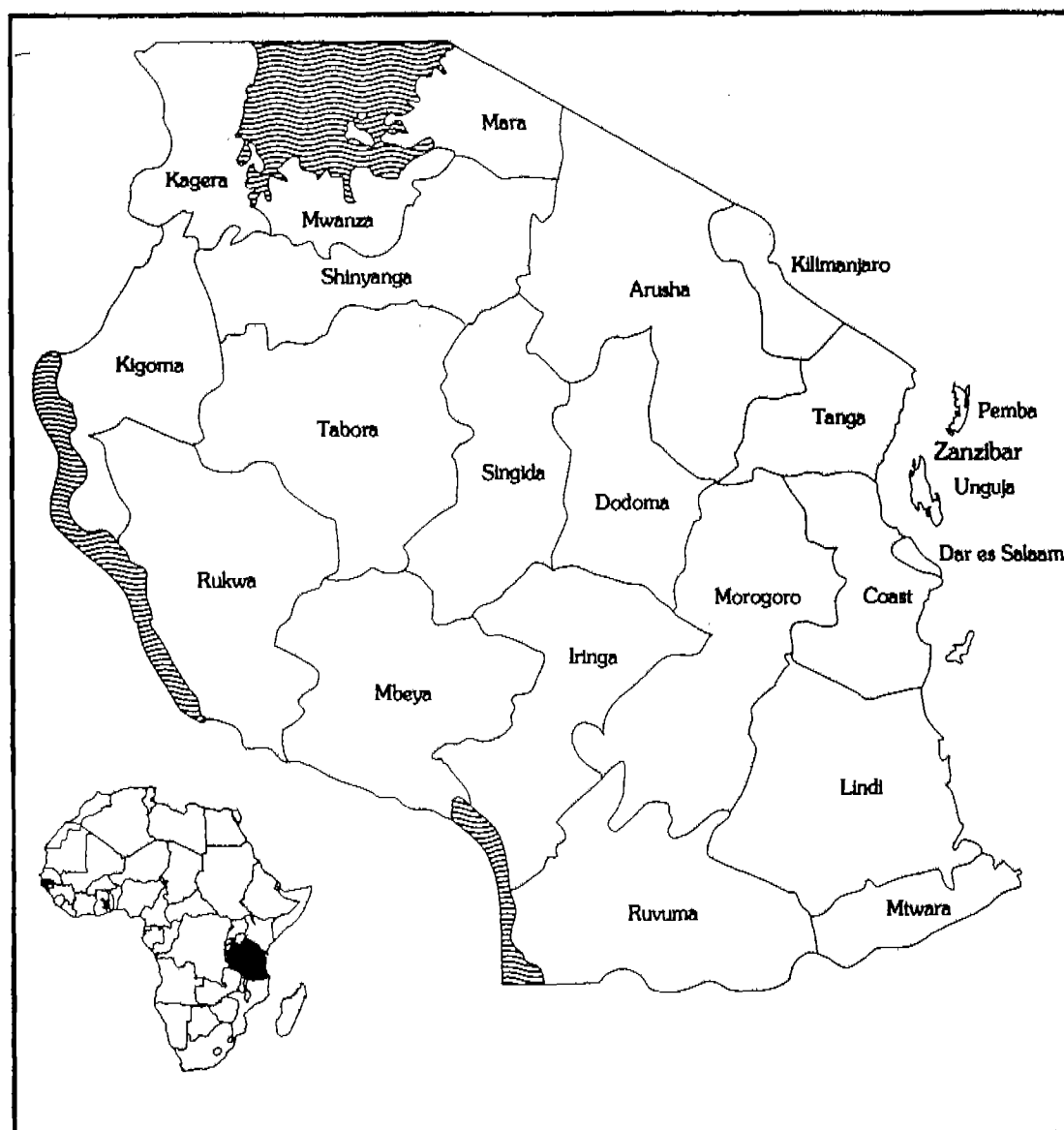


# EMPOWERING COMMUNITIES FOR DEVELOPMENT



UNICEF in Tanzania

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Population (1992 estimate):	27 million	Health facility access (1988)	76% within 5 km
Growth rate:	2.8%	Clean water access (1992):	56%
Density:	26/sq km	Proper sanitation(1992):	68% of households
Distribution, rural :	80% (Mainland)	Literacy (1989):	90% (female 88%)
	65% (Zanzibar)	Primary school enrolment (1991):	gross 90%; net 58%
Life expectancy (1991):	51 years	GNP/capita (1991):	US\$ 110
Infant mortality:	115/1000	Exports (1991):	US\$ 394 m
Under 5 mortality:	192/1000	Imports (1991):	US\$ 1,381 m
Maternal mortality:	300-400/100,000	External debt (1993):	US\$ 4.6 b
Immunisation coverage (1991):	61% of 1 year olds	ODA (1990):	US\$ 1,155 m

Sources: 1988 Census, Government of Tanzania and UNICEF data

## COMMUNITIES CARING FOR THEMSELVES

**T**anzania's tremendous efforts to pursue human development and meet basic needs are challenged by today's harsh realities, turning noble plans and commitments into fragile dreams. The empowering of individual parents and communities through community-based support programmes is showing one way to secure social investment and sustainability.

The essence of the community-based initiative in social development lies not only in its location and aims, but also in its continually responsive nature. Rapid and focussed reaction to household and community development needs is prime among the characteristics of this approach. The community-based strategy recognises that it is people that drive development; it emphasises community confidence and self-esteem to release potential.

Clearly, some elements of human development are more easily and swiftly pursued than others; the issues relating to the condition of women are among the most complex. But, within the community-based approach, they are pursued nonetheless. Monitoring changes in circumstances and their interaction with the overall human development context provides a continuous reference point for progress.

Opportunities exist for Tanzania and her development partners to meet the commitments made at the World Summit for Children and the regional follow-up meetings, including the International Conference on Assistance to African Children at Dakar, Senegal, in November 1992.

The following pages describe this approach to community empowerment and explain the support that is needed for it to mature and expand.

### **"CHILDREN DON'T DIE HERE ANY MORE" ...**

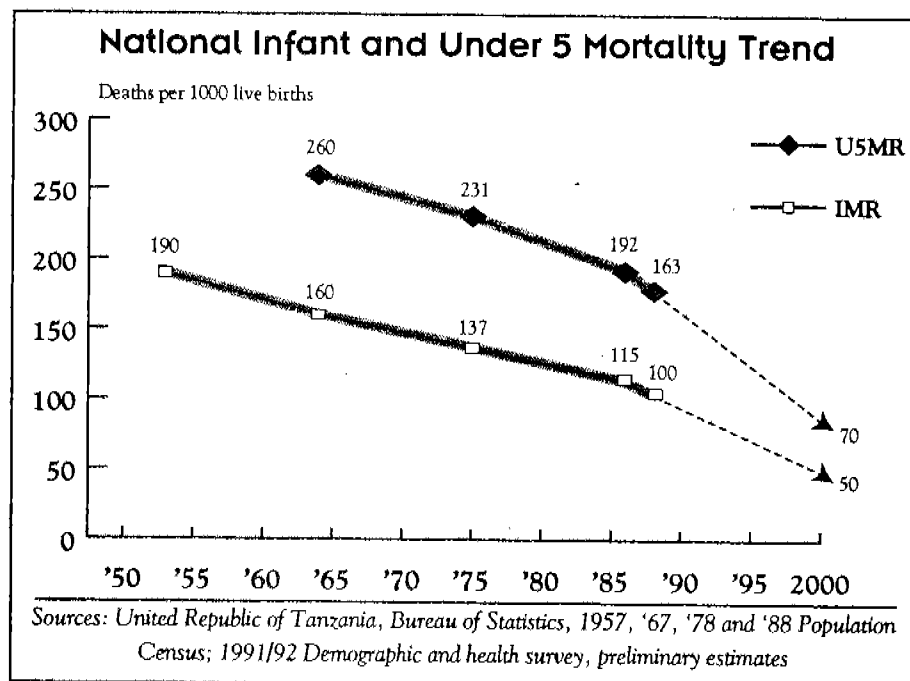
The people of Kagera, Morogoro, Mtwara, Ruvuma, Shinyanga, and Singida Regions and Hai District in Kilimanjaro Region have for several years now been able to echo the words of that Iringa mother when the nutrition programme dramatically reduced the severe malnutrition rate from almost 6 per cent to barely 1 per cent. Along with immunisation coverage of more than 80 per cent, the outcome is decreasing mortality. Moreover, preliminary figures from a demographic health survey still being analysed give new hope that Tanzania's ambitious Goals for Children and Women for the Year 2000 can be realised.

Tanzania has continued to add achievements to its already impressive record of pursuing human development objectives set at independence with its explicitly egalitarian policy. Universal provision of social services and rural development were accorded special attention and reached unprecedented levels in the 1970s, placing

# EMPOWERING COMMUNITIES FOR DEVELOPMENT

Tanzania firmly in the forefront of rural development. In 1988, Tanzania reached the goal of universal child immunisation (UCI) two years ahead of the target date, and of other large sub-Saharan African countries.

The cumulative effect of these achievements is evident today. Tanzania's Human Development Index rating continues to improve despite its very low GNP and serious economic constraints. This provides a conducive environment for coherent efforts to promote the survival, protection and development of children. Continuity of commitment and clarity is assured through the recently formulated **National Programme of Action to Achieve the Goals for Tanzanian Children in the 1990s (NPA)**. The NPA enunciates a social development framework which incorporates the proven community-based strategy.

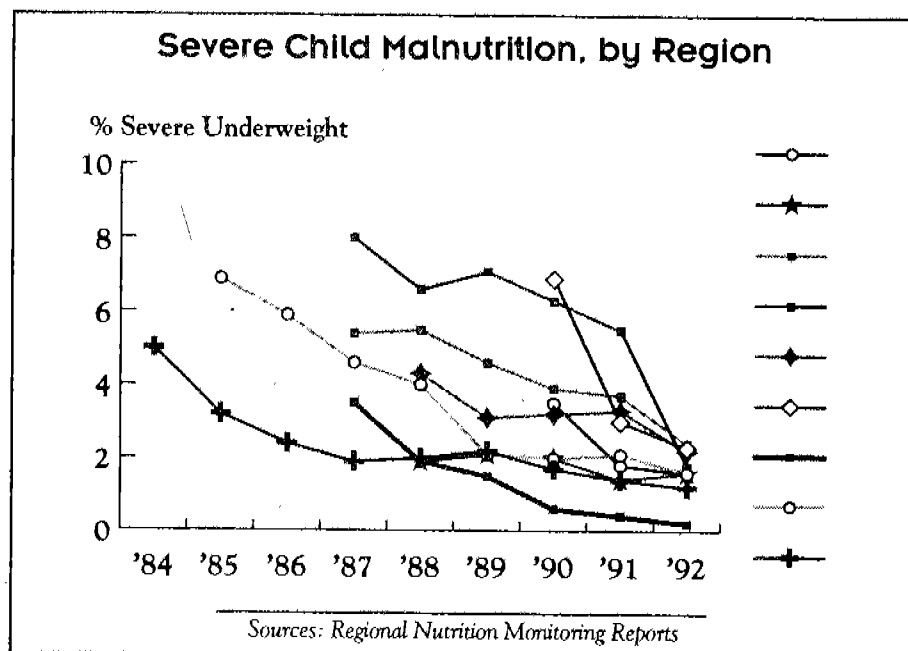


## ...BUT CHALLENGES REMAIN

There is still much work to be done, both to consolidate the gains and to reach the people not yet part of the community-based effort in both urban and rural areas. The rural areas are home to 80 per cent of Tanzanians who live on the Mainland and 65 per cent of those who live on the islands of Zanzibar. Current rapid urbanisation will very likely change these proportions significantly by the turn of the century.

But, whether rural or urban, all people face the new dangers presented by the increasing prevalence of malaria, HIV infection and AIDS and the difficulties wrought by the current economic situation.

Health facilities are within 5 km of over 70 per cent of Tanzania's population and include an extensive network of rural dispensaries providing maternal and child care. Almost all pregnant women attend clinic at least once and almost all



# Communities caring for themselves

children are now being vaccinated. But the women will still face a lifetime of risk in childbirth 200 times greater than a Northern European woman unless a repaired and revitalised health service joins others in robustly addressing maternal mortality. Malaria, diarrhoeal and respiratory infections will continue to combine with malnutrition every year to kill 80 per cent of the 200,000 children who die before their fifth birthday unless health service outreach extends effectively to every community as it did during UCI. Without effective integration of health with other services for community **nutrition**, nearly half of all under-fives will continue to be malnourished and 300,000 will suffer the damage of severe malnutrition.

Tanzania does not suffer from food shortages in aggregate terms, but some parts of the country are prone to drought and flooding, and marketing and transportation constraints hinder the smooth transfer of food crops from surplus areas to those with food shortages. In urban areas, this has made food prices high relative to incomes.

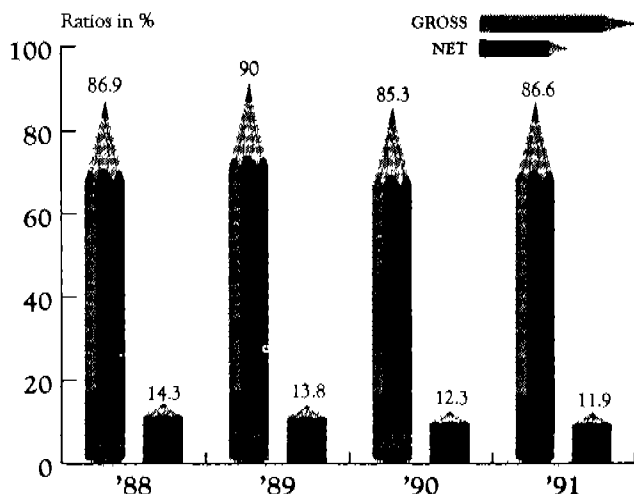
Within community-based programme areas, efforts are being made to relieve problems of household food security using improved technology for both agricultural and domestic tasks. This is principally to assist women, who still have to combine production with time- and calorie-consuming domestic work.

Improved **water** supplies have reached almost half of Mainland's rural population, but breakdowns are common. In rural districts of Zanzibar, access to piped water is low - only 8 per cent in some parts. Without expansion of the community management of water schemes, potable supplies will remain distant and demanding of women's time, strength and energy.

**Sanitation** schemes provide latrines for 80 per cent of Mainland households. But unhygienic practices cause frequent diarrhoeal disease episodes.

**Early childhood development** depends critically on appropriate individual attention and stimulation. Parents weighed under heavy workloads and caretakers with insufficient knowledge or commitment cannot provide what is needed. Formally organised child care is rare - even in urban areas - and often with inadequate services for both physical and cognitive development.

**Standard 1 Enrolment Ratios  
Mainland Tanzania, 1988-1991**



Sources: Ministry of Education, Bureau of Statistics

Gross = (total enrolment in Std 1/ total of 7 years olds) x 100%

Net = (number of 7 year olds in Std 1/ total of 7 year olds) x 100%

Basic education for the girl child through primary schools and women through adult literacy programmes have resulted in high rates of enrolment equal to those of boys and men in almost all parts of the Mainland. But this is not so at university and technical levels of education, which reflects cumulative drop-outs stemming from late primary enrolment and other social factors.

Gross primary enrolment in Mainland is still high at almost 80 per cent, but in Zanzibar it is 62 per cent. **Net** enrolment rates are much lower because children start school later than the official school entry age of 7 years. This has serious implications - particularly for girls. Conditions are aggravated by shortages of teaching and reading materials and the poor state of classrooms.

## EMPOWERING COMMUNITIES FOR DEVELOPMENT

Post-primary education for young women is still dominated by training for gender stereotyped jobs. Traditions militate against women speaking up in public, travelling or being away from home. Without more effort to improve the condition of women and their status, even the modest level of empowerment achieved in communities in Mainland and Zanzibar with community-based child survival, protection and development programmes will not extend elsewhere.

With Tanzania's well-established social service infrastructure dogged by chronic underfunding and deteriorating conditions of employment for staff, delivery of services is affected. In most areas social development progress is largely due to local community effort. Households are contributing to the costs of services through provision of labour in constructing schools, health facilities and water supplies, and by making cash contributions.

Tanzania's clear policy commitment to social service provision is strongly supported by international agencies, non-governmental organisations (NGOs) and the efforts of communities and individuals. This needs to be reiterated and taken forward in solid partnership, for the challenges are beyond the individual strength of the world's second poorest country.

### IN THE FACE OF DIFFICULTY

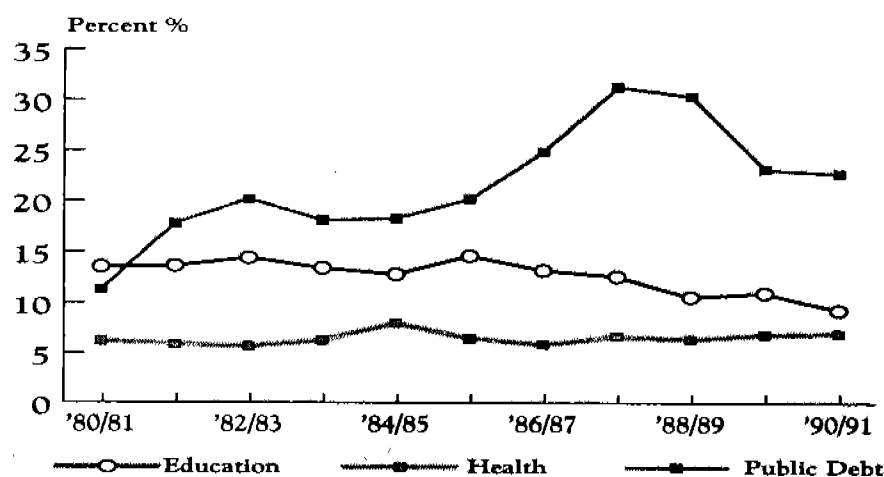
The economic and natural shocks that Tanzania faced in the 1970s, including the doubling of oil prices, deteriorating terms of trade, severe and protracted drought, the break-up of the East African Community and the war against Idi Amin of Uganda, took their toll and left a bitter legacy.

In the 1980s real interest rates and debt servicing increased sharply while terms of trade, exports and per capita income continued to decline. The resulting abrupt fall in import capacity provoked serious shortages of raw materials, spare parts, machinery and consumer goods. Real government spending on health and education declined, service standards and infrastructure began to deteriorate.

Substantial fluctuations in international prices for Tanzanian exports have contributed to an external debt estimated in 1993 by the Bank of Tanzania at US \$4.6 billion - almost twice the GNP. Inflation remains high at between 20 and 25 per cent annually. Poor households have suffered from rapid devaluation, increased unemployment and growing inequality in access to income and resources.

Economic recovery is fragile, highly susceptible to reversal by international developments over which Tanzania has no control. The government's budget has

**Government Expenditure on Education and Health**



Sources: United Republic of Tanzania, Planning Commission,  
Economic Survey, various issues

# Communities caring for themselves

been adjusted to meet the demands of financial restructuring - one quarter goes to external debt servicing - giving lower priority to the measures agreed with the IMF and World Bank for improving the delivery of social services.

But, even if all the proposals are put in place, the people who will benefit in the short run will be those with relative economic or management strength who can take advantage of the incentives offered by the economic recovery programme. The poorest areas and the most vulnerable households are not among them.

Local constraints combine with external pressures to exacerbate the conditions of the poorest. Customary inheritance laws favour males, giving them control of land. Customary gender divisions of labour make women contribute to agricultural production for cash and consumption as well as having responsibility for time- and energy-consuming domestic chores. Yet males enjoy control over the cash income from the sale of crops. Women are not formally recognised as an economic force, their work is assigned no cash value and, therefore, not counted by the statisticians.



Women do not have an equal voice when it comes to decision-making at any level. But affirmative legislation now ensures that at least 25 per cent of members of all local government decision-making organs will be women as will 15 per cent of the National Assembly.

Millions of women and other historically disadvantaged population groups are most in need of the fragile essential services and will be the hardest hit by the imposition of more fees. Their hard-earned resources must be supplemented to meet their needs and serve their development

effectively. Without the resources, the alarming prospect exists that those considering themselves 'safe', after ten years of community-based efforts to achieve a level of development adequate to sustain life and fulfill potential, may have to watch themselves slipping back to the misery and fears they thought they had left behind.



# EMPOWERING COMMUNITIES FOR DEVELOPMENT

## ... HOPE LIVES ON

Tanzania continues to be a peaceful country. It has great economic potential and current reforms are expected to produce significant results in the foreseeable future. The government remains committed to a human-centred development approach and willing to take initiatives in favour of women and children.

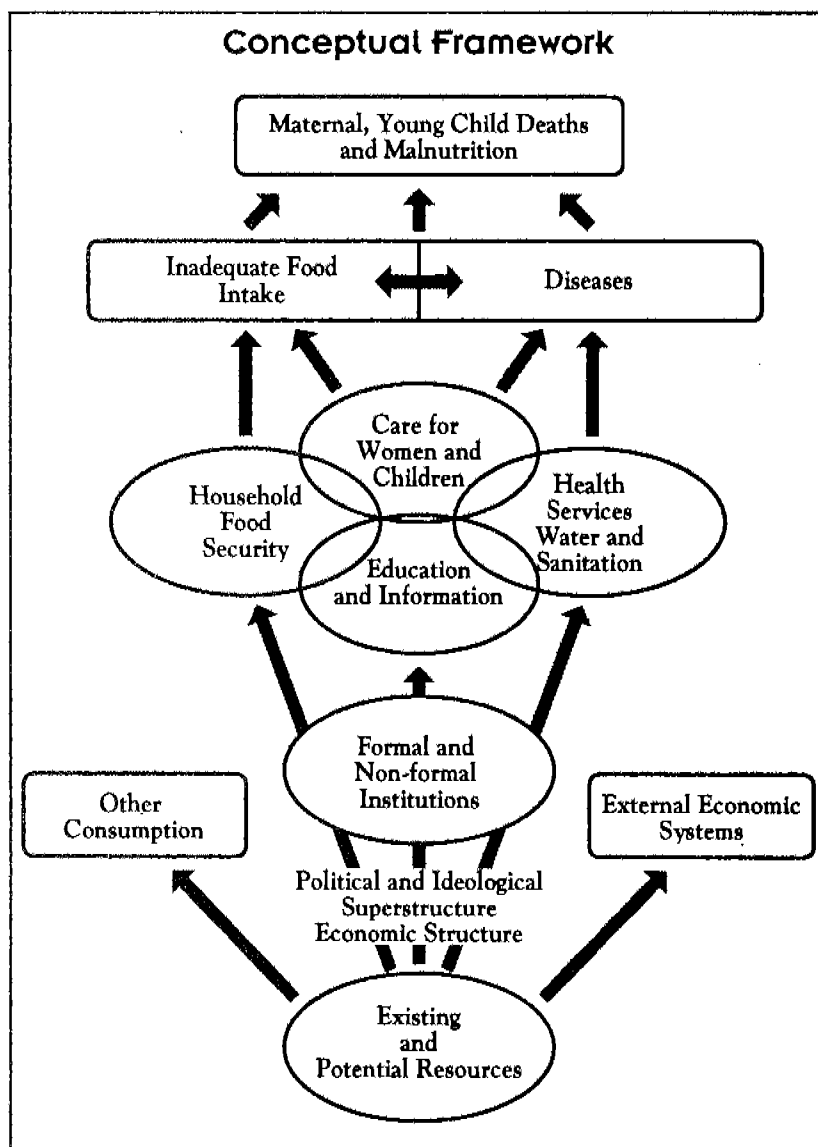
The institutional framework, reaching down from the national, regional, district, ward, and village to neighbourhood level, embodies a participatory political culture that enhances programme implementation. Decentralisation has laid the ground for greater allocation of resources to the social sectors and increased the scope for co-operation with NGOs and other agencies, especially at district levels and in support of the community-based programmes.

The Assessment-Analysis-Action (Triple A) approach and conceptual framework for analysing the causes of problems are well established in programme areas for problem-solving. They bind together planners and implementors of child survival, protection and development programmes at all levels, providing them with a common language and continuous intellectual discourse about the programmes. The village level knowledge base, information gathering and management systems are well established, beginning with growth monitoring during quarterly village health days. Decisions on child welfare are no longer taken 'blind'.

Recent data suggest that Tanzania is making good progress towards its human development goals. Children's nutrition status is improving in areas with community-based programmes. The operational methodologies of these programmes are now developed to the point where they are applicable on a nationwide scale. This approach has been adopted within the NPA and will guide all efforts to achieve Tanzania's Goals for Children and Women.

The development of a policy for women and children has been placed high on the national agenda, and awareness of related issues has been raised through extensive advocacy activities at national and regional levels.

UNICEF's support and leadership in these activities have earned it a high degree of credibility in the country. It works with an expanding network of allies and partners who can join forces and, together, tackle the challenges that form the future, working not for but with people by supporting the good they already do.



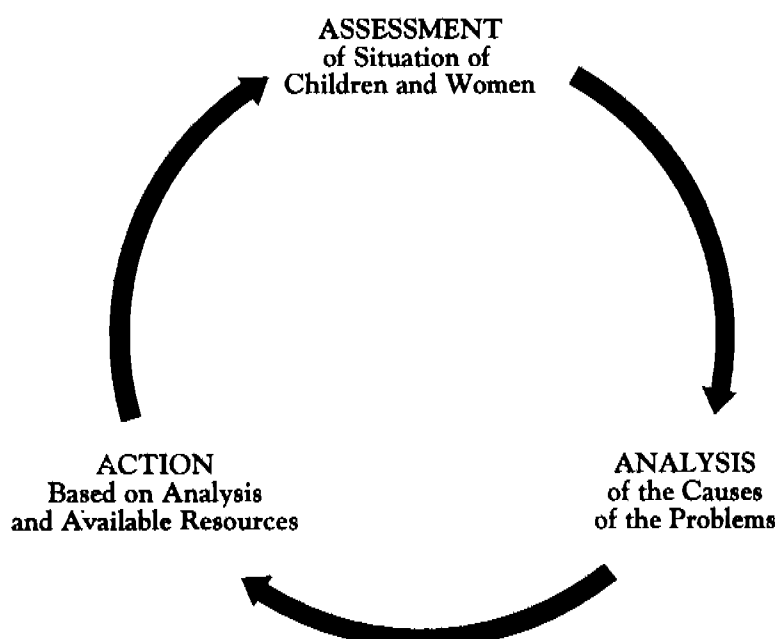
# Communities caring for themselves

## STEPS TOWARDS SUCCESS

Tanzania's political and administrative focus on human development objectives must be supported, and equal rights and opportunities of all safeguarded. People must be enabled to participate fully in analysis and decision-making in the development process, exploring alternative solutions which they can manage and control.

Problem analysis must continue to be guided by the framework which systematically investigates deeper levels of causation and promotes integrated action. And it must continue to emphasise the role of communities themselves in improving life for women and children: for monitoring conditions and for taking specific actions in the process of assessment-analysis-action.

### Assesment Analysis and Action Cycle



The improved access to information and use of the monitoring system, which show that re-allocation of resources within households are key factors in bringing about positive results, must continue.

National and regional administrative levels need to provide policy guidance and technical support, and ensure accountability, including social accountability, rather than providing direct services and implementing actions. The capacity-building needed to achieve this shift must be supported, too.

The persisting structural constraints must be tackled to improve GNP (US \$110) and increase the availability of resources at national level. The growing uncertainty surrounding

the future of international development assistance, which makes long-term investment planning an impossible dream, must be addressed.

UNICEF in Tanzania must continue in the forefront of efforts to strengthen community-based management of social development.

Together Tanzania, UNICEF, the international donor community and NGOs must strengthen their partnership, and honour their commitments. Support to the social sector programmes outlined in this document - and the NPA - will be an important demonstration of such partnership, a systematic response to the need for co-ordinated and accelerated action, and a real contribution to sustainable human development.

## Priority Programmes for Supplementary Funding: Summary of investments Required

The budget for UNICEF's support annually is almost US \$17 million of General Resources and Supplementary Funds. This level of funding has enabled UNICEF to assist in building up the capacities of institutions and individuals, and in improving the delivery of services in 31 districts of 11 Mainland regions and all regions of Zanzibar. To continue to provide the full support needed for these programmes, UNICEF still requires supplementary funding in its current approved programme of co-operation, 1992 to 1996.

The supplementary funding priorities are summarised below. A profile of each programme is provided in this section.

Programme	Funding Required (US \$ '000s)			
	1993/1994	1995	1996	Total
<b>Mainland</b>				
Community-Based Programme for Women and Children in Mara Region	547	542	285	1,374
Community-Based Programme for Women and Children in Mwanza Region	846	946	720	2,512
Community Management of Child Development and Education	1,010	958	916	2,884
Community Management of Water and Sanitation	1,331	748	621	2,700
Community-Based Health Services	1,030	1,158	1,030	3,218
<b>Sub-total (Mainland)</b>	<b>4,764</b>	<b>4,352</b>	<b>3,572</b>	<b>12,688</b>
<b>Zanzibar</b>				
Community-Based Programme for Women and Children in Zanzibar	360	300	100	760
Community Management of Child Development and Education	1,036	1,000	957	2,993
<b>Sub-total (Zanzibar)</b>	<b>1,396</b>	<b>1,300</b>	<b>1,057</b>	<b>3,753</b>
<b>Grand Total (Mainland &amp; Zanzibar)</b>	<b>6,160</b>	<b>5,652</b>	<b>4,629</b>	<b>16,441</b>

## EMPOWERING COMMUNITIES FOR DEVELOPMENT

Parts of the region, especially in Tarime and rural parts of Musoma Districts, have been particularly hit by drought conditions and their basic food crop, cassava, afflicted by mealy bug.

### The Story So Far

Mara's regional authorities took the initiative to plan and budget for the start of a community-based programme for women and children. UNICEF was able to support it in 1989 through a child nutrition surveillance project in Tarime and Serengeti, implemented through the Tanzania Food and Nutrition Centre (TFNC). SIDA provided complementary support within the Health through Sanitation and Water (HESAWA) project. At the end of 1991, SIDA requested UNICEF's assistance in supporting health in Mara. The broader community-based programme was built on the foundations provided by the efforts of the surveillance and HESAWA projects. Funding was provided for 1992 through 1994.

The initial phase of the programme allowed for consolidation of work in the first 43 villages in Serengeti and Tarime which had been included in the nutrition surveillance project. Village health workers, child care attendants, and traditional birth attendants were among those trained and provided with basic work materials. The additional funding made possible the expansion of the programme to Musoma Rural and Bunda Districts.

Results from the monitoring system are encouraging.

### UNDER 5 SEVERE MALNUTRITION

	Tarime	Serengeti
August 1990	4.1	*10.3
December 1990	8.2	4.7
March 1991	3.1	6.7
June 1991	2.3	4.4
Sept. 1991	1.3	5.7
Dec. 1991	1.6	2.3
March 1992	1.4	2.7
June 1992	2.2	2.8
Sept. 1992	2.7	3.1
Dec. 1992	n.a.	3.0

\* rehabilitation done

There are constraints in the capacities of district and regional staff to support adequately the consolidation and expansion of activities and decentralisation of management responsibility. Clearly, strong support is needed from national institutions, notably the Prime Minister's Office - responsible for Local Government - the Ministry of Health, the Ministry of Community Development, Women and Children, and the TFNC as well as UNICEF in order to regain earlier momentum.

### Next Steps

The community-based programme is poised to expand, adding the villages of one additional division each year in Musoma and Bunda Districts and two annually in Tarime, if funding is made available for the period 1994 to 1996. With additional funding, the programme will also include families in Musoma Urban District in 1994. Supporting services will be required by all villages for basic health care, for

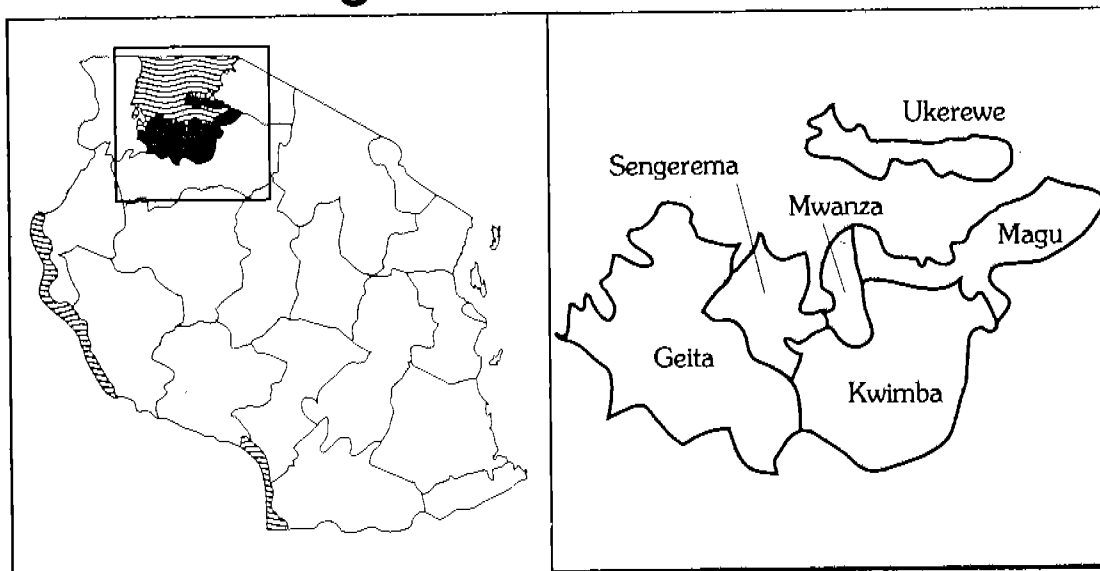
strengthening support to child feeding, child care and women's development. HESAWA will continue to support improvements in water supplies.

The main elements of support and the required funding are shown below. Specific plans of support for communities will be developed according to the data provided by the community management and monitoring system. District and regional development budgets will provide government support for the programme as they have done in the past. This is in addition to the recurrent costs of salaries and other expenses of the considerable number of government field staff, particularly in community development, health and planning.

## Investment Required

	(US \$ '000s)			
	1993/1994	1995	1996	Total
Community mobilisation, participation and management	250	250	120	620
Adequacy of food intake	20	20	15	55
Child development and education	55	75	25	155
Health, sanitation and water	150	150	100	400
Income generation in poor households	36	20	10	66
District management	36	27	15	78
	<b>547</b>	<b>542</b>	<b>285</b>	<b>1,374</b>

## Community-Based Programme for Women and Children in Mwanza Region



	Mwanza	National	District	IMR	U5MR	Population	Children below 5
Total Population	1,876,635	8.1% of national	<b>Mwanza</b>	93	151	221,209	35,594
Children below 5	323,9591	4.4% of national	<b>Sengerema</b>	114	190	303,897	54,148
IMR	115	115 national	<b>Ukerewe</b>	126	212	172,946	28,245
U5MR	192	192 national	<b>Magu</b>	132	222	311,835	53,617
Female Population	949,724	8.0% of national	<b>Kwimba</b>	117	196	427,726	73,903
Male Population	926,911	8.2 % of national	<b>Geita</b>	109	180	439,022	78,452
Population Growth Rate/year	2.6	2.8 national	<i>Based on 1988 National Census</i>				
No. of Households	297,496	4,297.128					
Average Household Size	6.4	5.2 national					
Population Density	96	26.0 national					
Land Area (Sq.Km)	19,592	881,300					

### Why Mwanza?

On the southern shores of Lake Victoria, Mwanza is a bustling region with the highest regional population and density in the country. Mwanza is home to one of the nation's largest urban areas, which serves as a centre for the whole Lake Zone. It is an oasis of opportunity - for some.

Surveys indicate that the nutrition status of under-fives is around the national average with 'pockets' where it is much worse. Maternal and perinatal mortality studies also indicate that the health and nutrition situation of women is not good. But, in Mwanza Region, there is a strong regional commitment to improve life for women and children.

## The Story So Far

Regional authorities in Mwanza planned and budgeted for their own community-based programme for women and children, allocating part of its development funds in 1991 to start up in Geita District. Initially some support for health and improved water and sanitation came through the Health through Sanitation and Water (HESAWA) project with support from SIDA. UNICEF was able to provide supplementary funds in 1991 to strengthen the community-based programme in response to SIDA's request that it participate in supporting health in Mwanza.

The community-based programme was able to build on the foundations laid by the HESAWA project and began in 71 villages in Geita District and 29 in Sengerema. Regional and district staff have taken to the programme approach with enthusiasm. A good start has been made.

## Next Steps

The plan is to extend the community-based programme, adding more divisions each year in Geita and Sengerema Districts and bringing in villages of Kwimba and Ukerewe Districts. With additional funding, the programme will also be able to include families in Mwanza District, a predominantly urban area. Supporting services will be required by all communities for basic health care, for strengthening support for child feeding, child care and women's development.

The main elements of support required are shown below; detailed plans will be formulated on the basis of data generated by the community management and monitoring system.

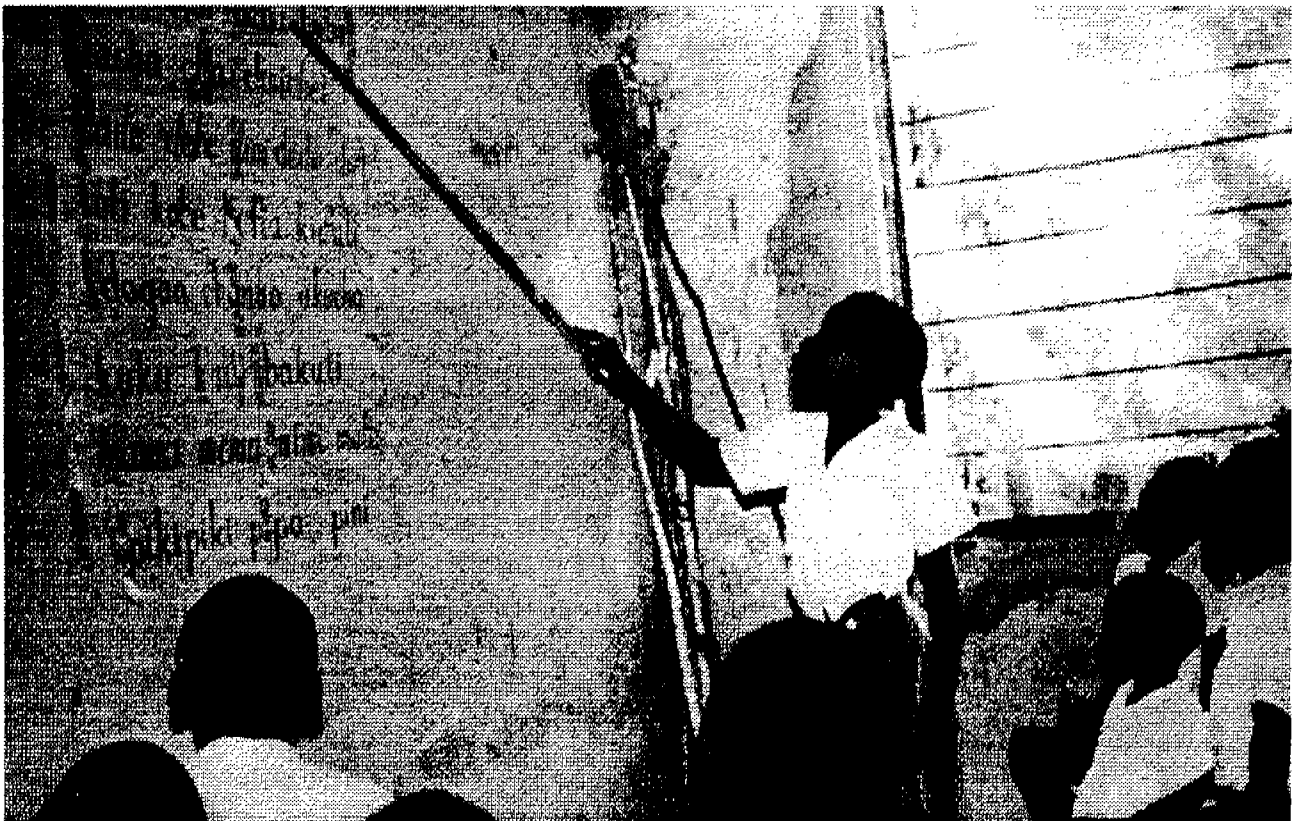
District and regional development budgets will continue to provide for government support. In addition they will cover the recurrent costs of salaries and other expenses of government field staff, particularly in community development, health and planning.

## Investment Required

	1993/1994	1995	(US \$ '000s)	
			1996	Total
Community mobilisation, participation and management	295	295	240	830
Adequacy of food intake	50	50	40	140
Child development and education	100	100	80	280
Health, sanitation and water	261	295	240	796
Income generation in poor households	40	106	40	186
District management	100	100	80	280
	<b>846</b>	<b>946</b>	<b>720</b>	<b>2,512</b>

## Community Management of Child Development and Education

In Masasi, Biharamulo, Mufindi, Hai and Morogoro Urban Districts



Basic education has long been a renowned Tanzanian social sector showpiece. Great store has always been set by education and communities have been expected to contribute for the provision of primary education. Schools have been built with self-help labour, parents participate in school committees and provide school uniforms. Things are no different now in this respect. Strategies and plans are being articulated for education into the 21st century, paying much attention to increasing the numbers and quality of technically trained people. But such strategies need to be based on the firm foundations of early child development and a sound primary school system. At present the former is barely developed and the latter is losing momentum after years of chronic underfunding.



## Why Child Development and Education?

The ability to learn is affected by health and nutrition; if these are inadequate, the development of the child and capacity of the adult will be adversely affected. Physical growth is not enough; it must be accompanied by social, emotional and intellectual growth, which need as much support as physical development.

Up to 2 years of age, children in Tanzania enjoy proper feeding, especially breastfeeding, and achieve reasonably good physical growth. Thereafter, they enjoy the increasing independence of toddlers everywhere. But they are likely to have a younger sibling demanding the attention of their mother. Interacting primarily with siblings and friends in the neighbourhood, they receive little systematic support for their cognitive development. Organised child care facilities are very limited and accessible only to the well-off. But **madrassas**, which offer Islamic instruction, are available to all Muslim children and are well attended.

While almost all children get enrolled in school, only 12 per cent are enrolled at the official school entry age of 7 years. As a result, they are in primary school well into their teenage years, when economic and social pressures increase drop-out rates.

Some children need special care because of their especially difficult circumstances. In Tanzania they are orphans - particularly those orphaned by AIDS in communities devastated by this epidemic - disabled children, the blind, and a growing number of urban street children.

The additional finances for primary education, indicated in the government's policy framework with the IMF and World Bank, are absolutely essential. But, even if these become available - which might not be soon - they must be accompanied by renewed social interest and community management of primary education. More attention needs to be paid to early childhood development, too.

## The Story So Far

Community-based programmes have been successful in enhancing communities' management of systems to improve children's well-being. The experience serves as a useful base for expansion into the legally but not practically decentralised education systems and to assist districts to assume their responsibilities in this process.

Endorsing the Jomtien Conference goals on Education for All, the current aims are to improve capabilities at community, district and national levels to achieve these goals. Improved capabilities imply improved information systems and their use the information to plan and mobilise resources to implement effective actions at all levels.

## Next Steps

Operational trials in Masasi District (Mtwara), Mufindi District (Iringa), Biharamulo District (Kagera), Hai District (Kilimanjaro), and Morogoro Urban District - a cross-section of districts with established community-based programmes for women and children. They will test methodologies and procedures for community monitoring of the cognitive development of individual children and incorporate milestones in the community-based system currently used to monitor children's nutrition status.

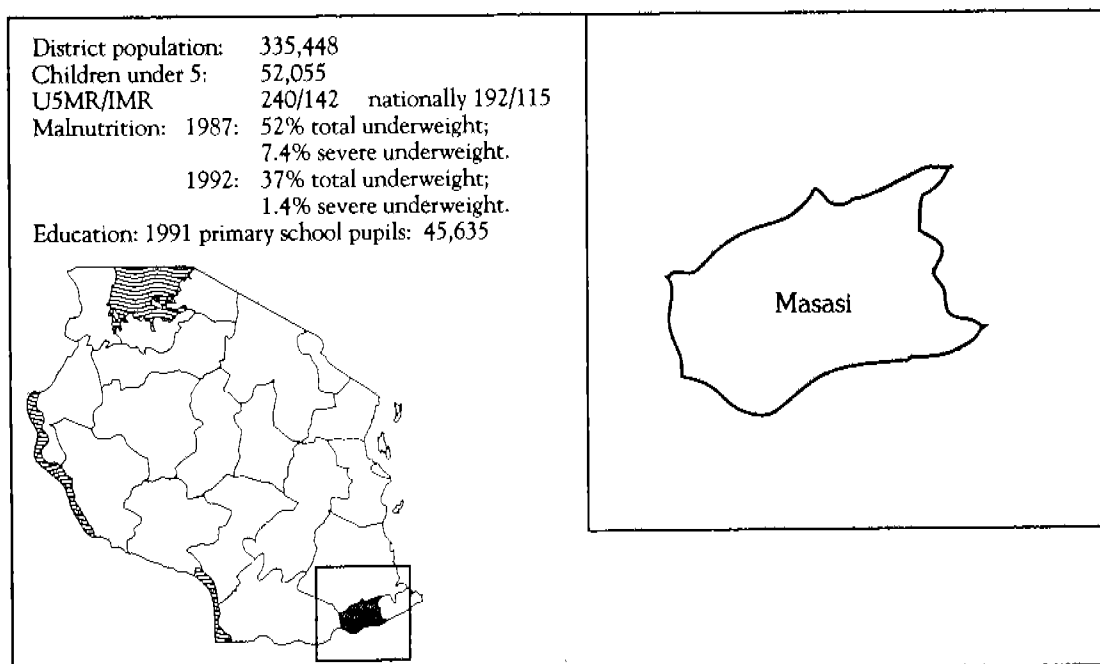
Village committees, now responsible for social services in the community and for management of schools, will use the information in the monitoring system to strengthen provision of early childhood development services and primary schooling. Thus, the committees can strengthen their control over the delivery of primary schooling, its quality and monitoring of progress of the children.

# Investing in Tomorrow - Education

A start has been made with UNICEF funds from general resources. In all five districts, integrated district planning workshops have taken place, where staff of all the relevant sectors compiled and analysed data and agreed with local leaders on priorities. A great deal of information is available at district level within the education system, but not much of it has been systematically and regularly analysed. This process has now begun.

Strong community management systems for child development and education are an essential complement to the national and international support for improved education being provided by the government, the World Bank, SIDA, DANIDA, NORAD, ODA and other agencies.

## ...in Masasi



The community-based programme for women and children in historically underdeveloped Masasi has reduced the very high rates of severe malnutrition through concerted efforts of community workers and households mobilised. Their attention focussed on child feeding, increasing both the quality and frequency of meals, and on vaccination, achieving high coverage.

One of the driest areas in Tanzania, Masasi has restricted access to potable water, particularly during the dry season. Its social services, including schools, have long been below the national average.

In primary schools, the average pupil teacher ratio is 32:1, enrolment rates in primary school are relatively low and children are enrolled late. Drop-out rates are high to Standard V and substantially higher for boys than girls.

The successes of the community-based programme form the basis of the efforts to improve the quality of early child development and education. School committees and head teachers will establish a framework for activities to be carried out in schools. This framework will include guidelines about school entry age, requirements for classrooms, and assessment of progress. Teachers will all have

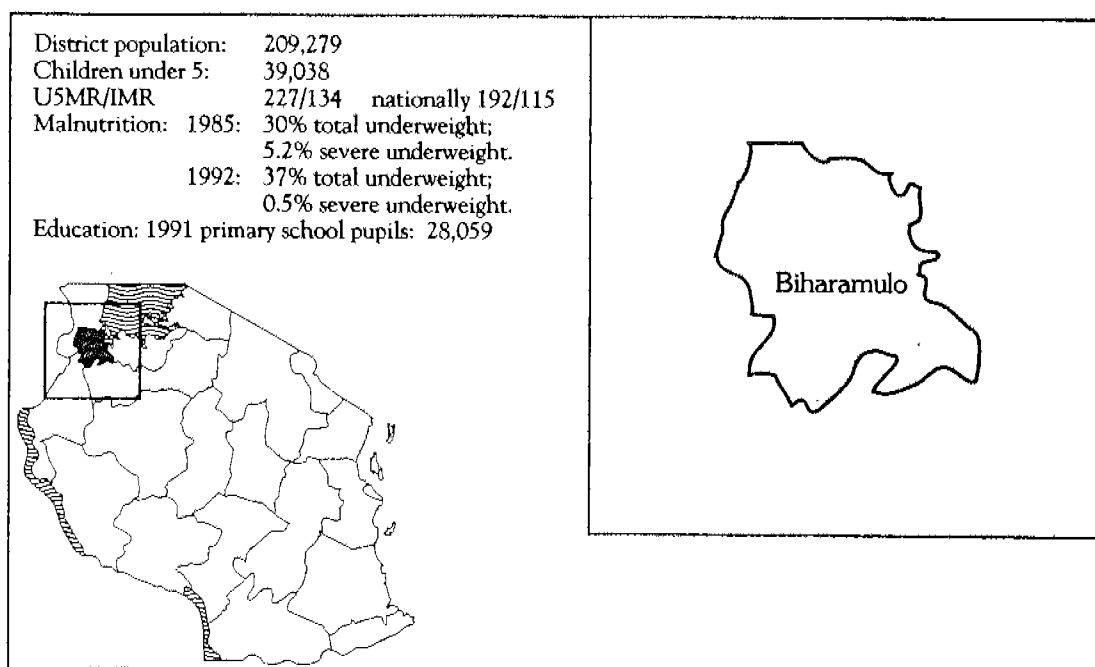
## EMPOWERING COMMUNITIES FOR DEVELOPMENT

training, teaching guides and reference materials. Together with the community committees they will produce teaching and learning aids.

### Investment Required

	1993/1994	1995	(US \$ '000s) 1996	Total
Community systems: management, training, child care, non-formal education, information materials	236	244	224	704
District management support and outreach	106	86	96	288
	<b>342</b>	<b>330</b>	<b>320</b>	<b>992</b>

### ...in Biharamulo



The successful community-based programme for women and children in Biharamulo owes its progress to the efforts of community workers and households paying more attention to feeding children. Very high rates of malnutrition have been reduced through this mobilisation effort.

The state of the education system is not much different from the nutrition situation some eight years ago. The pupil teacher ration is 38:1, gross enrolment rates are lower than the national average and many children are enrolled late. An aggravating problem is the fact that the school system currently has capacity for only three quarters of the eligible children, making community attention to education an urgent priority.

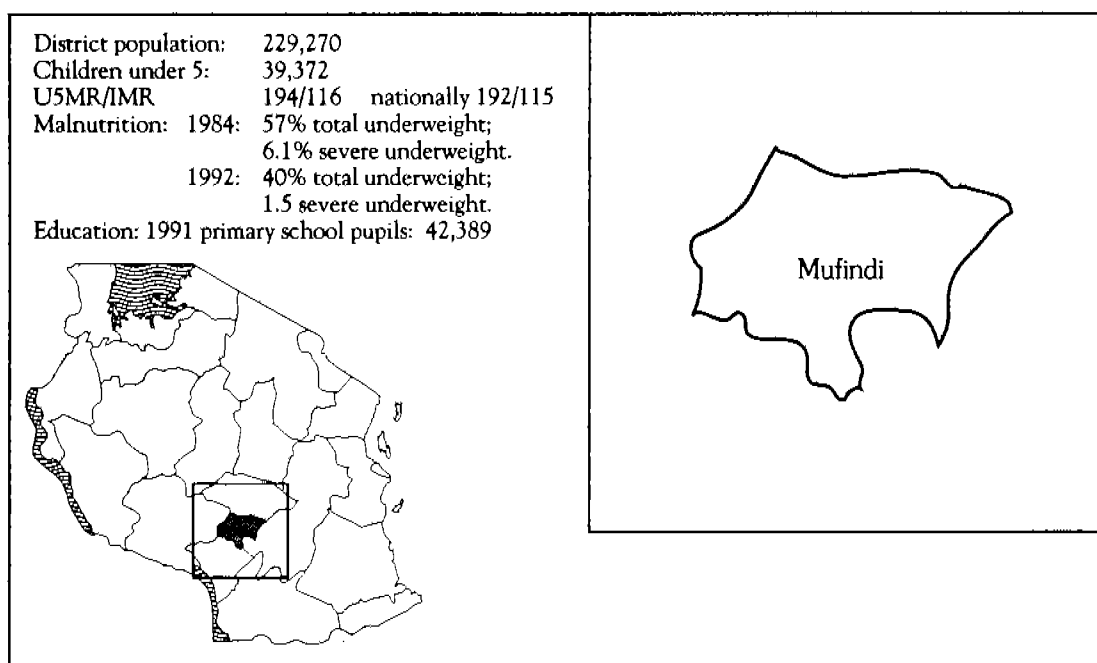
# Investing in Tomorrow - Education

School committees and head teachers will decide on school activities and produce guidelines about school entry age, and meet with education staff to improve the school timetables. The District Education Officer will rationalise the distribution of teachers so that disparities in pupil/teacher ratios are minimised.

## Investment Required

	1993/1994	1995	1996	(US \$ '000s) Total
Community systems: management, training, childcare, non-formal education, information materials	185	203	186	574
District management support and outreach	94	66	74	234
	<b>279</b>	<b>269</b>	<b>260</b>	<b>808</b>

## ...in Mufindi



Mufindi District has been in the forefront of self-help efforts for education. Its Education Trust Fund has been instrumental in developing opportunities for secondary schooling within the district. One of the divisions of Mufindi was included in the Iringa Nutrition Programme, precursor of the community-based programme for women and children, which has brought down district-wide rates of severe malnutrition very rapidly through community effort.

These successful mobilisation efforts will be the foundation for a community-based effort to improve the quality of early child development and education for young

## EMPOWERING COMMUNITIES FOR DEVELOPMENT

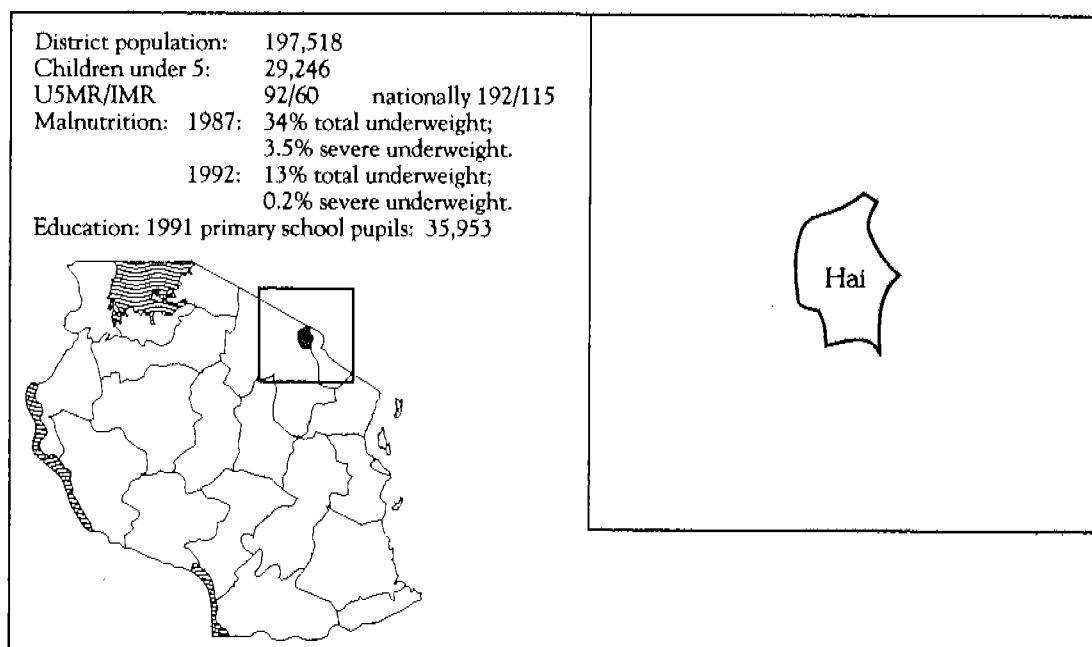
children in Mufindi. Because child care and education systems in Mufindi are relatively well developed, they may provide useful models for other districts.

School committees and head teachers will be supported in their reforming efforts by the Ward Education Co-ordinator, the District Education Officer and staff. The committees will closely follow teacher performance and pupil progress through assessments and accountability procedures that they will design.

### Investment Required

	1993/1994	1995	(US \$ '000s) 1996	Total
Community systems: management, training, child care, non-formal education, information materials	64	66	55	185
District management support and outreach	40	29	32	101
	<b>104</b>	<b>95</b>	<b>87</b>	<b>286</b>

### ...in Hai



Day care centres for pre-school children have been established in highland parts of the district. Parents provide the food and pay the attendants. A community-based programme for women and children started in Hai District with supplementary funding and has reduced malnutrition rates impressively.

The monitoring system of this programme is a model for others. It is well supported by district staff as well as trained village health workers and community

# Investing in Tomorrow - Education

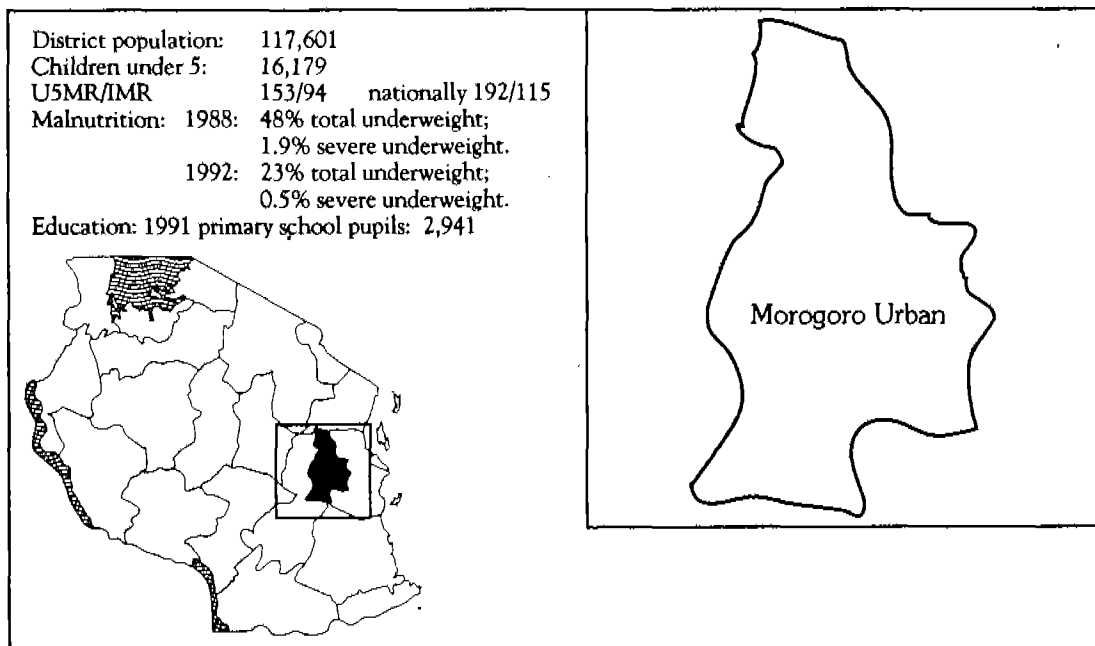
development staff working as animators in the villages. Hai District's well-established management systems provide a good basis for new approaches to early child development and education which may be adapted later for use elsewhere.

School committees and head teachers will together seek to improve the teaching/learning environment. Head teachers' management skills will be enhanced and committees will be supported in their task by ward and district education staff.

## Investment Required

	1993/1994	1995	(US \$ '000s) 1996	Total
Community systems: management, training, child care, non-formal education, information materials	104	112	100	316
District management support and outreach	70	50	55	175
	<b>174</b>	<b>162</b>	<b>155</b>	<b>491</b>

## ...in Morogoro Urban



A community-based programme for women and children in Morogoro Municipality has reduced child malnutrition rates. The monitoring system of this programme makes possible intra-community surveillance and is important in urban areas where there are substantial economic and social disparities.

Day care centres in Morogoro Urban are common; parents pay fees for attendance. But in primary schools, although the pupil teacher ratio is 5:1, enrolment is low

## EMPOWERING COMMUNITIES FOR DEVELOPMENT

with only 9 per cent of pupils in Standard I aged 7 years. There is a significant drop in enrolments between Standards IV and V.

The general principles behind community-managed child development and education have been outlined for other districts and will form the basis of the programme in Morogoro Municipality. While the principles apply, they will require adaptation for an urban environment.

### Investment Required

	1993/1994	1995	(US \$ '000s)	
			1996	Total
Community systems: management, training, child care, non-formal education, information materials	65	76	61	202
District management support and outreach	46	26	33	105
	111	102	94	307

## Community Management of Water and Sanitation

In Tunduru, Masasi, Rufiji and Kisarawe Districts



**A**ddressing water and sanitation problems is an urgent priority for the safety and welfare of women and children, especially in the driest, disadvantaged areas. And this time, the attention must be to supporting communities to change strategies and adopt affordable technologies which they can maintain and sustain.

### Why Water and Sanitation?

All parts of Tanzania have some access to water and follow some sanitary practices. But most water sources are polluted and at distances far from home. Sanitary practices need to be reviewed regularly to establish their consequences in child deaths, diarrhoeal diseases, malnutrition, women's workload, and to assess the costs and benefits of alternative solutions



# EMPOWERING COMMUNITIES FOR DEVELOPMENT

## The Story So Far

Past strategies have emphasised high technology approaches with costly technologies beyond community capacity. Schemes were introduced with inadequate preparation and training, and poor availability of essential spare parts. Community involvement was used as a means of free labour rather than real participation. Not surprisingly most of the schemes have failed.

The adjusted strategy of the National Policy on Water and Sanitation takes account of past disasters and emphasises strengthening community and district management systems. The community-based programmes for women and children are ideal vehicles for testing and developing the new strategy. There is no need to wait for the perfect water system; some improvements can be effected now that would address the most important problems: distance and disease.

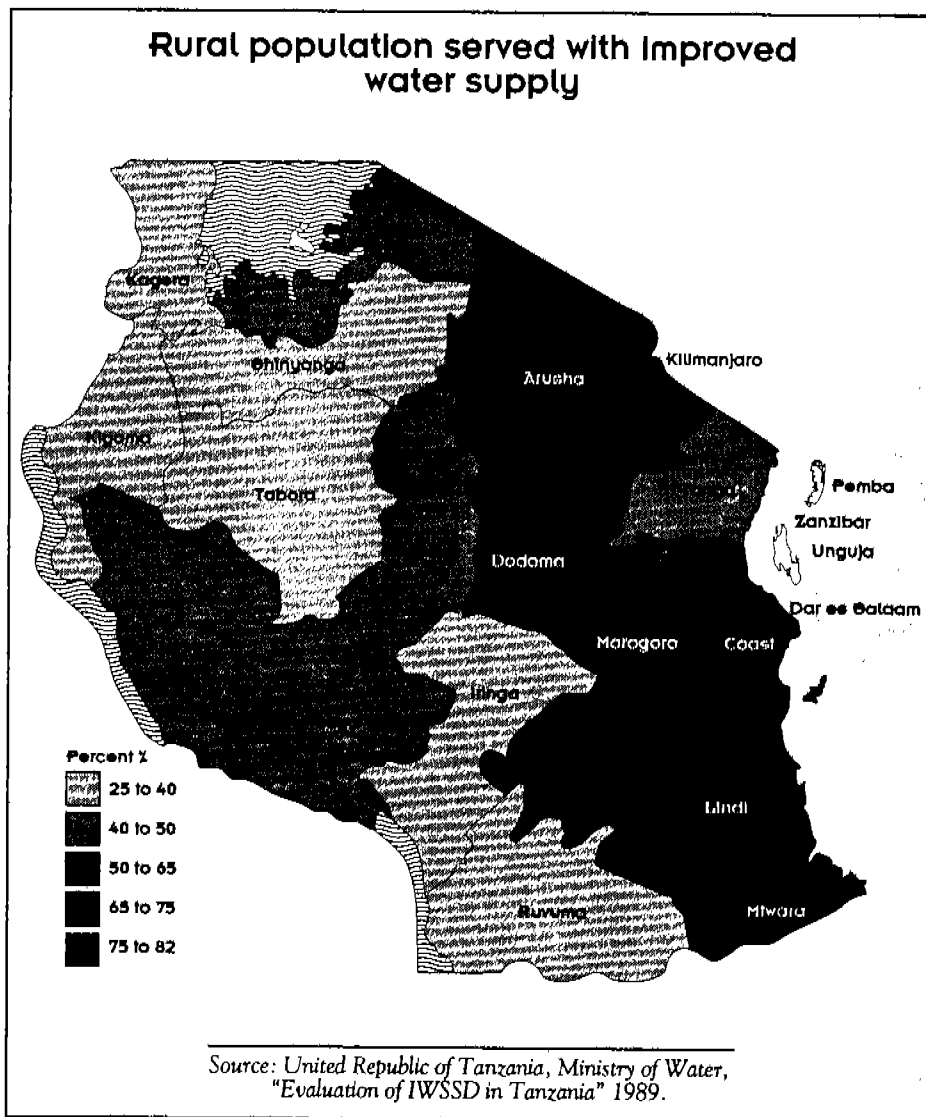
## Next Steps

District water engineers, health officers and community development officers can work with village committees to analyse alternative solutions to the problems of each particular community.

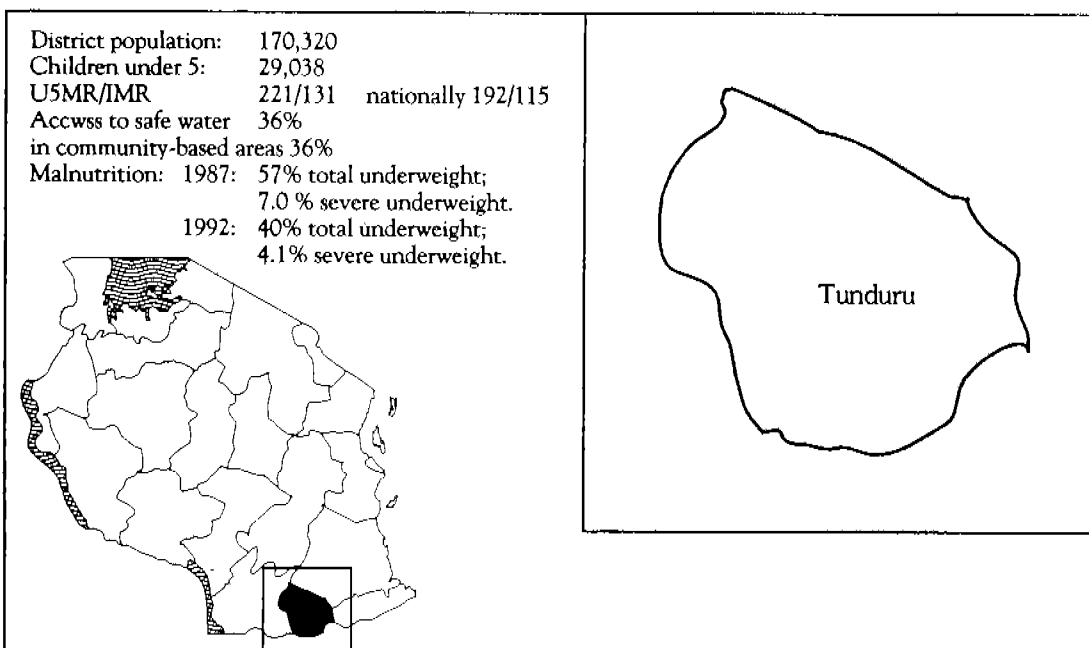
Government staff will be responsible for technical issues, leaving final decisions regarding operation and maintenance to the community. Re-training is needed for some - in planning and supervision, for example. Other work, like installation, can be contracted out to local artisans and NGOs.

Financing will come from several sources; the village, for operation and maintenance, the government for revolving funds, and externally for technical assistance, supplies and equipment.

Health education support to the improvement of water and sanitation facilities is available as part of the ongoing community-based programmes.



## ...in Tunduru



The considerable achievements in vaccination and health activities have not yet made a major impact on the child malnutrition rates. But, then, Tunduru is one of the most isolated and disadvantaged districts in Tanzania. Rainfall is low and erratic, access to safe water is poor, leading to very heavy workloads for women and high rates of diarrhoeal disease.

The district's peripheral location and ecological conditions make mud roads impassable in the rainy season. Little economic development has taken place in Tunduru, where communities and the district authorities face severe resource constraints.

The DANIDA-supported Regional Water Plan of the early 1980s brought water to 36 per cent of the population. Of the people in villages now supported with the community-based programme for women and children only 25 per cent have safe water.

Community mobilisation and organisation of water development funds will be given immediate attention as well as health education and improvements to latrines. Medium-deep borewells will provide the most reliable and cost effective water supplies. There will also be water supply development through drilling and digging shallow wells by hand, rainwater harvesting and through gravity feed schemes. Re-drilling of old wells is needed, too. It is unlikely that a private contractor would undertake drilling operations at a reasonable cost in Tunduru, so UNICEF proposes to purchase a drilling rig for a public institution to establish a drilling operation. The Government will be responsible for payment and salaries for the drilling crew which could be established as part of a training scheme. Running costs will come from villages and district water funds. Surveys and supervision will be the responsibility of regional and district water engineers.

With adequate financial support and reasonable operational success, it is expected that a minimum of 300 borewells will have been constructed by the end of 1996 covering 23 villages with 75,000 people.

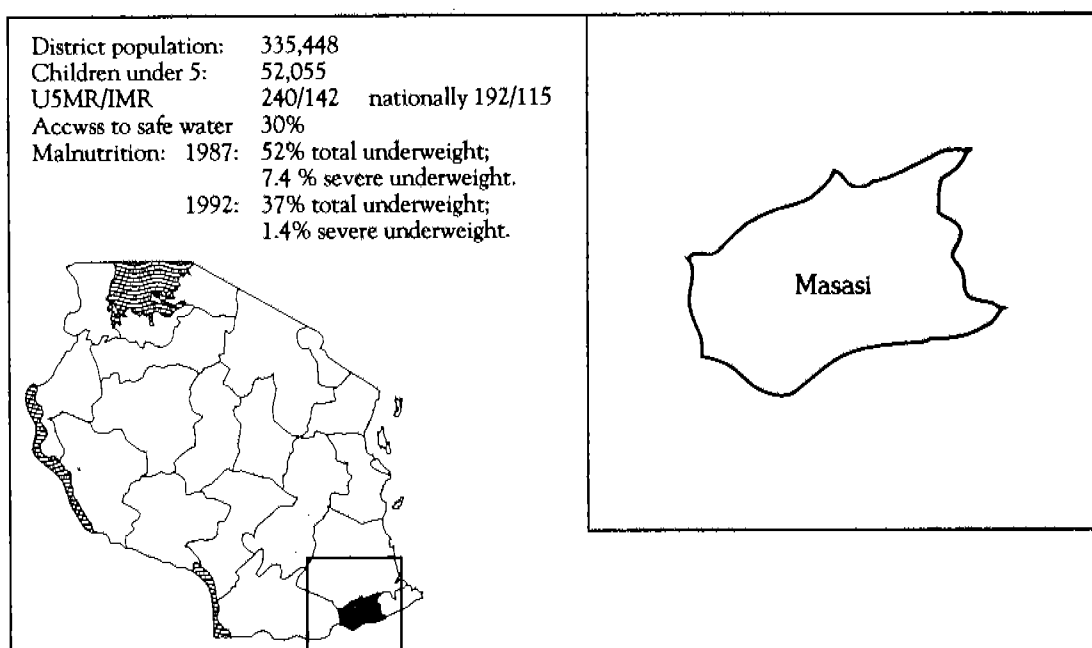
The people of Tunduru are not short of enthusiasm for this project; they have already dug 20 wells with assistance from a local retired technician from the Ministry of Water and have already made applications for loans to procure water pumps.

# EMPOWERING COMMUNITIES FOR DEVELOPMENT

## Investment Required

	1993/1994	1995	1996	(US \$ '000s) Total
Community mobilisation, participation and management	45	30	20	95
District WES management systems	70	50	40	160
Water supplies	350	130	105	585
Sanitation	14	10	6	30
Health education	14	10	6	30
Programme support	50	30	20	100
	543	260	197	1,000

## ...in Masasi



Masasi District's success in reducing its very high rates of severe child malnutrition has been acknowledged far and wide. Communities in the community-based CSPD programme made concerted efforts to pay more attention to feeding the children, with impressive results. The ONJAMA (Ondoa Njaa Masasi - eradicate hunger from Masasi) campaign for food production after years of drought and floods was another striking example of Masasi's capacity for community mobilisation and tackling challenges. Furthermore, when the community-based monitoring system showed increased food production efforts had made women so busy with farming and less able to care for their children even with more food around, the communities turned their attention to the problems of child care and feeding practices. Now rates of child malnutrition have fallen. It all adds up to an impressive record for one of Tanzania's most disadvantaged - and driest - areas.

Walking up to ten kilometres to reach minimal supplies of water for the household takes a tremendous toll on Masasi's women and, of course, their children. Water supply development has been provided by FINNIDA operating extensively in Mtwara Region. Coverage reached 45 per cent of the population in Masasi. Community mobilisation and organisation of water development funds will be priority activities along with health

education and improvements to latrines. A district management team will be advised by the Regional Water Engineer.

Deeper borewells - of 30 to 40 metres - and handpumps will replace the less dependable shallow wells. Drilling will be done by a reliable contractor and communities will install the handpumps after proper surveys and training. Training will be provided, too, in construction of suitable storage tanks for rainwater harvesting - already attempted by some communities on their own initiative, but with problematic results occurring in the storage.

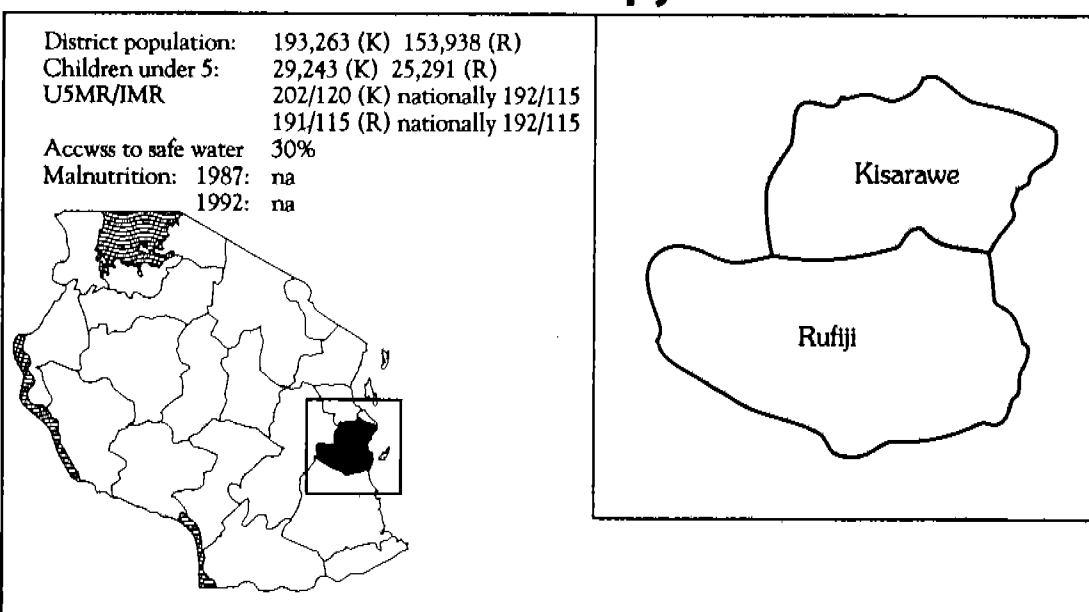
A start has been made for development of water and sanitation in Masasi with a contribution of US \$150,000 from the Netherlands National Committee for UNICEF. More needs to be done, especially for equipment and supplies, for geophysical surveys and drilling operations.

A minimum of 280 borewells covering 43 villages with 70,000 people will have been reached by 1996.

## Investment Required

	1993/1994	1995	1996	(US \$ '000s) Total
Community mobilisation, participation and management	40	30	20	90
District WES management systems	70	60	50	180
Water supplies	250	120	110	480
Sanitation	7	7	6	20
Health education	7	7	6	20
Programme support	20	20	20	60
	<b>394</b>	<b>244</b>	<b>212</b>	<b>850</b>

## ...in Kisarawe and Rufiji Districts



Kisarawe and Rufiji Districts in the south of Coast Region have had little external development support. An ambitious plan for the development of the Rufiji River

## EMPOWERING COMMUNITIES FOR DEVELOPMENT

Basin prepared in the 1970s has not taken off because of lack of funds. There are plans for a community-based programme for women and children, which, judging by the impact in other areas, will provide an excellent context for the development of community water and sanitation schemes.

There are no master water plans for the area and basic hydro-geological survey data are scanty. Currently available water sources are mostly open pits and shallow wells, many of which are dry for large parts of the year and contain poor quality water, sometimes saline. On average 64 per cent of households have latrines, but they tend to collapse during the rainy season because of the soil conditions.

Community mobilisation of water development funds will be given immediate attention as well as health education and improvements to latrines. There has been little exploration of groundwater, but available geophysical information indicates that shallow fresh water aquifers do exist in Kisarawe and Rufiji.

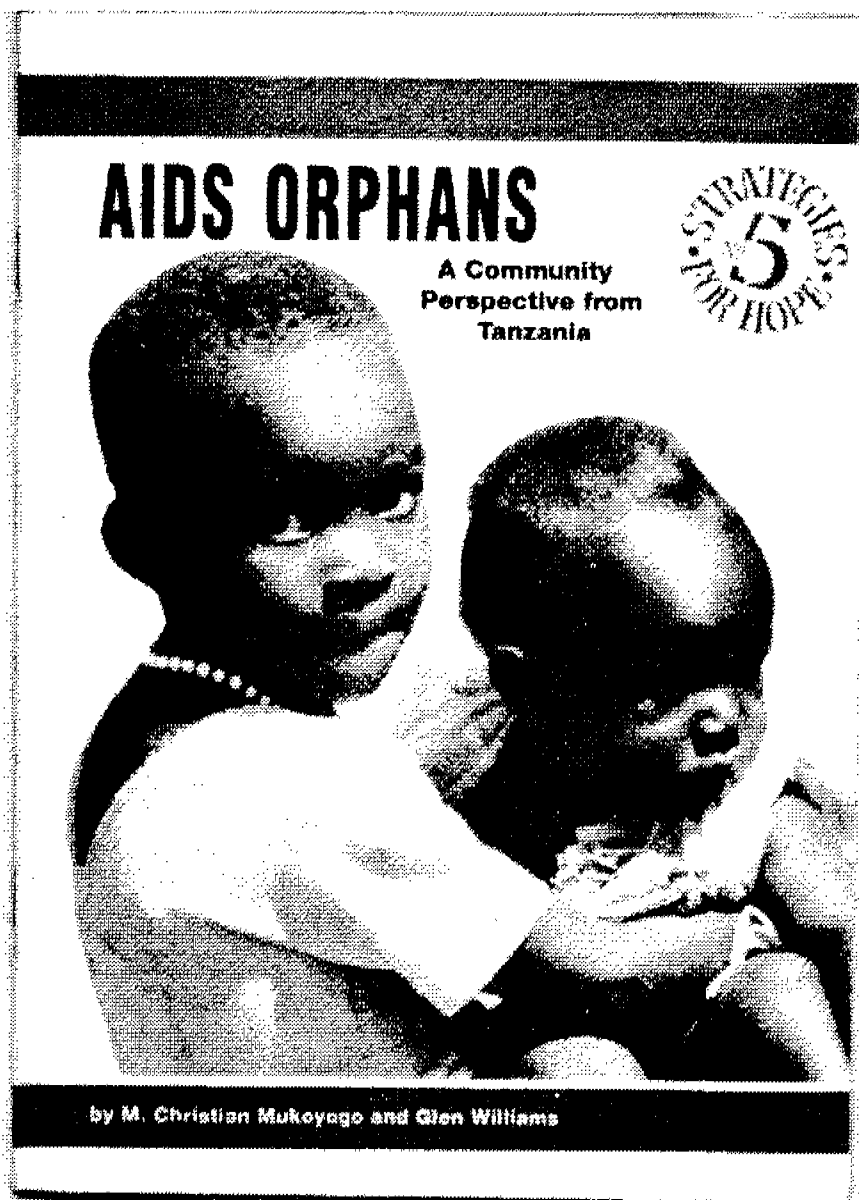
Funding is being sought for 200 bores each 30 to 50 metres deep. A district management team, advised by the Regional Water Engineer will identify and negotiate with a reliable contractor to establish drilling operations in the area and carry on drilling works. Installation of the handpumps will be undertaken by the communities following surveys and training to ensure that shallow wells will be dug where appropriate, using handboring equipment.

Adequate funding will produce 300 borewells covering 40 villages by the end of 1996. A promising start has already been made with a contribution of US \$150,000 from the Netherlands National Committee for UNICEF which made possible training in construction of rainwater harvesting jars and other technical areas.

### Investment Required

	1993/1994	1995	1996	(US \$ '000s) Total
Community mobilisation, participation and management	40	30	20	90
District WES management systems	70	60	50	180
Water supplies	250	120	110	480
Sanitation	7	7	6	20
Health education	7	7	6	20
Programme support	20	20	20	60
	<b>394</b>	<b>244</b>	<b>212</b>	<b>850</b>

## Community-Based Health Services: HIV / AIDS Prevention

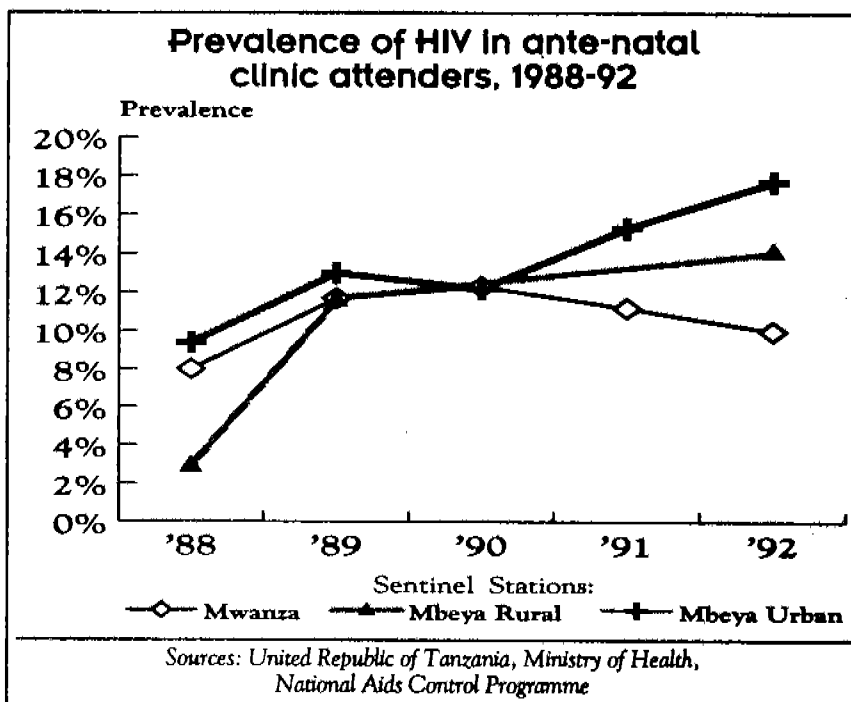


Tanzania has made a firm commitment to prevent the spread of HIV/AIDS. State media have given priority to transmission of AIDS control messages, a complex task in a society where sexual matters are not a subject for normal conversation. Yet the vast majority of people in Tanzania are now aware that AIDS is deadly and is spread mainly through sexual relations with infected partners. People in some very high risk areas have accepted protection, but there are still many who have not, and continue to bargain with fate, denying risk or redefining categories of people with whom they can enjoy unprotected sexual relations. For people to change to safe sex, avoidance and denial must be overcome throughout society. Intensive community education is seen as the way forward.

## Why HIV/AIDS?

The implications of the HIV/AIDS epidemic are, in principle, the same everywhere and range from personal tragedy to national crisis. Another common factor is the uncertainty: how quickly will it spread? How quickly will it kill and whom? And how soon will treatment - even a vaccine - be available?

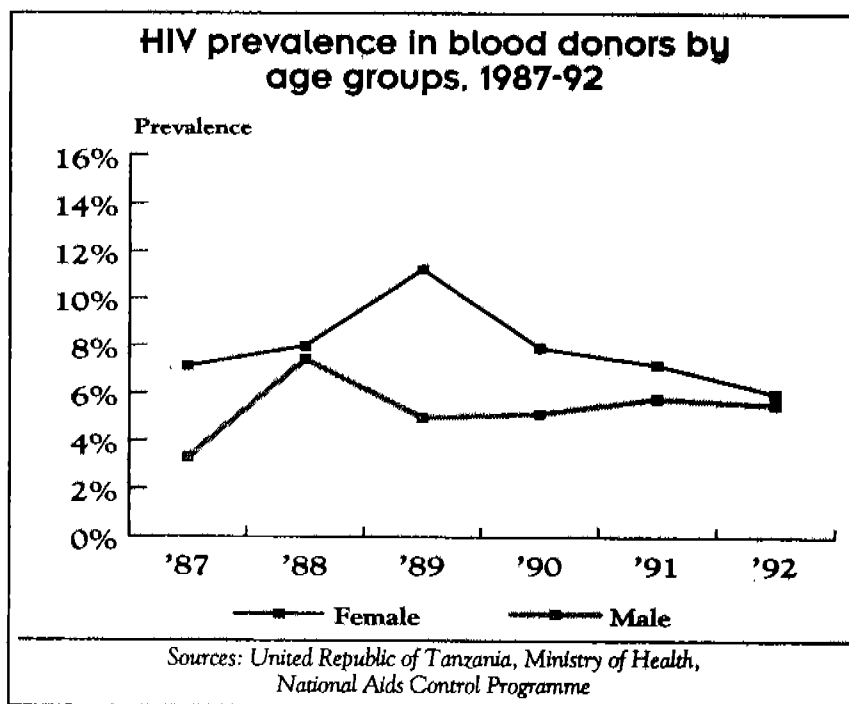
Data from nine sentinel sites are collected by the National AIDS Control Programme (NACP) and show the HIV virus spreading nationwide with the fastest rising prevalence among teenagers and young adults.



## The Story So Far

In Bukoba, where the first AIDS case in Tanzania was diagnosed almost ten years ago, HIV infection has stabilised at 22 per cent. But, the danger has not yet passed. By December 1992, 38,416 AIDS cases nationwide had been reported to the NACP established in 1988 under the Ministry of Health to co-ordinate the national HIV/AIDS activities.

NACP estimates that 100,000 people are sick or have died of AIDS. Another 700,000 are probably infected and 110,000 children are estimated to have been orphaned. Successful prevention efforts are essential to avoid the 850,000 cases and 2 million HIV infections predicted by the end of the decade. Much of the preventive work has focussed on information, education and communication (IEC) activities. The decentralised approach to IEC, recommended by the 1991 review of the NACP coincides with the community-based programme approach. As part of the decentralisation strategy, regional AIDS information centres are being established.



## Next Steps

A general mobilisation campaign for community-based risk reduction will be started with a co-ordinated, phased mobilisation from district level down to villages. The

campaign will be grounded in epidemiology and locational analysis (the social topography of risk). Community assessment, studies and research will guide the design of interventions. A training strategy for opening up discussion about sexual relationships among partners needs to be developed and used, including use of animators, well-placed to broaden communication.

Within community-based programmes districts in five locations have made an assessment and analysis of the HIV/AIDS situation. Specific plans have been drawn up and are being supported with existing funding available from CIDA for AIDS/IEC activities and from UNICEF's own general resources.

The CIDA funds end in 1993 and supplementary funding is being sought to strengthen the ongoing efforts within the community-based approach. Communications capabilities in communities will be strengthened through provision of information and educational materials, and training in effective interpersonal communications methods to encourage dialogue among leaders, women and couples.

Communities particularly affected by AIDS will also require support for the care of the sick, for orphans and for destitute members of stricken families.

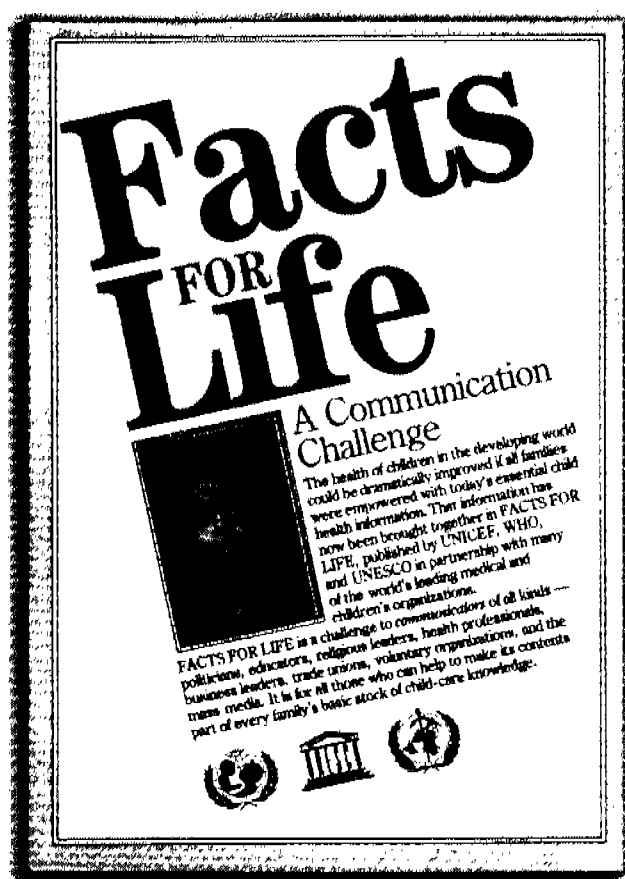
Research and workshops will examine and promote work to develop and produce mass media information and materials relevant to people who do not yet consider themselves at risk - especially teenage girls and young women. Policy and strategy development will focus on the social and economic position of women and the need to recognise their right to take decisions to protect their own health and that of their children. Finally, the programme will address the fundamental issue of establishing an economic and social environment which offers poor women real alternatives to occasional prostitution as a means of survival.

## Investment Required

			(US \$ '000s)	
	1993/1994	1995	1996	Total
Community mobilisation	140	167	140	447
Development of IEC materials	140	167	140	447
National planning and advocacy	120	167	140	427
Action research	80	119	100	299
Programme support	120	96	80	296
	<b>600</b>	<b>716</b>	<b>600</b>	<b>1,916</b>



## Community-Based Health Services: Facts for Life



**H**ealth education in Tanzania has made a significant shift in strategy to stress primary health care committees as information channels for enhancing public awareness of critical health issues. A comprehensive national health education initiative, launched in 1990 by the President, has paved the way for decentralised development, production and dissemination of information materials and strengthened local training teams.



## Why Facts for Life?

The experience of UNICEF-supported community-based programmes for women and children provides strong evidence that advocacy and information about improved child care, feeding and health practices lead to substantial improvements in the well-being of children. It has been the actions of communities, and especially households, to improve the care of children which has led to this outcome. In Tanzania, they have done this largely with their own resources, in response to new, accurate knowledge and information made available to them through health education and communication. These lessons can be applied nationwide and access to health information and training for community-based health promotion can be organised wherever it is needed.

## The Story So Far

Health education efforts for many years have focussed on large-scale centralised production of information materials by the Health Education Unit of the Ministry of Health. The 1990 national Health Education Initiative, which distributed 200,000 copies of a Swahili version of **Facts for Life** (**Ukweli Kuhusu Maisha**), moved towards community-based communication by adding a massive nationwide mobilisation and training exercise for leaders at all levels, mass media staff, extension workers and community health workers. With the high literacy in Swahili, the clear messages of **Facts for Life** on timing births, safe motherhood, breastfeeding, child growth, immunisation, diarrhoea, coughs and colds, home hygiene, malaria and AIDS, are easily understood by families who use them to protect their health and improve their lives.

## Next Steps

The groundwork has been done for a move to decentralised development, production and dissemination of information materials and strengthened local training teams. Particular emphasis is on training and provision of materials for village health workers.

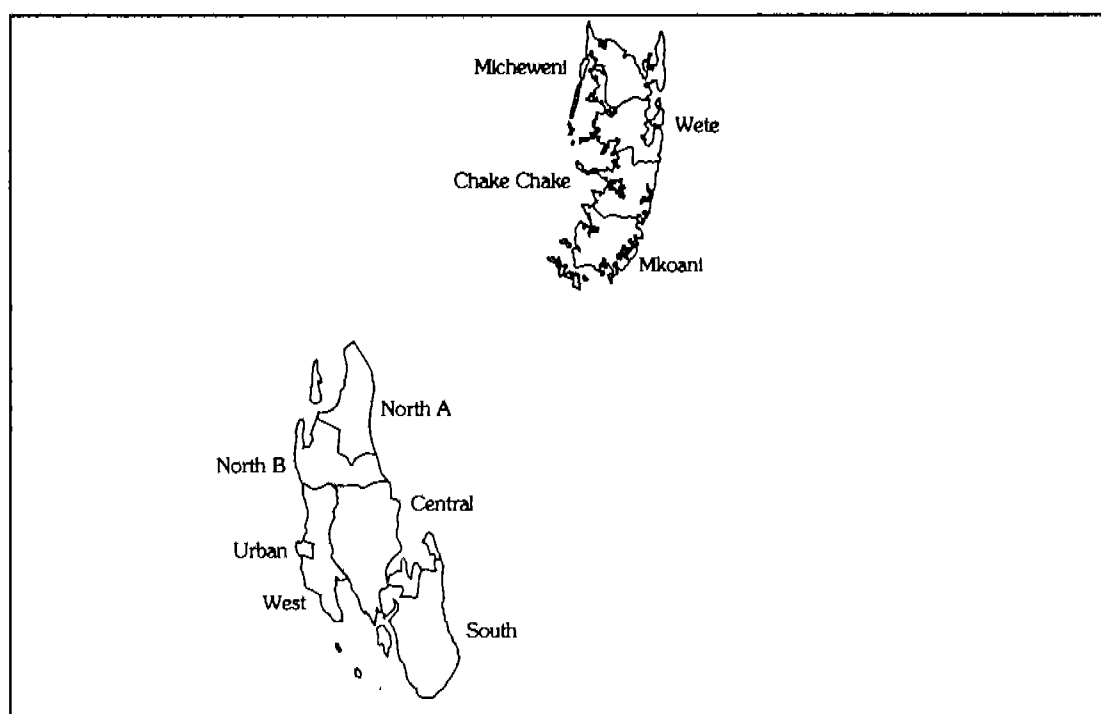
Support will be provided for the development and production of materials for information, education and communication; for training of members of primary health care (PHC) committees at all levels; for monitoring usefulness of materials and training; for operational research; and for evaluating their impact.

For village health workers, materials will be produced for use in their health education work within communities. Materials will be designed to provoke discussions by communities, to engage in interactive communications about health problems and likely solutions. Village health workers will be trained to use these tools effectively.

## Investment Required

	1993/1994	1995	(US \$ '000s)	
			1996	Total
Development and production of IEC materials	120	123	120	363
Promotion of community-based health education	200	205	200	605
Monitoring and evaluation	50	52	50	152
Operational research	40	41	40	121
Programme support	20	21	20	61
	<b>430</b>	<b>442</b>	<b>430</b>	<b>1,302</b>

## Community-Based Programme for Women and Children in Zanzibar



	Zanzibar	National	Region	IMR	U5MR	Population	Children below 5
Total Population	640,685	2.8% of national	Pemba South	119	200	127,623	25,486
Children below 5	117,190	3.0% of national	Pemba North	123	206	137,189	29,500
IMR	120	115	Unguja North	130	220	96,989	18,109
U5MR	202	192	Unguja South	120	200	70,313	12,028
Female Population	329,269	2.8% of national	Zanzibar Town/West	112	188	208,571	32,074
Male Population	311,416	2.8 %of national					
Population Growth Rate/year	3.0	2.8 national					
No. of Households	136,397						
Average Household Size	4.7	5.2 national					
Population Density	260.0	26.0 national					
Land Area (Sq.Km)	2,460	0.3% of national					

Based on 1988 National Census

The United Republic of Tanzania was formed in 1964 by the Political Union of the sovereign Republic of Tanganyika and Zanzibar. It has two governments: the Government of the United Republic and the Revolutionary Government of Zanzibar. The Islands' Government of Zanzibar is headed by a President who is Chairman of the Revolutionary Council and Second Vice-President of the Union. Zanzibar has sovereign authority over its own domestic programmes, including provision of social services.

Administratively, the Islands are divided into five regions (three in Unguja and two in Pemba), which are each sub-divided into two districts. The structures of local government are new, dating only to 1992. They need considerable support in providing integrated services to communities. Below the district are constituencies, 50 in all; the Constituent Assembly is a representational organ, serving as a link between communities and the district. The political system extends further - to branches of which there are 228 in all. In a multi-party environment, the Government is looking to *shehia*, community-level organisations, to be the basis of local government.

### Why Zanzibar?

Maternal mortality data from Zanzibar hospitals estimate a rate of about 300 per 100,000 births. Immediate causes of maternal mortality are malaria and anaemia, infections, hypertensive disorders and obstructed labour. About half the women in Zanzibar, especially in the rural areas, give birth at a young age when they are physically not mature enough for childbirth.

The infant and under five mortality rates mean that about 7,000 children under the age of 5 years die every year. Child mortality rates are substantially higher in the districts of Unguja North A, Unguja South and Micheweni than elsewhere. A recent demographic survey, still being analysed, suggests that infant and child mortality rates have fallen since 1985. High rates of child vaccination are thought to have played an important part in the reduction.

While the incidence of immunisable diseases in children has fallen dramatically in the last few years, malaria has become a much more serious problem, accounting for about one-third of young child deaths. **Malnutrition** rates in children under 5 years increased from 37 per cent in 1985 to 51 per cent in early 1990, and the rate of severe malnutrition went from 5 per cent to 8 per cent. In Pemba in early 1990, when the Zanzibar nutrition programme started, severe malnutrition was found in 12 per cent of children under 5 years.

Low household incomes, rising prices of food and low levels of food production mean that households have difficulty in providing food security. Rural women have responsibility for specific tasks in food production, food processing, fetching water and fuel. Unless specific actions are taken to relieve their workloads, their own health suffers and they have insufficient time to provide the care needed by their children. **Health** facilities are within 5 km of every citizen. However, many of them are in poor condition and short of basic equipment and supplies.

Access to safe water in rural Zanzibar is poor - in Pemba 16 per cent of the population have access to piped water. And in Unguja's North A District only 8 per cent have access. Likewise, sanitation is poor.

Rates of enrolment of boys and girls in primary education in some rural districts are well below 50 per cent - partly because of shortage of space. Drop-out rates are high: of the pupils who start Standard I, about one-half go on to Standard VIII and about one-third enter Form III, the last class of the basic course of education in Zanzibar. Almost all children attend Qoranic schools, which provide Islamic instruction. Only 55 per cent of adult women are estimated to be literate, compared with 68 per cent of adult men.

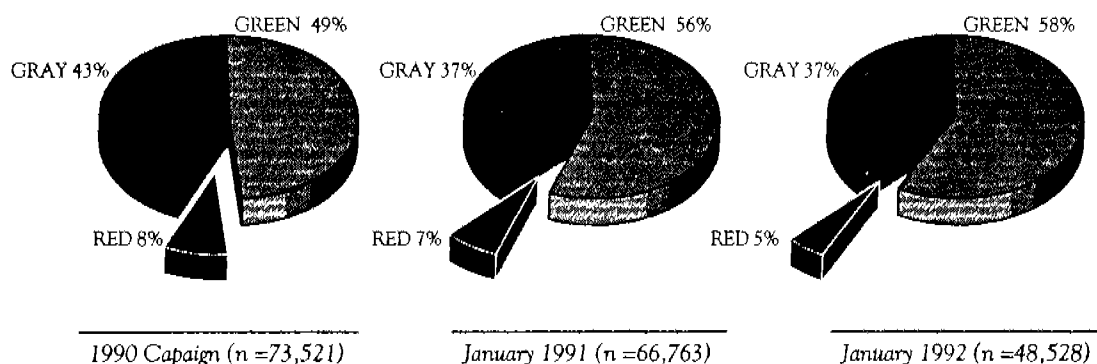
An economic recovery programme is being implemented to diversify the economy and to increase food production. Much of the foreign exchange, earned mostly from the sale of cloves, has been used in the past to purchase foodstuffs. The Government is looking into ways of raising revenues for social services, introducing user charges and encouraging community involvement in social service operation.

# Investing in Tomorrow - Zanzibar

## The Story So Far

The community-based Zanzibar Joint Nutrition Support Programme (ZJNSP), funded by the Italian Government, started in 1990. It aims to improve capabilities at all levels of society to assess the problems of malnutrition, to analyse their causes and to take actions to solve them. Since the programme started there have been modest reductions in rates of child malnutrition.

### Zanzibar JNSP. Nutritional Status of Children 0-5 years. 1990 - 1992



Elements of the programme include a community-based monitoring system, registration of children under 5 years, weighing and health examination of all under-fives, child feeding, health education, and, to attack malaria, distribution of mosquito nets impregnated with permethrin. Support has also been provided for provision of improved health services, water supplies, household food security and women's economic activities.

A review of the ZJNSP in 1992 concluded that there is increased awareness among leaders and communities of the problems facing women and children. A major constraint, however, has been the lack of a functioning decentralised government structure which is needed to provide support for community-based development efforts. Particular logistical problems have also hampered communication and delivery of supplies needed for rehabilitation and construction work for health facilities and for improved water supplies.

## Next Steps

The ZJNSP has provided useful lessons in the implementation of a community-based strategy in Zanzibar, and the government is keen to pursue them, especially within the new framework for local authorities.

The new local government institutions at community level, the **shelia**, will require a great deal of support in training and capacity building in order to play an effective role in mobilising and managing resources to improve the conditions of women and children. They will be the focal points for integrated provision of services for the community. Specific support is also provided in the critical sectors of food security and child feeding, child development and education, health and water, and income generation in poor households, especially for women.

A large proportion of the population is within easy reach of a health facility, and maternal and child health (MCH) staff have experience with record-keeping and child registers. This indicates the feasibility of expanding community MCH/health

## EMPOWERING COMMUNITIES FOR DEVELOPMENT

days to achieve more complete coverage of child monitoring systems by service providers close to the community. The strategy complements the community-based health care, supported by DANIDA, which has established community health committees in a few communities.

UNICEF is currently supporting community-based programmes in Zanzibar through its general resources, a special contribution for early child development and education from the Netherlands National Committee for UNICEF, and funds which remain from the contribution of the Italian Government for the ZJNSP. These supplementary funds will soon be exhausted. More financial support is needed to assist the Government of Zanzibar's efforts to establish a functioning decentralised system which can support community-based efforts.

### Investment Required

	1993/1994	1995	(US \$ '000s)	
			1996	Total
Community mobilisation, participation and management	134	100	46	280
Adequacy of food intake	10	30	0	40
Health, sanitation and water	150	120	30	300
District management support and outreach	66	50	24	140
	<b>360</b>	<b>300</b>	<b>100</b>	<b>760</b>

## Community Management of Child Development and Education in Zanzibar



Soon after the 1964 Revolution, the Islands' Government of Zanzibar embarked upon a massive expansion of the education system. In real terms such an expansion required a massive increase in school facilities and in the supply of trained teachers, learning materials, supplies and equipment. The Government commitment remains steadfast, but economic constraints have resulted in a critical deterioration of the education system.

### Why Child Development and Education in Zanzibar?

In 1989 primary school enrolment was 62 per cent. Overall enrolment rates for girls are only slightly lower than those of boys at the basic level of education, but there are large differences in enrolment rates between districts.

# EMPOWERING COMMUNITIES FOR DEVELOPMENT

A recent Ministry of Education study showed that over 60 per cent of students are sitting on the floor. Schools are used in double and in some cases triple shifts. Over 60 per cent of schools are in unsuitable or even dangerously dilapidated buildings which have not been maintained and which have no furniture or chalk boards. The most serious feature is a critical shortage of learning materials. Under these circumstances, the most common methodology applied in the classroom is repetition by chanting, or laborious note-taking from the chalkboard where this exists.

## The Story So Far

The proportion of unqualified teachers in basic education has declined from approximately 59 per cent in 1981, but it is still high at 30 per cent. Although teacher training programmes in Zanzibar focus on such issues as child-centred enquiry methods, these programmes do not address the prevailing classroom realities. Children are subjected to long periods of inactivity, with boredom the result. The learning programme presently in operation at the government nursery schools is similar.

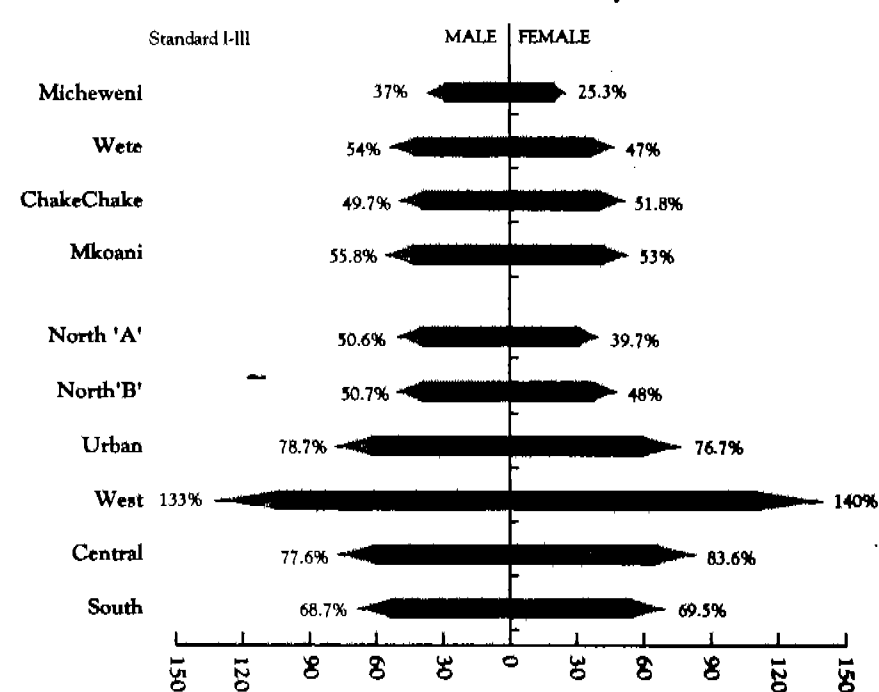
There are obvious benefits to children in being able to socialise in a different kind of environment from their homes. Beyond this, it is doubtful if the present system of education can assist the majority of pupils to achieve acceptable levels of learning, or develop cognitive skills.

Numbers of illiterates appear to be on the increase in Zanzibar. Apart from inadequate supply of materials, the organisation and management of the adult literacy and post literacy programmes is weak and lacks funds. The enormous demand for post primary education and skills training underlines the importance of the ongoing review of the present activities.

## Next Steps

Pursuing 'Education for All' goals, the Ministry of Education has started to implement new strategies. They include review of the curriculum, new methods and innovations in education. The involvement of non-governmental organisations in the provision of education will be considered, and under very specific conditions, private institutions will be allowed to open schools. In addition, the Government recognises the need to expand opportunities for pre-school education and education for disabled children. Its own financial constraints, however, limit its ability to be responsive.

## Gross Enrolment Rates In Districts of Zanzibar, 1989



Source: Ministry of Education, Zanzibar.



# Investing in Tomorrow - Zanzibar

The involvement of the community is emphasised in the Government's education policy. Communities need to be involved in the formulation of educational objectives and the management of schools to meet these objectives. School committees will play a crucial role here, and their management capabilities will be strengthened. Support and supervision for education and early child development activities in communities will need to be provided from constituency and district levels.

The second aspect of support will concentrate initially on strengthening the Ministry of Education's capacity to improve early childhood development and Standards I to III of the primary cycle. To sustain these efforts it is proposed to train ten district senior teachers as resource teachers. Equipment will be provided to eight district resource centres, a materials writing centre, and a central resource centre.

Twenty key personnel involved in early childhood education and education for children with disabilities will be sponsored for short-term training and will act initially as trainers of trainers.

Adult literacy activities will benefit from increased access to learning materials, improved teacher competence and community mobilisation towards education objectives. More specific actions to improve adult education may be included in the later phases of the programme.

The implementation of this ambitious but essential plan will require substantial support, beyond what is now provided by DANIDA and SIDA. A start has been made with a contribution from the Netherlands National Committee for UNICEF.

## Investment Required

	1993/1994	1995	(US \$ '000s)	
			1996	Total
Community systems: management, training, information materials	382	362	352	1,096
National support: policy development, management support, teacher training	654	638	605	1,897
	<b>1,036</b>	<b>1,000</b>	<b>957</b>	<b>2,993</b>

## Further Information

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