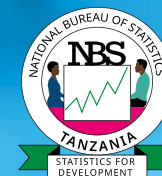




SUMMARY BRIEF

INVESTING IN TOMORROW'S LABOUR
FORCE: SOCIOECONOMIC IMPLICATIONS
OF THE DEMOGRAPHIC TRANSITION IN

Mainland Tanzania



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for every child

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United Republic of Tanzania and United Nations Children's Fund (UNICEF)
Dar es Salaam, November 2023

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Acronyms

GDP	gross domestic product
GoT	Government of Tanzania
NBS	National Bureau of Statistics
OCGS	Office of the Chief Government Statistician
UNICEF	United Nations Children's Fund
US\$	United States dollar



At a glance: Investment impacts in view of a rising population in Mainland Tanzania, 2021–2060

EDUCATION

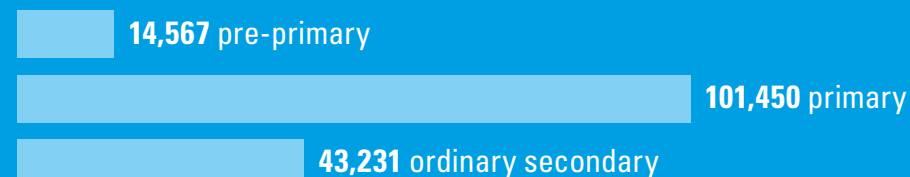


To **maintain current access and quality**, a **real investment** of **US\$74.2 billion** is needed to finance **additional teachers and classrooms in public schools**

Teachers (per year)



Classrooms (2021–2060)



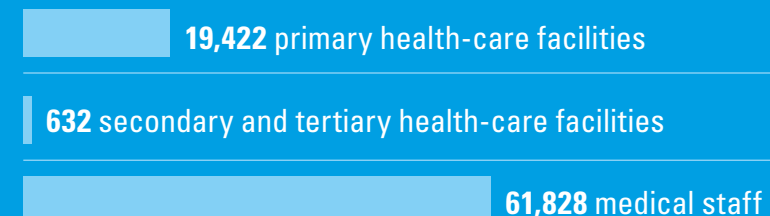
To improve current access and quality in line with key national and international policy targets, a **real investment of US\$219.6 billion** is needed to:

- finance a **199% increase** in the number of public **teachers**
- finance a **160% increase** in the number of public **classrooms**
- achieve the **Education 2030 Framework for Action**

HEALTH



To **maintain current access and quality**, a **real investment of US\$17.7 billion** is needed to finance **additional health-care facilities and staff**



To improve current access and quality in line with key national and international policy targets, a **real investment** of **US\$213.9 billion** is needed to achieve the **Abuja Declaration target and reduce mortality rates**

	2021	2060
NEONATAL*	20	5
INFANT*	36	17
UNDER-5 YEARS*	50	14

* Deaths per 1,000 live births

INFRASTRUCTURE



Under the most-favourable trajectory, infrastructural investment of **US\$34.8 billion** is needed to achieve **universal access to electricity, clean water and sanitation**, which is:

0.88%
of GDP

3.36%
of government
expenditure

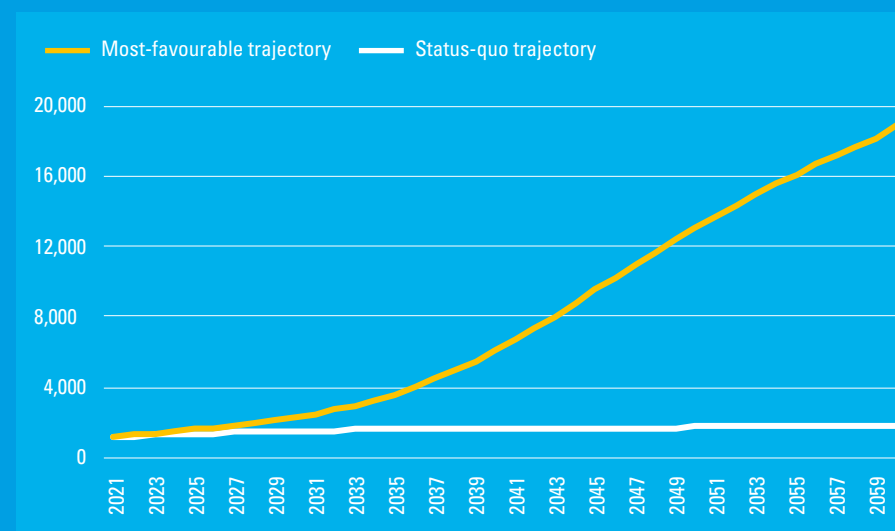
SOCIAL DEVELOPMENT



Under the most-favourable trajectory, **investment** in the social development sector, will enable Mainland Tanzania to:

- **increase GDP per capita**
US\$1,151 (2021) ➔ **US\$18,992 (2060)**
- become an **upper middle-income country** by 2037
- **reduce poverty**
25.7% (2021) ➔ **6.7% (2060)**

Figure 1: Gains in GDP per capita by trajectory (in 2020/21 US\$)





1 Background

High fertility rates have led to young and fast-growing populations in many African countries. However, with economic and social improvements, this trend is slowly changing. Falling fertility rates present many countries with an opportunity for economic growth. The nature of this relationship, however, is highly context specific and factors such as the age structure of the population, the make-up of the country's economic output and labour market, and the nation's level of socioeconomic development all play a role.

Over the past six decades, changes in mortality and fertility have affected Mainland Tanzania's population growth rate, leading to significant changes in the population's age structure. While the crude birth rate has seen a fall from 47 births per 1,000 population in 1970 to 37.5 births in 2015/16, Mainland Tanzania has simultaneously witnessed a decline in the mortality rate – dropping by more than half, from 16 deaths per 1,000 persons in 2000 to 6.2 deaths in 2020 (NBS, 2006; NBS and OCGS, 2013 and 2018). This decline has led to a rise in life expectancy as well as a reduction in infant and under-five child mortality from 170 and 260 deaths per 1,000 live births, respectively, in 1967 to 52 and 79 deaths per 1,000 live births, respectively, in 2016 (Ministry of Health, Community Development, Gender, Elderly and Children et al., 2016; NBS and OCGS, 2018). As a result of a rapid decline in mortality rates and a lower reduction

in fertility, Mainland Tanzania's population growth rate has attained an annual average of 3.2 per cent in 2021, resulting in an increase in population from 1.96 million in 1967 to roughly 57.84 million in 2021 (NBS, 2006; NBS and OCGS, 2013; projections based on NBS and OCGS, 2018).

Furthermore, Mainland Tanzania's child (0–17 years) and youth (18–24 years) population has decreased as a percentage of the total population, while the proportion of its working-age population (18–64 years) is expanding – thereby decreasing the country's overall dependency ratio. This demographic transition will continue to be evident in the future with the proportion of children as a share of the total population declining from approximately 50.1 per cent in 2020 to 40 per cent in 2060. In contrast, the share of the working-age population (18–64 years) will increase from 46.7 per cent in 2020 to 54.2 per cent in 2060 (projections based on NBS and OCGS, 2018).

With this increase, it will become increasingly important for Mainland Tanzania to absorb the growing working-age population, especially women, into the national labour market to achieve sustained economic growth. To do so, changes to the government's investment choices will be required to foster a healthy, well-nourished, well-educated and empowered child/youth population, while also creating opportunities for decent employment.

To contribute to this effort, **this review aims to develop a comprehensive assessment of the implications of the demographic transition and the status of service delivery (and associated public investments) for the transition of children and adolescents to adulthood and the labour market.** The assessment will be instrumental in helping Mainland Tanzania turn an unprecedented demographic transition into an opportunity for effective investment in its children and youth and to add value to its economic performance and transformation.





A photograph of two young children, a boy and a girl, lying on their stomachs on a grassy field. They are both wearing blue school uniforms with white collared shirts. They are looking up and smiling at the camera. In the top left corner of the image, there is a small circular icon containing a stylized network or flow diagram.

2 Methodology

The assessment used a combination of data collection and analysis methods to quantify the challenges and opportunities that Mainland Tanzania has as it moves through its demographic transition, particularly in terms of the impact of the transition on service delivery and fiscal space in the education, health, infrastructure and social development sectors. The demographic transition in Mainland Tanzania can take one of two paths – one where population growth resembles the most likely path that the country will take in the future (i.e., the high population growth scenario) or one in which the Government of Tanzania (GoT) makes deliberate choices to reduce the future population growth rate in the country (i.e., the low population growth scenario). Each of these two population growth scenarios allow an interplay with two possible levels of public investment (i.e., a low level of public investment and a high level of public investment) (see *Figure 2*), resulting in four potential trajectories.

Figure 2: Modelled scenarios and levels of public investment

POPULATION GROWTH SCENARIO	PUBLIC INVESTMENT LEVEL
 High population growth	Low public investment
 Low population growth	High public investment

Source: United Republic of Tanzania and UNICEF, 2023

A low level of public investment models how much the GoT would need to invest to finance the system if the current level of sectoral indicators were to be maintained between 2021 and 2060 in light of a rising population. Under a high level of public investment, the methodology models the implications for government given a gradual improvement in key sectoral parameters that are related to access and quality. These improvements are in line with targets set by international guidelines, The Tanzania Development Vision 2025 (Planning Commission, n.d.) and corresponding sectoral strategies that include the National Five Year Development Plan 2021/22–2025/26 (Ministry of Finance and Planning, 2021), the Electricity Supply Industry Reform Strategy and Roadmap 2014–2025 (Ministry of Energy and Minerals, 2014) and several strategic, development and training plans for the education, health and water sectors (Ministry of Education, Science and Technology, 2018 and 2023; Ministry of Health, Community Development, Gender, Elderly and Children, 2021; Ministry of Water, 2006).





3 Findings

The following subsections present the results of the quantitative modelling for the four different sectors analysed (i.e., education, health, infrastructure and social development), **focusing on two trajectories: the most-favourable trajectory** (low population growth with a high level of public investment) **and the status-quo trajectory** (high population growth with a low level of public investment). **While the education, health and infrastructure sub-models provide an overview of the fiscal implications that the scenarios will have for the GoT** – both in absolute terms (i.e., Tanzanian shilling and United States dollar (US\$)) and as a percentage of gross domestic product (GDP) and total government expenditure – the final sub-model, **the social development sub-model, aims to quantify the impact of both trajectories on the country's employed and unemployed population, GDP, GDP per capita and poverty rate.**

EDUCATION SUB-MODEL

Under the status-quo trajectory, a lack of improvement in access to and quality of education, coupled with a declining, yet relatively high population growth rate over time, will require large investments

by the GoT to avoid the deterioration of key educational outcomes.

In fact, with the rise of enrolled public students, the number of schools, classrooms and teachers will also need to increase. Consequently, **on average, the GoT will need to hire an additional 5,594 public pre-primary, primary and secondary teachers per year, and construct an additional average of 4,084 public pre-primary, primary and secondary classrooms per year. This would equate to a total real investment of roughly US\$74.2 billion across the 39 years.** When disaggregated by year, the real education budget would equate to 0.8 per cent of GDP and 2.2 per cent of government expenditure in 2060. As a result, Mainland Tanzania would not achieve United Nations Educational, Scientific and Cultural Organization's Education 2030 Framework for Action.

In contrast, under the most-favourable trajectory, Mainland Tanzania will improve the quality of and access to education at pre-primary, primary and secondary levels but with considerable fiscal implications. The annual real education budget will need to more than double from US\$2.1 billion in 2021 to US\$9.4 billion in 2060. **This would require a real investment that totals approximately US\$219.6 billion over the coming 39 years given a 199 per cent increase in the required number of public teachers as well as a 160.4 per cent increase in the number of public classrooms needed.** Nevertheless, these improvements will allow Mainland Tanzania to achieve the Education 2030 Framework for Action as evidenced by an education budget that equates to 4 per cent of GDP and 15.9 per cent of government expenditure by 2030, and 6.1 per cent of GDP and 17.5 per cent of government expenditure by 2060.

HEALTH SUB-MODEL

Under the status-quo trajectory, the physical inputs required to maintain the level of health services coverage at 43 per cent for Mainland Tanzania's growing population over the next 39 years will increase considerably. During this period, Mainland Tanzania will require an additional 19,422 primary health facilities and 632 secondary and tertiary facilities. Furthermore, a total of 96,429 beds will need to be added across all primary health facilities, while a total of 63,039 additional beds will be required across secondary and tertiary public health facilities. **To adequately service the growing population, Mainland Tanzania will also need to hire an additional 61,828 medical staff over the coming 39 years – equating to, on average, 1,585 staff per year. As a result, this would equate to a total real investment of US\$17.7 billion. In this scenario,** the total health expenditure would equate to 0.2 per cent of GDP and 0.6 per cent of government expenditure by 2060. This means that **Mainland Tanzania would not achieve the target set out in the Abuja Declaration,** which stipulates that member states should allocate at least 15 per cent of their national budgets each year to improving their health-care systems.

The achievement of this target is, however, attainable under the most-favourable trajectory, which will see the GoT reducing the population growth rate while simultaneously increasing investment in the health sector. **In total, US\$213.9 billion (in real terms) would need to be invested over the coming 39 years.** This will allow for an increase in the number of medical staff by a factor more than 10, a fourfold increase in the number of public hospital beds, and a more than 83 per cent increase in the number of public health facilities when compared to 2021.

Health outcome projections

The targets outlined in the Abuja Declaration are also reflected in Mainland Tanzania's key health outcome indicators. By improving the quality of and access to essential services – and thereby expanding the Universal Health Coverage Index to 90 per cent – while simultaneously reducing population growth rates (i.e., most-favourable trajectory), Mainland Tanzania's neonatal mortality rate will decline from a rate of 20 deaths per 1,000 live births in 2021 to 5 deaths in 2060. This is also the case for infant and under-five mortality rates, which are projected to decline from 36 deaths and 50 deaths per 1,000 live births, respectively, to 17 deaths and 14 deaths, respectively, over the same period. Additionally, maternal mortality is projected to fall from 380 deaths per 100,000 live births to approximately 324 deaths in 2060.

In comparison, under the status-quo trajectory, outcomes are significantly worse, with neonatal, infant and under-five mortality rates rising to 37, 58 and 90 deaths per 1,000 live births, respectively. Furthermore, maternal mortality rises to 448 deaths per 100,000 live births. Accordingly, the status-quo trajectory does not lead to an improvement in the current challenges faced by the country, but rather to a deterioration.

INFRASTRUCTURE SUB-MODEL

With a growing population and constant access rates to electricity, water and sanitation infrastructure, costs will rise over time. Of the 20.5 million urban residents, 66.5 per cent have access to electricity/solar power, 58.9 per cent have access to piped water and 25 per cent have access to improved sanitation. In contrast, in rural areas, only 30.1 per cent of the 36.5 million residents have access to electricity/solar power while 15 per cent and 3.7 per cent have access to improved water and sanitation, respectively. Under these constant rates of access, combined with a growing population (i.e., the status-quo trajectory), **the extension of access to infrastructure will require a real investment of US\$11.5 billion over the next 39 years – or an average of approximately US\$296 million a year (at 2020/21 prices)**. This equates to, on average, 0.26 per cent of annual GDP and 0.91 per cent of annual government expenditure over the next four decades.

In comparison, the costs of expansion to achieve universal access to infrastructure under lower population growth rates (i.e., the most-favourable trajectory) would equate to a real investment of US\$34.8 billion, thereby averaging 0.88 per cent of GDP and 3.36 per cent of government expenditure. Therefore, the improvement in infrastructure access, coupled with a reduction in the total fertility rate, across the 39-year period will lead to an increase of roughly three times the real costs when compared to remaining at the current status quo.

These investments are essential as they not only enhance the productiveness of households and businesses, but also ensure that child health and nutrition improve, especially since clean water and appropriate sanitation services are paramount to stopping the spread of

diseases such as cholera and diarrhoea and those caused by intestinal parasites – all of which can result in malnutrition, stunting and wasting in children (UNICEF, 2015). **Additionally, improved sanitation and water facilities in schools are vital, particularly for girls. If these are not present, inadequate water and sanitation conditions may prevail, thereby hindering full participation in schooling and leading to poor performance and increased rates of dropout** (United Nations Educational, Scientific and Cultural Organization, 2021).

SOCIAL DEVELOPMENT SUB-MODEL

Along with more educated and healthier individuals, productively engaging the growing workforce is key to economic growth. To do so, Mainland Tanzania's labour market requires a profound transformation given the country's large informal economy and high rate of unemployment, especially among the youth. **Under current conditions (i.e., the status-quo trajectory), the number of new entrants to the labour market will decline over the coming four decades from 578,000 in 2022 to 417,000 in 2060.** This, in addition to a lack of appropriate employment opportunities, is not enough to reduce the current number of unemployed. Instead, at the current level of demographic and economic conditions, **Mainland Tanzania's labour market is not generating sufficient employment opportunities to provide enough jobs for the growing youth population. As a result, the number of employed will increase at a slower rate than the number of unemployed over the coming 39-year period.** This will affect the progress achieved in terms of GDP per capita and poverty. While the former increases from US\$1,151 in 2021 to US\$1,773 in 2060, the poverty rate declines by 4.6 percentage points over the same period.

Significantly more gains can be achieved under conditions where population growth rates are reduced and improvements in education, family planning and economic policies are made. Under the most-favourable trajectory, and by increasing GDP per capita to US\$18,992 in 2060, Mainland Tanzania will reduce the poverty rate from **25.7 per cent in 2021 to 6.7 per cent in 2060** – 14.4 percentage points lower and 19.9 million fewer poor people in 2060 than if Mainland Tanzania's labour market had to persist under current conditions (i.e., the status-quo trajectory).





4 Conclusion

This assessment emphasizes the importance for the GoT to concurrently invest in and improve existing policies in the education, health, infrastructure and social development sectors in order to establish a socioeconomic environment that is conducive to growth (i.e., the most-favourable trajectory). By raising sectoral expenditure and permitting cross-sectoral synergies, Mainland Tanzania can maximize the level of education attained by each child and reduce neonatal, infant, under-five and maternal mortality rates to levels closer to, or on a par with, the targets identified under the Sustainable Development Goals, and consequently improve life expectancy.



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Figure 3: Summary results per sector, scenario and public investment level

[illegible]

Status-quo trajectory: High population growth with low level of public investment

Low level of public investment	EDUCATION						HEALTH					
	<ul style="list-style-type: none"> Total nominal investment: T Sh 387.4 trillion (US\$166.6 billion) Total real investment: T Sh 172.6 trillion (US\$74.2 billion) <ul style="list-style-type: none"> » As a percentage of GDP: 3.1% in 2021; 0.8% in 2060 » As a percentage of government expenditure: 13.6% in 2021; 2.2% in 2060 						<ul style="list-style-type: none"> Total nominal investment: T Sh 88.9 trillion (US\$38.2 billion) Total real investment: T Sh 41.2 trillion (US\$17.7 billion) <ul style="list-style-type: none"> » As a percentage of GDP: 1.4% in 2021; 0.2% in 2060 » As a percentage of government expenditure: 6.3% in 2021; 0.5% in 2060 					
		2021	2030	2040	2050	2060		2021	2030	2040	2050	2060
	Children of school age (in millions)	18.9	23.9	27.8	31.6	32.9	Total population (in millions)	57.0	72.4	91.8	112.3	130.4
	Enrolled public students (in millions)	15.4	19.6	22.7	25.8	26.5	Public medical staff ('000)	48.0	61.0	77.3	94.6	109.8
	Public teachers (in '000)	272.6	349.7	407.0	464.9	488.0	Public hospital beds ('000)	49.2	115.9	146.9	179.7	208.7
	Public classrooms (in '000)	210.2	266.9	310.0	352.7	366.2	Public primary health facilities ('000)	6.0	14.1	17.9	21.9	25.4
	Public schools ('000)	36.6	44.8	51.9	58.4	59.1	Public hospitals	195	459	582	712	827
	INFRASTRUCTURE						SOCIAL DEVELOPMENT					
	<ul style="list-style-type: none"> Total nominal investment: T Sh 71.1 trillion (US\$30.6 billion) Total real investment: T Sh 26.9 trillion (US\$11.5 billion) <ul style="list-style-type: none"> » As a percentage of GDP: 0.27% in 2022; 0.22% in 2060 » As a percentage of government expenditure: 1.21% in 2022; 0.64% in 2060 						<ul style="list-style-type: none"> GDP per capita: US\$1,151 in 2021; US\$1,773 in 2060 Poverty rate: 25.7% in 2021; 21.1% in 2060 Number of poor: 14,648,291 in 2021; 27,507,605 in 2060 Number of employed: 24,633,366 in 2021; 44,532,435 in 2060 Number of unemployed: 2,437,338 in 2021; 33,146,475 in 2060 					
		2021	2030	2040	2050	2060		2021	2030	2040	2050	2060
	Total population (in millions)	57.0	72.4	91.8	112.3	130.4	Employed (in millions)	24.9	30.2	35.8	40.9	45.8
	Individuals with access to electricity/solar power (in millions)	24.6	33.1	44.5	57.5	70.4	Unemployed (in millions)	2.4	5.7	12.7	22.0	33.2
	Individuals with access to piped/improved water (in millions)	17.6	24.5	34.1	45.4	57.1	Individuals in the labour force (in millions)	27.3	35.9	48.5	62.9	79.0
	Individuals with access to improved sanitation (in millions)	6.5	9.3	13.2	18.0	23.0	GDP per capita (T Sh in millions)	2.7	3.5	3.8	4.0	4.1
High population growth												

Source: United Republic of Tanzania and UNICEF, 2023

Note: Nominal values refer to the current value of the investment without taking inflation into account. Real values refer to the nominal value of the investment, adjusted for inflation over time.

Furthermore, through the implementation of policies that formalize the economy and generate jobs, the GoT can transition the children born in a period of high fertility into the labour market. In combination with high-quality education and health care for all, these children can become productive members of society, allowing them to earn higher wages, consume more and potentially invest any money that can be saved into business-related activities. Such investments, in combination with an increase in national savings, will in turn fuel economic growth and lead to an increase in Mainland Tanzania's GDP per capita over time.

To achieve this, the GoT will need to invest a total nominal amount of roughly US\$1.3 trillion over the coming four decades (i.e., approximately US\$468.3 billion in real terms, at 2020/21 prices). This is roughly US\$883.6 billion more, in nominal terms, than compared to a situation in which the GoT would continue to spend the same amount as was spent in 2021 for the coming 39 years. If disaggregated by year, the average annual total investment would equal US\$12.0 billion at 2020/21 prices – 2.7 times the amount of what has been spent on the sectors in 2021.



Through the implementation of policies that formalize the economy and generate jobs, the GoT can transition the children born in a period of high fertility into the labour market.

Disaggregated by sector, the total real investment across the 39 years equates to US\$219.6 billion for education, US\$213.9 billion for health care and roughly US\$34.8 billion for the expansion of infrastructure.

It must be emphasized that these are, at best, conservative estimates of what is in store for Mainland Tanzania as potential feedback loops of income generated across time, given improvements in the standard of living, were not endogenously included in the modelling of the four sectors. Nor did the model account for potential synergies or multiplier effects that could be generated across the four sectors through increased investments in them.



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