

## TANZANIA: INTEGRATING WOMEN IN ECONOMIC DEVELOPMENT



REGION- AFRICAN	
Population (2014) (Estimated,000)	44929
Population Density (2014 -per sq. km)	51
Human Development Index (HDI -2015)	0.488
Global Gender Gap Rank (2014)	47

SOCIAL INDICATORS		
	Male	Female
Multidimensional Poverty Index (MPI)	0.537	
Percentage of Women in Parliament	36	
Life Expectancy at birth in years (2013)	62	65.3
Labour Force Participation rate	78.2	89.4
Population with at least some secondary education (% aged 25 and above)	5.6	9.2
Estimated Gross National Income (GNI) per capita (USD)	1501\$	1903\$
Maternal mortality ratio (deaths per 100,000 live births) (2010)	460	
Adolescent birth rate (births per 1,000 women aged 15-19) (2010-15)	122.7	



## TANZANIA

### EAST AFRICA - INDIA UNITE: INTEGRATING WOMEN IN ECONOMIC DEVELOPMENT

### Introduction

Tanzania has registered a healthy average growth rate of around 7% in the recent years on the back of strong gold production and tourism. The economy depends heavily on agriculture, which accounts for more than one-quarter of the Gross Domestic Product (GDP). Recent banking reforms have helped increase private-sector growth and investment, and increased spending on agriculture combined with continued donor assistance that has supported economic growth.

### Gender Profile

Tanzania has a gender gap rank of 47/142. According to the Gender Gap Report 2013 released by the World Economic Forum (WEF), women in Tanzania are the least economically empowered in East Africa.

In response to Violence against Women and Girls (VAWG) the Government of Tanzania adopted a Gender Based Violence Policy and Management Guideline in September 2011.

In November, the government set up a stakeholder owned instrument to guide a multi-sectoral prevention committee to address grievances pertaining to VAWGs.

### Socio-Economic Profile

Around 62% of the population over 10 years of age is into farming, 38% are in elementary occupation (service and shop sales craftsmen, technicians). The 2012 Census revealed that Tanzania age dependency ratio was 92, implying that there were 100 people in age 15–64 supporting 92 persons in age groups 0-14 and 65 years and above.

### Education Profile

Although enrolment is close to universal at primary level, with gender parity almost achieved, at secondary level only 31% of boys and 24% of girls are enrolled in school thus indicating significant gender disparities. Around 76% of girls are missing out on secondary education, compared to just 3% at primary education level. In 2009, the adult literacy rate for women in Tanzania was estimated at 67%. In other words, roughly one in three

women (or 33%) still lacks basic literacy skills.

### Health Profile

Tanzania intends to reduce the disease burden, especially from HIV/AIDS and malaria, and to strengthen its health system.

Furthermore, it continues to support Community Health Funds (CHF), a community-based insurance scheme, in primary health care centres, and the Health Service Fund, a cost-sharing mechanism in operating hospitals.

These approaches have increased both access to health care, especially in rural areas, and the resources available to health facilities.

The Ministry of Health (MoH) also intends to better integrate vertical programmes into the health service delivery system and focus more on reproductive and child health interventions. There is reliance on external cooperation and around 40% of MoH budget is financed by bilateral or multi-lateral agencies.

**National Framework: Policies, Programmes and Initiatives**

Although the Sexual Offences Special Provision Act (SOSPA) has been enacted, there still remain huge gaps in the enforcement of legislations and institutions, the government is committed to further transformation of legal and policy framework to end gender based violence.

To ensure effective implementation of the Women and Gender Development Policy, a National Strategy for Gender Development (NSGD) to promote gender equality and equity has been introduced since 2008.



**Addressing Violence Against Women**

In Tanzania almost half of women under 50 report being physically or sexually assaulted at some point in their lives. The 2010 Tanzania Demographic and Health Survey (TDHS) found that almost half (45%) of women aged 15-49 had experienced either physical or sexual violence. One in two ever-married women reported having experienced either one or a combination of emotional, physical, and sexual violence at the hands of their current or former partners.

**Opportunities and Challenges**

The women empowerment initiatives which are operational in Tanzania are gradually leading to socio-economic changes that go far beyond mere

**STORIES OF CHANGE: SOCIAL ACCOUNTABILITY PROGRAMME**

Social accountability is an approach towards building accountability that relies on civic engagement, in which citizens participate directly or indirectly in demanding accountability from service providers and public officials. Social accountability generally combines information on rights and service delivery with collective action for change (*World Bank*). The Social Accountability Programme in Tanzania (SAPT) for the period of 2010-2012, specifically in three districts namely Karagwe, Ukerewe and Magu in the Northern part of Tanzania has recorded impressive implementation.

The implementation is strengthened by Social Accountability Monitoring Committees (SAMCs) at the community level which make the local leaders accountable and service the formation and strengthening of the SAMCs. This is unique as in Tanzania, most SAM exercises in take place at higher levels by Civil Society Organisations (CSOs).

The introduction of Community Resource Centres (CRCs) with their four primary activities: access to information through television, internet and documentation; safe space for dialogue and debate; access to paralegal services; communication through community radios, investigative journalism and theatre/plays also strengthens the programme.

In addition, the establishment of the Youth Shadow Councils in the three districts, allows the youth to participate in its own development and provides an opportunity for the Local Government Authorities (LGAs) and the youth to get connected.

quantitative indicators. They also result in profound qualitative changes in the nature of production and employment, in the patterns of ownership and identity, in the structure of families and communities.

The challenges lie in patriarchal system, customs and traditions that discriminate women and continue to perpetuate gender inequalities, gender capacity and institutional aspects. Inadequate policies, need for technologies and rural infrastructure in Tanzania provide ample scope for cross learnings from India.

Lessons could be also drawn from the grass-root health workers in India called Accredited Social Health Activist (ASHA) to improve their maternal and child health. There are successful lessons in women empowerment through micro-financing and increased safety measures in India which might be shared with Tanzania.

**The Way Forward**

There is a need for training legislative implementers working towards prevention of violence against women and children in coordination with relevant ministries. Capacity building is needed in the area of providing healthcare service for reproductive and sexual rights of adolescents.

India has the opportunity to provide technical support to develop and implement a pilot and plan scale up of community (women) led economic (social, political) empowerment of women initiatives.

*\* Compiled from various internet sources. The figures may not be accurate.*

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