



Workshop on Global Development and Religion in Tanzania

On July 31, 2018, the World Faiths Development Dialogue (WFDD) convened a workshop in Washington, D.C. to discuss planned research on the intersection of development and religion in Tanzania. It was part of WFDD's ongoing PaRD (International Partnership for Religion and Sustainable Development)-supported research program to explore these issues in five countries (the first was Nigeria). The consultation drew on a review of existing material on both Tanzania's development strategies and on the religious landscape (brief summary in Annex 2). It involved a small group of primarily development practitioners who brought diverse experience and perspectives on Tanzania and had focused in various contexts on the intersection between development work and religious actors. Annex 1 includes brief background on those who attended.

The consultation will provide inputs into a country report that the WFDD team will prepare and to short policy briefs on selected topics. The overall aim is to encourage understanding, engagement, and collaboration among faith-inspired and government and non-government actors working to achieve development goals in Tanzania, with PaRD the first and primary audience. The project approach (WFDD terms it "mapping") involves careful review of available research and documentation and in-depth qualitative interviews with scholars and practitioners. In this instance, the planned focus will be the work of non-governmental, religiously-linked organizations (termed faith-inspired organizations or FIOs)—local, national, and international.

This summary provides a brief synopsis of consultation discussions, organized by the central development issues that are the planned focus for further analysis. The discussions were on a "Chatham House rules" basis; there were no prepared or formal presentations. The conversation explored a wide-range of issues and served well to sharpen priority areas where analysis of the religious dimensions could usefully be pursued. The hope is that workshop participants, along with several other individuals who expressed interest but could not attend, will continue their engagement as an informal advisory group, offering feedback and direction to WFDD's Tanzania work.

There was broad consensus on the central development challenges facing contemporary Tanzania, but less clarity and agreement on how religious actors are involved (and might be more productively engaged in the future), especially when it came to specific issues. A general observation was that in Tanzania, for various reasons that include its historical trajectory, there has been less deliberate policy and dialogue about religious community approaches and direct development operations. There have been exceptions, for example discussions about religious actor participation in the PRSP (Poverty Reduction Strategy Process) but overall the "religious question" seems to have been less intensively explored and less sharply defined than in some other countries where WFDD has worked. This is despite World Bank and WFDD support in 1999-2002 for health centered pilot focused on Tanzania.

This does not mean, however, that Tanzania is in significant ways “less religious” than neighboring countries. Overall perspective on religious roles in development are worth exploring in interviews.

A second theme emerging from the discussion was an emphasis on exploring the potential roles that religious communities can play in reaching the most vulnerable groups, “those left behind.”

More specifically, the discussions centered on the complex and significant religious roles in gender relations; vital challenges relating to education and health services, where there is direct and active faith involvement; contentious issues around families, including family planning, family formation, child marriage, female genital cutting, orphans and vulnerable children, and domestic violence; how religious communities might contribute more on governance challenges; and action to support several particularly vulnerable groups where religious communities are actively engaged. Other areas discussed included possible increases in religiously linked tensions and violence, religious community perceptions of and engagement on macroeconomic approaches and national development strategies, involvement on governance challenges (notably corruption), tensions around mining, and sustainable agriculture.

OVERVIEW OF DISCUSSIONS

What are the trends for religious dynamics and tensions?

Tanzania’s religious institutions are omnipresent throughout the country and play wide, varied, and complex roles. Tanzania’s population today is estimated to be around 51 million with 1.5 million on Zanzibar. Data about religious affiliations are inconsistent, with significant uncertainties and discrepancies among sources, including “official” estimates. The 1967 census, the last census that included questions on religious affiliation, found Zanzibar’s population to be approximately 99 percent Muslim, while the mainland population was 30 percent Christian, 35 percent Muslim, and 35 percent African traditional religions, other, or unaffiliated.

There were consistent and insistent assertions that, while there are tensions in Tanzania, these are not focused between Muslims and Christian communities. The general environment of tolerance and inter-group harmony, which is an important Tanzanian achievement, generally applies to relationships among the varied religious communities.

The Mainland vs. Zanzibar divide is what is important and it revolves around politics. Several participants argued that international actors have in various ways aggravated these relations. Tensions are related above all to political leadership. With the Chama Cha Mapinduzi—a political party from the mainland—dominating, little room remains for the opposition party from Zanzibar. All five of Tanzania’s presidents have been from Chama Cha Mapinduzi party, although the presidency has alternated between Christian and Muslim incumbents.

A focus of discussion was how religious communities interact, and specifically, how information dissemination among religious communities affects relationships and how they are changing, especially as the overall situation of Tanzania, as well as of individual religious communities, has evolved significantly over time. New technologies are changing how religious media functions, allowing for a greater reach. The explosive role of social media and cell phones that are a prominent feature in Kenya is, however, far less pronounced in Tanzania. A reason for the difference in Tanzania is the relatively slow pace of urbanization, as access to technology in rural areas tends to be lower. Religious groups use

radio infrastructure to communicate; a focus on sermon guides, created with integrity, may offer a useful approach to ensuring accurate information to religious communities.

Questions for further exploration include:

- While Tanzania has far fewer incidents of religiously motivated violence than neighboring countries, what measures are being implemented to prevent potential clashes? Are there interesting approaches and challenges arising from the Tanzania experience?
- What role is seen for deliberate interfaith initiatives? What are trends in intergroup, interfaith, and interfaith relations (notably given marked increases in tensions within the region)? What about government/faith relationships?
- To what extent are religious media evolving and what type of messaging is provided?
- How well “mapped” is the landscape of religious institutions involved in development, how well is it known by development actors, and where are there significant gaps or tensions? How is this related to government-NGO relationships more broadly?

How are religious institutions, overall and individually, involved in addressing Tanzania's governance challenges? Do religious institutions confront particular governance issues themselves?

President Julius Nyerere (Tanzania's first president following independence in 1961) is widely admired as a strong nation builder. He stressed a shared national identity and established Swahili as a common language. His legacy featured prominently in the workshop discussions, as it is seen as linked to many distinctive features of contemporary Tanzania. A prominent example is the low incidence of ethnic tensions, another the markedly less prominent roles of religious entities. The latter distinctive feature of Tanzania is linked to Nyerere's socialist model that focused centrally on a strong state role. Indeed, some participants spoke of an alienation of religious bodies in Tanzania that is a lasting result. Several reform directions, notably the shift towards reliance on markets, approaches to extractive industries, and focus on health insurance have met opposition or ambivalence from some religious leaders.

Several policies implemented under current President John Magufuli, were discussed and some concerns were expressed, notably about harsh means employed and a closing of civil society space. Anti-corruption approaches have sometimes involved such measures. Poor public service is being addressed through methods like firing public officials deemed to be incompetent or corrupt. The concern expressed by some participants is that this approach is linked to an overall more authoritarian ethos than in the past. In the mining and extractive industries sector, Magufuli implemented policies have had the effect of dampening exports. Industrial enterprises are required to work more directly with the government, at a cost to efficiency.

The financing of development programs has shifted in recent years in significant ways. Donor finance plays a significantly smaller role in Tanzania, both in terms of policy and specific programs, than in the past. A primary explanation is strong economic growth and approaching middle income status, as well as general shifts in the overall climate for aid. Significant resources are nonetheless available for innovative projects and programs. Some participants observed that the government is generally reluctant to share donor resources with faith organizations, notwithstanding the fact that in practice it is these organizations that fill many gaps within government-led systems.

Questions for further exploration include:

- How are religious communities currently involved in strategies to combat corruption?
- How are religious bodies and FIOs approaching extractive industry issues?
- What external and local resources are available to religious actors and where are there significant gaps in knowledge?
- What governance challenges face religious institutions themselves?

How can religious institutions best support Tanzania's education objectives?

Development of Tanzania's education system, including the central goal of expanding access, shows important results. There are, however, deep concerns about its quality.

Religious institutions from various denominations are involved in education, both in direct ownership and management of schools (though most were nationalized), and in advocacy. Special programs focus, for example, on groups falling outside formal systems and unemployed youth. There is a wide concern to improve education quality, but there appear to be limited channels for meaningful dialogue with government policy makers and international partners.

Demand for specialized skills training for jobs in growing fields, particularly industrialization and energy development, is high. This focused on technology, engineering, and mathematics competencies. There are opportunities to gain these competencies in the formal school system; while vocational training programs and non-formal education programs, with promising examples offered by FIOs, could fill gaps in developing skills that align better with current and projected employment opportunities.

Questions for further exploration include:

- Clarify the contemporary landscape of religiously linked schools and information available
- Explore priority areas where dialogue might be productive
- Special niches where FIOs and religious communities are active or fill gaps (disabled? Girls expelled from school? Refugee children)

Health

There have been remarkable gains on many health indicators in Tanzania, but there is still far to go (for example, the low doctor-to-patient ratio: just 1:20,000). As with education, issues center on access and quality. Religiously affiliated groups are significant service providers and, further, religious beliefs are often a factor in both disease prevention and care. A recent World Bank report shows that 13 percent of health facilities are run by faith-linked organizations, though workshop participants disputed this number, arguing that this figure substantially understates their scale and impact. Sharp urban-rural divides are an important factor, in accuracy of reporting (data from urban areas is much better), in patterns of how people seek and get care, and in quality of care (supply issues in rural settings are more significant). "Soft" services in rural areas may not be captured in reporting. There may also be problems in the way data is categorized, for example, in distinguishing private and for profit health care from faith-provided, which is rarely for-profit.

Reproductive health indicators improved between 2004 and 2016: the maternal mortality ratio fell from 578 to 556 and the total fertility rate from 5.7 to 5.2. A continuing issue is a strong preference for home delivery, as opposed to institutional deliveries. The 2016 DHS found that overall 63 percent of deliveries occurred at health facilities, with wide regional differences reflected in percentages ranging from 40 to 94. Attitudes of religious leaders and beliefs held by people about reproductive health are important factors both in shaping policy approaches and in the indicators. Overall, family planning is not high among the government's priorities.

HIV/AIDS is a significant health challenge in Tanzania, notwithstanding progress made in reducing incidence and providing care. Women bear a higher percentage of the disease burden (prevalence of 5.8 percent compared to 3.6 percent for men). Gender dynamics influence these numbers; for example, women tend to have older partners, the "sugar daddy" practice is widespread, and women face challenges in negotiating safer sex. HIV prevalence is especially high among sex workers, in mining areas and areas near the borders, and places where there is high seasonal migration for work, such as tea plantations.

Mental health is an emerging issue that deserves exploration and focus. Psychiatric medications are provided free, but they are rarely available. Mental health tends to be a taboo topic, one reason why providers are turning towards community-based health and focusing on symptoms of diseases rather than the disease directly.

Questions for further exploration include:

- Better understanding of contemporary landscape of faith-provided health care including special niches, best practice, and areas of challenge
- Religious involvement in the contentious issues around families including child marriage
- Specific attention to issues around family planning, including healthy timing and spacing of pregnancy and ideal family size.

How are religious communities and leaders involved on gender issues?

Tanzania's government reports significant progress toward gender equality and focuses on the topic as a priority for Tanzania's development. However, many challenges remain. Issues include, notably, inequitable access to and ownership of land and resources; low rates of women's participation in all levels of decision-making; women's exclusion from the economy; and widespread gender-based violence. The workshop discussion focused on the deep-seated and heavy-handed patriarchal system and its complex links to religious traditions, and the attitudes and approaches of religious leaders and communities.

Tanzania was an early country to pass laws on gender-based violence, but violence against women is still widespread; recent reports show that 42 percent of ever-partnered women aged 15-49 years surveyed, reported experiencing physical and/or sexual intimate partner violence at least once in their life, while 30 percent stated that they have experienced it in the last 12 months. Female Genital Cutting (FGC) throughout Tanzania is estimated at 10 percent, with significant regional variations (above 80 percent in some areas). Various organizations are working at community level to highlight the risks and harm associated with FGC; rites of passage are an important factor in persistence of the practice and creative approaches here offer possible avenues towards solutions.

Teenage pregnancies in Tanzania are common; DHS surveys indicate that pregnancies among girls aged 15-19 increased from 23 percent in 2010 to 27 percent in 2015. An immediate and important issue is Tanzania's policy that block teenage mothers from attending school; some schools are conducting pregnancy tests as a requirement and expelling girls when the tests are positive. If a girl identifies the man who impregnated her, he can be sentenced to up to 30 years in prison, so many are reluctant to do so. There is strong resistance, however, to teaching about reproductive health. A focus on boys as well as girls in efforts to address the issue is recommended.

Child marriage rates are high, with 31 percent of girls married before the age of 18. Government guidelines require that married girls be expelled from school.

Workshop participants highlighted potential roles for faith communities and FIOs in addressing the group of affected girls, so that they can continue their education and in mentoring programs to help fill the education gap.

Questions for further exploration include:

- Clarifying formal and informal arrangements for faith-linked education service delivery
- Case studies of best practice and special niches

Children and youth: what are distinctive religious contributions?

Tanzania shares with many African countries the challenges posed by the large share of children and youth in the population. High unemployment among youth is a significant factor in radicalization. Exploring both actual and potential faith approaches and roles should be a focus. Ways to reinforce resilience, build networks, and address specific areas of grievances are worth exploring.

Questions for further exploration include:

- Innovative and best practice examples of approaches to vulnerable children
- Addressing youth unemployment and radicalization
- Faith-linked programs to address special challenges including albinism, child sacrifice, ritual killing, and trafficking.

Possible additional topics

Other issues that were touched on included FIO involvement in refugee camps and communities and in agriculture and food security.

NEXT STEPS AND RESEARCH PLAN

The planned next step is to deepen our research from secondary sources and interview a range of specialists (in the US and in Tanzania), focusing on the topics that were highlighted as likely to yield significant insights. Outputs will include a country report and targeted issue briefs. Interviews will appear on the website.

This document [was reviewed] by participants and reflects their observations. WFDD will likewise seek comments on the draft country report and on its dissemination. We invite further reflections and suggestions as we proceed.

ANNEX 1: CONSULTATION PARTICIPANTS

Jim Adams, Former World Bank country director of Tanzania

Jim Adams was the World Bank Country Director in Tanzania and Uganda from 1995-2002. He retired in 2012 after 37 years at the World Bank where his positions included Vice President for East Asia and the Pacific (2007-2012), and Regional Director in Kenya in the late 1980s. From 2002 to 2007 he served as the head of operational policy in the Bank, overseeing a program directed at making the Bank more responsive to its clients' needs. Among his current duties, Mr. Adams serves as Chair of DFAT's Independent Evaluation Committee. He studied at Colgate University, and holds an MPA from Princeton University.

Paul Mosley, Health Programs Coordinator for Mennonite Central Committee Tanzania Paul Mosley is a Health Programs Coordinator for Mennonite Central Committee. He manages health programs for MCC in Tanzania including maternal and child health initiative among Maasai in Ngorongoro crater district. Previously, Mr. Mosley was a consultant and project manager at Collaborative Development Network and the country representative for Rwanda/Burundi at MCC. He was also a lecturer/ Director of Dance Theatre at Vassar College. Mr. Mosley received his BA from Washington University in St. Louis, his Masters of Fine Arts from the University of Washington and his Master of Public Health from George Washington University.

Natsayi Nembaware, Senior Technical Advisor for Nutrition at ADRA International

Natsayi Nembaware is serving as Senior Technical Advisor for Nutrition at ADRA International. She is a Zimbabwean nutritionist with 15 years of experience, five with the Ministry of Health and Child Care at district, province, and headquarters in Zimbabwe. She has been an active member of various task forces and committees that develop national policies, strategies, and guidelines for health and nutrition. Her interests are preservation of nature, indigenous/traditional diets, sustainable nutrition solutions, disease prevention and the interplay between nutrition, agriculture, water, and health.

Zivayi Nengomasha, Director - Programs and Planning at ADRA Africa Regional Office, Nairobi Zivayi Nengomasha is the Director of Programming and Planning at ADRA Africa Regional Office in Nairobi, Kenya. She also served as the Country Director where she coordinated and contributed to the development and implementation of the agency's strategic plan with periodic reviews and improvement. Ms. Nengomasha has also served as the principal research officer at Motopos Research Institute where she pioneered research in ostrich nutrition as well as analyzing the behavior of different castles and breeds. She obtained her Masters and Ph.D. from The University of Edinburgh and Masters in International Development at Andrews University.

Miriam Schneidman, Lead Health Specialist in the Africa Region of the World Bank

Miriam Schneidman is a lead health specialist in the Africa Region of the World Bank and has more than 35 years of experience working on the human development and health issues in Africa and Latin

America. She has conducted numerous research projects focused on health, nutrition and population and was intensively involved in the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP). She managed a regional laboratory project in East Africa to strengthen diagnostic and surveillance systems. Most recently, she led a South-South Knowledge Exchange program that supported countries in East and Southern Africa in cancer care and information sharing capacity. Ms. Schneidman holds degrees in Economics from the University of Maryland and in Public Health from The Johns Hopkins University.

Dominick Shattuck, Senior Research Officer at the Institute for Reproductive Health at Georgetown University

Dominick Shattuck is a Senior Research Officer at the Institute for Reproductive Health at Georgetown University. He Co-Chairs the USAID-sponsored Male Engagement Task Force and the Male Engagement section within the International Conference for Family Planning. From 2006-2015 Dr. Shattuck worked at FHI 360 where he was a scientist and a technical director. He was a former board member for Male Contraception Initiative. Dr. Shattuck advocates for men's and boys' inclusion in reproductive health research and advocacy work. He received his BA from Clark University and his masters from North Carolina State University.

Tausi Suedi, Cofounder, CEO, Senior Technical Advisor at Childbirth Survival International (CSI) and Adjunct Professor of Global Health at Towson University

Tausi Suedi is the Cofounder, CEO, and Senior Technical Advisor at Childbirth Survival International. At CSI, she leads a team of 50 employees in five countries to reach pregnant women, newborns, children under five, and adolescents in rural areas. She is also Adjunct Professor of Global Health at Towson University. Prior to teaching at Towson University, Ms. Suedi was a program and communications associate at Association of Baltimore Area Grantmakers (ABAG). Additionally, she was the former president of Rotary International. Ms. Suedi holds a BS in Environmental Health from Towson University, a BS in Environmental Sciences and Rural Environmental Protection from the University of Liverpool, and a MPH from The George Washington University.

Scott Todd, Systems Consultant, GIS Specialist, Landscape Architect | Project & Program Manager

Scott Todd is the Principal of Amoenitas since 2017. He works to provide professional consulting across a range of systems and place-based sectors, from Global Development to Site Design, Facilities Management, Community Development, and others. Previously he was a GIS Director at Global Mapping International where he developed, expanded and sustained all GIS, mapping and data development. Mr. Todd was a senior program officer at IMA World Health from 2008 to 2013. He received his Bachelors of Landscape Architecture (BLA) from Utah State University and his masters from Temple University.

ANNEX 2: Background, Preliminary research

Christianity: Catholics represent approximately half (51 percent) of Tanzanian Christians today, and Protestants 47 percent.ⁱ Christianity in Tanzania dates from Portuguese missions to East Africa in the sixteenth and seventeenth centuries, followed later by German and British missionary societies during the eighteenth and nineteenth centuries. The first Roman Catholic mission started in Zanzibar in 1863 and by 1868, Catholicism had reached the mainland.ⁱⁱ Christianity spread slowly among the indigenous population under German colonial rule, but more quickly during British colonial rule (1918-1961);^d there was a marked focus on education and health.. By 1957 an estimated 25 percent of Tanzanians were Christian. Christians are found throughout the mainland, with higher concentrations in Kagera (West Lake), Kilimanjaro, and Ruvuma regions.ⁱⁱⁱ

The **Muslim** community, which includes adherents on the mainland and in Zanzibar, is mostly Sunni, with most following the Shafi'i judiciary tradition; small groups of Tanzanians of Yemeni origin belong to the Maliki and Hanbali schools. Muslim minorities include: Shi'ite, Omani with most being Ibadiyya, and an active Ahmadiyya minority. Some researchers suggest that almost three-quarters of Sunni Muslims can be classified as Sufi.^{iv} The earliest evidence of Islam in Tanzania was recorded during the eighth and ninth centuries when Muslim Arabs started to settle into the coastal areas ruled by Bantu tribal leadership. The thirteenth to the fifteenth centuries saw the establishment of small settlement dynasties along the eastern coast and the Comoros. Arabs and Persian settlers intermarried with Bantu women creating a new group of people called the Sawahila (coastalists) who spoke Swahili. A third period was characterized by the rise of Hadrami Shafi'i Islam after leaders from Yemen settled in Tanzania and gained a significant following among the Omanis. From 1916 to 1934, the Muslim community grew from 3 to 25 percent of the population.

Coexistence of tribal and Islamic traditions contributes to the less strict adherence or interest in fundamentalism, and especially the Salafist traditions, which have gained more support in other parts of the world.^v Prominent Sufi orders were the Qadiriyya (and its influential and its Uwaisi branch) and the Shadhiliyya. The Sufi orders focused on personal piety, emphasized charity, were open to indigenous religious beliefs, and led by Africans.

A small minority of the population report practicing **traditional African religions** exclusively, but many practices are incorporated into mainstream religious observances and beliefs. A Pew Forum study found that syncretism is more common among Tanzanians than any other African country—more than half (62 percent) of Tanzanians believe and practice at least six of the 11 most commonly held beliefs within traditional African religions.¹ One indication is belief in witchcraft; the Legal and Human Rights Centre reported 425 witchcraft related killings in 2015.^{vi} More Muslims than Christians exhibit high levels of belief and practice of traditional African religion.^{vii}

¹ These include: belief in the protective power of certain spiritual people, the power of juju and other sacred objects, the evil eye, witchcraft, evil spirits, the protective power of sacrificial offerings to ancestors, reincarnation, visiting traditional healers, owning sacred objects, participating in ceremonies to honor ancestors, and participating in traditional puberty rituals.

Tanzania stands out for relative peace, but peace and security are significant issues that affect development. The National Consortium for the Study of Terrorism and Responses to Terrorism's (START) Global Terrorism Database reports that Tanzania, between 2003 and 2017, experienced 42 terrorism incidents. Domestic extremism (which does exist) is rarely linked to transnational extremist movements. Zanzibar in particular, is characterized as having a combination of push and pull factors, which are structurally related: curtailment of political rights, poverty, and male unemployment.^{viii}

A wide range of Christian and Muslim faith inspired organizations (FIOs) serve important roles in advocacy, service provision, and emergency relief efforts. Some examples are the following:

The National Muslim Council of Tanzania or BAKWATA, an umbrella organization, was formed by the government in 1968, and operates through individual mosques. It runs 10 secondary schools, two teacher's colleges, two theological colleges, a radio station, and supports numerous madrasa schools. BAKWATA facilitates training for Muslim scholars in environmental education and provides ongoing environmental education for madras students. It operates 110 franchised dispensaries. With the exception of religious services, which are only open to Muslims, it serves the broader community regardless of faith.

The Supreme Council of Islamic Organizations and Institutions in Tanzania (Baraza Kuu), also an umbrella organization for Muslims, was registered in 1992. Its primary activities are fighting for the rights of Muslims, ensuring Muslim participation in development plans and activities, and seeking funds for development projects. Its membership consists mostly of mosques and more than 300 individuals.

The Aga Khan Development Network (AKDN) established its first Aga Khan school for girls in Zanzibar in 1905. Currently, it includes several agencies working in rural and economic development, education, healthcare, microfinance, civil society, and culture. AKDN's education projects include collaboration with the Ministry of Education and Vocational Training to implement school improvement programs, establishment of 84 madrasa schools in Zanzibar, and teacher training through the Aga Khan University.

The African Muslim Agency (AMA) was registered in 1994 and cooperates with both BAKWATA and Baraza Kuu. Its primary focus areas include education, health services, orphan care, and water drilling services. They also distribute meals to communities during Eid. AMA operates a number of primary and secondary schools, accepting only Muslim pupils, as they are under the auspices of Muslim seminaries. It also operates orphan centers, builds mosques, and has drilled over 3,000 wells. This organization has come under consistent surveillance by international intelligence communities especially after 9/11.

Christian Social Services Commission is an umbrella ecumenical organization for the *Christian Council of Tanzania (CCT)* and the *Tanzania Episcopal Conference (TC)*. It works under more than 87 dioceses and provinces, which own and manage approximately 42 percent of health services at the hospital level and 56 percent in rural areas, as well as 10 percent of education services in Tanzania. The CCT, founded in 1934, is comprised of fifteen Protestant

denominations, operating in about 60 dioceses. It focuses mainly on education and health services. Programs address HIV/AIDS, interfaith relations, women and community empowerment, capacity building, justice and peace, human rights and civic education, public policy advocacy, media and community advocacy, microfinance, education and relief work. Established in 1956, *TEC* is the umbrella organization for 30 dioceses, which encompasses parishes, sub-parishes, and small Christian communities. Social services are available for all people, regardless of faith tradition, and *TEC* implements development activities through Caritas, justice, and peace secretaries, which are present in all dioceses, with health, education, and communication departments. Services include, civic education, disseminating textbooks, and teacher training to help people assess the government's performance in relation to election promises and HIV/AIDS reduction education.

Caritas Tanzania (CT), established in 1971 through the *TEC*, coordinates charitable and social development projects. Its programs focus on emergency and relief, women in development and childcare, and development of youth. It works in collaboration with the international Caritas network, the Government of Tanzania, the UN system, and local community leaders.

Catholic Relief Services (CRS), registered in Tanzania in 1962, provides relief and food aid and supports agriculture, agro-enterprise, and microfinance projects. It also works on HIV/AIDS prevention and peacebuilding. *CRS* has assisted approximately 800,000 people since it began working in Tanzania.^{ix}

The Young Women's Christian Association of Tanzania (YWCA), registered in Tanzania in 1959, operates 11 branches. Its works to improve the physical, mental, social, spiritual, and economic well-being of children, youth, and adult women. *YWCA* operates in rural and urban areas, focusing on leadership development and employment programs, juvenile delinquency, HIV/AIDS awareness, environmental and development projects, and healthcare.

World Vision/Tanzania (WV/Tanzania), established in 1981, serves 13 regions. Programs include improving the quality of education, increasing access to health services, working to reduce the spread of HIV/AIDS with a special focus on orphans and vulnerable children, reducing food insecurities within households, reducing malnutrition, and increasing access to drinking water.

The *Buddhist Association of Tanzania* operates a nursery school and provides scholarships for Tanzanian youth, who have completed secondary school, to attend the African Buddhist Seminary in South Africa. Students, who want to pursue Buddhism studies, can qualify for scholarships to study in Taiwan.^x

The Hindu Mandal was established in 1910, with the aim of providing social welfare, education, youth sports activities, and medical services. The Shree Hindu Mandal Hospital provides medical services to the broader community.^{xi}

The *Bahá'í Community of Tanzania* operates community schools, providing secular education for the wider community; workshops on the equality of women and men; moral education classes for children and youth; and peace building initiatives through interfaith associations. The Ruaha

Secondary School, located in Iringa, Tanzania, provides secondary education for approximately 400 girls.^{xii}

Interfaith Collaboration: There is considerable interest and participation in interfaith organizations, which collaborate on various social welfare programs and projects. These include the *Tanzanian Women and Youth Interfaith Networks (TWIN and TYIN)*, which are members of the *Inter-Religious Council for Peace Tanzania (IRCPT)*. The IRCPT is involved, among other things, in the National Strategy for Growth and Reduction of Poverty, as well as HIV/AIDS and peace and conflict management.

Table I: Some development indicators

| Poverty and Social Development Indicators ^{xiii} | 2000 | 2016 |
|--|-------------|-------------|
| Life expectancy at birth, total years | 51.5 | 65.7 |
| Mortality rate, under 5 (per 1,000 births) | 131.8 | 56.7 |
| Adolescent fertility rate (births per 1,000 women ages 15-19) | 132.5 | 116.6 |
| School enrollment, primary (% gross) | 67.5 | 80.7 |
| Prevalence of HIV, total (% of population ages 15-49) | 8.9 | 4.7 |
| Mobile cellular subscriptions (per 100 people) | .3 | 72.1 |

| UNICEF Indicators ^{xiv} | |
|---|------|
| Pre-primary school participation, Gross enrolment ratio (%) 2008 -2012*, male | 35.3 |
| Pre-primary school participation, Gross enrolment ratio (%) 2008 -2012*, female | 34.1 |
| Primary school participation, Survival rate to last primary grade (%) , 2008-2012*, admin. data | 81.4 |
| Secondary school participation, Net attendance ratio (%) 2008-2012*, male | 26.2 |
| Secondary school participation, Net attendance ratio (%) 2008-2012*, female | 24.4 |
| Public spending as a % of GDP (2008-2010*) allocated to: education | 6.2 |
| Population below international poverty line of US\$1.25 per day (%) 2007-2011* | 67.9 |
| Average annual rate of inflation (%) 1990-2012 | 12.7 |
| Birth registration (%) 2005-2012*, urban | 44.2 |
| Birth registration (%) 2005-2012*, rural | 9.7 |
| GNI per capita (US\$) 2012 | 570 |

ENDONTES

ⁱ http://globalreligiousfutures.org/countries/tanzania#/?affiliations_religion_id=11&affiliations_year=2010®ion_name=All%20Countries&restrictions_year=2016

ⁱⁱ Rasmussen, L. (1993) *Christian-Muslim Relations in Africa: the Cases of Northern Nigeria and Tanzania Compared*. London: British Academic Press

ⁱⁱⁱ Tanzanian Affairs - FOREIGN RELATIONS. (1983) “Tanzanian Affairs.”
<https://www.tzaffairs.org/1983/07/religion-and-society-in-tanzania/>

^{iv} Islamtanzania.org. (1997) ISLAM2 [online] Available at: <http://www.islamtanzania.org/articles/islam2.htm>

^v Vittori, M., Bremer, K., “Islam in Tanzania and Kenya: Ally or Threat in the War on Terror?” *U.S Air Force Institute for National Security Studies USAF Academy*, 2009, https://www.usafa.edu/app/uploads/15_ISLAM-IN-TANZANIA-AND-KENYA-ALLY-OR-THREAT-IN-THE-WAR-ON-TERROR.pdf

^{vi} U.S. Department of State, “Tanzania 2016 Human Rights Report,” 2016,
<https://www.state.gov/documents/organization/265522.pdf>

^{vii} The Pew Forum on Religion & Public Life, “Country Profile: Tanzania,” 2010
http://globalreligiousfutures.org/countries/tanzania#/?affiliations_religion_id=11&affiliations_year=2010®ion_name=All%20Countries&restrictions_year=2016

^{viii} ida.org. (2017) “The Threat of Violent Extremism in Tanzania,” Africa Watch [Online] Vol. 17
<https://www.ida.org/ExploreIDAResearch/ResearchRelatedPages/AfricaWatch>

^{ix} CRS. (2018). Tanzania. [online] Available at <https://www.crs.org/our-work-overseas/where-we-work/tanzania>

^x Revolvy, L. (2010) “Tanzania Buddhist Temple and Meditation Center” on Revolvy.com [online] Available at <https://www.revolvy.com/main/index.php?s=Tanzania%20Buddhist%20Temple%20and%20Meditation%20Center>

^{xi} Hinduism Today | February 1996. [online] Available at
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