



November 14, 2014

Committee on the Rights of the Child
Human Rights Treaties Division
Office of the United Nations High Commissioner for Human Rights
Palais Wilson - 52, rue des Pâquis
CH-1201 Geneva, Switzerland

Re: Supplementary information on the List of Issues for the United Republic of Tanzania scheduled for review by the Committee on the Rights of the Child during its 68th Session

Dear Committee Members:

The Center for Reproductive Rights (the Center), a global legal advocacy organization with headquarters in New York, and regional offices in Nairobi, Bogota, Kathmandu, Geneva, and Washington D.C., submits this letter to provide responses to and recommendations on some of the questions in the List of Issues (LOIs) developed by the Committee on the Rights of the Child (the Committee) during its pre-session review of the United Republic of Tanzania. This letter focuses on the questions that reflect the concerns raised in a letter the Center submitted for the pre-session review of Tanzania. The pre-session letter also contains a list of questions that we hope the Committee will consider during its review of Tanzania. We have annexed the pre-session letter for further reference.

1. Forced pregnancy testing and the expulsion of pregnant school girls

In the LOIs, the Committee asked the government to “**provide information on the efforts by the State party to end the practice of forced and mandatory pregnancy testing at schools on girls as young as 11 years of age and to ensure that pregnant girls are not expelled from school.**”¹ This request is a reiteration of a 2006 Concluding Observation from the Committee which recommended then that Tanzania review the 1992 Education Act on Mainland Tanzania to prohibit the expulsion of pregnant teenagers from schools.² However, there is no indication that the government has made any effort to implement this recommendation. On the contrary, based on our fact-finding report, “*Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Students in Tanzanian Schools,*” mandatory pregnancy testing and the expulsion of pregnant girls remain prevalent, widely accepted, and significantly supported by educators,

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government officials, and NGOs. Forcing school girls to undergo pregnancy testing and expelling those who are found to be pregnant violates a wide range of girls' human rights, including their right to health, education, and privacy and freedom from discrimination. As noted in the pre-session letter, rather than providing girls with the reproductive health information and services they need to prevent pregnancy and preventing high incidences of sexual violence in schools,³ many schools in Tanzania continue to administer mandatory pregnancy testing. Testing may begin as early as 11 years of age, but is more widespread by secondary school.⁴ Testing may occur upon suspicion of pregnancy by a teacher or administrator, on specific dates for testing of all female students, and as a requirement for admission to school.⁵ Pregnancy testing typically takes the form of physical touching, prodding, and poking of a girl's stomach by a school official and, if a girl is suspected of being pregnant, may also involve a urine-based pregnancy test, often at a local health facility.⁶

The Committee's LOIs also **inquired about the efforts of the government to guarantee the reinsertion of girls in schools after delivery,**⁷ and asked the government to provide information on **"the steps taken to eliminate discrimination and social stigma against pregnant girls and teenage mothers"** and **"ensure effective access of these children to education, health and social services."**⁸ However, the government's own current periodic report to the Committee acknowledges that Tanzania has not adopted any comprehensive national policy or law to facilitate girls' return to school following childbirth and guarantee their right to education.⁹ Since 2012, a revised policy has been "on debate on how to review the [Education Act] and how to enact a law which will enable the pregnant teenagers to go back to school after the delivery."¹⁰ However, to date, this process has not been completed. As the government stated in its periodic report to the Committee in 2009, it merely adopted, a "temporary measure" allowing "primary school pupils who were pregnant to sit for their last examination in Standard Seven."¹¹ However, in practice, "most students who became pregnant after being registered were barred from writing their final exam."¹² Some students were barred "from continuing with their exams after they sat for their first exam."¹³ A 2011 survey conducted in 125 primary schools and 48 secondary schools, covering 67 villages in 16 districts of the Southern Highlands, showed that 90% of the 101 girls who dropped out were not allowed to return to school.¹⁴ In late 2012, the Ministry issued a follow-up directive requiring schools to refrain from expelling students in their final year of primary or secondary school so that they may take their national examinations and complete this portion of their education.¹⁵ It is still not clear whether this new directive is being implemented in case of student pregnancy but it is worth noting that also in 2012, Tanzania ratified the African Youth Charter but made a sole reservation on the provision that requires states to allow girls who are pregnant to return to school.¹⁶

Based on the foregoing, we hope that the Committee will recommend that the government develop a clear policy framework that prohibits forced pregnancy testing in primary and secondary schools, supports the continued enrollment of girls who become pregnant while in school, and ensure the reenrollment of those who leave school due to pregnancy. It could further recommend that the government formulate laws and policies that enable all girls to make informed decisions surrounding their sexual and reproductive health and rights, including by guaranteeing all girls access to the full range of sexual and reproductive health services, taking positive measures to realize the right to substantive equality, eliminating gender-based stereotypes and social norms surrounding childbearing, and reducing stigma surrounding adolescent sexuality.

2. Access to reproductive health education and services for adolescents, including family planning and safe abortion services

In the LOIs, the Committee asked the government to “**clarify the steps taken to ensure that the sexual and reproductive health education and services for adolescents, including family planning and safe abortion services, are accessible and adequate throughout the State party.**”¹⁷ During a previous review of Tanzania, the Committee expressed concern over “the high rate of teenage pregnancies and the fact that [Tanzania] does not pay sufficient attention to adolescent health issues, including ... reproductive health concerns.”¹⁸ The Committee recommended that Tanzania “undertake comprehensive study to assess the nature and extent of adolescent health problems, and with the full participation of adolescents, use [the study] as a basis to formulate adolescent health policies and programmes...”¹⁹ However, girls in Tanzania continue to lack access to reproductive health information and services, making them vulnerable to unwanted and unplanned pregnancies and unsafe abortions.

Access to contraceptives

As noted in the pre-session letter, Tanzania has one of the highest adolescent pregnancy rates in the world—nearly 52% of young women age 18-24 have sex before the age of 18,²⁰ and almost 25 percent of girls aged 15-19 are either pregnant or have given birth.²¹ Only 15% and 40% of married and unmarried sexually active adolescents aged 15-19, respectively, are using either a modern or traditional contraceptive method.²² Only 29% of all women are using a contraceptive method.²³ This is a long way from the 60% prevalence rate the government has set to achieve by 2015 under the *National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania, 2008-2015* (2008 Road Map).²⁴

There is also disparity in access to modern contraceptive based on geography as married urban women and adolescents aged 15-49 are almost 1.5 times more likely to use a contraceptive methods than their rural counterparts (46% and 31%, respectively), and prevalence increases with their education and wealth quintile.²⁵ This is particularly relevant to adolescents who have limited money for transportation to, and knowledge of, service facilities.²⁶ This low contraceptive usage, particularly among adolescents, is indicative of the numerous barriers adolescents face in accessing contraceptive information and services. As research shows, with few exceptions to the contrary, the government has largely left the promotion of youth-friendly health services, including sexuality education, to non-governmental organizations, which have limited resources and reach and cannot adequately promote systematic changes.²⁷ Further, there is no national sexuality education curriculum in mainland Tanzania, and therefore no clear guidance for schools or teachers on what the subject covers and how it should be taught.²⁸ As such, when sexuality education is provided in public schools, it is done in a piecemeal and limited fashion, leaving it to the discretion of the school and the teachers to decide the topics and the information to be covered.²⁹

Also, even though the *1994 National Policy and Guidelines and Standards for Family Planning Services Delivery and Training* and the 2008 Roadmap require the provision of contraceptives and family planning information and services without discrimination and bias,³⁰ adolescents often face discrimination in accessing the services. Many individual providers, motivated by personal biases, restrict access to contraceptive methods on the basis of age or marital status, despite the fact that no legal, medical, or policy basis exists for doing so, and such discriminatory

practices are not sanctioned by government law or policy.³¹ Due to the aforementioned lack of information, myths, and misconceptions regarding contraception are also a hindrance to adolescents' access.³² Many erroneously believe that "hormonal contraceptives lead to cancer, infertility, menstrual irregularity and obesity."³³

In recent years, the government has shown some commitment to improving access to contraceptives. For instance, it started a pilot program that allows community health workers to offer long-acting contraceptives so that women and girls have more contraceptive choices without having to travel long distances in search of health centers that offer the method.³⁴ It has also doubled its allocation to family planning to TSH 2 billion in its 2014-2015 budget.³⁵ However, this is far below the TSH 23 billion funding requirement for family planning needed for 2014-2015 estimated under the *National Family Planning Costed Implementation Program 2010-2015*.³⁶ In addition, according to a recent op-ed that was co-authored by the Executive Director of the United Nations Population Fund (UNFPA), "despite the progress, many women who want to plan their families still lack the means to do so, even though it is their human rights."³⁷ Women continue to face a number of barriers including stock-out of supplies, lack of fully trained health workers, cultural attitudes, or lack of knowledge that may prevent women and girls from seeking care.³⁸

We respectfully request that the Committee urge the government to adopt measures to ensure ease of access to contraception, including emergency contraceptive, for adolescents without risk of stigma and violence. Further, the government should develop a comprehensive sexuality education curriculum and ensure that teachers are adequately trained and equipped with the necessary resources to teach the curriculum.

Access to safe abortion and post-abortion care services

In a previous General Comment, the Committee has recommended that governments "ensure access to safe abortion and post-abortion care services, irrespective of whether abortion itself is legal."³⁹ It has also expressed concern over the criminalization of abortion when the pregnancy results from rape or incest and specifically urged for decriminalization in these instances.⁴⁰ However, the laws regarding abortion in Tanzania remain restrictive, "inconsistent, unclear and often contradictory."⁴¹ Under the Penal Code, abortion is criminalized except to save the life of a pregnant woman or an adolescent.⁴² Although this has been interpreted to encompass a mental and physical health exception,⁴³ the law still criminalizes abortion on the ground of rape and incest, failing to comply with the Committee's recommendation as well as requirements under the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol) which Tanzania has ratified.⁴⁴

The government's and service providers' emphasis on the illegality of abortion compels adolescents to obtain abortion through unsafe methods resulting in preventable injuries and deaths.⁴⁵ A survey of women admitted to two hospitals—a regional and a municipal hospital—due to complications of abortion revealed that that 46% of those living in rural areas and 60% of those in urban areas procured abortion from unskilled providers.⁴⁶ It is estimated that 30% of all maternal deaths in Tanzania are due to complications from unsafe abortions.⁴⁷

The provision of comprehensive post-abortion care (PAC) is important to respond to the high level of complications that result from unsafe abortion. Despite the government's declared

commitment to providing PAC services and guidelines issued to that effect,⁴⁸ the service is not widely available and accessible.⁴⁹ The availability of the required equipment is extremely limited in all healthcare facilities (ranging between 5% and 8%).⁵⁰ In addition, training on PAC is limited and inadequate. The government has also not followed through on its 2002 commitment to “scal[e] up comprehensive PAC so as to reduce abortion-related maternal mortality and morbidity through training of middle level health service providers such as clinical officers, nurse-midwives ... [and] to ensure that comprehensive PAC services are available at lower level health facilities.”⁵¹ According to the latest available data, there was 66% coverage of available PAC services in the country but of this, only 13.5% of health providers were trained on adolescent PAC.⁵²

Given these statistics, the government must clarify and publicize the law on abortion in Tanzania and develop a clear guideline for healthcare providers to improve the accessibility and availability of safe abortion services to adolescents. It should also revise the laws to comply with its obligations under international and regional treaties by expanding the grounds under which abortion is permitted, and ensure access to comprehensive PAC services.

3. Violence against adolescent girls

In the LOIs the Committee asked the government to **“provide information on the impact of the recommendations of the 2011 comprehensive survey on violence against children survey.”**⁵³ It also asked for information on **“concrete measures undertaken to combat sexual violence, harassment, and sexual exploitation of girls in the State party and to change attitudes that condone such violence.”**⁵⁴ Further, it also inquired about **“the progress made and the resources available for the effective implementation and coordination of” various government plans “including the Multi-sector National Plan of Action to Prevent and Respond to Violence against Children (2013-2016).”**⁵⁵

In 2013, as a follow-up to the findings of the 2011 report, the government launched a three year *National Plan to Prevent and Respond to Violence against Children*,⁵⁶ 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.”⁵⁷ Although this National Action Plan is expected to be funded through the national budget resources with support from development partners,⁵⁸ we could not locate information regarding whether the government has actually allocated any budget for the plan. Also, according to recent research, even though “comprehensive services for GBV [gender-based violence] survivors are increasingly available in Dar es Salaam including Gender and Children’s Desks in police stations,” the availability of the services is limited in rural areas.⁵⁹ Further, the government has not adequately addressed the stigma associated with being a GBV survivor; consequently, many are reluctant to report incidences to the police.⁶⁰

As highlighted in the pre-session letter, sexual violence against school girls in Tanzania, including by teachers, remains pervasive.⁶¹ According to the 2011 comprehensive 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.”⁶² As the research revealed, a substantial proportion of sexual violence occurs in or on the way to school. In fact, this was the second most common context in which sexual violence against children was found to occur in mainland Tanzania.⁶³ According to the study, “nearly 4 in 10 females [who had experience

childhood sexual violence before they turned 18] reported that at least one incident took place on school grounds or while travelling to or from school.”⁶⁴ Further, 15% of the adolescent girls surveyed reported an “authority figure” as the perpetrator of the sexual violence.⁶⁵ The majority of these authority figures (20 out of 32) were male teachers.⁶⁶ In a 2013 study, adolescent 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.”⁶⁷

Consequently, the Committee could recommend that the government institute investigation procedures and strict punishment for those, including teachers, found to have abused children. These procedures should include an oversight mechanism to help regulate and eradicate sexual and other violence against children, including those committed in schools. The government should also allocate sufficient resources for the effective implementation of national plans focusing on violence against children, including the *Multi-Sector National Plan of Action to Prevent and Respond to Violence against Children 2013-2016*.

4. Early marriage

The Committee, in the LOIs, asked the government for **an update on the “consultative process to revise the Law of Marriage Act, 1971 as amended in 2002, and raise the minimum age of marriage to 18 years, for both boys and girls.”**⁶⁸ It also required information on **“the measures undertaken to raise awareness of the negative consequences of child marriage.”**⁶⁹ However, to date, the Law of Marriage Act had not been amended—the Act still provides the minimum age for marriage for males to be 18; while it is 15 for females.⁷⁰ Even though the law requires girls who marry before the age of 18 to obtain permission from their parents,⁷¹ “that does not in any way protect a girl from an early marriage.”⁷² Further, the law allows marriage as early as 14 with court approval.⁷³ Some customary and religious laws also allow marriage of girls who have not yet reached puberty.⁷⁴

As a result, early marriage of girls—marriage before the age of 18—is widespread in Tanzania. Four out of ten girls are married before they reach the age of 18.⁷⁵ UNFPA estimates that about 37% of girls aged 20-24 married or entered into a union before the age of 18.⁷⁶ Forced, early marriages occur largely for economic reasons. Depending on cultural practices, the bride’s family may benefit through the bride-price or the groom’s family through dowry.⁷⁷ Adolescent girls may also be forced into early marriages by parents or guardians “to reduce the risk of pregnancy outside of marriage”⁷⁸ and avoid the “shame” associated with premarital, adolescent pregnancy. In some areas, poverty and tradition result in adolescent girls as young as 12 being married to men often twice their age.⁷⁹

Early and forced marriage can have devastating physical, economic, social, and psychological consequences for adolescent girls; married adolescent girls in Tanzania commonly report experiencing emotional, physical, and sexual violence.⁸⁰ According to the 2010 Tanzania Demographic and Health Survey, 20% of married adolescent girls are forced to engage in sexual activity against their will.⁸¹ The power imbalances due to substantial age disparities between adolescent girls and their spouses mean that adolescent girls are unable to negotiate safe and protected sex.⁸² In addition, early marriage impacts a girl’s economic and social opportunities. Pursuant to the Education (Expulsion and Exclusion of Pupils from Schools) Regulation, a girl who gets married while in school faces the possibility of expulsion.⁸³ Also, as highlighted above,

there is a wide-spread practice of expelling girls who become pregnant. This often compromises a young girl's future and the future of her children, contributing to cycles of poverty, illness, and lack of education.⁸⁴

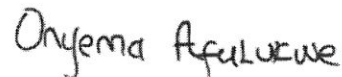
Accordingly, we hope the Committee will recommend that the government revise the Law of Marriage Act, 1971 to reflect the age of marriage for both boys and girls as 18. It should also develop programs that address the root causes of early marriage and raise societal awareness to the negative consequences of early marriage on the life and health of adolescent girls.

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

Sincerely,



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¹ Committee on the Rights of the Child, *List of Issues in relation to the combined third to fifth periodic reports of the United Republic of Tanzania*, para. 11, U.N. Doc. CRC/C/TZA/Q/3-5 [hereinafter *List of issues*].

² CRC Committee, *Concluding Observations: United Republic of Tanzania*, para. 56, U.N. Doc. CRC/C/TZA/CO/2 (2006).

³ A 2011 report produced by the Government of Tanzania and UNICEF suggests that nearly 17% of girls reported at least once incident of sexual abuse on school grounds, and over one-fourth of girls have experienced at least one incident of sexual violence on their way to or from school. UNICEF ET AL., *VIOLENCE AGAINST CHILDREN IN TANZANIA: FINDINGS FROM A NATIONAL SURVEY 2009* 52 (2011), available at http://www.unicef.org/media/files/VIOLENCE_AGAINST_CHILDREN_IN_TANZANIA_REPORT.pdf. It is likely that these numbers are underreported, for complex social and cultural reasons including lack of understanding of violence, and parents' attitudes towards their girl children that lead to disbelief of allegations when raised. See generally, ACTIONAID INT'L, *VIOLENCE AGAINST GIRLS AND THE RIGHT TO EDUCATION* (2004), available at <http://www.actionaid.se/files/StopViolenceAgainstGirls.pdf>.

⁴ THE CENTER FOR REPRODUCTIVE RIGHTS, *FORCED OUT: MANDATORY PREGNANCY TESTING AND THE EXPULSION OF PREGNANT STUDENTS IN TANZANIAN SCHOOLS* 17, 64 (2013).

⁵ Interview with headmaster at private high school (Jan. 20, 2011) (all interviews on file with the Center for Reproductive Rights); interview with high level official at the Ministry of Community Development, Gender, and Children (Jan. 13, 2011); see also, interview with high level official, Ministry of Education (Jan. 18, 2011).

⁶ 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).

⁷ *List of issues*, supra note 1.

⁸ *Id.*, para. 7.

⁹ UNITED REPUBLIC OF TANZANIA, *THIRD, FOURTH, AND FIFTH REPORTS ON THE IMPLEMENTATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD (2005-2011)* para. 218-219 (2012), available at <http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.TZA.3-5.doc>.

¹⁰ *Id.* para. 218.

¹¹ *Id.* para. 219.

¹² LEGAL HUMAN RIGHTS CENTRE (LHRC), TANZANIA HUMAN RIGHTS REPORT 2010 140 (2011).

¹³ *Id.*

¹⁴ RESTLESS DEVELOPMENT, STATE OF THE YOUTH IN TANZANIA: ANNUAL REPORT 2011 YOUTH-LED RESEARCH IN ACTION 7 (2011), available at <http://www.restlessdevelopment.org/file/res-tz-soy-pub-rpt-final-version-feb12-pdf>.

¹⁵ Ministry of Education and Vocational Training, Education Circular No. 4 of 2012, *Expulsion of Students from School/College Before National Examinations* (Aug. 3, 2012).

¹⁶ United Nations Population Fund (UNFPA), *Tanzania Ratifies African Youth Charter* (Feb. 7, 2012), available at <http://esaro.unfpa.org/public/public/cache/offonce/news/pid/99999%3Bjsessionid=543BCE416977454ED24107427228B13F.jahia01>.

¹⁷ *List of issues*, *supra* note 1, para. 15.

¹⁸ CRC Committee, *Concluding Observations: United Republic of Tanzania*, para. 46, U.N. Doc. CRC/C/TZA/CO/2 (2006).

¹⁹ CRC Committee, *Concluding Observations: United Republic of Tanzania*, para. 46, U.N. Doc. CRC/C/TZA/CO/2 (2006).

²⁰ UNICEF, YOUTH AND ADOLESCENTS IN MAINLAND TANZANIA: FACTS & FIGURES, CHALLENGES AND RECOMMENDATIONS 4 (2013); see also NATIONAL BUREAU OF STATISTICS (TANZ.) ET AL., TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2010, 97 (2011) [hereinafter 2010 TDHS].

²¹ Suzanne Ehlers and Halima Shariff, *OP-ED: Put ladies first with education and contraception in Tanzania* (Jul. 2, 2013), available at <http://www.globalpost.com/dispatches/globalpost-blogs/global-pulse/opinion-ladies-first> (last visited Nov. 14, 2014).

²² 2010 TDHS, *supra* note 20 at 68-69.

²³ *Id.* at 68.

²⁴ UNFPA, THE NATIONAL ROAD MAP STRATEGIC PLAN TO ACCELERATE REDUCTION OF MATERIAL, NEWBORN AND CHILD DEATHS IN TANZANIA 30 (2008) [hereinafter STRATEGIC PLAN].

²⁵ 2010 TDHS, at 70.

²⁶ 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>.

²⁷ *Id.*

²⁸ FORCED OUT, *supra* note 4 at 28.

²⁹ *Id.*

³⁰ STRATEGIC PLAN, *supra* note 24 at 115, 117-119.

³¹ See generally, Ilene S. Speizer et al., *Do Service Providers in Tanzania Unnecessarily Restrict Clients' Access to Contraceptive Methods?* 26(1) INT'L FAMILY PLANNING PERSPECTIVES 13-14 (2000), available at <http://www.guttmacher.org/pubs/journals/2601300.html>; see also, STRATEGIC PLAN, *supra* note 24 at 5.

³² Florence B. Mwitwa, *World Contraception Day: Uncomfortable Conversations in Tanzania*, IMPATIENT OPTIMISTS (Sept. 25, 2012), <http://www.impatientoptimists.org/Posts/2012/09/World-Contraception-Day-Uncomfortable-Conversations-in-Tanzania> (last visited Nov. 14, 2014).

³³ *Id.*

³⁴ Babatunde Osotimehin and Chris Elias, Tanzania can accelerate family planning access, THE CITIZEN, NOV. 5, 2014 available at <http://www.thecitizen.co.tz/oped/Tanzania-can-accelerate-family-planning-access/-/1840568/2511396/-/xrqiqx/-/index.html> [hereinafter Osotimehin and Elias].

³⁵ FP PLANNING PARTNERSHIP IN PROGRESS 2013-2014

³⁶ MINISTRY OF HEALTH AND SOCIAL WELFARE, NATIONAL FAMILY PLANNING COSTED IMPLEMENTATION PROGRAM 2010-2015 3 Tbl. 1 (2010).

³⁷ Osotimehin and Elias, *supra* note 34.

³⁸ *Id.*

³⁹ Committee on the Rights of the Child, *General Comment No. 15: On the right of the child to the enjoyment of the highest attainable standard of health*, (32nd Sess., 2003), in *Compilation of General Comments and General*

- Recommendations Adopted by Human Rights Treaty Bodies, para. 70, U.N. Doc. CRC/C/GC/15 (2013).
- ⁴⁰ CRC Committee *Concluding Observations: Kenya*, (44th Sess.), para. 49, U.N. Doc. CRC/C/KEN/CO/2 (2007).
- ⁴¹ CENTER FOR REPRODUCTIVE RIGHTS, BRIEFING PAPER: A TECHNICAL GUIDE TO UNDERSTANDING THE LEGAL AND POLICY FRAMEWORK ON TERMINATION OF PREGNANCY IN MAINLAND TANZANIA 6 (2012) [hereinafter TECHNICAL GUIDE].
- ⁴² Penal Code Act, Cap. 16, Ch. XV: Offences against Morality, art. 150, 151, 219, 230 (Tanz.).
- ⁴³ TECHNICAL GUIDE *supra* note 41 at 22-26.
- ⁴⁴ The Maputo Protocol requires states to “take all appropriate measures to ... protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the [pregnant woman] or the life of the [pregnant woman] or the foetus”: 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, art. 14, para. 2(c) CAB/LEG/66.6 (*entered into force* Nov. 25, 2005).
- ⁴⁵ See Mrisho Mpotu Anakubalika, *Grim Consequences: Abortion amongst Schoolgirls*, FEMINA HIP MAGAZINE 21 (Jan. – Mar. 2010 Ed.); *Abortion remains a crime in Tanzania*, DAILY NEWS ONLINE EDITION (Nov. 26, 2010, 16:00), available at <http://www.dailynews.co.tz/home/?n=14901>; Denise Grady, *The Deadly Toll of Abortion by Amateurs*, NY TIMES (Jun. 1, 2009), available at <http://www.nytimes.com/2009/06/02/health/02abort.html>.
- ⁴⁶ RASCH V AND KIPINGILI R, UNSAFE ABORTION IN URBAN AND RURAL TANZANIA: METHOD, PROVIDER AND CONSEQUENCES, TROPICAL MEDICINE & INTERNATIONAL HEALTH, 2009, 14(9):1128–1133.
- ⁴⁷ *Miriam’s Story: When Care Comes Not a Minute Too Soon*, ENGENDERHEALTH (last visited Aug. 6, 2013), <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>.
- ⁴⁸ MINISTRY OF HEALTH AND SOCIAL WELFARE (TANZ.), THE NATIONAL ROAD MAP STRATEGIC PLAN TO ACCELERATE REDUCTION OF MATERIAL, NEWBORN AND CHILD DEATHS IN TANZANIA 16 (2008) [hereinafter NATIONAL ROAD MAP]; see also MINISTRY OF HEALTH (TANZ.), NATIONAL PACKAGE OF ESSENTIAL HEALTH INTERVENTIONS IN TANZANIA (2000), available at [http://ihi.eprints.org/718/1/ihi.eprints.pdf_\(88\).pdf](http://ihi.eprints.org/718/1/ihi.eprints.pdf_(88).pdf).
- ⁴⁹ 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 48 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.
- ⁵⁰ NATIONAL BUREAU OF STATISTICS (TANZ.) ET AL., TANZANIA SERVICE PROVISION ASSESSMENT SURVEY 2006 323 (2007), available at <http://www.measuredhs.com/pubs/pdf/SPA12/SPA12.pdf>.
- ⁵¹ MINISTRY OF HEALTH (TANZ.), POST-ABORTION CARE CLINICAL SKILLS CURRICULUM TRAINER’S GUIDE, VOL. 1 1 (2002).
- ⁵² 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 26, 32 (2008).
- ⁵³ *List of issues*, *supra* note 1.
- ⁵⁴ *Id.*
- ⁵⁵ *List of issues*, *supra* note 1, para. 2.
- ⁵⁶ UNICEF, *Tanzanian Government launches a Three Year Multi Sector National Plan to Prevent and Respond to Violence Against Children* (2013) [hereinafter UNICEF National Plan].
- ⁵⁷ UNITED REPUBLIC OF TANZANIA, MULTI SECTOR NATIONAL PLAN OF ACTION TO PREVENT AND RESPOND TO VIOLENCE AGAINST CHILDREN 2013-2016 15 (April 2013).
- ⁵⁸ UNICEF National Plan, *supra* note 56.
- ⁵⁹ 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).
- ⁶⁰ Kizito Makoye, *Tanzania steps up action on gender violence*, DEUTSCHE WELLE (Mar. 12, 2013), <http://www.dw.de/tanzania-steps-up-action-on-gender-violence/a-17268312>.
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- ⁶⁵ *Id.* at 44.
- ⁶⁶ *Id.*
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- ⁶⁸ *List of issues, supra* note 1, para. 6.
- ⁶⁹ *Id.*
- ⁷⁰ Law of Marriage Act (1971), art. 13, 17 (Tanz.) [hereinafter Law of Marriage Act].
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- ⁷⁹ Iben Madsen, *Is Child Marriage a Neglected Problem?*, DAILY NEWS (Dec. 2, 2009), <http://allafrica.com/stories/200912020746.html>.
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- ⁸¹ 2010 TDHS, *supra* note 20 at 282. This information was not disaggregated by mainland Tanzania and Zanzibar; however, rates of reported sexual violence were much higher overall in mainland Tanzania (17.5%) versus Zanzibar (3.8%).
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