The following example from Timor-Leste describes one approach to assessing the costs of comprehensive GBV prevention efforts as a fraction of total GDP.

Counting the Costs: Timor-Leste[126]

Lao PDR and Timor-Leste both experience widespread violence. Prevalence rates in Timor-Leste are higher than global averages as nearly 59 percent of women report that they have experienced physical and/or sexual violence by an intimate or non-intimate partner since the age of 15, and just over 46 percent in the past 12 months (UNFPA, 2017, p.2). In Lao PDR, a 2015 national study of 3,000 women reported that almost one in three women have experienced physical, sexual, or emotional abuse by a partner (Duvvury et al., 2016, p.6). Yet the costs of intervention are relatively low. In Lao PDR, the cost to establish and operate a package of such services over a three-year timeframe is estimated at US$13.5 million, or 0.25 percent of GDP; in Timor-Leste, this package of services would cost approximately US$6 million over a three-year period or 0.31 percent of GDP. In the latter, this is less than 0.5 percent of the national budget based on current service utilization and just 1.9 percent of the combined budgets of the ministries tasked with providing these services (Duvvury et al., 2016, p.13).

125 Source: United Nations Development Programme (UNDP) and United Nations Office on Drugs and Crime (UNODC) Global Study on Legal Aid Global Report, p. 162. United Nations, October 2016 https://www.unodc.org/documents/justice-and-prison-reform/LegalAid/Global_Study_on_Legal_Aid_-_FINAL.pdf.

126 Zainab Ibrahim, Jayanthi KuruUtumpala, and Jay Goulden (nd). Counting The Cost: The Price Society Pays for Violence Against Women. CARE International Secretariat, Geneva Switzerland. https://www.care-international.org/files/files/Counting_the_costofViolence.pdf.


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