

Country Gender Profile: Tanzania

Final Report

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Japan International Cooperation Agency (JICA) commissioned Japan Development Service Co., Ltd. to carry out a research for Country Gender Profile in Tanzania from October 2015 to March 2016. This report was prepared based on the desk review and the field research in Tanzania during this period as a reference for JICA for its implementation of development assistance in Tanzania. The views and analysis contained in the publication therefore do not necessarily reflect JICA's views.

LIST OF ABBREVIATIONS AND ACRONYMS

Abbreviations/ Acronyms	English
ANC	Antenatal Care
AU	African Union
BRELA	Business Registration and Licensing Agency
CCM	Chama Cha Mapinduzi
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention of the Rights of the Child
COWSO	Community Owned Water Supply Organization
CLDO	Customary Law Declaration Order
DANIDA	Denmark International Development Agency
DfID	Department for International Development
DPT	Diphtheria, Pertussis, Tetanus
EAC	East Africa Community
FAWETA	The Federation of Women's Association of Entrepreneurs
FGM	Female Genital Mutilation
FINCA	Foundation for International Community Assistance
GDI	Gender-related Development Index
GDP	Gross Domestic Product
GFP	Gender Focal Point
GMWG	Gender Mainstreaming Working Group
GNI	Gross National Income
HDI	Human Development Index
HDR	Human Development Report
HIV/AIDS	Human-Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome
HSSP	Health Sector Strategic Plan
IIDS&MP	Integrated Industrial Development Strategy and Master Plan
LGBT	Lesbian, gay, bisexual, and transgender
MCDGC	Ministry of Community Development, Gender and Children
MHCDGSC	Ministry of Health, Community Development, Gender, Seniors, and Children
MHSW	Ministry of Health and Social Welfare
MIT	Ministry of Industry and Trade
MSME	Micro, Small, Medium Enterprise
NGDS	National Gender Development Strategy
NWP	National Water Policy
NWSDS	National Water Sector Development Strategy
PGCD	Police Gender and Children's Desk
PDM	Project Design Matrix
RRH	Regional Referral Hospital
RRHMT	Regional Referral Hospital Management Team
SA	Solution Alliance
SACCOS	Saving and Credit Cooperatives
SADC	Southern African Development Community
SIDA	Swedish International Development Cooperation Agency
SIDO	Small Industries Development Organization
SOSPA	Sexual Offences Special Provision Act

Abbreviations/ Acronyms	English
TAFOPA	Tanzania Food Processors Association
TAWOMA	The Tanzania Women Miners Association
TCCIA	Tanzania Chamber of Commerce, Industry and Trade
TDHS	Tanzania Demographic Health Survey
TGNP	Tanzania Gender Networking Group
TGEI	The Tanzania Gender in Education Initiative
TQM	Total Quality Management
TTWC	The Tanzania Women's Chamber of Commerce
TWB	Tanzania Women's Bank
UDES	University of Dar Es Salaam
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
USAID	United States Agency for International Development
VICOBA	Village Community Bank
WDI	World Development Index
WEDP	Women Entrepreneurship Development Program
WGDS	Women and Gender Development Policy
WPCBT	Women's Platform for Cross Border Trade
WUE	Water Users Entity

DEFINITION OF TERMS AND INDICATORS

Explanation of Terms

Term	Explanation
Empowerment	Empowerment is about people taking control over their lives, pursuing their own goals, living according to their own values, developing self-reliance, and being able to make choices and influence - both individually and collectively - the decisions that affect their lives.
Customary Law	Customs including actions that are taken repetitively among certain group of people, of which considered effective as a law.
Quota system	Seat allocation system in the political system.
Gender	Rather than biological gender (sex), this refers to gender in the social and cultural sense.
Gender based violence (GBV)	Violence based on sex and gender. It refers to physical, sexual, psychological harm and pain, as well as threat to do so, and force or arbitrary actions that lead to deprivation of one's freedom, or that has potential to for violence. Domestic physical, sexual, psychological violence; sexual abuse within the household; violence regarding dowry; marital rape; female genital mutilation and other harmful traditional customs for women; non-marital violence and violence leading to exploitation; physical, sexual, and psychological violence in general society; sexual harassment, female human trafficking and forced prostitutions.
Gender Mainstreaming	Means for achieving gender equality in all fields
Gender Focal Point (GFP)	A staff member who is a point of contact for the organization regarding gender. S/he has the responsibility to coordinate gender related issues, promote gender mainstreaming, and support implementation and monitor within the organization.
National Machinery	The national machinery for the advancement of women is the central policy-coordinating unit inside government. Its main task is to support government-wide mainstreaming of a gender-equality perspective in all policy areas.
Reproductive Health	Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of illness or disability, in all aspects relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of contraception.
FGM	Remove or harm female genital not due to medical reasons but customary reasons.

Indicators

Indicator	Explanation
Oral Rehydration Therapy	An approach to treating dehydration caused by diarrhea through orally administering fluids. This method can be easily implemented by anyone without medical know-how.
Total Fertility Rate	The total age-separate fertility rate of women aged between 15~49. This is the average number of children that a woman gives birth to in her lifetime.
Under-5 Mortality Rate	Probability of a child dying before reaching the age of five, this is shown as the number of mortalities per 1,000 births.
Gender Empowerment Measurement	Focusing on opportunities for women rather than their potential ability, this is calculated from three variables, i.e. proportion of seats held by women in national parliaments, percentage of women in managerial positions, specialist occupations, and technical occupations, and earned incomes of males vs. females.
Gender Development Index	This indicator is calculated by applying penalties to gender disparities in the same three areas targeted by the HDI (health, education, standard of living).
Gender Inequality Index	This indicator expresses gender disparities in the three areas of reproductive health, empowerment, and employment opportunities.
Gini Index	An indicator of income disparity, this is zero when the incomes of everybody in society are zero, and 1 when income is concentrated in one person. Income disparities are smaller as the Gini index becomes lower.
Net Enrollment Rate	The total number of children or students who enroll in school in a theoretical cohort pertaining to a certain stage of education, this is expressed as the ratio of that age cohort compared to the general population.
Gross Enrollment Ratio	The total number of children or students who enroll in school in a certain stage of education irrespective of age, this is expressed as the ratio in relation to the official school age population that corresponds to the same stage of education.
Human Development Index (HDI)	Calculated based on average life expectancy, adult literacy, school attendance rate at all levels of education, and per capita real GDP (purchasing power parity), HDI is utilized as an indicator of the national mean of basic human capacity, i.e. how far people live long and healthy lives, receive education and have knowledge, and attain adequate standard of living.
Infant Mortality Rate	Infant mortality rate is the probability of a child born in a specific year or period dying before reaching the age of one. It is shown as rate per 1000 live births.
Maternal Mortality Ratio	This is the annual number of female deaths from any cause related to pregnancy or childbirth or within 42 days of completion of pregnancy, for a specified year. It is shown as the number of deaths per 100,000 live births. This is one of the indicators for measuring attainment of MDG5.

MAP OF TANZANIA



Source: <http://www.un.org/Depts/Cartographic/english/htmain.htm>

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1. Basic Profiles

1.1 Socio-Economic Profile

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International Development Indicators

Year	Human Development Indicator (HDI)		Gender Development Indicator (GDI)		Reference*
	Value	Rank	Value	Rank	
2014	0.521	151	0.938	Group 3*	<1>
2005	0.467	159	0.464	138	<2>
Year	Gender Empowerment Measurement (GEM)	Gender Inequality Index (GII)		Reference	
		Value	Rank		
2014	N/A	0.547	125	<1>	
2005	N/A	N/A	N/A	<2>	

Demographic Indicators

Year	Population		Rural Population	Reference
	Total	% of Female Population	% of Rural Population	
2014	51,822,621	50.3%	69.1%	<5>
2007	41,522,004	50.4%	73.9%	<5>
Year	Annual Population Growth Rate	Households by heads of households		Reference
		% of Male Households	% of Female Households	
2015	3.2%	75.5% (2012)	24.3% (2012)	<5>
2007	3.1%	75.5% (2005)	24.5% (2005)	<5>

Economic Indicators

Year	GNI per capita	GDP Growth Rate	Inflation rate	Gini Index**	ODA received (against GDP)	Grant received (against GDP)	Reference
2015	\$920	7%	4.7%	37.6 (2011)	7.8% (2013)	N/A	<5>
2007	\$510	8.5%	5.9%	40.3	13.3%	N/A	<5>

Public Expenditure by Sector

Year	Health	Education	Employment and Welfare	Agriculture	Defense	Reference
2014	11.2% (2013)	15.9% (2014)	N/A	N/A	5.3% (2012)	<5>
2007	16%	19.4%	N/A	N/A	4.9% (2009)	<5>

Sectorial Share of GDP

Year	Agriculture	Manufacturing	Service	Reference
2014	31.5%	25%	43.5%	<5>
2007	28.8%	21.7%	49.5%	<5>

Labor Indicators

Year	Labor Force Participation Rate (Age 15-64)		Unemployment (%)		Minimum wage	Reference
	Male	Female	Male	Female		
2014	80.1%	80.6%	1.9%	4.1%	N/A	<5>
2007	81%	82%	1.4%	2.6%	N/A	<5>

Employment by Economic Activity

Year	Agriculture		Industry		Service		Reference
	Male	Female	Male	Female	Male	Female	
2013	64%	70%	9.6%	3.2%	26.4%	27%	<5>
2006	71.2%	78%	7.3%	2.8%	21.5%	19.2%	<5>

* Countries are divided into five groups by absolute deviation from gender parity in HDI values. Group1 has higher value for gender equality.

** In the World Development Indicator of the World Bank, '1' shows the least income gaps and '100' shows the highest income gaps.

Global Gender Gap Indicator

Overall in 2015 (Rank/Out of the total number of countries)	49/145	
Economic Participation and Opportunity	Rank in 2015	Reference
Overall	49	<7>
Ratio: female labor force participation over male value	5	<7>
Wage equality between women and men for similar work	65	<7>
Ratio: estimated female earned income over male value (PPP USD)	10	<7>
Legislators, senior officials and managers	104	<7>
Professional and technical workers	104	<7>

1.2 Education Profile

Number in < > shows reference in 'Sources for Basic Profiles' at the end of this section.

Education System	Education system in Tanzania is comprised of primary education (7years), secondary education (6 years- O Level 4 years and A level for 2 years), Technical and Vocational Education and Tertiary Education.
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Year	Overall	Male	Female	Reference
2012	79%	84%	74%	<5>
2002	69%	78%	62%	<5>

Year	Gross Enrolment Ratio			Net Enrolment Rate			Reference
	Overall	Male	Female	Overall	Male	Female	
2013	90%	88%	91%	83%	82%	85%	<5>
2007	110%	110%	109%	96% (2006)	97% (2006)	95% (2006)	<5>
Year	Completion Rate			Reference			
	Overall	Male	Female				
2013	76%	72%	80%	<5>			
2007	83%	85%	82%	<5>			

Year	Gross Enrolment Ratio <5>			Net Enrolment Rate <11>			Reference
	Overall	Male	Female	Overall	Male	Female	
2013	33%	34%	32%	29%	30%	37%	<5><11>
2010	32%	34%	28%	N/A	N/A	N/A	<5>
Year	Completion Rate (Lower Secondary)			Reference			
	Overall	Male	Female				
2013	36%	39%	33%	<5>			
2005	9%	10%	8%	<5>			

Year	% of Female of the Total enrollment	Reference
2012	46.8%	<10>
2009	46.6%	<10>

Year	Gross Enrolment Ratio			Reference
	Overall	Male	Female	
2011	3.7%	4.7%	2.6%	<5>
2005	1.5%	2%	0.96%	<5>

Education	Rank in 2015	Reference
Overall	126/145	<7>
Ratio: female literacy rate over male value	115	<7>
Ratio: female net primary level enrolment over male value	1	<7>
Ratio: female net secondary level enrolment over male value	N/A	<7>
Ratio: female gross tertiary level enrolment over male value	130	<7>

1.3 Health Profile

Number in < > shows reference in 'Sources for Basic Profiles' at the end of this section.

Life Expectancy at Birth (Age)

Year	Male	Female	Reference
2013	63.9	65.7	<5>
2007	57.4	58.8	<5>

Health Workforce

Year	Doctor to Population Ratio (per 10,000)	Nurse to Population Ratio (per 10,000)	Reference
2007-2013	0.3	44	<3>
2002	0.2	3	<4>

Reproductive Health

Year	Maternal Mortality Rate	Total Fertility Rate	Contraceptive Prevalence Rate (Age 15-46)	Rate of Antenatal Visit (At least once)	Reference
2007-2013	410/100,000 (2013) <3>	5.2 (2013) <5>	34.4% (2011) <5>	88% (2007-2013)	<3><5>
1999-2005	770/100,000 (2000) <3>	4.8 (2005) <5>	26.4% (2005/06) <5>	96% (1999) <4>	<3><4><5>
Year	Births attended by skilled health personnel	Age at first marriage	Adolescent (Age 15-19) fertility rate (per 1000)	Reference	
2013	49% (2010)	N/A	119	<5>	
2007	43% (2005)	N/A	130	<5>	

Infant and Under Five-year-old Mortality Rate (per 1000)

Year	Infant Mortality Rate (per 1000)			
	Total	Male	Female	
2013	42.4	45.4	32.3	
2005	82	119 (2000)	39.3 (2000)	
Year	Under five-year-old Mortality Rate (per 1000)			Reference
	Total	Male	Female	
2013	48.7	52.1	45	<5>
2005	63.4	67.2	59.4	<5>

Immunization Rate (1-year-olds)

Year	Measles	DPT3	BCG	Polio
2012	99%	91%	N/A	N/A
2005	93%	90%	N/A	N/A
Year	Hep B	HiB	Reference	
2012	91%	91%	<3>	
2005	90%	N/A	<4>	

Nutrition

Year	Underweight for Age five	Stunted for Age five	Iodine Deficiency	Oral re-hydration therapy use rate	Reference
2007-2014	13.4%	34.7% (2007-2014)	N/A	N/A	<3>
2004/05	16.7%	44.4%	N/A	N/A	<4>

Access to Safe Water and Improved Sanitation Facilities (% against total population)

Year	Access to Safe Water	Access to Improved Sanitation Facilities	Reference
2015	55.6%	15.6%	<5>
2007	54.9%	11.8%	<5>

HIV/AIDS

Year	HIV Prevalence among pregnant women attending ANC clinics	Prevalence of HIV among adults aged 15 to 49 (%)			Reference
		Overall	Male	Female	
2012	N/A	5.3%	3.9%	6.2%	<12>
2007	N/A	6.6%	N/A	N/A	<5>

Global Gender Gap Indicators

Health and Survival		Rank in 2015	Reference
Overall		55/145	<7>
Sex Ratio at Birth		1	<7>
Ratio: female healthy life expectancy over male value		69	<7>

1.4 Millennium Development Goals^{<8>}

Number in < > shows reference in 'Sources for Basic Profiles' at the end of this section.

Goal 1: Eradicate extreme poverty and hunger		1990	2010-14
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1.25 (PPP) per day	39%	28.2% (2012)
	1.2 Poverty gap ratio	21.6	9.7 (2012)
	1.3 Share of poorest quintile in national consumption	N/A	N/A
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed	N/A	N/A
	1.5 Employment-to-population ratio	N/A	N/A
	1.6 Proportion of employed people living below \$1.25 (PPP) per day	N/A	N/A
	1.7 Proportion of own-account and contributing family workers in total employment	N/A	N/A
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age	28.8%	16%
	1.9 Proportion of population below minimum level of dietary energy consumption	N/A	N/A
Goal 2: Achieve universal primary education		1990-2010	2012-13
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education	54.2%	89.7% (2013)
	2.2 Proportion of pupils starting grade 1 who reach last grade of primary	85% (2010)	87.2% (2013)
	2.3 Literacy rate of 15-24 year-olds, women and men <5>	78 % (2002)	86 % (2012)
Goal 3: Promote gender equality and empower women		1990-2010	2010-13
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 a. Ratio of girls to boys in primary education	98 (2010)	102 (2013)
	3.1 b. Ratio of girls to boys in secondary education	98 (2010)	105 (2013)
	3.1 c. Ratio of girls to boys in tertiary education	22 (2006)	30 (2012)
	3.2 Share of women in wage employment in the non-agricultural sector	N/A	N/A
	3.3 Proportion of seats held by women in national parliament	23%	36%
Goal 4: Reduce child mortality		1990	2010-12
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate (Per1000 live birth)	191	81 (2010)
	4.2 Infant mortality rate (0-1 year, per 1000 live birth)	115	45 (2012)
	4.3 Proportion of 1 year-old children immunised against measles	81.2%	95% (2011)
Goal 5: Improve maternal health		1990-2007	2007-13
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio (per 100,000 live births)	529	432 (2012)
	5.2 Proportion of births attended by skilled health personnel (15-49 yrs.)	43.9%	50.5% (2010)
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate	26.4 (2004/05)	34.4 (2011)
	5.4 Adolescent birth rate	130 (2007)	119 (2013)
	5.5 Antenatal care coverage (at least one visit)	96 %	88% (2007-13)
	5.6 Unmet need for family planning	N/A	22.3 (2010)
Goal 6: Combat HIV/AIDS, malaria and other diseases (Only most relevant targets and indicators have been extracted)		1990	2010-14
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years (Data is for 15-49 years old)	6%	2% (2012)
	6.2 Condom use at last high-risk sex	N/A	N/A
	6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	N/A	48.2% (2010) <6>
	6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	N/A	N/A
Goal 7: Ensure environmental sustainability (Only most relevant targets and indicators have been extracted)		1990	2012
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source	51% (rural)	47% (rural) (2012)
	7.9 Proportion of population using an improved sanitation facility	68% (urban)	89% (urban)

Note: Above information is based on Tanzanian MDG Report in 2014. The source and data are therefore different from the Basic Indicators and there might be some gaps in the information. When information is not available from the MDG Report, data refers to other sources (See the reference number).

1.5 National Commitment to Gender Issues (Political Participation, Conventions, and Laws)

Number in < > shows reference in 'Sources for Basic Profiles' at the end of this section.

1.5.1 Women in Decision Making Positions

Year	Parliament	Government		Private Sector			Reference
		Minister	Vice Minister	Manager	Professional	Technical	
2013	36%	31%	22%	N/A	N/A	N/A	<10>
2007/08	30% (2005)	22%	27%	N/A	N/A	N/A	<10>

1.5.2 Signature and Ratification to Gender-related Treaty/ Convention/Declaration

Signature	Ratification	Treaty/Convention/Declaration
-	1985	Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
	1991	Convention of the Rights of the Child (CRC)
	1997	SADC Gender Declaration
1995	-	Beijing Declaration and Platform for Action
2004	-	The Declaration of Gender in Africa
2008	-	SADC protocol about Gender and Development

1.5.3 Legislation for Gender Equality and Protection of Women

Year	Laws	Reference
1988	Sexual Offences Special Provision Act 1988-SOSPA	
1999	Land Act No.4 and 5 of 1999, Village Land Act No.5	

1.5.4 National Policy on Gender

Year	Policy
2000	Women and Gender Development Policy: WGDP
2005	National Gender Development Strategy

1.5.5 National Machinery

Year	Name of the Organization
1990	Ministry of Community Development, Women's Affairs and Children was established in 1990 and changed to Ministry of Community Development, Gender and Children in 2000. With the change of the Government in November 2015, the Ministry has been merged as the Ministry of Health, Community Development, Gender, Seniors, and Children (MHCDGSC).

1.5.6 Global Gender Gap Indicators

	Political Empowerment	Rank in 2015	Reference
Overall		32/145	<7>
Ratio: females with seats in parliament over male value		25	<7>
Ratio: females at ministerial level over male value		22	<7>
Ratio: number of years of a female head of state or government (last 50 years) over male value		64	<7>

Sources for Basic Profiles:

- <1> Human Development Report 2015
- <2> Human Development Index 2007/08
- <3> World Health Statistics 2015
- <4> World Health Statistics 2007
- <5> World Development Indicators (<http://data.worldbank.org/indicator/>)
- <6> Tanzania Demographic Health Survey 2010
- <7> The Global Gender Gap Report 2015
- <8> Country Report on Millennium Development Goals 2014
- <9> 'Children and Women in Tanzania, Volume 1: Mainland'
- <10> Country Report on the Review and Progress Made and Challenges Encountered in Implementation of the Beijing Declaration and Platform of Action and Outcomes of the Twenty Third Special Session of the General Assembly- Beijing +20.
- <11> Prime Minister's Office, Regional Administration and Local Government, URT, Pre-Primary, Primary, and Secondary Education Statistics, 2013
- <12> Ministry of Health and Social Welfare, URT, 'Health Sector Strategic Plan July 2015- June 2020', 2015.

2. General Situation of Women and the Government Policies on Gender in Tanzania

2.1 General Situation of Women in Tanzania

<2.1.1: Socio-economic situation in Tanzania>^{1,2,3}

<<Basic information>>

The country of Tanzania (hereafter 'Tanzania') is an united republic in East Africa with the territorial size of 9,450,000m² and the population of 49,250,000. While having a mosaic of some 130 ethnic- and religious groups, Tanzania is known for its established ethnic integration policy as well as for the stability of internal politics, which kept the country away from major turmoil since the independence from the United Kingdom (UK) in 1961. The current united republican political system was adopted in 1964, when the Republic of Tanganyika in the mainland Africa, and the island state of the Republic of Zanzibar in the Indian Ocean who gained the independence from the UK in 1963, together formed a nation. To note, the Republic of Zanzibar maintains an autonomous revolutionary government parallel to its membership in Tanzania's united republican government. Zanzibar is represented by its own president and governed by own laws, legislation and administrative authorities. Because the legislations and the context applied in Zanzibar are different from those in the mainland, this report deals with the information pertaining only to the United Republic as a whole or to the mainland.

The President of the United Republic, Mr. John Magufuli of the Chama Cha Mapinduzi Party (CCM), assumed office after successful presidential election in October 2015. As part of the policies of the new president to slash unnecessary spending and increase efficiency, the new administration announced in December 2015 is composed of 19 government ministries, which 11 ministries less compared with the previous government.

<<External policies>>

For the external politics Tanzania has focused on securing regional peace and stability, as shown in its efforts to stabilize the countries in the Great Lake Region such as the Democratic Republics of Congo and Burundi. The country has also contributed to the regional integration and cooperation as a member of Southern African Development Community (SADC).

<<Economics>>

Since 2000 Tanzania has maintained economic growth of about 6 to 7.8% per year, supported by the expansion of the mine- and manufacture export, tourism, and port harbor services. The Gross National Income (GNI) rose from US\$300 in 2000 to US\$510 in 2007, and tripled to US\$920 in

¹ Japan International Cooperation Agency (JICA) (a)

² JICA (b)

³ JICA (c)

2013. The inflow of direct investment to Tanzania is three times larger than the neighboring Kenya and 1.5 times more than Uganda. Against the backdrop of this striking economic growth and under the guidance of its long-term development policy ‘Vision 2025’, Tanzania commits itself to joining the rank of middle-income countries by 2025. Contrary to this backdrop, however, one can hardly conclude that all the population in Tanzania equally shared the fruits of the growth, resulting in some views that the disparity measured with Gini index has widened rather than narrowed⁴. Up to 70% of the population is engaged in agriculture, where 81% of women and 74% of men do so for the purpose of home consumption⁵.

<2.1.2: Overview of the Situation of Women in Tanzania >

<<Government policies>>

The constitution of Tanzania promulgated in 1977, and the amendments that followed, both forbid discrimination based on gender. The country also ratifies key international- and regional human rights documents, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the SADC Protocol on Gender and Development. At the domestic policy level there is the ‘Vision 2025’ that recognizes the importance of gender equality and the empowerment of women, and the National Strategy for Poverty Reduction 1 and 2 – so-called ‘MKUKUTA⁶’ 1 and 2– that highlights gender mainstreaming and describes specific strategies on related education and on Gender-based Violence (GBV). Another commitment of the Government of Tanzania is the support for the wider participation of women in the government decision-making, through the formulation of Women and Gender Development Policy (WGDP) and the re-enforcement of the quota system for female representatives at the national parliamentarians and local councils.

<<The impact of contradictory laws and the male-dominant norms on Women >>

Contrary to the government’s commitment to gender equality many articles and clause in Tanzania’s constitution and laws remain inconsistent with the CEDAW, or are discriminatory against women. The discrepancy among related laws, and the existence of other types of valid laws such as customary- and religions laws including Islamic laws and Hindu laws, have created the different interpretations of the laws concerning women’s right. In between the women in Tanzania are vulnerable at all aspect of their lives. The implementation of discriminatory laws and practice has also been reinforced by the dominant masculine norms and the discriminatory attitude toward women which still persist in Tanzanian society, and in rural areas among others. To show some examples of the situation described so far, the marriage law promulgated in 1971

⁴ Ibid., Gini coefficient in 2000/01: 0.35, 2007/08: 0.35, and 2011/12: 0.34 (The value range goes from 0 to 1 and 1 has the biggest income gap)

⁵ FAO

⁶ Swahili acronym for the National Strategy for Poverty Reduction

does not abide by the CEDAW which defines 18 years old as the minimum age of marriage, and allows young girls to marry at the age of 15 if their parents agree. To note, the age of marriage for men is 18. The Law of the Child Act 2009 fails to point out that the marriage under 18 violates the international agreement to respect children's right. According to the UNICEF report in 2010⁷, Tanzania has a high rate of child marriage (49% in 2007) and of women giving birth in their teens⁸ (23%). The physical burden on the immature body of young mothers is reportedly one of the factors raising Tanzania's maternal mortality rate (per 100 000 birth) to 410⁹. As will be described in 2.1.4, GBV is rampant in Tanzania¹⁰ and the Female Genital Mutilation (FGM¹¹) is still practiced in certain part of the country¹². In this way the inconsistency of different related laws and the deep-rooted male-dominance in Tanzania's society are depriving women of the right to make decisions on their reproductive health.

<<Education>>

Tanzania made a remarkable progress in the last 15 years in raising the ratio of enrollment in primary education, from around 68% for both male and female students in 2000 to 87% for male and 91 %¹³ for female in 2013. Gender inequality index is now almost equal to one. The key factors that contributed to the higher enrollment ratio are the abolition of tuition fees and the regulation to make it mandatory for parents (or guardians) to have their children receive primary education¹⁴. On the other hand, the number of both male and female students dropping out of school increases as they proceed to higher grades, making the gross enrollment ratio in secondary education 34% for male students and 32% for female. By the time they reach the senior grades in secondary education (Form 5-6), gender inequality index falls to 0.4. According to UNICEF, male and female students drop out for different reasons. For male students the main reasons are the necessity for them to work to support family's livelihood, and their own lack of awareness on the need to be educated; for female students, pregnancy as well as the objection from their parents remain one of primary factors to give up their study. In 2007 alone, 8,000 female students left school for pregnancy¹⁵. While they are entitled to come back to school after delivery, there are in reality few students who do so, presumably due to the shame they feel, to the discrimination they may receive from their peers, and to the need to take care of their new-born children.

⁷ The United Republic of Tanzania and UNICEF

⁸ Girls age 15-19.

⁹ WHO (a)

¹⁰ According to TanzaniaDHS 39% of women age 15-49 reportedly experienced violence in the past.

¹¹ To remove or hurt the external female genitalia, not out of medical reasons but of ritual custom.

¹² National Bureau of Statistics, URT

¹³ World Development Indicator (<http://data.worldbank.org/indicator>). To note, there are some years between 2000 and 2012 where the net attendance rate exceeded 100%. The reason behind the current figure is the decrease in the number of students in corresponding school year.

¹⁴ The United Republic of Tanzania and UNICEF

¹⁵ The United Republic of Tanzania and UNICEF

<<Agriculture>>

Agriculture employs large part of Tanzania's labor. The national share of agricultural workers in the total labor force is 69% for women and 62% for men, while this ratio will rise to 90% for women and 85% for men in rural areas¹⁶. Maize, beans and cotton are the main crops that both male and female agricultural works produce for home consumption, while the share of each crop that male workers produce differs from that of female workers¹⁷. Their decision on whether to produce them as cash crops or as the food for home consumption also affects the share. General tendency is that women are engaged more in subsistence farming. The share of female landowners to total female agricultural population remains low at 27%, as compared to 73 % for male. 90% of women (as compared to 60% for men) in agriculture are dependent on rain-fed harvesting, and there are less percent of women as compared to men who take advantage of improved seeds, fertilizers and pesticides (See Table 1), have access to the materials and implements for production, or afford hiring laborers. Accordingly, agriculture performed by women tends to be less productive than by men¹⁸.

Table 1: Farmers' use of productive materials (by gender)

Gender	Inorganic Fertilizer	Pesticide	Improved seeds
Male	10	11	10
Female	9	8	6
Average	10	11	9

Source: FAO Tanzania Gender Analysis in Rural Development

<2.1.3: Female representation in the national decision-making bodies>

According to the World Economic Forum in 2015, Tanzania ranked 45th by the Global Gender Gap Index and 32nd for political empowerment of women in particular, placing the country in the top 30% of total 145 countries surveyed. Women represented 36% in the national parliament (126 out of total 350 parliamentarians) and 31% of cabinet ministers (10 out of total 32 ministers)¹⁹ in 2013, and these numbers are well beyond the 30% quota that Tanzania's constitution allocates to female politicians (hereafter 'quota'). The high rate of political participation of Tanzanian women is also shown in the regional comparison of the share of female parliamentarians, whose average is 22% worldwide and 27% in the SADC region²⁰. This achievement still lag behind the Seychelles and South Africa where the rate goes beyond 40%, yet the amount of efforts by the Tanzanian government to increase the female share in the quota till up to the current percentage should never be overseen.

To note, the quota for female parliamentarians was 15% in the 1977 constitution. The share grew to

¹⁶ United Nations (b)

¹⁷ The share of maize, beans and cotton as cash crops is 28%, 20%, 10% for men respectively, and 32%, 15% and 8% for women.

¹⁸ FAO

¹⁹ The United Republic of Tanzania (a)

²⁰ Gender Links

20% in 2000 and to 30% in 2004, when the amendments were made to the constitution²¹. Table 2 shows the increase in the number of female parliamentarians since the country's independence from the UK. The government of Tanzania is currently amending the constitution where it proposes the further increase of the quota to 50%, with which to achieve the common goal set by the African Union (AU). According to media report²², female ministers in the new cabinet represented 42% or 8 out of total 19 ministers. It is also important to pay attention that many of the female parliamentarians are chosen within the quota set aside specifically for female candidates, while the increase of female parliamentarian selected outside of the quota (general seating allocation) has been moderate. This fact indicates the need for further capacity development for female candidates and for stronger advocacy vis-à-vis different parties to raise the number of female politicians outside of the quota.

Table 2: Share of women in the political decision-making in mainland Tanzania (as of 2013)

Positions/ Sex	Male		Female		Total Number
	Number	%	Number	%	
CABINET					
Ministers	22	69	10	31	32
Deputy Ministers	18	78	5	22	23
PARLIAMENT					
Member of the Parliament	224	64	126	36	350
PUBLIC SERVICE					
Permanent Secretaries	18	78	5	22	23
Deputy Permanent Secretaries	15	50	15	50	30
Commissioners	14	74	5	26	19
Assistant Commissioners	3	60	2	40	5
Directors of Ministries	114	69	51	31	165
Assistant Directors	225	63	132	37	357
REGIONAL ADMINISTRATION					
Regional Commissioners	19	76	6	23	25
Regional Administrative Secretaries	15	60	10	40	25
LOCAL GOVERNMENT					
District Commissioners	91	63	53	37	144
District Executive Directors	101	75	33	25	134
Judges	43	64	24	26	67

Source: Ministry of Community Development, and in part from Gender and Children

Table 3: The share of female parliamentarians since the independence

Year	Male	Female Elected	Female within quota	Total number of Parliamentarians	% of Female
1961	73	0	6	79	7.5%
1975	194	0	13	207	6.7%
1995	224	8	37	269	16.7%
2000	219	12	48	279	21.5%
2010	224	18	82	324	30.9%
2013	224	18	106	350	36%

Source: Created by the author based on the data from Ministry of Community Development, Gender and Children and others.

²¹ United Nations(a)

²² <http://www.nation.co.ke/news/africa/Magufuli-appoints-lean-Cabinet-of-19-ministers/-/1066/2991984/-/xtiwa6/-/index.html>

For other government positions female represents about 22 to 40% (Table 2), albeit the rate differs from positions to positions. For this achievement one can on one hand conclude that women are relatively well participated in Tanzania's administrative bodies, while on the other hand the share is still far behind the AU's goal of 50%. At regional- and district government level, some positions have female representation more than 33%, owing to the local decrees prescribing that at least one third of the seats in the local council be filled by female representatives. At the level of village- and community governments, however, average percentage of female leaders is no more than 7%. The fact that the gender inequality is larger in rural areas than urban areas, and that the quota system found in urban areas is still lacking in rural areas, well exemplify the regional disparity in the participation of women in the decision-making process. In general terms, at the initial stage of addressing the challenges and the needs faced by women, securing the number of female parliamentarians through a quota system and the capacity building for female candidates are deemed critical.

Table 4: Share of male- and female leaders elected for regional governments
(at the level of villages, Mitaa and communities)

Positions	Men	Women	Total	% of male	% of female
Village leaders	10,408	249	10,657	98%	2%
Mitaa (vicinity) leaders	2,150	299	2,449	88%	12%
Community leaders	53,786	1,908	55,694	97%	3%
Members of village council members	115,901	100,054	125,955	92%	8%
Members of Mitaa council members	7,138	1,802	8,940	80%	20%
Total	189,383	14,312	203,695	93%	7%

Source: Ministry of Community Development, Gender and Children (PMO-RA LG -Local Government Election Report (2009))

<2.1.4: Gender-based Violence (GBV) >

GBV takes place in different forms in Tanzania, including physical and psychological violence, child marriage and FGM²³. According to the Tanzania Demographic Health Survey (TDHS), 38% of female respondents (between age15-49) experienced physical violence in the past, and 20.3% suffered from sexual violence²⁴.

To be noted here is that there is a regional difference in the occurrence of GBV. GBV is found countrywide, yet the occurrence of physical and sexual violence is particularly high in five regions in southern highland and the lake area zones, namely in Ruvuma, Mbeya, Rukwa, Kigoma and Mara. In Mara Region, 66.4 % of women experienced physical violence and 32.5% met with sexual violence, the percentage much higher than national average. Dodoma Region has the highest percentage of women among other regions experiencing physical violence (70.5%), whereas those who experienced sexual violence is 13.3% and is lower than the average. The Sexual Offences Special Provision Act

²³ See Footnote 11

²⁴ Survey questions included not only husbands and ex-husbands but also other categories of perpetrators, such as the family members of women and teachers.

1988(SOSPA) effective in 1988 strictly forbids FGM from being operated on women under 18 years of age. In reality, however, the FGM is still practiced in certain part of Tanzania and even the women over 18 years old rarely receive legal protection against it. Up to 14.6% of women in Tanzania have experience with FGM, while the practice is rather specific to certain provinces and regions than is a country-wide phenomenon.

Table 5 shows the share of women by regional zones who underwent the FGM. As obvious from the table, the percentages in the north and central zones are significantly higher than the national average, while few FGM cases are observed in the south and the west zones. Among the north and central zones, Dodoma (63.8%), Arusha (58.6%), Singida (51%) and Manyara (70.8%) Regions have higher percentage of FGM occurrence and in the lake zone, Mara Region (39.9%)²⁵. Main reasons for these zones to continue the practice are (1) the belief that the FGM is necessary for girls to become an adult, (2) the prevention of premarital sex and (3) the expectation for larger bridewealth when the girls with genital mutilation marry²⁶.

Table 5: percentage of women with FGM experience (%)

Zone	Share of women with FGM experience (%)
West	1.7
North	37.8
Central	58.8
Southern highland	5.3
Lake region	8.9
East	9.1
South	0.9

Quoted from Tanzania DHS

There are new activities against FGM being initiated by women’s groups and development agencies. Focusing on the concerns of the traditional FGM practitioners who have earned their living through this practice and who may lose the means to support their own livelihood if the FGM disappears, the organizations pay practitioners for their work to advocate for the elimination of the FGM and promote awareness-raising. Some cases are being reported that the FGM practitioners abandon the practice through such support, implying that the activities have produced certain outcomes^{27,28}. Such a method of assistance on one hand can be valued as catering to regional characteristics, while in the long-run it will require coordination among government, NGO and the community to formulate a long-term planning and direction, to ensure the budget allocation for- and the sustainability of such activities.

To address the GBV, the Government of Tanzania has undertaken the amendment of related laws and

²⁵ National Bureau of Statistics, URT
²⁶ 28 Too Many
²⁷ The United Republic of Tanzania (a)
²⁸ According to the interview with UNFPA.

implemented different initiatives at the policy- and operational level. Policies, strategies and guidelines formulated by multiple government entities – including the National Plan of Action for Prevention and Eradication of Violence against Women and Children 2001-2015(‘NPA for Violence’) – are summarized in Annex 1. Although Ministry of Community Development, Gender and Children (MCDGC²⁹) is responsible for the coordination of multi-sectoral approach for the GBV prevention and eradication, different reports^{30,31} point out that NPA for Violence lacks the substance and that the shortage of budget and MCDGC’s coordination capacity is limiting both the implementation of the national plan and the outcomes to date. To note, the shortage of collaboration and coordination among stakeholders (including MCDGC, the police, legal bodies, NGOs and shelters) was mentioned also during the interview with Ministry of Health and Social Welfare (MHSW). MCDGC is currently formulating a National GBV Coordination Guideline with the assistance from the USAID. MHSW³² is currently preparing the ‘Health Sector Costed Implementation Plan for Gender Based Violence and Violence against Children Prevention and Response’ (2016-2020)’ (hereafter ‘Health Sector GBV Implementation Plan’), with which it aims to improve the protection for women and their access to necessary services, to establish a referral system and health-sector Standard Operating Procedure (SOP), and to increase the accuracy of forensic exam and related advocacy. The police have also shown stronger commitment to address gender issues including GBV, by establishing the Police Female Network in 2007. Examples of the activities under this network are the establishment and expansion of 417 Police Gender and Children’s Desk (PGCD) by 2012. The SOP and guidelines to manage the GBV cases reported to the police have also been prepared³³. With the advent of the future National GBV Coordination Guideline, and with the merger of MCDGC and MHSW in December 2015, a more comprehensive approach for GBV prevention and eradication is expected to take place involving such actors as the police and judicial authorities.

²⁹ See also Section 2.3. While MCDGC was transferred to the Ministry of Health, Community Development, Gender, Seniors, and Children (MHCDGSC) as part of the government reform in December 2015, the role and direction of the new ministry was yet to be clarified at the time of drafting this report. This report therefore mentions the achievements and the role of MCDGC.

³⁰ USAID (b)

³¹ Tanzania Women Lawyers Association

³² Organisational reform of the government took place during the study in December 2015, which merged the ministry with MCDGC and the section in charge of seniors. The role and organizational structure of the new ministry is unclear.

³³ Tanzania Women Lawyers Association

2.2 Government Policies and Laws in Tanzania

Following sections introduce the laws and policies that the Government of Tanzania implements either Tanzania-wide or in the mainland. Those in Zanzibar are not covered in this report.

<2.2.1: National gender policies>

Tanzania formulated the Women and Gender Development Policy (WGDP) in 2000, and the National Gender Development Strategy (NGDS) in 2005 to implement WGDP. WGDP aims to mainstream gender perspective into policies, programs and strategies, as well to create opportunities for women to participate in the effort for poverty reduction and development. NGDS then serves as a document to further clarify the issues hindering gender equality in Tanzania, and suggests necessary strategies. The document includes the guidance to effectively carry out the WGDP, the strategies and activities to be applied in priority sectors (such as the decision-making and the delegation of authority, gender mainstreaming, collection of gender disaggregated data, and other related sectors such as education, economics and empowerment), and the mechanism to administer those strategies and activities^{34,35}. The government of Tanzania itself evaluates that ‘NGDS contributed outreaching sensitization to the government ministries for addressing the challenges prioritized at the Beijing Platform Action and gender-desegregated data gathering, as well as gender-based planning and budgeting. Challenges nevertheless remain. One example is the Gender Focal Point (GFP) system which remains dysfunctional due to the lack of budget and the commitment from each ministry. As a result, the monitoring of activities has not been sufficiently undertaken.

<2.2.2: Other gender-related laws and policies>

[The Constitution of Tanzania]

The Constitution of Tanzania enacted in 1977 and the amendments that followed both forbid discrimination based on gender and guarantee equality and protection for all persons without discrimination. The constitution also demonstrates the government’s commitment to increase the participation of women in decision-making process, and allocates to women the 30% of the seats in the national parliament and 33.3 % in in local councils. At the same time the current constitution accepts customary laws (Customary Law Declaration Order: CLDO of 1963) and religion-based laws (such as Islamic Law) which often prevail statutory laws. As a consequence the rights stipulated in statutory laws often go unprotected. Inheritance law in Tanzania provides an example that suitably explains the situation (see the corresponding section on ‘Inheritance Law’ later in this section). Although Tanzania ratified the CEDAW, the definitions in its constitution are either too broad or too ambiguous to meet the CEDAW standard, creating a contradictory situation where the statutory laws are enforced in a way unfavorable to women.

³⁴ African Development Bank

³⁵ Ministry of Community Development, Gender and Children (c)

Owing to the support from CEDAW and civil society organizations that provided feedbacks and advocacy, the government is currently amending the constitution (see the 'Draft Amendments to Tanzania's Constitution' below).

[Draft Amendments to Tanzania's Constitution]

The Draft Amendments to Tanzania's Constitution have made clear the definition of direct- and indirect discrimination, and made respectable improvements to ensure gender equality and the rights of women in line with the CEDAW and other regional human rights documents. Those improvements include the protection of women from the laws which discriminate or do harm on women, employment security during pregnancy, equal employment opportunity for women, the provision of high-quality health service for delivery, and the increase of the quota seats for women in the parliament up to 50%³⁶. The preparation and review of the draft received active participation from civil society groups and from the Women and Constitution Coalition (the Coalition) participated by 110 organizations. The Coalition also held consultation dialogues with civil society groups and provided feedbacks and suggestions to the government from gender perspective. According to Tanzania Gender Networking Group (TGNG), the Coalition summarized and proposed to the government 12 priority agendas, of which 11 were adopted in the final draft and the bill was brought to legislative deliberation. The bill, however, allegedly met objection from the opposition parties and was dropped in the end³⁷. The process of amending the constitution was interrupted by the Presidential election that followed, and the status of the bill after the election is unclear.

[Sexual Offences Special Provision Act 1988-SOSPA]

SOSPA is a legislation formulated specifically to protect women and children from sexual harassment and abuses. It recognized for the first time in Tanzania that rape is a crime whose perpetrators shall deserve stricter punishment. The duration of punishment is minimum 30 years³⁸, and life imprisonment will be imposed if the victim is a girl under 10 years old. The ban on FGM for girls under 18 on one hand is positive in protecting young women from sexual violence, while on the other hand the law lacks the provision to protect women over 18 from becoming the victim of FGM and therefore does not offer sufficient framework to protect women's right. Marital rape is banned under this law only when a married couple lives separately³⁹, indicating that some part of the law still remains discriminatory against women. To date, the criminal law adopted in 1977 was revised with the advent of SOPA in 1988.

The article 15 of SOSPA, the clause that serves as the amendment of the articles 154-157 of the

³⁶ The United Republic of Tanzania (a)

³⁷ According to the interview with TGNP.

³⁸ Tanzania Women Lawyers Association.

³⁹ Ibid.

criminal law, imposes ban on homosexuality. According to this article, 30 years of imprisonment will be sentenced for those who ‘committed a deed of embracing sexual desire toward person(s) of same sex’, and 20 years of imprisonment for those who actually ‘attempted committing such a deed’. Although the constitution claims itself as equally applicable to all sex and that the rights of all the citizens shall be protected, sexual orientation unless heterosexuality is discriminated, making lesbians, guys, bisexuals and transgender (LGBT) socially vulnerable.

[Land Act]^{40,41,42}

Land Act No.4 and 5 of 1999 and their amendments: the decree prescribes that both women and men have the equal rights for land ownership and use⁴³, and that the discrimination against women by using customary law will not be accepted. The amendments of 2004 that followed defined the value of land and the rights for women to mortgage land without the consent from their spouses in order to access to lending.

Village Land Act No.5: the decree curbs the application of customary laws if they deny women’s right to lawfully own land. It also stipulates the need for women to be consulted when communal or family land will be sold, as well recognizes women’s land ownership and mandates that half of village land council members be composed of women.

[The Law of Marriage Act]⁴⁴

The Law of Marriage Act enacted in 1971 defines marriageable age as 18 years for men, while according to the same act women may marry at the minimum age of 15 if their parents agree. However, marriage under 18 years old is child marriage. Being a signatory of the Convention of the Rights of the Child (CRC) Tanzania is not abiding by the convention to protect women’s right. In the draft amendments to the constitution, suggestions have been made to make the constitutional age of marriage 18 years old.

[Inheritance Law]⁴⁵

In Tanzania, four different inheritance laws - statutory laws, customary laws, Islamic laws and Hindu laws – are simultaneously effective. While the statutory laws advocate equal rights for men and women, customary laws acknowledge male-domination. The customary laws do allow a daughter to be heiress if the family does not have a male heir; yet for wives who lost their male

⁴⁰ USAID (a)

⁴¹ Asian Development Bank

⁴² Ministry of Community Development, Gender and Children (a)

⁴³ In Tanzania all the land belongs to the government, where the president serves as custodian. The types of land allowed for private possession are village land, the customary rights to occupy the land, land rights under statutory laws (up to 99 years), leased land and the rights for residence(source: USAID Country Profile: Property Rights and Resource Governance, Tanzania.

⁴⁴ Ministry of Community Development, Gender and Children (a)

⁴⁵ Ibid.

spouses, inheritance is rarely successful. Under the Islamic law the property that daughters are able to inherit is limited to the half of what sons can inherit, and that for wives is only one-sixth of men. Women's right for inheritance is, therefore, hindered by the multiple structures of different laws.

2.3 National Machinery and Other Gender Mechanisms

<2.3.1: The background for establishment and current organizational structure>

Main national institution responsible for gender issues (National Machinery) in Tanzania used to be Ministry of Community Development, Women Affairs and Children established in 1990 with a mandate to coordinate community development in Tanzania. The ministry was then transformed to Ministry of Community Development, Women Affairs and Children in 2000 to reflect the concept of gender and development, and has ever since functioned as the national machinery. After the presidential election in October 2015 and the reorganization of the cabinet in December same year, a successor Ministry of Health, Community Development, Gender, Seniors, and Children (MHCDGSC) was established^{46, 47} to assume diverse responsibilities. The reorganization of the government ministries was out of a positive intension to improve efficiency through the review of the organizational structure. There are, however, unclarity as to how much attention will be given on gender within the MHCDGSC which has wide range of tasks, and as to how the budget will be allocated to respective sectors within the ministry. Continuous monitoring of new developments would be necessary to clarify these questions.

<2.3.2: Main activities of MCDGC>

The establishment of MCDGC was announced after the field visit to Tanzania for this study. Since the details on the function and activities of the ministry are yet to be made public, this report will describe in the following section the gender-related functions and activities of the predecessor ministry of MCDGC.

MCDGC was responsible for coordinating policies and strategies related to gender equality and the empowerment of women, as well as for monitoring the implementation of these policies⁴⁸. It had served as a key player in formulating Women and Gender Development Policy (2000) and National Gender Development Strategy (2005), as well as the action plans for these documents. The responsible department, the Department of Gender Development, used to be divided into the units of Gender Mainstreaming Section and of Women and Development Section, who not only promoted gender mainstreaming into policies, the participation of women in decision-making and gender equality but also coordinated with Tanzania Women Bank (see Section 3.3.3) and administered women development fund⁴⁹. This department also coordinated gender-related tasks with local government at the regional and district levels. Nevertheless, the Gender Diagnostic Study⁵⁰ reports that a gender coordination mechanism was not sufficiently established and that the system to regularly monitor the progress on gender empowerment was not in place.

⁴⁶ The United Republic of Tanzania (a) and

⁴⁷ MCDGC website, <http://www.mcdgc.go.tz/index.php/mcdgc/aboutus/category/overview/>

⁴⁸ The United Republic of Tanzania (a)

⁴⁹ MCDGC website, <http://www.mcdgc.go.tz/index.php/departments/category/gender/>

⁵⁰ Ministry of Community Development, Gender and Children (a)

Although the activities of the MHCDGSC as a new ministry are yet to be clarified, there are benefits for different social sector work to be administered by one ministry. Cross-sectoral coordination for gender, which had posed a challenge earlier, counts as one of such benefits. If the new organization brings about increased cooperation with health and social welfare sectors which are advanced in promoting gender mainstreaming, different initiatives for GBV and for women's reproductive rights could be integrated and strengthened. Another advantage is that health- and community development sectors have their own staff at local level. By strengthening their knowledge and capacity on gender and by setting up gender teams (or committees), the ministry can establish a vertical network and carry out advocacy at community level. Regarding the coordination with other government ministries, it is important to find out the reasons why the GFP system did not work for them, and analyze the way for improvement by utilizing knowledge and experience of experts to establish a new model.

<2.3.3: Other organizations>

[Gender focal points within other ministries and the secretariat of provincial/ district governments]

Each government ministry and the secretariat established within regional- and district governments has designated Gender Focal Points (GFP) and is mandated to set up a gender committee. A GFP is in principle to be assigned within Policy and Planning Department of these institutions. In reality, however, many of the designated GFP are either from departments with little relationship with policy work such as human resources or those who do not have authority to make decisions, and some concerns have been voiced that GFPs lack in capacities and policy impacts. There are ministries such as Ministry of Education who established gender committee within the ministry in a bid to promote gender mainstreaming, yet the effect of such a system is so far unclear. At the regional- and district level, where the community development staff are to undertake tasks related to gender equality and monitoring, the system is neither functioning due to the shortage of appropriate training and budget⁵¹.

[Parliamentary Committee on Social Welfare and Community Development]

The Committee serves as an oversight for the promotion of gender equality.

[Tanzania Women Parliamentary Group (TWPG) and the Tanzania Cross Party Platform (TWCP)]

A group formed by female parliamentarians, working to raise awareness on gender among female parliamentarians and in the parliament⁵².

[Gender Mainstreaming Working Group-Macro Policy]

Gender Mainstreaming Working Group- Macro Policy (GMWG) established in 2008 is a group that promotes gender mainstreaming and is managed by MCDGC as a representative of the

⁵¹ Ministry of Community Development, Gender and Children (a)

⁵² Ibid.

government and by UN Women as a representative of the Development Partners Gender Group (DPGG). The GMWG secretariat was initially located in a research center (whose formal name could not be confirmed) but moved to within MCDGC in 2010. In coordination with DPGG, the group serves as a platform for partnership among diverse stakeholders from government and DPGG, for them to undertake consultations and analysis on gender equality and the empowerment of women and to implement policy priorities and strategies. More recently, the group has been actively engaged in the MKUKUTA II implementation to make suggestions from gender perspective, in the capacity building for the implementation of gender budget as well as in the gender review at policy level, and in the gender auditing at sector level⁵³.

[University of Dar Es Salaam Gender Center]

The Gender Center is established within University of Dar Es Salaam (UDES) which was founded in 1966, with a view to internalizing gender mainstreaming at the UDES, administering programs with gender perspective, accelerating gender equality as well promoting and expanding gender network within and outside of the UDES. Attendance to basic classes on gender is mandatory for all the students, as part of UDES's efforts to familiarize them with gender equality. Among numerous achievements of the university, the reorientation of the university's policy to integrate gender viewpoint, and putting in place the anti-sexual harassment policy and the university gender policy in particular demonstrate how the UDES has internalized gender mainstreaming. Further, gender equality advocacy contributed to the increase of female students.

⁵³ The United Republic of Tanzania (a)

3. Current Situation of Gender by Sector

3.1 Health Sector

<3.1.1: Legal and Policy Framework for Gender>

Health Sector Strategic Plan IV 2015-2020 (HSSP IV) is a key policy framework for health sector. The Plan recognizes the importance of gender mainstreaming and equality, and shows commitment to protecting vulnerable population including female-headed households through applying rights-based approach. Planned also in this document is to find out and analyze organizational-, policy- and budgetary factors that underlie gender inequality in health sector, and translate the results to address respective challenges within health sectors (such as reproductive health, prenatal care, delivery, HIV/AIDS and GBV) and to provide health care service that caters to women's needs. In addition, the Gender Operational Plan for the HIV Response in Tanzania Mainland (2010-2012) has been in place to address HIV/AIDS in consideration of gender. Ministry of Health and Social Work (MHSW) is also committed to addressing GBV from health perspective, as shown in their preparation of a practical guideline (See Table 9 in '9. Annex') and fostering the capacity of field staff to effectively prevent and address the HIV/AIDS.

<3.1.2: Reproductive Health and Family Planning>

Up until recently, Tanzania's maternal mortality rate was among the highest in Africa representing 578 (per 100,000 expectant and nursing mothers) in 2004. While the rate lowered to 454 in 2010⁵⁴ and 410 in 2013⁵⁵, it nevertheless remains high as compared to world average rate of 69. The reasons behind Tanzania's high maternal mortality are: the long distance to healthcare centers in rural areas, discouraging women to receive antenatal care (ANC) more than four times as recommended by the WHO (88% of women in Tanzania receives the first antenatal care, but only 44% or less than half of the same women receive over 4 ANC); only 49 % of the deliveries given by expert birth attendants; high rate of early- and adolescent pregnancy due to the marriage of children (or adolescents) whose bodies are not mature enough for pregnancy (global average early- and adolescent pregnancy:40 per 1000, Africa average:116, Tanzania: 128)⁵⁶, and unsafe abortions. Tanzania's total fertility rate of 5.2 is likewise above Africa's regional average of 4.9⁵⁷. According to TDHS in 2010, 23% of women surveyed informed that they started child nursing (i.e. they either expected or delivered a child) at the age of 15-19, and the figure goes up to 44% for 19 years old women. High fertility rate is explained also by adolescent deliveries and the limited use of contraceptives, as evidenced by the responses that TDHS collected from a sample of married and unmarried women age between 15 - 49. Among them 71% reported they had not used the contraceptives. To be noted here is the wide regional gap between the urban and rural areas. Looking at total fertility rate by region, Rukwa and Katavi has 7% as

⁵⁴ National Bureau of Statistics

⁵⁵ World Health Organization (a)

⁵⁶ Ibid.

⁵⁷ Ibid.

compared to Dar Es Salaam, Kilimanjaro and Arusha which has less than 4%. The areas where contraceptives are used less often coincide with the ones with higher total fertility rate (except in Zanzibar⁵⁸).

<3.1.3: HIV/AIDS>

According to the HIV Malaria Indicator Survey in 2011/12, the HIV/AIDS prevalence rate among people age 15-19 is 5.3%, where the prevalence among women is higher than that for men - 6.3% for women⁵⁹ and 3.9% for men. The incidence pattern is different for men and women. Women experience peak age of infection at 25–34 when they are reproductively most healthy, while for men the peak is later at age 30-39. The factors that have raised the prevalence among women are (1) the lack of authority for women to make decision on their own sex and body, (2) sexual intercourses and adolescent marriages are taking place among young generation without sufficient knowledge on sex, body and HIV/AIDS, (3) sexual violence that occurs accompanying the risk of HIV/AIDS infection, (4) poverty leading to sexual intercourses for the purpose of earning money, where people take risks of receiving HIV/AIDS virus⁶⁰, and (5) the fact that all these factors have their roots in the social norms and practice, as well as the laws that do not respect women's right.

The gap between the knowledge people have on HIV/AIDS prevention and their behaviors in reality should also be brought to attention. 76% of both male and female respondents⁶¹ are aware that the use of condoms will prevent HIV/AIDS, and over 90% of the respondents of both sexes feel that it is justifiable to refuse having a sexual intercourse or to use condoms, in the case husbands have sexual infection. Shifting our focus on general use of contraceptives, however, the percentage is low: only 29% of women use them, and 4.2% of men use condoms (the condom for female use was not included in the answer options), even lower than the use of medication and implantable contraceptives. To address the situation from gender perspective, MHSW developed 'Gender Operational Plan for the HIV Response in Tanzania Mainland (2010-2012)'. The document is a practical operation management plan that presents strategies and actions for priority areas in HIV/AIDS from gender perspectives. The strategies and actions include: the awareness-raising involving men and traditional leaders; the improvement of knowledge of women and male/female adolescents on reproductive health and the reinforcement of related services; the strengthening of facilities to promote the HIV/AIDS tests and counseling services also friendly to men; and the awareness-raising on- and the improvement of service delivery for mother-to-child infection.

⁵⁸ Zanzibar has higher rate of the non-users of contraceptives, while birthrate is lower than national average.

⁵⁹ Ministry of Health and Social Welfare

⁶⁰ Prime Minister's Office, Tanzania Commission for AIDS, URT

⁶¹ Men and women age 15-49 surveyed by TDHS

<3.1.4: Infant (under five) mortality rate> ^{62,63,64}

Infant mortality rate (per 1000 birth) has seen sure decrees in the last 10 years, from 112 in 2004-05 to 91 in 2007-08, and to 42.4 in 2015⁶⁵. Likewise, infant mortality under five^{66,67} (per 1000 birth) improved to 68 in 2004-05, to 51 in 2007-08 and to 48.7 in 2012⁶⁸. The improvement is attributed mainly to the amelioration of maternal and child healthcare service, the prevention of infant malaria infection, and the higher rate of vaccination against infectious diseases. On the other hand, malaria composes over 30% of all the incidence of infectious diseases among children under five, followed by respiratory diseases, pneumonia and diarrhea. Male infant mortality rate, both babies and children, is higher than that of female: 62 for male babies and 97 for male children, and 58 for female babies and 88 for female children.

⁶² National Bureau of Statistics

⁶³ The United Republic of Tanzania and UNICEF

⁶⁴ Ministry of Health and Social Welfare

⁶⁵ World Bank, World Development Indicators

⁶⁶ National Bureau of Statistics

⁶⁷ Ministry of Health and Social Welfare

⁶⁸ World Bank, World Development Indicators

3.2 Water Resource Management Sector

<3.2.1: Legal and Policy Framework for Gender>

In water resource management sector the Strategic Plan for the Year ('Strategic Plan') is under implementation starting 2016, as a successor policy plan that followed the National Water Policy (NWP) of 2002 and the National Water Sector Development Strategy 2006-2015(NWSDS) of 2006. The NWP calls for attention to the lack of recognition of women's role in the management of rural water supply and sanitation regardless of the important role that the women in rural areas play in collecting water, and set forth the following policies⁶⁹: (1) equal participation of women to the water users association; (2) the implementation of rural water supply program that reflects the needs of both men and women; and (3) the capacity building and empowerment so that women are able to participate in such a program. These policies are never insignificant for water resource management at village level (see Section 3.2.3). The NWSDS points out that 'the lack of data by gender and by age in water sector is the very factor that prevent us from understanding how the lack of safe water affects different gender groups and what needs are to be addressed'. This strategy should also be evaluated for its approach to enable equal participation of men and women, through monitoring the participation and fostering the culture of gender equality in the communities⁷⁰. Whether the approach has been operational is however yet to be confirmed. The Strategic Plan that commenced in 2016 does not specifically mention gender consideration in water resource sector, yet states that a water sector gender strategy will be implemented by 2019. Anticipated from the statement is that the preparation of comprehensive gender policy is being planned. The Strategic Plan recognizes the importance of gender equality within Ministry of Water and set the gender balance of its professional staff as one of the ministry's performance indicators. The interview with the human resource department of Ministry of Water, whose vice director is GFP, confirmed that many women indeed work as senior management or professional staff in other departments of the ministry.

<3.2.2: Women and their role to collect water>

In Tanzania, women and children are often responsible for water drawing. This is a fact shown also in the result of a social conditions survey in Tabora⁷¹ which reports that 99% of women undertake water collection work. Men may help with the work more than before; however; water collection is as yet deemed as a fixed role for women. The time needed for water collection differs in rural areas from urban areas. In urban areas where piped water supply is increasingly available, 74% of the population can access water within 30 minutes. This figure presents a stark gap to rural areas, where the percentage is 48%⁷². In some areas women are forced to spend long hours for fetching water. In dry areas which suffer from serious water shortage, for example, women would walk as many as five

⁶⁹ National Water Policy

⁷⁰ Ministry of Water and Irrigation

⁷¹ JICA, Earth System Science Co., Ltd., Japan Techno Co., Ltd, and Kokusai Kogyo Co., Ltd.

⁷² National Bureau of Statistics

hours to collect water⁷³. The social conditions survey in Tabora also confirmed that several hours on water collection is a daily task for women (see Section 4.2 for details). To note, the locations of water source are different for rainy season and dry season, significantly influencing the time for women to spend on water collection. The long hours needed for water drawing have negative impacts: women are not able to engage themselves in livelihood activities as much as men do, and neither are children able to go to school regularly because of this work and have difficulty following the classes.

According to another survey⁷⁴, the comparison of the school attendance of female students living within 15 minutes from water source to those living over one hour away exhibited that the attendance of the former was 12 % higher than the latter. The same report also informed that the distance between their homes and water sources had less impact on the school attendance of male students than on that of female students. Based on this information it may be fair to assume that in some regions water collection is one cause for female students to give up on their study. Water collection is a heavy labor with heavy physical burden, requiring hours of walk carrying water in buckets or vessels. Physical burden is particularly heavy for pregnant women, could even risk the lives of the mother or child. The physical safety of women during the long walk is also crucial to pay attention to. Risks are there for women to encounter harassment or sexual violence on the way, for which safety measures should be found out at community level.

<3.2.3: Participation of women in water management>

Water resources are intricately linked to the livelihood as well as to the rights and interests of people. As a natural consequence, the management of and decision making on water resources is strongly related to the disparity of wealth, power balance within communities and to gender relationship⁷⁵. Women in Tanzania assume a critical role of collecting water, but they have had limited opportunities to voice their opinions on water resource management and administration, on the participation to decision-making and on their needs. Ever since the NWP was formulated in 2002 the establishment of Community Owned Water Supply Organization (COWSO)⁷⁶ or Water Users Entity (WUE) was enforced to manage water supply system at community level (including ensuring the participation, decision-making, and the collection of use fees for sustainable management). Accordingly, each village formed and commenced either COWSO or WUE. The guideline on COWSO stipulates that 'half of COWSO (WUE)'s leader positions should be assumed by women'. The opportunity given to women through this guideline to participate in the management and decision-making on water supply management is a critical step forward. According to the interview in the target villages, 'at least three

⁷³ Ministry of Health and Social Welfare

⁷⁴ <http://www.un.org/waterforlifedecade/gender.shtml>

⁷⁵ UNDP (a)

⁷⁶ COWSO is an organisation (or group) independent from the government who has authority over the management of water supply system. While it adopts a cost recover system through the collection of user fee, initial management cost and large-scale reparation cost are borne by the government. Regional government is to support COWSO from the technical and management point of view.

members of COWSO should be women (note that the number of COWSO members are different from village to village), and at least the accountant position out of three leader positions (leader, clerk and accountant) should be held by women'. Because the details of the COWSO guideline was not all reflected in its English translation, it is as yet unclear if these decisions are written in the local language or whether they are informed to the villages orally.

Men and women often have different needs and interests for water. Women who are responsible for housekeeping and child-rearing, think first of securing water for drinking and eating, washing, and for agriculture for home consumption; men on the other hand tend to prioritize securing agricultural water. As shown earlier women often have to walk long distance for long hours to collect water for housekeeping and have many issues for them to take care of. For example women have to (1) balance out their time for 'productive' and 'reproductive' work, (2) take into consideration of physical burden and safety, and (3) take care of the family if anyone is infected with water-borne diseases. For these responsibilities, women's participation in COWSO and the opportunity given to women to express their opinions on the distance and the route to water supply points or on water user fees, are significant in that women's needs will be better reflected in the decision-making and that women will nurture confidence in themselves through this process.

That said women's participation in the use of water resources for irrigation and agriculture is still limited, requiring the commitment to promote the participation of women in water management in coordination with agricultural sector.

3.3 Private Sector Sector

<3.3.1: Legal and Policy Frameworks for Gender>

In private sector development, variety of policies are interrelated. The main policies are Integrated Industrial Strategy, Small and Medium Industries Development Policy (SME Development Policy), Sustainable Industries Development Policy, and National Trade Policy. These policies describe details such as challenges in industrial, small and medium enterprise development and strategies to respond to those issues, and suggestions for potential areas to tap in. While most policies have limited gender perspectives, the SME Development Policy clearly states that "the government will ensure that gender is mainstreamed in all the initiatives relevant to SME development.". The policy further clearly shows the problems that women and vulnerable people have to confront in conducting business and presents its strategies to design the program catered for those people.⁷⁷ The Small Industries Development Organization (SIDO) in its Corporate Strategic Plan 2014/15-2016/17 emphasizes the fact that women are not able to participate in the economy despite their contribution in labor force, thereby it has been supporting women's entrepreneurship and establishment of WEDP. To provide further assistance to those female entrepreneurs, SIDO intends to make an effort towards the achievement of five goals⁷⁸ by 2017. The NGDS also shows its intention to create enabling environment for gender equal employment opportunities and support entrepreneurs through provision of access to technical skills and finance, as well as development of gender disaggregated data.

In the statutory law within the legal frameworks, men and women are treated as equal concerning the ownership of property. The Land Laws (Land Act No. 4 and Village Land Act No. 5) that were promulgated in 1999 recognize that men and women are equals in acquiring, retaining, using and owning land. Due to subsequent revisions to the laws, land ownership by women and the applications for loans by women using land as collateral have increased.⁷⁹ Nevertheless, not all citizens have knowledge about these laws. Depending on the culture and ethnicity, the tendency to put emphasis on customs and male dominance continues making it difficult for women to possess land (See Section 2.2.2)

<3.3.2: Overview of MSME for Women>

According to a report⁸⁰ based on the data from the Micro, Small, Medium Enterprise (MSMI) National Baseline Survey Report, of the over 3.16 million MSMEs in Tanzania, 54.3 % are owned by women. However, as Table 6 below shows, when the numbers for MSMEs are examined, 73.4% of the women's enterprises belong to a micro enterprise owned by one person, and 25.9% to a small enterprise owned by four employees or less, that is to say that 99.3% of the companies owned by

⁷⁷ Ministry of Industry and Trade (c)

⁷⁸ Although this report will not describe the details of these goals, the goals refer to development of manuals and modules for supply chain management and quality control, provision of training and ToT on the aforementioned subjects, and development of modules on processing of selected products.

⁷⁹ The United Republic of Tanzania (a)

⁸⁰ ILO, Women's Entrepreneurship Development in Tanzania, 2014

women fall into these categories.

Table 6: Number of entrepreneurs and distribution of MSMEs by size and gender

Size of Enterprise (Number of employees)	Total		Male		Female		Female share of enterprises by size category
	Number	Distribution by size (%)	Number	Distribution by size (%)	Number	Distribution by size (%)	
1 employee	2,093,097	66.2%	833,279	57.6%	1,259,817	73.4%	60.2%
2 to 4 employees	981,841	31%	537,546	37.2%	444,295	25.9%	45.3%
5 or more employees	87,550	2.8%	75,287	5.2%	12,263	0.7%	14%
Total MSMEs	3,162,488	100%	1,446,112	100%	1,716,375	100%	54.3%

Source: ILO, Women's Entrepreneurship Development in Tanzania, 2014 (MIT, 2012a)

In addition, of the women entrepreneurs in the survey, only 1.2% were registered with the Business Registration and Licensing Agency (BRELA), and only a handful of them were registered for other license requirements and the TIN number for tax payment (see Table 7 below), showing that most of the women were involved in informal enterprises.

Table 7: Percentages of MSME entrepreneurs and women entrepreneurs with business registrations and official authorizations

	MIT 2012a; N=6134 (% of all MSME)	MIT 2012a (% of Women Entrepreneurs)
Registered by BRELA	3.9%	1.2%
Trade/Daily license	15.3%	5.4%
Professional registration	0.3%	0.1%
Local authority license	3.6%	1%
TIN Number ⁸¹ (TRA)	5.9%	1.5%

Source: ILO, Women's Entrepreneurship Development in Tanzania, 2014 (MIT, 2012a)

Business registration means formalizing one's business, making the enterprise easier to access financial and business support, and to expand its networks and markets. The reality is, however, that many micro enterprises represented by women find it challenging to register as they can't afford the costs for registrations and tax payment after the registration.

Furthermore, because many micro enterprise entrepreneurs only received primary school education, many of them have difficulties understanding the registration process. There are many other impediments to registration; e.g., many different documents are required for registration, the process is time consuming, and micro entrepreneurs outside the capital must go to the capital because there are no BRELA branches elsewhere. Recently, BRELA has consolidated all the registration process to online, so that registration is now possible without having to go to the capital or to the Tanzania

⁸¹ Registration number necessary to pay taxes

Chamber of Commerce, Industry and Trade (TCCIA) that provides the registration support. Nevertheless, online registration is itself a barrier for people without IT skills, and there is a new challenge of having to input bank accounts and tax registration numbers (TIN numbers)⁸². There is also an adverse facet in which the process to formalize an enterprise has become even more difficult for female micro entrepreneurs^{83,84}.

According to a survey⁸⁵ conducted in Tanzania in the past, the areas of trade, food processing, food sales, sewing, and making and selling craftwork are popular among women entrepreneurs. With the technical assistance from UNIDO, SIDO has been supporting the food processing, which has a higher demand due to urbanization, through the implementation of the Women Entrepreneurship Development Program (WEDP) since 2004. This program offers technical training mainly for food processing, entrepreneurship training, information on food industry and marketing, as well as networking and trade fairs, targeting 23 regions in Tanzania.

<3.3.3: Access to Financing>

Two separate surveys^{86,87} on MSME cite access to financing as the biggest challenge in business. As we mentioned in section 3.3.1, despite the prohibition of discrimination against women in the land law, the cultures and customary laws are still making it hard for women to own land in rural areas. Therefore it is challenging for women to take loans unless they own land.

Under such circumstances, banks and financing programs which are more accessible for women started to emerge. For example, the Tanzania Women's Bank (TWB), which was established in 2007 with the aim to provide women economic and social support, offers quality services including loans to people with low income and MSMEs⁸⁸. It has been reported that 80% of the clients are women and 19,000 women have received loans between 2009 and 2013^{89,90}. In addition, micro finance institutions (MFIs), such as BRAC and FINCA, are also focusing on women entrepreneurs, and 80% and 60 %, relatively, of their customers are women. However, the number of users is limited because these services are limited to cities, interest rates are high, and collateral conditions are strict. Organizations that provide accessible services to rural areas are the Saving and Credit Cooperatives (SACCOS) that are made up of memberships such as of teachers and farmers, and Village Community Banks (VICOBA). Both types of institutions are mainly made up of women. VICOBA is a financial organization at the community level that develops banking and social fund programs for groups of 25

⁸² According to interviews with SIDO WED program staff.

⁸³ ILO

⁸⁴ According to interviews with ILO staff.

⁸⁵ ILO

⁸⁶ Ibid.

⁸⁷ Financial Sector Deepening Trust (FSDT)

⁸⁸ United Nations (b)

⁸⁹ ILO

⁹⁰ United Nations (b)

to 30 people who live on the same street or in the same village⁹¹, and they are especially active in rural areas. Loans and membership regulations are determined by each VICOBA. While the memberships are open to both men and women, about 90 % of users are women^{92,93,94}. In addition, SIDO provides three types of financial services: The National Entrepreneurship Development Fund, the Regional Revolving Fund, and the Credit Guarantee Scheme. Although access to these schemes is not limited to women, many of the users are women. In reality, these schemes are not easily accessible for informal business owners, given that they require official business registration, their interest rates are as high as 18-22 percent, and they are limited to participants in SIDO WEDP capacity development training.

Recently, JICA started a Credit Guarantee Scheme using collateral funds from the Japanese Government to loan entrepreneurs who require larger amount than SIDO's existing financial products⁹⁵. As the program just started, the actual loan has not yet started.

<3.3.4: Business Networks for Women>

In recent years, as many as 30 business networks for women have been established, including the Tanzania Women's Chamber of Commerce (TWCC), the Federation of Women's Association of Entrepreneurs (FAWETA), the Tanzania Food Processors Association (TAFOPA) and the Tanzania Women Miners Association (TAWOMA). They have been jointly conducting advocacy activities, holding exhibits, and exchanging business information.

Amongst the members, TWCC has 4,000 members from 130 companies. In addition to the aforementioned activities, it supports women entrepreneurs to gain equitable business environment and pull themselves out of vulnerable situations through facilitation of BRELA registration at the local level and assistance to crossborder trade⁹⁶ in cooperation with the Ministry of Industry and Trade and SIDO-WEDP. While there are many such networks for women, in reality, not all the female MSME owners can participate, and the network organizations themselves are faced with a lack of funds⁹⁷.

⁹¹ Their track record has been recognized by the government since 2012, and it is reported that there are now 3,000 domestic institutions.
⁹² ILO
⁹³ The United Republic of Tanzania (a)
⁹⁴ According to interviews with WEDP staff.
⁹⁵ According to interviews with WED program staff and an Industrial Cluster Development Advisor.
⁹⁶ See Footnote 104
⁹⁷ According to interviews with TWCC staff.

4. Gender Mainstreaming in JICA's Development Assistance and its Lessons Learned

JICA's development assistance plan for Tanzania as of April 2015 envisions 'acceleration of economic and social development towards sustainable economic growth and poverty reduction' as a basic principle (Top Goal), under which it focuses three areas: (1) Economic growth towards poverty reduction; (2) Infrastructure development to support economic growth and poverty reduction; and (3) Improvement of administration services for all the population. This Country Gender Profile Study targets three selected projects under these focus areas for the review of gender mainstreaming and lessons learned.

Table8: JICA's Development Assistance Plan for Tanzania, including focus areas, programs, and targeted projects

Focus Areas (Medium Goal)	Development Goals (Small Goal)	Programs	Targeted projects
Focus Area 1: Economic Growth towards poverty reduction	Development Goal 1-2 Industrial Development	Micro, Small and Medium Enterprise Support Program	Industrial Cluster Development (Advisor)
Focus Area 2: Infrastructure development to support economic growth and poverty reduction	Development Goal 2-3 Water Supply/Water Resource Management	Rural Water Supply Strengthening Program	The Project of Rural Water Supply in Tabora Region
Focus Area 3: Improvement of administration services for all the population	Development Goal Administrative and Financial Management Capacity Building	Health Administration System Strengthening Program	Project for Strengthening Hospital Management of Regional Referral Hospitals

4.1 Industrial Cluster Development

This section analyzes and makes suggestions on the situation of gender mainstreaming not only for the assignment of industrial cluster advisor but also for JICA's relevant work in this sector. Support to industrial cluster development involves several projects including dispatch of some experts and Kaizen Project, and hence the approach of this section will be to capture the overall situation rather than a particular project per se.

<4.1.1: Background of Industrial Cluster Development and the Situation of Gender Mainstreaming>

[Background of Industrial Cluster Development]

The Government of Tanzania aims at transferring its economy from agriculture-based economy to industry-based economy by 2025, as stated in its long-term development strategy 'Vision 2025'. To realize this goal, the Government has formulated development plans and strategies. In the Integrated Industrial Development Strategy and Master Plan (IIDS&MP), which is a roadmap for private sector-led industrialization, the Government promotes development of industrialization in the industrial cluster formulation. In order to contribute to the government's effort, JICA dispatched an Industrial Development Advisor to Ministry of Industry and Trade (dispatched since 2008 and the current advisor is assigned until 2017). JICA also assigned an Industrial Cluster Development Advisor at SIDO under the Ministry of Industry and Trade, to support (a) development and financial planning for industrial parks; (b) formulation of Industrial Cluster Development Strategies and Plans and relevant entities; and (c) preparation for planning and implementation of the pilot project on 'Sunflower Oil Cluster Development' (hereafter Sunflower Project) in Dodoma. It is also envisaged that JICA supports enhancement of quality, productivity, and capacity in cluster development through collaboration with the 'Project on Strengthening Manufacturing Enterprises through Quality and Productivity Improvement' (here after 'Kaizen Project') which is currently implemented in parallel. In the terms of reference (TOR) and the project plan for industrial cluster development and 'Kaizen Project', there is no specific description on gender perspectives and it appears that such perspectives were not prioritized in the project implementation⁹⁸.

Amongst other donors and development agencies, SIDA proactively supports the Cluster Development at the policy level (details are unknown at this stage). While UNIDO provides assistance for women's participation in food processing, DfID and DANIDA support a program for enhancing cluster competitiveness in food processing, horticulture, and tourism.

⁹⁸ Interviews with Kaizen Project Team and Industrial Cluster Development Advisor

[Situation of Gender Mainstreaming]

In the Sunflower Project in Dodoma, demand survey was carried out and a business proposal was developed which included the layout and operations, and investment and cost recovery for operations. Due to some challenges regarding the land use rights and investment for development, however, this plan is temporarily suspended at the moment⁹⁹. The demand survey held prior to the business planning covers wide variety of questions from operational questions such as machineries, facilities, and premises to issues on products, marketing, employment, and finance. Gender related questions and gender disaggregated data, however, are not found in the questions. In fact, JICA has few case studies in the private sector development that had gender perspectives from the formulation stage, thereby under-implementation of women's situation analysis is said to be challenging¹⁰⁰.

As an initial step to adopt gender perspectives in this pilot project, it maybe suggested that information such as the number of managers, staff employment (formal and informal), investment and loans should be disaggregated, so as to analyze the employment patterns and access to finance by gender. Further, adding questions regarding the needs for working environment from the gender perspectives will be helpful to understand the conditions and needs of women.

Furthermore, it is essential to analyze (a) in which process and to what extent women are involved in sunflower oil industry; (b) if there is demand and supply for women to contribute; (c) whether good working environment for women is in place; and (d) what the challenges and needs are. When this project scheme resumes, it will be ideal to hold a supplementary gender demand survey from a gender perspective, review to what extent gender views are reflected (or not reflected) in the current project design, and revise the design. Should it be difficult to make changes in the design of the Sunflower Project, it will be valuable to utilize the lessons learned of this project for the formulation of other cluster development project.

As of November 2015, SIDO's Industrial Cluster Development Strategy and Plan (hereafter 'Cluster Strategy and its Plan') is still in the initial stage where identification of important issues and the approach is ongoing under the leadership of the Industrial Cluster Development Advisor, hence details are not laid out, yet. That is why it is important to ensure gender mainstreaming in the Cluter Strategy and its Plan at this stage and strategize by clarifying the needs, challenges, and potential of men and women in cluster development through the involvement of the relevant stakeholders at the initial stage of envisioning. Firstly, given that the government is committed to mainstream gender in SME as shown in Vision 2025¹⁰¹ and the SME Development Policy¹⁰², it is

⁹⁹ Internal memo prepared by the Industrial Cluster Development Advisor

¹⁰⁰ JICA (e)

¹⁰¹ It upholds gender equality and women's empowerment in all areas of socio-economic, polical and culture areas.

essential to propose specific approach and activities in the Cluster Strategy and its Plan. Secondly, it is necessary to provide access to common premises, facilities, and machineries, so that women MSME entrepreneurs can produce larger amount of good quality products with standards.

99.3% of women entrepreneurs are the owners of micro enterprises, which have one to four employees, and they face business challenges¹⁰³ such as lack of access to appropriate and affordable facilities and services, as well as training. Improvement of access to finance (See Section 3.3), which is a big challenge for women, is also called for. According to the Industrial Cluster Advisor, he intends to consult with relevant stakeholders such as Women's Platform for Cross Border Trade (WPCBT)¹⁰⁴, Tanzania Women's Bank, SIDO, and WEDP. As WEDP has been supporting women entrepreneurs and is familiar with their conditions and needs, the inputs from the WEDP team will be highly significant in the development of the strategy.

[Situation of Gender Mainstreaming in 'Kaizen' Project]

Kaizen Project supports manufacturing companies developing a framework and methodology for the improvement of product qualities and productivities, and the relevant government institutions developing human resources and enhancing the visibility of Kaizen. While the counterpart of the project is Ministry of Industry and Trade, SIDO staff also participate in the human resource development program as a Kaizen trainer. Most of the targeted companies are small and medium enterprises. In the future, it is expected that the system for implementation of Kaizen should be established and the Kaizen method should be introduced in SIDO, and the product quality and productivity should be enhanced through this method in the industrial cluster. Although gender perspectives have not been specifically applied in its training and activities, Kaizen Project was always conscious about having women in the master trainers development program. As a result, four out of thirteen master trainers are women. Further, while none of the sessions were specifically focused on gender or creation of enabling work environment as per the gender needs, there were some individual cases that were gender sensitive. For example, JICA expert advised the master trainers that 'having a changing room and toilets for women will lead to improvement of work environment', and a female master trainer made a similar suggestion when she gave a training session at the company¹⁰⁵. These examples indicate the effectiveness of providing gender sensitive information to the trainers and an advantage of having a woman as a trainer.

¹⁰² The policy is committed to 'ensure mainstreaming gender in all relevant areas for SME Development'

¹⁰³ ILO

¹⁰⁴ It is a platform for women who are involved in the cross-border trade that was established under the SIDO's Women Entrepreneurship Development Program (WEDP) with the support of UN Women. These women don't have the knowledge on regulations on trade and registration of micro business, hence they often encounter harassment at the border. For this reason, this platform was established with the aim of discussing the needs and challenges, and improving the knowledge of cross-border trade among those women through dialogue with the government stakeholders such as police, immigration, and customs.

¹⁰⁵ Interview with the Kaizen Project Team

<4.1.2: Lessons Learned and Challenges for Strengthening Gender Mainstreaming>

As described in Section 4.1.1, one of the key points in advancing gender mainstreaming in industrial cluster development is gender perspectives in the Cluster Strategy and its Plan and describing specific methodologies and activities in the document. The fact that formulation of the strategy is still in the initial stage is a big chance for gender mainstreaming in cluster development. It is imperative that the business environment and data are analyzed with gender perspectives in the strategy. It is also effective to specifically suggest how to improve, what kind of capacity building is required, and what kind of needs exist in which areas. For instance, if the focus is emphasized on steel industry, it may be challenging for women to participate, however, it will be easier for women to participate in the areas where women are already active such as in food processing industries and handicrafts.

It is also possible to hold a training according to women's needs, should a separate training be effective. In view of the strategy formulation in the future, it is therefore important to involve stakeholders who can provide inputs with gender perspectives at the early stage, as they can influence the direction of the plan. In addition to the stakeholders such as WPCBT, TWB, and WEDP, having the insight of UNIDO, ILO, and UN Women which actively support women entrepreneurs and private sector development, SME Department in the Ministry of Industry and Trade which has a proactive GFP, and MCDGC which is the custodian of the gender policy, will make it further possible to adopt gender perspectives in the Cluster Strategy. In carrying out a research for potential areas and planning preparation for cluster development, it is also essential to analyze employment, working conditions, technology, resources, and facilities, as well as investment and financing from gender perspective.

The first phase of the Kaizen Project is due to complete in March 2016, and the second phase is due to commence thereafter. In the second phase, taking the effectiveness of gender perspectives into considerations, it is believed valid to hold supplementary gender training for the master trainer, adopt gender sessions in the training in the future, and carry out gender sensitization to the management of the enterprises. Further, the Kaizen Project would be able to adopt gender perspectives through collection of information on women's roles and activities including gender disaggregated data gathering and inclusion of gender sensitive questions in the baseline survey of targeted companies.

4.2 The Project of Rural Water Supply in Tabora Region

(Project implementation Period: March 2014 - April 2016)

<4.2.1: Background of the Project and the Situation of Gender Mainstreaming>

In Tabora Region situated in the Midwest of Tanzania, water supply rate is 49.1% (2009) which is the 4th lowest in the country and the average annual precipitation is as little as 960mm (2002). Due to geological challenges to develop underground water, which is the main water source, and low water supply rate caused by deteriorated functions of the existing water supply system, people in the region have no choice but use contaminated water, thereby increasing the water borne disease incident rate. Tanzania's 'Water Sector Development Program (hereafter WSDP) ' aims at increasing the rural water supply rate by 2025, and the government requested JICA to support Tabora Region aiming to reach this goal¹⁰⁶. Regarding other donor support, WSDP which is funded by the basket fund led by the African Development Bank and the World Bank, supports water supply system in 74-targeted villages in Tabora. While UNDP carries out activities in 5 villages, Water Aid and World Vision also support small-scale water supply systems with a hand pump in Tabora Region.

This project is comprised of construction of Level 2 (Deep wells with a hand pump) and Level 1 (Pipeline water supply system), procurement of equipment, and the soft component which deals with water management at the community level. The project aims at increasing water-supplied population and improving water supply rate as its goals. Further, it is expected to reduce burden on women for fetching water and carrying, and to enhance girl's school enrollment as an impact of the project implementation. While the project report does not refer to gender perspectives, this gender study identified some gender perspectives in the project implementation. In the social conditions study which was carried out right after the commencement of the project, numerous information including geographical information, demographic trends, economic activities, income, health, sickness, community organizations, and water was surveyed for individual village.

Of those questions, information such as gender disaggregated data on literacy and percentage of mobile phone possessions, as well as questions on who is responsible for drawing water and have decision making rights are useful to confirm power relations and roles between men and women. According to the survey, women carry out 99% of the water drawing (at these villages where the interviews were held, villagers informed that both men and women fetch water, but it is believed that the ratio of women is much higher). As a result of disaggregated information on water drawing for dry and rainy seasons for each village, it is quite evident how long women spend their time to fetch water in which season. The required time for fetching varies from only 5 minutes during the dry season to up to 720 minutes (it means it takes 12 hours which appears slightly exaggerated) and the necessary time often varies between the rainy and dry seasons. Further, it is quite clear that use of contaminated water

¹⁰⁶ JICA (d)

in the vicinity during the rainy season results in the prevalence of diarrhea.

The soft component of this project supports sensitization and coordination for establishment of COWSO in each village prior to the construction of the water supply system and wells, and establishment of sustainable foundation for managing those facilities. In most project locations, COWSO has been established because the project team thoroughly explained about the COWSO regulations at the formulation stage. The fact that women are mostly appointed as an accountant most likely derives from the belief of the community members that women better manage finance and women want to avoid a long-hour and a long-distance water drawing by taking up the accountant job and collecting the fee¹⁰⁷.

After they receive training for leadership skills, management, and accounting, COWSO leaders become responsible for rulemaking, decision making for member fees and water users' fees¹⁰⁸, as well as their collection, and management of the water supply system. According to the National Water Policy in 2002, villagers are supposed to pay users' fee to the respective water supply system (previously there was no water fee) and despite the sensitization by the government and the project, some men were against the idea of paying the water users' fee. There is a case, however, that women persuaded men to make a payment by emphasizing the advantage that 'Payment for water can reduce the water drawing time which can be spent for income generations instead, and at the same time, they can maintain good health of their family'¹⁰⁹.

This is a good example which shows participation of women in the water management. While the composition of the COWSO members varies depending on the village, interviews in two villages revealed that their COWSO had women's participation at the rate of 50% and 40%, demonstrating high interests by women.

As the construction of the wells and the water supply systems is still ongoing, the impact of the project is unknown at this stage. In the focus group discussions, diverse views such as reduction of physical burden, maintenance of good health, reduction of medical costs for waterborne diseases, utilization of time for water drawing for other income generation work, prevention of harassment and sexual violence against women who go water drawing at night, and increased education opportunities for girls were raised as advantage of the water supply system.

<4.2.2: Lessons Learned and Challenges in Strengthening Gender Mainstreaming>

While this project already collects important socio-economic information in the social conditions survey, additional questions and their analysis would have allowed the project to further capture the situation of water from gender perspectives. According to the answer to the questions, the occurrence

¹⁰⁷ Interviews with the Project Tem for the Project of Rural Water Supply in Tabora Region

¹⁰⁸ Monthly water fee is minimum of 500 Tanzanian Shilling

¹⁰⁹ Interviews with the Project Tem for the Project of Rural Water Supply in Tabora Region

of diarrhea and typhoid increases during the rainy season. If family account of different seasons were surveyed, the expenditure level in relation to water-borne diseases due to the use of contaminated water would have been revealed. Further, women are often responsible for taking care of sick people, which affects women's roles and use of time. Further, if women's time for water drawing were reduced, questions on the use of their spare time would have informed regarding the increased time allocation for income generation activities.

When JICA formulates a similar project in the future, the following lessons could be valid.

(1) Add aforementioned valid questions to the original questions in the socio-economic conditions survey (especially for women) and analyze. (2) Let the community rethink about the burden on women regarding water drawing and expenditure for medical expenses (especially during the rainy season) by adopting topics such as gender roles, daily calendar, and family budget management in the training for COWSO. (3) Let men and women understand that sharing the burden of water drawing with women benefits the household in a positive manner. Due to men's help, women can engage themselves in income generating activities using the time previously spent for water drawing, thereby their household money increases and can be spent for water users' fee. As a result of drinking safe water, family health improves, and therefore medical expenses also declines. (4) Focus should be given to the fact that there is an income gap between the rainy and dry seasons (In Tabora, most villages have income for 4-5 months between March and August), and water users' fee should be changed depending on the income season. (5) Include the minimum number of women and the requirement of women to be one of the leaders in the manual for COWSO formulation and sensitization.

4.3 Project for Strengthening Hospital Management of Regional Referral Hospitals

(Project Implementation Period: May 2015- May 2020)

<4.3.1: Background of the Project and the Situation of Gender Mainstreaming>

Regional Referral Hospitals (RRSs) have been challenged by weak capacity for hospital management, shortage of medical equipment and supplies, inefficient utilization of health-related resources, and shortage of human resources, making them difficult to provide adequate services. There are also challenges in monitoring by the RRH management, Ministry of Health, and the Regional Health Management Team (RHMT), and Governance by the Hospital Advisory Board (HAB). Given those issues, the Government of Tanzania set out strengthening of the referral system as one of the strategies in the Third Health Sector Strategic Plan (2009-2015).

JICA has supported capacity building of health administration and improvement of hospital management at the regional level through ‘Project for Capacity Development in Regional Health Management Phase 1 and 2’ and ‘Strengthening Development of Human Resources for Health Project’ in the past. Based on the results of those projects, the Government of Tanzania requested the Government of Japan to provide technical assistance in the following areas; capacity building of RRH management, capacity building for strategic planning of the hospital operations plans, spontaneous problem solving within the hospital and strengthening the improvement (Kaizen) mechanism through 5S-KAIZEN-TQM¹¹⁰ activities, and strengthening the governance function of the hospitals. Subsequently the implementation of the Project for Strengthening Hospital Management of Regional Referral Hospitals (RRH) came into effect.

Among other donors, DANIDA had intervention in capacity building of RRH and district level hospital management in the past, but it has already ceased its assistance in this area. GIZ still supports hospital management and quality improvement of services in 4 regions and the World Bank provides financial support to strengthening of Regional Hospitals Management Team (RHMT)¹¹¹.

According to the Pre-Implementation Evaluation and the Detailed Planning for this project, the project focuses on capacity, functions, and systems. While gender perspectives are not put in the forefront, given that many of the project counterparts in the Ministry of Health and hospitals are women (including the head of the hospital and the head nurse), it is expected that the project will contribute to their capacity enhancement and women’s participation in the health and medical sector and strengthening of maternal and child health referral services. During the interviews with the project

¹¹⁰ This approach intends to institutionalize the 5S activities including Seiton (Sort), Seiketsu (Set), Seiso (Shine), Seiketsu (Standardize), Shitsuke (Sustain), and improve the working environment. By doing so, it is envisaged that the basic management vision, namely enhancement of productivity and quality of service, cost management, provision of efficient services, medical safety, enhancement of staff’ motivation, and establishment of moral as an institution would be institutionalized.

¹¹¹ JICA (h)

staff, interviewees expressed similar views and also stressed that there is no discrimination in participation between men and women as the foremost priority goes to life saving in their work. Further, at the interview with the trainer and the facilitator for 5S-KAIZEN-TQM (both of them are female staff who work for a national hospital in Dar Es Salaam), they expressed their satisfaction with a statement that men and women are equally given the opportunities for training and there has been no need to have specific ‘gender perspectives’ as their focus is on improvement of the tasks and problem solving. Given that the project just started in May 2015, participants of the training have not raised specific gender needs at this stage. Nevertheless, adopting gender perspectives in the training will enable the project capture new gender needs in the future.

In the Strengthening Development of Human Resources for Health Project, one of the activities in 5S-KAIZEN-TQM was regarding the efficient utilization of a small hospital space to create a changing space. This efficiency-based thinking is linked to simple gender considerations in that women can get changed with some privacy.

<4.3.2: Lessons Learned and Challenges in Strengthening Gender Mainstreaming>

One of six expected outcomes in this project is ‘strengthened management of the RRH Management Team (RRHMT)’. Human resource management is one of the themes which focuses on the required positions such as ‘which positions and how many positions are required in which hospitals’, and ‘to what extent right personnel is assigned in the right position’. If labor management has not been the focus in this theme, it is suggested that this aspect be also adopted in Kaizen activities. Issues in the labor management may include actual use of the entitlement for maternity and/or childcare leave, development and implementation of work and sexual harassment policies, establishment of reporting system to respond to the harassment cases, and work-life balance. At the hospital where I had an interview, staff can take maternity (84 days) and paternigy (7 days for men) leaves, and there is a policy and the system for harassment. There has been almost no harassment reported to date, which is quite encouraging, but it is also important to consider that the situation can vary depending on the areas and hospitals.

Improvement of working environment can affect motivation of staff (regardless of gender) and efficiency. According to the Project Expert, the current biggest challenge is the enhancement of communications among staff members and with their supervisors regardless of gender. This project focuses on creation of enabling environment such as avoiding secrets and encouraging open communications to prevent medical errors¹¹². Holding a stakeholder analysis with the consideration for levels of staff, professional categories, and gender is one of the possible ideas when strategizing for communication. Clarifying the new aspects of communication gaps and their remedies is believed to lead to enhancement of service.

¹¹² Interview with the JICA Expert for Project for Strengthening Hospital Management of Regional Referral Hospitals

This report does not cover the needs of the patients (clients) due to limited time for interviews and literature reviews. Questions such as 'privacy in treatment', 'consideration for pregnant women in medical prescription and treatment', and 'attitude of nurses or doctors' may reveal the degree of satisfaction and needs difference by gender, and improve the quality of hospital management in the future, should gender perspectives be adopted in the assessment.

4.4 Case Study on Gender Mainstreaming in ‘the Project for Supporting Rice Industry Development in Tanzania’ (So-called TANRICE 2)

In this study, agriculture is not part of the sector gender analysis. This section, however, will introduce ‘TANRICE 2’ as a good practice for gender mainstreaming implemented in Tanzania.

Implementation of ‘the Technical Cooperation in Supporting Service Delivery Systems of Irrigated Agriculture’ (So-called TANRICE) and ‘the Project for Supporting Rice Industry Development in Tanzania’ (So-called TANRICE 2) has been promoting gender mainstreaming and establishing a ‘gender mainstreaming model’ in the area of rice farming development. Further, TANRICE/TANRICE 2 drew attention as a ‘gender mainstreaming flagship technical cooperation’ in the framework of Coalition for African Rice Development (CARD)¹¹³ which is a donor coordination group supporting self-help effort for enhanced rice production in Africa.

Apart from Tanzania and a few countries, however, gender approach in JICA’s rice production projects in the Sub-Saharan Africa Region has only just begun. Therefore it is important to discuss and consider strengthening gender approach in rice industry development at CARD General Assembly and seminars, and share the best practice from Tanzania with the CARD participating countries. Meanwhile, it is also essential to take the individual situation in each local community into consideration when the CARD initiative promotes gender mainstreaming.

Based on the survey for rice production support in Kilimanjaro Region, Tanzania, in 1970s, a modern large-scale irrigation facility with land consolidation was constructed in 1987. Since then, extension of agriculture techniques and capacity building through training for enhanced rice production have been carried out. ‘TANRICE’, which was implemented from 2007 to 2012, extended technical assistance up to five agriculture training institutes and provided support to development of irrigation and rain-fed upland rice. TANRICE 2 which started in 2012 supports seven agricultural training institutes to promote rice production in irrigation, rain-fed upland, and rain-fed lowland for six years.

Since the commencement of the Kilimanjaro Agriculture Training Center Project (So-called KATC Project) in 1994, JICA started to adopt gender perspectives in rice production development. Initially, the project created the opportunities for women to participate in the training, so that women can improve rice productivities utilizing their new skills from the training. KATC Phase II had a short-term gender expert from the initial stage of the project, and stressed the importance of having gender perspectives in planning and implementation¹¹⁴. Gender perspectives were adopted in ‘Outputs’ and ‘Indicators’ in the

¹¹³ JICA, ‘Coalition for African Rice Development’, 2008.

CARD Initiative was established in May 2008 at the Fourth Tokyo International Conference on African Development (TICAD) by JICA and an international NGO, African Green Revolution Alliance. This initiative aims at doubling rice production in Africa in 10 years. It is comprised of diverse donors and groups and aims at rice industry development by promotion of cooperation and coordination of assistance.

¹¹⁴ Interview with TANRICE JICA Expert of TANRICE 2 and Senior Advisor (Gender and Development) of JICA.

Project Design Matrix (PDM) and gender mainstreaming was carried out through gender equality in participation, and gender training and manual for staff and farmers¹¹⁵.

Building on those long-term gender mainstreaming activities, TANRICE strengthened capacity of the tutors at the agriculture training institute, established the Gender Task Group (GTG), and institutionalized the curriculum and training materials. The approach to engage beneficiaries in the actual rice production while receiving gender sensitization and agricultural technical training led to change the gender roles and attitude among them and to increase in rice production. Through those long-term processes, TANRICE established the 'gender mainstreaming model in rice production'. The ongoing TANRICE 2 intends to upscale the training curriculum and the training package up to 80 irrigation schemes.

TANRICE 2 is comprised of three pillars of (1) extension of irrigated rice production techniques, (2) extension of rain-fed rice production techniques, and (3) strengthening of subject matter training on value-chain for rice industry and engagement with gender perspectives is one of the priority areas. The 'Gender Mainstreaming Model' that TANRICE 2 adopts is summarized as follows.

- Participants for training and extension program should be gender equal (50:50), thereby the project aims at improving production and building confidence of female farmers like their male counterparts.
- At each of the seven agriculture training institutes, which are implementers of TANRICE 2, there are tutors who are members of the GTG¹¹⁶. The GTG members develop a five-year gender activity plan and an annual work plan, and hold an annual meeting which is hosted by turns. At each annual meeting, Training of Trainers on gender, as well as the thematic training (e.g. value chain analysis from gender perspectives, data analysis technique, project cycle management technique from gender perspectives) is conducted. The GTG members not only conduct gender training for male and female farmers at each training institute and rice production areas, but also monitor with agriculture extension workers.
- Gender related activities for the farmers include baseline survey with gender perspectives, gender training in the general training, gender subject matter training (5 sessions including needs assessment, gender sensitization, family budgeting, HIV/AIDS, and hygiene and nutrition), and monitoring survey with gender perspectives. These activities are held periodically, thereby male and female farmers can gradually understand gender issues by linking the content of the training with agriculture and their daily life.
- TANRICE 2 has developed and revised the gender curriculum, plastic poster materials, and

¹¹⁵ JICA, 'Africa CARD Initiative- Gender Research and Analysis Report on Tanzania Rice Production Industry Development', 2010.

¹¹⁶ As of January 2016, there are 14 members in GTG. Its leader is a tutor from Ministry of Agriculture Training Institute (MATI) Ukiriguru (male) and the sub-leader is a female tutor from MATI-Igurusi.

guidelines for gender mainstreaming. The GTG members, with the support of the Senior Advisor (Gender and Development) and a short-term gender expert, are currently finalizing the guidelines, which will be published sometime in 2016.

- The project plans to provide technical guidance and hold capacity training on challenges revealed based on gender assessment and analysis in value chain, in particular in the areas of marketing, strengthening of irrigation scheme management, rain-fed upland and rain-fed lowland rice production, and technical extension.
- In those interventions above, the Senior Advisor (Gender and Development) of JICA and a short-term gender expert are deployed every year to provide technical advice and capacity building.

Results achieved so far¹¹⁷

- While women are mainly responsible for weeding, introduction of improved technique for weeding reduced their labor work and changed men's attitude to also weed using a weeder.
- Female key farmers who had training on agricultural techniques and gender started to proactively promote the techniques and knowledge, as well as gender issues among the farmers.
- As a result of gender sensitization and family budgeting training, living conditions and relationships of the couple improved. For example, transparency of household expenditure improved, farmers began to spend increased amount for education and health care, dialogue between the couple improved, domestic violence declined, and men started to take up more household work.
- As a result of technical extension and increase of motivation including female farmers, rice production increased.

Lessons Learned¹¹⁸

- Gender-equal participation of farmers in the project and training contributes not only to the improved productivity of rice, but also to equitable decision making between the husband and the wife, and among families and communities, promotion of gender equality, as well as women's social participation and enhanced leadership.
- Having both women and men in gender training enables both to understand gender related challenges and roles together. In promoting gender equality and empowerment, it is essential not only women but also men take actions from gender perspectives.

¹¹⁷ JICA, 'Africa CARD Initiative- Gender Research and Analysis Report on Tanzania Rice Production Industry Development', 2010

¹¹⁸ Ibid.

5. List of Gender-related Areas of Assistance by International Agencies and Other Organizations

Support Field	Implementing Agency	Outline
Gender in general		
Gender equality in Education: Support to the Tanzania Gender in Education Initiative (TGEI)	UNICEF	Support to TGEI; Support to gender equal education through training for teachers and children on the interests of children (early marriage, teenage pregnancy, HIV/AIDS infection among the adolescent boys and girls) and promotion to children to participate.
Capacity building of National Machinery	UNFPA	Capacity Building for MCDGC: (a) Coordination for a multi-sectoral response to GBV; (b) Facilitation of enabling policy and legal environment for women's rights; (c) Implementation and monitoring for international and regional agreement and national gender policies
Advocacy on women's rights for sexuality and health	UNFPA	Advocacy to stop FGM and hold a dialogue with stakeholders; and Protection for women
Gender-based violence (GBV) related program	UN Women	Support for strategizing and developing the implementation plan for GBV
Women's participation in decision making	UN Women /UNDP	Capacity building of parliamentarians; and promotion and sensitization on women's participation in the electoral process, voters, and candidates.
Gender equality	USAID	Support to women's participation in the leadership; training for community leaders on gender equality and women's empowerment; and establishment of Gender Equality Community Group
Women's rights	USAID	Support to knowledge enhancement of vulnerable people on women's legal rights; strengthening paralegal clinic and its network; analysis of laws and policy frameworks related to gender; and support to implementation
Health and Medical Care		
Maternal Health	UNICEF	Provision of technical assistance and essential equipment for quality antenatal care and delivery; establishment of capacity development training system for community health workers; and support to developing the training guidelines.
Maternal Health	UNFPA	Support to maternal health such as skilled care during the delivery and improved emergency obstetric care
Advocacy for improvement of policies, budget, and the system in the health sector	UNFPA	Advocacy for improvement of health system, increased national budget for family planning, and improved health policies.
Program on reproductive health for women and adolescent boys and girls	UNFPA	Enhancement of knowledge related to sexuality and HIV/AIDS prevention and services; improved life skills; and assessment and strategic advice on reproductive health among adolescent girls and boys.

Support Field	Implementing Agency	Outline
Water Resource Management		
Water supply and sanitation in school	UNICEF	Policy advice on the guidelines for water and sanitation in regards to gender needs and reference to the challenges of adolescent girls (Menstrual Hygiene Management)
Private Sector Development		
Women's Entrepreneurship Program (ILO-WED)	ILO	Capacity building of service providers to support women's entrepreneurship; assessment to remove constraints that women entrepreneurs encounter; advocacy for the government stakeholders; and business skills training for women entrepreneurs
Support to agri-business	UNIDO	Financial and technical support to agri-business. Supported the establishment of Women's Entrepreneurship Development Program in SIDO.
Women's economic empowerment	UN Women	Capacity building of women entrepreneurs and traders in entrepreneurship and marketing; dialogue with financial institutions for improved women's access to finance; and capacity building for civil society and SIDO regarding trades and business.

6. Challenges and Considerations for Gender Mainstreaming in Development Assistance for Tanzania

6.1 Gender Approach responsive to localities and ethnic customs

It is imperative to consider that effects and burden that women bear and opportunities that women get depend on the localities when it comes to mainstreaming gender in Tanzania where ethnicities are diverse. In addition to the differences between the rural and urban areas, there are differences within the rural areas according to the sector and the subject. Some of the examples are GBV, FGM, and child marriage as mentioned in Section 2.1 on the Situation of Women in Tanzania. The prevalence rate for GBV and FGM is high in the specific areas. As the social background varies from region to region and from ethnicity to ethnicity, the situation of occurrence and understanding for women's rights and health also differ. Thus it is not easy to change one's belief that was maintained for a long time.

In this regard, it is imperative that both men and women in the community understand disadvantages of the customs and advantages of changing them. To this end, carrying out a community-based analysis is necessary to find out the following issue: 'who the stakeholders are', 'how the community dynamics and personal relationships work', 'whether the community has a patriarchy or matriarchy system', and 'where the entry points for gender perspectives are'. Subsequently, it is valid to consult and work with stakeholders to sensitize at the community level. Furthermore, it is indispensable to proactively sensitize youth who are flexible to adopt new thinking in order to advance gender equality and understanding for women's rights in the society. In this respect, it is believed significant for new MHCDGSC to strengthen coordination with Ministry of Education and the ministry or department in charge of youth in long-term.

Another example for locality responsiveness is access to water resources as described in Section 3.2 and 4.2. In addition to the rural and urban area differences, the conditions are different within the rural areas and between seasons, thereby the burden and the effect that women bear in relation to water drawing also vary. Therefore carrying out socio-economic survey with gender perspective in the specific region would provide perspectives on conditions around water that are obviously visible, such as livelihood activities, water-borne diseases, and family expenditures. It is believed that making maximum use of these inputs will contribute establishing a sustainable and gender responsive water management system.

6.2 Gender Mainstreaming in JICA's Development Assistance for Tanzania

In order to engage in development assistance in Tanzania with gender perspectives, the following two issues are called for: (1) Support and cooperation to implement gender-responsive laws and policies, and (2) Clarification of gender perspectives in the project formulation stage.

<6.2.1: Support and cooperation to implement gender-responsive laws and policies>

As stated in Section 2.1 and 2.2, despite the fact that Tanzania ratified CEDAW and SADC Protocol on Gender and Development, some laws do not comply with the international standard, and show discrepancies between the legislations as exemplified in inheritance law which has four types of laws in parallel. As such, rights guaranteed under the statutory law are not always respected. Women were stuck between contradictory laws and put in a disadvantaged position. In JICA's engagement in each sector, it is crucial to consider issues such as 'which law applies', 'if the law complies with the international standard', and 'how people (especially women) are affected by the contradictory laws', and sensitize and build capacity of the counterparts and beneficiaries on gender equality and negative aspects of the law.

The Government of Tanzania is committed to gender equality as shown in the national policies such as in 'Vision 2025', and has made an effort to improve gender inequality in the constitutional reform, although is currently suspended. After the establishment of the new Government in November 2015, the process of constitutional reform is unknown at the time of writing this report. It is suggested that JICA analyze which part of the constitution was revised, how the revision affect the gender relations, and how the new law relate to JICA's program, when the revised constitution were approved. Although there maybe some changes in the policies due to the structural reform initiated by the new government, linking JICA's program and existing gender perspectives in individual sector policies as well as strategies for gender equality will be crucial.

<6.2.2: Specifying gender perspectives at the project formulation stage>

In this study, it became evident that gender perspectives are not clearly adopted in the formulation stage of the targeted projects. For instance, whereas the Project on the Rural Water Supply in Tabora Region envisions reduction of burden on women, detailed methods of 'how to realize it' and 'how to carry out women's participation and capacity building' in the soft component are not described in the Project Design Matrix (PDM). Despite the positive aspects such as implementation of social conditions survey with gender perspectives and women's participation in water management in practice, these aspects do not come to the forefront as they are not stated in the PDM. If the evaluation were to be held as it is, only those issues in the current PDM are likely to be covered in the evaluation. If the evaluation were held with gender perspectives, however, useful information, i.e. 'how social conditions survey with gender perspectives determined the direction of the project design', 'how the project promoted women's participation in COWSO', and 'how the project may impact women and

the community in the future', would be obtained leading to lessons learned for future.

When the project focuses on the capacity, functions, and systems as shown in the 'Project for Strengthening Hospital Management of Regional Referral Hospitals', it may not be easy to have gender perspectives. For this reason, it is important to change the standpoints and view the subject afresh with the 'gender lens'. For instance, while involving a gender expert in the project formulation is one way, it is also possible to review similar good projects with gender perspectives carried out by JICA or non-JICA implementers in the past and discuss the ideas within the project team to adopt the good gender approach. Regarding industrial cluster development, as different projects are simultaneously under way, it could be challenging to mainstream gender by and large. Nevertheless, given that SIDO's Industrial Cluster Development Strategy and Plan is pivotal in determining the direction of the cluster development, adopting gender perspectives in the strategy and the plan is believed to pave the way for gender mainstreaming in this area.

In advancing gender mainstreaming in various projects in the future, it is indispensable to systematize implementation of gender analysis at the project formulation stage, understand how project will affect the target areas and the people, and reflect those information in the project design. Further, it is important to specify the inputs from the gender analysis as project goals, outputs, indicators, or the terms of reference for evaluation.

7. Gender Information Sources

Organization	Activities	Contact
Government organizations and academia		
Ministry of Community Development and Gender (As of Dec 2015, merged as Ministry of Health, Community Development, Gender, Seniors, and Children)	Coordination of policies and strategies for gender equality and women's empowerment; monitoring of those policy implementation, promotion of gender mainstreaming in policies, women's participation in decision making, and gender equality; coordination with Tanzania Women's Bank; and management of Women's Development Fund.	Kivukoni Front, P.O. Box 3448, Dar es Salaam, Tanzania Tel +255 22 2111459
University of Dar es Salaam (UEDES) , Gender Center	Institutionalization of gender mainstreaming in UEDES; management of programs with gender perspectives; promotion of gender equality; and promotion and up-scaling of the gender networks within and outside the university.	Mlimani, Dar es Salaam, Tanzania Tel:+255-22-2410637
International Organizations		
UN Women	Advocacy and policy advice on gender equality, especially on women's rights; women's leadership in decision making and women's economic empowerment; and capacity building of national machinery	182 Mzinga Way, Oysterbay P.O. Box 9182 Dar Es Salaam
UNFPA	Advocacy, policy advice, coordination, and capacity building on maternal health, sexuality and reproductive health for adolescent boys and girls as well as women, HIV/AIDS and GBV.	Plot 11, Barack Obama Road, Sea View, Dar Es Salaam Tel (+255)-22-2163500
UNICEF	Children's and women's rights-based advocacy; technical assistance and policy advice on variety of areas including maternal health, nutrition, water and sanitation, equitable education, child protection and justice, and children and HIV/AIDS	UNICEF Dar es Salaam Physical Address 1270 Ali bin Said Road Oyster Bay, Dar es Salaam Tel: (+255)-22-2196600
UNDP	Support to policy advice, development of strategies, and capacity building of the government on wide variety of areas. These areas include private sector development, democratic governance, environment and natural resources, and climate change and energy,	182 Mzinga way, Off Msasani Road Oysterbay P.o Box 9182 Dar-Es-Salaam, Tanzania Tel: (+255)-22-2112576
ILO	Business skills development, improvement of business environment; and advisory support to the government for women entrepreneurs	P. O. Box 9212 Dar es Salaam, Tanzania Tel : (+255)-22-2196700
Bilateral Donors		
USAID	Policy and implementation support, and capacity building for women's leadership, women's rights and empowerment, family planning, and maternal health, Adoption of gender perspectives in the areas of private sector development, support to economic growth including agriculture, and democratic governance.	686 Old Bagamoyo Road, Msasani P.O. Box 9130 Tel: 255-22-229-4490
NGOS		
Tanzania Gender Networking Program (TGNP Mtandao)	Advocacy at the local and political levels; networking; advisory to the government on gender equality and women's rights, as well as achievement of changes in gender relationships and social justice.	P.O.Box 8921. Dar es salaam, Tanzania Tel: (+255)-754784050
Tanzania Women Lawyers' Association	Paralegal support for vulnerable women and children; and sensitization, capacity building, and advocacy for women's land rights and protection of children from child labor.	TAWLA House, Plot 33 Ilala Sharif Shamba PO Box DSM, Dar Es Salaam 9460 Tanzania

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9. Annex

Table 9: List of Policies, Strategies, and Guidelines related to GBV/ Violence and Responsible Ministries

Policies, Strategies and Guidelines related to GBV and Violence	Responsible ministries
National Plan of Action for Prevention and Eradication of Violence against Women and Children (2001-2015)	MCDGC
National Plan of Action to Combat Female Genital Mutilation (2001-2015)	Unknown
National Community Sensitization Strategy to Prevent and Respond to Gender-based Violence (2012-2016)	MCDGC
GBV Medical Management Guidelines in 2013	MHSW
National Management Guidelines for the Health Sector Prevention and Response to Gene Based Violence	MHSW
National Policy Guideline for the Health Sector Prevention and Response to Gender-Based Violence 2011	MHSW
Multi Sector National Plan of Action to Prevent and Respond to Violence against Children 2013-16	MCDGC
National Costed Pan of Action for Most Vulnerable Children NCPAII (2013-17)	MHSW
The Action Plan on Gender and Children's Desks (2013-2016)	Police