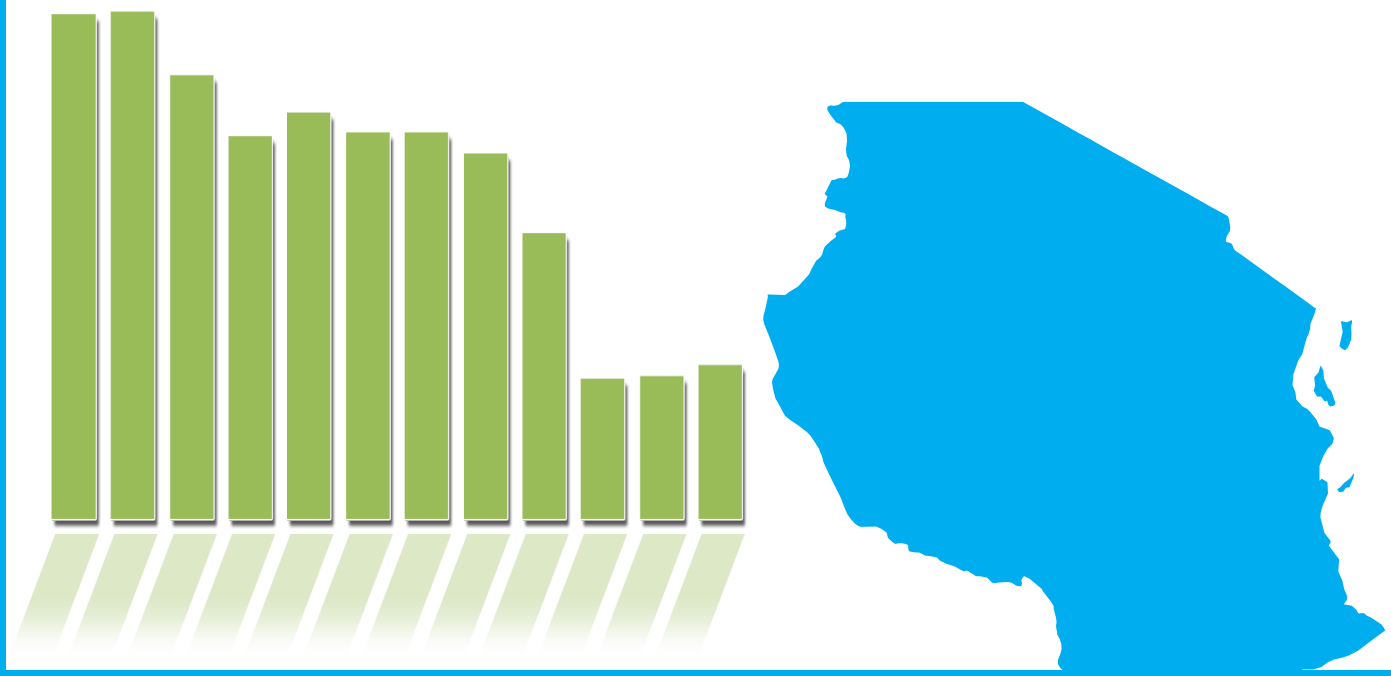
Tanzania



Country Report on the Millennium Development Goals 2010

TANZANIA

Country Report on the

Millennium Development Goals 2010

Dar es Salaam

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Table of Contents

List of Tables

List of Figures

List of Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ARV	Anti-Retroviral
BEST	Business Environment Strengthening for Tanzania
BEST(educ)	Basic Education Statistics in Tanzania
CBOs	Community Based Organizations
CO_2	Carbon Dioxide
COBET	Complementary Basic Education in Tanzania
CSO	Civil Society Organization
DPs	Development Partners
EMA	Environmental Management Act
FANTA	Food and Nutrition Technical Assistance
FBP	Food by Prescription (FBP) Programme
FDI	Foreign Direct Investment
FGM	Female Genital Mutilation
GBS	General Budget Support
GDP	Gross Domestic Product
HBS	Household Budget Survey
HIPC	Heavily Indebted Poor Country
HIV	Human Immune Virus
HoRs	House of Representatives
IADGs	Internationally Agreed Development Goals
IAEG	Inter-Agency and Expert Group
ICBAE	Integrated Community Based Adult Education
ICT	Information Communication Technology
IFMS	Integrated Financial Management System
ILFS	Integrated Labour Force Survey
ILO	International Labour organization
IMG	Independent Monitoring Group
ITNs	Insecticides Treated Nets
JAST	Joint Assistance Strategy for Tanzania
LGA	Local Government Authorities
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MAIR	MKUKUTA Annual Implementation Report
MDA	Ministry, Department and Agency
MDG	Millennium Development Goal
MDRI	Multilateral Debt Relief Initiative
MITM	Ministry of Industry, Trade and Marketing
MKUKUTA	*MkakatiwaKukuzaUchuminaKupunguzaUmaskiniTanzania*
MKUZA	*Mkakati wa Kupunguza Umaskini Zanzibar*
MLEYD	Ministry of Labour, Employment, Youth and Development
MMR	Maternal Mortality Rate
MNRT	Ministry of Natural Resources and Tourism
MOEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare

MTEF	Medium Term Expenditure Framework
NBS	National Bureau of Statistics
NECP	National Employment Creation Programme
NGO	Non Governmental organization
NMSPF	National Multi-sectoral Social Protection Framework
NPS	National Panel Survey
NSA	Non–State Actors
NSGRP	National Strategy for Growth and Reduction of Poverty
NSPF	National Social Protection Framework
OCGS	Office of the Chief Government Statistician
PADEP	Participatory Agricultural Development and Empowerment Project
PAF	Performance Assessment Framework
PCCB	Prevention and Combating of Corruption Bureau
PEDP	Primary Education Development Programme
PEPFAR	President's Emergency Plan for AIDS Relief
PER	Public Expenditure Review
PFM	Participatory Forest Management
PHDR	Poverty and Human Development Report
PHSDP	Primary Health Services Development Programme
PMCT	Prevention of Mother to Child Transmission of HIV
PMO-RALG	Prime Minister's Office-Regional Administration & Local Government
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
PSA	Production Sharing Agreement
RGZ	Revolutionary Government of Zanzibar
SADC	Southern African Development Community
SDPs	Sector Development Plans
SEZ	Special Economic Zone
SSA	Sub-Sahara Africa
TACAIDS	Tanzania Commission for AIDS
TAS	Tanzania Assistance Strategy
TASAF	Tanzania Social Action Fund
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
TDS	Tanzania Debt Strategy
TEPAD	Tanzania Energy Development and Access Expansion Project
THIS	Tanzania HIV and AIDS and Malaria Indicator Survey
TRCHS	Tanzania Reproductive and Child Health Survey (TRCHS) 1999
TSPA	Tanzania Service Provision Assessment Survey
UNFCCC	United Nations Framework Convention on Climate Change
URT	United Republic of Tanzania
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WSDP	Water Sector Development Programme
ZEDP	Zanzibar Education Development Programme
ZPRP	Zanzibar Poverty Reduction Plan

MDG STATUS AT A GLANCE: MAINLAND TANZANIA

Table 0.1: Progress in MDGs at a Glance: Mainland Tanzania

MDG	Indicator	Baseline 1990	Current status	2015 Target	Progress at a Glance
1. Eradicate extreme poverty and hunger	1.1 Proportion of population below($1, PPP) (based on national income poverty line)	39	33.6 (2007)	19.5	Not achievable
	1.1 Proportion of population below($1, PPP) (based on national food poverty line)	21.6	16.6 (2007)	10.8	Not achievable
	1.8 Under-5 Underweight (%) (weight-for-age below -2SD	28.8	16.8% (2009	14.4	Not achievable
	1.8 Under-5 Stunted (%) (height-for-age below -2SD	46.6	38.9% (2009)	23.3	Not achievable
2. Achieve universal primary education	2.1 Net enrolment ratio in primary education (%)	54.2	95.4 (2010)	100	Achievable
	2.2 Gross enrolment ratio in primary education (%)		112.7	100	
3. Promote gender equality and empower women	3.1 Ratio of girls to boys in primary school (%)	98	101	100	Achievable
	3.2 Ratio of girls to boys in secondary school (%)		105	100	Achievable
	3.3 Ratio of females to males in tertiary education (%)		68.0	100	Achievement probable
	3.4 Proportion of women among members of Parliament (%)		30.3	100 (50%?)	Achievement probable
4. Reduce child mortality	4.1 Under-five mortality rate (per 1,000 live births)	191	81 (2010)	64	Achievable
	4.2 Infant mortality rate (per 1,000 live births)	115	51 (2010)	38	Achievable
	4.3 Proportion of children vaccinated against measles		85	90	Achievement probable
5. Improve maternal health	5.1 Maternal Mortality Ratio (per 100,000 live births)	529	454 (2010)	133	Not achievable
	5.2 Proportion of births attended by skilled health personnel (%)	43.9	50.5% (DHS 2010)	90	Not achievable
6. Combat HIV/AIDS, malaria and other diseases	6.1 HIV prevalence, 15-24 years HIV prevalence, 15-49 years	6	2.5 (2008) 5.7 (2008)	<6 <5.5	Achievable
7. Ensure environmental sustainability	7.8 Proportion of population using an improved drinking water source (:% of rural population)	51	57.1 (2009)	74	Not achievable
	7.8 Proportion of population using an improved drinking water source (:% of urban population)	68	83 (2009)	84	Achievable
	7.9 Proportion of people with access to improved sanitation (Rural/Urban)		2010 DHS 13.3%		Not achievable
8. Develop a global partnership for development					Achievement probable

Key to colours: green = achievable; yellow = achievement probable; red – not achievable

Sources: 1. URT (2010) "*Accelerating Progress towards the MDGs: Country Action Plan 2010-2015"* Final Report; 2.

MDG STATUS AT A GLANCE: ZANZIBAR

Table 0.2: Progress in MDGs at a Glance -Zanzibar

MDG	Indicator	Baseline : 1990	Current status	2015 Target	Progress at a Glance
1. Eradicate extreme poverty and hunger	1.1 Proportion of population below($1, PPP) (based on national income poverty line)	61	44.41 (2010)	30.5	Not achievable
	1.1 Proportion of population below($1, PPP) (based on national food poverty line)	25	13.04 (2010)	12.5	Achievable
	1.8 Under-5 Underweight (%) Children underweight (weight-for-age below -2SD)	39.9	19.9 (2010)	19.9	Achievable
	1.8 Under-5 Stunted (%)	47.9	30.2 (2010)	23.8	Not achievable
2. Achieve universal primary education	2.1 Net enrolment ratio in primary education (%)	50.9	81.5 (2010)	100	Achievable
	2.2 Gross enrolment ratio in primary education (%)		112.1	100	
3. Promote gender equality and empower women	3.1 Ratio of girls to boys in primary school (%)	98	99.0 (2007)	100	Achievable
	3.2 Ratio of girls to boys in secondary school (%)		96.0 (2007)	100	Achievable
	3.3 Ratio of females to males in tertiary education (%)		68.0	100	Achievement probable
	3.4 Proportion of women among members of Parliament (%)		30 (2010)	50	Achievement probable
4. Reduce child mortality	4.1 Under-five mortality rate (per 1,000 live births)	202	79(2007/2008)	67	Achievable
	4.2 Infant mortality rate (per 1,000 live births)	120	54 (2008)	40	Achievable
	4.3 Proportion of children vaccinated against measles		95.8 (2009)	100	Achievement probable
5. Improve maternal health	5.1 Maternal Mortality Ratio (per 100,000 live births)	377 - 1998	279 (2010)	170	Not achievable
	5.2 Proportion of births attended by skilled health personnel (%)	-	44.7 (2008)	90	Not achievable
6. Combat HIV/AIDS, malaria and other diseases	6.1 HIV prevalence, 15-24 years	6	2.5 (2008)	<6	Achievable
7. Ensure environmental sustainability	7.8 Proportion of population using an improved drinking water source (:% of rural population)	35	60 (2010)	67.5	Not achievable
	7.8 Proportion of population using an improved drinking water source (% of urban population)	70	80 (2010)	85	Achievable
	7.9 Proportion of people with access to improved sanitation (Rural/Urban)	26/52	51/75 (2005)		Achievable
8. Develop a global partnership for development					Achievement probable

Key to colours: green = achievable; yellow = achievement probable; red – not achievable

I. INTRODUCTION

1.1 About the Report

Tanzania is one of the 189 nations which endorsed the Millennium Development Goals (MDGs) in September 2000 as part of the internationally agreed development goals at the General Assembly of the United Nations. The MDGs have been integrated into medium-term programmes, beginning with the first-generation Poverty Reduction Strategy Paper (PRSP) (2000/01-2003/04) and the second-generation National Strategy for Growth and Reduction of Poverty (NSGRP I) (2005/06-2009/10) and NSGRP II (2010/11-2014/15) as well as the Poverty Monitoring Master Plan and sector monitoring arrangements (URT 2005, 2010).[1] On the Isles, Zanzibar's Poverty Reduction Plan (ZPRP) 2007-2010 was succeeded by the second plan for 2010/11-14/15, the Zanzibar Growth and Reduction of Poverty (ZGRP) (RGZ 2007a, b; 2002).

Tanzania has made progress and is on track to achieving the MDGs related to primary education (MDG2), gender equality (MDG3), some targets on combating the spread of HIV and AIDS (MDG 6) and a few indicators under the environmental sustainability goal (MDG7). However, the country is lagging on many other indicators – most targets of MDG1, MDG5 and MDG8.

This report presents progress on the MDGs making analyses of trends relative to the baseline status (1990 or early 1990s in order to get an idea on whether the goals (targets) are achievable or not by 2015. The report points out challenges and what should be done in the remaining five years or so in terms of policy, institutional arrangements and interventions. Diligent implementation of the NSGRP II and ZSGRP, the end points of which coincide with the deadline of the MDGs, should purposefully aim to do better than simple projections show.

1.2 Methods and Approaches Used in Developing the Report

The preparation of the 2010 report was consultative, with government leading the participatory process and the Department of Economics, University of Dar es Salaam serving as the secretariat. Key stakeholders consulted included Government Ministries, Department and Agencies (MDAs), United Nation (UN) agencies, Development Partners (DPs) and Non-State Actors (NSA) and academia. For effective coordination of the inputs, the consultation centred on thematic groups whereby key MDAs responsible for a given MDG paired with their counterparts in DP groups and NSA to gather information and make assessments on all major questions, i.e. trends, constraints and interventions in terms of resources and policy actions (interactions) required in order to attain the goals in the remaining period. The analyses use simple and illustrative descriptive tools.

[1] **NSGRP is also known in Kiswahili translation as *MKUKUTA (Mkakati wa Kukuza Uchumi na Kupunguza Umaskini* while ZGRP for Zanzibar is known as MKUZA (*Mkakati wa Kukuza Uchumi na Kupunguza Umaskini* Zanzibar. Thus MKUKUTA Annual Implementation Report (MAIR) is simply NSGRP Annual Implementation Report.**

1.3 Scope and Limitations

The report presents the status of the implementation of MDGs in Tanzania for 2010. Where distant data are available, analyses of trends are made, making reference to the baseline (1990). The levels of details differ basically, due to variability in data availability. For some indicators (targets) it is not possible to show trends.

The limitations are as follows. First, although reporting is at the national level (Mainland Tanzania and Zanzibar), many instances refer to Mainland Tanzania. This is dictated by data availability. Second, in some cases there are difficulties in comparing variables due to differences in methodologies used in data collection, definitions (e.g. for wasting and stunting) analyses and timing of the surveys. Third, in other cases the indicators are missing and their proxies are not adequate. The same argument extends to routine data. For instance, enrolment rates do not give an idea on the quality of education. In such cases an assessment of whether Tanzania is on track or not should be taken with this caveat in mind. Fourth, the multi-dimensional nature of poverty and the inter-sector dependencies for most goals imply a difficulty sometimes of exhaustively mentioning all policy interventions. A typical example is where chances of schooling or of maternal survival are linked not only to purely medical interventions but also timeliness and therefore, access, to a medical facility, availability of transport, quality of the mode of transport, and household income (ability to pay for transport to a medical facility). The report points data gaps as areas for improvement in the information and monitoring systems.

1.4 Organization of the report

The report has four Chapters. Chapter I presents an introduction. Chapter II presents the country development context. Chapter III gives a narrative of trends and prospects for attaining the goals by 2015. Chapter IV provides concluding remarks.

II. COUNTRY DEVELOPMENT CONTEXT

The United Republic of Tanzania comprises the territory formerly known as Tanganyika, now mainland Tanzania and Zanzibar which is made up of the islands of Ungula and Pemba. Tanganyika, which gained independence in 1961, united with Zanzibar in 1964 to form the United Republic. With a total area of 945,000 km^2 Tanzania is geographically well placed for international trade, with deep-water harbours and is a passage to 8 neighbouring, land-locked countries. The rich natural resources of minerals, wildlife and large hydropower potential are not fully exploited. Tanzania's population which was estimated to be 23.9 million in 1990 (URT 1998, p.10) was 41 million by 2009 (URT 2010b, p.12). Majority of the population live in rural areas where the main economic activity is farming. Agriculture which employs more than 80% of the population is susceptible to extreme weather variations and poor capitalization. Only about 6.7% of the cultivable land is in use and only a small proportion of this is under irrigation.

Beginning in the mid-1980s and throughout the 1990s Tanzania undertook market-oriented economic policy reforms, including liberalization of internal and external trade, privatization of state-owned enterprises and various sector policy reforms. By the end of the 1990s, the country moved in the direction of poverty reduction strategies and adopted the global Millennium Declaration containing MDGs in 2000.

Tanzania's GDP growth rate improved during the last ten years, attaining annual average growth rate of 7%, except for the few shocks due to drought, intermittent power cuts and the global economic and financial crisis (2008/09) the effects of which strain export earnings, capital and investment flows and tourism. In Zanzibar, the real annual economic growth rate has mostly remained around 5% which is below the ZPRP target of 10% by 2010). Agriculture employs more than one third of the population in Zanzibar. Zanzibar's manufacturing sector has tended to under-perform. It accounts for only 4% of GDP, down from 5.9% of GDP in 2003.

Though macroeconomic performance is rated as impressive, improvements in human development are slow. Tanzania ranked 163rd in 2000 and 151st position in 2009. With a rather high inter-census population growth rate of 2.9%, the economy ought to grow faster than 6-8% achieved by the NSGRP I and Zanzibar's ZPRP for the country to attain more MDGs targets by 2015. Tanzania's per capita income was about USD 495 in 2009, remaining in the low-income category of developing countries.

Despite a relatively high growth, with GDP increasing from 1.6% in 1992 to 7% in 2007, poverty reduction has been slow and unevenly shared. The proportion of population living below the national poverty line declined from 38.6% revealed by the 1991/92 HBS to 33.6% according to the latest 2007 HBS. Inequalities exist in various forms and levels. Rural-urban differences are in terms of average incomes, reflecting differences in access to better-paying jobs and social services including education and health. Progress in education and health are not matched by quality indicators such as high student (pupil)/teacher ratio at 54.1 in 2009 and low pass rate at primary school leaving certificate level and maternal mortality. Urban areas face problems of their own nature, particularly related to congestion in unplanned settlements and pressure on facilities such as water and sanitation. Increasing tensions between pastoralists and farmers are reported in a few regions as the country struggles to propagate environmentally sustainable use of land, water and other natural resources.

Overall growth performance conceals unequal performance across sectors. Of particular concern is agriculture, the growth rate of which averaged 4.4% in the period 2000-2008, far below NSGRP I target of 10% by 2010. Agriculture deserves special attention because a persistent decline means deepening poverty for the majority of the population. What has policy not gotten right after so many years of pronouncing agriculture as the back-bone of the economy? Can *Kilimo Kwanza* make a difference in the coming five years? The fast-growing sectors including mining, construction, communication, trade and tourism and financial sector are not able to absorb job-seekers from all colleges and schools let alone from the majority who are less educated in rural and urban areas. And it is fast-growing sectors that have attracted most foreign direct investments (FDIs). Neither do faster-growing sectors provide adequate markets for the products from slow-growing sectors such as raw materials and intermediate inputs. Fast-growing sectors do not have adequate arrangements that are purposefully set to link up with and benefit slow-growing sectors by way of markets for their produce/products – or as in other countries – sub-contracting local firms. Examples of super-markets and tourist hotels sourcing groceries from local producers would involve elevating local producers' capacity to produce and supply reliably and capacity developed to enable the farmers to meet required health/environmental quality or standards. Absence of such or similar efforts explains why growth in some sectors in not trickling down.

Nevertheless, the rate of inflows of FDI seems to be lower than expected were it not for the concerns raised by the private sector on the investment climate/business environment regarding the taxes and tax administration, unreliable and high costs of electricity, telecommunications, and corruption. Similar problems on a different scale beset the rural areas especially non-farm activities. Rural areas remain more disadvantaged due to low investments in rural roads, rural electrification and telecommunications as well as lack of banking services.

Exports remain concentrated on primary commodities, largely traditional crop exports of sisal, cotton, coffee, tea, tobacco, cashew-nuts and pyrethrum. Gold exports have recently featured prominently. However, rising imports keep the balance of trade in the deficit. Overall the country has been able to keep the external foreign reserves of about 4-6 months' of imports of goods and services.

Progress on the various indicators of the impact of global partnership remains *mixed* though there is progress on some indicators. Aid dialogue has continued between government and development partners. ODA volumes channelled through General Budget Support (GBS), Basket Funding and Project Funding show fluctuating trends. Aid predictability remains a problem as some aid is still channelled off-budget. Due to debt relief, the debt/GDP ratio has decreased. Through participation in international negotiations for market access and much more through improvements in the domestic investment environment and competitiveness Tanzania continues with efforts to diversify her exports, drive for the spread of new technologies, particularly information and communication where she remains far behind many countries.

III. TRENDS AND STATUS

3.1 Goal 1- Eradicate Extreme Poverty and Hunger

3.1.1 Trends and Status

Target 1 A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.
Indicators
1.1 Proportion of population below $1 (PPP) per day
1.2 Poverty gap ratio
1.3 Share of poorest quintile in national consumption

1.1 Proportion of population below $1 (PPP) per day

Tanzania does not use $1 poverty line; it uses its own national poverty line. The analysis under this section is therefore based national poverty line and the analysis is extended based on poverty gap ratio.

1.2 Poverty gap ratio

The target indicators 1.1, 1.2 and 1.3 are related although the availability of data on them is variable. For Indicator 1.2 the headcount ratios are derived from the socioeconomic surveys (Household Budget Surveys). It is estimated that one-third of Tanzanians live below the basic needs poverty line, well below the international one dollar per day poverty line.

Basic needs and food poverty lines are now standard variables in the poverty profile (for identifying the poor and non-poor) and associated characteristics of the poor/non-poor communities or areas. However, the precision of the analysis of trends and projections (1990s as baseline and 2015 deadline for the MDGs) is constrained by the fact that the observations of the headcount ratios (poverty gap ratios, i.e. P_0) are irregular as they depend on the frequency of the HBS, of which there have been three since 1990, that is 1991/92, 2000/01 and 2006/07. The simple trends made for the MDGs Mid-Way Report (URT 2009a, b, c; URT 2002) cannot be updated since there has not been any new comparable survey. They are replicated (Tables 3.1 and 3.2 and Figures 3.1 and 3.2).

Table 3.1: Poverty Headcount Ratios 1990, 2000 and 2007 (%) basic needs

Year	Dar es Salaam	Other Urban areas	Rural areas	Mainland Tanzania
1991/92	28.1	28.7	40.8	38.6
2000/01	17.6	25.8	38.7	35.7
2006/07	16.4	24.1	37.6	33.6
2008/09*	15.9	18.1	40.1	34

*From the National Panel Survey (URT 2010e)
Sources: URT (2009a,b,c, 2002); 2010e)

Table 3.2: Poverty Headcount Ratios 1990, 2000 and 2007 (%) (Food poverty line)

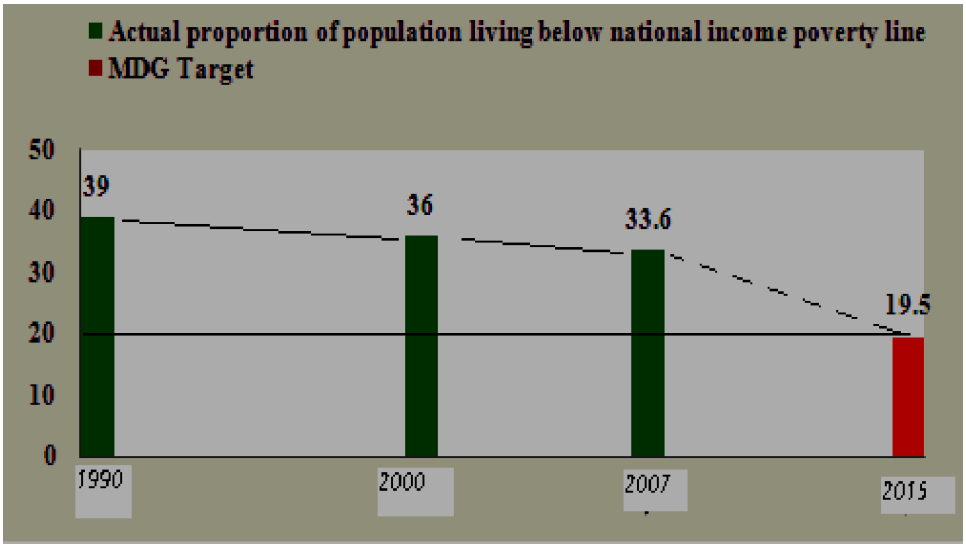
Year	Dar es Salaam	Other Urban areas	Rural areas	Mainland Tanzania
1991/92	13.6	15	23.1	21.6
2000/01	7.5	13.2	20.4	18.7
2007	7.4	12.9	18.4	16.6
2008/09*	8.5	8.6	20.1	16.9

*From the National Panel Survey (URT 2010e)
Sources: URT (2009a, b,c, 2002; 2010e)

Despite strong growth of GDP, from an average growth rate of 3.5% over the 1990s to the average of 6.9% between 2001 and 2010, poverty is still pervasive even though the proportion of people living below the basic needs and food poverty lines has fallen.

Poverty remains higher in rural areas than in urban areas. If the current trend continues poverty gap ratios (for the basic needs poverty line) will end up between 25 and 30% and so the target of halving poverty levels (to 19.5%) will not be met (Figure 3.1).

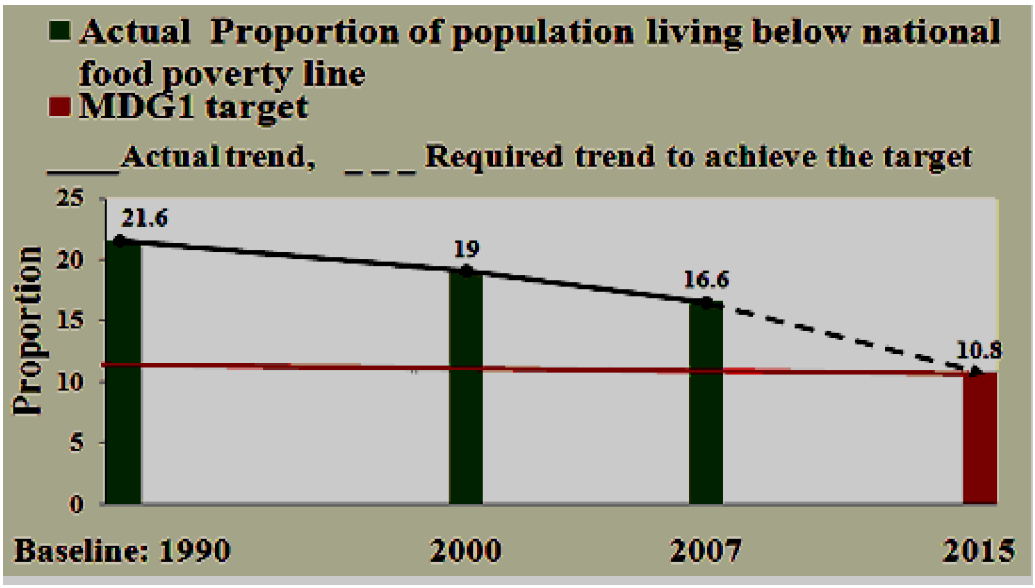
Figure 3.1: Proportion of population below income national poverty line (%)



Sources: URT (2009a, b, c; 2002)

The proportion of people living below the food poverty line, in 2006/07 was 16.6% in 2007 down from 22% in 1990. The MDG target of 10.5% may not be met. A trend line between the two points would cut 2015 at a point higher than 10.5% (Fig. 3.2).

Figure 3.2: Proportion of population below national food poverty line (%)



Sources: URT (2009a, b,c; 2002)

Since the food poverty line is nutrition-based, it is a close proxy of the population below minimum level of dietary energy intake which appears (also as indicator 1.9).

Other indicators closely associated with income poverty – captured in multi-dimensional poverty analyses – include access to electricity, sanitation, drinking water, type of floor, type of cooking fuel and ownership of assets and amenities (such as bicycle or radio set). Ownership and access to these assets in Tanzania depicts the rural-urban gap.

For Zanzibar, results of the surveys show that poverty remains high. The proportion of people living below the basic needs poverty line dropped from 61% in 1990 to 49% in 2004/05 and to 44.41% in 2009/10, according to the Household Budget Survey (2009/10) (RGZ, OCGS: 1991/92, 2000/01, 2004/05, 2009/10 HBS reports).

1.3 Share of poorest quintile in national consumption

Information for this indicator is generated from the HBS data as well and there are no new updates. The general scenario is therefore not different from the recent MDGs reports. The 1990s are described as having stable income inequality and the Gini coefficient rising from 0.34 in 1991 to 0.35 in 2001, and falling to 0.34 from the 2006/07 HBS (URT 2009a,b,c). The limitation of this indicator is quickly recognised by highlighting the significant regional differences and rural-urban differences. Prospects for reduced income inequalities will depend on whether or not policies succeed in allocating and ensuring effective use of more resources for rural-based economic activities and ensuring that high-growing points (sectors such as mining, construction, tourism) are effectively linked to the domestic economic activities.

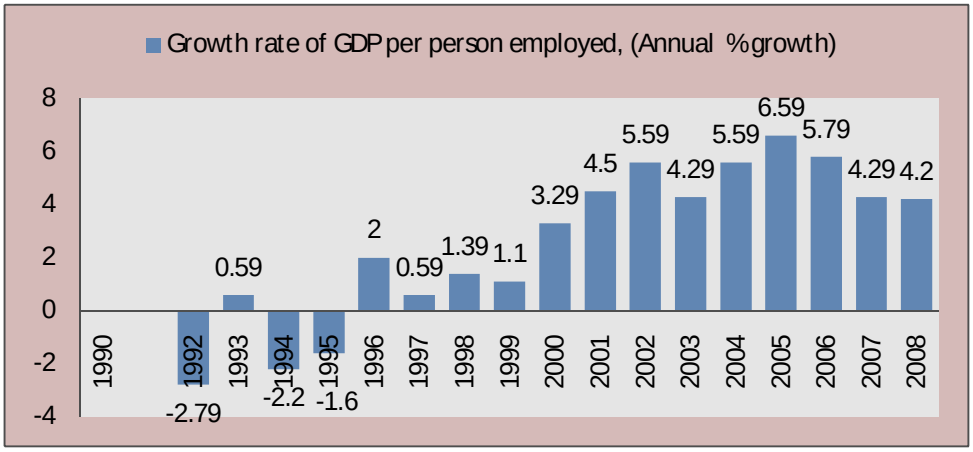
Target 1B: Achieve full and productive employment and decent work for all, including women and young people.
Indicators:
1.4 Growth rate of GDP per person employed
1.5 Employment-to-population ratio
1.6 Proportion of employed people living below $1 (PPP) per day
1.7 Proportion of own account and contributing family workers in total employment

Indicators 1.4 and 1.5 are compiled for Target 1B from the labour force surveys (Integrated Labour Force Surveys of 1990/91, 2000/01 and 2006/07) which again, have been irregular. There are no new labour force surveys to update the Labour Force Surveys of 1990/91 and 2006 (URT 2007), the information of which has been used in the previous reports including the PHDR 2009 (URT 2009b), the Tanzania Gender Indicators (URT 2010d) and ILO (2010) and the Millennium Development Goals Report (URT 2009a). However, there are differences in the figures for the rates of unemployment and labour participation rates in different reports – depending on the definitions (national versus international) used and cut-off age e.g. 10+ year or 15+ years.

1.4 Growth rate of GDP per person employed

The GDP growth rate per person employed is shown in Figure 3.3. It is in most years below the overall GDP growth rate. It implies that the labour market has not been able to absorb all labour supply due to a number of reasons include lack of access to finance (generally for both rural and urban private businesses), inadequate enterprise development skills and inadequate public policy or administrative support. This would also include what is generally regarded inimical investment climate or business environment in both rural and urban areas (as shown by the Investment Climate/Business Environment surveys.

Figure 3.3: Growth Rate of GDP per Person Employed (annual % growth)

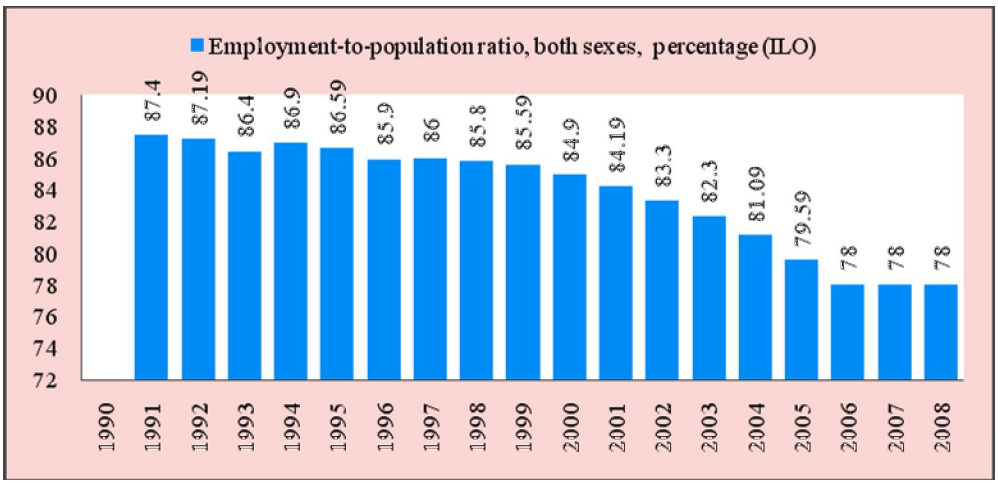


Sources: URT (2007), URT (1998), URT (2008).

1.5 Employment-to-population ratio

Employment-to-population ratio is another indicator of the rate at which the economy is creating jobs.[2] Figure 3.4 shows that the ratio has been declining in general over the 1990s in the range of 85-87%; but it dropped to 78% in the years 2006-2008, according to ILO estimations.

Figure 3.4: Employment-to-population ratio, both sexes (%)



Source: ILO 2010

Should this trend continue and with the current economic conditions, creation of new jobs is likely to be slowed down further. Agriculture is by far the largest source of employment. Jobs in agriculture fetch less payment in part due to low-embodied knowledge/training and hence they are low-productivity jobs. Bright opportunities exist, however, should the policy environment be put right for the establishment of forward-linkages with agribusiness, marketing, agro-industries and better organized and increased extension services targeting groups of/organized farmers.

For Zanzibar, the Zanzibar Integrated Labour Force Survey for Zanzibar shows that overall unemployment declined from 7.0% in the 2005 to 5.5% in 2006. Economic growth in Zanzibar is associated with reasonable job creation. While the real GDP in Zanzibar increased by 12.8% during 2005 and 2007, the rate of unemployment declined by 21.4% during the same period.

Unemployment and underemployment among the youth in particular pose high security risks. It is notable too that even among the majority of the employed, jobs do not seem to provide sufficient respite from poverty due to low remuneration.

1.6 Proportion of employed people living below $1 (PPP) per day

As an indicator of incidence of working poverty, the number of employed persons (15 + years) living in a household estimated to be below the nationally defined poverty line as percentage of all employed persons has been derived for 2000/01 and 2006/07 (Table 3.3) (ILO 2010).

[2] **Employed person is defined as person who did some work in the reference period either for pay in cash or in kind (paid employee) or who was in self-employment for profit or family gain, and/or a person temporarily absent from these activities but definitely going to return to them, e.g. those on leave or sick.**

Table 3.3 Incidence of working poverty

	1990/91	2000/01	2006
Working poverty rate (%)	-	32.5	30.7
Dar es Salaam	-	14.5	13.1
Other urban	-	22.9	21.2
Rural	-	35.6	34.7

Source: ILO (2010), pp. 8-9, Table 2.3

It would be expected that the proportion of working people falling below the poverty line would be dropping. However, the proportion fell only slightly, from 32.5% in 2001 to 30.7% in 2006. But 30.7% is still high. Figures for rural and urban (Dar es Salaam and Other Urban) follow the same pattern. This slow drop is consistent with the slow reduction in poverty.

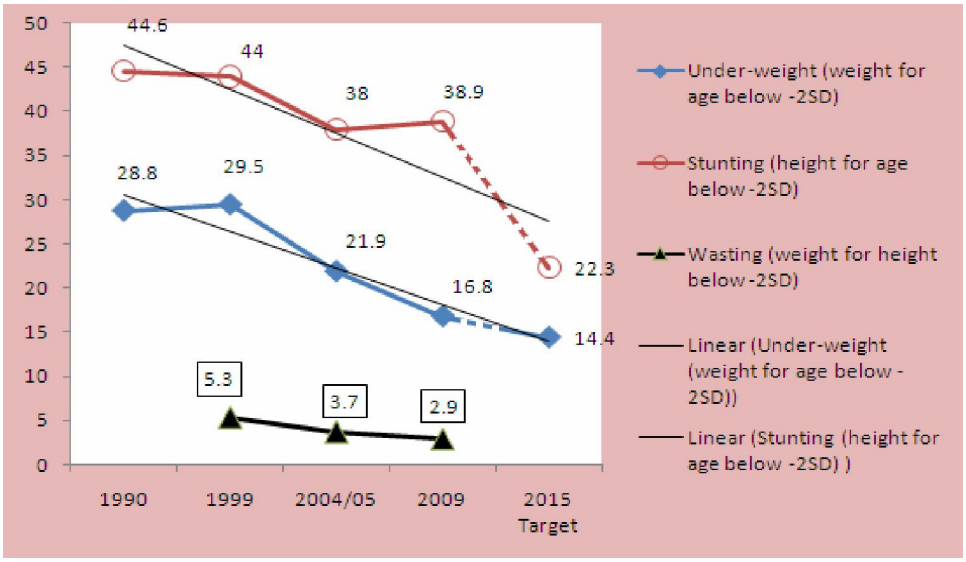
1.7 Proportion of own account and contributing family workers in total employment (No consistent data

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.
Indicators include:
1.8 Prevalence of underweight children under-five years of age
1.9 Proportion of population below minimum level of dietary energy consumption

1.8 Prevalence of Underweight Children Under-Five Years of Age

Some progress has been made in reducing malnutrition. However, although all three key indicators on underweight, stunting and wasting show declining trends (Figure 3.5), attainment of the respective targets are not likely to be met unless extra efforts.

Figure 3.5: Trends in underweight, stunting and wasting for the under-5s (1990-2015)



Sources: URT (2011c) TDHS 2010 for the 2009 observations, Table 11.1, p. 164. Earlier data from the DHS (2004) DHS, (1991/2), Tanzania Reproductive and Child Health Survey (TRCHS -1999).

For stunting, the dotted trend lines show that if the current effort is not improved, halving stunting 22.3% may *not* be attained by 2015. Stunting is also affected by other factors including under-nourishment which is most prevalent in young children from rural households. Recurrent and chronic illnesses are often due inadequate nutrition. The TDHS 2010 data show that malnutrition is still higher in rural areas (44.5%) than in urban areas (31.5%) and variations across regions are stark - ranging for stunting from Dar es Salaam (18.8%) followed by Town West in Unguja (19.6%) to Dodoma (56%) followed by Lindi (53.5%). Because of these relationships, both wasting and stunting targets are not likely to be attained without extra effort towards the whole issue of nutrition for children and treatment of or better reduction of proneness of children to diseases.

According to the TDHS 2010, only the indicator for *weight-for-age* seems likely to come closer to the assumed target of 14.4% (halving the 1990 baseline value) having reduced the indicator by an average of 0.8% per year in the past 15 years (and may therefore need close to 3 years to cover the remaining 2.4% points to the 14.4 target, other things remaining equal, contrasted with stunting which has covered an average of only 0.5% per year

For Zanzibar, there has been a decline in the prevalence of underweight children from 39.9 % in 1990 to 19.0 % in 2005 and from 8.6% in 2006 to 7.3% in 2007. Similarly for stunting, there has been a large decline from 47.9% in 1990 to 23.1% in 2005. TDHS (2010) data (URT 2011c) show for Zanzibar that stunting stands at 30.2%,, underweight 12.0% and weight for age at 19.9%. Hence, for Zanzibar, the 2015 targets for underweight (19.9%) and for stunting (23.9%) will be attained. This implies the policies or strategies should be able to protect and improve on the gains made so far with much more attention to Pemba (compared to Unguja).

1.9 Proportion of population below minimum level of Dietary Energy Consumption

The Mid-Way Report (URT, 2009a) used the proportion of the population below the food poverty line for an indication of the current status of the proportion of the population which suffers from hunger. Plotting observations from the three surveys (Figure 3.2 above) it was shown that assuming half the baseline in 2015 should be 10.5%. However, Tanzania is still off-track to attaining the target of 10.8% by 2015.

This is corroborated by recent analysis of the dietary energy consumption (DEC) using 2000/01 and 2006/07 HBS data. DEC increased with higher incomes along the income quintiles. That is, households in the highest income quintile consumed larger quantities of food. In rural areas, households saw their average DEC decline by 20Kcals while urban households saw an average increase in DEC of 90Kcals (URT 2010b). Across the regions, DEC fell in half of the regions, the largest decrease in Dodoma; the highest increases were in Kilimanjaro, Dar es Salaam and Morogoro (URT 2010b, pp. 21).

For Zanzibar, the proportion of the population living below the food poverty line decreased slightly from 13.18% in 2004/05 to 13.04% in 2009/10. This level is close to the target, given that the rate was 25% in 1990.

3.1.2 Implementation Bottlenecks

A number of general and specific constraints hamper progress on MDG1. The Accelerated Framework points out a number of critical bottlenecks (prioritized), starting with those relating to agricultural productivity which is critical for raising incomes of the majority of the poor households in the rural areas. First, farmers face difficulties in accessing farm inputs, mainly fertilizer and improved seeds in a timely manner and at affordable prices. Related to this problem, there have been abuses of the voucher scheme including leakages - farmers selling vouchers and selection of eligible farmers reportedly through favouritism. Second, the budgetary allocations for purchasing agricultural inputs are low compared to the demand. Currently over 8 million small farmers demand the services, but the Government is able to finance via voucher schemes about 1,5 million farmers only. Third, smallholder farmers lack knowledge on how to optimize the use of improved agriculture technologies. This is worsened by lack of qualified extension services/workers both in terms of numbers, level of training and incentives to retain them. Fourth, implementation of irrigation schemes is slow, in part due to inadequate funds to construct new, rehabilitate schemes, lack of knowledge on small scale irrigation technologies and sound water management practices. Fifth, there is limited use of agricultural mechanization technologies (70% of farmers use hand-hoe, 20% animals, 10% tractors). Dimensions to this bottleneck include inadequate financing of agricultural mechanization including limited fiscal incentives on imported components and lack of a strategy for sustainability (servicing, established agricultural mechanization centres).

The seventh problem is lack of effective measures to reduce *pre-harvest* and *post-harvest losses*. This entails poor coordination of fight against crop diseases and posts and may be associated with lack of linkages between farmers and agricultural research centres.[3] For *post-harvest losses* bottlenecks include lack of proper storage facilities or such knowledge in preservation and low capacity in agro-processing. Post-harvest losses are estimated to be 30% for cereals, 70% for fruits and vegetables and 20% for fisheries. This may further be linked to lack of proper marketing and crop procuring arrangements and market information. Limited knowledge by farmers about product quality standards contributes to depressing prices of their produce.

Eighth, there is low awareness on good/best environment/conservation practices, impact of climate change and ability to mitigate adverse of impacts of climate change. In addition, land issues and conflicts amongst uses (farming vs livestock keeping, settlements, mining etc) pose challenges to policy makers as well as investors.

It is observed that investment (including foreign direct investment) in agriculture still lags behind investment in other sectors, mainly mining, construction, telecommunication, trade and tourism. Lack of supportive physical infrastructure, particularly rural roads, energy and storage facilities as well as financial services and enforcement of regulations partly explain the slow investment in the rural/agricultural sector.

For targets related to infant and young child nutrition, the constraints include poor nutrition of the mother and misconception on breastfeeding, limited time devoted to caring for young

[3] **Allocation to agriculture and agriculture Research and Development (R&D): currently budget allocation is 0.3% of GDP, target is 1.0% of GDP as per African Union recommendation.**

children, low knowledge on nutritious food, low food fortification and wrong social norms and values on quantities and content of meals. Other dimensions include low level of hygiene and sanitation especially in rural areas.

3.1.3 New Challenges

Climate change is rendering the economy vulnerable: agriculture, water resources, health, forestry, grasslands, livestock, coastal resources and wildlife and biodiversity. In Tanzania frequent extreme weather events over the past 12 years have led to destruction of crops, public schools, health facilities, roads, railways etc., business properties, and household assets. Climate change is expected to shrink the rangelands which are important in livestock keeping in Tanzania. This is aggravated by the fact that 60% of the rangeland is infested by tsetse-fly making it unsuitable for livestock pastures and human settlements. Such developments exacerbate conflicts between livestock keepers and farmers. Other climate change impacts include reduced runoff which diminishes river flows and decreases the water for irrigation and electricity generation. *Annex I* carries a statement on the adaptation options for Tanzania.

The global financial and economic crisis, food and fuel crisis have had deleterious effects on productive and service sectors. Tanzania has already been affected through reduced financial flows (direct channel) as reduced foreign direct investment (FDI), official development assistance (ODA) and short-term capital flows, while the trade shock channel works through the terms of trade and exports. This has strained fiscal capacity of government for public investments and the private sector's ability to engage in economic activities in tighter credit market conditions and slow external demand.

3.1.4 Best Practices and Policy Support

Towards broad-based growth, NSGRP II and ZSGRP have directed attention to growth (productive) sectors and targeted interventions which improve the productive potential of the poorer socio-economic groups e.g. for the rural areas (agriculture), potential but under-served regions, the unemployed, youth, women and people-living-with disabilities (PWDs). The Multi-sectoral Social Protection Framework and safety-nets aim to stimulate growth and variously support to the attainment of MDGs.

Towards improving agricultural productivity a number of ways are conceivable and practicable although primarily adequate budgetary allocation may, as in many cases, pose continuing challenge. Resources are required to build institutions (e.g. resource centres, pest control mechanisms), structures (e.g. rural infrastructure including irrigation), and human resource capacity (e.g. extension officers), developing implementation capacity at LGAs level would be key to making a bigger impact from agricultural policies and interventions. Diffusion of agricultural technology, reinvigorating farmer and cooperative societies/ associations, will ease the government burden of providing/distributing inputs and credit.

Specific measures are required to resolve land disputes, raising value addition to agricultural produce through agro-processing and expanding markets and facilitating marketing, access to financing and possible arrangements for crop insurance and price stabilization.

Even the sectors that have shown greater momentum – construction, services, manufacturing as well as mining need increased public investment in requisite infrastructure - power, transport (Transport Sector Investment Programme (TSIP))and ICT) and firmer linkages with the domestic economy. Through *Kilimo Kwanza* the government has embarked seriously in reviving the agriculture sector. The Southern Agricultural Growth Corridor of Tanzania (SAGCOT) is a public-private partnership which aims to boost agricultural productivity in Tanzania and the wider region. SAGCOT promotes "clusters" of profitable agricultural farming and services businesses, with smallholder farmers and local communities as targeted participating beneficiaries. Six cluster have been identified long the southern corridor of Tanzania.

Towards employment the government is committed to creating decent jobs. On the one level, it has ratified eight ILO core conventions to this effect, integrated employment issues in the NSGRP, reviewed the National Employment Policy and enacted the Employment and Labour Relations Act No. 6 of 2004 for fundamental labour rights and establishes basic employment standards, protection against discrimination and requiring employers to take positive steps to guarantee women and men equal pay for work of equal value. On the other level, Tanzania Employment Services Agency (TaESA) opened two zonal offices in Arusha and Dodoma in order to extend employment services closer to the people. These services include linking job seekers to employers locally and internationally, training and labour market information. Specific programmes for employment creation such as the National Employment Creation Programme (NECP), SMEs Development Policy, and the Business Environment Strengthening for Tanzania (BEST) programme and labour law reforms towards decent jobs should continue to be promoted. Other interventions target small entrepreneurs through the National Empowerment Policy of 2004 extending credit guarantees to the private sector, the Small Enterprise Loan Facility (SELF), Presidential Trust Fund (PTF) and guarantee schemes for microfinance managed by the Bank of Tanzania (with a consortium of commercial banks).

Interventions to improve health and nutritional status, such as immunizations, oral re-hydration, antibiotics, and micronutrients for child survival have been intensified in recent years.[4] There is a need to emphasise breast feeding and free nutritious food supplements to pregnant and lactating mothers, free meals for school children (that have been piloted in Tanzania and would need to be scaled up), as well as food fortification and knowledge building on nutrition which may require increased deployment of nutritionists at regional and LGA levels. Together with those interventions for MDG5 and MDG6, these should be linked to efforts to increase food security and agricultural productivity in general.

The government responded with a rescue package - compensation for losses due to fall in demand and prices for exports, guarantee for debt rescheduling to enable borrowers to access loans from commercial banks, price subsidization to cotton farmers, SMEs guarantee scheme for loans and balance of payment support from IMF through Exogenous Shocks Facility).

Tanzania Social Action Fund (TASAF) and the Millennium Village Project (MVP) are specially-designed multi-goal interventions each with its own empowerment strategies to reduce poverty.

[4] Examples include the Food and Nutrition Technical Assistance (FANTA) and the President's Emergency Plan for AIDS Relief (PEPFAR), integration of nutrition services into the national HIV response and design of a Food by Prescription (FBP) Programme in Tanzania.

For TASAF the principal targets are communities who lack access to basic social and market services, food-insecure and vulnerable individuals (i.e. orphaned, disabled, elderly, affected/infected by HIV and AIDS, etc). The Millennium Villages Project (MVP) has made practical demonstration of community-based, integrated rural development towards the MDGs in rural Africa by 2015. Lessons from the MVP include a need to strengthen community-level administrative structures (e.g. village sector committees for water, health, education etc.) and training of experts from within communities that intend to adopt the model. The MVP interventions include distribution insecticide treated bed nets, drugs and other health facilities, subsidized farm inputs, school feeding, construction and rehabilitation of clinics and primary schools, water and sanitation, tree nurseries and infrastructure.

3.2 Goal 2 - Achieve Universal Primary Education

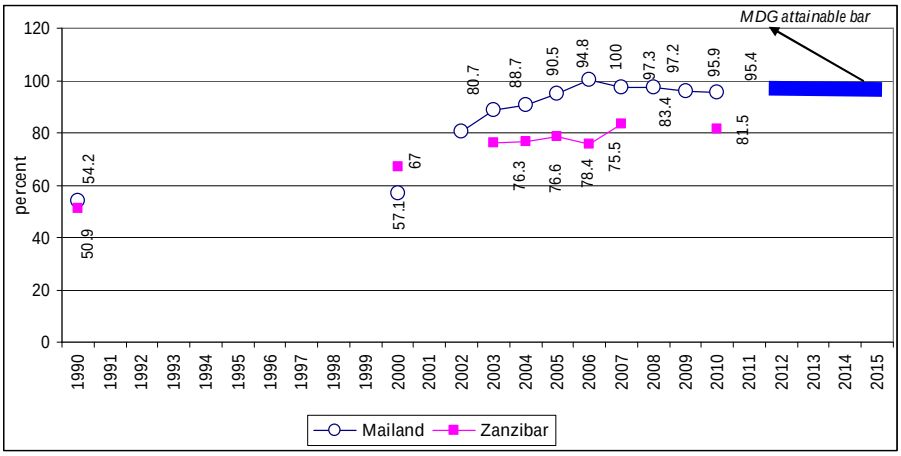
3.2.1 Status and Trends

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. Indicators include:
2.1 Net enrolment ratio in primary education
2.2 Proportion of pupils starting grade 1 who reach last grade of primary
2.3 Literacy rate of 15-24 year-olds, women and men

2.1 Net enrolment ratio in primary education

In 1990 net enrolment ratio (NER) in primary education was 54.2 for Mainland and 50.9 for Zanzibar. By 2009 net enrolment rates had risen to 95.9%. In 2010 net enrolment declined slightly to 95.4%. The country is on track to meet the target of 100% net enrolment by 2015. Figure 3.6 shows trends of the enrolment rates for the past five years. Retention of girls is slightly better than that of boys. Transition rates indicate that Secondary School enrolment is up with a near gender balance at entry.

Figure 3.6: Trend Analysis of Primary Education NER (1990 and selected years)



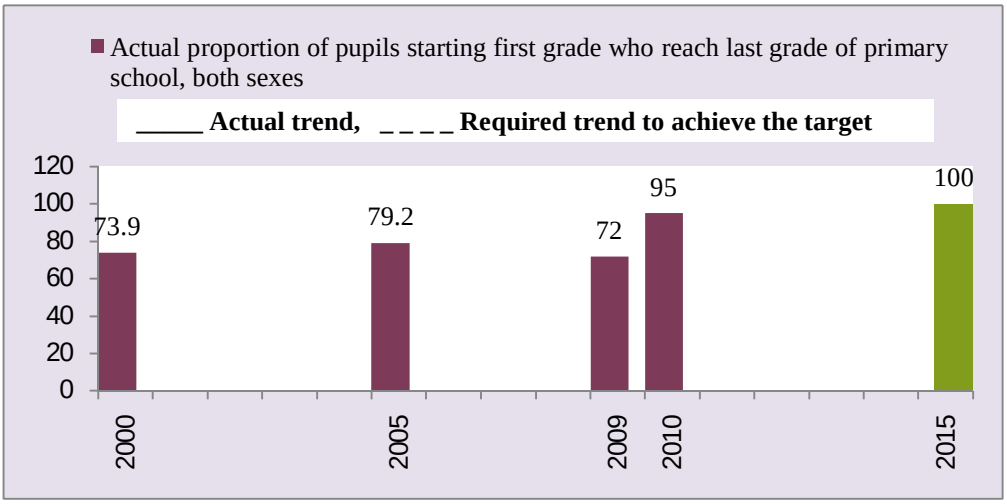
Source: Ministry of Education and Vocational Training, Basic Education Statistics (various)

In Zanzibar, net enrolment increased from 50.9% in 1990 to 78.4% in 2005 to 81.5% in 2010. The goal is attainable.

2.2 Proportion of pupils starting grade 1 who reach last grade of primary

Data for Mainland Tanzania indicate an improvement in the percentage of the cohort completing Standard VII from 72% in 2009 (URT 2009c) to 95.1% in 2010 (URT 2010h, p. 25) (Figure 3.7).

Figure 3.7: Proportion of pupils starting first grade who reach last grade of primary school

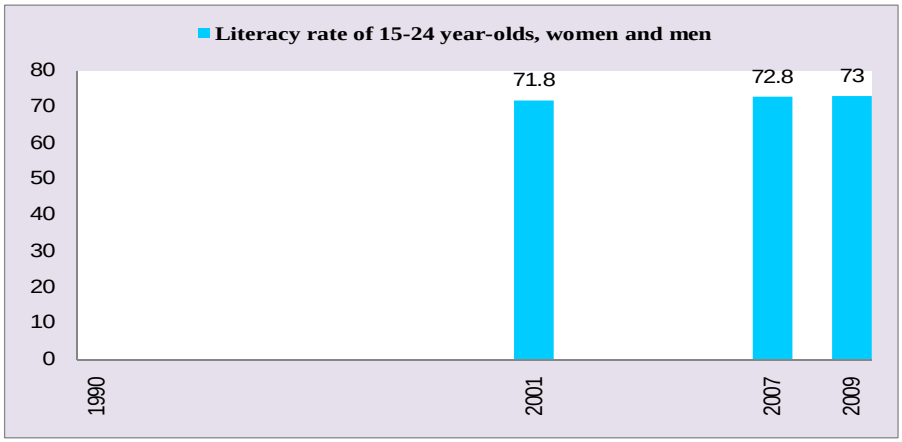


While transition from primary Standard VII to secondary school dropped from 56.7% in 2007 to about 50% in 2009 (URT 2010h, p.32). This may be associated with the declining trend in the percentage of pupils passing the primary school leaving examination (PSLE) from 70.5% in 2006 to 49.4% in 2009 (ibid., p. 33).

2.3 Literacy rate of 15-24 year-olds, women and men

Household Budget Survey of 2007 shows that on the Mainland, literacy rate among age 15+ is 72.5% (89.5% for men and 66.1% for women) (Figure 3.8). In Zanzibar, this rate increased from 75.8% in 2005 to 82.3% in 2010. Literacy reflects a slight increase over 2000/01 when the rates were 71.4% (overall) and 79.6% for men and 64% for women. About 27.5% of Tanzanians cannot read and write in any language. Literacy is greater among men than among women, and lower in urban areas compared to rural areas.

Figure 3.8: Literacy rate of 15-24 year-olds, women and men (%)



In order to attain accelerated increase in literacy, more effort will be required to address the underlying drivers of literacy, that is, increased enrolments of school children and ensuring that they complete primary school and transit to higher levels, supported by adult literacy programmes.

3.2.2 Inequality Issues

Apart from gender disparities, regional inequalities in education (enrolments, completion and/transition rates) abound. These are historically related to the physical distribution of schools and such facilities as teacher houses. Such regions coincidentally fail to attract and retain teachers and because of remoteness they are not as frequently reached for inspection services as schools located in urban or peri-urban areas. Significant disparities across regions in the teacher-pupil ratio remain in favour of urban areas. For example, in 2010 Teacher Qualified Teacher Ratio (PQTR) were lower than the official standard of 1:40 only in Dar es Salaam (1:38) and Kilimanjaro (1:36) and higher in the rest of the regions – highest for Tabora (1:72) followed byRukwa (1:67) and Shinyanga (1:65). Poverty at household level means also that parents in poor households are least able to send their children to private non-government schools which are more expensive. Improvement of equity implies that more resources should be allocated to underserved areas (regions or districts), support for students from poor families, aiming for higher retention of girls and more facilities in schools of children with disabilities.

3.2.3 Implementation Bottlenecks

Good budget execution has made it possible for government to expand capacities – recruit more teachers, increased education material and classrooms – with, as a result, improved teacher-pupil ratio from 1:58 in 2007 to 1:50 in 2008. However, a number of challenges remain. First, the expansion of education infrastructure has not been matched by expansion in complementary inputs to address quality. Quality requires a steady supply of teaching and learning resources (library, laboratories, teachers' houses and sanitary facilities) which have mainly lagged behind enrolments at all levels due to financing constraints.

Second, there has been inadequate coordination of interventions directed to other goals. Poor roads have been hindering transportation of construction materials, transfers and reporting of teachers to schools, movement of supervising and monitoring staff and tracking of community contributions in underserved, more remote areas. In arid lands, unavailability of water in close neighbourhoods has meant that girls spend a lot of time helping parents fetch water, losing hours/days of schooling.

Third, the global financial crisis which has an adverse impact on income has compromised both individual and government capacity to implement projects such as village roads which impact the provision of education services. In addition, natural calamities associated with climate change have led to destruction of school buildings and other infrastructures. Where these are severe they interrupt schooling.

Fourth, in light of global competition in the education and labour market, standing as new challenges for the near future are the following considerations:

(i) elevating the education system so that "basic education for all" will be secondary school plus vocational training so that each child has an opportunity to acquire basic skills

(ii) devising ways and means of promoting mathematics and science subjects for all students as well as strengthening science and mathematics teachers at all levels.

(iii) addressing quality of education even at primary school with due consideration to appropriate teachers and teacher training programmes, syllabi, teaching and learning materials and environment, including buildings, laboratories.

(iv) improved access and completion of girls at secondary and vocational education levels.

3.2.4 Best Practices and Policy Support

The government has embarked on a programming to ensure all illiterate youth and adults' access to quality education which will contribute to improvement of people's livelihoods and creation of a lifelong learning society. Education through the primary Education Development Plan (PEDP) and revamping adult literacy programme through the Adult and non Formal Education strategy 2003–2008. Currently, the problem is being addressed through the "Yes I can" literacy Development Project, 2008/09–2012/13.

Implementation of the Primary Education Development Plan (PEDP) has greatly helped Mainland Tanzania to be on track to achieving MDG2. PEDP is being rolled over to 2011. Recruitment of teachers has been fast-tracked by reducing years in training through accelerated training plans. Children have been allowed to attend school free of charge. The government also supports costs of primary education for children from households with proven needs, e.g. disability, elderly parents who have low income, and orphans.

Delivery of education has to recognize synergies of different sector-thematic issues such as gender balance, nutrition, and transport for students from distant homes (boarding primary schools itinerant livestock-keeping communities) and children with special needs.

Expansion of secondary school infrastructures has resulted in increased intake of primary school leavers. Measures to improve the quality of education and the environment, including those for the disabled, are being implemented. Legislation prescribing deterrent punishment has been enacted to ensure that school age children are enrolled and kept in school.

A similar programme exists for Zanzibar. Implementation of primary education and all education sub sectors including secondary, non formal, vocational training, science and technology and tertiary education are vividly elaborated in Zanzibar Education Development Programme (ZEDP).

The improvements in primary education are attributed to the successful implementation of the Primary Education Development Programme Phase II (PEDP II) (URT 2010f) linked up to the Secondary School Education Development Programme (SEDP), Complementary Basic Education Programme in Tanzania (COBET). Due attention is paid to aligning education curricula with needs of the labour market. Other factors include improved teaching and learning environment and increased awareness of the negative effects of child labour on child education.

In Zanzibar, the Zanzibar Education Policy and Women Protection and Development Policy (2005) and ZEDP provide the main education policy environment. These policies stress equity, underline the responsibility of Government to guarantee access to pre-primary, primary and secondary as well as adult literacy to all citizens as a basic right. They give special emphasis to girls' education as well as to those with special needs.

3.3 Goal 3- Promote Gender Equality and Empower Women

At a glance: goal achievable

3.3.1 Trends and Status

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.
Indicators
3.1 Ratios of girls to boys in primary, secondary and tertiary education
3.2 Share of women in wage employment in the non-agricultural sector
3.3 Proportion of seats held by women in national Parliament

3.1 Ratios of girls to boys in primary, secondary and tertiary education

Progress has been registered in the areas of gender parity in education and in women participation in political decision making since the early 1990s. Primary school enrolment ratios for girls and boys are nearly equal (Figures 3.9 and 3.10, 3.11), though the gender balance deteriorates with transition to secondary schools and higher levels.

Figure 3.9: Ratio of Girls to Boys in Primary Schools

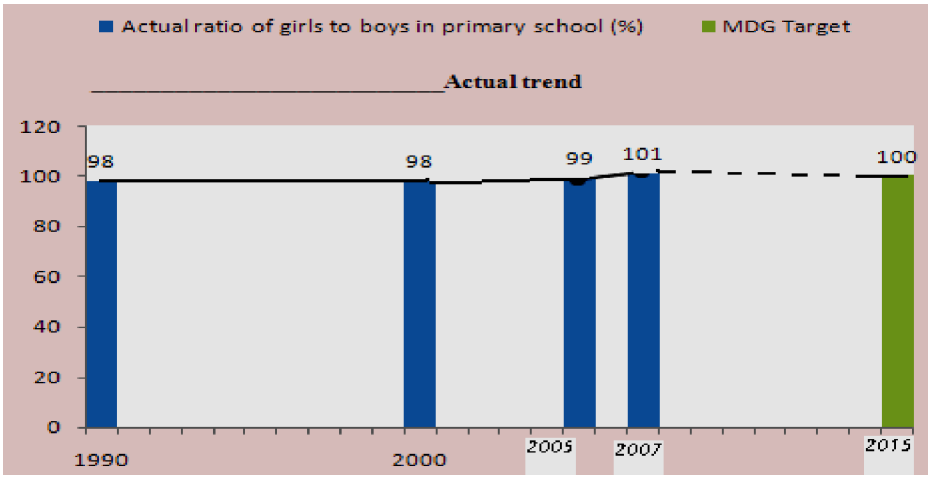


Figure 3.10: Ratio of Girls to Boys in Secondary Schools (%)

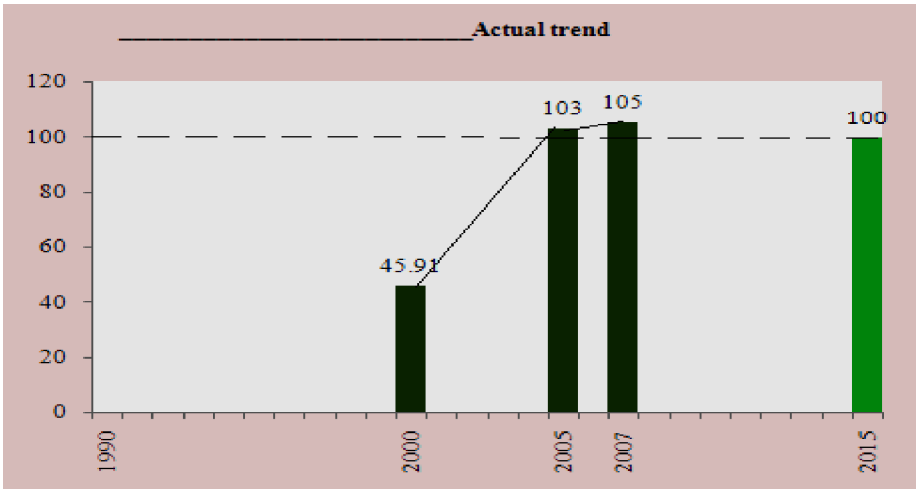
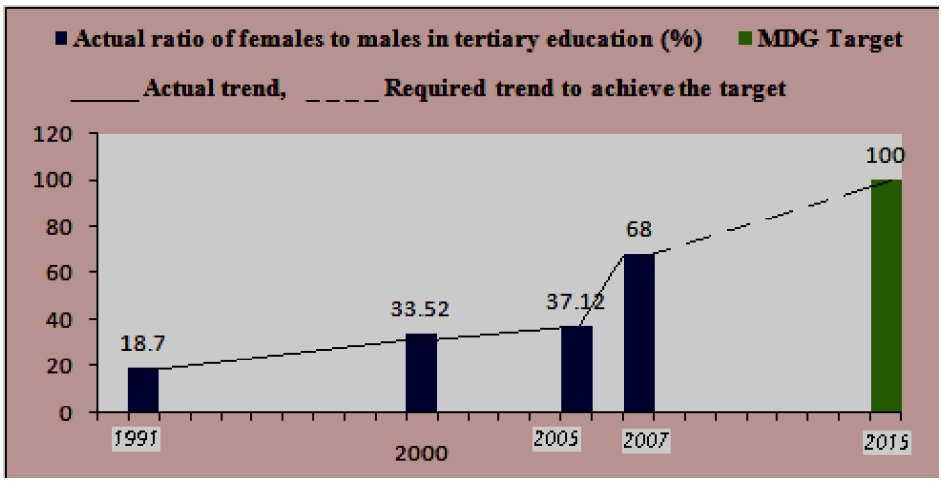


Figure 3.11: Ratio of Females to Males in Secondary Education



Data for Zanzibar indicate that girls are having increased access to primary education, which is an improvement from earlier years. Enrolment ratio by sex is on track and likely to meet the target. There are still gender disparities in enrolment at upper secondary and tertiary levels. The main gender disparities are in retention and performance of girls (Table 3.4). In addition, early pregnancies and marriages continue to contribute significantly to school dropout among girls in both rural and urban areas.

Table 3.4: Zanzibar: Ratio of Girls to Boys (G/B) in Primary, Secondary and Tertiary Education

Year	Primary Education	Secondary O-level Education	Secondary A-level and FTC	Tertiary Education
1990	0.98 (1991/92)			
2003	0.98	0.99	0.42	Na
2004	0.98	1.01	0.46	Na
2005	0.99	1.03	0.79	Na
2006	1.00	0.98	0.71	0.62
2007	1.01	1.1	0.8	0.68
2010	1.0	0.9	0.8	0.6

Note: data for 2010 URT (2010h) BEST, p.22, p.61

3.2 Share of women in wage employment in the non-agricultural sector

There are no new data for this indicator (no new survey). However, the proportion of females in wage employment remains low as women constitute 30% of paid employees (URT 2006b). Females also spend more time on unpaid care work (15%) compared to 5% for males. For Zanzibar, 45.6% of the women were employed in last 12 months prior to the 2006 Zanzibar ILFS. About 38.4% of women were employed in the agriculture sector.

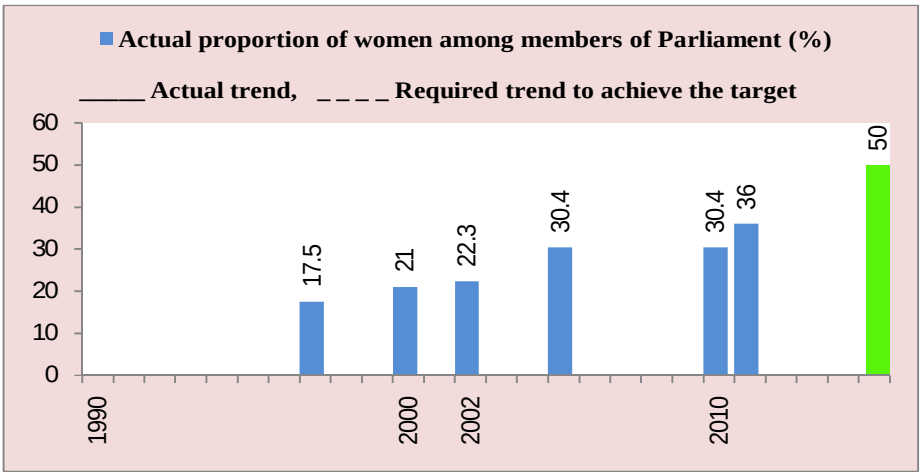
3.3 Proportion of seats held by women in national parliament

The goal of improving representation by women in political positions is more likely to be achieved. Women's representation at the parliament reached 8% for elected MPs, 50% for nominated MPs and 100% for special sits MPs in 2009/2010. Table 3.5 and Figure 3.12 summarize the achievement of the past five years.

Table 3.5: Number of Leadership Posts and Proportion Filled by Women (Selected Years).

	Year 2004/05		Year 2009/10	
	Total	% women	Total	% women
Ministers	27	15	27	26
Deputy ministers	17	30	21	24
MPs (elected)	230	6	233	8
MPs (nominated)	10	20	10	50
MPs (special seats)	48	100	75	100
PS	25	28	26	27
Deputy PS	8	13	14	21
Directors -ministerial level	112	26	286	46
Asist. Directors -ministerial level	194	25	155	24
Regional commissioners	21	10	21	14
RAS	21	19	21	47
District Commissioners	107	19	114	27
Council Directors	100	14	132	26
DAS	109	21	88	12
Ambassadors	36	6	32	9
Judges	38	34	81	58
Source: Speech of the Minister – PO-CSM, July 2010, Table 3 of page 103				

Figure 3.12: Proportion of Women among Members of Parliament (%)



Progress has also been made in Zanzibar towards promoting participation of women in decision making processes. The Constitution of Zanzibar of 1984 was revised in 2003 and 2010 respectively, among others, to increase the percentage of women in the House of Representatives (HoRs). The revision done in 2003 increased the percentage of women special seats in the HoRs from 20% to 30% of the contested seats. In the second revision in August 2010, the percentage of women special seats in the HoR increased from 30 to 40% of the contested seats (Table 3.6).

Table 3.6: Representation of Women in Decision-Making Positions (2000-2010) in Zanzibar

Positions	2000		2006		2007		2010 by June	
	Male	Female	Male	Female	Male	Female	Male	Female
Members of the House of Representatives	60	19	61	18	60	18	59	19
Ministers	11	1	9	4	11	3	10	3
Deputy Ministers	4	1	5	1	4	1	5	1
Principal Secretaries	11	1	14	1	11	1	13	2
Deputy Principal Secretaries	7	2	8	2	7	2	9	1
Regional Commissioners	5	0	5	0	5	0	5	0
District Commissioners	9	1	9	1	9	1	8	2

Source: Ministry of Labour, Youth, Women and Children Development (2010).

3.3.2 Inequality Issues

Perhaps the most outstanding inequality issue is that between rural and urban areas with regard to girls and women capacity and readiness to seize opportunities for education, physical assets including land, political and economic opportunities that come by. There are lingering biases against girl children and women, more in rural than in urban communities. The interventions to address this problem come from various stakeholders: government and non-governmental organizations (advocacy) fighting against prejudices that influence division of labour and of resources against girls and women.

3.3.3 Implementation Bottlenecks

Several constraints exist that prevent smooth operation and effectiveness of gender-related policies. Lack of gender disaggregated data leads to lack of comprehensive reporting and monitoring on gender issues. It becomes difficult to track down expenditures on gender, discrimination, harassment of women, excessive workload, impoverishment and harassment of widows and to enforce gender sensitive laws. Negative attitudes and norms towards women still prevail. Early pregnancies and marriages continue to contribute significantly to school dropouts among girls in both rural and urban areas.

Women's work load still continues to haunt them, working more than 14 hours a day. Absence or inadequate support to home-based care adds to the burden on women. This calls for change of mindset concerning the traditional roles the society has assigned the women. Although in urban areas women are now allowed to participate in decision making, rural areas are still rigid. Risk and vulnerability to HIV and AIDS befall mainly women and girls. Women give care to the sick, the orphans and infected members.

Girls' participation in science subjects is still low. Also, most girls perform poorly in day schools because of the heavy workload at home as compared to boys. Both these factors leave girls less competitive in the labour market.

3.3.4 Best Practices and Policy Support

Mainstreaming gender into sector planning has led to increased attention and actions towards gender balance. What is required is commitment to implement and monitor performance. The *Women and Gender Development Policy* focuses on reducing the inequalities and specific issues in education of girl child, ownership and inheritance of property, cultural prejudices related to nutrition, violence, genital mutilation and job and pay discrimination. The *National Employment Policy* of 2007 and NSGRP give such specific areas that need continued commitment to implementation and relevant gender indicators. Efforts continue to encourage female enrolment in higher levels of education in science and vocational training. Other measures are intensification of enforcement of law against human rights violations and promotion of energy-saving and improved productive technologies to alleviate the drudgery of women in rural areas. In terms of education, girls are encouraged and supported to enrol in both primary and secondary schools. Special opportunities are also given to girls at tertiary level.

In Zanzibar, policy environment for the goal includes the implementation of policies like the Child Survival Protection and Development Policy (2001), the Women Protection and Development Policy (2001), the Zanzibar Youth Development Policy (2005), the Education Policy (2006), Health Sector HIV and AIDS Strategic Plan 2007/2011, the Trade Policy (2006) and the National HIV and AIDS Policy (2006). ZSGRP II (MKUZA II) has clearly targeted gender equity, equality and women empowerment as among the major development issues in Zanzibar which requires multi-sectoral approach. Uder each cluster there are specific gender related targets and interventions to address gender issues identified in the situational analysis. With such a supportive environment, the target will be reached in 2015 if peace endures.

3.4 Goal 4 - Reduce Child Mortality

At a glance: Goal achievable, conditional

3.4.1 Trends and Status

Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.
Indicators
4.1 Under-five mortality rate
4.2 Infant mortality rate

4.1 Under-five mortality rate and 4.2 Infant mortality rate

There has been significant progress in the reduction of both under-five and infant mortality rates. Under-five child mortality rate (U5MR) declined from 112 per 1000 live births in 2004/05 to 91 per 1000 live births in 2007/08 and thereafter to 81 child deaths per 1,000 live births in 2009/10. Infant mortality rate has declined from 68/1,000 live births in 2004/05 to 58 per 1,000 live births in 2007/08 and then to 51/1,000 in 2009/10 (Table 3.7).

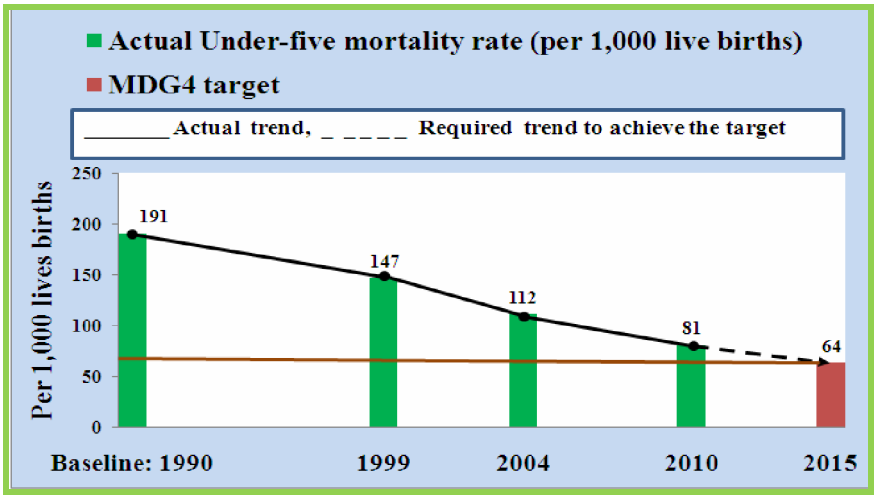
Table 3.7: Trends in Infant and Child Mortality Rates

Year of Survey	Approx. calendar period	Infant Mortality 1q0	Under-5 mortality 5q0
1996	1992-1996	88	137
2004-05	2000-2004	68	112
2007-08	2003-2007	58	91
2010	2006-2010	51	81

Source: URT (2011c) TDHS 2010

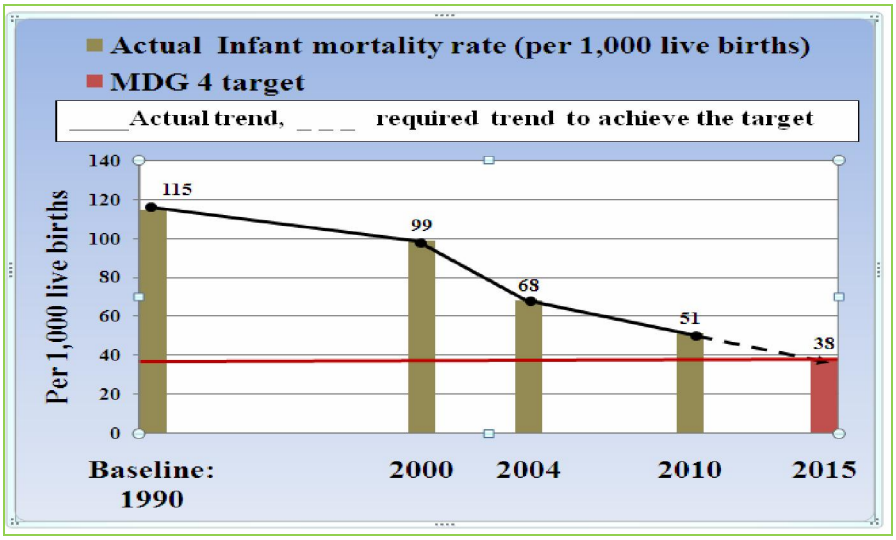
Trends indicate Mainland Tanzania is likely to meet the MDG target (Figures 3.13 and 3.14) provided the current levels of service provision are improved and not allowed to slip back.

Figure 3.13: Progress in Achieving MDG 4; Under-Five Mortality Rates.



Source: TDHS 2010 and PHDR 2009

Figure 3.14: Infant Mortality Rate

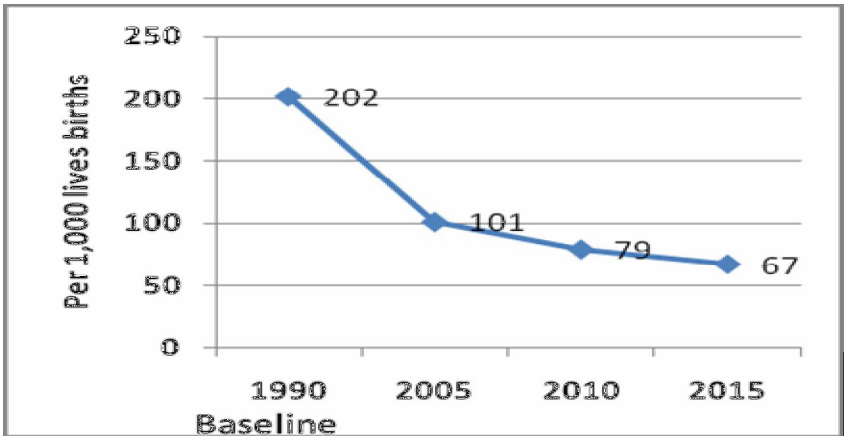


Source: TDHS 2010 and PHDR 2009.

Continued implementation of Reproductive and Child health Strategic Plan (2005-2010) and the Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child deaths (2008-2015) with the view of accelerating the attainment of child health and child survival will make realization of this goal possible. However, as with other health-related goals/targets, other MDGs, such as MDG 1 (for increased income and reduced hunger), education (MDG 2) will also have to be moving in the right (positive) direction, particularly for girl and women (adult) education.

The U5MR in Zanzibar declined from 202 per 1,000 live births in 1990, to 101 per 1,000 in 2005 and to 79 per 1,000 in 2010. This trend indicates that the target limit of 67 deaths per 1,000 live births is likely to be achieved by 2015 (Figure 3.15).

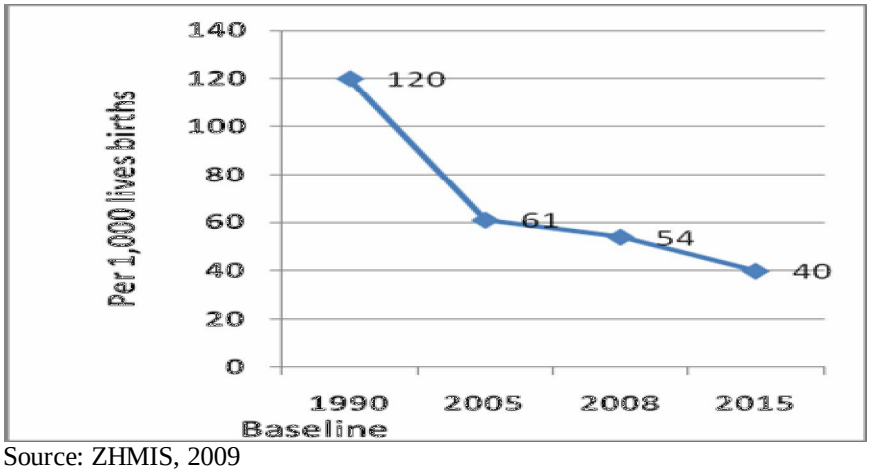
Figure 3.15: Progress in Achieving MDG 4 in Zanzibar: Under Five Mortality Rates



Source: RGZ (2010) ZHMIS, 2009 and MKUZA II

Infant mortality rate decreased from 120 to 61 between 1990 and 2005 and to 54 by 2008. This progress implies that the target of 40 infant deaths per 1,000 live births can be achieved by 2015 (Figure 3.16).

Figure 3.16: Infant Mortality Rate in Zanzibar



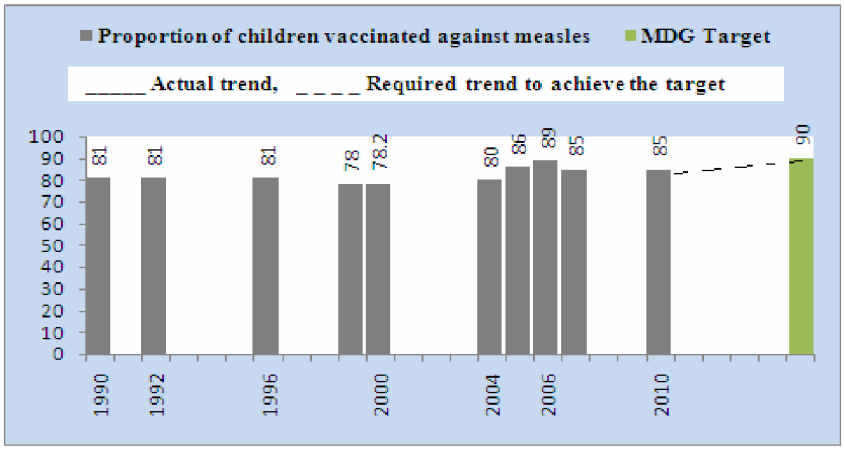
Source: ZHMIS, 2009

4.3 Proportion of 1 year-old children immunized against measles

The 2010 TDHS data show that 75% of children age 12-23 months are fully immunised, the percentage increasing from 71% measured in the 2004-05 TDHS (71%). Only 3% of children have not received any vaccinations at all (URT 2011c). The immunisation is implemented by the Ministry of Health and Social Welfare through the Expanded Programme on Immunisation (EPI). A fully vaccinated child should receive, at different specified intervals, one dose of BCG (against tuberculosis, three doses each of DPT (against diphtheria, *pertussis* (whooping cough) and tetanus) and polio vaccine.

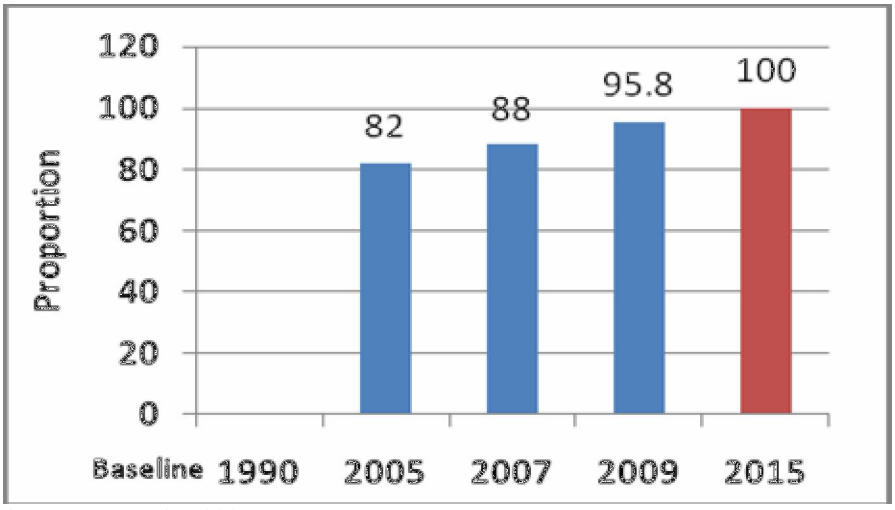
Progress in immunisation against measles on both the Mainland and in Zanzibar is shown in Figures 3.17 (mainland) and 3.18 (Zanzibar). In Zanzibar, measles immunization coverage for children under one year reached 95.8% in 2009 from 82% in 2005 and 88% in 2007.

Figure 3.17: Proportion of Children Immunized against Measles (Mainland Tanzania)



Source: TDHS 2010 and PHDR 2009

Figure 3.18: Proportion of Children under 1 year Immunized against Measles (Zanzibar)



Source: ZHMIS, 2009

Other measures include administration of vitamin A supplementation, Integrated Management of Childhood Illness (IMCI) and use of insecticide treated bed nets (ITNs).

4.4.2 Implementation Bottlenecks

First, the budgetary resources from central *g*overnment and basket financing at central level and district block grants are limited relative to the requirements. Second, there is a serious shortage of skilled personnel in health facilities especially midwives and doctors and this is more critical in rural areas. Third, poor physical infrastructure mainly impassable roads and lack of means of transport in many villages during rainy seasons, health facilities that are in need of repair and unsteady supplies of medical equipment and instruments are compounded by the variability in fuel costs that negatively affects the immunization programmes.

Other issues that require continued attention include improvements in the *Management Information System (*MIS) and procurement logistics and monitoring, improved efficiency of the referral structures, supervision and management as well as increasing the productivity of existing health workers and incentive package to attract superior manpower to rural areas.

4.4.3 Best Practices and Policy Support

Child health interventions that should be maintained and improved include immunization coverage against measles, preventive measures such as measles vaccination, vitamin A supplementation, Integrated Management of Childhood Illness (IMCI) programme and use of insecticide-treated bed nets (ITNs). This is an area where effort has to be raised. In Zanzibar national measles immunization campaign has reached many children.

Within the limited financial resources the government should also continue to enrol pre-service students in health training institutes in a bid to enhance the human resources capacity in this area. A total of 2,879 service providers in safe child delivery, family planning and reproductive health were trained in 2008/09 (up by 789 in 2007/08). This course of action should be upheld.

3.5 Goal 5 - Improve Maternal Health

At a glance: Goal not achievable

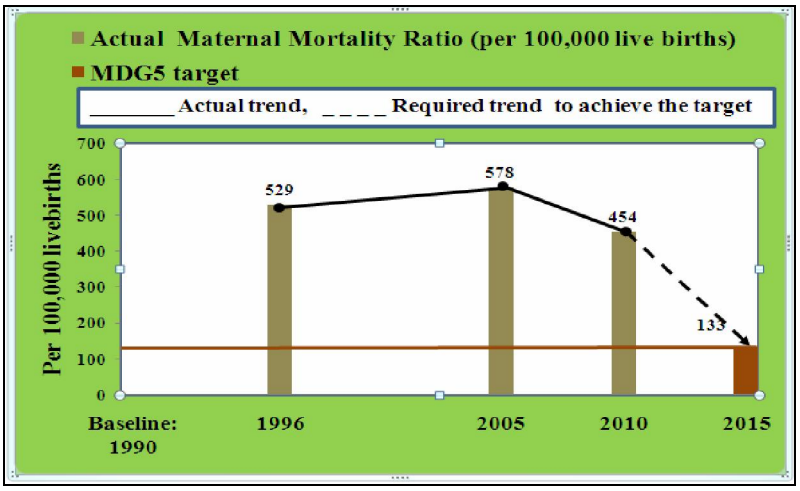
3.5.1 Trends and Status

Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.
5.1 Maternal mortality rate
5.2 Proportion of births attended by skilled health personnel

5.1 Maternal mortality rate

Modest progress has been recorded in the area of maternal health (Figure 3.19). The 2009/10 DHS results show that the maternal mortality ratio during the ten-year period is 454 maternal deaths per 100,000 live births compared to 529/100,000 (1996) and 578/100,000 (2004/05) maternal death.

Figure 3.19: Progress in Achieving MDG5 Target 6: Maternal Mortality



Source: TDHS 2010 (URT 2011c) and PHDR 2009 (URT 2009b)

Some causes of mortality are found outside the health sector, e.g. malnutrition and lack of transport to nearest health facility, low incomes for mothers to improve nutrition and afford better health care, low education, and complications due to HIV/AIDS.

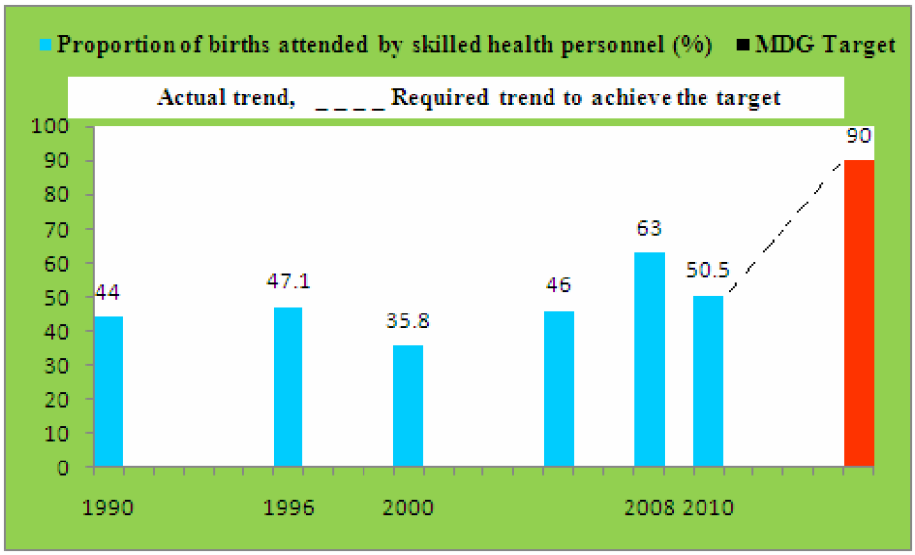
In Zanzibar, hospital-based routine/administrative data show modest increase in maternal mortality ratio from 377 deaths per 100,000 live births in 1998 to 473 in 2006 decreasing to 279 in 2009. Over half of expectant women deliver at home. More efforts are needed to meet the MDG target of 170 deaths of mothers per 100, 000 live births by 2015.

Improving access to reproductive health in the areas of safe child delivery, family planning and reproductive health for youth since 2007/08 has led an increase in uptake of family planning. The Government continues to procure 50% of the country contraceptives. The interventions, also keenly pursued in Zanzibar, address the prevailing high total fertility rate and maternal mortality rates.

5.2 Proportion of births attended by skilled health personnel

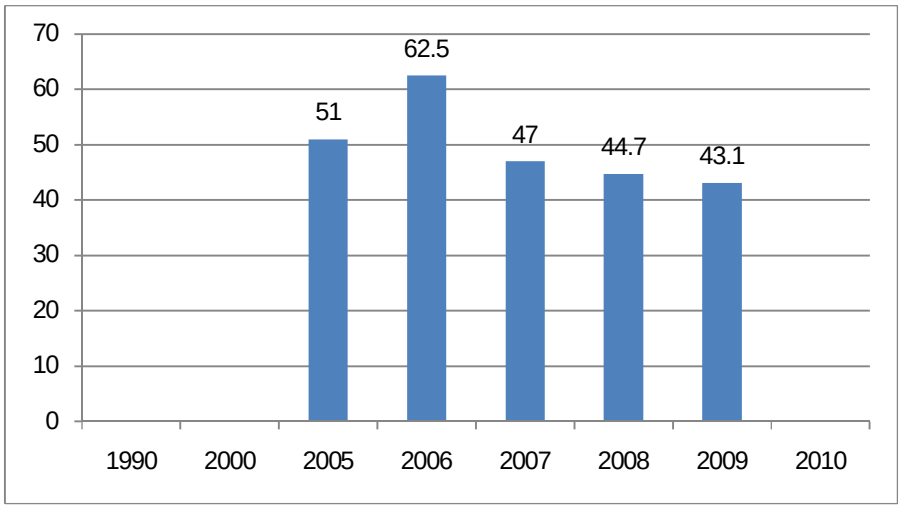
The proportion of births attended by skilled health personnel has been slow in both Mainland Tanzania and in Zanzibar as shown by the trends in Figures 3.20 and 3.21. There is a major gap in skilled attendance at delivery between urban areas (79 %), and rural areas (34.5 %).

Figure 3.20: Births attended by skilled personnel (%) Mainland Tanzania



Sources: UNICEF (1998),DHS, HMIS Bulletin 2006, URT (2011c), p.451, Appendix F

Figure 3.21: Births attended by skilled health personnel (%)Zanzibar



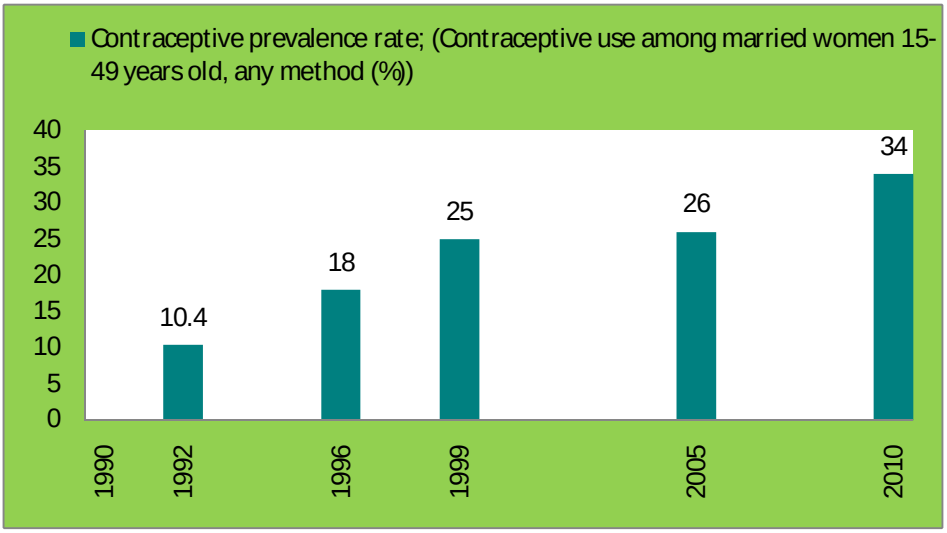
Source: ZHMIS Bulletin 2009.

Target 5B: Achieve by 2015, universal access to reproductive health.
5.3 Contraceptive prevalence rate
5.4 Adolescent birth rate
5.5 Antenatal care coverage (at least one visit and at least four visits)
5.6 Unmet need for family planning

5.3 Contraceptive prevalence rate

Improving access to reproductive health continues to be one of the priority areas for government interventions. This is reflected in the training provided to 2,100 service providers in the areas of safe child delivery, family planning and reproductive health for youth 2007/08, resulting in the increase in uptake of family planning, at 20% of relevant population. To keep the momentum, the Government continues to procure 50% of the country contraceptives. Figure 3.22 shows trends in actual use of contraceptive among married women aged up to 49 years old.

Figure 3.22 Contraceptive prevalence rate (15-49 year-olds) (%)



In Zanzibar, family planning service is one of the important components of reproductive health services especially with the prevailing situation of persistent high total fertility rate and maternal mortality rates which is contributed, amongst other causes, by low use of family planning methods. Table 3.8 shows family planning national coverage for 2006 and 2007.

Table 3.8: Zanzibar's Total Family Planning Coverage by Zone, 2006-07

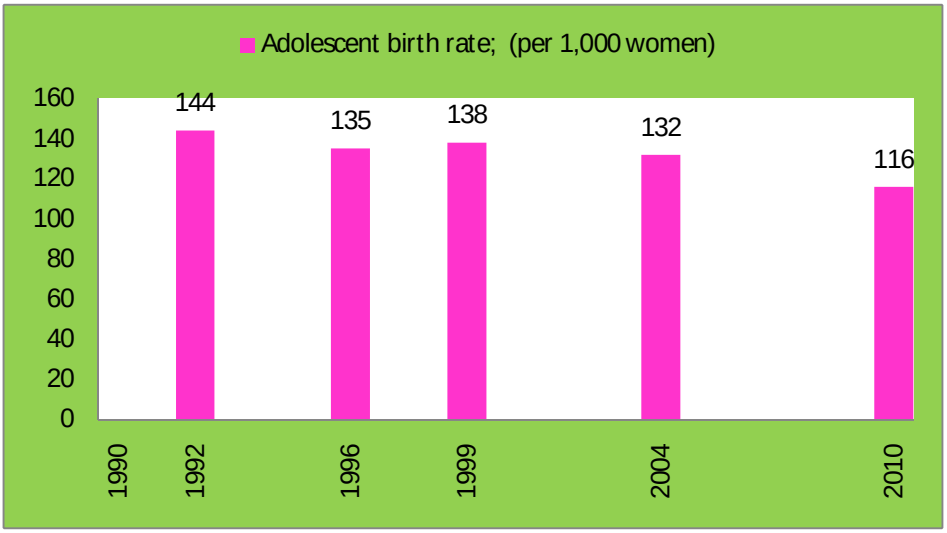
Zone	2006 (%)-	2007 (%)-
Unguja	22.7	42.4
Pemba	25.3	39.0
Zanzibar	23.6	41.2

Source: Ministry of Health and Social Welfare – 2008, Zanzibar

5.4 Adolescent birth rate

Adolescent birth rate data show a slow decline (Figure 3.23), a sign of increasing education about sexual reproduction and consequences of early delivery/marriages.

Figure 3.23: Trend in Adolescent birth rate



5.5 Antenatal care coverage (at least one visit and at least four visits)

Data for antenatal care (ANC) show that for years 2006 and 2007, antenatal care first visits increased from 85.2% in 2006 to 90.7% in 2007. According to the TDHS (2010) 96% of women who gave birth in the five years preceding the survey received antenatal care (ANC) from a health professional at least once. In Zanzibar's 2010 the record is 99% (URT 2010, p. 127). The percentage of women who received ANC from a skilled provider is slightly higher than that reported in the 2004-05 TDHS. This indicates that the advocacy for pregnant women to go to clinics is producing the desired results. Yet there are some women who are still hesitant as indicated by the delayed visits where pregnant women had come to the clinic when they are nearing giving birth.

For Zanzibar, coverage ANC for first visits went up 90.7% and delayed visits before 20 weeks to giving birth have decreased from 40.0% in 2006 to 37.8% in 2007 (Table 3.9).

Table 3.9: Antenatal Visits in Zanzibar, 2006-2007.

Percentage of ANC first visits coverage			**Percentage of ANC first visits before 20 weeks**		
2006	**2007**	**2010***	**2006**	**2007**	
85.2	90.7	99	40.0	37.8	

Source: Ministry of Health and Social Welfare – 2008. *TDHS 2010, p. 127

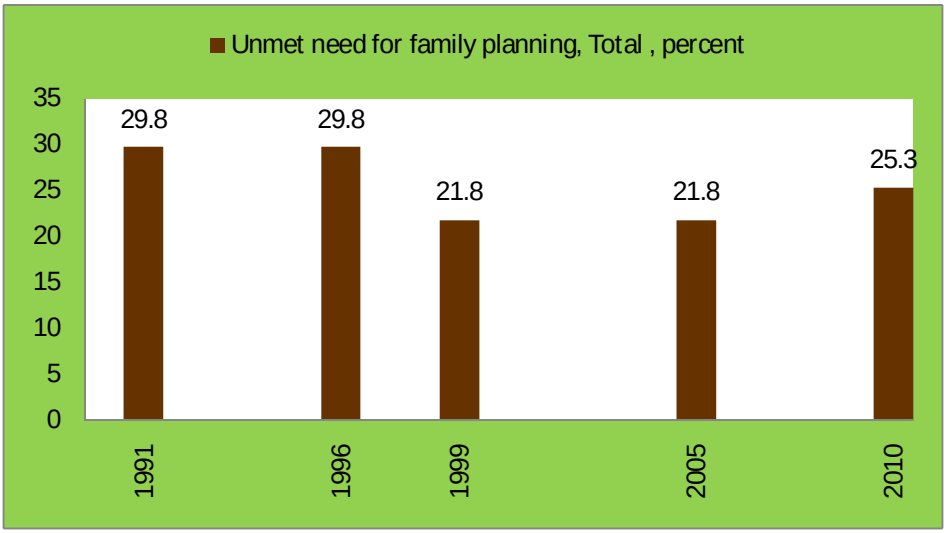
The differences are not so wide but educated mothers are more likely to seek and get antenatal care from medical professionals than mothers with less education. There is also a positive relationship between increasing wealth quintile and the receipt of ANC from a health

professional. Urban women are more likely to have ANC than rural women (99 and 95% respectively). In Kilimanjaro and in Dar es Salaam, coverage of ANC is 100%.

5.6 Unmet need for family planning

Unmet need for family planning currently stands at 25% among married women mainly with regard to spacing and for limiting, a situation that has not changed markedly from 2004/05. The demand for spacing is higher than the demand for limiting purposes 37 and 23 percent (TDHS 2010).

Figure 3.24: Unmet need for family planning (%)



3.5.2 Implementation bottlenecks

Apart from general budget constraint, implementation bottlenecks include lack of skilled health personnel and low awareness and slow uptake of antenatal checkups. Although data that antenatal care first visits increased from 85.2 % in 2006 to 90.7 % in 2007, implying that advocacy for pregnant women to go to clinics is producing the desired results, some women are still hesitant.

The major challenges include addressing infrastructure problems and increasing working space to meet the needs of rural areas; improving women's access to quality health and reproductive services and their status in society e.g. education, property rights and decision-making. Other areas include improving training for the required skills (obstetrics), incentives to retain human resources, decentralizing decision making to the lower level and involving communities to participate in health services management and ownership and accelerating PMTCT programme, improving the referral system and making available health and reproductive health facilities in distance areas. Data gaps on adolescent birth rate and unmet need for family planning should be taken up by the MOHSW Information System.

3.5.3 Best Practices and Policy Support

The best approaches in more successful countries has been to integrate maternal and child survival intervention, to reduce fertility rates, income-generating opportunities at household levels and education of the women. These interventions have to be supported by training of skilled birth attendants.

Improving access to reproductive health continues to be one of the priority areas for government interventions. This has been reflected in, among other areas, the training provided to service providers in the areas of safe child delivery, family planning and reproductive health for youth 2007/08. One of the outcomes of these interventions has been the increase in uptake of family planning, estimated now at 20% of relevant population. To keep the momentum, the Government continues to procure 50% of the country contraceptives.

The government trained 40 Regional Trainers (TOT) on Life Saving Skills (LSS) and developed a Package for Strengthening Postnatal Care-Focused, revised Nurse and Midwife Guidelines and prepared *Road Map for Accelerating the Reduction of Maternal, Newborn and Child Morbidity and Mortality: 2008-2015*.

In Zanzibar, family planning service is one of the important components of reproductive health services especially with the prevailing situation of persistent high total fertility rate and maternal mortality rates which is contributed, amongst other causes, by low use of family planning methods. Also, the Zanzibar Population Policy has been reviewed.

3.6 Goal 6 -Combat HIV and AIDS, Malaria and other Diseases

At a glance: goal not likely to be achieved

3.6.1 Trends and Status

Target 6A: Have halted by 2015 and begin to reverse the spread of HIV and AIDS.
Indicators:

6.1 HIV prevalence among population aged 15-24 years
6.2 Condom use at last high-risk sex
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

6.1 HIV prevalence among population aged 15-24 years

HIV/AIDS: Around 1.2 million people aged 15 years and above or just over 5% of the adult population, are living with HIV in Tanzania. HIV/AIDS increases the burden to societies due to its consequences (Tanzania HIV and Malaria Indicator Survey, THMIS 2007/2008). Some of the consequences of HIV/AIDS to societies include treatment, provision of care and addressing the issue of orphans. More than 50% of the hospital beds in Tanzania are occupied by patients with HIV and AIDS-related conditions. There are large differences across the regions; most regions are rural, others are primarily urban.

Although this number has recently fallen slightly, the epidemic's severity differs widely from region to region, with some regions reporting a prevalence of less than 2% (Arusha) and others as high as 16% (Iringa). An estimated 100,000 Tanzanians were newly infected with HIV in 2009, that is, around 275 new infections every day. The HIV epidemic on Mainland Tanzania is described as generalized, meaning it affects all sectors of the population. Slow progress has been made in reducing HIV prevalence among youth (15-24 years) , down to 2.5% in 2008 against the target of 6% (Figure 3.25) while progress among adults (Figure 3.26) has been slightly better, from 9.4% in 2000 to 5.7% in 2007-2008, getting closer to the MDG target.

Figure 3.25: HIV Prevalence 15-24 year olds (%)

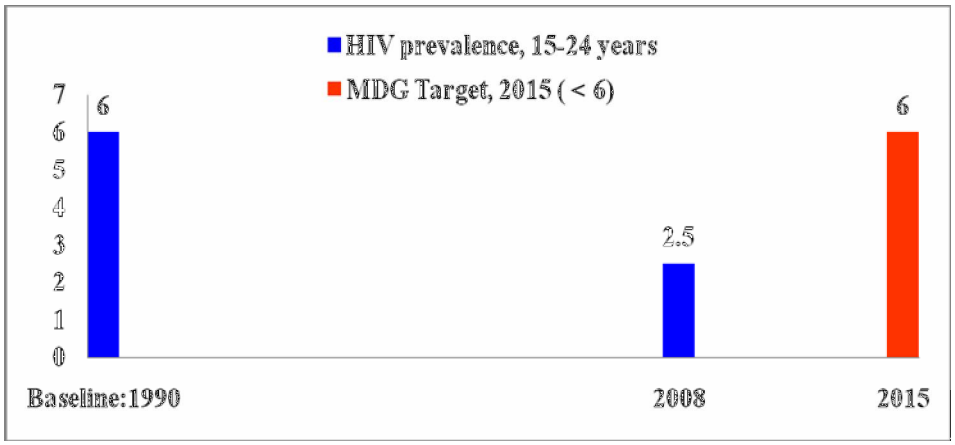
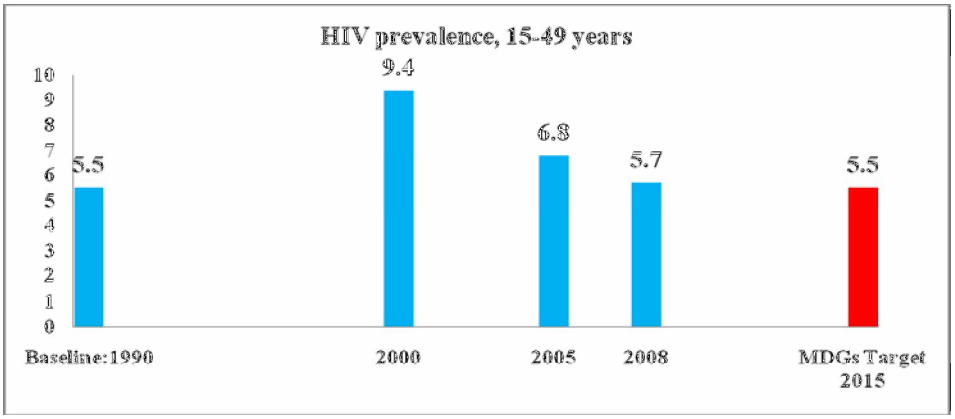


Figure 3.26: HIV Prevalence Rate among 15-49 year olds (%)



In Zanzibar the HIV prevalence is far lower among the general population (0.6%) - 0.7% for women and 0.5% for men - and the epidemic is more concentrated, primarily affecting female sex workers, men who have sex with men and injecting drug users (IDUs).

Voluntary counselling and testing (VCT) is one of the outcomes of the increase in awareness. By March 2010 a total of 11.7 million people had tested for HIV voluntarily. Out of these 654,982 are on care and treatment for HIV/AIDS and 337,854 are on Anti-retroviral treatment. There has been a significant increase in the number of HIV positive women receiving ARV for PMCT;

from 34% in 2007 to 55% in 2008. However, in 2009 a decline of up to 43 is noted. More efforts are required to meet 2015 target which is 80 %.

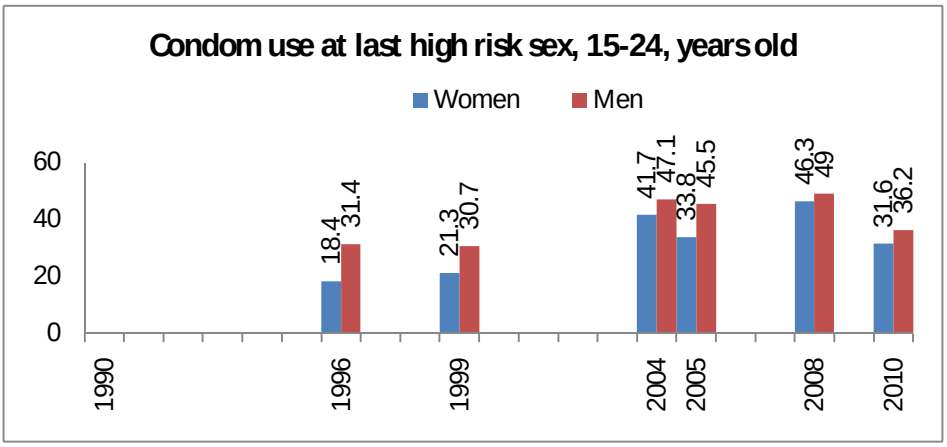
Other achievements include an increase in the number of facilities offering PMTCT services from 5 in 2004 to 3,626 by December 2009, equivalent to 78.6% of all ANC facilities, 68% of all HIV pregnant women received prophylaxis for PMTCT; access to counselling and testing in PMTCT sites is 98%, an increase in the number of health facilities providing VCT from 520 in 2005 to 2,134 in May 2010 while health facilities providing care and treatment increased from 4 in 2005 to 909 by May 2010. Finally the number of patients enrolled on care and treatment services has increased from zero in 2004 to 664,115 by May 2010.

6.2 Condom use at last high-risk sex

Higher-risk sex, having sex with a non-marital, non-cohabiting partner, mainly prostitutes, is particularly risky because prostitutes have many partners and are more likely to have sexually transmitted infections. 8% of men age 20-24 paid for sex in the 12 months before the survey and 58% of these men reported that they used a condom at their most recent paid sexual intercourse.

Figure 3.27 shows that use of condoms among the 15-24 year-olds has had an unsteady trend. It rose from around 30% (males) and just under 20% (females) in the 1990s to over 40% between 2000 and 2008 but then it slowed down to the 30% range in 2010. The pattern also shows that males use condoms more than females. The recent drop is a cause of concern.

Figure 3.27: Condom Use Rate at High Risk Sex, 15-24 year olds (%)

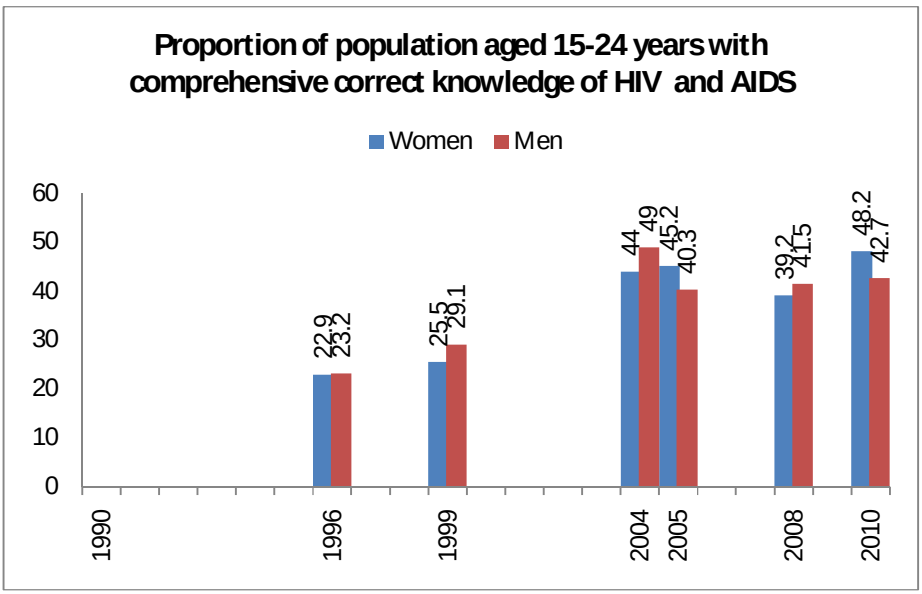


Individuals with no education paid more for sexual intercourse (10.4%) compared to individuals with secondary education or more (3.5%). However, almost half of the individuals with no education did not use condoms (47.8%) compared to individuals with secondary education or more (20.7%).

6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS

Efforts by both the government and NSAs have been directed to raising awareness on how HIV/AIDS is transmitted and its consequences. Such knowledge enables people to avoid HIV infection. The youth are of particular interest here since they tend to have short relationships with multiple partners and may often engage in risk sex behaviour not fully aware of the repercussions. TDHS shows that comprehensive knowledge of AIDS is low (less than 50%) and has changed little from the results reported in the 2004-05 TDHS and the 2008-09 THMIS (Figure 3.28).

Figure 3.28: Proportion of Population Aged 15-24 years with Comprehensive Knowledge of HIV and AIDS (%)

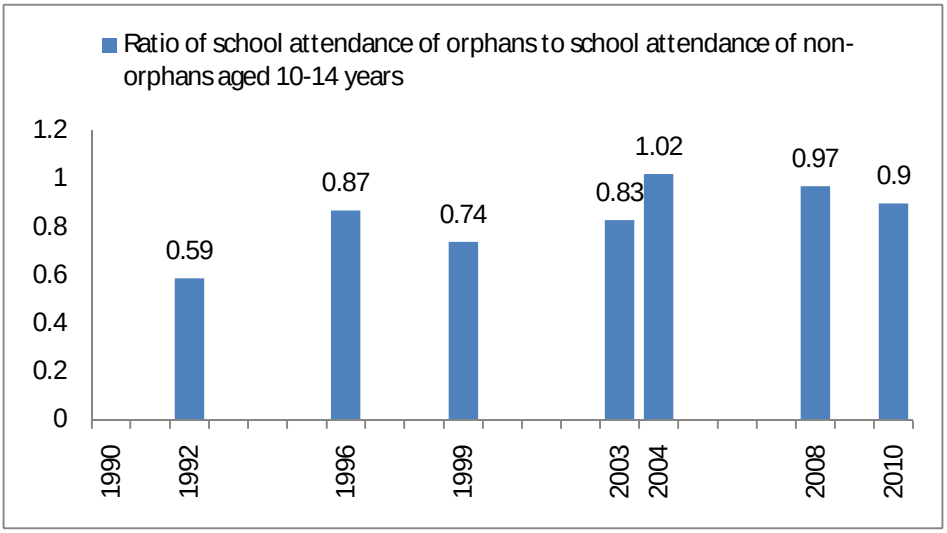


Knowledge is also directly related with the level of education and wealth in that the wealthier households and those in urban areas are more likely than other respondents to have comprehensive knowledge of HIV/AIDS. HIV/AIDS Knowledge further entails ability to dismiss two common local misconceptions that mosquito bites and supernatural means can transmit the HIV/AIDS.

Women and men in Zanzibar are less knowledgeable about AIDS than those in Mainland Tanzania (36 and 49%, respectively, for women; 33 and 47%, respectively, for men) URT 2011 TDHS 2010).

6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Figure 3.29: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years



Targets 6B: Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it.
Indicator:
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

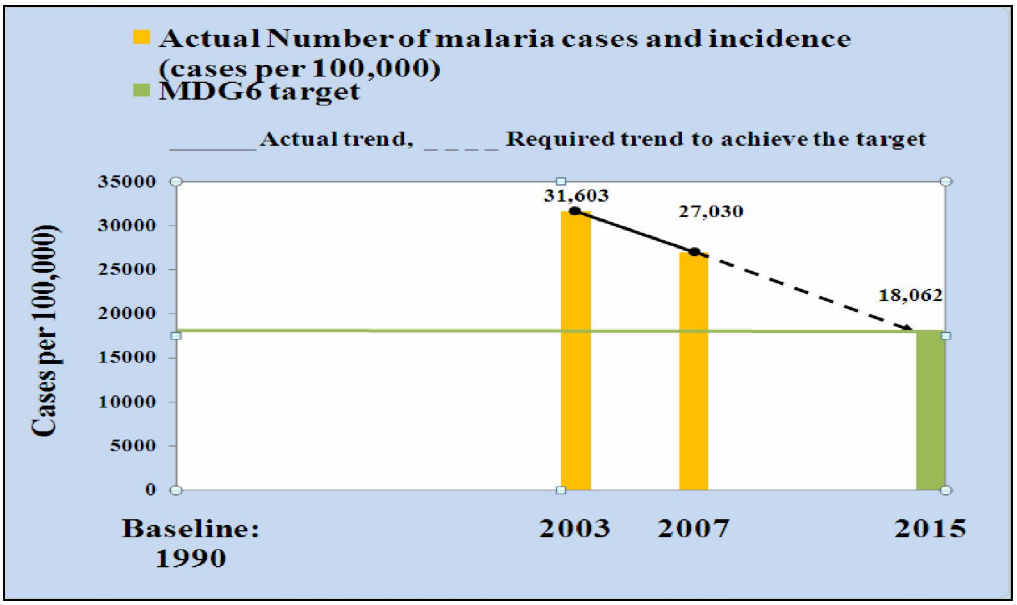
A total of 80,628 persons were receiving ARVs by the end of 2007 and thereafter increased to 248,280 by May 2009 and then to 342,981 by May 2010. This is a significant increase but the number is far below the 440,000 target to be reached by 2010. The proportion is worked out only for 2006 (14%) and 2007 (31%).

Target 6C: Have halted by 2015 and begin to reverse the incidence of malaria and other major diseases.
Indicators:
6.6 Incidence and death rates associated with malaria
6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets
6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
6.9 Incidence, prevalence and death rates associated with tuberculosis
6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

6.6 Incidence and death rates associated with malaria

Malaria is a leading cause of morbidity and mortality in Tanzania. Malaria accounts for about 40% of all outpatient attendances. Although actual cases show a decline (Fig. 3.30), malaria has spread to areas previously known as being malaria-free. In efforts to combat malaria disease, the government has continued to implement the Malaria Control Strategic Plan 2008-2013, by distributing Long Lasting Insecticide-treated Nets (LLIN), through the voucher scheme and provision of intermittent presumptive treatment for malaria to pregnant women in the country.

Figure 3.30: Number of Malaria Cases and Incidence Trend



Source: MDG Report Midway Evaluation 2000-2008

Preventive measures that has been taken by Zanzibar include improved early case detection and management of malaria case (including control of malaria in pregnancy using Intermittent Presumptive Treatment); Malaria surveillance, monitoring and evaluation (including Malaria Early Epidemic Detection System (MEED) and Response); and Integrated Vector Control/ Management (Insecticide Treated Nets/LLINs and residential house spraying).According to the preliminary DHS 2009/10 survey results, these government efforts culminated into increased ownership and use of mosquito nets.

Progress in this area includes first, an increase in the percentage of households owning at least one bed net from 56.3% in 2007/08 to 74.7% in 2009/10. Likewise the percentage of households owning at least one Insecticide Treated Net (ITN) has increased from 39.2% in 2007/08 to 63.4% in 2009/10. Second, the percentage of pregnant women who slept under any bed net (treated or untreated) the night before the survey increased from 36.0% in 2007/08 to 67.6% in 2009/10. The percentage of pregnant women who slept under an ITN the night before the survey increased from 26.7 % in 2007/08 to 57.1% in 2009/10.

Exceptional achievement has been recorded in Zanzibar where malaria prevalence has declined to below 1% of all hospitalized cases in 2010.

6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets

The proportion of children under-5 who slept under insecticide-treated bed nets is shown for three observations, showing a rising trend (Figure 3.31). There is no baseline data for 1990. (For the ITN breakdown see Table 3.10 third row for 2010).

Figure 3.31: Proportion of Children under-5 Sleeping under Insecticide-treated Bed Net (%)

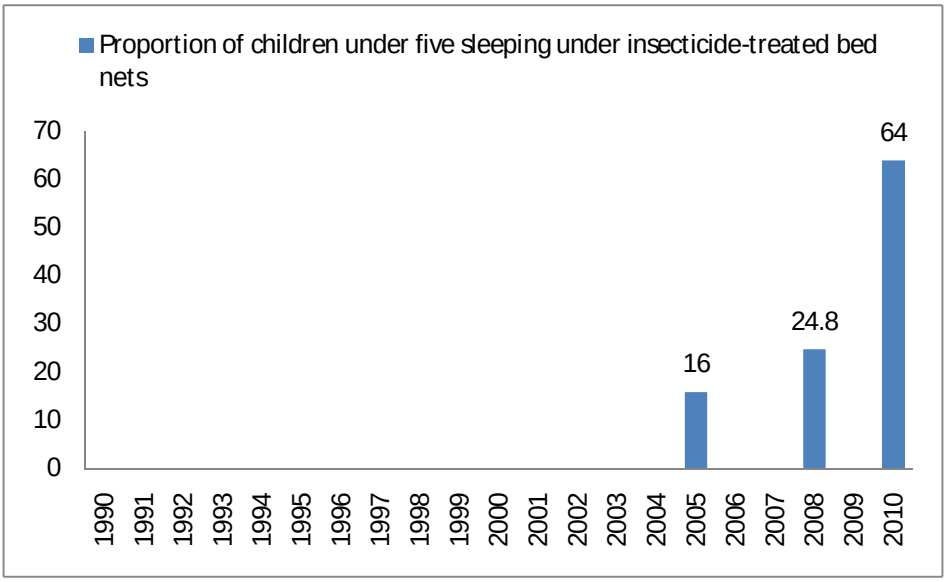


Table 3.10 provides details for 2010 for variations in the situations and for Mainland Tanzania (urban and rural) and for Zanzibar.

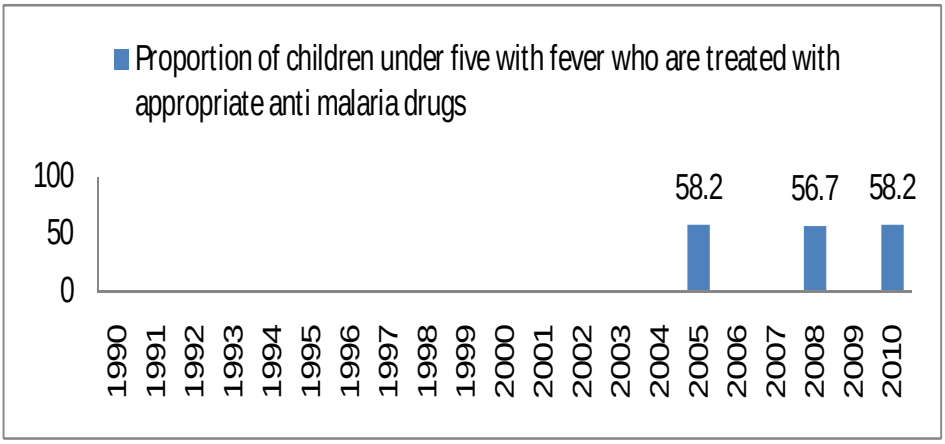
Table 3.10: Children under-5 sleeping under treated bed nets (%) (2010)

Malaria indicators – children under five under a mosquito net	Mainland Tanzania		Zanzibar
	Urban	Rural	
	%	%	%
Percentage of children under five who slept under a mosquito net (treated or untreated) the night before the survey	80.8	70.7	70.6
Percentage of children under five who slept under an ITN the night before the survey	64.9	63.9	54.6
Among children under five in a household owning at least one ITN, %age who slept under an ITN the night before the survey	81.2	75.5	65.9

Source: URT (2011) TDHS (2010)

6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs.

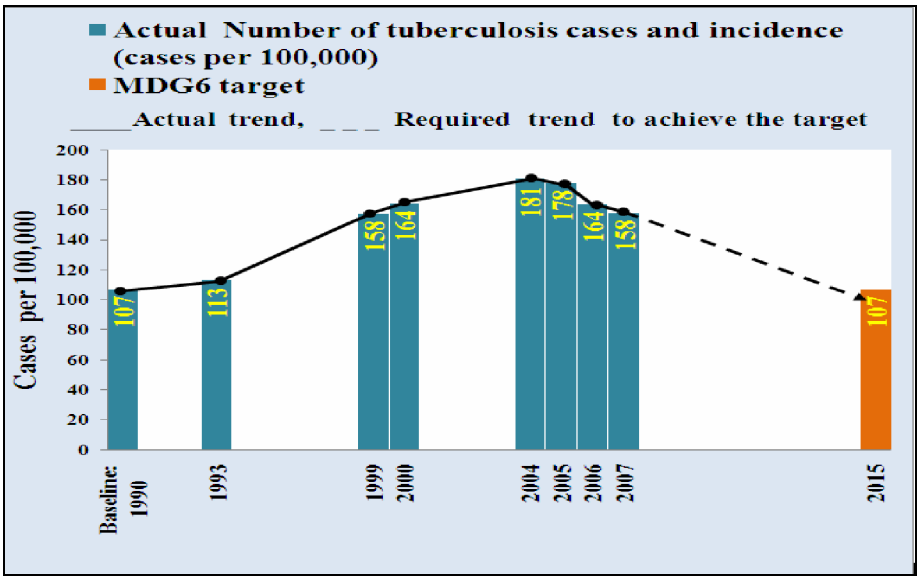
Figure 3.32: Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs



6.9 Incidence, prevalence and death rates associated with tuberculosis

Tuberculosis: In the last two decades the number of TB cases notified annually has been declining with few fluctuations. The annual rate of increase has declined from more than 15% annually in the early 1990s, to about 5% in the early 2000s. The peak of increase was in 2004 when 65,316 TB cases were notified. Thereafter, there is a 1 to 2% successive decline in the number of TB cases notified annually (Figure 3.33).

Figure 3.33: Trend in the Number of Tuberculosis Cases and Incidence

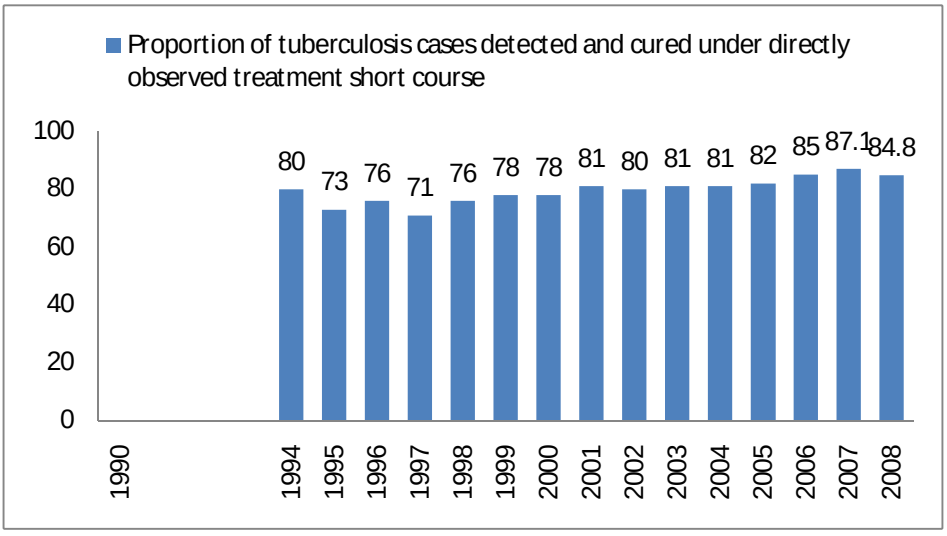


Source: Ministry of Health and Social Welfare

6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Steady progress is recorded in the detection and cure of TB cases (Figure 3.34).

Figure 3.34: Proportion of tuberculosis cases detected and cured under directly observed treatment short course



The gains in this area emanate from efforts that have scaled-up the TB/HIV collaborative programmes which have raised TB treatment success. The treatment success has increased from 81.33% to 84.8% in 2004 and 2008, respectively. Success is almost reaching the gold standard of the WHO of 85%. Another encouraging trend is that of the number of TB cases per 100,000

populations, which was 186 in 2004, 164 in 2006 dropped to 158 in 2007. Unfavourable treatment outcomes like treatment failure and death rate decreased to less than 5%. This could be attributed to the change in treatment regime initiated in 2006 country-wide and introduction of patient-centred approach. However, it is too early to conclude that the prevalence in the country is also on the decline.

3.6.2 Implementation Bottlenecks

Overall, financing constraints relates to increasing dependence of outside sources especially for malaria and HIV and AIDS interventions. For HIV and AIDS specifically drawbacks include coordination amongst stakeholder in the anti HIV and AIDS campaigns mainly at district level; stigma and discrimination against people living with HIV and AIDS; voluntary counselling and testing and managing increasing numbers of orphans and well as sustaining increasing demand for care and treatment services, drugs, nutrition for people living with HIV and AIDS.

Despite the fact that, overall HIV prevalence rate is declining gradually, the prevalence rate among the most vulnerable groups appears to be on the rise threatening the sustainability of recent successes. The increasing trend of HIV prevalence in regions with as high as 15% (e.g. Iringa) and slow reduction of prevalence among women are areas of concern.

Agents of change confront uphill task of inducing behaviour change and communication activities towards adoption of new ways and attitude towards the victims, especially of HIV and AIDS and TB and prevention of malaria. For HIV and AIDS specifically drawbacks include coordination amongst stakeholder in the anti HIV and AIDS campaigns mainly at district level; stigma and discrimination against people living with HIV and AIDS; voluntary counselling and testing and managing increasing numbers of orphans and well as sustaining increasing demand for care and treatment services, drugs and nutrition for people living with HIV and AIDS.

Knowledge regarding HIV transmission or prevention is extensively spread. However, many people are not willing to undertake HIV testing through VCT service centres due to stigma and discrimination. The distribution of condoms in remote rural areas needs to be increased since few rural inhabitants know condoms and they do not have adequate income to afford them.

For malaria, the major challenges include high cost of malaria treatment, increasing resistance of malaria to cheap anti-malarial drugs such as *chloroquine* and *fansidar*, leading to frequent change of malaria treatment guidelines to expensive combination therapy. Also, high prevalence of HIV and AIDS which increases prevalence of other diseases such as malaria and TB complicate the situation. Poverty levels especially in rural areas hinder access to mosquito nets and affordability of malaria treatment pose.

3.6.3 Best Practices and Policy Support

Both the Government of United Republic of Tanzania and the Revolutionary Government of Zanzibar continued to coordinate and implement interventions against HIV and AIDS. On the Mainland, interventions against HIV and AIDS come under the *National Multi-Sectoral Strategic Framework on HIV and AIDS 2003–2007* and in Zanzibar through the Zanzibar AIDS Commission. The second framework for 2008-2012 was launched in 2008, along with the National Plan of Action for Most Vulnerable Children.

National strategic interventions including voluntary counselling and testing and condom use have been well-received. The question is whether the momentum can be sustained. Continual transmission of correct knowledge of HIV and AIDS by government and non-state actors among 15-24 years group, provision of antiretroviral drugs, prevention of new incidence, improved management of Sexually Transmitted Infections (STIs), HIV testing and counselling (HTC), Prevention of Mother to Child Transmission (PMTCT) and safe blood have been expanded in the past five years and need to be sustained.

Against malaria, the government has intensified the campaign and awareness among people of the environmental conditions that support mosquitoes, ICON spray in households in districts prone to malaria outbreak and treatment with appropriate Anti-Malarial Drugs. Preparations are underway for re-introducing *Dichlorodiphenyltrichloroethane* (DDT). The National Malaria Control Programme (NMCP) has adopted the WHO-recommended strategies to cut down the incidence of malaria through proper management of febrile episodes in homes and health facilities, protecting pregnant women against malaria, integrated vector control by exhorting use of Insect Treated Nets (ITNs) and efforts to implement IRS and destroy mosquito larva.

In Zanzibar, for HIV and AIDS, the supportive environment created by Government includes the step that led to the Commissioning of a health sector HIV Strategic plan in the MOHSW Zanzibar, thus consolidating the national multi-sector response, and the strengthening of HIV prevention intervention among substance users. The government has established the Zanzibar AIDS Commission which is charged with the task of reducing infection. The government has also streamlined HIV as a cross-cutting issue in all MDA development and strategic plans. It started by streamlining it in the ZPRP. At the same time, advocacy to counter stigma, discrimination and denial has been structured through the national advocacy strategy.

Against malaria, Zanzibar has commendably implemented the Zanzibar Malaria Control Programme (ZMCP) Strategic Plan (2004-2008) which guides interventions for Malaria control through the use of ITNs/ long-lasting insecticides treated nets (LLINs), indoor residual spraying and availability of Malaria treatment guideline.

Policy environment is supportive of advocacy and awareness-raising targeted at issues of rights of orphans and most vulnerable children and elderly in terms of access to education, health and such social protection arrangements. Also government supports the fight against negative attitudes and portrayal of disabilities and widespread prejudices and against people living with HIV and AIDS. The government is set to continue facilitating and setting standards for the CSOs and private sector in the provision of quality services including, education and health services.

3.7 Goal 7: Ensure Environmental Sustainability

At a glance: some indicators are on right track, others not

3.7.1 Trends and Status

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Environmental policy and management concern directives and interventions dealing with national environmental problems identified through the National Environmental Action Plan (1994), the National Environmental Policy (1997) and lately the Environmental Management Act (2004) (EMA). The EMA includes provisions for institutional responsibilities with regard to environmental management, environmental impact assessments, strategic environmental assessment, pollution prevention and control, waste management, environmental standards, state of environment reporting, enforcement of the Act and a National Environmental Trust Fund. A number of other environmental management strategies have been evolved around sectors and areas of critical interest such as arid lands, mountainous lands, wetlands, agricultural and pastoral land, coastal and marine areas, water and forests, desert, pollution and biodiversity. Tanzania strives to mainstream various regional and international agreements or conventions on environment in her development frameworks. Environment has been mainstreamed all iterations of the country's NSGRP.

Tanzania has been able to enforce Environmental Impact Assessment (EIA) in all projects of significance. Conservation has witnessed increase in Protected Areas (PAs), both terrestrial and marine, in addition to afforestation and completion of the National Forest Programme (NFP) to implement the 1998 Forest Policy and establishment of the Eastern Arc Mountains Forests Conservation Strategy. Further environment protection is implemented by policies that emphasis the technical efficiency of vehicles (e.g. tax on old cars); increasing the efficiency of biomass cook stoves, waste management including landfills and waste water treatment; and encouraging use of liquefied petroleum gas (LPG) and electricity in place of fuel wood.

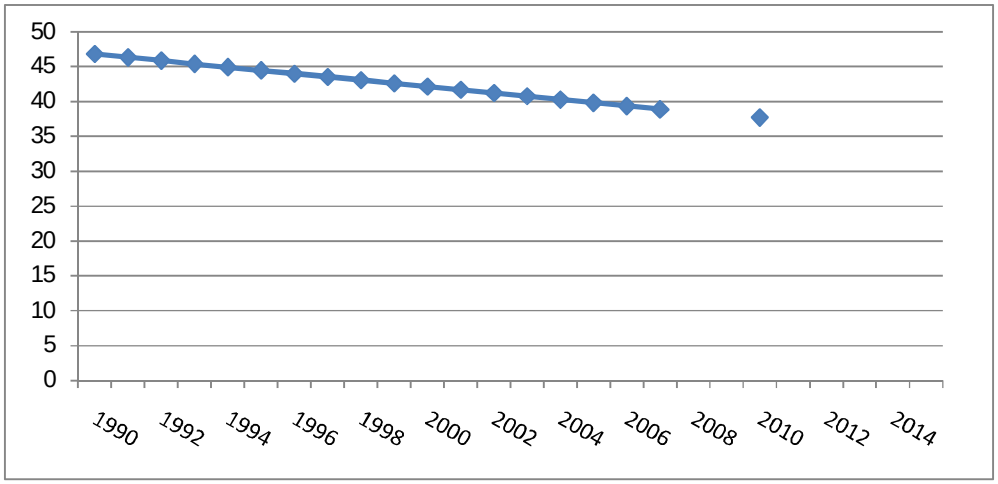
Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
Indicators
7.1 Proportion of land area covered by forest
7.2 CO2 emissions, total, per capita and per $1 GDP (PPP)
7.3 Consumption of ozone-depleting substances
7.4 Proportion of fish stocks within safe biological limits
7.5 Proportion of total water resources used
7.6 Proportion of terrestrial and marine areas protected
7.7 Proportion of species threatened with extinction

7.1 Proportion of land area covered by forest

With a total land area of 94.5 million hectares Tanzania has over 34 million hectares (36%) covered by natural forests and woodlands. About 16 million hectares of forests (47%) is

unprotected. The rate of deforestation per annum ranges from 130,000 hectares to 500,000 hectares, threatening the large part of unprotected forests (Figure 3.35).

Figure 3.35: Trend in Actual Total Forest Area: (% of total land area) Mainland Tanzania



7.2 CO_2 emissions, total, per capita and per $1 GDP (PPP)

Tanzania is one of the first countries in Africa to sign and ratify the United Nations Framework Convention on Climate Change (UNFCCC) in the mid-1990s. Tanzania remains an insignificant emitter of greenhouse gases. Total CO_2 emissions for Tanzania are estimated at 2.8 million tones and 75.7 kg in per capita terms (according to *Carbon dioxide Information Analysis Centre)*. This indicates a decline as compared to 89.2 kg per capita recorded in 1990. Consumption of ozone-depleting CFCs in ODP metric tons has decreased from 280.4 in 1990 to 215.5 in 2000.

7.3 Consumption of ozone-depleting substances (ODS)

Tanzania has made significant progress in reducing consumption of Ozone Depleting Substances (ODS). For example, consumption of ozone-depleting CFCs in ODP metric tons has decreased from 280.4 in 1990 to 215.5 in 2000; the trend in metric tones has further decreased from 215.5 in 2000 to 50 in 2006.

7.4 Proportion of fish stocks within safe biological limits

No baseline (1990) data. However, the country has multi-species fisheries of over 500 different species in fresh waters as well as large stock of commercial marine species. And Government statistics indicate an alarming decline in fish stocks over a period of time in due to over-fishing and use of poison, dynamite and small nets in fishing.

7.5 Proportion of total water resources used

Tanzania is endowed with numerous and diverse water resources in the form of rivers, lakes, wetlands and aquifers categorized in surface and ground water resources that total about 89.0 cubic km of internal renewable water resources (National Water Policy, 2002). The total surface

water volume is 54 cubic km and the total ground water recharge is 35 cubic kilometres. Groundwater potential is variable but it is among major sources of water in semi-arid zones. The total annual water withdrawal for various socio economic purposes is only 5.184 cubic kilometres (6% of the total internal renewable water resources). FAO statistics show the distribution of withdrawn water as: 89% for agriculture purposes, 10% for domestic use, and the remaining for industrial and other uses.

Water in the country is poorly distributed in time, space, quantity and quality. Some parts of the country face a water stress situation as water demands exceed available resources thereby raising concerns on issues related to its use, quantity and quality. The growing socio economic uses of water in agriculture, livestock, fisheries, wildlife, industry, energy, recreation and other sectors continuously lead to increasing competition and water use conflicts between upstream and downstream users like hydropower production versus irrigation and irrigation versus water ecosystems. On the other hand, industrial and municipal effluents are progressively degrading the quality of water resources.

In the meantime, however, Tanzania has registered some progress in reducing water pollution. Results from water quality surveillance done by water laboratories in 2008 indicate 92 % of water conforms to international water quality standards. Pollution levels in water sources have reduced from 20% in 2003 to about 8% in June 2008.

7.6 Proportion of terrestrial and marine areas protected

Tanzania has, among others, about 107,000ha of protected Marine and Littoral areas, which are inter-tidal or sub-tidal terrains, together with their overlying water and associated flora and fauna; 3 special protected areas of Wetlands of International Importance in terms of ecology, botany, zoology, limnology or hydrology (Ramsar Sites) with an area of 4,272,000 ha; and three biosphere reserve sites with an area of 5,228,000ha.

Tanzania has 4,100,000ha of protected and maintained biological diversity of natural reserves and wilderness areas managed through legal instruments. These include areas of land or sea with outstanding ecosystems, geological or physiological features and/or species (strict nature reserves for scientific research and monitoring), areas of unmodified land or sea retaining natural biodiversity and areas protected for ecological integrity of ecosystem. Tanzania has also protected a total of 9,687,000ha of natural monument and species management biodiversity areas including areas of specific natural unique features and value because of its inherent rarity, aesthetic qualities or cultural significance.

7.7 Proportion of Species Threatened With Extinction

According to IUCN data (2003), Tanzania has 10,008 known species of higher plants including endemic and non endemic, out of which 235 are threatened species (such as vascular plants that include flowering, conifers, cycads and fern species excluding mosses); 316 known mammal species out of which 42 are threatened species (excluding marine mammals); 229 known breeding bird species out of which 33 are threatened (excluding those that migrates or winter the country); 335 known reptile species out of which 5 are threatened; 116 amphibian species but the

number of threatened amphibian species is unknown; and 331 known fish species out of which 17 are threatened species (include both freshwater and marine species).

Despite the current and past achievements in protection and conservation, Tanzania's wild lands and biodiversity are not safe due to surging population growth and poverty, subsistence agriculture, fuel wood collection and timber extraction, all of which threaten the ecosystems and species. Climate change looms as a major threat not only to Mt. Kilimanjaro glaciers but also to Tanzania's many endemic plants and animals found in its mountain forests.

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
Indicators
7.8 Proportion of population using an improved drinking water source
7.9 Proportion of population using an improved sanitation facility

7.8 Proportion of population using an improved drinking water source

The proportion of people served by the 19 urban water authorities and who use drinking water from improved sources increased from 74% in 2005 to 84% in December 2009 (Figures 3.36 and 3.37). Attaining MDG target for water supply service in the rural areas is at risk on Mainland Tanzania although there has been some improvement in recent years - proportion of the population with access to clean and safe water in rural areas increased from 53.1% in 2005 to 58.7% in 2009.

Figure 3.36: Rural Population Using Improved Drinking Water

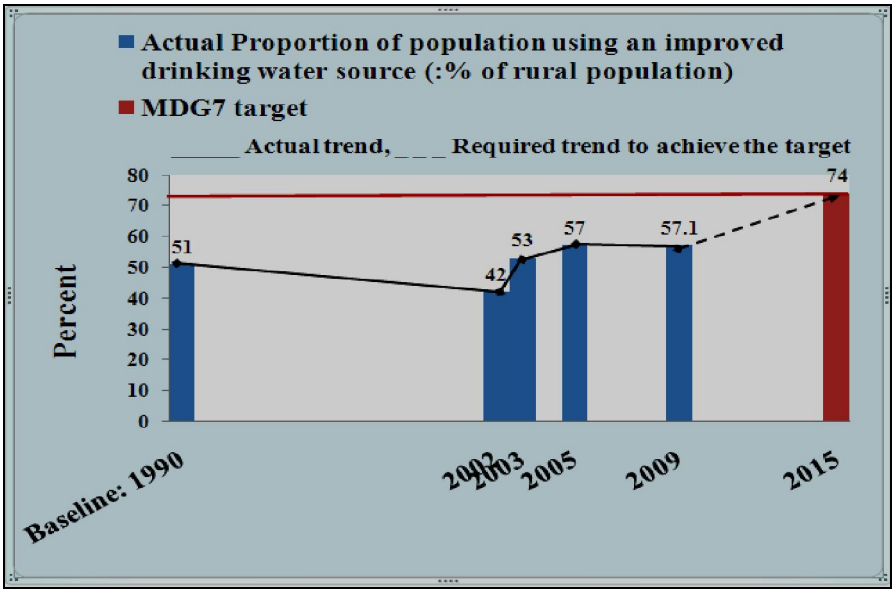
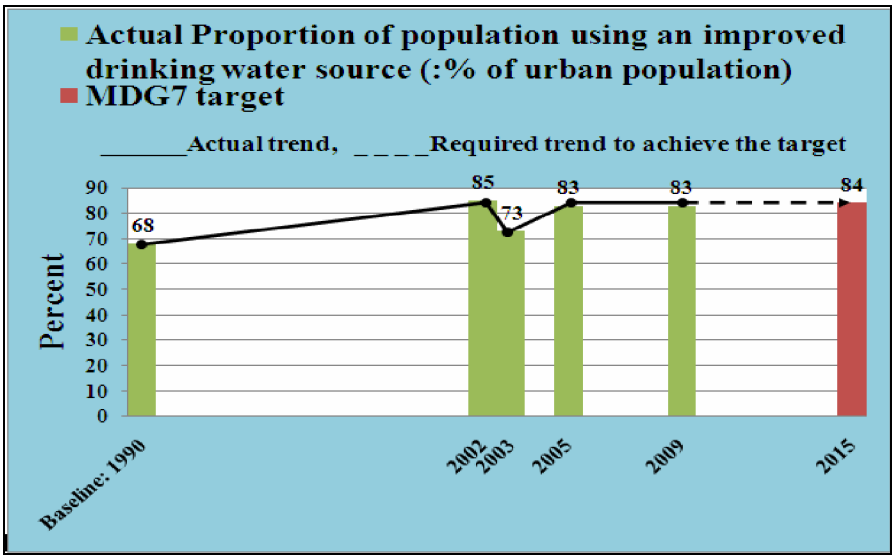


Figure 3.37: Urban Population Using Improved Drinking Water



Among actions that accounted for these outcomes include the construction of new intakes, treatment plants and new distribution pipelines for water supply. Water connections have risen from 174,815 in 2005 to 251,610 in 2010.

7.9 Proportion of population using an improved sanitation facility

Sanitation has only made mild progress and is off-track unless there is radical revolution. The Joint Monitoring Programme of the World Health Organization and UNICEF estimated that in 2008, 33% of households in Tanzania had access to improved latrines (31% urban and 34% rural). However, the estimates were scaled down to 27% urban and 23 % rural in 2010 after changing the definitions of the two concepts. Sewerage service coverage in urban centres has increased from around 4% in 1990, to 17% in 2008. Sewer connections have increased from 12,726 in 2005 to 17,843 in 2010.

Overall, however, recent DHS 2010 data show that the situation of sanitation leaves a lot to be desired. Only 13% of households in Tanzania use improved toilet facilities that are not shared with other households. In Mainland Tanzania urban areas, 22% of households have improved toilet facilities that are not shared compared with 9% in rural areas. 87% of households in the country use non-improved facility, the most common of which is pit-latrine without slab/open pit - used by 71.4% of households in rural areas and 49.8% of households in urban areas. More worrying are those households that do not have any toilet facility (shared or not shared) – no facility/bush/field.

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers
Indicator:
7.10 Proportion of urban population living in slums

7.10 Proportion of Urban Population Living in Slums

This target is world-scale and 5 years ahead of the 2015 for the other MDGs. However, the relevance of the target cannot be ignored in view of the environmental and consequent health effects of congested urban dwellings. In addition, slummy areas are usually unplanned and with sparse facilities for water and sanitation and reliable health services.

According to the country report to the *Commission on Sustainable Development* (CSD) of 16 May 2008, 70% of urban residents in most cities in Tanzania live in unplanned settlements as slums or squatters areas. Under the Land Act No 4 of 1999, the Government of Tanzania has embarked on implementation of a special programme to upgrade these unplanned urban settlements in two phases. Phase I is implemented through identification and registration of the houses, giving out the residence license, and the second phase is to upgrade infrastructure and utility services in these settlements. The aim is to reduce the proportion of people living in slums as measured by a proxy represented by at least one of the four characteristics: lack of access to improved water supply; lack of access to improved sanitation; overcrowding (3 or more persons per room); and dwellings made of non-durable material.

For Zanzibar, the following aspects are noteworthy. First, the proportional land area covered by forest was reduced to 9.2% by 2007 from the last record of 9.4% (2000). This reduction is directly attributed to community need of wood fuel consumption and shelter.

Second, although it is assumed that CO_2emission per capita in Zanzibar is not high, less than 0.1, the consequences in terms of beach erosion and sea level rise are notable in many coastal villages. Therefore, this aspect is not totally ignored.

Third, the proportion of fish stocks within safe biological limits in Zanzibar has been increased due to stringent measures taken by the Government that include awareness on sustainable fishery management, law enforcement against destructive fishing gears and methods and implementation of fishing gears exchange programme. The impact of these measures have lead to an increase in number of fishers from 23,734 in 2000 to 26,666 in 2007, and corresponding production (fish catch) from 17,922 metric tons in 2000 to 23,581.6 metric tons in 2007.

Fourth, for the MDG7 related to water supply as a service Zanzibar has been doing well. The proportion of population using an improved drinking water source in rural areas has increased from 35% in 1990 to 76% in 2009/2010. In urban areas, the proportion of the population using an improved drinking water source increased to 85% in 2009/10 from 70% in 1990, but it decreased from 92% in 2004/05. In all the proportion of population using an improved drinking water source increased from 45% in 1990 to 79.6% in 2009/2010 (Table 3.11).

Table 3:11 Proportion of Population using an improved Drinking Water Sources in Zanzibar.

Area	1990	2004/05	2009/10	MDG Target (2015)
Rural	35	51	60	67.5
Urban	70	75	80	85

Source: HBS 2009/2010; RGZ (2007) MKUZA *MDG Needs Assessment: Costing for Water and Sanitation Sector in Zanzibar*

Fifth, similar progress has also been recorded in Zanzibar on sanitation. The proportion of population using an improved sanitation facility in urban and rural areas has been on the rise from 52% in 1990 to 75% during 2005/06 in urban areas and from 26% in 1990 to 51% during 2005/06 in rural areas. Sewerage service coverage in urban centres has increased from around 4% in 1990, to 17% in 2008. Progress towards this MDG target is slow. 70% of urban residents in most cities in Tanzania live in unplanned settlements as slums or squatters areas.

3.7.2 Implementation Bottlenecks

Several obstacles hinder implementation of environmental sustainability measures. Prominent among these include:

(i) Slow up-take of mainstreaming of environment at sector MDAs level

(ii) Limited public awareness of scientific methods of exploitation of natural resources

(iii) Surging population growth and poverty, subsistence agriculture, fuel wood collection, timber extraction, and hunting have fuelled degradation of extensive areas.

(iv) Financial and technical capacity limitations: expertise in policy formulation, management and implementation of environmental tools and laws at central and local government level.

(v) L*apses in* enforcement of existing laws and institutions, leading to loss of government revenue and illegal drain (export) of the country's natural resources.

(vi) Conflicts over use of natural resources.

3.7.3 New Challenges

Climate change is likely to compound already existing problems of land degradation, deforestation and loss of wild life and habitats. On a rather higher level, increased air and water pollution and aquatic systems demands more diligent attention due to increasing scales of productive and extractive activities and rising urban, unplanned settlements. Keen ways need to be devised to control disposal of plastic materials especially in urban areas. However, opportunities have also arisen from the new challenges, particularly those related to climate changes. For instance, REDD+, bio-fuel farming, CDM etc. could be strategically exploited and contribute to poverty reduction initiatives.

3.7.4 Best Practices and National Policy Support

Environmental policy and management revolve around continuous review of acts and directives to deal with national environmental problems as identified through the National Environmental Action Plan (1994), the National Environmental Policy (1997) and lately the Environmental Management Act (2004) (EMA). The EMA is a comprehensive umbrella act that includes provisions for institutional responsibilities with regard to environmental management, environmental impact assessments, strategic environmental assessment, pollution prevention and control, waste management, environmental standards, state of environment reporting, enforcement of the Act and a National Environmental Trust Fund. Tanzania should continue mainstreaming various regional and international agreements or conventions on environment in her development frameworks. Environment has been mainstreamed in the growth and poverty reduction strategies.

As for Zanzibar, there is a strong supportive environment in that the Government has established the Zanzibar Water Authority (ZAWA) after the establishment of Zanzibar Water Policy and Water Act 2004 aided by the revelation from the Participatory Service Delivery Assessment. The Environment Policy of 1992 has been reviewed in 2007 to conform to the new challenges. The Forestry Policy of 1999 is in place and is being implemented.

The effect of the global economic and financial crisis on MDG7 will depend on to what extent the government would deviate from its current environment protection measures and how it controls green house gas (GHG) emissions and industrial effluents. Achievement of this goal will require mostly the political will and commitment.

In the area of access to safe water, the National Water Policy of 2002, the National Water Sector Development Strategy (NWSDS), and the Water Sector Development Programme (WSDP) are some of the policy instruments in place. Tanzania has adopted a Sector Wide Approach to Planning (SWAP) for water sector in 2006. The approach provides a mechanism whereby the Government and Development Partners support a jointly agreed implementation, monitoring and evaluation framework, under Government leadership, done through both pooled and earmarked budgets and expenditure frameworks. Issues on the implementation of the International Decade of Water for Life 2005-2015 and the Johannesburg Plan of Implementation of the WSSD targets which conform to the MDG implementation framework were put under Tanzanian water sector priority framework since 2004. These were mainstreamed into the NWSDS and WSDP implementation operational framework since 2007/2008, in conjunction with issues on environment.

The institutional framework for water resources management has been streamlined to meet the challenges of effective integrated water resources management at basin level. Responsibility for the provision of water supply and sanitation services has been transferred to decentralized entities. These are the commercialized Water Supply and Sewerage Authorities in large urban areas (UWSAs) and Local Government Authorities (LGAs) small urban and rural. The LGAs also provide support to Community-owned Water Supply Organizations (COWSOs) which manage water supply and sanitation facilities in rural settings. New Water Sector legislation is in draft form for laws that will cover both water supply and sanitation and integrated water resources management. Regulation of the Urban/Commercial Water Supply and Sewerage

services is done by the Energy and Water Utilities Regulatory Authority, while regulation of the Community Water Supply and Sanitation Organizations in rural areas is delegated to LGAs.

Supportive environment for sanitation improvement includes the implementation of the National Health Policy of 1995, the National Water Policy of 2002, the National Education Policy of 1995 and the National Environment Policy of 2003. The government is in the process to formulate the National Sanitation and Hygiene Policy. Other important milestones include the School Water supply, Sanitation and Hygiene Strategic Plan 2008-2015, development of the tools for Water, Sanitation and Hygiene competition in schools, development of the improved latrine construction manual and the National Human Settlements Development Policy of 2000 which is used effectively to provide guidance on housing and urban development.

3.8 Goal 8 - Develop a Global Partnership for Development

At a glance: achievable probably; some indicators on right track, others not

3.8.1 Trends and Status

Goal 8 seeks to improve, for low income countries, the gains from international trading and financial systems, promote market access and fairer trade rules and tackle debt. It also aims to work with pharmaceutical companies to improve access to cheap drugs and spread the use of new technologies. While the debt levels have dropped, aid requirements are on the rise relative to the pledges of the world's wealthiest nations. In order to enhance aid effectiveness and enable poor countries to get set to reduce aid dependence, mechanisms for holding accountable both developed and developing countries (mutual accountability) are getting attention in the follow up to the Paris Declaration (2005) and the Accra Agenda for Action (2008).

Otherwise, progress on the various indicators of the impact of global partnership on growth of the poor remains *mixed*. Like in the previous report, the updated narrative of Tanzania's performance (up to 2010) on this goal is selective due to data limitations. It highlights issues on aid, debt sustainability, trade (market access) and use of improved technologies.

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.
This target includes a commitment to good governance and development and poverty reduction – nationally and internationally.

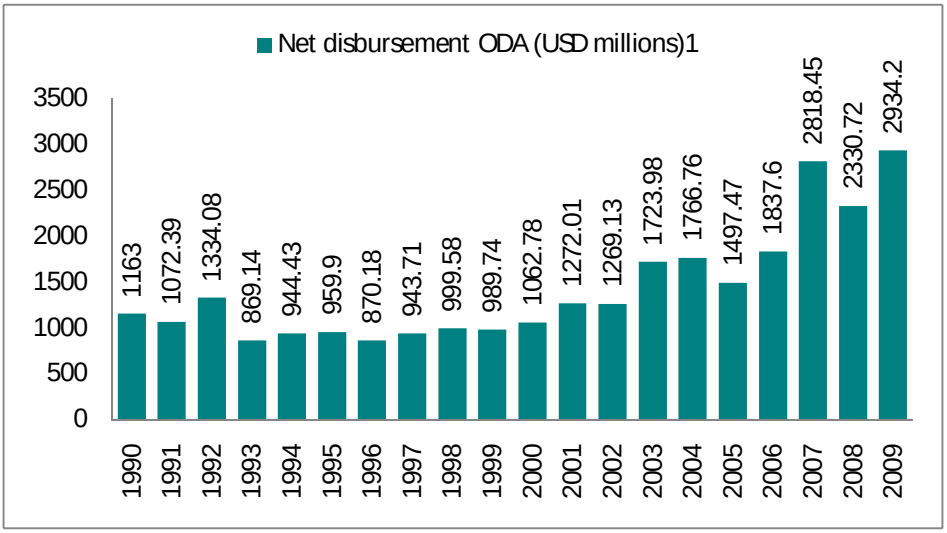
Good governance is assessed in the way it is integrated in the nation's development strategies, especially the Poverty Reduction Strategies as one of the three key pillars of the poverty reduction – the others being social wellbeing and growth. It is also one of the conditions for continued aid inflows and legitimacy of the political regimes, covering accountability for the resources received and results and rule of law, social /human rights to citizens. Good governance is reported on annually in the PRS/MKUKUTA Annual Progress/Implementation Reports.

Aid Management

Tanzania has continued to do well on aid and external debt management and coordination of resource flows from development partners. Dialogue between government and development

partners continues to temperate the two major players' conduct in aid relationships. Figure 3.38 plots total ODA over year, while Figure 3.38 shows the different modalities of aid delivery (direct budget support, project and basket funding).

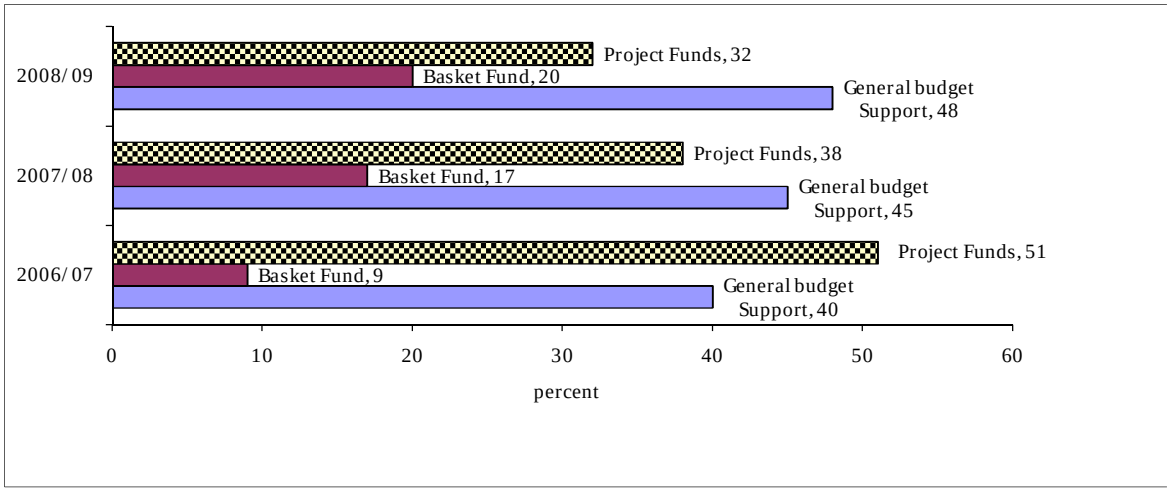
Figure 3.38: Net Disbursement of ODA (million USD)



Source: Ministry of Finance

In the past three years, total ODA volumes channelled through GBS, Basket Funding and Project Funding show fluctuating trends, although the sum of basket funds and project funds is higher than GBS (Figure 3.39). GBS is automatically on-budget, while Basket and Project Funding have taken both on-budget and off-budget formats.

Figure 3.39: External resources disbursements for FY2006/-2008/09 (% by modality)



Source: Ministry of Finance

More needs to be dome on aid predictability. Not all development partners are using government systems (e.g. exchequer, audit, procurement). There are also concerns about funds that flow into

the country outside the exchequer system. Government (within the Joint Assistance Strategy, JAST 2005-2010) takes General Budget Support (GBS) as the preferred aid delivery. DPs have adopted JAST as the basis for guiding their development co-operation and technical assistance (TA) in order to enhance aid effectiveness in Tanzania. The *2010 GBS Annual Review* pointed out there has been improvement in the quality of communication and dialogue to build trust but the PAF performance and financial commitments are not as positive as expected. Performance on good governance indicators remains prickly source of possible tensions in aid relationships.

Target 8.B: Address the special needs of the least developed countries.

This target includes tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.

Trade and market access

Duties paid on imports from developing countries still remain high; tariff levels and structures continue to be a formidable barrier to trade while non-tariff measures (NTMs) are proliferating. Improved trade transparency will be a major step towards greater fairness in global trade. However, the failure of the Doha Development Round shows that establishment of an “open, equitable, rule-based, predictable and non-discriminatory multilateral trading and financial system” is still a long way off.

Tanzania is struggling with capacity issues in creating competitive export strategies for SMEs and private sector in general to access external markets. Tanzania participates in Aid-for-Trade, specifically the Integrated Framework (IF) for Trade-Related Technical Assistance initiatives, aiming to mainstream trade capacity into national poverty reduction and development plans. On-going interventions focus on improving business, investment and competitiveness climate. Due to continued deterioration of Tanzania’s ranking in Doing Business Reports, the President of the United Republic of Tanzania directed (in September 2009) the development of a *Roadmap on Improving Tanzania’s Performance in Doing Business* implemented through Comprehensive Action Plan for three years. The competitiveness agenda is widened to include availability and quality of infrastructure services such as electricity, water and ICT and scrutiny of the related regulatory frameworks, financing and access to domestic, regional and international markets.

In Zanzibar, different measures have been taken to improve business environment, including launching of Zanzibar doing business report and preparing a road map for improvement of business environment. The doing business in Zanzibar 2010 report analyzes the business regulations of Zanzibar and compares the ease doing business in the Islands with Tanzania Mainland and other 182 economies in the world.

Pointed actions for improved market entry include strategic choice of goods and services that are aligned demand at prices which permit reasonable profits, decent work and access to trade intelligence, along with the capacity to analyze preferential and regional trade agreements, which often turn out to overlap in inconsistent ways.

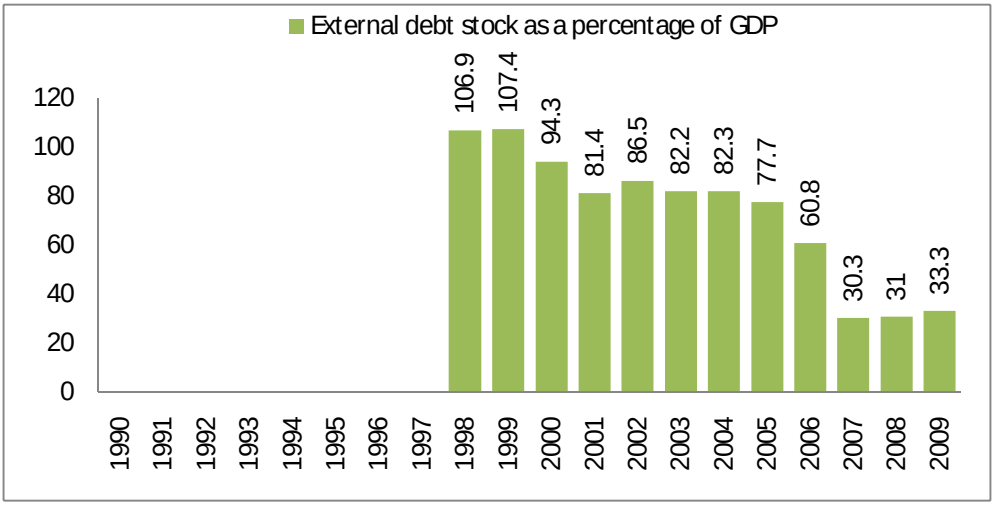
Target 8.C: Address the special needs of landlocked developing countries and Small Island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly).

Target not particular for Tanzania

Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

Tanzania qualified to the Highly Indebted Poor Countries (HIPCs) and continues to benefit from Multilateral Debt Relief Initiative Fund (MDRI) and International Financial Institutions. Prudent management of debt has meant government raising part of required resources through borrowing from concessional sources and analyzing risk associated with new borrowing. Figure 3.40 plots the trend in the external debt-to-GDP ratio.

Figure 3.40: External Debt/GDP Ratio, Mainland Tanzania



Source: Bank of Tanzania

The decrease in external debt is mainly attributed to debt cancellation. National debt stock, as at end-September 2010 was US$ 8,498.07 million (URT 2010g). External debt was US$ 6,196.3 million o/w US$ 5,451.9 million is Disbursed Outstanding Debt and US$ 744.4 million is Interest Arrears. Government is the largest borrower, owing 80.7% of the total external debt followed by the private sector (13.7%) and public corporations (5.6%).

The trends in debt indicators are reflective of measures taken in improving revenue collection and debt cancellation under the enhanced HIPC and MDRI and which also influence the (now reduced) debt to exports ratio (Figure 3.41).

Figure 3.41: Debt Service as a Percentage of Exports of Goods and Services (%)

Source: Bank of Tanzania

Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
Indicator:
8.13 Proportion of population with access to affordable essential drugs on a sustainable basis.

There is scanty data to determine the status and trend. However, during 2006/07 the proportion of population with access to affordable essential drugs on a sustainable basis was 21%, far below the target of 100% in 2015. The challenge for low income countries relates to intellectual property trade regimes which limit the development of low-cost generic versions of affordable drugs. Bottlenecks in health-care delivery channels restrict the poor's access to such drugs.

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.
8.14 Telephone lines per 100 population
8.15 Cellular subscribers per 100 population
8.16 Internet users per 100 population

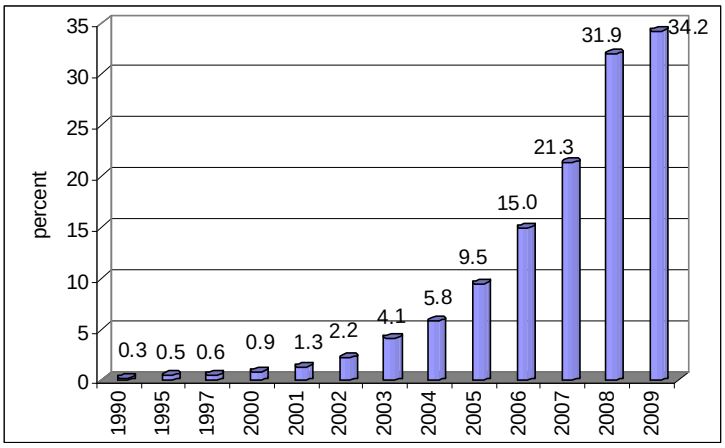
Information and communication technologies (ICTs) are critical tools for economic growth. Growth in mobile-telephone use is strongest. But the cost of Internet access in low-income countries remains prohibitive. Access is also hampered by a lack of steady electricity in many poor (mainly rural) areas.

Tanzania's ICT Policy aims at ensuring proper application of ICT for socio-economic development. Fixed telephone lines have experienced a slow decline after the arrival of private mobile telephone companies in the second half of the 1990s. In addition, there were 9 tele-centres in the country by 2007. The centres are intended to be used by the community for enhancing the use of information and communication technology in social and economic development such as trading, studies, health and administration.

8.14 Telephone lines per 100 population

Like elsewhere, telephony in Tanzania started with fixed line, initially from a state monopoly. After the arrival of private mobile telephone companies in the second half of the 1990s the importance of fixed line telephones in the total began declining. When combined with rapidly expanding mobile telephony, telecommunication concentration shows improvement from 0.3% in 1990 to 34.2% (Figure 3.42).

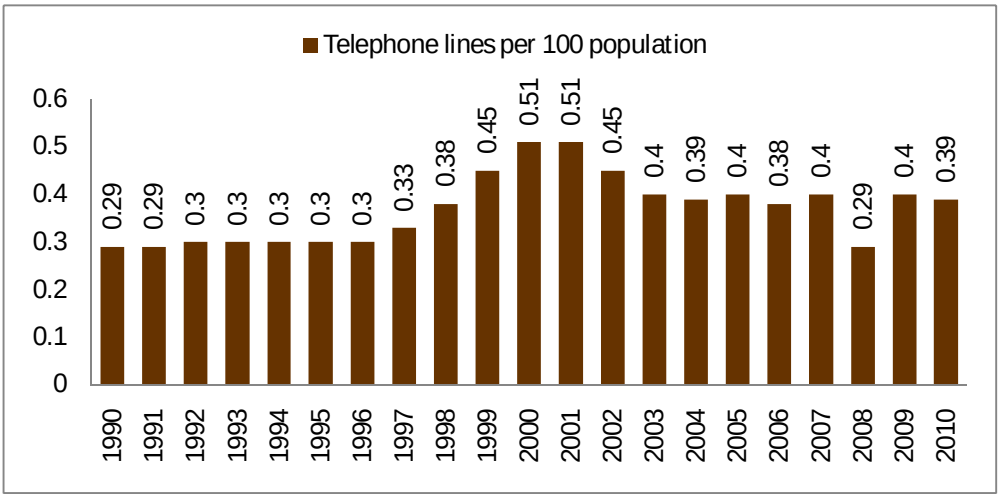
Figure 3.42 Voice telecommunication Penetration (Tele-density) (number of lines per capita) 1990-2009 (fixed+mobile)



Sources: TCRA, Source of Population Data: NBS Projections; 1990-1997 figures from URT (1998) Economic Survey 1997 (p.9, Table No.A, for telecom figures before 2000, URT (1998 op.cit., p. 188, Table 58A

The specified MDG indicator measures the number of telephones per 100 population as shown in Figure 3.43.

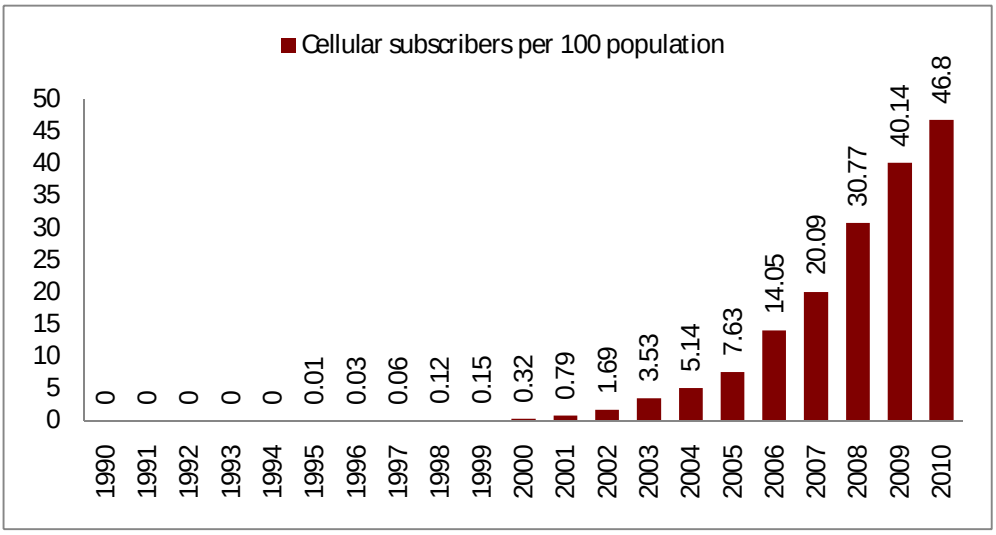
Figure 3.43: Telephone lines per 100 population



8.15 Cellular subscribers per 100 population

Figure 3.44 shows the number of mobile phone subscribers (2000-2009) per 100 population).

Figure 3.44: Cellular subscribers per 100 population



Source: TCRA Operators Monthly Subscriber base Report

8.16 Internet users per 100 population

The indicator is not derived as specified; however, the number of internet service providers has expanded from 23 in 2005 to 68 licenses in 2010 (June). The *converged license regime* introduced in 2005 provided a wider window for investors in ICT applications but also more competition, with some operators (Application Service Licenses) in some areas failing to compete. However, rapid technological change that allows internet access through mobile handset is poised to accelerate internet penetration.

Constraints to ICT access reflect a combination of low literacy, poor physical infrastructure which limits service providers from reaching rural and semi-urban areas, irregular power supply, lack of skilled personnel and innovative low-cost products for remote and poor communities.

3.8.2 Implementation Bottlenecks in Relation to Goal 8

Despite the gains in aid relationship, a number of challenges still remain in aid management. Specifically, institutional capacity (personnel etc.) and public finance management system for administering external aid requires greater strengthening. Funding delays and irregularities and unpredictability, especially of funds channelled through project modality, are issues that continue to hamper smooth implementation. As such, the results of the Paris Declaration Monitoring Survey of 2008 indicate some trends that call for short and long term interventions. The two critical trends are:

i) A decline in the percentage of aid flows aligned with national priorities.

ii) Disbursements channelled outside the exchequer tend to distort and weaken the government system, particularly regarding accountability.

iii) A decrease in the predictability of aid in the same period.

iv) Allocation of 4.5% of general budget support for Zanzibar from the United Republic proved to be too low to accommodate its budget requirements.

The recent phenomenon of aid through global initiatives has added another challenging dimension in aid coordination and harmonization. Besides adding to the transaction costs, these initiatives increase difficulties in controlling the quality of aid, especially in ensuring continuity and alignment to the national priorities.

The global financial and economic crisis made financiers and investors risk averse, leading to lead to slowdown in foreign direct investment (FDI) and official development assistance (ODA). In Tanzania, it forced investors to postpone or shelve large investment projects. Short of a full reversal of the crisis, the country is challenged to improve investment climate and aid and trade relationships and adhering to agreed commitments on domestic accountability.

3.8.3 Best Practices and Policy Support

Along with existing Trade Policy and Export Development Strategy, the *Roadmap on Improving Tanzania's Performance in Doing Business* implemented through Comprehensive Action Plan should be part of Tanzania's continued effort to develop the productive and competitiveness capacities of local firms, as Tanzania actively participates in global trade negotiations that seek to *lower* tariff and non-tariff barriers in the markets of developed countries and increased participation in the setting of international standards. Besides the formal and informal SMEs, capacity for export development should extend to smallholder farmers.

Tanzania Assistance Strategy (TAS) of 2002, later upgraded into the Joint Assistance Strategy for Tanzania (JAST) in 2006 upholds the objective of providing a framework for partnership and strengthening donor coordination, harmonization, partnerships, national ownership in the development process and procedures for making aid more effective and simpler to manage. JAST is framed within the context of international commitment on aid effectiveness, in particular, the Rome Declaration (2003), the Paris Declaration (2005) and the Accra Agenda for Action (2008).

Tanzania has an Independent Monitoring Group which assesses the government and DPs which uses the JAST structure for engagement. These have been institutionalized and are linked to national Development agenda. Country assessments should also take cue from the Africa Peer Review Mechanism (APRM) and NEPAD proposed actions for putting aid to most productive use and have an impact on growth and on reducing poverty.

It is important to intensely tap into the emerging (non-traditional) donors, notably those in the possible South-South Cooperation (SSC) compact, for dialogue on aid, investments, trade and technology and knowledge transfers (including technical cooperation) and better understanding of place of global funds.

IV: CONCLUDING REMARKS

The key policy challenge that still remains is how to make growth pro-poor and more equitable and eradicate extreme poverty and hunger. Achieving MDG 1 has significant positive spill-over effects on other MDGs as well as other development objectives. The fact that the majority of the poor by far depend on agriculture for their livelihood means that a meaningful reduction in poverty requires a reinvigorated attention to agriculture. There is need to ensure more farmers can access fertilizer subsidy, credit and markets, capacity to add value and reduce pre- and post-harvest losses, and overall increase area under irrigation. The gains made in health and education have been reckonable; more investments are needed to enhance quality.

Modernization and the urge to expand employment still direct attention to industrial development that is well aligned to the dominant resources (agriculture, mining, fishing, wildlife, forestry and tourism). Critical areas for priority consideration by government and through public-private partnerships and through improved investment climate include energy, infrastructure, trade facilitation and strengthening of social services. In all cases, innovativeness and competitive capacity are required for Tanzania to face global challenges. The country should develop the capacity for local technical expertise in technical and managerial competence.

Government spending needs are likely to expand further. More effort in mobilization and efficient use domestic resources will enable government to avoid domestic deficit financing, easing pressure on monetary policy and create capacity for gradual reduction in aid dependence. Capacity strengthening along with human resources development is emphasized under each goal in order to strengthen implementation effectiveness.

Country level effort and improved action by partners on existing international commitments in relation to the requirements of Goal 8 are required given that most targets are not likely to be met in the remaining time. Scaled up aid should be matched with evidence of effective and accountable use of aid and capacity to raise domestic resource generation and mobilization. MDG-8 should be turned into conditions for further growth: i.e. aid transparency and greater accountability to enhance the growth impact of aid in line with the Paris Declaration, the 2008 Accra Agenda for Action and review of the Joint Assistance Strategy for Tanzania (JAST) principles on aid effectiveness.

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Annex I: Adaptation Options for Climate Change

The adaptation options available aim to reduce climate risks directly through climate proofing infrastructure and investment so as to building the resilience of the government and households to respond to climate change. Substantial economic gains from the mitigation of global greenhouse emissions over the coming decades are envisaged with countries offsetting the projected global emissions or reducing such emissions below current levels. In Tanzania some adaptation and mitigation options are being implemented at different levels:

- For transportation use of more fuel-efficient vehicles, cleaner diesel vehicles, bio-fuel shift from road transport to rail and public transport systems and well as use of non-motorized transport (cycling, animal-traction, walking) all aim at reducing environmental damage.

- In agriculture, improved crop and grazing land management are emphasized in order to raise soil carbon storage; restore of cultivated peaty soils and degraded lands and improve cultivation techniques and livestock and manure management in order to reduce CH_4 emissions. Promotion of energy crops is expected to replace fossil fuel use; improved energy efficiency.

- Growing high-temperature and drought-resistant varieties and keeping livestock which are tolerant to extreme whether conditions are also an adaptation option which is addressed in Tanzania in agriculture.

- Creating community awareness on the climate change issues at all levels is a main concern of both public and private organizations including civic and non-government organizations. Communities are mobilized to participate in adoption and mitigation options against of the climate change. The message is largely conveyed through environment mainstreaming to lower levels. Incentives are increasingly being applied at local government level to encourage afforestation programmes, community-based forest and wildlife management and proper use of forestry products for bio-energy to replace fossil fuel use while at the same time penalties are meted out against extractive practices that destroy forests.

Annex II: Accelerated Frameworks for MDG1

Key Priority Interventions and Indicative Interventions for2011-2015

Key Interventions	**Indicative Interventions 2011-2015**
Proportion of population below national food poverty line	
Improve agricultural productivity	Make available, in a timely manner farm inputs, particularly fertilizer and improved seeds
	Provide Extension services
	Construct and rehabilitate irrigation schemes and promote other efficient water use technologies
	Enhance use of agricultural mechanization technologies
	Reduce pre-harvest losses
	Promote and strengthen agricultural resource centres at Ward level, for extension service and their utilization and dissemination; innovation and technology.
	Improve environmental conservation and management especially for soil and water
Resolve land issues	Issue titles promptly and demarcate land use for all urban and rural land
	Strengthen governance in land use and ownership
Promote agricultural value addition	Promote and strengthen agro-processing
	Reduce post-harvest losses
	Develop value chains
	Provide guidelines on adherence to standards and quality
Develop agricultural markets and marketing	Develop rural local markets
	Strengthen storage facilities
	Expand warehouse receipt system to more crops and locations
Improve financial services and incentives for promoting investments in agriculture	Mobilize financial services for agriculture
	Promote investments
Prevalence of underweight children under-five years of age ***Prevalence of stunted children under-five years of age***	
Promote infant and young child nutrition	Promote exclusive breast feeding during first six months
	Promote caring of feeding practices
	Promote consumption of nutritious and adequate food
	Promote health of the infant and young child, and mother (before and after delivery) (contain fevers, diarrhea, acute respiratory infections, anemia, HIV/AIDS)
	Increase resources (human and financial) for infant and child nutrition
Ensure salt iodization	Ensure production of iodized salt both by large and small scale producers
	Promote the use of iodized salt
Ensure food fortification	Ensure food fortification
Promote nutritional education and advocacy at LGA levels, including Information, Education and Communication (IEC)	Promote nutritional education and advocacy at LGA level up to village government level including Information Education and Communication (IEC)
Deploy adequate Nutritionists at regional and LGA levels	Ensure deployment of adequate Nutritionists at regional and LGA levels

Source: Abridged from URT (2010) *Accelerating Progress towards the MDGs: Tanzania Country Action Plan 2010-2015*, pp. 22-24, *Table 3.1: Summary Matrix of Key Priority Interventions and Indicative Interventions*

Annex III: Statistics at a Glance

Indicator and Data Source	Latest Year & Institution responsible	Periodicity	Coverage	Disaggregation	Use of Data in Policy making	Quality of Data
Poverty	HBS 2006/7 –NBS and PHDR - MOFEA	5 years	National Region	Region/district, urban/rural/Gender	strong	Fair
Hunger	HBS 2006/07-NBS, PHDR-MOFEA TDHS-MOHSW	HBS (5 yrs) DHS 1-2 years	National Regional District	Region/district, urban/rural/Gender	Strong	Fair
Education	HBS 2006/07-NBS- MOFEA BEST, MOEVT	HBS (5 yrs) BEST 1-2 years	National Regional District	Region/district, urban/rural/Gender	Strong	Fair
Gender Equality	HBS 2006/07-NBS, ILFS 2006/07(Labour)	HBS (5 yrs) ILFS (10 years)	National Regional District	Region/district, urban/rural/Gender	Fair	Fair
Child Mortality	HBS 2006/07-NBS and TRCHS (1999) DHS (2004/5), 2010, MOHSW	TDHS (1-2 years)	National Regional District	Region/district, urban/rural/Gender	Strong	Fair
Maternal Health	HBS, TDHS TRCHs and THIS (2007/8) MOHSW	1-5	National Regional District	Region/district, urban/rural/Gender	Strong	Fair
HIV/AIDS	THIS (2007/8) MOHSW, TACAIDS	1-5	National Regional District	Region/district, urban/rural/Gender	Strong	Fair
Malaria and Other Major Diseases	THIS (2007/8) TACAIDS, TDHS 2010	1-5	National Regional District	Region/district, urban/rural/Gender	Strong	Fair
Environment Resources	Environment Statistics 2005 NBS, NEMC	Recent 2005 first		Regions/rural-urban	Fair	Weak
Drinking water and sanitation	HBS – MOFEA, MOWI	1-5	National Regional District	Region/district, urban/rural/Gender	Strong	Fair
Partnership for Development	JAST (2007), Bank of Tanzania Annual Reports and Bulletins (2009)	Bank of Tanzania (1 year) Quarterly	National	National	Strong	Fair