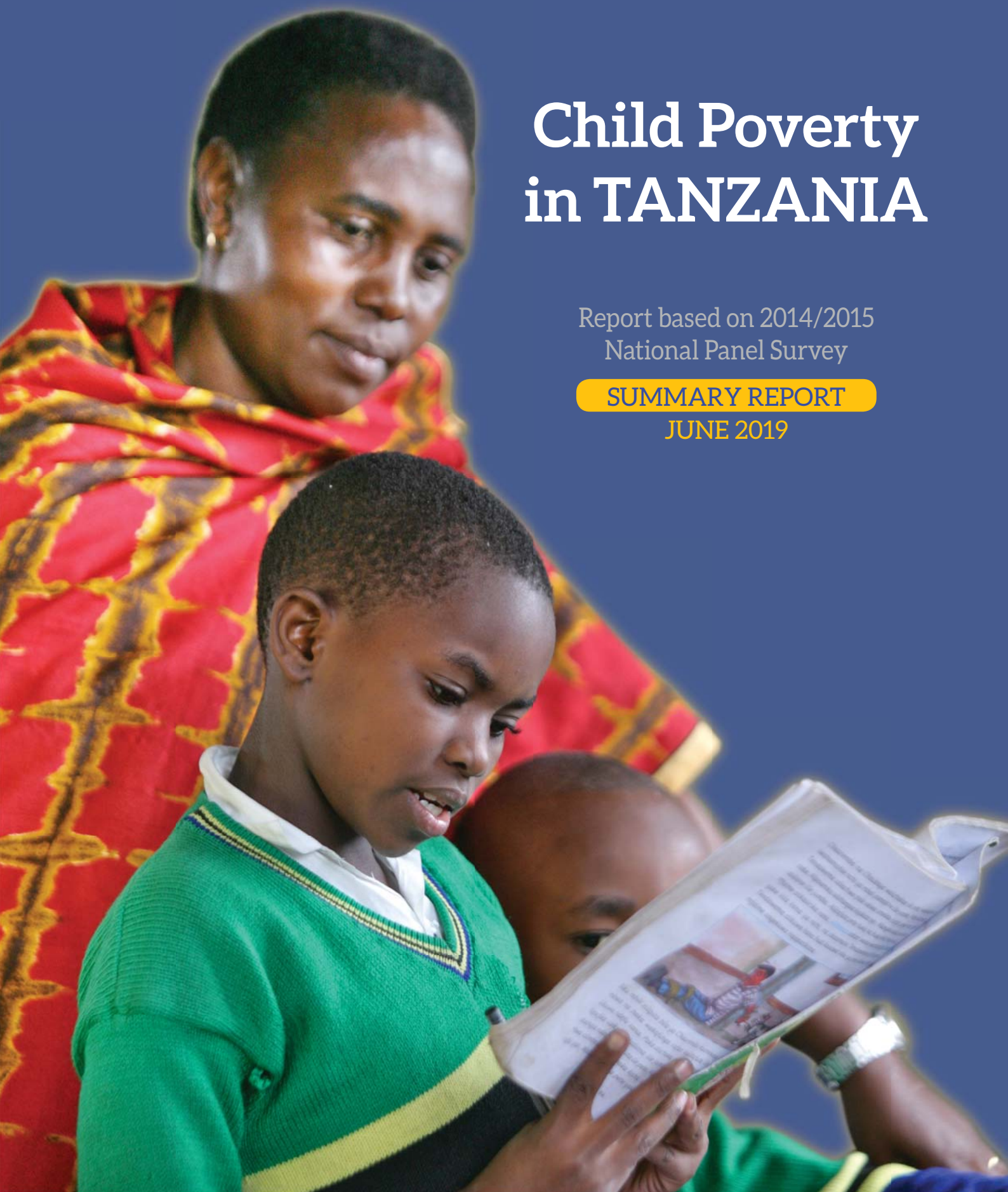THE UNITED REPUBLIC OF TANZANIA

Child Poverty in TANZANIA

Report based on 2014/2015
National Panel Survey

SUMMARY REPORT
JUNE 2019

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JUNE 2019

Dodoma, Tanzania

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National Bureau of Statistics

unicef
for every child

United Nations Children's Fund

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ABBREVIATIONS

BMI	Body Mass Index
HBS	Household Budget Survey
MKUZA	Mkakati wa Kukuza Uchumi na Kupunguza Umasikini Zanzibar (also known as Zanzibar Strategy for Growth and Reduction of Poverty)
MODA	Multiple Overlapping Deprivation Analysis
MPI	Multidimensional Poverty Index
NBS	National Bureau of Statistics
NPS	National Panel Survey
OCGS	Office of Chief Government Statistician
OPM	Oxford Policy Management
PSLE	Primary School Leaving Examination
PSSN	Productive Social Safety Net
REPOA	Policy Research for Development
SDG	Sustainable Development Goal
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
VNR	Voluntary National Review
WHO	World Health Organization

ACKNOWLEDGEMENTS

FOREWORD

This report on Child Poverty is the second in a series produced in Tanzania. Like the first report, which was published in 2016, it utilizes data from the National Panel Survey (NPS). While the first report, used 2012/13 NPS data, the current report uses the newer data set that was collected during 2014/15 NPS. It presents an update of the 2016 Child Poverty in Tanzania report while some improvements were made to the methodology for measuring child monetary and multidimensional poverty.

The report presents indicators of non-monetary deprivation among children aged 0–17 years living in households. This method of measuring deprivation captures issues of importance in the well-being of a child during childhood and, importantly, that impact his/her well-being in adulthood. The method (known as Multiple Overlapping Deprivation Analysis – MODA) was introduced by the United Nations Children's Fund (UNICEF) and adapted by a team of in-country technicians from both Government and non-governmental organizations through a number of Technical Working Group (TWG) meetings. The TWG was led by the National Bureau of Statistics (NBS). Through meetings and work sessions with the consultants and technicians from both the NBS and the Office of Chief Government Statistician (OCGS) in Zanzibar, TWG members were capacitated to carry out the analysis without the need for involving an external consultant in the future.

The child poverty measurement used in this report is similar to the newly introduced method of measuring poverty through the Multidimensional Poverty Index (MPI) that complements the traditional method of measuring poverty through the lens of a household's aggregate income and consumption. This approach provides an avenue to continue making an analysis of poverty in the country that is relevant to all groups in the population, including children. It is anticipated that future analyses of poverty in the country, especially that of the 2017/18 Household Budget Survey (HBS) data, will also consider the multidimensional poverty approach to paint an updated and more accurate picture of the state of child poverty in Tanzania. This will build a desired foundation to sustain the inclusion of a module in every household survey and allow similar analyses in the future.

The information presented in this report aims at raising awareness and deeper understanding among Government and non-governmental stakeholders of the multiple dimension of poverty to develop plans, policies, and programmes that address and aim to improve the well-being of children. Given the inclusion of child poverty in the SDGs, this report can serve as a point of reference for both SDG monitoring and poverty monitoring nationally, in relation to key sector programmes and policies, and the second Five Year Development Plan (FYDP II).

1. KEY CONCEPTS

Basic needs poverty refers to the lack of income necessary to satisfy essential non-food needs – such as clothing, energy and shelter – as well as food needs. Unless otherwise specified, when the term "monetary poverty" is used in this report, it refers to basic needs poverty at the household level. The 2012/13 NPS poverty line used for analyses is TSh 32,905.41 per month per adult equivalent. In 2014/15 NPS, the poverty line was set at TSh 33,759 /month. Both the monetary and food poverty lines were taken from consumption aggregate data provided by the National Bureau of Statistics (NBS). These estimates differ from those used in the "National Panel Survey Wave 3, 2012–2013" report (NBS 2014), which calculated poverty lines and consumption aggregates at 2010/11 prices.

Consumption is the total value of food and non-food goods and services used, including the estimated value of non-purchased items such as those produced by a household or received as gifts. In this report, consumption is measured in Tanzanian Shillings(TSh) per month per adult equivalent.

Deprivation is the lack or denial of a basic need or right. The eight broad categories of deprivation which are examined in this report are insufficient nutrition, health, protection, education, information, sanitation, water, and housing. Deprivation is also assessed at the indicator level.

Dimension: In this report, dimensions refer to different aspects of well-being and deprivation, such as nutrition, health, protection, education, information, sanitation, water and housing.

Multidimensional child poverty: A child in Tanzania is defined as living in multidimensional poverty if he/she suffers deprivation in three or more key dimensions of poverty: nutrition, health, protection, education, information, sanitation, water and housing.

2. BACKGROUND

In September 2015, the 2030 Agenda for Sustainable Development, consisting of 17 Sustainable Development Goals (SDGs) and 169 targets, was agreed on by the 193 Member States of the United Nations (UN). With the inclusion of child poverty targets and indicators in Goal 1 on ending poverty in all its forms everywhere, United Nations Member States including Tanzania have a mandate for reporting on child poverty, ending extreme child poverty and at least reducing by half the proportion of children living in poverty in all its dimensions according to national definitions by 2030.

In Tanzania, the national development plans including the second Five-Year Development Plan (FYDP II), the third Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP III) also known in Kiswahili as Mkakati wa Kukuza Uchumi na Kupunguza Umasikini Zanzibar (MKUZA III), Successor Strategy in Zanzibar for 2013–2021 have been aligned well with the 2030 Agenda for Sustainable Development.

The objective of this study is to gain a deeper understanding of the nature and drivers of child poverty in all its dimensions and to facilitate the development of better-targeted policies aimed at addressing the needs of the most vulnerable children.

The study builds on and updates the work undertaken by UNICEF Tanzania in partnership with NBS in 2016 to prepare the country's first child poverty report, using the MODA methodology developed by UNICEF to assess child poverty using 2012/13 National Panel Survey Wave 3 (NPS3) data. Compared to the 2016 report, the methodology used for measuring multidimensional child poverty in the present report has been improved in several areas, including the addition of new indicators, change of indicators in some dimensions and improvement in the definition of some indicators. In addition, the present study is based on data

from the 2014/15 National Panel Survey Wave 4 (NPS4), which were collected from a refreshed sample using the new sampling frame from the 2012 Population and Housing Census.

The study is part of ongoing efforts in the NBS to institutionalize the measurement of and reporting on multidimensional (child) poverty. This is particularly relevant in the present context when Tanzania is preparing for the reporting of Sustainable Development Goals in the 2019 Voluntary National Review (VNR) and the development of a multdimensional poverty measurement specific to Tanzania.

Child poverty has long been conceptualized as a multidimensional phenomenon. There are several reasons for this. Firstly, most existing measures of monetary poverty focus on income or consumption at the aggregate household level. Secondly, children have a complex set of socio-emotional needs that are only indirectly linked to material well-being. In order to develop into functional and flourishing adults, children require, for instance, emotional nurturing, intellectual stimulation and teaching of social skills (Gordon 2003). Multidimensional measures of poverty offer the possibility to look at the issue of intra-household allocation of resources by focusing on individual-specific indicators of well-being, such as immunization or literacy.
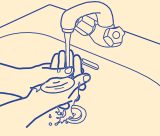
A child in Tanzania is defined as living in multidimensional poverty if he/she suffers deprivation in three or more key dimensions of poverty: nutrition, health, protection, education, information, sanitation, water and housing. These dimensions, which have equal weightages, align very closely with children's rights as defined within the United Nations Convention on the Rights of the Child (UN 1989). A child is considered deprived in a dimension if he/she is deprived of one or more of its indicators. For example, a child under-5 is deprived of the health dimension if his/her birth was not assisted by skilled health personnel, and/or he/she had diarrhoea in the previous 14 days, and/or his/her mother did not visit a health centre regularly during her last pregnancy, and/or he/she did not sleep under bednet or was hospitalized for malaria in the previous 12 months.

With the life cycle approach, these dimensions are measured for children under 18 years of age and across four age groups (0–23 months; 24–59 months; 5–13 years and 14–17 years) to capture the varying needs of children across their lives. For younger age groups (0–23 months and 24–59 months), age-specific indicators of nutrition, health and protection were selected. For children of older age groups (5–13 years and 14–17 years), the analysis included age-specific indicators on nutrition, health, education, protection and information. For all age groups, household-level indicators of water, sanitation and housing were measured to assess deprivation in the direct environment in which the child grows up.

Generally, a deprivation corresponds to a violation of a child's basic rights (UN 1989). In this regard, deprivations are different from predictors or correlates of deprivation. For example, being an orphan might make a child more vulnerable to deprivation, but it is not a deprivation in itself, since it is not a violation of a right (de Neubourg et al. 2014).

Table 1: Dimensions, indicators and threshold values used for measuring multidimensional child poverty by age group in the report

Dimension	Indicator	Threshold value that determines deprivation	0–23 months	24–59 months	5–13 years	14–17 years
1. Nutrition	Prevalence of stunting or wasting	Child (0–59 months) whose height for age is lower than two standard deviations from World Health Organization (WHO) reference OR weight for height is lower than two standard deviations from WHO reference OR upper arm circumference < 11 cm	√	√		
	Body mass index (BMI)	Child (5–14 years) whose BMI is lower OR higher than two standard deviations from WHO reference			√	√
	Dietary diversity	Child (0–17 years) living in a household that consumed less than four of nine food types in the previous 24 hours	√	√	√	√
2. Health	Mother's assisted delivery	Child (0–23 months) whose birth delivery was assisted by a traditional birth attendant, friend, relative, or no one	√			
	Antenatal care	Child (0–23 months) whose mother did not visit a health facility regularly during her last pregnancy	√			
	Support to a child with severe disability	Child (5–17 years) with severe disability that affects his/her work and/or school, and does not receive adequate support			√	√
	Malaria	Child (0–17 years) did not sleep under a bednet OR was hospitalized for malaria in the previous 12 months	√	√	√	√
	Diarrhoea	Child (0–4 years) had diarrhoea in the previous 14 days OR child (0–17 years) was hospitalized due to diarrhoea in the previous 12 months	√	√	√	√

Dimension	Indicator	Threshold value that determines deprivation	0–23 months	24–59 months	5–13 years	14–17 years
3. Protection	Victim of crime	Child (12–17 years) has been a victim of a serious crime in previous four weeks OR child (0–17 years) lives in a household that has been the victim of hijack/robbery in the previous 12 months	√	√	√	√
	Birth registration	Child (0–17 years) has not been registered or has no birth certificate	√	√	√	√
	Early marriage	Child (12–17 years) who is married or has been married			√	√
	Child labour	Child (5–17 years) who is engaged in child labour			√	√
4. Water	Unimproved water	Child (0–17 years) living in a household that uses unimproved water source, unless boiled or treated with chlorine	√	√	√	√
	Time to fetch water	Child (5–17 years) has main responsibility for fetching water in a household located > 30 minutes return from source OR child (5–17 years) who spent > 1 hour fetching water the previous day			√	√
5. Sanitation	Unsafe waste disposal	Child (0–17 years) living in a household that disposes waste in an unauthorized heap	√	√	√	√
	Unsafe stools disposal	Child (0–17 years) living in a household that buried or left faeces (stools) in the open	√	√	√	√
	Unimproved/ shared sanitation	Child (0–17 years) living in a household that has unimproved or shared toilet	√	√	√	√

Dimension	Indicator	Threshold value that determines deprivation	0–23 months	24–59 months	5–13 years	14–17 years
6. Housing	Inadequate floor/ roof	Child (0–17 years) living in-a house whose roof is made of grass, leaves, bamboo, mud OR household floor made of earth	√	√	√	√
	Over-crowding	Child (0–17 years) living in-a house that has > 2 adult equivalents per room (child<5=0.5 adult*)	√	√	√	√
	Solid cooking fuel	Child (0–17 years) living in a household that uses firewood or charcoal or dung for cooking (not applicable in case the household has 2nd unit specifically for cooking)	√	√	√	√
7. Education	Literacy	Child (9–17 years) cannot read or write in any language			√	√
	School enrolment	Child (7–13 years) is not enrolled in school OR is enrolled in school but does not have textbooks used for school			√	
	Completed primary	Child (14–17 years) who has not sat/passed primary school leaving examination (PSLE)				√
	Pre-school enrolment	Child (5–6 years) who is not enrolled in preschool in the current or previous year			√	
	Grade for age	Child (9–17 years) who is more than 2 years behind expected grade for age			√	√
8. Information	Communication device	Child (5–17 years) living in a household that does not have a landline phone, mobile phone, or computer			√	√
	Access to information	Child (5–17 years) living in a household that has neither radio/television nor books			√	√

* A child aged under 5 years is assumed to occupy 0.5 space of adult. So if the room is occupied by more than four children aged under 5 years, they are considered to be deprived. A child aged 6–17 years is considered as equivalent to one adult when measuring the room over-crowding.

3. MULTIDIMENSIONAL POVERTY RATE

The study shows that many children experience multidimensional poverty in Tanzania: 88 per cent of all Tanzanian children are deprived in at least three dimensions of well-being.[1] More than half of all Tanzanian children of all ages are deprived in five or more dimensions of well-being.

Figure 1: Number of deprivations per child

Y-axis: % of children age under 18 years

Bar values:
- 0: 0.5
- 1: 3.2
- 2: 8.3
- 3: 15.3
- 4: 20.1
- 5: 22.1
- 6: 17.8
- 7: 9.6
- 8: 3.1

88% of children under 18 are multidimensionally poor
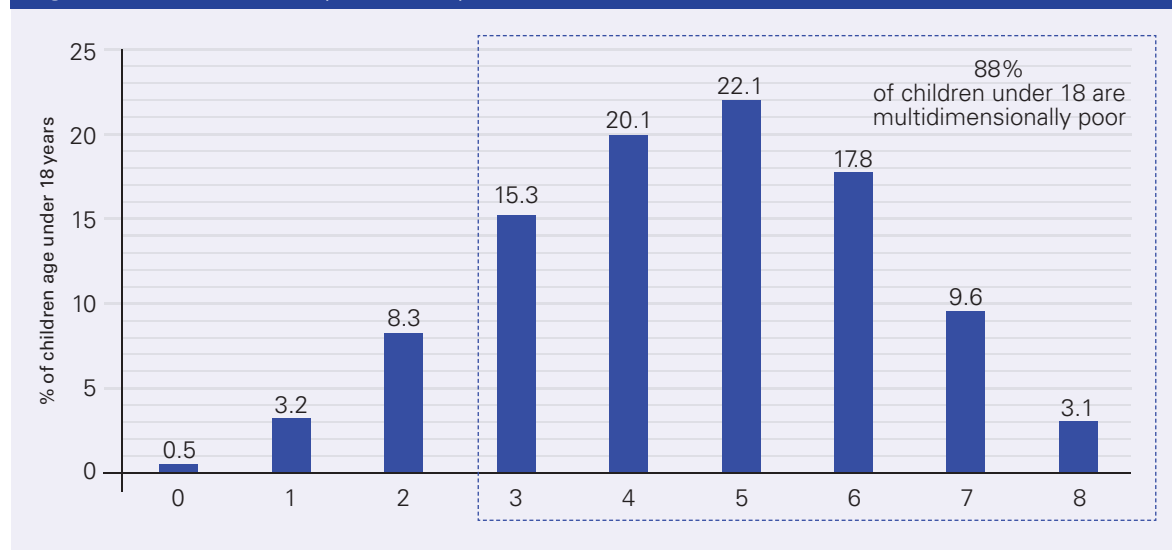
Source: NPS 2014/15.

Some of the worst-off children are children born to a mother under 18 years, as well as those living in rural areas: 94.5 per cent and 93.8 per cent, respectively, are deprived in three or more dimensions of well-being. The proportion of children suffering from three or more deprivations is almost 25 percentage points higher in rural than in urban areas.

[1]Indicators measuring multidimensional child poverty have been updated since the last child poverty report to include new and better information available in the National Panel Survey 2014/2015. This means that the numbers should not be directly compared with earlier surveys.

Figure 2: Multidimensional child poverty rate by household, mother and child characteristics
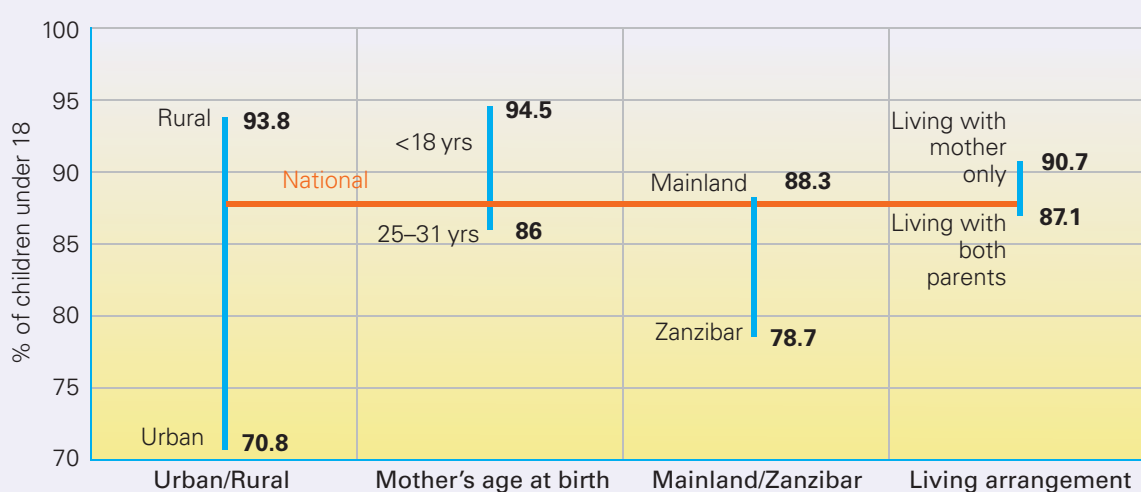
Source: NPS 2014/15.

Children with cumulative multiple vulnerabilities[2] tend to have the worst outcomes. For instance, a girl born to a single mother under 25 years of age with less than primary education has a 98 per cent probability of being deprived in more than three dimensions of well-being, compared to just 41.6 per cent for girls who do not present any of these vulnerabilities.

The highest levels of deprivation are found in the dimensions of housing and sanitation, in which nearly 90 per cent of children are deprived, compared to 30 per cent in nutrition. In some dimensions, the high levels of deprivation are driven by one or two indicators. In the area of sanitation, for instance, 86 per cent of children do not have access to improved sanitation.

Figure 3: Deprivation by dimension and age group
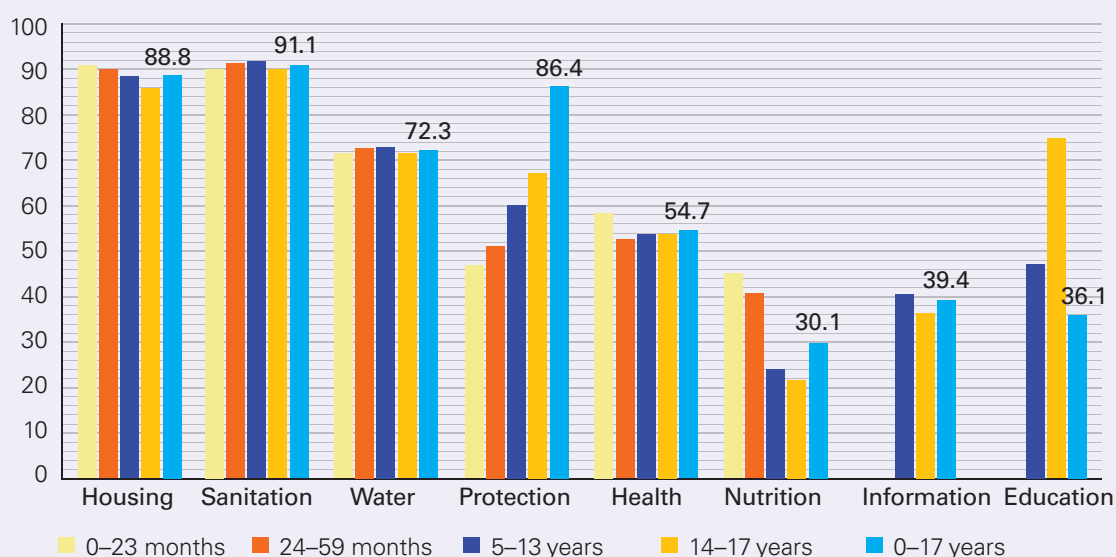
Source: NPS 2014/15.

[2]The term "vulnerability" describes a characteristic of a person that makes him/her more susceptible to suffer from deprivations, due to gender, ethnicity or any disadvantage arising from disability or environmental conditions.

The following are key findings in terms of deprivations for the four life cycle stages: 0–23 months, 24–59 months, 5–13 years and 14–17 years.

Children aged 0–23 months: 87.4 per cent of all children aged 0–23 months are deprived in three or more dimensions while 12.6 per cent are deprived in all six dimensions of well-being that pertain to this age group. On average, multidimensionally poor children in this age group are deprived in more than four out of six dimensions. The most common deprivations are sanitation (91.2 per cent) and housing (91 per cent). Children in this age group are more than twice as likely as children aged 14–17 years to be deprived in the dimension of nutrition (45 per cent versus 21.7 per cent). This is mainly due to the high rate of stunting among children under 5 (32.2 per cent).

Children aged 24-59 months: 86.9 per cent of all children aged 24–59 months are deprived in three or more dimensions, with 12.9 per cent deprived in all six dimensions of well-being. On average, multidimensionally poor children in this age group are deprived in more than four out of six dimensions. The most common deprivations are sanitation (91.9 per cent) and housing (90.1 per cent). Children in this age group are almost twice as likely as children aged 14–17 years to be deprived in nutrition (41 per cent versus 21.7 per cent). This is mostly due to the high rate of stunting (35.8 per cent), which is not measured for children aged 5–17 years.

Children aged 5–13 years: 88.4 per cent of all children aged 5–13 years are deprived in three or more dimensions, with 4.7 per cent deprived in all eight dimensions of well-being measured for this age group. On average, poor children in this age group are deprived in more than five out of eight dimensions. The most common deprivations are sanitation (90.1 per cent) and housing (88.5 per cent). Children in this age group have a much lower deprivation rate in the education dimension than children in the older age group (14–17 years).

Children aged 14–17 years: 88.5 per cent of all children aged 14–17 are deprived in three or more dimensions, with 4.8 per cent deprived in all eight dimensions of well-being. On average, poor children in this age group are deprived in more than five out of eight dimensions. The most common deprivations are sanitation (86.3 per cent) and housing (86 per cent). Children in this age group are most likely to be deprived in education (75 per cent versus 47 per cent for children aged 5–13 years). This is mostly due to the high rate of out-of-secondary school children (71.2 per cent), as well as children who have fallen behind by two or more grades (64.7 per cent) or have not passed primary school exams (69 per cent).

Table 2: Percentage of children by number of deprived dimensions and age group

Number of deprived dimensions	0–23 months*	24–59 months*	5–13 years	14–17 years	0–17 years
At least 1	99.4	99.3	99.6	99.3	99.5
At least 2	96.4	96.5	96.5	95.7	96.3
At least 3	87.4	86.9	88.4	88.5	88.0
At least 4	67.8	66.1	74.5	78.6	72.7
At least 5	40.1	38.0	57.9	63.5	52.6
At least 6	12.6	12.9	37.5	45.4	30.5
At least 7	-	-	17.8	22.8	12.7
All 8	-	-	4.7	4.8	3.1

Source: NPS 2014/15.
*Measured across six dimensions of well-being only.

The recalculation of 2014/15 child poverty rate using the same set of indicators of the 2016 report shows that there has been a decrease of 9.3 percentage points in multidimensional child poverty between 2012/13 and 2014/15. It is noted that the multidimensional child poverty rates in the 2016 report (using 2012/13 NPS data) cannot be directly compared with the child poverty rates in this report (using 2014/15 NPS data) due to several reasons (see Box 1). However, improvements in multidimensional poverty have been marginally slower than improvements in monetary poverty over this period (which has declined by 9.9 percentage points). This points to the possible existence of non-financial constraints, which may prevent children from fully reaping the benefits of improvements in the economy. Deprivations decreased in all dimensions except education.

Figure 4: Changes in dimensional deprivations between 2012/13 NPS and 2014/15 NPS
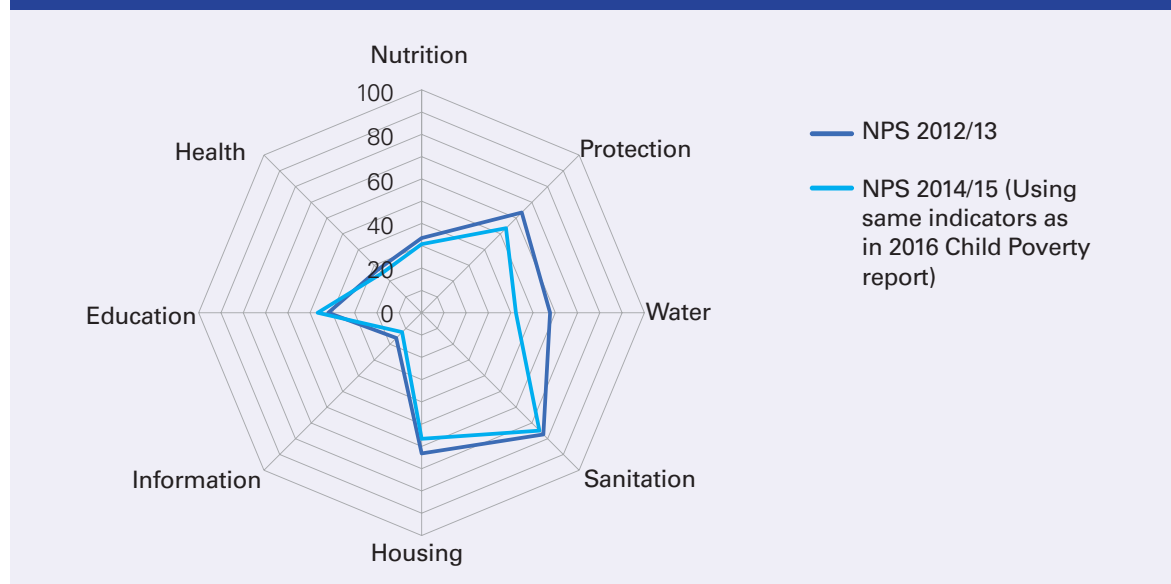
Source: 2016 Child Poverty Report and 2014/15 National Panel Survey

Box 1 »

Why the child poverty rates in the 2016 report (using 2012/13 NPS data) cannot be directly compared with the child poverty rates in the 2018 report (using 2014/15 NPS data)

❯ The 2014/15 NPS data was a refreshed sample due to the availability of the new sampling frame from the 2012 Population and Housing Census. The sample of the 2014/15 NPS was reviewed and realigned with changes in administrative boundaries, demographic shifts or updated population information. Longitudinal cohorts was done to ensure proper representativeness of estimates while maintaining sufficient primary sample were refreshed to maintain cohesion within the panel analysis.

❯ While the total number of dimensions for two younger age groups (0–23 months and 24–59 months) are the same (i.e., six dimensions) as those in the 2016 report, the total number of dimensions for children aged 5–13 years increases from six to eight and the total number of dimensions for children aged 14–17 years increases from seven to eight. These increases contribute to the higher probability of children in two older age groups (5–13 years and 14–17 years) being deprived in at least three dimensions.

❯ Some new indicators have been added to consider available new data (e.g., addition of disability indicator) in the 2014/15 NPS. The definition of some indicators have also been modified or improved (e.g., improved water source, over-crowding).

❯ The number of indicators in some dimensions has increased (e.g., indicators in health dimension increased from two to five), leading to the increased likelihood of being deprived in the respective dimension.

❯ Trend estimates were computed using a modified index that does not consider all the indicators included in the 2014/15 NPS analysis. This is because the trend analysis requires indices to be fully comparable between the two surveys. Therefore, indicators that were not included in 2012/13 NPS have been excluded, and some definitions have been modified to ensure comparability.
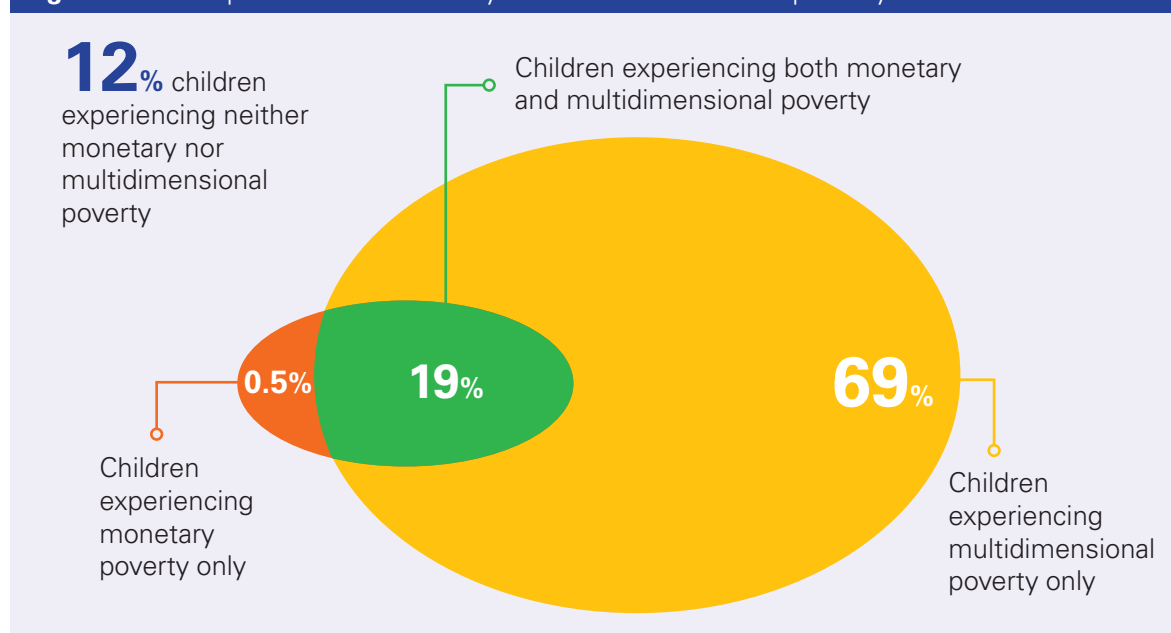
4. OVERLAP AND RELATION WITH MONETARY POVERTY

19 per cent of Tanzanian children live in households below the national monetary poverty line. Figure 5 reveals that almost all children in monetarily poor households are also deprived in at least three dimensions of child well-being, Yet, less than half of the children who are in the poorest quintile of the population in monetary terms are also in the poorest quintile in terms of their deprivations. On the positive side, this means that some children can achieve comparatively satisfactory well-being outcomes despite living in monetarily poor households with severe financial constraints. However, it also means that if the focus is on monetary poverty alone, there is a risk of excluding a large proportion of the children who suffer from severe

Figure 5: Overlap between monetary and multidimensional poverty

12% children experiencing neither monetary nor multidimensional poverty

Children experiencing both monetary and multidimensional poverty

0.5%

19%

69%

Children experiencing monetary poverty only

Children experiencing multidimensional poverty only

Source: NPS 2014/15

deprivations despite living in non-poor households money-wise. These could, for instance, be children who suffer from disadvantages due to gender, disability or other factors. Such children would be unable to benefit from the resources available in the household. It could also exclude children who face non-monetary constraints – cultural, behavioural, etc. – that prevent them from achieving the desired well-being outcomes despite having the financial means to do so. At the same time, in Tanzania, the group of transient or near-poor households is relatively large. Applying the international poverty standard would significantly raise the proportion of families living below the poverty line. For this group, financial obstacles to child well-being or service utilization may be prominent enough to contribute to the observed levels of deprivation.

The largest discrepancies between monetary and multidimensional poverty were found for children with disabilities and children living in youth-headed households, who had much higher levels of deprivations than what their monetary consumption level would predict. Children of mothers with secondary or higher education, on the other hand, had far fewer deprivations, even after controlling for the fact that these households tended to be richer than average. In geographical terms, it was found that Zanzibar over-performed in non-monetary terms, meaning that Zanzibari children tended to have fewer deprivations than children on the mainland with similar levels of consumption.

In all dimensions of well-being, one would expect that the household with higher consumption levels may have a child with lower deprivations. This holds true in the areas of nutrition and health where financial constraints appear to be major drivers of deprivations for money-poor households. However, non-financial barriers also affect the deprivation in health and nutrition of children in richer households. On the other hand, this correlation between consumption and the levels of deprivation does not apply especially in urban areas and for child protection dimensions.

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5. SUMMARY OF THE MAIN FINDINGS AND RECOMMENDATIONS

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Almost 9 out of 10 (88 per cent) Tanzanian children suffer from more than three deprivations, and more than half suffer from five or more deprivations. The highest levels of deprivation are found in the dimensions of housing and sanitation, in which nearly 90 per cent of children are deprived. Some of the worst-off children in terms of deprivations are children living in youth-headed households, children living in rural areas as well as children of mothers with less than primary education. There has been a decrease in multidimensional child poverty between 2012/13 and 2014/15. The largest improvements were recorded among children aged 0–23 months, while deprivations increased or remained constant for some of the most vulnerable groups, including children of mothers under 18 years of age.

At the same time, there appears to have been a trend of enhanced geographical disparities, with multidimensional poverty increasing in Dar es Salaam, Zanzibar and in other urban areas. The study found that one of the most important factors associated with the levels of poverty and deprivation among children is the education level particularly of the mother and the head of the household. To break the cycle of poverty, it is essential to invest in education for children, particularly for girls, and remove barriers to education participation such as engagement in labour or early marriage.

All children living in households below the poverty line are deprived in at least three dimensions of non-monetary well-being. Yet, a large proportion of children in non-monetarily poor households are deprived in three or more dimensions as well. This suggests that non-financial constraints play an important role in shaping children's outcomes. Nonetheless, income-support programmes such as Tanzania's Productive Social Safety Net (PSSN) continue to be of high relevance in reducing child deprivations among poor households as well as among households close to the poverty line for whom financial barriers remain critical as they move in and out of poverty. Further analysis is required as to how changes in the poverty line affect the proportion of monetarily

poor households and levels of deprivation among children. Additional research could also shed light on poverty dynamics (e.g., transient poverty and intergenerational poverty transmission) and the role of financial barriers to service utilization among children. The findings of this report reveal the need to explore the potential role and impact of expanding the PSSN cash transfer component in urban areas, possibly by widening the net for targeted beneficiaries to cover households with vulnerable children who are affected by a combination of monetary poverty and non-monetary deprivations. As there is little correlation between consumption and deprivations in urban areas, the cash plus programme with non-financial complementary interventions for the urban poor appears to be a good policy option. This would be usefully underpinned by additional research to understand the nature and dynamics of child poverty in urban areas, through further disaggregation of data than was feasible for the purpose of the current report.

The findings of this study clearly point to the need to strengthen programmes and basic social services beyond and in synergy with addressing households' financial constraints as the causes of deprivations identified are complex and multi-faceted. Deprivation could be due to inadequate access to services, limited knowledge on the part of the child's parent, or insufficient monetary resources in the household. In other words, the report calls for comprehensive and integrated approaches to planning and budgeting to address the multiple dimensions of child poverty. The combination of supporting poor and vulnerable families while at the same time providing quality and relevant basic social services is most likely to sustainably bring down multidimensional child poverty. This approach needs to be reflected in Tanzania's planning and budgeting process and guidelines.

Based on these findings, and the inclusion of child poverty in the SDGs, it is recommended that (multidimensional) child poverty be routinely measured and reported in national HBS reports in Tanzania. The upcoming development of the report for the 2018 national HBS provides a unique and timely opportunity. Reporting on child poverty would not only inform an adequate response to poverty among children, including through the integration and monitoring of targets in the Second Five-Year Development Plan, but it would also assist the country in fulfilling its SDG reporting obligations under Agenda 2030.