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TANZANIA

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Report on Tanzania's Compliance with its Human Rights Obligations in the Area of Women's Reproductive and Sexual Health

Submitted by:

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The Center is a non-profit legal advocacy organization that uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to respect, protect and fulfill. It is headquartered in New York with regional offices in Nairobi, Katmandu, Bogota and Geneva and Washington D.C. The Center submits this letter to supplement the report of the Government of United Republic of Tanzania (Tanzania), scheduled for review by the Human Rights Council during its 25th session.

September 21, 2015

1. This letter highlights the following issues: (i) high maternal mortality and morbidity; (ii) lack of access to safe abortion and post-abortion care; (iii) lack of access to comprehensive family planning information and services; and (iv) mandatory pregnancy testing in schools and expulsion of pregnant adolescents,[1] and (v) violence against women and girls including sexual violence in schools and early marriage.

I. High Maternal Mortality and Morbidity

2. During the 2011 Universal Periodic Review (UPR), Tanzania admitted that maternal mortality was a challenge,[2] and accepted recommendations to significantly reduce the rate.[3] However, still, Tanzania accounts for the seventh highest number of maternal deaths in the world, and women in the country have a 1-in-44 lifetime risk of dying from a pregnancy-related causes.[4] The Maternal mortality ratio (MMR) has also not shown significant improvement throughout the years: the 2010 Tanzania Demographic and Health Survey (2010 TDHS) showed the MMR at 454 maternal deaths per 100,000 live births[5] while data from 2013 shows the MMR at 410 deaths per 100,000 live births.[6] The state remains far from achieving the MMR target of 193 deaths by 2015 set under Millennium Development Goals.[7]

3. In order to reduce the high MMR, it is crucial that women and girls have access to comprehensive maternal health services. However, per the 2010 TDHS, only 43% of women received[8] the WHO recommended minimum of four antenatal visits[9]—a significant decrease from the 62% of pregnant women who attended four antenatal visits surveyed in the 2004 TDHS.[10] According to a 2013 report from the WHO, only 46.7% of births were attended by skilled health personnel, and the rate has shown very little improvement since 1990, when about 40% of birth were attended by skilled personnel.[11] One recent study found that the poor quality of care in facilities, including neglect and abuse, has perpetuated the high rate of women who choose to deliver at home.[12]

4. In addition, there is significant disparity in access since most medical facilities that offer quality maternal health services are concentrated in urban areas.[13] Low-quality care, absence of skilled delivery services, and high costs are also key barriers to achieving reduction in maternal mortality.[14] For instance, reproductive and maternity services are provided free of charge, but insufficient health funding and stock-outs have resulted in women frequently paying out-of-pocket expenses.[15] Further, the health sector was allocated only 10% of the total budget for 2014-2015,[16] which falls short of the government's commitment to allocate at least 15% of the annual national budget to the health sector, as stipulated in the Abuja Declaration.[17]

II. Lack of Access to Safe Abortion and Post-Abortion Care

5. In Tanzania, it is estimated that from 16%[18] to 30%[19] of maternal deaths are due to complications from unsafe abortions. Women are often forced to obtain unsafe abortions from unskilled providers or attempt to perform the abortion themselves[20] resulting in preventable injuries and deaths.[21] Furthermore, adolescent girls are particularly at risk of

unsafe abortion, where "one-third of incomplete abortion cases that turn up in health facilities involve adolescents, and one in five girls involved are students."[22]

6. This can partly be attributed to the laws and policies in Tanzania which remain inconsistent, unclear, and widely misunderstood. Under the Penal Code, abortion is criminalized except to save the life of a pregnant woman.[23] Although this exception has been interpreted in court decisions and government policy documents to encompass a mental and physical health exception,[24] it has not been implemented in practice. Tanzanian law also criminalizes abortion on the ground of rape and incest, failing to comply with its various human rights obligations, including the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol).[25]

7. In addition, despite the Tanzanian government's commitment in national guidelines to provide post- abortion care (PAC),[26] the service is not widely available and accessible.[27] For example, a 2012 study of three districts found that only about 24% of hospitals were equipped to provide PAC.[28] According to the latest available data, only 13.5% of health providers were trained on providing adolescents PAC.[29]

III. Lack of Access to Comprehensive Family Planning Services and Information

8. Although Tanzania has seen some increase in contraceptive use in the last two decades,[30] still, according to the 2010 TDHS, only 29% of all women are using any method of contraception and only 24% are using a modern method.[31] This is significantly below the 60% prevalence rate the government has set to achieve by 2015.[32] In addition, 25% of currently married women and over 18% of all women have an unmet need for family planning. Over one-fourth of births in Tanzania are either mistimed or unwanted.[33]

9. The low contraceptive prevalence rate and the high unmet need can be attributed to a number of barriers, including stock-out of supplies, the lack of fully trained health workers, cultural attitudes, distance to health facilities, and myth and misconceptions about contraception.[34] For instance, a 2012 report by the Ministry of Health and Social Welfare found that injectable and implants—methods that women prefer[35]—were available at only 54% and 23% of facilities respectively.[36] The report also indicated that only about 37% of health facilities surveyed had at least one staff person trained in family planning,[37] and only 47% of health facilities had copies of the guidelines on family planning.[38] Though the government has doubled its allocation to family planning to TSH 2 billion in its 2014-2015 budget,[39] this is still far below the TSH 23 billion funding requirement for family planning needed for 2014-2015.[40]

10. Further, a prescription is required before accessing Emergency Contraception (EC),[41] which can be a significant hurdle given that it should be taken within 120 hours after unprotected sexual intercourse.[42] In addition, the method is not included in the National Essential Medicines List,[43] and a 2012 government report states that EC is offered at only 43% of all facilities and only 18% of private facilities.[44] Moreover, in 2013, a study conducted in Dar es Salaam found that only 42% of the pharmacies had the method in stock.[45]

Adolescents access to family planning and sexuality education

11. Tanzania has one of the highest adolescent pregnancy rates in the world. Despite some improvement—according to the 2010 TDHS, 44% of girls were pregnant or had given birth by age 19, down from 52% in 2004[46]—only 15% and 40% of married and unmarried sexually active adolescents aged 15-19, respectively, are using either a modern or traditional contraceptive method.[47] The 2012 government survey found that only 14% of facilities had at least one staff person trained in the provision of adolescent health services.[48] In addition, disparities between urban and rural areas are particularly relevant to adolescents who have limited money for transportation to service facilities.[49] With few exceptions to the contrary, the government has largely left the promotion of youth-friendly health services, including sexuality education, to NGOs. Of the adolescent girls interviewed for the Center's report, *Forced Out,* not one indicated that her school provided comprehensive sexuality education.[50]

IV. Mandatory Pregnancy Testing and Expulsion of Pregnant School Girls

12. In the past decade alone, the practices of mandatory pregnancy testing and expulsion due to pregnancy have forced over 55,000 female students out of school in mainland Tanzania.[51] According to Tanzania's 2013 Basic Education Statistics, a total of 2,433 primary school girls and 4,705 secondary school girls dropped out of school during the previous year due to pregnancy.[52] Despite recommendations from different treaty monitoring bodies to abolish the practices,[53] they continue to be prevalent, widely accepted, and significantly supported by educators, government officials, and Non-Governmental Organizations (NGOs).[54]

13. Mandatory pregnancy testing may begin as early as 11 years of age, but is universal by secondary school.[55] Generally, mandatory pregnancy tests are done without prior announcement or warning to prevent girls from circumventing the policy,[56] and do not require prior consent.[57] The "testing" itself typically takes the form of physical touching, prodding and poking of a girl's stomach by a school official or a school nurse and, if a girl is suspected of being pregnant, it may also involve a urine-based pregnancy test.[58] Results are then disclosed directly to the school and eventually to the parents, violating the girl's right to privacy and confidential medical treatment.

14. A positive pregnancy test almost universally ends in the expulsion of the girl from school,[59] or the girl simply stops attending rather than face stigma and formal expulsion.[60] Moreover, the practices heighten the stigma against teenage pregnancy, which can force girls to seek unsafe and clandestine abortions.[61]

15. Recently, the government took steps to address this problem by including a provision in the 2014 *Education and Training Policy,* which can be interpreted to allow the re-entry of girls who were expelled due to pregnancy. However, the policy fails to explicitly address the practice forced pregnancy testing and their expulsion in the first place. In addition, the government for the last several months has been reviewing the 2009 *Guidelines on How to Enable Pregnancy School Girls to Continue with Their Studies*,[62] which is meant to

facilitate the re-entry of the girls, but contains problematic provisions. For example, the guidelines require a pregnant school girl to "disclose the identity of the person responsible for the pregnancy,"[63] which violates the girl's right to privacy and places her in a vulnerable position, particularly if the person responsible is an authority figure or has committed sexual assault. The guidelines further specify that the girl be allowed "only one re-admission opportunity,"[64] barring a student from returning following a second pregnancy.

V. Discrimination Resulting in Violence against Women and Girls

A. Domestic Violence and Sexual Violence against Women and Girls

16. During the previous UPR, Tanzania accepted recommendations to address the high level of violence against women and girls including to "[s]tep up its efforts to protect women and girls from sexual violence also in marriage."[65] However, according to the 2010 TDHS, about 45% of Tanzanian women aged 19-45 reported having experienced physical or sexual violence.[66] The government is also yet to criminalize marital rape[67] and the country continues to lack sufficient legal protections for victims of violence. Moreover, according to a 2014 report, the lack of sufficient legal protections against domestic violence—including no explicit legal sanctions for the physical abuse of a spouse—reinforce the view of law enforcement officials that domestic violence should be addressed within the family.[68] According to the government's 2011 national study, "nearly 3 out of every 10 females aged 13 to 24 in [mainland] Tanzania reported experiencing at least one incident of sexual violence before turning age 18."[69] Of the girls who reported experiencing sexual violence, "nearly 4 in 10 reported that at least one incident took place on school grounds or while travelling to or from school,"[70] making schools the second most common context for sexual violence.[71] In a 2013 study, adolescents girls explained that teachers may "harass [female students] who reject their sexual intentions" and that these students are afraid to say no because they may "be failed by the teacher if they reject him."[72]

17. Despite the development of the *Action Plan for Police Gender and Children's Desks 2013-2016*,[73] the availability of Gender Desks in police stations in rural areas is limited.[74] Further, insufficient resource allocation,[75] lack of adequate training for police officers,[76] and the lack of a comprehensive legal aid system for survivors are still significant barriers to effective implementation of this plan.[77] In 2013, the government launched a three year plan,[78] with the aim of "the provision of quality violence prevention and response services as part of the national child protection system through the multi-sectoral collaboration."[79] However, the government is still "failing to implement child protection laws, policies, and action plans effectively throughout the country."[80]

B. Early marriage

18. Early marriage is widespread in Tanzania: four out of ten girls are married before they reach the age of 18, according to the 2010 TDHS, and about 3% are married at age 15.[81] Moreover, the 2010 TDHS data shows that girls with limited education, from lower wealth quintiles, and rural areas are more likely to marry early.[82] The high rates of child marriage in Tanzania are one factor contributing to the high maternal mortality rates.[83] Pursuant to

the Education (Expulsion and Exclusion of Pupils from Schools) Regulation, a girl who gets married while in school also faces the possibility of expulsion.[84]

19. This high prevalence is in part due to the Marriage Act of 1971 which sets a disparate minimum age of marriage for males and females—18 and 15 respectively.[85] Even though the law requires girls who marry before the age of 18 to obtain permission from their parents,[86] this provision fails to protect the vast majority of girls, who are compelled to marry by their parents.[87] Furthermore, the law allows marriage as early as 14 years of age with court approval.[88] Some customary and religious laws also allow the marriage of girls who have reached puberty,[89] which can be before the age of 14.

VI. We hope that the Working Group will consider addressing the following questions and recommendations to the Government of Tanzania:

a) What concrete measures are being taken to reduce preventable maternal morbidity and mortality, including intra-country? What steps are being taken to ensure that health care facilities are adequately equipped and personnel are trained to provide quality maternal health care?

b) What efforts are being made to clarify and publicize Tanzania's abortion law and to develop clear guidelines for health care providers to improve access to safe abortion services? What is the government doing to harmonize its abortion law with its obligations under international and regional treaties? What measures has the government adopted to improve PAC services?

c) What concrete steps has the government taken to improve access to contraceptives, including emergency contraception, and ensure that all women and adolescents, receive comprehensive and accurate information without discrimination?

d) What steps is the government taking to end the practice of mandatory pregnancy testing and expulsion of pregnant schoolgirls? Will the government revise the 2014 Education and Training Policy to ensure that it explicitly prohibits forced pregnancy testing in schools, the expulsion of pregnant school girls and allows re-entry of those who have been expelled? How does the government plan to revise the 2009 guidelines for the re-entry of girls to ensure it is in line with human rights standards?

e) Is the government acting affirmatively to address the problem of gender-based violence, including marital rape, and ensuring appropriate services and legal response for survivors? What measures has the government put in place to prioritize the high incidence of sexual violence in schools, including prosecuting perpetrators?

f) Has the government established a clear deadline by which to amend the Law of Marriage Act to raise the age of marriage to 18, including under customary or religious law? What steps are being taken to ensure that this amendment, when passed, will be properly implemented?

Recommendations

a) The government should undertake positive measures to reduce maternal mortality and morbidity, including by increasing the availability and accessibility of maternal health services, with attention to the needs of marginalized populations; increasing the number of skilled health personnel, including in rural areas; and improving the tracking and monitoring of the incidence and causes of maternal mortality and morbidity.

b) The government should reform existing abortion laws to bring them into conformity with human rights standards, including by ensuring that women whose pregnancy pose a risk to their health, and those who become pregnant as a result of rape, incest or forced marriage have access to legal abortion. The government should also develop standards and guidelines clarifying the current laws on abortion.

c) The government should increase knowledge and access to contraceptive methods, such as emergency contraception, including by ensuring availability of wide range of methods. It should specifically target vulnerable populations, and institute ongoing training programs for reproductive healthcare providers, which include the provision of culturally appropriate and non-discriminatory services.

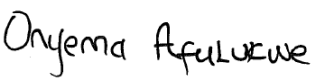
d) The government should end mandatory pregnancy testing and expulsion of pregnant schoolgirls. Further, it should revise the 2014 Education and Training Policy to ensure that it explicitly prohibits forced pregnancy testing in schools, the expulsion of pregnant school girls and their re-entry after giving birth. It should also revise the 2009 guidelines for the re-entry of girls to ensure it is in line with international and regional human rights standards.

e) The government should strengthen the legal and policy framework to support survivors of gender based violence, including by criminalizing marital rape and domestic violence. It should adequately equip the Gender Desks in police stations to ensure the proper reporting and investigation of incidences of violence.

f) The government should immediately pass the Marriage Act to reflect a minimum age of 18 for marriage without exception, and make concrete efforts to eliminate the practice of early marriage by targeting specific areas of the country, especially rural areas.

We hope this information is useful during the review of the Tanzanian government's compliance with its human rights obligations. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Sincerely,



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[1] The information in this section is drawn from the Center's report, Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Students in Tanzanian Schools (Forced Out), which is submitted with this letter: CENTER FOR REPRODUCTIVE RIGHTS, FORCED OUT: MANDATORY PREGNANCY TESTING AND EXPULSION OF PREGNANT STUDENTS IN TANZANIAN SCHOOLS (2013) [hereinafter FORCED OUT]

[2] Human Rights Council, *Report of the Working Group on the Universal Periodic Review: United Republic of Tanzania* (adopted by the Committee at its 19th Session), para 11, U.N Doc A/HRC/19/4 (2011).

[3] *See id*., at para 85.81, 85.82, 85.77, 85.79.

[4] WORLD HEALTH ORGANIZATION (WHO) ET AL, TRENDS IN MATERNAL MORTALITY: 1990-2013, 21, 35(2014), *available at* http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf?ua=1 [hereinafter WHO, TRENDS IN MATERNAL MORTALITY].

[5] NATIONAL BUREAU OF STATISTICS (TANZ.) ET AL., TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2010, 265 (2011), *available at* http://dhsprogram.com/pubs/pdf/FR243/FR243%5B24June2011%5D.pdf [hereinafter 2010 TDHS].

[6] WHO, TRENDS IN MATERNAL MORTALITY, *supra* note 4, at 43.

[7] *Id*., at 27, 43; United Nations Populations Fund (UNFPA) Tanzania, *Putting Mothers of Tanzania First* (Aug. 15, 2014), *available at* http://countryoffice.unfpa.org/tanzania/2014/08/18/10368/putting_mothers_of_tanzania_first/ (last visited May 19, 2015).

[8] 2010 TDHS, *supra* note 5, at 129.

[9] WHO, Global Health Observatory (GHO), *Antenatal care (at least 4 visits)*, http://www.who.int/gho/urban_health/services/antenatal_care_text/en/ (last visited Sept. 29, 2014).

[10] NATIONAL BUREAU OF STATISTICS (TANZ.) ET AL., TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2004-2005, 133 (2005), *available at* http://www.measuredhs.com/pubs/pdf/FR173/FR173-TZ04-05.pdf [hereinafter 2004 TDHS].

[11] WHO ET AL., MATERNAL MORALITY IN 1990-2013 3 (2014), *available at* http://www.who.int/gho/maternal_health/countries/tza.pdf?ua=1.

[12] Lilian T. Mselle, et al. *Why Give Birth in Health Facility? Users' and Providers' Accounts of Poor Quality of Birth Care in Tanzania* 13 BMC HEALTH SERV. RES. 174 (2013), *available at* http://www.biomedcentral.com/1472-6963/13/174.

[13] 2010 TDHS, *supra* note 5, at 134-135.

[14] *Id*., at 64; NATIONAL BUREAU OF STATISTICS (TANZ.) ET AL., TANZANIA SERVICE PROVISION ASSESSMENT SURVEY 2006 115, 117-119 (2007).

[15] Although Tanzania's nominally free maternity care has not eliminated fees for more than 90% of surveyed women, the program has resulted in lower fees than the two other countries included in the study—Kenya and Burkina Faso: Margaret Perkins, et al., *Out-of-pocket costs for facility-based maternity care in three African countries*, 24 HEALTH POLICY PLAN 289, 293 & 298 (2009), *available at* http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2699243/.

[16] *See* MINISTRY OF FINANCE, GOVERNMENT BUDGET FOR FINANCIAL YEAR 2014/2015 CITIZEN'S BUDGET EDITION 17 (2014), *available at* http://www.policyforum-tz.org/sites/default/files/citizensbudget201415.pdf.

[17] ABUJA DECLARATION ON HIV/AIDS, TUBERCULOSIS AND OTHER RELATED INFECTIOUS DISEASES, para. 26, OAU/SPS/ABJUA/3 (2001).

[18] UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH AND SOCIAL WELFARE, NATIONAL FAMILY PLANNING COSTED IMPLEMENTATION PROGRAM, 2010–2015 5 (2010), *available at* http://www.fhi360.org/sites/default/files/media/documents/national-fp-costed-implementation-plan-tanzania-main-text.pdf.

[19] TANZANIA MINISTRY OF HEALTH AND SOCIAL WELFARE, THE NATIONAL ROAD MAP STRATEGIC PLAN TO ACCELERATE REDUCTION OF MATERNAL, NEWBORN AND CHILD DEATHS IN TANZANIA 2008–2015 6 (2008), *available at* http://www.who.int/pmnch/countries/tanzaniamapstrategic.pdf (*citing* R. Mswia R et al., *Community Based Monitoring of Safe Motherhood in United Republic of Tanzania*, 81 WHO BULLETIN 87-94 (2003)) [hereinafter NATIONAL ROAD MAP]; *Miriam's Story: When Care Comes Not a Minute Too Soon*, ENGENDERHEALTH (last visited May 20, 2015), http://www.engenderhealth.org/mdgfive/story-miriam.html; *see also, Abortion remains a crime in Tanzania*, DAILY NEWS ONLINE EDITION (Nov. 26, 2010), http://www.dailynews.co.tz/home/?n=14901.

[20] Guttmacher Institute, *In Brief: Fact Sheet, Unsafe Abortion in Tanzania* (2013), *available at* http://www.guttmacher.org/pubs/IB_unsafe-abortion-tanzania.pdf [hereinafter *Unsafe Abortion in Tanzania*].

[21] *See generally* Kizito Makoye, *Tanzanian Women Endangered by Illegal Abortions*, REUTERS, Apr. 27, 2015, *available at* http://www.reuters.com/article/2015/04/27/us-tanzania-women-abortion-idUSKBN0NI22E20150427 (last visited May 20, 2015).
[22] UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH AND SOCIAL WELFARE, REPORT ON ASSESSMENT OF AVAILABILITY AND ACCESSIBILITY OF ADOLESCENTS SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN MAINLAND TANZANIA: A HEALTH FACILITY BASED ASSESSMENT 10 (2008) [hereinafter ASRHS SITUATIONAL ANALYSIS-REPORT].
[23] Penal Code Act, Cap. 16, Ch. XV: Offences against Morality, arts. 150, 151, 219, 230 (Tanz.).
[24] CENTER FOR REPRODUCTIVE RIGHTS, TECHNICAL GUIDE TO UNDERSTANDING THE LEGAL AND POLICY FRAMEWORK ON TERMINATION OF PREGNANCY IN MAINLAND TANZANIA 22-26 (2012).
[25] Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 2nd Ordinary Sess., Assembly of the Union, *adopted* July 11, 2003, CAB/LEG/66.6 (*entered into force* Nov. 25, 2005) [hereinafter Maputo Protocol]
[26] NATIONAL ROAD MAP, *supra* note 19, at 16; *see also* MINISTRY OF HEALTH AND SOCIAL WELFARE (TANZ.), STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST (2013), *available at* http://apps.who.int/medicinedocs/documents/s20988en/s20988en.pdf.
[27] The Strategic Plan acknowledges that PAC can significantly reduce the number of maternal deaths; however, very few facilities in Tanzania (5%) are equipped to handle such care: NATIONAL ROAD MAP, *supra* note 19, at 6; *see also*, UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), DECENTRALIZATION OF POST-ABORTION CARE IN SENEGAL AND TANZANIA, *available at* http://www.usaid.gov/our_work/global_health/pop/news/issue_briefs/pac_brief_senegal_tanzania.pdf.
[28] *Unsafe Abortion in Tanzania*, *supra* note 20, at 3 (*citing* VENTURE STRATEGIES INNOVATIONS, ASSESSING AVAILABILITY OF UTEROTONICS IN TANZANIA: RESULTS FROM A SURVEY OF MATERNAL HEALTH PROVIDERS (2012)).
[29] ASRHS SITUATIONAL ANALYSIS-REPORT, *supra* note 22, at 26, 32.
[30] In 1991-1992, only ten percent of currently married women used any form of contraception. That number has steadily increased and in 2010, 34% of currently married women use any form of contraception: 2010 TDHS, *supra* note 5, at 70.
[31] *Id.*, at 68-69.
[32] MINISTRY OF HEALTH AND SOCIAL WELFARE, THE NATIONAL ROAD MAP STRATEGIC PLAN TO ACCELERATE REDUCTION OF MATERIAL, NEWBORN AND CHILD DEATHS IN TANZANIA 30 (2008) [hereinafter STRATEGIC PLAN].
[33] 2010 TDHS, *supra* note 5, at 115.
[34] DEUTSCHE STIFTUNG WELTBEVOELKERUNG (DSW), FAMILY PLANNING IN TANZANIA: A REVIEW OF NATIONAL AND DISTRICT POLICIES AND BUDGETS 14-19 (2014), *available at* http://www.dsw.org/uploads/tx_aedswpublication/family-planning-tanzania_update.pdf [hereinafter DSW, FAMILY PLANNING IN TANZANIA].
[35] *Id*., at 18-19 (2014).
[36] TANZANIA MINISTRY OF HEALTH AND SOCIAL WELFARE, TANZANIA SERVICE AVAILABILITY AND READINESS ASSESSMENT (SARA) 2012 18 (2013), *available at* http://digitallibrary.ihi.or.tz/2448/1/SARA_2012_Report.pdf [hereinafter TANZANIA SARA]
[37] Percentage calculated to reflect staff training for all facilities surveyed (482 out of 1297 facilities), rather than only for the subset of facilities that offered family planning services (482 out of 1071 facilities): *Id*., at 18-20.
[38] Percentage calculated to reflect guideline availability for all facilities surveyed (610 out of 1297 facilities), rather than only for the subset of clinics that offered family planning services (610 out of 1071 facilities): *Id.*, at 18-20.
[39] FAMILY PLANNING 2020, PARTNERSHIPS IN PROGRESS 2013-2014 13 (2014).
[40] MINISTRY OF HEALTH AND SOCIAL WELFARE, NATIONAL FAMILY PLANNING COSTED IMPLEMENTATION PROGRAM 2010-2015 3, tbl. 1 (2010).
[41] INTERNATIONAL CONSORTIUM FOR EMERGENCY CONTRACEPTION, COUNTING WHAT COUNTS: TRACKING ACCESS TO EMERGENCY CONTRACEPTION IN TANZANIA 1 (2014), *available at* http://www.cecinfo.org/custom-content/uploads/2014/04/ICEC_Tanzania_2014.pdf [hereinafter COUNTING WHAT COUNTS].
[42] WHO, Emergency Contraception, Fact sheet No. 244 (2012).
[43] *See* TANZANIA MINISTRY OF HEALTH AND SOCIAL WELFARE, STANDARD TREATMENT GUIDELINES AND THE NATIONAL ESSENTIAL MEDICINES LIST FOR MAINLAND TANZANIA (2013).
[44] TANZANIA SARA, *supra* note 36, at 18.
[45] G.A. B Kagashe, et.al, A*vailability, Awareness, Attitude and Knowledge of Emergency Contraceptives in Dar Es Salaam*, 11, J. PHARM. SCI. & RES. 217-218 (2013).

[46] 2010 TDHS, *supra* note 5, at 65; 2004 TDHS, *supra* note 10, at 66; *see* UNICEF, ADOLESCENCE IN TANZANIA 12 (2011), *available at* http://www.unicef.org/tanzania/TANZANIA_ADOLESCENT_REPORT_Final.pdf [hereinafter ADOLESCENCE IN TANZANIA].
[47] 2010 TDHS, *supra* note 5, at 68-69.
[48] Percentages calculated to include all clinics surveyed, rather than only for the subset of clinics that offered family planning services to adolescents: TANZANIA SARA, *supra* note 36, at 35-36.
[49] PATHFINDER INTERNATIONAL, INTEGRATING YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN PUBLIC HEALTH FACILITIES: A SUCCESS STORY AND LESSONS LEARNED IN TANZANIA 1-2 (2005), *available at* http://www.pathfinder.org/publications-tools/pdfs/AYA-Tanzania-Case-Study-A-Success-Story-and-Lessons-Learned.pdf?x=17&y=5 [hereinafter PATHFINDER INTERNATIONAL, INTEGRATING YOUTH-FRIENDLY SERVICE].
[50] *Id*.
[51] FORCED OUT, *supra* note 1, at 17.
[52] MINISTRY OF EDUCATION AND VOCATIONAL TRAINING, BASIC EDUCATION STATISTICS IN TANZANIA (BEST) 2013 tbl. 2.12 (2013), *available at* http://www.moe.go.tz/index.php?option=com_docman&task=doc_download&gid=356&Itemid=385.
[53] CEDAW Committee, *Concluding Observations: Tanzania*, para. 33-34, U.N. Doc CEDAW/C/TZA/CO/6 (2008); CESCR Committee, *Concluding Observations: Tanzania,* para. 27, U.N. Doc E/C.12/TZA/CO/1-3 (2012); CRC, *Concluding Observations: Tanzania*, para. 61, U.N. Doc CRC/C/TZA/CO/3-5 (2015); CRC, *Concluding Observations: Tanzania*, para. 61, U.N. Doc CRC/C/TZA/CO/3-5 (2015).
[54] That this practice remains ongoing was confirmed in the October 2014 fact-finding by Human Rights Watch. *See generally* HUMAN RIGHTS WATCH, NO WAY OUT: CHILD MARRIAGE AND HUMAN RIGHTS ABUSES IN TANZANIA (2014), *available at* http://www.hrw.org/sites/default/files/reports/tanzania1014_forinsert_ForUpload.pdf [hereinafter NO WAY OUT].
[55] MINISTRY OF EDUCATION AND VOCATIONAL TRAINING, BASIC EDUCATION STATISTICS IN TANZANIA (BEST) 2013 tbl. 2.12 (2013), *available at* http://www.moe.go.tz/index.php?option=com_docman&task=doc_download&gid=356&Itemid=385 at 17, 64.
[56] *See, e.g.*, Interview with UNICEF official (Jan. 18, 2011).
[57] *See, e.g.*, Interview with headmaster at private high school (Jan. 20, 2011); interview with high level official at the Ministry of Community Development, Gender, and Children (Jan. 13, 2011). When asked whether girls have an opportunity to consent to or decline testing, the high level official at the Ministry of Community Development, Gender, and Children, responded sharply, "Not in this country," and went on to say that children have duties in addition to rights, includes duty to obey [those in authority].
[58] Interview with headmaster at private high school (Jan. 20, 2011); *see also,* interview with high level official at the Ministry of Community Development, Gender, and Children; interview with teachers at private secondary school (Jan. 19, 2011).
[59] Education circulars suggest that school boys who impregnate school girls are also to be expelled, but it is more difficult to find boys responsible and this practice is largely unenforced. *See* Interview with right to education NGO in Tanzania (Jan. 21, 2011); interview with UNICEF official (Jan. 18, 2011).
[60] FORCED OUT, *supra* note 1, at 98.
[61] Interview with official at the Ministry of Education and Vocational Training (Jan. 15, 2011).
[62] MINISTRY OF EDUCATION AND VOCATIONAL TRAINING, GUIDELINES ON HOW TO ENABLE PREGNANCY SCHOOL GIRLS TO CONTINUE WITH THEIR STUDIES (2009),
[63] *Id*., at 7 & 9.
[64] *Id*., at 7.
[65] Human Rights Council, *Report of the Working Group on the Universal Periodic Review: United Republic of Tanzania*, (adopted by the Committee at its 19th Session), para. 86.36, 85.62, 86.37, 85.15, 85.25, U.N Doc A/HRC/19/4 (2011).
[66] 2010 TDHS, *supra* note 5, at 275.
[67] Rape Act No. 4 of 1998 § 5, *codified as* Penal Code § 130 (Tanz.) [hereinafter Rape Act No. 4 of 1998]; NO WAY OUT, *supra* note 54, at 37.
[68] Although Section 66 of the Law of Marriage Act states that "no person has any right to inflict corporal punishment on his or her spouse," the section does not explicitly provide for any criminal sanctions. TANZANIA WOMEN LAWYERS ASSOCIATION (TAWLA), REVIEW OF LAWS AND POLICIES RELATED TO GENDER BASED VIOLENCE OF TANZANIA MAINLAND 13-14 (2014), *available at* http://www.tawla.or.tz/dox4tawlaweb/GBV%20report%202014%20by%20TAWLA%20TAMWA%20CRC%20TGNP%20ZAFELA.pdf (citing Law of Marriage Act, Cap. 29 § 66 (Tanz.)) [hereinafter, TAWLA, REVIEW OF LAWS].

[69] UNICEF ET AL., VIOLENCE AGAINST CHILDREN IN TANZANIA: FINDINGS FROM A NATIONAL SURVEY 2009 (2011), *available at* http://www.unicef.org/media/files/VIOLENCE_AGAINST_CHILDREN_IN_TANZANIA_REPORT.pdf [hereinafter VIOLENCE AGAINST CHILDREN IN TANZANIA] at 2.
[70] *Id*., at 51.
[71] *Id*., at 51-52.
[72] Budeba Petro Mlyakado, *Schoolgirls' Knowledge of, and Efforts against Risky Sexual Activity: The Need for Sex Education in Schools*, 5(1) INT'L J. OF EDUCATION 69, 76 (2013).
[73] *See* CEDAW Committee, *Consideration of reports submitted by States parties under article 18 of the Convention: Tanzania*, paras. 42-46, U.N. Doc. CEDAW/C/TZA/7-8 (2014); UNICEF, *Tanzania, 26 November 2013: Launch of The Gender and Children's Desk and 3 Year Action Plan Demonstrate Police Commitment to Strength Its Response to Gender Based Violence and Violence Against Children* (2013), *available at* http://www.unicef.org/esaro/5440_tanzania_gender.html (last visited May 20, 2015).
[74] Jennifer McClearly-Sills, et.al., HELP-SEEKING PATHWAYS AND BARRIERS FOR SURVIVORS OF GENDER –BASED VIOLENCE IN TANZANIA: RESULTS FROM A STUDY IN DAR ES SALAAM, MBEYA, AND IRINGA REGIONS vii (2013) [hereinafter HELP-SEEKING PATHWAYS].
[75] One police officer reported that her police relied on NGOs to assist with funding gaps but still lacked sufficient resources. Brielle Morgan, *Fighting Gender Violence in Dar es Salaam – 16 Days and Beyond*, SPEAK MAGAZINE, Jan. 14 2014, *available at* http://speakjhr.com/2014/01/11311/ (last visited May 20, 2015); *see* also Prosper Makene, *UNICEF: Promotion of 'Police Gender, Children's Desk' trims down violence*, IPP MEDIA, Nov. 17, 2014, *available at* http://www.ippmedia.com/frontend/index.php/javascript/page_home.js?l=74274.
[76] *See* Brielle, *id*.
[77] NO WAY OUT, *supra* note 54, at 88.
[78] UNICEF, *Tanzanian Government launches a Three Year Multi Sector National Plan to Prevent and Respond to Violence Against Children* (2013).
[79] UNITED REPUBLIC OF TANZANIA, MULTI SECTOR NATIONAL PLAN OF ACTION TO PREVENT AND RESPOND TO VIOLENCE AGAINST CHILDREN 2013-2016 15 (2013).
[80] NO WAY OUT, *supra* note 54, at 68-69.
[81] 2010 TDHS, *supra* note 5, at 94; Similarly, UNFPA estimates that about 37% of girls aged 20-24 married or entered into a union before the age of 18. UNITED NATIONS POPULATION FUND, MARRYING TOO YOUNG: END CHILD MARRIAGE 23 (2012) *available at* http://www.unfpa.org/webdav/site/global/shared/documents/publications/2012/MarryingTooYoung.pdf.
[82] 2010 TDHS, *supra* note 5, at 96.
[83] NO WAY OUT, *supra* note 54, at 60.
[84] The Education (Expulsion and Exclusion of Pupils from Schools) Regulations, G.N. No. 295 of 2002, art 4 (c) (Tanz.)
[85] Law of Marriage Act (1971), art. 13, 17 (Tanz.) [hereinafter Law of Marriage Act].
[86] *Id*.
[87] CHILDREN'S DIGNITY FORUM, VOICES OF CHILD BRIDES AND CHILD MOTHERS IN TANZANIA 6 (2010).
[88] Law of Marriage Act, *supra* note 85, art. 13(2).
[89] UNICEF, ADOLESCENCE IN TANZANIA 48 (2011), *available at* http://www.unicef.org/tanzania/TANZANIA_ADOLESCENT_REPORT_Final.pdf.