

REVOLUTIONARY GOVERNMENT OF ZANZIBAR

ZANZIBAR SOCIAL PROTECTION POLICY

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Abbreviations

BNP	Basic Needs poverty
DHS	Demographic and Health Survey
DSW	Department of Social Welfare
EAC	East African Community
EPI	Expanded Programme on Immunisation
FP	food poverty
GDP	Gross Domestic Product
HBS	Household Budget Survey
ILFS	Integrated Labour Force Survey
MDG	Millennium Development Goal
MKUKUTA	National Strategy for Growth and Reduction of Poverty
MKUZA	Zanzibar Strategy for Growth and Reduction of Poverty
MSWYWCD	Ministry of Social Welfare, Youth, Women, and Children Development
MVC	Most Vulnerable Children
NCPA	National Costed Plan of Action
NSPIF	National Social Protection Implementation Framework
OCS	Office of Chief Government Statistician
PWD	persons with disability
RGoZ	Revolutionary Government of Zanzibar
SPER	Social Protection Expenditure and Performance Review
TASAF	Tanzania Social Action Fund
TSh	Tanzania Shillings
UNICEF	United Nations Children’s Fund
URT	United Republic of Tanzania
ZSPC	Zanzibar Social Protection Council
ZSPP	Zanzibar Social Protection Policy
ZSSF	Zanzibar Social Security Fund

STATEMENT OF THE MINISTER

{ To be inserted by the MSWYWCD }

EXECUTIVE SUMMARY

The Zanzibar Social Protection Policy (ZSPP) **defines social protection** as a set of actions by government and non-government actors, that aim to improve the quality of life in Zanzibar by reducing poverty, vulnerability and deprivation, providing protection against shocks, improving access to essential services, enhancing social inclusion, and promoting equal rights and opportunities for all.

The Zanzibar Social Protection Policy has three **objectives** – to contribute to minimum income security, to provide adequate protection against life-course shocks and livelihood risks, and to extend access to basic social services, for all citizens and residents of Zanzibar.

The Zanzibar Social Protection Policy is guided by **principles**. The ZSPP will create a comprehensive, integrated social protection system, by expanding and coordinating existing and new initiatives, and building linkages with complementary social sectors and economic policies that promote livelihoods for sustainable poverty reduction. Adequate institutional capacities, dedicated funding and sound financial arrangements will be put in place to ensure efficient delivery and fiscal sustainability. The ZSPP will be implemented and financed in a partnership between the Revolutionary Government of Zanzibar with development partners and local civil society, and with due reference to the institutionalised role of non-state providers of social protection in Zanzibar. The ZSPP will be delivered in a transparent and accountable way, and it will be grounded within a ‘legal framework’. Finally, the ZSPP will be fully aligned with MKUZA II and Vision 2020 and based on citizen rights as articulated in the Constitution.

44% of the population, are living in poverty. Although this percentage is falling over time, the absolute numbers are rising. This represents a large unmet need for anti-poverty interventions – both social protection and livelihood promotion. Poverty is also geographically concentrated, being generally higher in rural and isolated areas. If social protection programmes are rolled out over time, they should start in the districts with the highest levels of poverty. However, this does not mean that urban areas should be neglected – one-third of people living in ‘basic needs’ poverty reside in urban areas.

In terms of priority needs for interventions, a disaggregation of the population by life-cycle stage reveals that different sub-groups have very different needs, requiring a differentiated approach to social protection, as well as coordination with complementary social and economic sectors.

Among **pre-school-age children**, malnutrition rates remain unacceptably high (2/3 are anaemic and 1/4 have stunted growth), under-five mortality rates have improved but must continue falling, immunisation rates are below the government’s target of 93.6% by 2015, and 1/3 of births in some districts of Pemba are not registered.

Close to 100,000 **school-age children** are classified as “most vulnerable”, significant numbers are orphaned, and (physical, emotional and sexual) violence against children has been identified as a serious problem.

Significant numbers of **adolescents** are engaged in child labour, some of which is harmful or hazardous, and many teenage girls fall pregnant and/or get married young, sometimes as arranged marriages.

Among **working-age adults**, poverty is concentrated among farmers and fisher-folk. It follows that social protection should target these livelihood categories, but not necessarily with social transfers. Families with labour capacity can benefit from ‘livelihood promotion’ that either creates employment or raises the

returns to labour (e.g. technological innovations that raise crop yields). This is one area where coordination between social protection and other sector policies – agriculture, food security – is strongly indicated. Most employment is informal or self-employment, so most workers are not covered by contributory social security schemes.

Women, especially **pregnant and lactating mothers**, face high malnutrition rates, exacerbated by anaemia and iodine deficiency, which contributes to the intergenerational transmission of malnutrition and poor intellectual development from mothers to children.

Many **older persons** are still working because they lack income security in old age, and many are caring for young orphans.

Persons with disability face restricted access to employment and healthcare, public facilities, education and heightened social vulnerabilities. Very few receive any form of social assistance.

In terms of opportunities, strong economic growth over a protracted period has generated a growing fiscal resource base that can be partially allocated to the financing of more extensive social protection programmes than currently exist in Zanzibar. This fiscal base has recently been supplemented by the Wakf and Trust Commission, which provides an additional potential stream of funding for social assistance. Moreover, effective campaigns to eradicate malaria and lower the incidence of HIV/AIDS confirm that the Government has both the capacity and the commitment to implement successful anti-poverty programmes.

The following priority social protection interventions are identified in the ZSPP.

Pre-school-age children: Support efforts towards achieving 100% registration of all newborn babies; 90% immunisation of all children by 2015; and reduce undernutrition – by increasing food production, providing food or cash transfers to poor households, offering public works employment, and reducing micronutrient deficiencies.

School-age children: Waive ‘contributions’ to education costs for poor children; establish school feeding programmes; introduce Orphan Carer Grants or Foster Care Grants; continue to run orphanages and deliver cash transfers and other support to orphans and MVC; establish a ‘Child Protection Referral System’; run public education campaigns to eradicate violence against children.

Adolescents: Eradicate harmful forms of child labour by enforcing Employment Act provisions; run public information campaigns against children working; introduce legislation to prevent marriage before the age of 18; link public works opportunities to vocational training to reduce youth unemployment.

Working-age adults: expand access to public works programmes to reduce un(der)employment; make public works rights-based if feasible; raise the minimum wage to the food poverty line and index-link it annually; extend access to social security to self-employed and informal sector workers; introduce other employment-related benefits such as unemployment benefits, maternity leave and health insurance.

Pregnant and lactating women: Improve women’s nutrition with targeted cash transfers; increase use of iron supplements; increase use of iodised salt; provide nutrition education to raise women’s awareness about good nutrition and breastfeeding practices; improve access to maternal health care services.

Older persons: Improve income security in old age by extending the social pension to all older persons living in poverty; ensure that all older persons in Zanzibar have free access to health care services.

Persons with disability: Improve the accessibility of the physical environment for persons with disability (PWD); improve access to health care, information and education for PWD; introduce anti-discrimination legislation and awareness campaigns.

1. POVERTY AND VULNERABILITY IN ZANZIBAR

This chapter of the Zanzibar Social Protection Policy has three objectives:

- (1) to review the levels and causes of poverty and food insecurity in Zanzibar*
- (2) to disaggregate the sources and types of vulnerability in Zanzibar*
- (3) to identify and describe the main drivers of poverty and vulnerability in Zanzibar.*

1.1. Introduction

Social protection is a set of instruments that contributes to alleviating or reducing poverty, as well as managing risk and vulnerability to prevent future poverty or further impoverishment. Social protection is defined with regards to the Zanzibar context in the next section. This section first defines and analyses the current situation of poverty, vulnerability and food insecurity in Zanzibar.

1.2. Poverty in Zanzibar

This section provides an overview of poverty and food insecurity in Zanzibar, including: economic structure and growth, demographic structure and trends, poverty levels and trends, and food insecurity. The reference sources for all data provided in this chapter and elsewhere in this policy document are provided in the review document 'Poverty, Vulnerability and Social Protection in Zanzibar: An Overview'.

1.2.1. Economy

Zanzibar's economy has grown by 6.5% per annum in 2010. Annual per capita income stood at US\$ 561 by 2010. However, growth has been concentrated in the service sectors, especially tourism, which has weak linkages with other sectors and has not generated much employment for local people. Pro-poor growth would focus instead on sectors that employ the most people and where poverty rates are higher than average.

Agriculture employs more than one-third of the working population, but contributes less than one-third to GDP. More than half of all farmers (58%) and fisherfolk (55%) are living in poverty, above the national poverty rate in 2010 (44%). Farm yields are well below potential, due to droughts, low input use, weak agricultural services, low labour productivity and limited adoption by smallholders of improved farming practices. Farmers and fisherfolk are extremely vulnerable to livelihood shocks, which force them to deplete their assets to survive, deepening their poverty. Agriculture programmes are needed to raise crop yields, and social protection is needed to stabilise household incomes when crop harvests or fisheries fail.

1.2.2. Demography

The population of Zanzibar is at 1.303,56 in 2012. The annual population growth rate stood at 2.8% in 2012 (the most recent census year). The total fertility rate is 5.1. Rapid population growth is associated with high dependency ratios, lower participation of women in the workforce, and increasing pressure on

the natural resource base. The Government of Zanzibar therefore aims to stabilise population growth at 2.8% by 2015, as part of its poverty reduction efforts.

The average household in Zanzibar has 5.1 members. Larger households are much more likely to be poor than smaller households. Less than 10% of households with 1-3 members are poor, but more than 50% of households with more than 6 members are poor. However, it must be noted that large families are more often a response to poverty than a cause. In a context of high child mortality rates and in the absence of social security, having more children increases the number of family members who can provide care and support in times of illness and old age. Conversely, a comprehensive and credible social protection system can reduce the incentives for poor families to maximise household size, thereby contributing to the national strategic objective of lower population growth rates.

1.2.3. Poverty

Two official measures of poverty are used in Zanzibar: **food poverty** (which measures the inability to meet minimum food consumption needs), and **basic needs poverty** (which measures the inability to meet a broader range of basic consumption needs, including clothing, shelter, etc. as well as food). The food poverty line was set at TSh.960 per adult per day in 2010, while the basic needs poverty line was set at TSh.1,465, or approximately one US dollar a day. The food poverty rate – a measure of extreme poverty – remained unchanged at 13% between 2005 and 2010, partly because high food price inflation (which averaged 14% per annum) made food unaffordable for low-income consumers whose incomes did not keep pace with price rises. However, the basic needs poverty rate – a measure of moderate poverty – fell from 49.1% in 2005 to 44.4% in 2010, reflecting Zanzibar's strong economic growth performance during this period.

Because of population growth, the total numbers of poor people in Zanzibar increased between 2005 and 2010. The **basic needs poor** rose from 526,352 in 2005 to 535,464 in 2010, while the **food poor** rose from 141,504 to 157,780 respectively.

Poverty is much higher in rural Zanzibar (BNP=51%, FP=17%) than in urban Zanzibar (BNP=36%, FP=8%). Poverty is also geographically concentrated, being higher in Pemba than Unguja. Across Zanzibar's 10 Districts, the basic needs poverty headcount in 2010 ranged from a low of 28% (Mjini) to a high of 75% (Micheweni). The range of food poverty rates across Districts is also extremely wide, from 4% in Kusini to 28% in Micheweni. In almost all Districts, the basic needs poverty headcount fell between 2005 and 2010, but in 4 out of 10 Districts, food poverty increased over these 5 years – in Mkoani, food poverty tripled from 7% to 21%.

The population of Zanzibar is urbanising: the proportion living in urban areas rose from 39.4% in 2005 to 42.9% in 2010. There is also an urbanisation of poverty in Zanzibar – though two-thirds of poor people still live in rural areas (65%), but the proportion of people living in basic needs poverty in urban areas rose from 32.5% to 35.1%. Almost one household in four in Zanzibar (23%) is female-headed, but there were no statistically significant differences in the incidence of poverty between female- and male-headed households in either 2005 or 2010.

1.2.4. Food insecurity

Poverty and food insecurity are closely related. In the 2010 Demographic and Health Survey (DHS), almost half (46.4%) of Zanzibar households reported being food insecure (they had problems satisfying their food needs in the past year), while slightly over half (53.6%) reported that they were not food

insecure. When food insecurity in Zanzibar was disaggregated by wealth, 31% of poorest quintile households, but less than 10% of richest quintile households, reported having frequent problems in satisfying their food needs.

Zanzibar's Food Security and Nutrition Policy identifies three main livelihood systems in Zanzibar. In **fertile agricultural zones** food insecurity is transitory and seasonal. **Fishing zones** are mostly on marginal land and are highly vulnerable to all forms of food insecurity – acute, chronic and transitory. In **urban and peri-urban zones** there is little farming, so people depend on markets and are vulnerable to food price fluctuations. About 40% of Zanzibar's annual food requirements are imported. There are two rainy seasons. The months before the main harvest are a time of food insecurity and seasonal hunger. The pre-harvest rainy season is also a time of heightened health risks, including high prevalence of water-borne diseases like malaria, flu and pneumonia. Food insecurity is related to poor health and sanitation conditions, as well as low food intake.

1.3. Vulnerability in Zanzibar

Vulnerability refers to the state of being at risk of falling into poverty. In order to ensure that the ZSPP adequately addresses the needs of all categories of citizens and residents of Zanzibar, the analysis of vulnerability is disaggregated using a 'life-course' approach, recognising that people face different vulnerabilities at different times of life. Six stages of life are analysed here, with disability as a separate seventh category. Note that the boundaries of some categories overlap, and gender is cross-cutting throughout. The seven categories are: (1) pre-school-age children; (2) school-age children; (3) adolescents; (4) working-age adults; (5) pregnant and lactating mothers; (6) older persons; (7) persons with disability.

1.3.1. Pre-school-age children

Birth registration

Birth registration is crucial for establishing a child's legal status and securing lifelong access to social protection and other basic services. Birth registration in Zanzibar stands at 93.6%, with Micheweni district having the lowest rate of 60%. The urban population is more likely to be registered (96.7%) compared to rural (91.5%). So more efforts are needed to achieve universal registration of all births in Zanzibar.

Immunisation

The Expanded Programme on Immunisation (EPI) has a target of immunising 90% of all children in Tanzania by 2015. In Zanzibar the overall immunization coverage (Penta 3) dropped from 89% in 2010 to 85.2% in 2011 which is below the national target while the overall fully immunised coverage has risen from 74.6% to 81.6% respectively, still 8.4% below the target.

Child malnutrition

Indicators of undernutrition among children under five in Zanzibar halved between 1992 and 2005. However, since initial undernutrition rates were extremely high, almost 1 in 3 children displayed stunted growth (an indicator of chronic hunger) in 2010. There has also been some reversal of the earlier improvements since 2005, partly because of the sharp rise in food prices during the 2007/8 global food price crisis. Rates of wasting (an indicator of acute hunger) are significantly higher in Zanzibar (12% in 2010) than on mainland Tanzania (4.6% in 2010).

The consequences of undernutrition are extremely serious. Children who are undernourished are at higher risk of dying in childhood, they perform worse at school, their lifetime earnings potential is lower, and this in turn perpetuates the transmission of poverty across generations and even undermines national economic growth.

The most direct cause of undernutrition is low levels of food intake, which is usually a reflection of poverty. In Zanzibar, household food insecurity is related to inadequate levels of food production by farmers, inadequate cash earnings by fisherfolk and other low-income livelihoods, and high food prices in local markets – all of which result in constrained access to food by poor families.

Malnutrition is also caused by poor health. Two-thirds of children in Zanzibar are anaemic. Poor sanitation also contributes to illness and inhibits the capacity of children to absorb nutrients. Bad caring practices also result in malnutrition. Nutritionists recommend exclusive breastfeeding for 6 months, but this is not well practised in Zanzibar.

Child mortality

The mortality rate for children under five in Zanzibar improved from 107 to 79 deaths per 1,000 live births between 1996 and 2008. Over the same period, the infant mortality rate (deaths of children before their first birthday) fell from 75 to 54, an improvement of 28%. However, these positive trends have slowed down since 2008. Explanations given for falling child mortality rates include: (1) expanded immunisation coverage; (2) Vitamin A supplementation (universal since 2005), and (3) malaria control (free distribution of treated bed nets) and other interventions.

1.3.2. School-age children

Orphans

Almost one household in three in Zanzibar (31%) is caring for orphans (defined as children who have lost one or both parents) and/or foster children. Many children have been orphaned by many reasons which have put intense pressure on traditional safety nets and informal support systems. Orphans who are not being cared for by their extended families or community structures are vulnerable to becoming street children, child labourers or sex workers. Even if they remain within a family environment, orphans are at risk of receiving less access to education, health care and other basic needs than biological children. In some cases, orphans can be exploited as domestic servants by their host families, and they can also be more vulnerable to violence and abuse.

Violence against children

Violence against children is a serious problem in Zanzibar. Two-thirds of girls and boys surveyed in 2009 reported experiencing physical violence, one in five had experienced emotional violence, and smaller but still significant numbers had experienced sexual violence in childhood. Although violence against children is usually seen as a matter for social welfare officers, a broad approach to “child-sensitive social protection” includes linkages to child protection services. Two proposals for addressing violence against children are to establish a Child Protection Referral System and to ensure full implementation and monitoring of the 2011 Children’s Act.

Childhood poverty

In 2005, an estimated 38% of children in Zanzibar suffered 2 or more “severe deprivations”, while 19% suffered 3 or more.

Most Vulnerable Children

In 2008, 93,640 children in Zanzibar were classified as “most vulnerable”. This means they live in low-income households, they have limited access to basic services and limited livelihood choices, they are forced into adopting negative coping strategies such as early marriage and child labour, and they lack adequate support structures.

1.3.3. Adolescents

Adolescents are defined as all individuals aged 10–19 years.

Childbearing and early marriage

In Zanzibar, 6% of girls give birth to their first child by the age of 19. This proportion is falling over time, and the average age of marriage is rising. Nonetheless, teenage pregnancy and early marriage continue to affect significant numbers of adolescent girls, who have no protection under the law against arranged marriages to older men or being forced to marry the father of their unborn child. Early marriage and childbearing exacerbate poverty, education drop out, health consequences and many children are being cared for by young mothers or old grandparents.

Child labour

The Employment Act of 2005 prohibits the worst forms of child labour. Nonetheless, in 2006 the Integrated Labour Force Survey reported that approximately 25% of children under 16 years of age were working, either for pay or as unpaid family workers. According to Zanzibar’s ‘Costed Plan of Action for Most Vulnerable Children’: “Child labour in Zanzibar is partly driven by higher incidence of poverty coupled with low or inadequate social protection measures”.

Although children commonly contribute to their household’s productive and reproductive activities from an early age, this is considered to be “hazardous labour” if it is excessive in terms of hours worked per week, and especially if it interferes with their schooling. Children in Zanzibar work for pay in farming (e.g. clove picking), fishing, petty trading, tourism, domestic service, and even as commercial sex workers.

1.3.4. Working-age adults

Employment

Almost 80% of people in Zanzibar over 15 years old are employed, but most employment is in the informal sector (84%), including agriculture. 16% of workers have contractual relationships with employers, which allows them to be covered by contributory social security schemes – most workers have no access to social security. Youth unemployment is higher among young women (23.5% in 2006) than young men (15.2%). The private and public sectors cannot absorb all the young people looking for jobs outside family farming and the informal sector.

Women’s nutrition

Women’s nutritional status affects not only their own wellbeing, but also that of their children. The prevalence of undernourishment among women in Zanzibar is 14%, but 20% in Pemba North. Anaemia (a micronutrient deficiency) is more prevalent than undernourishment (a macronutrient deficiency) in Zanzibar – three in five women aged 15-49 years (59%) are anaemic. This rate is considerably higher than

on mainland Tanzania (39%). Anaemia can cause low birth-weight babies, low quality breastmilk and maternal mortality in childbirth.

1.3.5. Pregnant and lactating mothers

Pregnant and lactating mothers are an especially vulnerable group in Zanzibar, not least because of the risk of intergenerational transmission of ill-health and malnutrition from mothers to children. Iron supplements are highly recommended for pregnant women in Zanzibar, to address high levels of anaemia, but only 16% of pregnant women take iron supplements for 90 or more days. Iodised salt is also recommended for women of reproductive age, to address iodine deficiency among pregnant and lactating women, which can cause miscarriages, foetal brain damage, stillbirth, and peri-natal death. In 2010 only 47% of women in Zanzibar who had delivered a child in the previous five years live in households that use adequately iodised salt, and there is great variability across the islands – between Unguja (61%) and Pemba (23%) – and across zones, ranging from Urban West (73%) to North Pemba (11%).

The maternal mortality rate in health facilities in Zanzibar was estimated at 450 per 100,000 live births in 2007, which is high by international standards – and is possibly even higher for births at home. The MKUZA I poverty reduction strategy included a target of reducing maternal mortality to 251 per 100,000 by 2010.

1.3.6. Older persons

The population of Zanzibar is ageing: the absolute number of people aged 60 years and older increased from 48,573 in 2005 to 57,300 in 2010, but with decreasing number in terms of percentage from 4.6% to 4.5% respectively. 50,000 people over 60 years of age are household heads (16% of all households) in Zanzibar, and often care for grandchildren, including orphans. Two-thirds of older people over 60 years of age are still working (80% of men and 50% of women), but 60% receive no regular income. This indicates a lack of income security in old age. Some older persons do receive formal pensions or social grants, but the majority have no support from any source.

Older people in Zanzibar also face many problems of health and disability. Although government policy (the Zanzibar Health policy) states that older people should be exempted from paying health fees, this policy has not been effectively implemented.

1.3.7. Persons with disability

Persons with disability are defined in Tanzania's Disability Survey Report of 2008 as those aged 7 years and older who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society. Almost one household in ten (9.3%) in Zanzibar has at least one member with disability, and the prevalence of disability is almost double in rural areas than in urban areas. The most common disability is visual impairment, followed by mobility constraints (especially among older persons), then difficulties with cognition, communication and hearing. Disability compromises a person's ability to work, study, perform domestic responsibilities and participate in community activities. It also creates challenges in term of accessing transport, information, and healthcare. People with disability are more vulnerable than others to illness, theft of their property, and even accusations of witchcraft.

The main source of income for persons with disability in Zanzibar is remittances from relatives, followed by income from the household farm, then self-employment (10%) and working for others. Less than 2% of

respondents in Zanzibar reported cash transfers and benefits as their main source of income, which implies a serious gap in social welfare provision.

1.4. Drivers of poverty and vulnerability in Zanzibar

The main drivers of poverty and vulnerability in Zanzibar can be clustered into three categories:

1. **Income insecurity** – which is caused by several factors, including low cash income, low food production, unemployment and high levels of informal employment and self-employment.
2. **Vulnerability to shocks** – which is caused by low coverage of social security, no universal pension, high prices for imported food, and other risk factors.
3. **Low utilization of basic services** – including lack of nutrition education, low use of ante- and post-natal care services, and no child protection services, partially as a consequence of social exclusion.

Each of these drivers of poverty and vulnerability has a range of possible policy solutions, some of which are social protection interventions. These include:

1. Income insecurity

- Social assistance to chronically poor people to raise their income
- Livelihood support to increase earnings and food production
- Temporary or seasonal employment on public works projects.

2. Vulnerability to shocks

- Social insurance to protect against life-cycle risks (e.g. retirement)
- Extend coverage of social security to informal sector
- Safety nets to provide protection against livelihood shocks

3. Low utilization of basic services

- Ensure access to essential services, by fee waivers and exemptions for poor, and to foster social inclusion
- Make cash transfers conditional on the use of services (e.g. ante-natal care).

1.5. Policy mapping and gaps

Table 1 below summarises the vulnerabilities identified above for which social protection and complementary interventions are required, disaggregated by life-course stages. Table 1 also lists current interventions to address each source of vulnerability, and gaps in current provisioning.

A social protection ‘gaps analysis’ identifies three types of ‘under-provision’:

1. **Lack of well organized programmes** to address a specific source of vulnerability. The appropriate action is to introduce new social protection programmes and improve the existing ones.

2. An appropriate social protection programme is in place, but it **does not reach everybody** who needs it (under-coverage). The appropriate action is to extend coverage to everybody who needs it.
3. An appropriate social protection programme is in place, but it **does not provide adequate support** to participants (inadequate benefits). The appropriate action is to improve the level of support provided to participants.

Finally, Annex 1 presents the major policies, legislation and programmes in Zanzibar that are either classified as social protection measures or complement social protection interventions. This policy mapping diagram highlights the importance of seeing social protection not as a stand-alone sector or set of projects, but as an integrated component of the national Strategy for Growth and Reduction of Poverty, with strong linkages from the MSWYWCD to several other Ministries.

Table 1. Vulnerabilities, social protection interventions and policy gaps in Zanzibar

Life-course stage	Source of vulnerability	Current social protection interventions	Proposed areas of intervention
Pre-school-age children	No legal identity	Birth registration currently at 93.6% but only 65% in Pemba.	Birth registration should be raised towards 100%, partly by exempting MVC from fees and sensitizing families.
	Undernutrition (stunted growth)	Agricultural input subsidies to raise food production (MoA) Unconditional or conditional cash transfers (TASAF) Awareness raising of feeding and hygiene practices	Improve the existing programmes .
	Malnutrition (anaemia)	Vitamin A supplementation Awareness campaign on nutrition and feeding	Improved nutrition of mothers Awareness raising of feeding and use of micronutrient supplement.
School-age children	School drop-out	In kind transfers for MVC (uniforms) Primary school fee waiver + secondary school for MVC Alternative education centres	Waive monetary 'contributions' for poor children and MVC Introduce school feeding programme Strengthen monitoring system.
	Violence against children	Children Act (2011) mandates MSWYWCD to provide child protection services	Establish a Child Protection Referral System Public education to challenge social norms condoning violence against children
	Abandonment and orphanhood	Orphanages (run by MSW) Residential care centres for orphans (supported by MSW) Cash transfers + savings fund for orphanage children	Explore feasibility of Orphan Carer or Foster Care Grants
Adolescents	Early marriage and	Teen pregnancy and children born out of wedlock have been	Consider introducing legislation

	early childbearing	decriminalised Rehabilitation houses, /'sober houses', provide residence to adolescents suffering from or at risk of drug or sexual abuse. Expansion of basic education for children under 12 years.	against child marriage Expand life skills programs and Sexual Reproductive Health programmes for in and out of school children and youth.
	Child labour	Employment Act 2005 prohibits worst forms of child labour	Monitor and enforce provisions of the Employment Act Challenge social norms condoning child labour
	Youth unemployment	Public works (TASAF) Vocational training centres	Link public works employment to youth vocational training
Working-age adults	Limited coverage of social security	Contributory pension for formal sector workers (ZSSF) Compensation payments for workers injured at work (MSWYWCD)	Extend social security access to informal sector and self-employed workers Introduce maternity benefits, unemployment insurance, and health insurance Index-link ZSSF payments
	Chronic poverty	Statutory minimum wages for formally employed workers Cash transfers (TASAF)	Raise the minimum wage to the poverty line and index-link it against inflation
	Underemployment	Seasonal public works (TASAF)	Pro-poor job creation
Pregnant and lactating women	Malnutrition	Conditional cash transfers (TASAF) Cash transfers to women with triplets (MSW) Nutrition education (TASAF)	Increase women's use of iron supplements and iodised salt
	Inadequate maternal health care	Hospital fee exemptions Abolition of user fees for delivery services in government hospitals	Enhance access to ante- and neonatal check-ups
Older persons	Lack of income security	Mandatory and voluntary pension (ZSSF) Social pension (MSWYWCD)	Extend coverage of social pension to all elderly poor
	Limited access to social services	Health fee exemption Housing and shelter services	Introduce ID documents to secure access to health care
Persons with disability	Discrimination against PWD in the labour market	Compensation for injuries at work (DSW) Invalidity benefits (ZSSF) Disability fund	Anti-discrimination campaigns
	Barriers to accessing essential services	Specialised facilities for PWD Inclusive education	Improve physical access to transport, buildings, etc.

1.6. Government commitment to social protection

Zanzibar's commitment to social protection derives from its international, regional and national commitments with the Universal Declaration of Human Rights (1948) which provides for the right of every person to social protection and the ILO Convention 102 which sets out the Minimum Standards of social security benefits. This is critical for the alleviation of poverty, hunger and attainment of Millennium Development Goals (MDGs). Zanzibar is committed to foster the development of social protection results with AU's Livingstone and Yaoundé (2006) Declaration and EAC commitment to further basic social protection in support of disadvantaged citizens. The 'Universal Declaration of Human Rights' (UDHR) of 1948 states:

Article 22: "Everyone, as a member of society, has the right to social protection";

Article 25: "(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (2) Motherhood and childhood are entitled to special care and assistance".

At the regional level, the commitment of African governments has been building since the Ouagadougou Plan of Action of 2004, which committed governments to "improving and strengthening the social protection schemes and extending them to workers and their families currently excluded", and was strengthened through the Livingstone and Yaoundé Calls for Action in 2006, the Livingstone 2 process – 'Investing in Social Protection in Africa' – of 2008, and the drafting of the African Union's 'Social Policy Framework for Africa' in 2008.

"Member States are encouraged to choose the coverage extension strategy and combination of tools most appropriate to their circumstances. There is an emerging consensus that a minimum package of essential social protection should cover: essential health care, and benefits for children, informal workers, the unemployed, older persons and persons with disabilities."

At the national level, the Constitution of the United Republic of Tanzania includes a commitment to several forms of social protection:

Article 11: "The state authority shall make appropriate provisions for the realization of a person's right to work, to self-education and social welfare at times of old age, sickness or disability and in other cases of incapacity".

As for Zanzibar itself, Goal 6 of the Zanzibar Strategy for Growth and Reduction of Poverty: 2010-2015 (MKUZA II) is "Goal 6: Improved safety nets and social protection for poor and vulnerable groups". Groups recognised as especially in need of social protection include "orphans and vulnerable children, child-headed households", as well as "older people and their households".

"to facilitate the attainment of this goal the following core cluster strategies have been identified:

- i. Support formulation of Social Protection Policy and develop management information system to assist its implementation;
- ii. Ensure access to and utilization of services by vulnerable and hard-to-reach areas;
- iii. Reduce exposure to risk/shocks and enhance resilience among vulnerable households;

- iv. Ensure better quality of life and care for elders, PWD, MVC and others;
- v. Ensure safety nets provision; and
- vi. Ensure better quality of life and care at old-age.”

2. VISION, MISSION, OBJECTIVES AND GUIDING PRINCIPLES

This chapter of the Zanzibar Social Protection Policy has three objectives:

- (1) to introduce the concept of social protection and define it in the Zanzibar context*
- (2) to present the vision, mission and objectives for social protection in Zanzibar*
- (3) to introduce a set of guiding principles for social protection in Zanzibar.*

2.1. Introduction

Social protection is generally understood as a set of policy instruments that contribute to reducing poverty, as well as managing risk and vulnerability to future poverty. In Africa, social protection emerged out of safety nets and humanitarian relief, especially emergency food aid, so its primary focus is protecting vulnerable people against livelihood risks. But social protection is increasingly seen as a powerful set of tools for contributing to poverty reduction and economic growth.

Social protection is a policy response to economic and social vulnerability, not only to income poverty. Poverty means being unable to meet subsistence food needs and other basic needs. Economic vulnerability includes the risk of becoming poor in the future. Social vulnerability means being excluded or marginalised, which can also lead individuals, households and communities into poverty.

The following definition has been developed for the Zanzibar Social Protection Policy as being appropriate for the context of Zanzibar. It captures both the poverty reduction and vulnerability management objectives, while also emphasising access to essential services, tackling social exclusion, and a rights-based approach.

Social protection is a set of actions by government and non-government actors, that aim to improve the quality of life in Zanzibar by reducing poverty, vulnerability and deprivation, providing protection against shocks, improving access to essential services, enhancing social inclusion, and promoting equal rights and opportunities for all.

The Zanzibar Social Protection Policy identifies a range of public interventions to be designed and delivered by Government ministries and agencies, with the support of development partners and local non-governmental organisations that have relevant capacities and expertise.

2.2. Vision

A decent and dignified quality of life, reduced vulnerability to poverty and shocks, and equal opportunities to participate in the socio-economic development of Zanzibar.

2.3. Mission

To establish a social protection system for Zanzibar that improves the quality of life for all by progressively reducing poverty, allowing Zanzibaris to manage economic risks and social vulnerabilities, and ensuring universal access to essential basic services.

2.4. Objectives

The overall objective of the Zanzibar Social Protection Policy is to establish a comprehensive social protection system that meets the needs for income security, risk management and access to basic services for all Zanzibaris, thereby contributing to a more equitable society.

Specific objectives of the Zanzibar Social Protection Policy are:

- To contribute to minimum income security for all by providing social transfers to extremely poor Zanzibaris who are unable to provide for themselves and have no other means of support;
- To ensure that all Zanzibaris have adequate protection against life-course shocks and livelihood risks, by installing effective safety nets and extending social security coverage;
- To progressively extend access to basic social services such as education, health care, social welfare and child and other protection services, and ensure that their quality will not be compromised.
- To strengthen multisectoral coordination of all stakeholders working on social protection. .

These objectives are derived from the analysis of the drivers of poverty and vulnerability in Zanzibar, which are identified in section 2.3 below as: income insecurity, vulnerability to shocks, and low access to basic services.

2.5. Guiding principles

The Zanzibar Social Protection Policy is guided by the following principles.

1. Since no single social protection instrument or programme is sufficient to address the diverse range of needs and vulnerabilities, the ZSPPP will create a comprehensive, integrated social protection system.
2. The ZSPPP will expand existing social protection interventions and establish coordination mechanisms between existing interventions, related initiatives and new programmes.
3. To maximise its effectiveness, the ZSPPP will build policy linkages with complementary productive social sectors.
4. The ZSPPP will complement economic policies that promote livelihoods and enhance the potential for sustainable poverty reduction through self-reliance and pro-poor growth.
5. Adequate institutional capacities will be put in place to achieve effective implementation of the policy.
6. Dedicated funding streams and sound financial arrangements will ensure that the ZSPPP is fiscally sustainable.
7. ZSPPP implementation and financing will be a partnership between the Revolutionary Government of Zanzibar, led by the MSWYWCD, with international development partners and local civil society actors.

8. Social protection will be delivered in a transparent and accountable way.
9. The ZSPP will be guided within a 'legal framework' for social protection, which specifies the government's responsibilities for delivering social protection (targets, timeframe, institutional responsibilities, etc.) and provides a legal basis for citizens and residents to claim their social protection entitlements.
10. The vision, mission, objectives and components of the ZSPP will be fully aligned with the principles and objectives of MKUZA II and Vision 2020.

3. KEY POLICY ISSUES, STATEMENTS AND STRATEGIES

This chapter describes key policy issues, statements and strategies by life-cycle stage: (1) pre-school-age children; (2) school-age children; (3) adolescents; (4) working-age adults; (5) pregnant and lactating mothers; (6) older persons; (7) persons with disability.

3.1. Introduction

The ZSP's objectives are classified as both 'economic' and 'social'. The most fundamental economic objective of the ZSP is to ensure basic income security to all Zanzibaris. Several groups of people do not have enough income to meet their basic needs with dignity. Income security will be achieved through a range of social protection instruments, including conditional and unconditional cash transfers, extensions to the social security system, employment on public works programmes, and subsidised access to farm inputs and services (education, health care).

The fundamental social objective of the ZSP is to promote social inclusion. Initiatives to address social exclusion, marginalisation and discrimination include legislation (e.g. elimination of harmful forms of child labour, gender-based violence and early marriage) as well as awareness raising and sensitisation (e.g. media campaigns to reduce discrimination against persons with disability or living with HIV/AIDS).

Table 1 above summarises vulnerabilities by life-course stage, as well as current interventions and gaps in provisioning. Several points must be noted. First, the existence of an intervention does not mean that the specific vulnerability is adequately addressed, either in terms of coverage or sufficiency. For instance, birth registration exists in Zanzibar but has not yet reached 100%, so the coverage of this intervention must be extended so that every newborn child realises its right to a legal identity. In terms of sufficiency, although there is a statutory minimum wage, it is set too low to enable workers in the informal and formal economy to achieve income security, so its level must be raised towards the poverty line to increase its effectiveness.

Second, disaggregating vulnerabilities by age cohorts means that some interventions are not captured, notably those that generally support vulnerable or impoverished people – individuals or households – regardless of where they are in the life-cycle. Examples include redistributed *zakat* monies, or projects implemented under the Zanzibar Costed Plan of Action (ZCPA) for Most Vulnerable Children (MVC), which target pre-school-age children and school-age children as well as adolescents.

Third, not all interventions listed in Table 1 are typically classified as social protection measures. For instance, health interventions such as immunisation and Vitamin A supplements are delivered by the Ministry of Health, not by the MSWYCD. These interventions are included in Table 1 because they complement other social protection measures, or because social protection can be applied to support them. For example, the Expanded Programme on Immunisation (EPI) is a supply-side intervention, but the demand for immunisation can be stimulated by making this a condition in a cash transfer programme. Even within MSWYCD, some interventions are classified as social welfare while others are social protection instruments, but they will work together to deliver the ZSP.

3.2. Cross-cutting social protection policy interventions

The analysis of poverty and vulnerability in Zanzibar has raised three cross-cutting issues that require specific attention in the ZSPP: pro-poor economic growth, food security, and geographic inequalities.

3.2.1. Policy issue: Inadequate sustainable financing

Delivering the ZSPP will require sustained and increasing levels of financing over time. For workers in the Zanzibar's formal economy, social security is provided by the Zanzibar Social Security Fund. Actuarial studies highlight that ZSSF requires financial reforms. Moreover, ZSSF contributory social security schemes have low coverage, in terms of number of those covered and benefits offered. *Zakat* revenues finance social protection interventions for poor and vulnerable groups that are delivered by faith-based organisations, however not integrated in the national social protection programme.

Policy statement

The government will increase financing of social protection in order to extend coverage and increase benefit levels of existing programmes..

Strategies

- Strengthen and formalize the existing informal social protection mechanisms;
- Advocate funds mobilization national, regional and international to get more funds for running social protection interventions.
- Encourage development partners to coordinate their social protection funding for RGOZ in order to reduce transaction costs.
- Advocate ZSSF reforms to consider substantive as well as financial sustainability concerns.
- Advocate reforms to consider how additional employee contributions and tax based government contributions can be leveraged to support social security expansion.
- Encourage the ZSSF to develop actuarial scenarios for sustainable expansion of social security programmes.
- Seek to progressively align the allocation of Islamic mandatory and voluntary contributions (Zakka and Sadaka) towards activities congruent with ZSPP objectives
- Encourage good practice and professionalization in the collection and use of *zakat* funds, identification of beneficiaries and delivery of social protection interventions.

3.2.2. Policy issue: Poor coordination of social protection interventions

A comprehensive approach to social protection in Zanzibar requires taking into account that many of the deprivations and vulnerabilities that people in Zanzibar face are related to problems of health, education and social welfare. However, social protection interventions by government, private and civil society bodies are uncoordinated and therefore not as efficient as they can be.

Policy statement

The Government will seek strong linkages and effective partnerships among all social protection actors.

Strategies

- Foster strong cooperative relationships with other line Ministries,
- Foster the development of a coordinated, efficient, integrated and comprehensive social protection system that takes account of efforts by government, private sector and civil society.

3.2.3. Policy issue: Unequal distribution of economic growth benefits

Zanzibar has enjoyed strong economic growth performance in recent years, but the benefits have not reached everyone in Zanzibar. Some groups, such as smallholder farmers and fisherfolk, have been left behind, while other vulnerable groups, such as older persons and persons with disability, are unable to take advantage of economic opportunities.

Policy statement:

The government will contribute to making economic growth more inclusive, and to provide support to those who are not able to benefit from economic growth.

Strategies

- Establish mechanism for redistributing resources to those who are not benefiting from economic growth.
- Advocate for social protection interventions to, start within the poorest districts or communities,

3.2.4. Policy issue: Food insecurity

The “food poverty” rate in Zanzibar has remained constant since 2004, which means that food insecurity remains widespread. Food insecurity in Zanzibar is caused by inadequate food production (40% of food consumed in Zanzibar is imported) and high food prices.

Policy statement

The government will prioritise social protection interventions that support household and national food security, by boosting agricultural production and restraining food prices.

Strategies

- Encourage continuation of subsidising fertiliser, seed and tractor rental for smallholder farmers.
- Advocate for measures to control rapid increase of food price.
- Advocate for the ministry of agriculture to provide effective linkages between financial and logistical feasibility
- Advocate for awareness raising for small scale producers for the production of commodities with comparative advantages

- Advocate for social protection interventions to start in the districts or communities where level of food insecurity is high,
- Establish social safety net programmes in chronically food insecure areas.
- Advocate for food quality and safety.

3.3. Social protection issues and strategies by life-cycle stage

Appropriate forms of social protection support will be designed for poor and vulnerable people in Zanzibar, disaggregated by the main life-cycle stages: (1) Pre-school-age children; (2) School-age children; (3) Adolescents; (4) Working-age adults; (5) Pregnant and lactating mothers; (6) Older persons; (7) Persons with disability. All strategies will address at least one of the three objectives of the ZSP: (1) income security, (2) protection against risks, and (3) access to services. New interventions will be introduced for some strategies, while the coverage of existing interventions will be expanded to achieve other strategies.

3.3.1. Pre-school-age children

3.3.1.1. Policy issue: Ineffective birth registration

93.6% of new births in Zanzibar are registered, but 6.4% are not. In Micheweni Pemba, the birth registration rate is only 60%, so 40% are not registered. These children have no legal identity and are at risk of not having access to basic social services, including social protection, and other rights of citizenship.

Policy statement

The government considers birth registration a right of citizenship that must be extended to all newborn children. Each child must have their identity formally registered, and all parents have a responsibility to register the birth of every child.

Strategies

- Advocate for the exemption to the most vulnerable children (MVC) from payment of birth certificate fees. Birth registration will be raised towards universal registration of all newborns.
- Sensitise and encourage families and communities to register their newborns soon after delivery.
- Advocate for strengthening of birth registration system.

3.3.1.2. Policy issue: Undernutrition

Rates of chronic and acute undernutrition among children remain unacceptably high in Zanzibar. Malnourished children do not develop well, leading to poor performance in school, and low productivity and poverty as adults.

Policy statement

The government will foster an integrated response across several sectors.

Strategies

- Foster linkages with RGOZ programmes that raise food production and food crop yields in order to combat undernutrition in rural households, for instance, through agricultural input subsidies for smallholder farmers.
- Advocate for effective implementation of the nutrition strategy.
- Encourage the establishment of food transfers (e.g. supplementary feeding) or cash transfers for households whose access to food is undermined by food price inflation. These programmes could be conditional or unconditional, or linked to a labour requirement (i.e. public works) unless the household lacks labour power.
- Support efforts to promote good caring practices, such as educating mothers about the benefits of exclusive breastfeeding of infants for six months to reduce undernutrition.
- Encourage sufficient access to micronutrients, in particular for adolescent girls, pregnant women and lactating mothers.
- Advocate for awareness raising on behavioural change and the use of different kinds of foods.

3.3.2. School-age children

3.3.2.1. Policy issue: Increased number of school dropouts

Despite high aggregate school enrolment levels in Zanzibar, dropping out is a significant risk, especially for orphaned children and children from the poorest households. Although education is fee-free at primary level for all children and at secondary level for Most Vulnerable Children (MVC), cost barriers continue to create a significant barrier to education for many children in Zanzibar.

Policy statement

The government will support efforts to reduce the costs of education for all children in Zanzibar to reduce number of school dropouts among most vulnerable children.

Strategies

- Advocate for waiving not only school fees but also ‘contributions’ for all poor children and Most Vulnerable Children.
- Extend school feeding programme to primary schools.
- Enhance the existing cash and in-kind transfers to the most vulnerable households with children
- Strengthen inclusive education to cover children with special needs.
- Advocate for a campaign to raise awareness among families and communities on the importance of education to their children.

3.3.2.2 Policy issue: Unacceptable forms of violence and abuse

Many children in Zanzibar experience unacceptable forms of physical, emotional and sexual violence and abuse.

Policy statement

The government will support initiatives to eradicate all forms of violence against children in Zanzibar.

Strategies

- Advocate for strengthening government and community structures to combat violence against children;
- Advocate for the strengthening of a Child Protection Referral System,
- Oversee implementation, monitoring and enforcement of the Children's Act.
- Advocate for public education campaigns to change attitudes that condone violence against children.
- Improve access to child protection services;
- Strengthen the referral and reporting system of child abuse cases.

3.3.2.3. Policy issue: inadequate provision of basic needs to orphans and other Vulnerable Children

Many children in Zanzibar are orphaned or abandoned – one-third of households have at least one orphan or foster child. Children who are orphaned or abandoned often lack basic needs and do not have access to essential services such as education, health care and child protection services.

Policy statement

The government will strengthen the existing mechanisms to support poor households with orphans and foster children.

Strategies

- Explore the possibility of introducing Orphan Carer Grants or Foster Care Grants that will contribute towards the living costs of these children.
- Support the institutional care for children who have no care givers
- Sensitise families and communities to provide care and protection services to orphans and vulnerable children.

3.3.3. Adolescents

3.3.3.1. Policy issue: Early marriage and pregnancies out of wedlock

Teenage pregnancy and early marriage continue to affect significant numbers of adolescent girls, who have no protection under the law against arranged marriages to older men or being forced to marry the father of their unborn child.. The wellbeing of adolescents is negatively affected by these social practices. Specifically, early marriage and early child-bearing cause girls to drop out of school rather than completing their education.

Policy statement

The government will support more effective actions to protect adolescent girls against early marriage and the consequences of early child-bearing

Strategies

- Advocate for the effectively implementation of the Zanzibar Education Policy of 2006 and the Zanzibar Education and Vocational Training Policy of 2005
- Sensitise the community on those social practices that impede the wellbeing of adolescent girls
- Advocate for measures to discourage and combat early marriage; including sensitisation and enforcement of the existing laws.
- Advocate for the review of Education Act 1982 and enforcement of the law that encourages children to continue with their education after marriage.
- Ensure access to ‘sober house’ facilities and services for vulnerable adolescents who face economic and social barriers

3.3.3.2. Policy issue: Child labour

Young adolescents are at risk of engaging in child labour, of a type or to an extent that is harmful to their wellbeing. Even though the worst forms of child labour are prohibited under the Employment Act of 2005, many children in Zanzibar are working, either for pay or unpaid, which interferes with their rights as children, especially their right to education.

Policy statement

The government will support actions to eradicate harmful and hazardous forms of child labour,

Strategies

- Advocate for monitoring and enforcement of the relevant provisions of the Employment Act to combat child labour
- Encourage public information campaigns to challenge social attitudes with regard to children working.
- Strengthen the establishment of alternative education centres.
- Support income generating activities for the poor and most vulnerable households.

3.3.3.3. Policy issue: High unemployment rate among adolescents and youth

Older adolescents and youth face severe challenges finding productive employment in the formal and informal economy. Youth unemployment in Zanzibar stands at 17%.

Policy statement

The government will support efforts to generate both short-term subsidised employment-based safety nets, permanent public sector jobs and self employment.

Strategies

- Advocate for maximisation of public work chances of making the transition from temporary, low-paid “workfare” to full-time, adequately-paid employment in the private or public sector.
- Promote self employment through skills development.

3.3.4. Working-age adults

3.3.4.1. Policy issue: Limited coverage to contributory social protection

Most working adults in Zanzibar have no access to employment-related social security. Only 10% of the workforce is covered by ZSSF, which provides retirement pensions co-funded by employer and employee contributions. In the absence of social security, working adults have no protection against livelihood.

Policy statement

Government will work with ZSSF to extend access to social security, as well as the benefits provided by social security and their real value.

Strategies

- Promote the extension of social security coverage to self-employed and informally employed workers who have sustainable cash flows.
- Promote the provision of incentives by co-funding voluntary contributions and establishing a mandatory period of affiliation in the social security scheme.
- Advocate ZSSF to extend the range of benefits it provides, by introducing a short-term benefits
- Advocate for the establishment of unemployment benefit and health insurance benefits.
- ZSSF benefits should be index-linked to safeguard their value against inflation, to ensure that payouts remain adequate to meet the subsistence needs of participants.

3.3.4.2. Policy issue: Low statutory minimum wage

Almost 80% of people in Zanzibar over 15 years old are employed but most of them are in the informal sector and earn wages that are too low to allow them to subsist above the poverty line. Zanzibar has a statutory minimum wage, however in 2011 the minimum wage (at TSh.70,000/-) was well below the inflation adjusted food poverty line (TSh.115,624/-) and the basic needs poverty line (TSh.185,625/-), for an average sized household with 5.1 members.

Policy statement

The statutory minimum wage needs to be raised substantially, it must be enforced so that all employers respect it, and it should be index-linked against inflation to ensure that it retains its purchasing power as prices rise over time. The government will set up an index-linked guideline where the public and private sector are obligated to follow the stated minimum wage for all citizens.

Strategies

- Advocate to raise the statutory minimum wage at least to the level of the food poverty line
- Advocate for the monitoring and enforcement of the minimum wage to all employers
- Advocate to index-link the minimum wage against inflation.

3.3.4.3. Policy issue: Under employment

Almost 80% of people in Zanzibar over 15 years old are employed but most employment is in the informal sector (84%) including agriculture or as self-employed smallholders and so many working adults are under-employed. They face seasonal or chronic poverty, they require additional employment opportunities to boost their incomes, and they are insufficiently protected by employment law.

Policy statement

The Government will stimulate the provision of additional employment opportunities for poor working-age adults in Zanzibar.

Strategies

- Encourage employment-based safety nets such as seasonal public works projects in order to enhance household income and reduce poverty in Zanzibar.
- Promote the formalisation of the informal sector
- Advocate for the implementation of the youth employment programmes.
- Strengthen labour market information centres.

3.3.4.4. Policy issue: Lack of reciprocal agreements for transfer of benefits between schemes

As both Zanzibar's and Mainland Tanzania's economies are growing, there are increasing employment opportunities for its workers and for greater labour mobility. A variety of contributory pension schemes operate in Zanzibar and in Mainland Tanzania. These are often poorly connected and therefore inhibit labour market flexibility.

Policy statement

The government will advocate for streamlining of contributions, benefit levels and portability of benefits between contributory pension schemes in Zanzibar and Mainland Tanzania.

Strategy

- Encourage the ZSSF to commission a review that investigates existing contributory pension schemes and proposes solutions for greater portability of these between Zanzibar and Mainland Tanzania.

3.3.4.5. Policy issue: Limited awareness of workmen compensation scheme

The scheme covers workers in formal and potentially informal employment relations, working in government, non-governmental organisations and in the private sector. It is supposed to cover individual workers, contracted working on verbal and written contracts (including domestic workers) but their awareness about the scheme is limited.

Policy statement

The government will stimulate the extension of compensation coverage to reach all workers in formal informal, public and private sector.

Strategies

- Sensitize workers and employers to implement the Compensation Act No.5 of 2005
- Advocate for the extension of coverage of the compensation scheme to reach the informal and individually contracted workers in the informal sector;

3.3.5. Pregnant and lactating women

3.3.5.1. Policy issue: High levels of malnutrition among pregnant and lactating women

Pregnant and lactating mothers are a particularly high risk group in Zanzibar, with very high levels of malnutrition, specifically anaemia and iodine deficiency disorder, which adversely affects their own health and the health of their children. Pregnant women with anaemia could give birth to babies with disabilities, while undernourished mothers risk giving birth to undernourished babies. These processes perpetuate the intergenerational transmission of poverty in Zanzibar.

Policy statement

The Government will strengthen specific programmes to address the poverty aspect directly, through targeted cash transfers, and will support the health-related aspects indirectly, by promoting nutrition education through social protection programmes.

Strategies

- Support cash transfers programmes that target poor households
- Advocate for the importance of using iron supplements and iodised salt.
- Advocate for the establishment of maternity benefit to all pregnant mothers.

3.3.5.2. Policy issue: High maternal mortality rates among pregnant mothers

The maternal mortality rate in health facilities in Zanzibar was estimated at 450 per 100,000 live births in 2007, which is high by international standards – and is possibly even higher for births at home.

Policy statement

The Government will ensure access to ante-natal and post-natal care services to pregnant women and lactating mothers to reduce maternal mortality rates.

Strategy

- Stimulate women’s uptake of reproductive health services and encourage them to deliver in health facilities.

3.3.6. Older persons

3.3.6.1. Policy issue: Limited coverage of social security in old age

The majority of older persons in Zanzibar lack income security in their old age. A small number of older persons in Zanzibar receive a contributory social security pension through the ZSSF (4,031 pensioners) or a non-contributory social pension from the Government (11,000 social pensioners). In addition to low coverage, payment levels on all types of pensions are low. The Ministry of Regional Administration and Special Departments also runs a cash transfer programme, mainly for vulnerable older persons (11,000 people).

Policy statement

The Government will ensure universal access to a contributory pension or a non-contributory pension for all older persons in Zanzibar.

Strategies

- Advocate for extension of existing social pension scheme to all older persons in Zanzibar.
- Advocate for universal pensions to reduce the number of older persons living in extreme poverty.
- Ensure provision of shelter services in the elderly homes to those older people who have no relatives and no means to support them selves
- Sensitize communities to voluntarily contribute in the existing social security schemes.

3.3.6.2. Policy issue: Social stigma and inaccessibility of services for older persons

Older persons face social stigma and difficulties in accessing social services such as health, housing and legal services. The Department of Social Welfare administers residential care homes for the elderly, providing accommodation, meals and sometimes cash transfers. But this form of support reaches very few older persons in Zanzibar; who reside in 4 care homes in 2011.

Policy statement

The Government will support efforts to ensure that older persons are not discriminated against, and that older persons have free access to health care and other essential services.

Strategies

- Advocate for a legal framework to be established to protect vulnerable older persons against discrimination.
- Support efforts to ensure that the government’s policy exempting older people from paying health fees is implemented effectively.
- Support the introduction of identity documents that will enable poor older persons to have access to health and other social services.
- Advocate for community care and support to older persons.

3.3.7. *Persons with disability*

3.3.7.1. **Policy issue: Discrimination and marginalisation of persons with disability**

Persons with disability face unacceptable levels of discrimination, including in the labour market, where they are often excluded from certain employment opportunities. Marginalisation of persons with disability, especially in the labour market, increases their poverty and makes them dependent on support from others or the state.

Policy statement

The Government will ensure that persons with disability are adequately protected against discrimination, both to achieve social inclusion and to reduce their poverty, and that persons with disability who cannot work receive social assistance.

Strategies

- Advocate for anti-discrimination legislation to be in place.
- Support disability awareness campaigns to combat discrimination and exclusion.
- Support the establishment of disability grants for those with inadequate support and are unable to work.

3.3.7.2. **Policy issue: Social stigma and inaccessibility of services for persons with disability**

Persons with disability face challenges in accessing essential services, including health care and transport, as well as information. Neglect of the special needs of persons with disability results in unequal access to these and other services.

Policy statement

The Government aims to support access to services for persons with disability, and to ensure that the physical environment is accessible.

Strategies

- Advocate for measures to improve the accessibility of the physical environment, health care, information and education.

- Advocate for community care and support to persons with disability.
- Advocate for the enforcement of legislation for accessibility of people with disabilities in government buildings.
- Strengthen inclusive education to support people with disability.

4. INSTITUTIONAL ARRANGEMENTS AND COORDINATION

This chapter describes implementation arrangement and coordination issues; (1) framework legislation, (2) fiscal space and its organization in Zanzibar, (3) establishment of the Zanzibar Social Protection Steering Committee, (4) linkages with other social sectors and policies, institutional roles and building capacity to deliver on responsibilities, (5) knowledge management, monitoring and evaluation and (6) communication.

Following ratification of the ZSPP by all levels, framework legislation will be devised and the MSWYWCD will develop a detailed ZSPP implementation plan. This plan will identify a detailed description of roles for various stakeholders; a financing strategy including a cost-benefit analysis of policy instruments, types and levels of benefits, priority policy actions to be undertaken against timelines, a monitoring and evaluation plan, and a public awareness raising communications strategy, among others. The implementation plan will be guided by fiscal space; inter-sectoral linkages; capacity strengthening; knowledge management and communications.

4.1. Framework legislation

Social protection embodies a social contract approach that considers the Revolutionary Government of Zanzibar as the provider of last resort to its poorest and most vulnerable citizens. Framework legislation needs to be devised, in line with the Constitution of Zanzibar, to realise this approach.

- The ZSPP will be grounded within a ‘legal framework’ for social protection, which specifies the government’s responsibilities for delivering social protection and provides a legal basis for citizens and residents to claim their social protection entitlements.
- A legal framework will spell out the targets or goals to be achieved, the timeframe for achievement of those targets, institutional responsibility for the process, national mechanisms for its monitoring, as well as possible recourse procedures.
- The legal framework for social protection will make provision for reform to social protection systems and component programmes, to allow for changing social, demographic and economic circumstances, and to achieve progressive realisation of social protection for its citizens.

4.2. Fiscal space and its organisation in Zanzibar

The Zanzibar Vision 2020 and MKUZA II recognise social protection and social security as critical policy responses to poverty and vulnerability. Establishing a comprehensive social protection system will require substantial and long-term financial efforts by RGOZ.

The ZSPP envisages the progressive expansion and deepening of social protection interventions to comprehensively address the needs of poor and vulnerable. Future expenditures on social

protection in Zanzibar are also affected by high population growth; aging of the population; health care demand and supply; climate change induced environmental shocks; and inflation. Social protection in Zanzibar is currently financed through four distinct sources of revenue: general taxation; employee contributions; voluntarily contributions and donor fund.

First, general taxation supports a range of non-contributory and contributory government social protection schemes, however coverage is low, and benefits are inadequate. Approximately only 0.4 per cent of GDP is spent on non-contributory provision, excluding government-funded health and education (ILO, 2010).

- Forecasts of continued economic growth in Zanzibar of 6% per annum imply that the fiscal space for expansion of social protection programmes continues to grow. RGOZ has set a target of revenue being 20 per cent of GDP by 2020, which if met will reverse budget deficits to surpluses, enabling a review of policy priorities and financing.

Second, employee contributions support the Zanzibar Social Security Fund, which covers a small and decreasing part of the working age population active in the formal economy.

- Actuarial valuations highlight the need to undertake a number of reforms if the ZSSF scheme is to be financially viable in the longer term. Expanding scope and coverage of social security for these workers, for instance through maternity benefits, or medical care benefits will hence demand greater contributions from employees and additional tax based government contributions.
- Greater labour market flexibility can be achieved by streamlining contributions, benefit levels and portability of benefits between contributory schemes in Zanzibar and Mainland Tanzania (ILO, 2010).

Third, the citizens of Zanzibar make regular and substantial mandatory and voluntarily contributions to Islamic institutions of wealth redistribution, notably *zakat and sadaka*. *Zakat* revenues finance social protection interventions for poor and vulnerable groups in society, delivered by faith-based organisations. *Zakat* collection and allocation is overseen by the government's Waqf and Trust Commission.

- MSWYWCD will aim to progressive align *zakat* funded social protection interventions with NSPP objectives, and accordingly seek to direct *zakat* monies to finance social assistance programmes. The MSWYWCD will work closely together with the Waqf and Trust Commission to develop guidelines that further professionalise the collection and use of *zakat* funds, and will encourage good practice in the identification of beneficiaries and delivery of social protection interventions funded by it.

Fourth, social protection in Zanzibar is supported by international donors. Notably, the government provision of health care in Zanzibar is highly dependent on donors, as is the provision of social services such as education by non-governmental organisations.

- MSWYWCD will encourage high levels of coordination between development partners, and encourage them to mobilise funds to support NSPP objectives.

4.3. The Zanzibar Social Protection Steering Committee (ZSPSC)

The Zanzibar Social Protection Steering Committee will be established with the powers of guiding, coordinating and overseeing the implementation of the Zanzibar Social Protection Policy and related activities of different stakeholders. It will also oversee the integration of social

protection issues into sectoral development strategies and programmes and the implementation of the policy through the MSWYWCD. It will ensure proper enforcement mechanism of the legislation for social protection is in place. The Committee will be multi-sectoral, composed of ministers from all relevant Ministries and institutions dealing with social protection in Zanzibar and will meet twice annually to review the implementation of the policy, strategy and action plan. It will be chaired by the designee of the council of minister of the Revolutionary Government of Zanzibar.

Additionally, a Committee composed of Principal Secretaries from line ministries and Agencies will be established to support the ZSPSC and ensure closer monitoring of the social protection interventions by stakeholders. The committee will have the responsibility of providing technical advice to both the ZSPSC and stakeholders working on social protection and ensure integration of social protection interventions in the sectoral plans.

4.4. Linkages with other policies, institutional roles and building capacity to deliver on responsibilities

4.4.1. Linkages with other related policies

Because many of the deprivations and vulnerabilities that people in Zanzibar face are related to problems of health, education and social welfare, it is important that the ZSPSC has strong linkages and effective partnerships with these sectors.

A variety of policies, programmes, notices, directives and laws currently contribute to achieving social protection objectives, by fostering the adequate supply of essential services and inclusive access to these by poor and vulnerable Zanzibaris. These include but are not limited to the Zanzibar Education Policy (2006); National Health Policy (2010); Worker Compensation Act (2005); Birth and Death Registration Act (2006); Spinster and Single Parent Children Protection Act (2005); Minimum Wage Act (2007); Employment Act (2005); National Action Plan for Elimination of Child Labour (2009); agricultural input subsidy schemes; Pensions Act (1990); ZSSF Act (2005); National Land Use Plan (1995); Zanzibar Investment Policy (2005); National Costed Plan of Action for Most Vulnerable Children (2010); Children's Act (2011); Zanzibar Youth Policy (2011); Tanzania Social Action Fund (TASAF), various President's Notices and Directives.

Responsibility for implementing these policies, programmes, notices, directives or laws rests with a variety of ministries, departments and agencies (see Annex 1). Government agencies delivering social protection include, but are not limited to, the President's Office, 2nd Vice-President's Office, ZSSF, the Ministries of Social Welfare, Youth, Women and Children Development; Agriculture; Ministries of; Labour; Health, Justice and Constitutional Affairs; and Education and Vocational Trainings.

A range of civil society providers, including non-governmental organisations and Faith-Based Organisations also provide social protection. Zanzibar also benefits from well-institutionalised Islamic forms of social protection such as Zakat and Sadakat.

The policy mapping diagram in the annexes (annexes 1.) highlighted that a comprehensive approach to social protection in Zanzibar requires strong cooperation between the MSWYWCD and several other line Ministries,

- The ZSPP seeks strong linkages and effective partnerships with other social sectors such as health, education and social welfare. NSPP implementation will therefore pay close attention to sectoral policy objectives and instruments, in order to support and build on these where appropriate.

4.4.2. Institutional arrangement and overall coordination

ZSPP implementation will be led by the Ministry of Social Welfare, Youth, Women and Children Development but delivered in collaboration with a range of agencies, including other government ministries and civil society organisations. Institutional structure will be clarified to smoothen implementation of the policy.

Recognising that government and non-government agencies will deliver social protection in accordance with their mandates, the MSWYWCD will encourage these providers to progressively direct their efforts towards achieving ZSPP objectives. To this effect,

- The MSWYWCD will establish and manage a coordination mechanism to ensure strong coherence of social protection interventions by various government and non-government actors. The mechanism will seek to foster overall cohesion; avoid duplication of efforts; enhance knowledge sharing; and stimulate policy learning. This mechanism may build on the shape and composition of the Technical and Steering Committees that guided ZSPP development.

Resources will be allocated to support the development of stakeholders' professional knowledge on the relationship between poverty, vulnerability, social protection and social welfare, to facilitate their effective participation in delivering the ZSPP.

- Within all government agencies involved, professional knowledge on the relationship between poverty, vulnerability, social protection and social welfare will be progressively developed; starting with senior decision makers, followed by frontline civil servants carrying out social protection interventions. The professional knowledge of MSWYWCD staff operating at national and sub national levels will be enhanced, enabling it to deliver its ZSPP implementation mandate and to effectively coordinate the social protection portfolio in Zanzibar.
- The Social Protection Unit in the MSWYWCD will develop awareness raising activities to sensitise key stakeholders on vulnerability and poverty trends and challenges in Zanzibar, and the ways in which the ZSPP addresses these.
- The organisational capacity of the MSWYWCD and in particular staffing and material equipment for the Social Protection Unit will be strengthened to support the implementation of the ZSPP and coordination of the broader social protection portfolio in Zanzibar. This will involve enhancing its organisational capacity to coordinate:
 - a) *Horizontally*, with various government agencies and civil society actors that support social protection activities. This will include but not be limited to coordination with the Waqf and Trust Commission to provide guidance for

redistribution of wealth to vulnerable groups by means of the *zakat* and *sadaqat* Islamic institutions;

- b) *Vertically*, with frontline social workers in the districts to ensure MSWYWCD is engaged and aware of field based activities and has an improved understanding of local poverty and vulnerability needs.

4.4.3. Roles and Responsibilities of stakeholders

Social protection in Zanzibar will continue to be provided a range of actors, including governmental, non-governmental organisations and faith-based organisations. The social protection system in Zanzibar will therefore accordingly embrace well-institutionalised government contribution, civil society as well as Islamic forms of social protection. Stakeholders providing social protection may include, but not limited to the following:-

The Ministry of Justice and Constitutional Affairs

- To continue implementing birth registration programmes and to achieve 100% coverage of all newborns and facilitate the retrospective registration of those individuals not yet covered.
- The Waqf and Trust Commission to progressively streamline its wealth redistribution activities with ZSP objectives and facilitate this by enabling MSWYWCD representation on its governing board.

The Ministry of Health

- To ensure the effective implementation of the health fee waiver scheme for vulnerable groups and ensure that no fees are to be paid in public hospitals for the clinical delivery of newborns. It is further encouraged to achieve 100% coverage of its Expanded Programme on Immunisation (EPI) and vitamin A supplementation programme.

The Ministry of Education and Vocational Trainings

- To continue its fee waiver policy for primary school age children and ensure secondary school fee waivers for the most vulnerable children. The Ministry is further encouraged to monitor the extent to which the practice of voluntary contributions may affect school drop-out of children from poor households, and institute corrective measures where required.
- Raise awareness on the importance of education; putting more emphasis on children and most vulnerable in particular.
- Strengthen vocational training centres

The Ministry of Agriculture and Natural Resources and the Ministry of Livestock

- To demonstrate how the agricultural input subsidies scheme is supporting smallholder farming households in achieving greater food security and how it enables such households in attaining adequate food needs. Furthermore, the Ministry is encouraged to

explore the feasibility of agricultural (crop and livestock) insurance for smallholder farmers.

The First Vice President's Office

- To ensure that the Disability fund's objectives, policy and guidelines are aligned with those of ZSPP.

The Second Vice President's Office

- To regularly engage with the Ministry responsible for social protection to optimise learning from its efforts to rapidly roll-out social protection interventions in Zanzibar through TASAF Secretariat.
- To align Disaster management fund's objectives to match with those of ZSPP and make sure that standards and procedures for emergencies are in line with ZSPP.

Zanzibar Social Security Fund

- To explore and promote financially viable social insurance models that are accessible to poor and vulnerable Zanzibaris; to assess options for extending social security to employed and self-employed workers in the informal economy.

The Ministry of Labour Economic Empowerment and Cooperatives

- To consider assessing potential barriers for investment and enhanced economic productivity for entrepreneurs, workers and self-employed workers in the formal and informal economies. Further, to consider rehabilitative measures for young adolescents engaged in harmful forms of child labour and to support young people to gain employment skills relevant to Zanzibar's economy.

President's Office, Finance, Economy and Development Planning

- To increase the budget of the MSWYCD and reserve special funds for funding social protection programmes that will be run by various Government Ministries, Departments and Agencies. This includes supporting efforts for capacity building of staff and national stakeholders at all levels.
- To invite MSWYCD to co-review the social protection related indicators for MKUZA II monitoring.

Private sector

- To ensure that they register their employees and remit their monthly contributions to existing mandatory social security schemes (ZSSF),
- To explore the possibility of streamlining their social protection funds through Wakf and Trust Commission and the MSWYCD.

NGOs and FBOs

- To work with MSWYWCD in delivering their social protection interventions. This includes aligning their programmes objectives with that of ZSPP. They will have to make sure that the quality and value of what they deliver are recognised by the Ministry and reach the right people in accordance with national guidelines for selection criteria of programme beneficiaries identification and standard services for poor and most vulnerable. In so doing, all social protection provisioning by non government actors will be required to align their guidelines and programmes with the national ones as par the ZSPP.

Development Partners

- The ZSPP acknowledge the contribution of development partners in supporting development agendas in Zanzibar both financially and technically. So, the government will continue working in very close collaboration with all DPs in rolling out the social protection interventions in Zanzibar.

4.5 Knowledge management, monitoring and evaluation

The credibility and effectiveness of the ZSPP to achieve its objectives will depend on its ability to routinely review progress in addressing poverty and vulnerability in Zanzibar and in drawing on data generated by a range of government Ministries, Departments, Agencies and Civil Society Organisations.

Reviewing ZSPP outputs and impacts depends on enhanced capacity to manage knowledge and information generated across a range of ministries, departments and agencies.

The MSWYWCD will develop a knowledge management system to monitor and evaluate performance of social protection interventions made by a range of governmental and non-governmental organisations.

The MSWYWCD will closely collaborate with other sectoral ministries, departments and agencies, including the Office of the Chief Government Statistician and the MKUZA Monitoring Secretariat in developing the knowledge management system.

A comprehensive social protection system in Zanzibar requires a good monitoring and evaluation instruments and techniques that will critically contribute to the knowledge management system..

Monitoring and evaluation (M&E) is vital for tracking progress towards delivering Zanzibar Social Protection Policy outcomes and for establishing the effectiveness of programmatic action, yet MSWYWCD has limited M&E experience.

The ZSPP will establish transparent monitoring systems to track progress and to assess the effectiveness and efficiency of social protection spending and programmatic interventions, and to guide policy review.

The MSWYWCD will from time to time provide guidance to ministries, departments and agencies on the nature of programme data required for monitoring ZSPP implementation.

The ZSPP will from its inception employ methodologically sound evaluation programmes to assess the impacts and the effectiveness of key social protection programmes, as compared against their objectives, at least once every 5 years.

The MSWYWCD will develop a single registry to ensure the routine capture of inputs, outputs and outcomes data from a range of RGOZ ministries, departments and agencies for evidence based policy analysis and review.

The single registry will effectively link to Vision 2020 and MKUZA II monitoring systems and help to capture data on national development indicators.

The single registry will facilitate identification and assessment of beneficiaries, reduction of inclusion and exclusion errors, and support the monitoring of programme performance across sectors against benchmarks. It will also be able to identify households and individuals eligible for various forms of support by the government and provide a comprehensive measure for tracking assistance provided. An integrated database for all individuals and households receiving social assistance will avoid duplication or 'double dipping' by transfer recipients.

4.6 Communications

Effective communications can enhance the legitimacy of and support for the ZSPP among the general public. Targeted communications can achieve greater cohesion of government and civil society social protection efforts, increase the public visibility of the MSWYWCD, and incentivise people to contribute to and seek social protection.

Social protection is a policy approach that is relatively new to many Zanzibaris. Public awareness of its potential benefits is limited.

The MSWYWCD will commission the development of a communications strategy to raise public awareness of and build popular support for ZSPP objectives and activities.

The communications strategy will develop communication products and messages in Kiswahili and English for dissemination through popular media channels, and targeted at diverse groups, including government decision-makers, politicians and popular audiences.

Annex 1. Policy mapping



