

48. Country profile: Tanzania



1. Development profile

Tanzania has enjoyed relative stability and peace since achieving independence in 1961. Recently, the country has changed its political and economic trajectory from a one party, command economy to a multi party government and a market economy. It's ethnically and religiously- the mainland is mostly Christian while the coastal regions are predominantly Muslim- diverse population lives in relative peace. Tension surrounding Zanzibar's desire for independence sometimes manifests during elections and has recently interfered with voter registration in that part of the country.¹ However, to date, this is the most the issue has disrupted the political scene in Tanzania.

Poverty is widespread and the situation is particularly acute in rural areas. In 2001, the Government abolished school fees, which led to the number of children enrolled in primary school doubling from 2000 to 2006. In spite of these improvements, "Tanzania has one of the lowest recorded rates of secondary school enrolment."² There is also a shortage of teachers. Rural areas lack access to basic social services. Child mortality rates have fallen but maternal mortality has risen. It is estimated that 50 percent of households do not have access to protected water sources.³ Food insecurity is a major problem facing the country: 20 percent of young children are underweight; malnutrition is the cause of 25 percent of child mortality; and rural households spend 66 percent of their income on food.⁴ Because of conflict in neighbouring Rwanda, Burundi, and the DRC, Tanzania hosts the largest number of refugees (400,000) in Africa. Providing social services for these people is becoming extremely expensive and difficult, as they are slow to return to their home countries.⁵ While the country is taking measures to combat corruption, it remains a major problem in the public and private sectors.

¹ *Tanzania*. (n.d.). Retrieved from African Economic Outlook: <http://www.africaneconomicoutlook.org/en/countries/east-africa/tanzania/>

² *What We Do In Tanzania*. (n.d.). Retrieved from Save the Children: http://www.savethechildren.net/alliance/where_we_work/AE/mapTZ.html

³ *Tanzania*. (n.d.). Retrieved from OneWorld: <http://uk.oneworld.net/guides/tanzania/development>

⁴ *Ibid*.

⁵ *Tanzania*. (n.d.). Retrieved from United Nations Children's Fund: http://www.unicef.org/infobycountry/tanzania_1254.html

The Tanzanian economy is heavily dependent on agriculture which, “accounts for more than one-fourth of GDP, provides 85% of exports, and employs 80% of the work force”.⁶ Unfavourable topography and climatic conditions have rendered only 4 percent of the land available for cultivatable crops. While the Government has concentrated on developing the industrial sector of its economy in recent years, industry still only accounts for 17 percent of GDP.⁷ While it only accounts for a small percentage, 3.5, of GDP, the mining sector is growing and is the “single most important foreign exchange earner for Tanzania. Between 1999 and 2007, annual gold output increased from 5 tons to 50 tons with the average annual growth rate of 38 percent, making Tanzania the 4th largest African gold producer.”⁸ Tanzania has other minerals and natural resources that are underexploited. The country has one of the lowest per capita incomes in the world at \$400 USD per annum and 30 percent of the Government budget is funded by foreign aid.⁹ The economic reforms instituted by the Government have produced economic stability and average annual growth of 7 percent with low inflation. In 2008, GDP rose by 7.5 percent making the economy one of the fastest growing in sub-Saharan Africa.

Socioeconomic indicators¹⁰	
Population (millions)	42.48
GNI per capita, PPP (current USD)	1,230
GDP (billions current USD)	20.49
GDP composition by sector (%)	- Agriculture 46 - Industry 17 - Services 37
GDP growth rate (%)	7.5
% below poverty line (%)	36
Inflation (%)	8.9
GINI	35
Adult literacy rate (%)	72.3
Life expectancy (years)	56
Child dependency ratio	85.8
Elderly dependency ratio	6.0
HIV prevalence (%)	6.2
Overseas development aid per capita (current USD)	\$66.93
Net official development assistance 2005 (USD Millions)	\$1.505
Remittances as a % of GDP	.07
2009 Human Development Index (HDI) ranking	151

⁶Tanzania. (2010). Retrieved from US Government, Central Intelligence Agency: <https://www.cia.gov/library/publications/the-world-factbook/geos/tz.html>

⁷Ibid.

⁸ Tanzania: Country Brief. (2010). Retrieved from World Bank: <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/TANZANIAEXTN/0,,menuPK:287345~pagePK:141132~piPK:141107~theSitePK:258799,00.html>

⁹International Millennium Development Goals Progress Report. (n.d.). Retrieved from United Nations: <http://www.un.org/millenniumgoals/reports.shtml>

¹⁰Indicators. (2010). Retrieved from World Bank: <http://www.worldbank.org/indicators>

2. Vulnerability analysis

2.1 External shocks

The agriculture sector in Tanzania employs 80 percent of the workforce, accounts for about 50 percent of the GDP and provides 85 percent of exports.¹¹ This heavy dependence makes the economy “vulnerable to adverse weather conditions and unfavorable prices in international primary commodity markets.”¹² Soil erosion and the depletion of natural resources are also problems. Climate change is affecting coffee and maize output. Much of the land which could be used for livestock is infested with tsetse flies, rendering the land unusable. Low water levels have impacted the availability of hydroelectricity and resulted in blackouts and power rationing. The water levels have also led to civil disputes among farmers and herders as to who gets to use the available water.¹³

Tanzania was affected by the recent global economic crisis. A noted decrease in tourism, exports and foreign direct investments has reduced economic growth. The 2010 budget provides for stimulus to minimize the impact, especially in the coffee and cotton industries and infrastructure improvements.

Political instability in neighbouring countries has led to a huge influx of refugees, at 400,000 according to UNICEF. The refugees need basic services and their demands can put a strain on the government.

2.2 HIV/AIDS

Tanzania has the 12th highest AIDS prevalence rate in the world at 6.2 percent.¹⁴ There are 1.4 million people living with HIV/AIDS and 10 percent are children under the age of 14. The workforce has been significantly affected, as thousands of people are unable to work because they are infected. The disease also increases dependency ratios and over 1 million children have been orphaned by AIDS. One-third of foreign aid is devoted to HIV/AIDS.¹⁵ At least 400,000 people receive anti-retroviral treatment and it is expected that the country will soon achieve universal coverage.

2.3 Foreign aid and remittances

Foreign aid accounts for about 30 percent of the funding for the government’s budget and Tanzania receives more aid than any other Sub Saharan African country.¹⁶ Because of this, the country could have problems meeting all its obligations if the amount of aid received were to decrease.

¹¹*International Millennium Development Goals Progress Report*. United Nations.

¹²*Tanzania: Country Brief*. World Bank.

¹³ “General Information and Vulnerability.” *National Adaptation Programmes of Action (NAPA) for Tanzania*. (2006, April). Retrieved from Southern Africa Research and Documentation Centre: <http://databases.sardc.net/books/NAPATanzania/view.php?bname=NAPATanzania&id=12>

¹⁴*Tanzania*. US Government, Central Intelligence Agency.

¹⁵ *Tanzania*. OneWorld.

¹⁶ *Ibid*.

3. Monitoring and evaluation

The *Vision 2025* document, which is to guide socioeconomic development in Tanzania, lays out M&E plans. The goal will be to start with the end goals and work backwards; setting timetable and milestones that will be used to evaluate progress. Performance benchmarks and measurable outputs will be outlined. The development vision will be reviewed every 5 years to determine any successes, failures, and adjustments that need to be made. An efficient system of information and communication needs to be established to ensure “synergy” between the various actors in society.¹⁷

4. Social assistance programmes overview

*All currency conversions are based on 17th February 2010 rates.

- 1 TZS = 0.00073 USD
- 1 EUR = 1.369 USD
- 1 GBP = 1.57161 USD¹⁸

Programme name	National Social Security Fund ¹⁹
Programme #1: social insurance	<p>Programme components</p> <ul style="list-style-type: none"> ▪ Old Age Pension: <ul style="list-style-type: none"> ○ Invalidity Pension: paid to an insured member who has lost his/her earning capacity due to physical or mental inability as will be certified by the medical board. There are 3 types of invalidity: physical invalidity means a reduction of physical or mental capacities as a result of the loss or impairment of an organ or function; occupational invalidity is assessed in relation to the loss of earning capacity resulting from being unfit to resume the work previously was doing; General invalidity is assessed in relation to the residual work capacity and the level of income that a person may still derive from the work compatible with his or her health status. ▪ Survivor’s benefits: when an insured member dies while working, spouse(s) and children are the immediate beneficiaries and will be granted the benefits. ▪ Employment injury benefits: A person can receive a cash benefit for temporary or permanent disability, provision of an artificial limb if necessary, and death benefits. ▪ Social health Insurance benefits: It covers basic medical care but only supplements other medical care programmes and is not responsible for the entire health services of its beneficiaries. It covers out-patient consultations, simple procedures, some drugs and referrals to other hospitals. The in-patient services include admission, consultations, simple procedures, some drugs, and referrals.

¹⁷The Tanzania Development Vision 2025 (n.d.). Retrieved from Government of Tanzania, Ministry of Finance: <http://www.mof.go.tz/mofdocs/overarch/vision2025.htm#5.0%20%20%20%20%20%20%20IMPLEMENTING%20THE%20VISION>

¹⁸ Currency Converter. (n.d.). Retrieved from Oanda: <http://www.oanda.com/currency/converter/>

¹⁹ Table text from *National Social Security Fund*. (n.d.). Retrieved from Government of Tanzania, National Social Security Fund: <http://www.nssf.or.tz/home.php>

		<ul style="list-style-type: none"> ▪ Maternity benefits: Women will receive 100% of daily earnings for 12 weeks. Some medical treatment costs from the 24th week of pregnancy to a week after birth will be covered. ▪ Funeral grant: reimbursement to a family member who incurred burial expenses of the deceased.
	Programme coverage	<ul style="list-style-type: none"> ▪ Estimated at 1 million people, 5.4% of the whole labour force.²⁰
	Beneficiary determination process²¹	<ul style="list-style-type: none"> ▪ Old Age Pension (Retirement): attainable when a person is 60 years old, must have made at least 180 months of contributions to the fund. ▪ Invalidity pension: To qualify, a person must be evaluated by the medical board and have made at least 36 months of contributions to the fund. A member must be under the pensionable age. ▪ Survivor's benefits: A person must have left children under 18 years of age who are engaged in full time education, the member had attained pensionable age, the member left a widow/widower ▪ Employment Injury Benefits: person must have been registered with the fund and have been injured in the course of carrying out their employment. ▪ Social health insurance benefits: health insurance for insured members, their spouses, and up to 4 children. ▪ Maternity Benefits: benefits are provided to insured females who have made at least 36 contributions to the fund, who are pregnant, who have delivered a child. A person can only make one claim on maternity benefits every 3 years. ▪ Funeral Grant: NSSF insured person who made at least one contribution to the fund.
	Finance	<ul style="list-style-type: none"> ▪ Government funded.
	Legal framework	<ul style="list-style-type: none"> ▪ Established under the National Social Security Fund Establishment Act of 1997.
	Administrative framework	<ul style="list-style-type: none"> ▪ The Ministry of Labour, Youth, and Sports Development provides general supervision and it is managed by the National Social Security Fund.
	Programme barriers	<ul style="list-style-type: none"> ▪ Lack of coordination at the national level. ▪ Benefit rights are not portable when a member moves from one scheme to another due to differing legislations and procedures.

²⁰ *National Social Security Policy*. (n.d.). Retrieved from Government of Tanzania: www.tanzania.go.tz/.../policy%20framework%20final%20social%20security.pdf

²¹ *Social Security Programs Throughout the World: Africa, 2009*. (2009). Retrieved from US Government, Social Security Administration: <http://www.socialsecurity.gov/policy/docs/progdesc/ssptw/2008-2009/africa/tanzania.html>

Programme #2: contributory pension fund	Programme name	Parastatal Pension Fund²²
	Programme objective	<ul style="list-style-type: none"> ▪ Objective is to provide pensions and other related benefits to all employees in the Parastatal and private sectors of the economy. ▪ Goal is to free members from hardships arising out of loss of income due to old age, disability, and related risks.
	Programme components	<ul style="list-style-type: none"> ▪ The depository scheme is suitable for those who do not qualify for pensions under the current social security fund. It also serves as a supplementary scheme to others.
	Programme coverage	<ul style="list-style-type: none"> ▪ Employees in private companies, parastatals, public organisations, self-employed labour force, and the informal sector.
	Finance	<ul style="list-style-type: none"> ▪ Contributions of 20% are required and come from both the employee and employer. ▪ In 2007, the fund paid 24.84 billion Tshs (USD 18,427,299.70) to members.
	Legal framework	<ul style="list-style-type: none"> ▪ Established by the Parastatal Pension Act no. 14 of 1978. ▪ Parastatal Pensions Amendment Act No. 25 of 2001.
	Administrative framework	<ul style="list-style-type: none"> ▪ The Ministry of Finance provides supervision. ▪ Board of trustees governs.
	Monitoring and evaluation	<ul style="list-style-type: none"> ▪ Annual report detailing financial activities, investments, staff, issues etc.
	Programme barriers	<ul style="list-style-type: none"> ▪ Lack of regulation in the industry. ▪ Little awareness on the importance and mandatory nature of employees' registration in social security scheme. ▪ Lack of legislation enforcing self employed people to register.

Programme #3: contributory social insurance	Programme name	National Health Insurance Fund²³
	Programme components	<ul style="list-style-type: none"> ▪ Covers: registration fees; fees related to basic diagnostic tests; outpatient services which include medication as per the national essential drug list; in patient care at fixed rates per day, per level of health facility; minor, major, and specialized surgeries.
	Programme coverage	<ul style="list-style-type: none"> ▪ Goal is to cover all members of the formal sector, but, initially, only civil servants are covered.
	Finance	<ul style="list-style-type: none"> ▪ Payroll contributions from employees and employers.
	Legal framework	<ul style="list-style-type: none"> ▪ Act of Parliament 8. 1991.
	Administrative framework	<ul style="list-style-type: none"> ▪ The fund is governed by a board of directors and reports to the Minister Responsible for Health Matters. ▪ The fund is administered by an independent body where all stakeholders (employees, employers, trade unions, and health service providers) are represented

²²Table drawn from *Parastatal Pension Fund*. (n.d.). Retrieved from Parastatal Pension Fund: <http://www.ppftz.org/index.php>

²³Table drawn from *National Health Insurance Fund*. (n.d.). Retrieved from National Health Insurance Fund: <http://www.nhif.or.tz/>

Programme #3: social Insurance	Programme name	Public Service Pension Fund²⁴
	Programme objective	<ul style="list-style-type: none"> ▪ “The objective of the Fund is to provide for contributions to and payment of pensions, gratuities and other benefits in respect of the service to all pensionable government employees as well as those employed by executive agencies”.
	Programme components	<ul style="list-style-type: none"> ▪ Old age pension is a benefit paid to a member who has attained the age of 55, voluntary, or 60, mandatory. ▪ Invalidity pension is based on loss of earning capacity due to inability. The assessment of invalidity will be undertaken by the medical board. ▪ Survivors pension is payable to dependants of the deceased member dependants include spouse, children and parents of the deceased. ▪ Funeral grants are paid to members of the deceased member’s family; ▪ Maternity is paid to a female member who has given birth and given up gainful employment. ▪ Emigration or unemployment which is paid to a member emigration out of Tanzania.
	Programme coverage	<ul style="list-style-type: none"> ▪ Government employees and those employed by Executive agencies.
	Finance	<ul style="list-style-type: none"> ▪ Employees’ contribution: 5 percent of the basic salary. ▪ Employer’s contribution: 15 percent of the employee’s basic salary. ▪ Income and capital appreciation derived from the holding of the assets of the fund.
	Legal framework	<ul style="list-style-type: none"> ▪ Established by the Public Service retirement Benefits Act No. 2 of 1999.
Administrative framework	<ul style="list-style-type: none"> ▪ The board of trustees is responsible for the management and control of the fund. ▪ The management team, below the board, is headed by the Director General who is responsible for the day to day administration of the fund. 	

Programme# 4: public	Programme name	The National Village Fund²⁵
	Programme objective	<ul style="list-style-type: none"> ▪ Target groups are: the service poor communities who lack basic social and market services such as education, water and sanitation, roads, banking, and markets.
	Programme components	<ul style="list-style-type: none"> ▪ Target groups are provided with assistance to manage sustainable economic activities for income generation purposes.
Programme coverage	<ul style="list-style-type: none"> ▪ 11,224 applications. 	

²⁴ Table text from *Public Service Pension Fund*. (n.d.). Retrieved from Government of Tanzania: <http://www.pspf-tz.org/index.html>

²⁵ Table drawn from *First Quarter Progress Report*. (2009, July/September). Retrieved from Tanzania Second Social Action: http://www.tasaf.org/index.php?option=com_docman&task=cat_view&gid=55&Itemid=46

Beneficiary determination process	<ul style="list-style-type: none"> Able-bodied individuals in food insecure households with vulnerable individuals (orphans, disabled, elderly, widows and those infected with HIV/AIDS).
Finance	<ul style="list-style-type: none"> TZS 159,073,041,575 (USD 118,006,707.40).
Administrative framework	<ul style="list-style-type: none"> Supervised by the Second Tanzania Social Action Fund.
Monitoring and evaluation	<ul style="list-style-type: none"> Preparation of periodic progress reports, impact evaluation studies.

Programme #5: unconditional cash transfer	Programme name	Kwa Wazee²⁶
	Programme overview	<ul style="list-style-type: none"> In Tanzania, children traditionally support their parents and elderly members of their family when they can no longer provide for themselves. Because of HIV/AIDS, this system is no longer viable as, “numerous old people have lost their children and with them their social security. To make matters worse, the elderly suddenly find themselves having to look after high numbers of orphans left behind by their own deceased children”. In the rural area of Kagera the HIV/AIDS infection rate is one of the highest in Africa and 1 out of 5 children have lost 1 or both parents to the disease. 60% of these orphaned children are then raised by their grandparents.
	Programme objective	<ul style="list-style-type: none"> “To alleviate the distressing poverty of the old people and considerably improve the welfare of the children in their household”.
	Programme components	<ul style="list-style-type: none"> This scheme provides a small monthly pension.
	Programme duration	<ul style="list-style-type: none"> Started in 2003.
	Programme coverage	<ul style="list-style-type: none"> By the end of 2007, 600 older people were receiving regular monthly pensions.
	Finance	<ul style="list-style-type: none"> 600 monthly pensions at USD 5 and USD 2.5 for each grandchild. Donations, support from international development organisations.
	Administrative framework	<ul style="list-style-type: none"> The Woman Saving and Credit Association, along with the Orphan’s Association (VSI) “select those grandmothers most in need, and who have the logistical experience to implement and administer the pensions’ scheme”. Pensions are distributed at a pay point in Nshamba on Wednesdays and pensioners are allowed to put part of it in a savings account.
Monitoring and evaluation	<ul style="list-style-type: none"> The evaluation has 3 main elements: the impact of the pension on older people, the impact of pension and child benefits on children, and a review of how this project relates to the policy debate on social protection in Tanzania. Randomly selected groups of pensioners were compared to a group of non-pensioners from the same geographical area who would meet the Kwa Wazee criteria. The results were assessed and the programme proved successful. 	

²⁶Table drawn from *Salt, Soap and shoes for school: the impact of pensions on the lives of older people and grandchildren in the KwaWazee project in Tanzania’s Kagera region.* (n.d.). Retrieved from Kwa Wazee: http://www.kwawazee.ch/E/index.php?option=com_docman&task=cat_view&gid=28&Itemid=55

	Programme barriers	<ul style="list-style-type: none"> ▪ Delivery to distant pensioners is not well developed as most of the older people cannot travel far. ▪ Admissions criteria need to be clarified. ▪ Reliance on volunteers is not sustainable and the programme costs will go up.
	Socioeconomic effects	<ul style="list-style-type: none"> ▪ On average, it doubles the cash available to the pensioners, and for many it represents 80% of their disposable cash.

Programme # 6: conditional cash transfer	Programme name	Tanzania Community-Based Conditional Cash Transfer²⁷
	Programme objective	<ul style="list-style-type: none"> ▪ Goal is to mitigate the disastrous effects on children's development because of the AIDS crisis.
	Programme components	<ul style="list-style-type: none"> ▪ Cash transfers to poor households conditional on their keeping their children in school and seeking regular healthcare for them.
	Programme coverage	<ul style="list-style-type: none"> ▪ Operates in 3 districts: Bagamoyo, Chamwino, and Kibaha. ▪ Pilot will cover 80 villages (40 treatment and 40 control) and 2,500 households. ▪ About 6,000 individual beneficiaries.
	Beneficiary determination process	<ul style="list-style-type: none"> ▪ Will be implemented in the districts and villages targeted under TASAF I which began targeting the poorest and most vulnerable districts of Tanzania in 2001. ▪ Regions are ranked using several indicators (poverty level, food insecurity, primary school enrolment, access to safe water, health facilities, AIDS rate, and road accessibility). ▪ Districts were then prioritized within the regions. Communities determined their own criteria for household selection through focus group sessions: very poor (lacking basic dwelling, difficulty providing 2 meals a day, no working adults, children without clothes or shoes, no livestock, family doesn't own land); not receiving similar benefits; home to an elderly person, vulnerable child, or orphan.
	Finance	<ul style="list-style-type: none"> ▪ Payments made every 2 months. ▪ USD 3 per month for orphans and vulnerable children. ▪ USD 6 per month for elderly. ▪ In 2009, the Tanzania Social Action Fund will spend USD 1,972,915. The money has been sourced from the Japanese government.²⁸

²⁷Table taken from *Tanzania Community-Based Conditional Cash Transfer Pilot*. (n.d.). Retrieved from World Bank: siteresources.worldbank.org/.../Resources/.../TASAF-CCT_Pilot_Note.pdf

²⁸Majuto Omary. "Tanzania Cash Transfer Plan for Sh3.3Billion Boost." (2009, September 7). Retrieved from All Africa: <http://allafrica.com/stories/200909080996.html>

	Administrative framework	<ul style="list-style-type: none"> ▪ The Tanzania Social Action Fund will oversee the programme and the capacities of community organisations will implement the cash transfer system. ▪ The community organisations will handle: screening of potential beneficiaries; communicating programme conditionalities to potential beneficiaries; transferring funds to individual beneficiaries; applying peer pressure for compliance with the programme conditionalities; home visits to monitor compliance. ▪ Each village has community management committees with finance training. ▪ Funds will be routed to communities through the local government or directly to the community depending on the capacity of the local government. ▪ The project will also use Vodacom’s M-PESA programme to transfer funds directly to communities, who would then transfer it to households, or transfer funds directly to the households, cutting out the opportunity for theft.
	Monitoring and evaluation	<ul style="list-style-type: none"> ▪ Monitoring of conditionalities will begin after the first payment and will be done for 4 months. It is conducted by TASAF and community management committees with support from schools, healthcare centres, and district staff.

Programme #7: welfare and social services	Programme name	Save the Children²⁹
	Programme overview	<ul style="list-style-type: none"> ▪ Children account for nearly half of Tanzania’s population.
	Programme objective	<ul style="list-style-type: none"> ▪ Improving healthcare in some of the poorest areas in order to make sure that children receive the care they need when they are sick.
	Programme components	<ul style="list-style-type: none"> ▪ StC is training clinical officers in 55 rural dispensaries to diagnose the difference between malaria and pneumonia. ▪ StC operates the “kangaroo mother care” programme, which helps mothers to be, in six hospitals. ▪ StC will be implementing the government’s National Plan of Action for Vulnerable Children in 5 districts in the northwest of the country where HIV rates are very high. They StC will support local organisations in their efforts to provide healthcare, education, shelter, and food to 14,000 vulnerable babies and children. ▪ Cash transfer programme in Lindi which began in 2007. “More than 1/3 of households in the district can’t afford to feed their children a healthy diet. We’re supplementing the income of households in 3 villages, benefitting 198 children in 60 families”. ▪ StC runs a cooking club which is attended by 53 mothers in 7 villages. They learn how to cook a protein-rich, pre-mix porridge for their children. ▪ “In Zanzibar, we organized training in child protection for 120 people, including district level welfare officers, teacher trainers and women and children’s officers. They will form the basis of district child support teams, to

²⁹ Table text from *What We Do in Tanzania*. Save the Children.

		help all 550,000 children in Zanzibar”.
	Programme coverage	<ul style="list-style-type: none"> ▪ Healthcare for 45,670 babies and children under 5. ▪ Healthcare, shelter, and support for schooling to 14,000 vulnerable children. ▪ 18,000 under 5 children are being helped in the Lindi district and 27,377 in the Ruangwa and Kilwa districts. ▪ Increasing food security for 200 children in 60 extremely poor families. ▪ Supplementing the income of 60 extremely poor families. ▪ Child support teams that benefit 550,000 children in Zanzibar. ▪ 93,000 children in Zanzibar and Tanzania supported by Children’s Councils.

Programme# 8: cash grant	Programme name	Most Vulnerable Children Programme³⁰
	Programme components	<ul style="list-style-type: none"> ▪ The grant is usually material support or fee waivers for the most vulnerable children, or sometimes cash to households. In other words, it is not strictly a cash transfer scheme, but does occasionally provide cash to households, depending on community decisions.
	Programme duration	<ul style="list-style-type: none"> ▪ Started in 2001.
	Programme coverage	<ul style="list-style-type: none"> ▪ In 2003 it reached 120,000 of the most vulnerable children.
	Beneficiary determination process	<ul style="list-style-type: none"> ▪ Most vulnerable children as identified by communities. ▪ There is no robust mechanism for knowing who is vulnerable, but communities identify those most in need of support, for example, those who have been ill for a long time, those out of school, those with poor nutrition levels, or orphans. The district-based teams facilitate the planning and selection process. Communities map their locations and monitor their progress.
	Finance	<ul style="list-style-type: none"> ▪ UNICEF finances the programme.
	Administrative framework	<ul style="list-style-type: none"> ▪ Implemented by the government of Tanzania. ▪ An interesting, innovative component of this scheme is the village MVC fund system that it works through. Communities plan appropriate responses for the most vulnerable children and use the funds that are channelled through the districts down to village level to carry out activities and provide generally in-kind assistance. Communities also contribute to the funds. As such the mechanism – linked to the community-based processes of identifying vulnerable children – is a possible channel for other flows of resources to MVCs. ▪ The scheme is housed within the Department of Social Welfare with few links to more powerful ministries, although the increasing focus on OVCs by

³⁰ *Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa for Supporting the Most Vulnerable Children.* (2005). Retrieved from HelpAge International: www.helpage.org/Resources/Researchreports/Makingcashcount

		donors, NGOs and others is bringing the scheme more into the spotlight.
	Programme barriers	<ul style="list-style-type: none"> ▪ The government plans to scale up this programme across the country, although the availability of funds restricts the feasibility of this plan. ▪ National reviews draw attention to some of the limitations of the range of NGO/CBO/FBO programmes. It notes that the most vulnerable and needy groups are not adequately targeted and that increasingly, older people and older children are providing the caring roles within poor and vulnerable households. However, without a monitoring mechanism in place, the impact of these programmes cannot be determined. ▪ The dialogue regarding the National Social Protection Framework and debates on the role of cash transfers, is ongoing.