

POLICY ANALYSIS ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN TANZANIA



ACKNOWLEDGEMENT

This Policy Analysis on Adolescent Sexual and Reproductive Health and Rights (SRHR) in Tanzania was led by Restless Development Tanzania, with vital support from the United Nations Population Fund (UNFPA) and Embassy of Switzerland in Tanzania through the Safeguarding Young People (SYP) Programme.

We proudly acknowledge Dr. Richard Sambaiga (PhD) from the Department of Sociology and Anthropology at the University of Dar es Salaam, whose expert guidance and sharp analysis brought depth and clarity to this work.

This study set out to unpack the current policy environment affecting adolescents in Tanzania. It sheds light on outdated laws, weak enforcement, lack of coordination, and the exclusion of young voices—barriers that continue to silence and sideline the very people most affected. It also spotlights areas where progress is taking root and momentum is building.

At its core, this analysis is a call to action: to redesign policies that are bold, inclusive, and driven by the realities young people face. It champions an environment where every adolescent—especially girls—can access their sexual and reproductive rights safely, freely, and with dignity.

To the young people who shared their truths, and to the partners who continue to push for change—this work stands because of you. Your courage, your insight, and your leadership are lighting the way forward.

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LIST OF ABBREVIATION

| | |
|--------|--|
| AGYW | Adolescents Girls and Young Women |
| CSE | Comprehensive Sexuality Education |
| CSOs | Civil Society Organisations |
| FGM/C | Female Genital Mutilation/Cutting |
| GBV | Gender-Based Violence |
| ICT | Information and Communication Technologies |
| M&E | Monitoring and Evaluation |
| MHM | Menstrual Hygiene Management |
| NEP | National Education Policy |
| NGOs | Non-Governmental Organisations |
| NHP | National Health Policy |
| NYDP | National Youth Development Policy |
| RMNCAH | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| SRH | Sexual Reproductive Health |
| SRHR | Sexual Reproductive Health and Right |
| STIs | Sexually Transmitted InfectionS |
| SWOT | Strengths, Weaknesses, Opportunities and Threats |
| UNFPA | United Nations Population Fund |
| URT | United Republic of Tanzania |
| VAC | Violence Against Children |
| WASH | Water, Sanitation and Hygiene |

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EXECUTIVE SUMMARY

The present Adolescent Sexual Reproductive Health (ASRH) policy analysis was conducted to inform interventions and advocacy efforts within the framework of the ongoing Safeguard Young People (SYP) program in Tanzania supported by the United Nations Population Fund (UNFPA) and Embassy of Switzerland in Tanzania. This report provides an overview of the policy landscape for adolescent SRH in Tanzania focusing on three key policies namely the Education and Training Policy 2014, 2023 Edition, the National Youth Development Policy, 2007, 2024 Edition and the National Health Policy (2007).

Key ASRH Policy Issues: Several issues with policy implications emerged from the analysis. These include but were not limited to the following:

Limited Accessibility:

- a) Many adolescents, especially in rural areas, lack access to SRH services due to inadequate infrastructure and healthcare workforce shortages.
- b) Social stigma and confidentiality concerns deter adolescents from seeking SRH services
- c) Marginalized groups, such as adolescents with disabilities and those in poverty, face compounded barriers.



Comprehensive Sexuality Education (CSE):

- a) There is a lack of standardized implementation of CSE, leading to inconsistent quality and coverage.
- b) Educators often lack the training and resources to deliver culturally sensitive and accurate information.
- c) Resistance from community, religious groups and regulators of the education sector affects the integration of CSE into school curricula.

Child Marriage and Gender-Based Violence:

- a) Despite legal prohibitions, child marriage persists due to entrenched cultural practices and economic factors.
- b) Gender-based violence (GBV) remains prevalent, with inadequate legal recourse and support for survivors.

Youth Engagement and Advocacy:

- a) Adolescents are often excluded from policy-making processes, limiting the relevance of policies to their lived realities.
- b) There is a lack of platforms for meaningful youth participation in designing and evaluating SRH initiatives.
- c) Limited spaces for stakeholders involved in promoting adolescents and youth SRH to genuinely dialogue, reflect and build consensus

Inadequate Monitoring and Data Systems:

- a) Weak mechanisms for collecting, analysing, and utilizing data on adolescent SRH hinder evidence-based policy development.
- b) Existing data systems fail to disaggregate information by age, gender, disability and geography, masking disparities.

Policy Gaps:

Numerous policy gaps and weaknesses constrain the implementation of SRH policies and programmes:

- a) **Integration and Coordination:** SRH policies are fragmented across sectors, lacking cohesive implementation strategies. There is also insufficient integration of SRHR with broader health, education, and youth development frameworks.
- b) **Legal Frameworks:** Contradictions in laws related to age of consent for healthcare and age of marriage create confusion. This coupled with weak enforcement mechanisms which undermine the effectiveness of legal protections.
- c) **Resource Allocation:** Inadequate funding hampers the delivery of SRH services and education with heavy reliance on donor funding poses sustainability challenges.
- d) **Cultural and Societal Challenges:** Policies often fail to address the deeply rooted cultural norms and practices that impede progress in SRH.



Potential for Synergy:

Seven areas of intersections underscore the potential for harmonization and collaboration across sectors to ensure cohesive and effective policy implementation:

Multi-Sectoral Collaboration and Stakeholder Engagement: Foster partnerships among government sectors, civil society, private entities, and community leaders to create cohesive strategies and leverage resources effectively.

ICT for Enhanced Access to SRHR Resources: Utilize digital technologies and platforms to improve access to SRHR information, services, and education, especially for adolescents in underserved areas.

Gender Equality and Inclusive Approaches: Ensure that SRHR policies address gender disparities and promote inclusivity, particularly for marginalized groups such as adolescents with disabilities and those in rural areas.

Preventive and Promotive Health Approaches: Prioritize health promotion and prevention strategies to reduce SRHR risks and enhance the overall well-being of adolescents.

Safe and Supportive Environments: Create environments that are conducive to adolescent health and rights by addressing stigma, ensuring confidentiality, and providing supportive legal frameworks.

Youth Empowerment and Economic Stability: Integrate economic empowerment initiatives with SRHR programs to support adolescents' broader development and agency.

Monitoring, Evaluation, and Accountability: Establish robust systems to track progress, ensure accountability, and provide evidence for policy and program adjustments

Recommendations:

Drawing on the findings of the policy analysis and stakeholder consultations, the following should be done in order to create conducive policy environment for adolescent and youth SRH in Tanzania:

1. Policy Harmonization and Integration.

a) Ensure alignment and coherence between the three policies to address overlapping goals and objectives on SRH for adolescents and youth.



- b) Establish a clear framework for cross-sectoral collaboration to avoid duplication and enhance efficiency.
- c) Promote spaces and platforms for dialogue, reflections and consensus building around adolescent and youth SRH policies, guidelines and programmes involving state and non state actors from the education, health and youth development sectors.
- d) Harness opportunities for policy reforms and harmonization of SRH guidelines including the on-going process of developing the National Development Vision 2050, review of the national health policy, primary and secondary school curriculum review, and the development of NYDP implementation strategy among others

2. Joint Capacity Building

- a) Train implementers across sectors on SRH, youth-friendly service provision, and the importance of coordinated approaches.
- b) Provide technical and financial resources to support integrated SRH interventions.
- c) Awareness of the policy among healthcare providers and the community

3. Strengthening Coordination Mechanisms

- a) Form multi-sectoral technical working groups comprising representatives from health, education, and youth development sectors to develop, implement, and monitor SRH programs.
- b) Appoint a focal point in each sector responsible for fostering collaboration and communication between stakeholders.

Community Engagement

- a) Work with community leaders, parents, and adolescents to address cultural and societal barriers to SRH education and services.
- b) Engage youth directly through peer-led initiatives to amplify their voices in shaping policies and programs.

4. Data Sharing and Evidence-Based Planning

- a) Develop a shared database on adolescents' SRH needs and outcomes to inform decision-making.
- b) Promote evidence-based practices by leveraging research and case studies from all three sectors.

5. Advocacy and Funding

- a) Advocate for increased budget allocation and donor support for integrated SRH initiatives.
- b) Engage political leaders including Parliamentarians to ensure sustained commitment and accountability for addressing adolescents' SRH.

CONCLUSION

The analysis emphasizes the urgent need for a unified and inclusive approach to adolescent SRHR in Tanzania. Bridging policy gaps, addressing contradictions, and fostering collaboration among stakeholders are essential steps toward empowering adolescents and safeguarding their rights. By committing to these actions, Tanzania can lay a strong foundation for achieving transformative SRH outcomes for young people in the country



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Comprehensive Sexuality Education (CSE):

- a) There is a lack of standardized implementation of CSE, leading to inconsistent quality and coverage.
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BACKGROUND

Through the support of the Safeguarding Young People Program (SYP), Restless Development Tanzania conducted a comprehensive policy analysis that aims to inform interventions and advocacy efforts within the framework of the ongoing Safeguard Young People (SYP) program in Tanzania. The main goal of the SYP Phase II is to focus on policy analysis to identify gaps and synergies among existing adolescents SRHR policies for effective implementation.

Also, the program focuses on building capacity of local Civil Society organizations (CSOs) and government ministries, departments and agencies in policy advocacy and analysis and monitoring, evaluation and reporting of the relevant SRHR policies.

Restless Development Tanzania and UNFPA are dedicated to empowering adolescents and youth including first-time young mothers in the areas of sexual and reproductive health and rights (SRHR) and livelihood opportunities. This report provides an assessment of the policy landscape of Adolescent SRHR in Tanzania focusing on three key policies namely the Education and Training Policy 2014, 2023 Edition, the National Youth Development Policy, 2007, 2024 Edition and the National Health Policy (2007).

Youth are strategically positioned to shape the future of nations but they are often faced with several challenges when it comes to accessing vital information and services related to their sexual and reproductive health. The situation is even worse in low- and middle-income countries like Tanzania. As such, it is imperative to assess the extent to which current policies ensure a cohesive and supportive framework for improving the well-being of adolescents.

This policy analysis aims at fostering reflections on a multi-sectoral approach that brings together key stakeholders to address critical issues affecting adolescents and young mothers and empowers them to advocate for their rights.

To be sure, Restless Development Tanzania and UNFPA intends to utilize the insights garnered from this policy analysis to advocate for meaningful systemic change to support adolescents and young mothers effectively. This is vital in the efforts towards fostering empowered youth who can advocate for their health and rights.



1.1 OBJECTIVES

- a) To conduct policy analysis: Analyse the three policies (1) Education and Training Policy, 2014 (2023 Edition); (2) National Youth Development Policy, 2007 (2024 Edition) and (3) National Health Policy (2007) to identify strengths, weaknesses, and gaps regarding how each prioritizes SRHR for adolescents and youth.
- b) To identify synergies: Provide recommendations on how the three policies can work together to support the SRHR needs of adolescents and youth.
- c) To inform advocacy: Generate evidence-based findings that will inform at least two advocacy sessions with key stakeholders including policy makers on the need to improve the designing and implementation of policies targeted for young people.

1.2 SCOPE OF WORK

- a) Literature review: Review existing documentation related to the three policies mentioned and other relevant literature to frame the analysis
- b) Stakeholders mapping: Identify and map relevant stakeholders, including government officials and authorities, civil society organizations, youth representatives, teachers and health practitioners
- c) Organize a consultative meeting/workshop: Facilitate one workshop with the identified stakeholders to gather perspectives and experiences regarding the identified three policies
- d) Gap analysis and reporting: Analyse the collected data to identify strengths gaps and synergies in the three policies

METHODOLOGY

This policy analysis employed four interrelated methods to provide a nuanced understanding of the policy landscape for SRH of adolescents and youth in Tanzania. Specifically, the following approaches.

- **Review of National Policies:** Three policies of interest were reviewed and analysed using SWOT analysis. In addition to SWOT analysis, the other areas of interest was review of the progress and status of policy implementation.
- **Stakeholder Consultations Workshop:** To incorporate diverse perspectives, consultations were held with key stakeholders, including policymakers and implementers from the ministries, and other international and local NGOs working on SRH issues among young people. Stakeholders provided insights into the practical implications, gaps, and opportunities associated with the policies under review.
- **Comparative Analysis:** Policies were benchmarked against other national guidelines, and laws to identify areas for improvement and alignment.
- **Review of Existing Literature and Empirical Studies:** A further analysis was done through the lens of existing empirical evidence and studies. This was conducted to identify the trends, outcomes and evidence-based findings in relation to several policy themes.



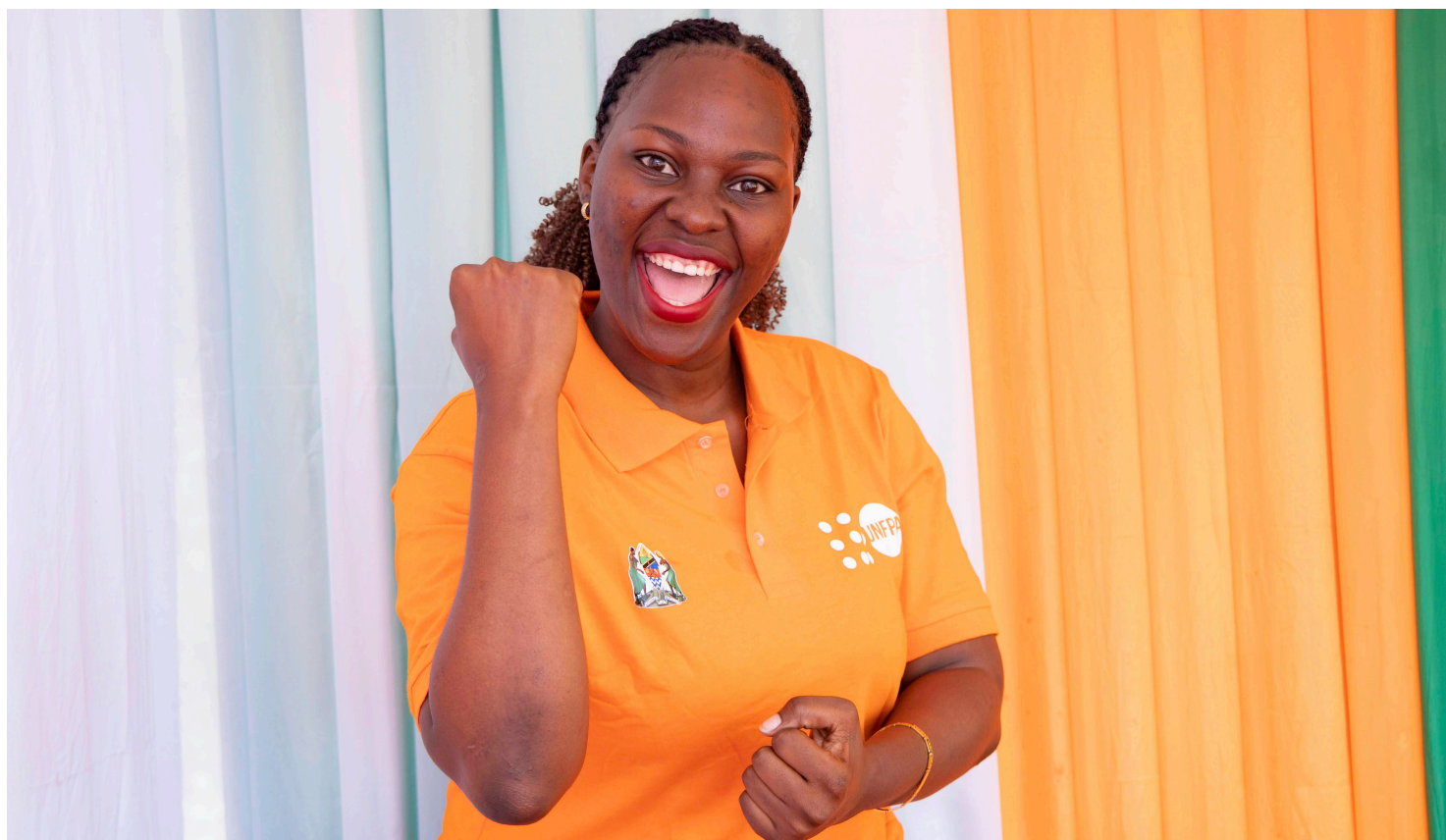
CURRENT STATE OF POLICY IMPLEMENTATION

Education, health, and youth empowerment constitute cornerstones for the social well-being and development among young people. Central to this, addressing Sexual Reproductive Health (SRH) is vital as most of young people dreams are cut short due to poor life choices from SRH challenges including unintended pregnancies, Sexually Transmitted Infections (STIs), unsafe abortions, and Gender-Based Violence (GBV).

These issues often disrupt education, limit employment opportunities, and perpetuate cycles of poverty and inequality. The United Republic of Tanzania (URT) acknowledges the adverse effect of SRH challenges as articulated in the relevant policies and strategies.

Three policies provide a solid foundation for promoting SRH among young people namely: the Education and Training Policy (NETP) 2014, 2023 Edition, the National Health Policy (NHP), 2007, and the National Youth Development Policy (NYDP) 2007, 2024 Edition. The following subsections provide an overview of the current state of implementation for each of the three policies, and highlight the progress made as well as the existing challenges.





2.1 EDUCATION AND TRAINING POLICY

In Tanzania, the Education and Training Policy offers a comprehensive framework for guiding the country's educational progress. The most recent version, the Education and Training Policy of 2014, was updated in 2023 to consider evolving educational needs and align with national and international development goals. The 2023 edition introduces several updates pertaining to SRH for adolescents and youth as highlighted hereunder.

3.1.1 Policy Priorities Addressing ASRH

The Education and Training Policy, underlines several policy priorities aiming at strengthening the promotion and provision of SRH services for adolescents and young people across the levels of education in Tanzania.

- a) Collaboration with other stakeholders in education including public-private partnership
- b) Promoting access to accurate information
- c) Addressing HIV/AIDS infections
- d) Ensure inclusive education and training by identifying special needs for each student at all levels of education.
- e) Use of information and community technologies.
- f) Safe and friendly learning environment including access to health facilities, safe water, communication, food and security.
- g) Ensure the presence of high-quality, adequate, and friendly infrastructure

3.1.2 Progress made

In the education sector, the SRH related challenges pose great threat to the accomplishment of education endeavours of young people. Issues like teenage pregnancies, GBV, STIs and HIV/AIDS have been among the key threats on attainment of education among young people in the country.

The development of Education and Training Policy 2014, and its edition of 2023 have put forward the desire to increase access to SRH information among students. According to the Basic Education Statistics in Tanzania (BEST) reports by the President's Office Regional Authority and Local Government (PO-RALG), there is evidence showing a solid increase of provision of the comprehensive sexuality education (CSE) among students between 2020 and 2022 in both primary and secondary schools.

The provision of SRH and HIV/AIDS services is by over eight percent in both primary and secondary schools. However, the quality of services is constrained by limited number of trained teachers for such CSE components. For instance, in 2022 the availability of teachers trained on SRH was 46.5% and 52.8% in primary and secondary schools respectively. Likewise, in the same year, about 46.0% and 64.9% of teachers providing HIV/AIDS were trained on different aspects of CSE. Table 1 sums the CSE provision among primary and secondary schools.



Table 1: Trend of CSE provision on primary and secondary education in Tanzania from 2020 to 2022

| CSE capacity | Primary school | | | Secondary school | | |
|---|----------------|------|------|------------------|------|------|
| | 2020 | 2021 | 2022 | 2020 | 2021 | 2022 |
| Providing SRH education | 86.8 | 85.1 | 87.3 | 85.1 | 86.2 | 86.6 |
| Trained teachers on SRH | 42.7 | 42.8 | 46.5 | 49.1 | 50.6 | 52.8 |
| Guidelines for staffs and students about HIV/AIDS | 59.9 | 62.2 | 63.8 | 53.8 | 56.8 | 58.9 |
| Providing HIV/AIDS education | 85.1 | 87.7 | 90 | 85.1 | 85.7 | 86.4 |
| Trained teachers on HIV/AIDS | 41.7 | 43.8 | 46 | 48.1 | 49.8 | 64.9 |

The BEST reports indicate a gradual reduction of teenage pregnancies in the country (See Figure 1) which suggests that the SRH intervention with the framework of the Education and Training Policy of 2014 may have contributed to this trend.

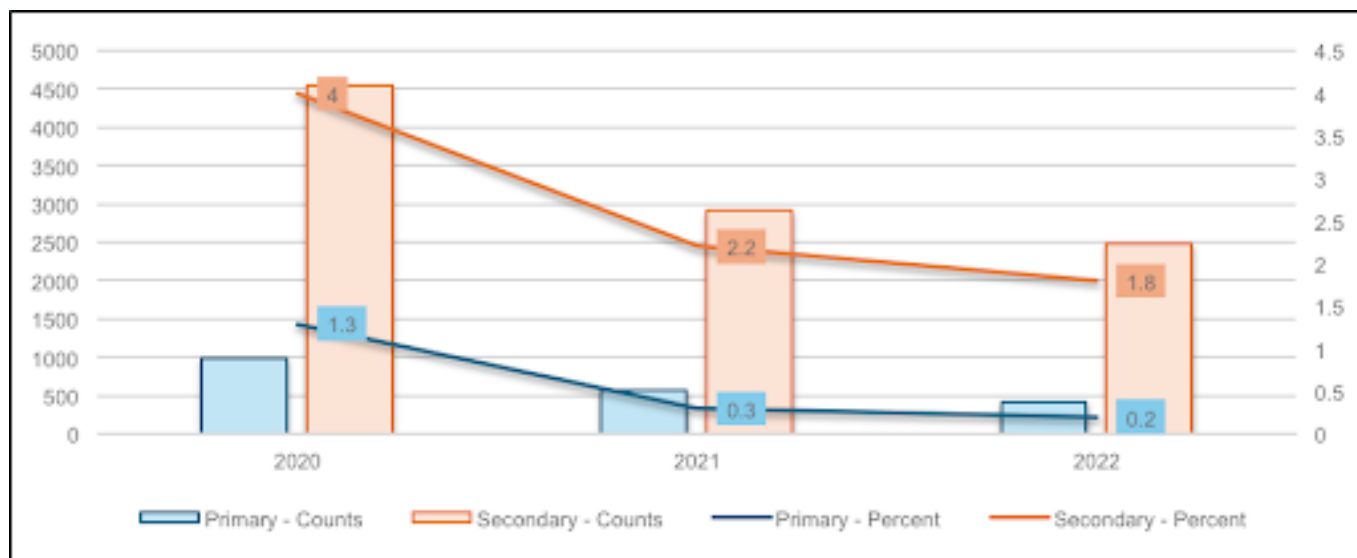


Figure 1: Trend of teenage pregnancies in primary and secondary education in Tanzania from 2020 to 2022

To be sure, the delivery of CSE in primary and secondary schools in Tanzania is integrated into various subjects. In primary schools most topics related to SRH and HIV/AIDS are included in subjects such as science and technology, civic and moral education. These topics are taught to pupils from Standard III and VII. Whereas, in secondary schools, subjects like biology and civics include the CSE contents (i.e., SRH and HIV/AIDS). See table 2 for SRH contents reflected in primary and secondary schools (the names of the subjects may change with the ongoing review of primary and secondary school curriculum).

Table 2: SRH Content Featured in Primary and Secondary School Subject Syllabus

| Syllabus | Activity done by student |
|--|---|
| Science and technology syllabus for primary school | <ul style="list-style-type: none"> • Explain ways of preventing HIV |
| education standard III–VII | <ul style="list-style-type: none"> • Show the habit of caring for and respecting HIV and AIDS victims. • Explain main things to be considered by Antiretroviral (ARVs) users. • Explain the Relationship between sexually transmitted diseases and HIV/AIDS. • Explain the effects of HIV and AIDS to the family, the society and the nation. • Explain the concept of puberty for boys and girls. • Identify Family Planning (FP) methods. |
| Civic and moral education syllabus for primary school education standard III–VII | <ul style="list-style-type: none"> • Condemn evil acts committed against children • Condemn segregation in the community on the basis of color, race, religion, ethnicity or lineage • Take actions that motivate others to abstain from risky behavior • Take actions which demonstrate equal treatment of all people. |
| Biology syllabus for secondary education Form I – IV | <ul style="list-style-type: none"> • Condemn evil acts committed against children • Condemn segregation in the community on the basis of color, race, religion, ethnicity or lineage • Take actions that motivate others to abstain from risky behavior • Take actions which demonstrate equal treatment of all people. |

Biology syllabus for secondary education
Form I – IV

- Acquire basic knowledge and apply appropriate skills in combating problems related to HIV, AIDS, STIs, gender, population, environment, drugs/substance abuse, sexual and reproductive health

Civics syllabus for ordinary secondary
education form I–IV

- Point out customs and practices that lead to the spread of HIV/AIDS and STIs.
- Analyze customs which lead to gender discrimination.
- Identify gender issues in the society
- Describe socio cultural practices that hinder equal participation between men and women in our society.
- Analyze the consequences of improper behaviour to him/herself and others.
- Responsibilities to special groups including HIV/ AIDS victims
- Meaning and types of life Skills.

Moreover, the policy reform has allowed for promotion of equal access to education by supporting adolescent mothers to be re-admitted back to school as provided by the School Re-Entry Guideline for girls dropped out of schools due to pregnancy in Tanzania Mainland adopted in February 2022.

3.2 NATIONAL HEALTH POLICY

National Health Policy of 2007 envisions a healthy community that contributes effectively to individuals and national development. That is, there is a need of reaching all households with essential health, meeting, as much as possible, the expectations of the population, adhering to objective quality standards and applying evidence-informed interventions through efficient channels of service delivery.

3.2.1 Policy Priorities Addressing SRH

The review of National Health Policy, 2007 has shed light on some key policy areas that affect the SRH for adolescents and youth

a) Health promotions: The provision of health education and promotion services at almost all levels. Reproductive, Maternal, Newborn, Child and Adolescent Health: Provision of adolescent specific health services and emergency services during delivery process.

b) Reproductive, Maternal, Newborn, Child and Adolescent Health: Provision of adolescent specific health services and emergency services during delivery process. The reproductive health services encompass human reproductive function related diseases regarding family planning, pregnancy, sexually transmitted diseases, GBV, Violence Against Children (VAC), Female Genital Mutilation/Cutting (FGM/C), Harmful traditional practices, cervical cancer, prevention and treatment of infertility.



c) Legislation for health services: The policy highlights several national laws and regulations that are pertinent to the administration, oversight, and direction of health services.

Health care laws are proven to be essential for safeguarding and advancing the standard of medical care and services including SRH.

d) Monitoring and Evaluation (M&E) Framework: The National Health Policy (2007) has put a foundation on M&E frameworks, including how to manage health information and data that help in tracking progress, identifying gaps, and informing future decisions to SRH for adolescents and youth.

e) Collaboration with other sectors and stakeholders: The collaboration across different sectors and other health stakeholders including community is clearly highlighted in the policy. Such collaborations are crucial as they inform the SRH initiatives which affect the health outcome of adolescents and youth.

3.2.2 Progress Made

Significant progress has been achieved by the government and other stakeholders in expanding access to youth-friendly SRH services at health care facilities. As of 2019, about 63% of health facilities were reported to provide adolescents and youth friendly health services according to the National Accelerated Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW 2019 – 2022).

This has been essential in guaranteeing youth with access to privacy, nonjudgmental, and easily accessible healthcare services that cater for their tailored SRHR needs.

Currently there is an increased investment of the non-governmental organizations on youth SRH related issues. Such investment is exhibited by a number of public health projects contributing to increased access to SRH information and materials in schools, health facilities and communities.

Again, through these projects, appropriate sexual behaviours are promoted with the aim to improve social wellbeing of young people by addressing preventable SRH challenges such as teenage pregnancies, GBV, STIs, and HIV/AIDS.

As for the burden of SRH challenges including HIV/AIDS, GBV, and teenage pregnancies, noticeable gains have been registered but there is more to be done .



The prevalence of HIV is 2.6 and 1.1 among female and male young people within the age bracket of 15 to 24. These results show a slight decrease in prevalence compared to THIS report of 2016 – 2017 which indicated that females young people aged 15 to 24 had prevalence of 4.4, whereas male had the same prevalence of 1.1. Despite the decrease over the years, the HIV/AIDS burden is high among young people. The same report suggests that young people, specifically adolescent girls and young mothers (AGYW) continue to carry a significant burden of new HIV infections.

Another key finding is related to the achievement of UNAIDS triple 95 goals. The results from the THIS 2022–2023 report showed that, about 67.7% of young people aged 15 to 24 are aware of their HIV status in Tanzania, and 67.4% are on ART, and 57.2% have viral load suppression.

gain, this may reflect on the positive contribution of SRH investments that have been made in the country to respond, prevent and end teenage pregnancies. Also, the TDHS-MIS 2022, showed that about 45% young people aged between 15 to 24 years are using at least one of the modern methods of FP, increasing from 37.5% in 2016–17. Nonetheless, the TDHS-MIS 2022 underlines 47.5% unmet need for FP among young people aged 15 to 24 years.

Also, the risky sexual behaviours among young people such as having multiple partners continue to challenge the effort to protect young people from STIs including HIV, hence the need for further investments. The TDHS-MIS 2022 – 2023 reported that 2.3% and 15.5% of female and male young people have more than two sexual partners.

3.3 NATIONAL YOUTH DEVELOPMENT POLICY

The National Youth Development Policy of 2007, (2024 Edition) of Tanzania aims to address the evolving challenges and opportunities that young people face in the country. It aims to promote young people's active participation in the political, social, and economic advancement of the country while offering a framework for their empowerment, engagement, and general well-being. The development of this policy was in response to a fast-growing population of young people, which signifies the resource for national economic and development growth.



3.3.1 Policy Priorities Addressing SRH

The YDP proceeds from the appreciation of the fact that a healthy population fuels the economic and development growth of countries. The youth in Tanzania face significant health challenges, especially those related to SRH. Thus, assessing the strengths and weaknesses of the National Youth Development Policy is critical. The policy seeks to tackle the following key challenges related to SRH among adolescents and youth in Tanzania

a) Youth and Employments Opportunities: as an engine for economic growth, the policy focuses on addressing youth employment by putting youth in a better position to make autonomously decisions regarding their sexual health and lifestyles. This is so, because economic challenges encountered by adolescents and youth adversely impact on different aspects of their SRH including increased incidences of GBV, teenage pregnancies, child marriages, and STIs.

b) Youth Participation in Social and Economic Sectors: Youth who actively participate in social and economic activities get the information, abilities, and financial independence necessary to make wise decisions on SRH.

c) Youth Moral Development: Youth behaviour and decisions pertaining to SRH are significantly influenced by moral development. Moral decision-making, respecting consent, and abstaining from dangerous behaviours like drug misuse and unsafe sex are all encouraged by a solid ethical foundation. Moral leadership from families, schools, and communities is essential for successful SRH outcomes. This helps in fostering virtues like empathy and accountability, which reduce risky sexual behaviours and promote healthy relationships.

d) Youth and Digital Transformation: Digital technology has the potential to revolutionize youth access to SRH education and services. When used effectively, social media, smartphone apps, and online counseling can provide crucial information even in remote areas. When used appropriately, digital tools can significantly raise SRH awareness and accessibility by giving kids accurate information and resources.

e) Youth and Gender Issues: Reducing gender disparities is essential for affecting youths' social and economic development. Gender issues have an impact on youths' confidence and their self-esteem, which leads to inferiority complexes and ultimately prevents them from realizing their full potential.



3.3.2 Key Changes in SRH from National Youth Development Policy of 2007 to 2024

The National Youth Development Policy emphasizes the holistic development and empowerment of young people, aligning closely with the priorities outlined in the 2024 National Education Policy for addressing SRHR. Key changes include:

a) Comprehensive Sexuality Education (CSE): The 2024 policy puts much more emphasis on CSE, calling for its integration into school curricula at all levels. This includes age-appropriate information on sexual health, gender equality, reproductive rights, HIV prevention, and menstrual hygiene management.

b) Youth-Friendly SRH Services: There is an explicit recognition of the need to provide adolescent-friendly SRH services, including sexual health education, contraceptives, HIV testing, counselling, and STIs. The policy outlines the need for you

a) Addressing Gender and SRH: The revised policy incorporates a more explicit focus on gender equality, emphasizing the unique SRH needs of young women and girls. This includes the need to reduce GBV and early pregnancies among adolescent girls, which are still major challenges in Tanzania.

b) Investment in Awareness and Access: The 2024 Edition calls for investment in awareness programs that focus on adolescent sexual and reproductive health. It also advocates for better access to information and services for young people, including those in rural areas, through partnerships with health and education sectors.

c) Focus on Menstrual Hygiene Management (MHM): The 2024 Edition makes a clearer commitment to addressing MHM by ensuring that young people, particularly girls, have access to sanitary products and safe spaces in schools. This is crucial for ensuring that menstrual health doesn't become a barrier to education, particularly for adolescent girls.

d) Youth Participation in Policy Implementation: The revised policy emphasizes youth involvement in designing, implementing, and evaluating SRH services and programs. This participatory approach ensures that services are tailored to the real needs and preferences of young people.

Progress Made on NYDP

Since the 2024 edition of NYDP is still in its early stages, assessing how the 2007 NYDP shed light on notable achievements is important. In particular, there has been an increase in NGOs and CSOs addressing youth issues in the country



For example, the policy acknowledges that youth-centered NGOs have grown from 3,800 in 2007 to 11,400 in 2021. Moreover, since youth development issues are cross-cutting, hence some of the progress contributed by the NYDP are reflected on education and health policies, see section 3.1 and 3.2 respectively.

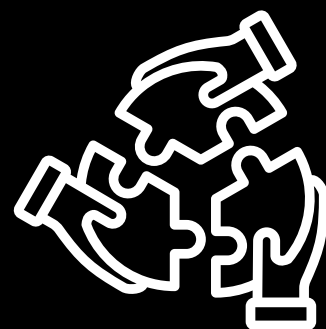
3.4 CROSS-CUTTING CHALLENGES ON THE ANALYSED POLICIES

The following are the key existing challenges facing the implementation of the analysed policies. These challenges emanate from various structural and socio-cultural constraints that impede full realization of the goals for three policies.

Limited awareness on policies: Majority of communities and some stakeholders across the education, health and youth development sectors are either unaware or have limited understanding of the existing policies. For instance, healthcare providers and educators may know the importance of SRH knowledge to young people, but they lack clarity on the national priorities as stipulated in the policy documents

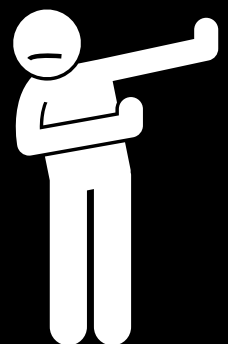
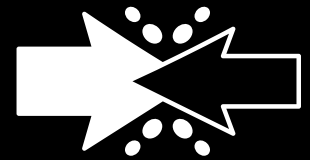
Unequal access to SRH services: It has been established by a number of studies that there is an overly uneven distribution of the SRH services and information among rural and marginalized youth groups (WHO, 2019; Johnson et al., 2023; Mtenga et al., 2024). For instance, much of the SRH projects are concentrated in urban areas. Those claimed to be implemented in rural areas are using sensitization campaigns, which are done in a span of a few days or hours. This means there is a limited number of the Civil Society Organisations (CSOs) headquartered or with offices in rural areas. Again, the policies pay little attention to the SRH needs for marginalized youth like those living with disabilities.

Fragmented implementations: Poor coordination between education, health, and development sectors lead to misplaced synergies that could help to augment further the access of SRH among young people. Inconsistency messaging and delivery. For instance, in schools, teaching of sexuality education is not prioritized, and out-of-school and health programmes under youth development are allowed to be taught on sensitive sexuality education.



Contradictions with other national policies, laws and guidelines: The existence of contradictory elements in policies, guidelines and legal frameworks lead to confusion, inefficiencies, and a lack of coordination in addressing key SRHR issues for young people. For instance, legal restrictions on SRH services limit young people from seeking the services. Access to family planning is limited to above 18 years even when the problem of teenage pregnancies. Progress has been registered in this respect whereby in the year 2021 the country revised the HIV and AIDS Prevention and Control Act which lowered the age of HIV testing from 18yrs to 15yrs. The act provides that a child or a person with inability to comprehend the result may undergo HIV testing after a written consent of a parent or recognized guardian. Undergo HIV testing after a written consent of a parent or recognized guardians still on the rise. Again, existing conflicting gender laws such as the Marriage Act, which allow for marriage at an early age with parental consent.

Socio-cultural resistance on sensitive SRH issues: Strong societal norms and beliefs are inhibiting implementation of the SRH services propagated by the policies. Some topics on SRH such as the menstrual period are considered as taboo to be openly discussed. Also, discussion on sexuality among young people is considered by the community as a topic that is considered to attract youth to become sexually active at a younger age. Equally, a wide range of societal norms and beliefs are discouraging young people from seeking and utilizing SRH services.



SWOT ANALYSIS

4.1 NATIONAL EDUCATION AND TRAINING POLICY

4.1.1 Strengths and Weakness

This section highlights a range of notable strengths, weaknesses, opportunities and challenges/threats toward the realization of the policy priorities relevant for adolescent and youth SRH underlined in the Education Training Policy 2014, 2023 Edition. On the bright side, the policy articulates commitments towards increasing accessibility of SRHR services, care, and resources within education settings. However, the policy has some gaps and weaknesses that warrant close attention. Table 1 below provides a detailed review of the key strengths and weaknesses related to SRHR among young people in Tanzania.



Table 3: Strengths and Weaknesses of the NETP, 2023 Edition

| Policy Priorities Areas | Strengths | Gaps/Weakness |
|--|---|--|
| <p>Collaboration with other stakeholders in education including public-private partnership</p> | <ul style="list-style-type: none"> • Encourages Multi-Sectoral Collaboration: The policy clearly calls and promotes for education stakeholders to collaborate with other sectors and stakeholders such as health institutions, NGOs, and private sector. This gives room for coordinated approaches to address SRHR challenges. • Resource Mobilization: Through PPP, the policy promotes pooling of resource, expertise, and other innovative solutions to improve SRH in school settings. • Promote Policy Integration: In promoting access and quality education, the policy also encourages multi-sectorial policy alignment between education, health and youth development. In so doing, it calls for implementation of a holistic approach that addresses the needs of students. | <ul style="list-style-type: none"> • Weak Coordination Mechanisms: The policy has overly mentioned the collaboration with different stakeholders in addressing a number of challenges and policy statements. But there are no clear frameworks on how these collaborations with key stakeholders such as donors, international and local NGOs, healthcare providers, and private organizations will be managed to maximize SRHR impact. • Dependence on External Funding: Achievement of most policy items are over dependent on external funding from donors and other stakeholders, posing threats for policy goals and objectives to be successfully implemented and achieved. This is to say, SRHR initiatives are not sustainable without consistent government investment. |

Table 3: Strengths and Weaknesses of the NETP, 2023 Edition

| | | |
|---|--|--|
| <p>Promoting Access to Accurate Information</p> | <ul style="list-style-type: none"> • SRHR in the Curriculum: with increasing information, the policy control and mandates provision of accurate, age appropriate and cultural sensitize SRH information. • Combats Misinformation: Streamlining of information while emphasizes the advantage of dispelling myths and misconception revolving around SRHR. | <ul style="list-style-type: none"> • Cultural Sensitivities: Policy has shown the needs for students to uphold national culture and traditions, but it does not highlight which culture and tradition are those. This makes it difficult to hinder and address negative cultures and tradition that encourage negative SRHR behaviour such as child marriage, and negative gender roles in favour of boys/girls. • Misinformation and Stigma: Teachers as source of information and knowledge lack adequate information and training on SRHR topics and issues, hence perpetuates misinformation or avoids controversial topics like contraception and sexual consent. |
| <p>Addressing HIV/AIDS Infections</p> | <ul style="list-style-type: none"> • Highlighting HIV/AIDS as sub-topic in curriculum: HIV/AIDS were considered in curricula at all levels of education and training. This promotes HIV/AIDS awareness, prevention, and stigma reduction as sub-component of SRH challenges. | <ul style="list-style-type: none"> • Ignored other SRH components: The policy does not strongly mention other SRH components despite acknowledging how other components such as teenage pregnancies, STIs, GBVs and child marriage has negatively affected young people's access to education. |

Table 3: Strengths and Weaknesses of the NETP, 2023 Edition

| | | |
|---|--|---|
| | <ul style="list-style-type: none"> • Linkage and Complementing National Health Goals: Aligns with broader national health policy to reduce HIV prevalence, particularly among adolescents and youth in school settings. | <ul style="list-style-type: none"> • Inadequate Integration with Health Services: No strong link between schools and health facilities, which provide HIV testing, counselling, and treatment. |
| Inclusive Education and Training | <ul style="list-style-type: none"> • Commitment to Equity: Policy has recognized the diverse needs of students at all levels. This may include the need of SRHR material and moral support for all students including those with disabilities and special needs. • Emphasis on Re-Entry Programs: The policy advocates for strategies that support marginalized students such as pregnant girls and young mothers to re-enter into education system. | <ul style="list-style-type: none"> • Call for Generalized Approach: The policy does not provide guidance on the provision of SRHR education based on the diverse needs of students including those marginalized. • Limited clarity on how to implement Re-Entry Programs: The Policy is less clear on how to deal with out-school teen mothers who drop out of school due to SRHR challenges such as pregnancies. |
| Use of Information and Communication Technologies (ICT) | <ul style="list-style-type: none"> • Increase Access of SRHR Information: Support increase and delivery of SRHR information at all levels, through collaboration with other stakeholders. • Bridges Urban-Rural Gap: With limited experts on SRHR components. Implementation of ICT solutions, will provide opportunities to extend SRHR education | <ul style="list-style-type: none"> • Digital Divide: There is limited access to ICT infrastructure between private and public schools, but also across rural-urban dichotomy. This limits full utilization of the available SRHR platforms, contents and materials. • SRHR online Content: There are few SRHR contents approved by the government. Most of the existing SRHR resources available on the internet are not age-appropriate and culturally relevant. |

Table 3: Strengths and Weaknesses of the NETP, 2023 Edition

| | | |
|--|--|---|
| <p>Safe and Friendly Learning Environment:</p> | <ul style="list-style-type: none"> • Addresses Basic Needs: The policy highlights the importance of having health and social services at school environment such as clean water, adequate sanitation, nutritious food, health facilities, electricity, communication and transportation. This support students' overall SRHR issues such as GBV, teenage pregnancies, STIs, HIV/AIDS which are somewhat associated with risky sexual behaviour due to lack of basic needs among students especially girls. • Focus on Gender-Sensitive Environments: Includes measures to make schools more accommodating for girls, particularly regarding menstrual hygiene and privacy. Construction of dormitory and WASH facilities to address SRHR challenges that might hinder school retention of girls' students. • Access to Counselling and Advisory Services: The policy emphasizes on the needs and presence of trained profession support in school settings. These professions can help in SRHR-related guidance and support among students. This encourages the establishment of safe and confidential spaces for students to discuss SRHR-related concerns. Also, policy has recognized the importance of addressing emotional and psychological well-being alongside physical health. | <ul style="list-style-type: none"> • Inadequate Infrastructures: Students are underserved because many schools lack on-site health services to fulfil SRHR needs, for example lack of amenities in schools, especially when it comes to managing menstruation hygiene. • Shortage of Qualified Counsellors: There is shortage of schoolteachers let alone profession trained counsellors, and the policy did not address and mandate the existence of the mentioned counsellors. The available counsellor may lack SRHR expertise. • Stigma Around Counselling: Cultural taboos, traditions and customs often discourage students from seeking counselling for SRHR-related concerns, leading to unmet needs. Some counsellors are schoolteachers, hence inhibit students from seeking the counselling due to fear poor relationships with students. |
|--|--|---|

Table 3: Strengths and Weaknesses of the NETP, 2023 Edition

| | | |
|--|---|--|
| <p>High-Quality, Adequate, and Friendly Infrastructure</p> | <ul style="list-style-type: none"> • Invests in School Infrastructure: The policy encourages construction and development of school facilities. This may include SRHR facilities such as WASH facilities (i.e., toilet, water, cleaning and disposal spaces) for girls to use during the menstrual period. | <ul style="list-style-type: none"> • Infrastructure Gaps: Most of public schools are overcrowded, hence reduce the quality of education especially discussing sensitive SRHR topics. Also, lack of private spaces discourages girls from attending classes during the menstrual period. • Limited financing mechanism: The policy stresses on stakeholder collaborations to achieve this, in doing so it creates disparities across schools. |
|--|---|--|

4.1.2 Opportunities and Threats

Clearly, the above highlights the strengths and weaknesses of the Education and Training Policy of 2023, illuminating internal factors that can enhance and foster SRHR services among young people in Tanzania. It is also certain that there are some opportunities that if leveraged well could help to advance SRHR in school settings. Equally important, there are factors that may jeopardise the successful implementation of SRHR components addressed within the Education and Training Policy under the review. Table 2 presents several opportunities and threats related to SRHR components found within the policy.

Table 2: Opportunities and threats of the ETP, 2023 Edition

| Opportunities | Threats |
|---|--|
| Available Guidelines such as PTA: The policy provides for establishment of Parents and Teachers Association in schools, a structure that can be exploited for SRH interventions in and out of school | Unawareness of the Existing Policy: Even though the policy has been developed, yet people and some educational stakeholders lack clarity on the key aspects of the policy |
| Synergy Mechanisms with other Ministries such as Health: The lack of trained teachers in SRH creates an opportunity for synergy between the Ministries of Education and Health. Healthcare professionals could provide routine SRH care in schools, while joint training programs for teachers and healthcare workers ensure consistent, accurate delivery of SRH information and services | Inadequate Budget Allocation: The education sector in our country faces significant challenges, including deficiencies in infrastructure, teaching materials, and adequately trained educators. These shortcomings are closely tied to limited budget allocations, which hinder the establishment of standard educational facilities. Consequently, resources required for SRH in school settings are not prioritized. |
| Private Sector Engagement: The role of private sectors and NGOs have shown strong determination on advancing the educational sectors by tackling the SRHR challenges such as teenage pregnancies, STIs, HIV/AIDS, and risk sexual behaviours that pose threat to accessibility of education among young people, especially women. Thus, the private sectors can support to advance the policy priorities concerning SRHR. | Lack of Political Will: The lack of political will to implement the policy poses a critical barrier to its success, creating significant challenges in enforcement and accountability. This risks the policy being underfunded, deprioritized, or inconsistently applied. |

Table 2: Opportunities and threats of the ETP, 2023 Edition

Advancement of Technologies and Internet: The increased accessibility of technological solutions create opportunities for the education sector in a number of ways, firstly through promotion accessibility of teaching, reading and learning materials, such as SRHR resources. But also, online teaching, which could help to ease the burden of student-teacher-ratio

Mindset Transformation: Rigid mindset affects the policy outcomes. For instance, many parents and communities do not support teaching sexuality education in schools. Some SRHR aspects such as open discussion of menstrual health, students' discussion on sensitive sexual topics is somewhat discouraged in school settings

4.1.3 Key Implementation Issues

The findings derived from the SWOT analysis illuminate critical gaps that warrant focused attention. Accordingly, the following are but a few issues proposed as critical priorities for effective policy implementation to advance access and utilization of the SRH among young people. These key policy implementation issues are intended to address the identified challenges within the education sector, optimize the policy's potential, and ensure meaningful outcomes in promoting SRH within education settings

- a) **Cultural and Societal Norms:** In some communities, there may be resistance to sexuality education, particularly regarding topics like contraception and gender equality. Addressing cultural barriers through community engagement will be crucial.
- b) **Teacher Training:** While the policy calls for teacher training, there is a need for adequate resources, curriculum guidelines, and professional development programs for educators to effectively teach SRH education in a sensitive manner.
- c) **School Infrastructure:** For SRH services to be effective, there need to be appropriate facilities

(such as private spaces for counselling and adequate sanitation facilities for menstrual hygiene management) in schools, particularly in rural areas where resources are often limited.

d) **Integration into Curriculum:** Even though the 2023 Edition emphasizes CSE, there needs to be clear integration of SRH into the curriculum at different education levels. This should involve a consistent approach to age-appropriate content from primary through secondary school.

- e) **Access to Services:** Adolescent-friendly services need to be made more accessible within the education system, including free or subsidized reproductive health services like contraceptives, counselling, and menstrual health management. This also requires partnerships between schools, health centres, and local communities.
- f) **Monitoring and Evaluation:** The implementation framework must include systems for monitoring and evaluating the effectiveness of SRH education in schools. This should involve feedback mechanisms from students, teachers, and parents, as well as tracking health outcomes like teenage pregnancies and HIV rates among adolescents.

4.2 NATIONAL HEALTH POLICY

4.2.1 Strengths and Weakness

The National Health Policy, 2007 is vital document in guiding the country towards achieving improved health outcomes. The policy stipulates Government commitment and desire to steer a better and quality healthcare. What follows is a SWOT analysis to assess how the policy is faring in addressing SRH among young people in the country. The analysis shed light on the strengths and weaknesses of the policy (See Table 3) followed by an overview of key opportunities and threats (see Table 4).

Table 4: Strengths and Weaknesses of the NHP, 2007

| Policy Priorities Areas | Strengths | Gaps/Weakness |
|-------------------------|--|---|
| Health promotions | <ul style="list-style-type: none">• Preventive Focus through Behaviour Change Models: The policy has strongly emphasized, on prevention measures through health promotions. Thus, influencing positive sexual and social behavioural change initiative to positive SRH behaviours and lifestyles among adolescents and youth.• Community Engagement: The policy encourages community participation in health promotions. In so doing, it recognises the contribution of community's culture, traditions and beliefs on SRH challenges facing adolescents and youth. This will foster community provision of the material and social support related to SRH for adolescents and youth. It also fosters community ownership and sustainability of SRH interventions.• Leveraging ICT: Policy calls the use of ICT and communication media such as traditional media (including televisions, print media, and radios), and internet (such as social media platforms and digital solutions) for health promotions. | <ul style="list-style-type: none">• Funding Challenges: This resulted in uneven reach of promotion campaign, leaving other areas underserved. Also, depending on external fundings, leaving health promotion to live for a short period of time after the fund phased out.• Fragmentation of Efforts: The policy did not provide a framework on how health promotions campaigns and efforts to be coordinated between sectors and stakeholders to reduce redundant or over-concentration in one SRH problem or geographical area.• Weak Evaluation Mechanisms: The policy lacks comprehensive and robust monitoring and evaluation frameworks at national level to track the progress |

Table 3: Strengths and Weaknesses of the NHP, 2007

| | | |
|---|--|---|
| <p>Reproductive, Maternal, Newborn, Child and Adolescent Health</p> | <ul style="list-style-type: none"> • Comprehensive SRH Coverage: The policy has exclusively mentioned aspects related to SRH affecting adolescents and youth. Stress on government commitments on delivery SRH services. • Targeted Interventions: Includes specific programs for reproductive and maternal health to adolescents and youth, enhancing their health outcomes in key SRH areas. • Monitoring and Evaluation: Incorporates mechanisms to track progress, ensuring accountability and effectiveness. This includes specifying laws and regulations, and guidelines on GBV, VAC and FGM for survivors | <ul style="list-style-type: none"> • Limited Implementation of RMNCAH: Strong policies may not translate into effective programs due to weak infrastructure and poor coordination. • Social, Cultural and Religious Barriers: The policy does not directly address socio-cultural aspects that hinder adolescents and youth utilisation of RMNACH. For example, community perception of childbearing space, and delivery at health facilities • Limited Definition of Some SRH Component: For example, the policy has highlighted harmful practice but has mentioned FGM. Also, definitions of GBV and VAC are not provided. On FP, no list of age-appropriate FP methods (with their advantages and disadvantages) has been highlighted for adolescence and youth. • Gender Inequities: The policy has not adequately address gender dynamics that restrict women's and girls' access to services. |
| <p>Legislation for health services</p> | <ul style="list-style-type: none"> • Establishment of Standards and Accountability Mechanism: The policy has highlighted several legal frameworks that govern healthcare provision, ensuring quality and safety. Also, the policy has highlighted regulations that hold service providers accountable for delivering ethical and effective care. This will help to create trust among adolescents and youth when receiving SRHR, hence increase health seeking behavior. | <ul style="list-style-type: none"> • Enforcement Challenges: The policy recognizes that non-compliance with health norms and standards is caused by the absence of effective enforcement tools. But no guideline has been provided to address the enforcement challenges. |

Table 4: Strengths and Weaknesses of the NHP, 2007

| | | |
|--|---|--|
| <p>Monitoring and Evaluation Framework</p> | <ul style="list-style-type: none"> Establishment of Monitoring Information System (MIS) and Health Management Information System: The policy has put forward the use of information systems and databases to track the progress made on different aspects of the health sector including SRHR. These systems can aggregate the age brackets, genders and geographical locations of people. Hence, data can inform future planning and implementation of SRH initiatives with the aim to promote SRH outcomes of adolescents and youth. | <ul style="list-style-type: none"> Managing and Verification of Behavioural Data related to SRHR: The policy has highlighted on facility data assessment, but little has been said on how to manage the quality of data and information related to SRHR, especially sexual and social behavioural those generated by other stakeholders implementing public health initiatives. |
| <p>Collaboration with other sectors and stakeholders</p> | <ul style="list-style-type: none"> Dissemination, Sensitization and Advocacy: Through partnership and collaboration, it can help to raise awareness on SRH affecting adolescents and youth. In so doing, positive SRH behaviour addressing misconceptions and cultural barriers will be influenced. Importance of Stakeholder Engagement: Collaboration through advocacy efforts bring together policymakers, community leaders, and the public to create a unified approach to SRH. But also, inform development and reforms on existing and future health policy, strategies, and guidelines. | <ul style="list-style-type: none"> Resource Constraints: Limited access to funds affects dissemination of health information as well as sensitization and advocacy. On the same note, implementation of the policy is somewhat dependent on external funding. This threatens sustainable health outcomes over time |

Equally important, the analysis has identified a few significant opportunities and threats that affect the policy execution and its overall effectiveness. The potential opportunities and threats of the health policy are outlined in Table 4, which offers a succinct yet thorough assessment that might inform future policy review and implementation.

Table 4: Opportunities and threats of the NHP, 2007

| Opportunities | Threats |
|---|---|
| Existing Policies and Programs: Leverage existing frameworks that address youth health, education, and development to enhance implementation. Think about technical working groups | Fragmented Implementation: Poor coordination and lack of alignment between the health, youth development, and education sectors can hinder effectiveness. |
| Youthful Population: A growing youth population provides a strong case for investment in SRH, with opportunities to harness youth as champions for change. | Resource Constraints: Limited funding and human resources may impede the ability to deliver integrated SRH services. Also, inadequate budget allocation affects policy implementation. |
| Global and Regional Commitments: Align with global initiatives like the SDGs, ICPD25, and FP2030 commitments, which promote multi-sectoral approaches to SRH. | Resource Constraints: Limited funding and human resources may impede the ability to deliver integrated SRH services. Also, inadequate budget allocation affects policy implementation. |
| Technological Advancements: Use digital platforms to provide SRH information, create awareness, and connect youth to services. | Weak Monitoring and Evaluation: Lack of robust systems to track progress and outcomes across the three sectors. |
| Partnership Opportunities: <ul style="list-style-type: none"> • Collaborate with civil society organizations, faith-based organizations, and international partners already engaged in SRH. • Synergy Mechanisms with other Ministries such as Education and Youth: • Private sector engagement | Limited Youth Participation: <ul style="list-style-type: none"> • Inadequate involvement of adolescents and youth in designing and implementing programs targeting their needs. • Lack of Political will • Stereotyping and conservatism hindering mindset transformation • Poor dissemination of policies and guidelines: Unawareness of the existing policy • Stigma and Discrimination: Persistent stigma around adolescent sexuality and SRH services creates barriers to access. |

4.2.2 Key Implementation Issues

- a) Youth-Friendly Services: Limited youth-specific health services are in place, leading to adolescents often receiving general healthcare, which was not tailored to their needs.
- b) Suggestion: There is an explicit push to expand youth-friendly services, but in practice, service provision has been slow to meet the increasing demand. Many health centres still lack facilities or trained staff to adequately serve adolescents.
- c) Sexuality Education: CSE is not a primary focus, and comprehensive programs for adolescents were minimal.
- d) Suggestion: The push for CSE in schools and communities is stronger, yet implementation remains uneven. Limited coverage of full integration of CSE into curricula, and stigma around sex education persists in some communities.
- e) Contraceptive Access: There are significant barriers to accessing contraceptives for adolescents due to social norms and legal restrictions, particularly for unmarried youths.
- f) Suggestion: More emphasis should be placed on removing barriers to access, including cultural and societal norms. Adolescents often face difficulties in accessing contraception due to stigma or lack of privacy in service delivery.
- g) Gender Norms and Equity: Gender and social norms are acknowledged but not sufficiently addressing adolescent health needs including adolescents with disability.
- h) Suggestion: A clearer recognition of the impact of gender norms on adolescent health should be prioritized. This will be led to more targeted interventions, especially in reducing teenage pregnancy and gender-based violence, and mainstreaming disability in SRH service delivery.

4.3 NATIONAL YOUTH DEVELOPMENT POLICY

4.3.1 Strength and Weaknesses

The analysis focuses on the National Youth Development Policy 2007, 2024 Edition, highlighting the policy's notable strengths and opportunities in advancing SRHR among young people. At the same time, it also identifies critical weaknesses and potential threats that need to be addressed to ensure the policy's effectiveness and sustainability. Table 5 and Table 6 presented policy's strengths and weakness as well as opportunities and threats, respectively.



Table 5: Strengths and Weaknesses of the NYDP, 2024

| Policy Priorities Areas | Strengths | Gaps/Weakness |
|-------------------------------------|---|---|
| Youth and employments opportunities | <ul style="list-style-type: none"> • Economic Empowerment: The policy strongly emphasizes youth employment and entrepreneurship. This reduces economic pressures that might predispose youth to risky sexual behaviours. • Access to Health Services: When youth are financially empowered, they can be in a better position to make informed decisions on their health, including increasing financial means to access SRHR services. • Address SRH Challenges Facing Youth in Workplace: The policy has recognized the challenges faced by youth within the workplace, especially women. The policy calls for strategies to prevent harsh working conditions that might affect youth. This fosters an atmosphere that supports the development and implementation of PSEA and occupational safety laws. | <ul style="list-style-type: none"> • Exclusion of Adolescents: The policy defined youth within age brackets of 15 to 35 years leaving out young adolescents aged between 10 to 14 with pressing SRH needs given the fact that the puberty age starts between the age of 9 and 14 years. • Limited Focus on SRH in Employment Programs: While youth employment being a priority, the policy does not explicitly address the integration of SRH with employment programs. For instance, policy has shown employment challenges facing women, putting female youth more at risk. But no concrete SRH policy solutions have been proposed. • Unclear Repercussions for Workplaces Without Safeguarding Procedures and Policies: The goal of policy has been to shield youth from unjust and unpleasant working conditions. In doing so, the policy calls for the development of strategies for preventive measures, but it gives no specific guidance on workplaces that lack such policies to safeguard youth from unjust and unpleasant SRH behaviours including sexual harassment and GBV. |
| Health and Nutrition | <ul style="list-style-type: none"> • Definition of SRH: The policy has provided a clear definition of SRH, with key components such as physical, mental and social wellbeing related to all matters affecting the sexual reproductive system. | <ul style="list-style-type: none"> • Lack of SRH Components: Despite the fact the policy defined SRH, but there is less limited mention on what constitutes SRH |

Table 5: Strengths and Weaknesses of the NYDP, 2024

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> • Definition of SRH: The policy has provided a clear definition of SRH, with key components such as physical, mental and social wellbeing related to all matters affecting the sexual reproductive system. • Drug Abuse Prevention: Focusing on reducing the likelihood of youth participating in dangerous and risky sexual behaviours by addressing the drug usage. • Encourages Health Seeking Behaviour: Policy encourages on the utilising SRH services like HIV testing and services, especially among male youth. • Teenage Mother Program: Policy addresses the challenge faced by teenage mothers including supporting re-entry in formal education and entrepreneurship skills, while addressing provision of SRH services for improving maternal and child health outcomes. | |
| Youth Participation in Social and Economic Sectors | <ul style="list-style-type: none"> • Empowerment and Advocacy: Youth encouraged in other sectors can raise their confidence, self-esteem and autonomous decision making in SRH issues or matters that might affect their SRH status for example sexual relationships decision. | <ul style="list-style-type: none"> • Youth Participation in the Health Sector Is Ignored: The policy has underscored the importance of other sectors such as agriculture, business, arts traditions, and sports, informal, and other. But youth participation in the health sector which promotes health and social wellbeing of youth is not addressed in the policy |
| Youth Moral Development | <ul style="list-style-type: none"> • Address Moral Erosion and Peer Pressures: Policy tackled how peer pressures lead to youth's moral decline because they lack life skills. Also, the misuse of social media platforms has been covered by the policy. | <ul style="list-style-type: none"> • Absence of Strong Legal Frameworks to Address Unethical Behaviour and Practices: The policy observed the rise in unethical behavior that has an impact on youths' lives. |

Table 5: Strengths and Weaknesses of the NYDP, 2024

| | | |
|--|--|---|
| | <ul style="list-style-type: none"> • Promote Social and Family Supporting Systems: Using the lens of a social-ecological model, the policy propagates the proper upbringing of youth by families and the community helps foster understanding, trust, independence, cooperation, self-confidence, and protects young people from fear, stress, inappropriate behaviour, and the misuse of alcohol and drugs. | <ul style="list-style-type: none"> • Unregulated Social Media Platforms: In the context of rapid technological advancement, the emergence of social media, which has attracted the attention of many youths, and led them to portray immoral and unethical behaviour. Sadly, the policy does not explicitly address how social media's unethical and immoral contents are being monitored and regulated with the aim of protecting youths. |
| <p>Youth and Digital Transformation</p> | <ul style="list-style-type: none"> • Increase Access of SRHR Resources through Investment on ICT: The policy has recognised the increased number of youths using ICT platforms, but also the role and influence of ICT on youth. This has increased access and sharing of SRHR information and resources to youth. • Control Measures for Inappropriate Usage of ICT: The policy underscored how crucial it is to have rules for regulating ICT use, particularly when it comes to cybercrime and nudity that could entice risky sexual behaviours and increased SRH challenge among youth. Moreover, the policy stresses the development of ICT platforms to observe digital safety and securities. | <ul style="list-style-type: none"> • Access of ICT Devices to Youth: From 2022 census data the policy acknowledges limited access ICT devices to youth but does not address the strategy on how to support youth to access ICT devices. The policy also highlights low usage of ICT platforms among women, again no clear strategy on how to increase their access and usage. • Lack of Robust Measures to Control SRH-related Misinformation: The policy reiterates a crucial point: youths' improper use of ICT platforms causes moral degradation and an increase in risky behaviours. However, the emphasis is mainly on cybercrimes and the prohibition of nudity content have received most of the attention, and SRH disinformation is not well secured. |

Table 5: Strengths and Weaknesses of the NYDP, 2024

| | | |
|--------------------------------|---|---|
| <p>Youth and Gender Issues</p> | <ul style="list-style-type: none"> • Recognised the Importance of Gender Equality: This has been highly promoted and encouraged by the policy with the aim of creating equality between females and males in different aspects which affect their lives. • Development of Frameworks that Addresses Gender Issues: Policy has addressed gender equity through integration of different strategies, policies, and programs that addresses violence against women and girls. The policy further encourages gender inclusion in developing, planning and implementation of different programs. A strong focus on reducing GBV helps prevent SRH issues such as unintended pregnancies, STIs, and mental health challenges linked to violence | <ul style="list-style-type: none"> • Gender-Specific Gaps: as far as gender issues are concerned, male involvement is unavoidable. Unfortunately, the policy has stressed more on protecting women and girls without having clear and specific policy or strategy that promote male involvement. Again, the policy has ignored Adolescents' Boys and Young Men (ABYM), who are also victims of different violences, even if it is to the minimal scales compared to their counterpart i.e., Adolescents' Girls and Young Women (AGYW). |
|--------------------------------|---|---|

Although the National Youth Development Policy 2007, 2024 Edition represents significant improvements compared to its 2007 version, several opportunities remain that could further enhance the policy's implementation. However, there are also potential threats that, if not addressed, could undermine the successful realisation of the policy's objectives. Table 6 below outlines these key opportunities and threats in detail.

Table 6: Opportunities and threats of the NYDP, 2024

| Opportunities | Threats |
|--|---|
| Youth Demographic Dividend: Tanzania population is made up of young people. This provides opportunities for more investment on young people SRHR knowledge, so they can have potential economic growth and social wellbeing. | Gender Inequalities: discriminatory practices that disadvantage women from full participation in economic and development activities do exist. Resulting to more exposure of SRH challenges such as teenage pregnancies and marriages. |
| Popularity of Technological Advancements among Youth: There is a high number of young people who use the internet compared to other age groups. This is valuable to the policy as it could help to facilitate access of SRH information. | Misinformation and Stigma: Young people are still perceived to be too young to learn about SRH and sexuality education. This discourages young people from seeking appropriate SRH information in fear of being negatively labelled in the community. |
| Private Sector Engagement | Lack of Budget Allocation to Activities supporting SRH |
| Synergies from Other Policy: Integration of SRHR topics into school curricula and extracurricular programmes. Also, education re-entry programmes, and promotion of friendly youth SRH services in health facilities. | Contradiction of the law, such as teenage pregnancy, marriage, etc |

4.3.2 Key Implementation issues

- Cultural Sensitivities:** Even with a stronger focus on comprehensive sexuality education and SRH services, implementation will face challenges due to cultural norms and religious beliefs that may resist open discussions on topics like contraception, HIV prevention, and sexual health.
- Resource Allocation:** While the National Youth Development Policy 2007, 2024 Edition emphasizes investment in SRH services, programs, and youth-friendly health centres, the actual availability of resources, both in terms of finances and skilled staff, will be critical. Government support and donor investment are crucial to ensure that policies are translated into tangible services.
- Teacher and Health Worker Training:** Teachers and health workers must be properly trained in delivering SRH education and counselling. This includes ensuring that the workforce can deliver age-appropriate, culturally sensitive SRH education and services to youth.
- Monitoring and Evaluation:** The National Youth Development Policy 2007, 2024 Edition highlights the importance of monitoring and evaluation to assess the effectiveness of SRH programs.

SYNERGIES BETWEEN THE POLICIES

Clearly, the three policies converge/intersect across seven critical areas (See Figure 1), highlighting significant opportunities for synergy. By leveraging these synergies, stakeholders and decision-makers can collaborate to map out a course of action toward comprehensive solutions that maximise policy effectiveness but also driving meaningful results.

These efforts can enhance youth access to SRHR services, fostering systemic change and empowering them with essential resources and care.

Table 7 provides a detailed description of the seven critical policy areas that converge across the three reviewed policies.



Table 7: Matrix of synergies across NEP, NHP, and NYDP policies

| Intersection | NEP | NHP | NYDP |
|--|---|---|---|
| Approaches | for marginalized groups (e.g., teenage mothers). | goals with gender equity. | planning and implementation. |
| Preventive and Promotive Health Approaches | Promotes access to accurate, age-appropriate SRHR information and integrates HIV/AIDS awareness in the curriculum. | Emphasizes preventive measures through behavior change models, community engagement, and comprehensive SRHR coverage. | Focuses on reducing drug abuse and promoting health-seeking behaviour to prevent SRHR challenges. |
| Safe and Supportive Environments | Focuses on creating health-friendly schools' environment with WASH facilities, counselling services, and basic amenities to support SRHR. | Ensures health service standards and access, along with mechanisms for tracking progress | Emphasizes youth employment and economic empowerment to reduce risky behaviours linked to economic pressures. |
| Monitoring, Evaluation, and Accountability | Encourages a coordinated approach to policy integration and alignment. | Establishes health information systems to track SRHR progress and evaluate interventions. | Promotes frameworks for monitoring gender-related issues and youth participation. |

CONCLUSION

To effectively support the SRH needs of adolescents and youth, implementers must prioritize multi-sectoral coordination, evidence-based programming, and community and youth engagement. By addressing the challenges and leveraging existing opportunities, it is possible to create an enabling environment where policies work in harmony to comprehensively meet the SRH needs of adolescents and youth.



RECOMMENDATIONS

Based on the understanding of the current state of the policies and a SWOT analysis of their effectiveness in addressing SRHR issues among young people, the following recommendations are made to enhance the implementation and impact of the reviewed policies.

Policy Harmonization and Integration

- a) Ensure alignment and coherence between the three policies to address overlapping goals and objectives on SRH for adolescents and youth.
- b) Establish a clear framework for cross-sectoral collaboration to avoid duplication and enhance efficiency.
- c) Promote spaces and platforms for dialogue, reflections and consensus building around adolescent and youth SRH policies, guidelines and programmes involving state and non state actors from the education, health and youth development sectors.
- d) Harness opportunities for policy reforms and harmonization of SRH guidelines including the on-going process of developing the National Development Vision 2050, review of the national health policy, primary and secondary school curriculum review, and the development of NYDP implementation strategy among others



Joint Capacity building

- a) Train implementers across sectors on SRH, youth-friendly service provision, and the importance of coordinated approaches.
- b) Provide technical and financial resources to support integrated SRH interventions.
- c) Awareness of the policy among healthcare providers and the community

Strengthening Coordination Mechanisms

- a) Form multi-sectoral technical working groups comprising representatives from health, education, and youth development sectors to develop, implement, and monitor SRH programs.
- b) Appoint a focal point in each sector responsible for fostering collaboration and communication between stakeholders.

Community Engagement

- a) Work with community leaders, parents, and adolescents to address cultural and societal barriers to SRH education and services.
- b) Engage youth directly through peer-led initiatives to amplify their voices in shaping policies and programs.

Data Sharing and Evidence-Based Planning

- a) Develop a shared database on adolescents' SRH needs and outcomes to inform decision-making.
- b) Promote evidence-based practices by leveraging research and case studies from all three sectors.

Advocacy and Funding

- a) Advocate for increased budget allocation and donor support for integrated SRH initiatives.
- b) Engage political leaders including Parliamentarians to ensure sustained commitment and accountability for addressing adolescents' SRH.

At the level of specific actors involved in promoting the youth and adolescent SRH agenda in Tanzania, it is recommended as follows,

Government Stakeholders:

With the coordination of the Prime Minister's Office responsible for coordinating the implementation of the National Youth Development Policy:

- a) Harmonize legal frameworks to eliminate contradictions and provide clear guidelines for SRH implementation.
- b) Increase domestic funding for SRHR to reduce dependency on external donors.
- c) Establish robust monitoring and evaluation systems to track progress and address disparities.



Education Sector

With the coordination of the Ministry of Education Science and Technology

- a) Develop comprehensive and age-appropriate CSE curricula, integrating life skills training.
- b) Provide capacity-building programs for teachers to enhance their competency in delivering SRHR content.
- c) Collaborate with health providers to establish school-based health services.

Healthcare Sector

With the coordination of the Ministry of Health:

- a) Expand adolescent-friendly health services, ensuring confidentiality and non-judgmental care.
- b) Train healthcare providers in youth-sensitive approaches and cultural competence.
- c) Prioritize outreach programs to reach marginalized and rural populations.

Civil Society and NGOs

With the coordination of the Adolescent and Youth SRH Coalition;

- a) Act as intermediaries between communities and policymakers, advocating for inclusive and youth-centered SRHR policies.
- b) Conduct community education programs to challenge harmful norms and practices.
- c) Support youth-led initiatives and platforms for advocacy..

Community and Religious Leaders

- a) Partner in designing culturally acceptable SRHR interventions.
- b) Promote awareness of the consequences of harmful practices like child marriage and GBV.
- c) Encourage community dialogue to shift norms around adolescent sexuality and rights.

Development Partners

- a) Provide technical and financial assistance for scaling up successful SRHR programs.
- b) Facilitate knowledge exchange and policy dialogue across regions to adopt best practices.
- c) Support research and data collection initiatives for evidence-based decision-making.



REFERENCE

- Johnson et al., (2023). Achieving universal health coverage for young people in Tanzania
- Ministry of Education and Vocational Training. (2012). Biology syllabus for secondary education form I – IV
- Ministry of Education and Vocational Training. (2012). Science and technology syllabus for primary school education standard III–VII
- Ministry of Education and Vocational Training. (2017). Civics syllabus for ordinary secondary education form I–IV
- Ministry of Education and Vocational Training. (2019). Civic and moral education syllabus for primary school education standard III–VII
- Mtenga et al. (2024). Situation analysis of policy implementation. Adolescents Sexual and Reproductive Health in Tanzania. Ifakara Health Institute: Dar es Salam, Tanzania. CPIA project, 2024.
- National education training policy 2014, 2023 Edition
- National health policy of 2007
- National youth development policy 2007, 2024 Edition
- National youth development policy of 2007
- President's Office – Regional Administration and Local Government. (2023). Pre-Primary, Primary, Secondary, Adult and Non-Formal Education Statistics. Regional Data.
- President's Office – Regional Administration and Local Government. (2022). Pre-Primary, Primary, Secondary, Adult and Non-Formal Education Statistics. Regional Data.
- President's Office – Regional Administration and Local Government. (2021). Pre-Primary, Primary, Secondary, Adult and Non-Formal Education Statistics. Regional Data.
- Tanzania Commission for AIDS (TACAIDS), Tanzania. Tanzania HIV Impact Survey 2022–2023 (THIS 2022–2023): Final Report. TACAIDS, Tanzania; September 2024.
- Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC). Tanzania HIV Impact Survey (THIS) 2016–2017: Final Report. Dar es Salaam, Tanzania. December 2018.
- Tanzania Health Demographic Survey – Malaria Indicator Survey, 2022
- World Health Organisation. (2019). Report of an adolescent health services barriers assessment (AHSBA) in the United Republic of Tanzania: With a focus on disadvantaged adolescents. Brazzaville: WHO Regional Office for Africa.