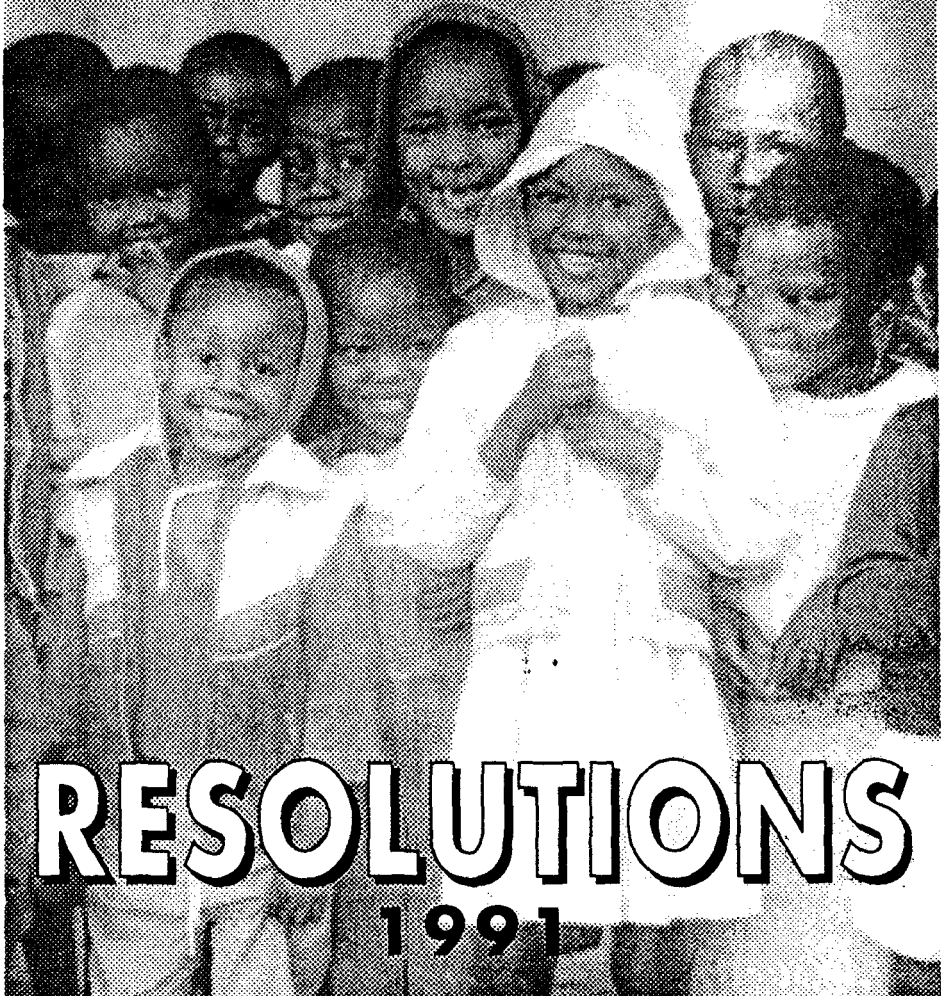




THE UNITED REPUBLIC OF TANZANIA

**NATIONAL SUMMIT FOR CHILD
SURVIVAL, PROTECTION AND
DEVELOPMENT**



RESOLUTIONS

1991



Printed by:

MZUMBE BOOK PROJECT P.O. Box 19, Mzumbe Morogoro Tanzania.

Resolutions on Child Survival, Protection and Development

THE UNITED REPUBLIC OF TANZANIA

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PROTECTION AND DEVELOPMENT**

RESOLUTIONS

**DAR ES SALAAM
7 JUNE, 1991**

Resolutions on Child Survival, Protection and Development

Preface

In September 1990, representatives of the world's nations met at the World Summit for Children in New York. This high level gathering adopted the World Declaration for the Survival, Protection and Development for Children and the Achievement of the Global Goals for the year 2000.

As a follow up to the World Summit, Tanzania held a National Summit for Children, in Dar es Salaam in June 1991. The Parliament resolved that children be given first priority in national plans and agreed to achieve the Goals for Children in Tanzania by the year 2000:

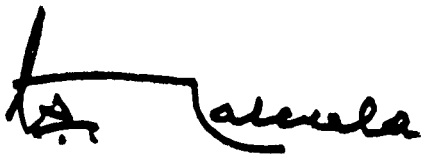
- to reduce infant and child mortality, child malnutrition and maternal mortality to less than half the present rates;
- to sustain present achievements in primary education and increase adult literacy;
- to provide access to safe water and sanitation to the whole population;
- to improve the condition of children in especially difficult circumstances.

In spite of serious problems affecting our children, I am confident that we can achieve the global goals for children in Tanzania. I am confident because many communities have already successfully implemented measures to improve the situation of their children. They have identified malnourished children, created child feeding posts and supported low income households ensuring that malnourished children will live and grow up healthy. Such efforts have also included actions to reduce women's heavy workload.

Although many important actions have already been taken by communities and supported by Government institutions at district, regional and national level, it is my firm belief that other influential groups, institutions and individuals have an important role to play: We need to join forces and create alliances with all those who are already actively contributing to the development of children in Tanzania.

It is my hope that these National Summit Resolutions will be followed as a guideline to implement and improve the situation of children in the country, Thus it is the role of everyone to improve the conditions of children, be they in the community, in the Government administration, in the media, or in a non-governmental organization. By strengthening available resources and co-ordinating our efforts, we will surely achieve our National Goals for the Survival, Protection and Development of our children.

Finally, in order to implement and realise the National Goals for Children, the Day of the African Child on 16 th of June every year has been set for the Government to analyze the status of these National Goals for the Survival, Protection and Development of Tanzania's children.



John Samwel Malecela
Prime Minister and First Vice-President
of the United Republic of Tanzania.

United Republic of Tanzania: National Summit for Children

**RESOLUTIONS OF
THE NATIONAL SUMMIT
FOR CHILD SURVIVAL, PROTECTION
AND DEVELOPMENT,
DAR ES SALAAM, 7 JUNE, 1991**

INTRODUCTION

1. We, Members of the National Assembly of the United Republic of Tanzania, under the Chairmanship of the Prime Minister and First Vice President, Mr. John Samwel Malecela, have held today, the 7th day of June, 1991, a National Summit on the Survival, Protection and Development of Children in Tanzania. This Summit is a follow-up of the World Summit for Children held in New York on 30 September, 1990. The New York Summit, which was attended by His Excellency President Ali Hassan Mwinyi, adopted seven major goals for Child Survival, Protection and Development by the year 2000.
2. Understanding the central importance of the issue of Child Survival, Protection and Development in national social and economic development, we have discussed and analysed the goals for children and reached a collective agreement that we, Members of the National Assembly of the United Republic of Tanzania, in cooperation with the people we represent in our constituencies, will ensure that the goals are achieved.
3. In accordance with this objective, we have endorsed 9 resolutions for implementation. These resolutions address the national goals for children, the institutional implementation structure, what needs to be done and the role of each level of implementation.

RESOLUTIONS

1 We, Members of the National Assembly of the United Republic of Tanzania, have approved and endorsed the seven (7) major goals which were adopted by the World Summit as our own major national goals. However, given variations of environmental conditions in our country, the implementation of these goals will take into account the real situation in each area.

The Goals

- 1** Between 1990 and the year 2000, to reduce infant and under 5 mortality rates by one third or to 50 and 70 per 1,000 live births respectively, whichever is less. According to the 1978 census, the infant mortality rate was then 138 and 104 and U5MR was 249 and 179 in rural and urban areas respectively. This means that by the year 2000, infant mortality rate should be reduced to 50 and U5MR to 70.
- 2** Between 1990 and the year 2000, to reduce maternal mortality by half. Currently, between 200 and 400 women die every year due to complications of pregnancy or child birth per 100,000 live births. We aim to reduce these rates to 100 to 200.
- 3** Between 1990 and the year 2000, to reduce moderate and severe malnutrition among children under five by half. According to available statistics, nearly 6 per cent of children under five are severely malnourished and 45 per cent have moderate malnutrition. We aim to reduce these rates to 2 per cent and 22 per cent respectively.
- 4** Universal access to safe drinking water and sanitary means of excreta disposal by the year 2000. Currently only 45 per cent and 65 per cent of the rural and urban population respectively have access to safe drinking water; and 62 per cent and 74 per cent of the rural and urban population respectively have sanitary means of excreta disposal.

- 5 Universal access to basic education and enrolment of all school-age children (7 year olds) by the year 2000. At least 80 per cent of these children should complete primary education by the age of 15 and should be able to read, write and be able to live independently. Although primary school enrolment rates are 70 per cent in total, according to available statistics, only 12 per cent of standard 1 enrollees are of the appropriate age, the rest are older than seven. Overall completion rates are 75 per cent.
- 6 By the year 2000, to reduce adult illiteracy to at least half of the 1990 level, with special emphasis on female literacy. According to Ministry of Education and Culture's statistics for 1989 adult literacy rates were 93 for men and 88 for women. These rates should reach 96 and 94 for men and women respectively.
- 7 Improved protection of children in especially difficult circumstances by the year 2000.

WHAT IS THE PROBLEM?

- (1) Most children are not properly fed, especially not fed often enough each day.
- (2) Malnutrition together with malaria, diarrhoeal diseases and respiratory infections account for 80 per cent of infant and child deaths.
- (3) Children between the age of 2 and 5 (pre-school age) lack proper care because of the demands on their parents' time from other activities.
- (4) Maternal deaths are caused by women's poor condition as a result of the chronic imbalance between energy intake and the demands of heavy workloads, even during pregnancy. Their body energy reserves are depleted. The condition is worsened by early marriages and the fact that over one third of women bear children when their bodies are not physically mature.

2 In recognition of these problems, we, Members of the National Assembly of the United Republic of Tanzania, have resolved to make special efforts to ensure that all the people we represent in our constituencies understand the causes of these problems. Collectively we will find lasting solutions using available resources in our areas.

3 Various measures will be employed to reach these goals including the participation of the people themselves in developing and using simple and appropriate technologies better to manage our environment such as: (a) tree planting for fuelwood; (b) use of simple technologies in transportation of goods and in food processing; (c) improved food storage methods.

4 We believe that through mobilization and community participation, parents will spend more time to provide better care for children and women will have time to rest themselves.

STRATEGY FOR IMPLEMENTATION

5 In order to achieve the goals we endorsed for the Survival, Protection and Development of Children, we, Members of the National Assembly of the United Republic of Tanzania, have adopted an implementation structure which distinguishes levels of implementation and coordination.

- (1) On the FRONTLINE there are as levels of implementation: the household, followed by the village, ward and eventually the district. Every household in the community will set its own goals on the basis of capacities and resources available within the household and its surrounding community.
- (2) BACK-UP support will be coordinated at the national level for all activities for Child Survival, Protection and Development in collaboration with the regional machinery which will provide a link between levels of implementation and coordination. The National Coordinating Committee

for Child Survival and Development (NCC/CSD) will be charged with coordinating planning for and implementation of national plans of action.

WHAT IS TO BE DONE?

6 Although each level of implementation in each area will have its own system, we, Members of the National Assembly of the United Republic of Tanzania have endorsed an implementation procedure with 9 important steps. This procedure will facilitate the operationalization of action plans in a logical sequence as follows:

- (1) people will be involved in the planning and implementation of programmes to achieve the goals;
- (2) implementation and follow-up committees will be established in each village-members will be drawn from each neighbourhood and half of them will be women;
- (3) all children in each village will be registered and records of births and deaths will be maintained;
- (4) all children under five years will be weighed regularly and results from each weighing will be recorded in a register;
- (5) the results from weighings will be analysed to determine the nutritional status of children;
- (6) information about infant, child and maternal deaths and results from weighings will be submitted to the village government and discussed in a joint meeting of all villagers;
- (7) the community will be involved in discussing the situation of children in

their community and joint solutions will be sought to assist seriously affected households;

- (8) village implementation plans will be reviewed regularly and the Ward Development Committee will follow up villages with poor performance;
- (9) every village will hold a day for children on which progress reports on implementation of various programmes will be presented and discussed, together with a brief celebration to mark that day.

ROLES OF VARIOUS LEVELS OF IMPLEMENTATION

(1) Household Level

Parents, especially fathers, should spend considerably more time with their children, in bringing them up and encouraging them to be self confident.

(2) Village Level

Village governments must follow up issues concerning children very closely, especially the following:

- (a) village governments will include goals for children in their development programmes;
- (b) day care posts should be established;
- (c) Village Days of the Child must be followed up to ensure success:

every Village Implementation Committee will have a Village Health Worker as its Secretary and the Village Secretary its Chairperson;

these committees will prepare concrete action plans as well as timetables for their sittings.

(3) Ward Level

Issues for follow-up at ward level include the following:

- (a) the Ward Development Committees must monitor the performance of activities for children in villages;
- (b) dispensaries must have effective mechanisms for monitoring community health services in their respective areas.

Members of the National Assembly will be permanent members of the Ward Development Committee in their respective constituencies. This will facilitate closer monitoring of the implementation of various child-related programmes.

(4) District Level

At the district level, issues which will have to be taken into account by the District Development Committee include:

- preparation of action plans to achieve the goals for the Survival, Protection and Development of Children;
- provision of primary health care services particularly in areas with critical need of such services;
- ensuring that Village Health Workers receive training and refresher training and that each village has two primary health care workers;
- reviewing the implementation reports of child development programmes from the ward level, and submitting the outcomes of such reviews to the Full Council at district level and Regional Development Committee at regional level. The condition of children and progress in reaching the goals for Child Survival,

Protection and Development will form a permanent agenda item of meetings of the Council and Regional Development Committee.

(5) Regional Level

The region will be a coordinating link.

(6) National Level

Given this set-up, which clearly delineates the roles of appropriate institutions, it will be easy for the national level to get correct and regular information concerning the situation of children in the country. It will also enable the National Coordinating Committee for Child Survival and Development (NCC/CSD) to take appropriate and corrective measures, technical and financial, so as to ensure implementation of the National Plan of Action to achieve the goals for children. The NCC/CSD will review implementation reports and submit a comprehensive report to the National Assembly and, ultimately, to the President.

PREREQUISITES FOR SUCCESSFUL IMPLEMENTATION

7 We have also resolved that in order to implement successfully the Plan of Action to achieve the goals for children, it will be imperative to observe a number of pertinent issues.

(1) Compensation for various village workers

In view of the vital role which Village Health Workers and Child Day Care Attendants play, villages must be held responsible for compensating them in one way or another for their time and services. In situations where villages have yet to build sufficient capacity, districts should temporarily assist. Moreover, it should be the duty of villages themselves to contribute food for the day care feeding posts.

(2) Assistance from extension workers

We have also resolved that important implementing ministries - Ministry of Community Development, Women Affairs and Children, Ministry of Agriculture, Livestock Development and Cooperatives - should have operational extension staff at least at ward level. Such extension staff should be included in the Implementation Committees.

(3) Training

Training to improve performance in the implementation of these resolutions should be given to the following:

- Primary Health Care Workers;
- Day Care Post Attendants
- Leaders at Village and Ward levels;
- Traditional Birth Attendants and Healers;
- Community Development Assistants;
- Other extension staff.

(4) Coordination of contributions from international organisations and other external agencies

We have noted the valuable role which external assistance can contribute in order to achieve the goals for children. However, progress towards achievement of the goals would be improved if such assistance is properly coordinated. This implies changes in present procedures whereby donor-assisted projects for women and children are implemented without involving institutions which coordinate development programmes. Such extra-ordinary procedures have been further reinforced by actions of various line ministries to channel support directly to projects for women and children in villages without involving coordinating institutions. Some NGOs, for example, have done this. Overall, therefore, in order to enhance the successful implementation of the Plan of Action for the Survival, Protection and Development of the Child, we call on the Government to ensure the following:

- at national level, the National Coordinating Committee for Child Survival and Development should coordinate programmes for children;
- at the implementation level, the Ministry of Regional Administration and Local Government, in cooperation with the Ministry of Community Development, Women Affairs and Children should closely monitor and coordinate all donor support and projects relating to the development of women and children.

(5) Community participation

The strategy identified in the 1992-1996 Government/UNICEF Country Programme of Cooperation will be adopted in the National Plan of Action. This strategy stresses the role of the family and community in taking necessary corrective measures using available resources. In this way communities themselves will be involved in the planning and implementation of development programmes in their own areas.



The Day of the African Child, June 16 every year, will be the National Day of the Child. In its observance, a progress report about the implementation of the national plan of action to achieve the goals for the Survival, Protection and Development of children will be tabled in the National Assembly. Therefore the June Parliamentary sittings will set aside this day to deliberate on a progress report, review problems encountered and suggest solutions.

CONCLUSION

9 We, Members of the National Assembly of the United Republic of Tanzania, bearing in mind the important role we have to play for the people, the nation and future generations, recognising that to ensure the Survival, Protection and Development of Children is to establish the essential base for every sphere of the sustainable development of our nation, hereby resolve that the national goals for children included in this document be the National goals for Children in Tanzania in the 1990s.

DAR ES SALAAM
7 JUNE, 1991

Major Goals for Children by the Year 2000

MAJOR GLOBAL GOALS FOR THE YEAR 2000	SUMMARY OF GOALS FOR TANZANIA ¹	CURRENT STATUS
Reduction of infant and under-5 child mortality rate by one third or to 50 and 70 per 1000 live births respectively, whichever is less.	Infant mortality rate (IMR) 50	Mainland (1985) 115 Zanzibar (1985) 120
	Under-5 mortality rate (U5MR) 70	Mainland (1985) 191 Zanzibar (1985) 202
Reduction of maternal mortality rate by half.	Maternal Mortality rate (MMR) 100 - 200	Mainland (1990) 200-400 Zanzibar (1986) 300
Reduction of severe and moderate malnutrition among under-5 children by half.	Severe malnutrition 2%	Mainland (1985-90) 6% Zanzibar (1991) 8%
	Moderate malnutrition 22%	Mainland (1985-90) 45% Zanzibar (1991) 43%
Universal access to drinking water and to sanitary means of excreta disposal.	Access to safe water 100%	Mainland (1989) 48% Zanzibar (1988) 42%
	Sanitary means of excreta disposal 100%	Mainland (1987) 79% Zanzibar (1988) 49%
Universal access to basic education and completion of primary school education by at least 80 percent of school-age children.	Enrolment of school-age children 100%	Std. 1 grossnet (all ages) (7yr olds) Mainland (1990)
	Completion of primary school 80%	78% 12% Zanzibar (1989) 62% n.a
		completion rate to std VII Mainland (1989) 75% Zanzibar (1988) 60%
Reduction of adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy.	Achievement of female literacy Mainland 94% Zanzibar 77%	Mainland (1989) 88% Zanzibar (1987) 55%
Improved protection of children in especially difficult circumstances.	Protection of all children in especially difficult circumstances	no data

¹ As endorsed by the National Assembly, Dar es Salaam, June 1991 and the House of Representatives, Zanzibar, October, 1991.