

## *The United Nations and the International/ Millennium Declaration Development Goals (MDGs)\**

The original International Development Targets (IDTs) were derived from a series of UN global conferences during the 1990s. In the Millennium Declaration of September 2000, some 180 countries — most represented by Heads of State or Government — formally agreed to an augmented set of targets, with corresponding indicators, which form the basis of this booklet.

Tanzania is one of the first countries to have provided this progress report on the International/ Millennium Declaration Development Goals (MDGs). The information and analysis has been provided by the United Nations Country Team in Tanzania in close collaboration with the Government, based on available official statistics. The UN Country Teams — comprising the country representatives of the UN agencies and programmes, which in Tanzania include the World Bank and International Monetary Fund — are generating progress reports like this one in all programme countries, as part of the follow up to the Millennium Declaration requested of the UN by the General Assembly. These reports will be made more widely available as they are completed.

These reports have several purposes:

- ▶ **Development Progress and Poverty Eradication:** They provide a convenient update on the progress of individual countries in meeting their individual development targets and reducing poverty.
- ▶ **Development Challenges:** They describe the development challenges which confront each country in meeting the targets.
- ▶ **Policy Environment:** They outline the nature of the supporting policy environment.
- ▶ **Focus for Aid:** They identify the specific areas in which development cooperation can assist.
- ▶ **Data Needs:** They highlight the needs for strengthening data-gathering and statistical capacity-building.

\*Note on the choice of goals and targets: the UN global conferences of the 1990s drew up a number of key development goals and targets, of which the core list became known as the International Development Goals (IDGs) or Targets (IDTs). At the Millennium Summit of September 2000, all Governments agreed to the Millennium Declaration, which included a set of targets for development and poverty eradication, mainly inspired by the IDTs. The goals and targets used in this progress report are substantially based on the Millennium Declaration. Because of the availability of data during the 1990s, and because many countries have used the year 1990 as a base-line in their progress tracking, the time-frame for the targets in this report is mainly the 25-year span from 1990 to 2015. A clarification and refinement of these goals, targets and corresponding indicators will be made as part of the UN's task of monitoring the follow-up to the Millennium Declaration.

## STATUS AT A GLANCE

Tanzania's progress towards the development goals

GOALS	WILL DEVELOPMENT GOAL BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
<b>Extreme poverty</b> Halve the proportion of people living below the national poverty line by 2015	Probably	<b>Potentially</b>	Unlikely	Lack of Data	Strong	Fair	<b>Weak but improving</b>	Weak
<b>HIV/AIDS</b> Halt and reverse the spread of HIV/AIDS by 2015	Probably	<b>Potentially</b>	Unlikely	Lack of Data	Strong	Fair	<b>Weak but improving</b>	Weak
<b>Hunger</b> Halve the proportion of underweight, under-five year olds by 2015	Probably	Potentially	<b>Unlikely</b>	Lack of Data	Strong	<b>Fair</b>	Weak but improving	Weak
<b>Basic amenities</b> Halve the proportion of people without access to safe drinking water	Probably	Potentially	Unlikely	<b>Lack of Data</b>	Strong	<b>Fair</b>	Weak but improving	Weak
<b>Universal primary education</b> Achieve universal primary education by 2015	Probably	Potentially	<b>Unlikely</b>	Lack of Data	Strong	Fair	<b>Weak but improving</b>	Weak
<b>Gender equity</b> Achieve equal access for boys and girls to primary and secondary schooling by 2005	<b>Probably</b>	Potentially	Unlikely	Lack of Data	Strong	Fair	<b>Weak but improving</b>	Weak
<b>Reproductive health</b> Reduce maternal mortality ratio by three-quarters by 2015	Probably	Potentially	<b>Unlikely</b>	Lack of Data	Strong	Fair	<b>Weak but improving</b>	Weak
<b>Under-five mortality</b> Reduce under-five mortality by two-thirds by 2015	Probably	Potentially	<b>Unlikely</b>	Lack of Data	Strong	Fair	<b>Weak but improving</b>	Weak
<b>Environmental sustainability</b> Reverse loss of environmental resources by 2015	Probably	<b>Potentially</b>	Unlikely	Lack of Data	Strong	<b>Fair</b>	Weak but improving	Weak

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# TANZANIA: DEVELOPMENT CONTEXT

## ECONOMY AND POVERTY

Tanzania is one of the poorest countries in the world. Its population of some 33 million is growing at about 2.8% per year. Annual per capita income is approximately \$250. The economy, and most of the population, is heavily dependent on agriculture, which accounts for some 50% of GDP and provides 85% of exports. As such, Tanzania's economy is vulnerable to climatic conditions, notably floods and drought, with some regions being particularly drought-prone. Industry accounts for some 15% of GDP, while the tourism sector has recorded significant growth in recent years. The mining sector has good, but as yet underexploited, potential. Both the service sector and the informal sector are increasingly important sources of employment.

### The character of poverty

The main development challenge, which all efforts in Tanzania eventually aim to address, is widespread and persistent poverty, with 48% of the population living below the basic needs poverty line. Poverty in Tanzania is characterized by low income and expenditure, high mortality and morbidity, poor nutritional status, low educational

attainment, vulnerability to external shocks, and exclusion from economic, social and political processes. Poverty is particularly widespread in the rural areas, but is not insignificant in urban areas. There are also important regional differences in the levels and specific dimensions of poverty. Those most at risk are young children and youths, the very old, women, those in large households and those involved in subsistence agriculture, livestock production and small-scale fishing.

## GOVERNMENT EFFORTS

Over the past 13 years, the role of the state in Tanzania has changed dramatically. After 25 years of centralized state dominance, the government has shifted from being the main engine of growth and provider of services, to being a facilitator of growth, a standard setter, and a provider of essential public services. While this re-orientation has been vital, both the speed and magnitude of change, in conditions of resource scarcity, have created considerable challenges for achieving coordinated implementation of new policies and reform programmes throughout Tanzania.

On the mainland, the government has maintained a stable macroeconomic environment for several years, with steady GDP growth, falling interest rates, a stable exchange rate and falling government deficits. The deficit reductions have been managed largely as a result of a squeeze on spending through the operation of a cash budget, and continuing flows of external assistance — over 30% of the budget is externally financed. Rates of domestic revenue collection are low, at under 12% of GDP. The tax base is narrow and there are high levels of evasion.

Despite the government's economic achievements, poverty in Tanzania is a persistent phenomenon. Structural adjustment to address economic weaknesses meant that the government had to cut back on expenditure on basic services. As this report demonstrates, available data for the 1990s suggest that most poverty indicators have been stagnant, and mortality rates have risen, partly because of

## KEY DEVELOPMENT INDICATORS

Indicator	Value	Year
Population size	32.1 million	1999
Population growth rate	2.8%	1998
Life expectancy at birth	50	1998
GNP per capita (US\$ and PPP)	US\$ 478	1999
External debt (US\$) as % of GNP	71%	1998
Poverty headcount ratio (% of population below national poverty line)	48.8%	1991/92
Prevalence of HIV/AIDS in adult population	9.4%	1999
Population with access to safe water supplies	65.7%	1999
Proportion of underweight children (under-5)	29.4%	1999
Net primary enrolment rate	57.1%	1999
Ratio of girls to boys in primary education	99.6%	1999
Under-five mortality rate	161	1994
Maternal mortality rate	529	1990
% of population relying on traditional fuels for energy use	91.4%	1996



Mike Shand, <http://mshand.geog.gla.ac.uk/ATLAS%20OF%20TANZANIA/atlas.htm>

to key decision-makers in government, as well as to all stakeholders (see box). One of the central features of the poverty monitoring system is the **Tanzania Socio-Economic Database (TSED)**, which provides user-friendly access to a range of socio-economic indicators. This database, which considerably facilitated the production of this report, will grow into an essential tool for regular reporting on Tanzania's progress toward achieving its national and global development goals.

the spread of HIV /AIDS, but also because of declining quality of, and access to, health services. In response, the government has articulated ambitious targets and comprehensive strategies for poverty reduction.

### MOUNTING AND MONITORING THE FIGHT AGAINST POVERTY

Tanzania's targets for poverty reduction are set out in a number of important documents, including: the Tanzanian Assistance Strategy (TAS), a broad strategic framework for all development assistance to the country; the National Poverty Eradication Strategy (NPES), which sets out a broad range of poverty targets; and the Poverty Reduction Strategy Paper (PRSP), which links targets with resource allocation and monitoring processes. Within these strategies, Tanzania has embraced the key international development goals outlined in this report; indeed, in some cases Tanzania has set national targets that are even more ambitious than their global counterparts.

Within the context of the PRSP, the government fully recognizes the importance of timely and reliable data as a baseline for determining whether available resources are being used effectively and efficiently. To this end, the government is undertaking to establish a poverty monitoring system to ensure that reliable data are readily available

#### Partnerships for Poverty Monitoring in Tanzania

The Government of Tanzania has forged strong relationships with bilateral donors and the UN System to develop a coordinated approach for monitoring the impact of development initiatives, and the changes in the level and nature of poverty. Currently under development, the **Poverty Monitoring Master Plan** will detail a systematic approach for collecting a wide-range of poverty-related information, including: periodic surveys, routine administrative data, poverty research and participatory poverty assessments. The plan will also address current weaknesses in data collection, analysis, and dissemination as well as the challenges of incorporating data into policy and programme decision-making. As such, **the poverty monitoring system should address many of the data weaknesses noted in this report.** Once operational, the poverty monitoring system will enable the Tanzanian Government to base its policies more firmly on available evidence, to ensure sounder progress towards poverty eradication. Many bilateral donors have expressed interest in working together to support this system, which will also be used to monitor the PRSP. The UN System has agreed with Government to work together (along with bilateral donors) to build national capacity to manage this system; this is a key area for support in the United Nations Development Assistance Framework (UNDAF – see Box, page 18).

# EXTREME POVERTY

Target: **Halve the proportion of people living in extreme poverty between 1990-2015**

Indicator: *Proportion of population below national, basic needs, poverty line (%)*

## Status at a glance

Will target be reached by 2015?

Probably **Potentially** Unlikely Insufficient data

State of supportive environment

Strong Fair **Weak but improving** Weak

## 1 REDUCING EXTREME POVERTY: STATUS & TRENDS

It will be challenging for Tanzania to halve the proportion of people living in extreme poverty by 2015. To do so, Tanzania's economy would need to grow by 3.8 to 4.8% per year. This rate of growth is substantially higher than has been achieved on average over the past decades (although these decades were also ones of structural change). On a positive note, the last two years of economic growth have reached the desired level. However, the economy remains vulnerable to exogenous shocks due to climate factors and changes in world markets, and it is likely that some shocks will occur between now and 2015. To make up for vulnerable years (with near zero growth), the economy would need to achieve an even higher growth rate in "normal" years, possibly as high as 6%, which would be difficult to sustain for extended periods.

Despite this challenge, Tanzania's National Poverty Eradication Strategy (NPES) has articulated a national target that is even more ambitious than the international one, namely, to halve extreme poverty (measured by income and expenditure) by 2010 and eradicate it by 2025. Great effort will be needed to approach these goals, given that available data suggest little progress towards reducing income poverty during the 1990s. Thus, in 1991/92 the headcount ratio for the basic needs poverty line stood at 48.4%, while that for the food poverty line stood at 26.6%.

### Extreme poverty: current estimates

**C**urrent poverty data in Tanzania are incomplete given that the last national household budget surveys were conducted in the early 1990s. The results of a new household budget survey will become available in 2001. For the purposes of this report, two headcount ratios are used — that for the basic needs poverty line and that for the food poverty line. A study conducted in 2000 has supplied the prediction used in this report for the current headcount ratios (see: Owens et al. 2000. Updating the poverty baseline in Tanzania. Dar es Salaam/Oxford). Although these predictions should be interpreted with caution, they are at least indicative of the current situation.

Recent estimates of the current headcount ratios suggest that they have stayed at the same level, or even grown slightly (see box).

## 2 CHALLENGES TO REDUCING EXTREME POVERTY

While Tanzania has some potential for improved economic growth, the challenge will be to make this growth follow a pro-poor pattern. Some of the major challenges in this regard will be to accelerate growth in the agricultural sector and rural areas while maintaining macro-economic stability, further enhancing the investment environment and raising factor productivity. Specific challenges to achieving rural/agricultural growth are:

- **Insufficient access to key resources and services, including:**
  - credit and inputs
  - markets, market information and good roads
  - extension services and other relevant information.
- **Fiscal policies that do not adequately embrace a pro-poor-farmer agenda.**
- **Lack of capacity to process primary products locally, and a narrow export base.**
- **Over-dependence on rain-fed agriculture, especially in drought-prone areas.**
- **Absence of a long-term strategy for sustainable livelihoods in drought-prone areas.**

## 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

Reducing poverty and eradicating extreme poverty are key overarching national priorities. The PRSP sets out a strategy that seeks to achieve the ambitious NPES target of halving extreme poverty by 2010. To achieve this target, the government is currently developing a Rural Development Strategy and an Agriculture Sector Strategy, which will be very closely linked. These strategies, and other ongoing reform programmes, are intended to promote accelerated and equitable economic growth, with special emphasis on the agricultural sector and rural development. Specific attention will be devoted to farmers, to increase their access to credit, affordable inputs, extension services and markets. To enhance market access, the government will undertake to improve rural roads using labour-intensive technology. At the same time, the government will continue to maintain sound macroeconomic policies and intensify the

implementation of reforms aimed at bolstering market efficiency and raising factor productivity. While budgetary expenditure will continue to be restrained, the poverty reduction strategy calls for special efforts to channel resources towards the support of key programmes and social services. The government will put increased emphasis on reforms to promote export-oriented expansion and diversify the pro-poor sectors, with a view to enabling the poor to share increasingly in the benefits of globalisation. Efforts will be made to raise investment as a percentage of GDP. The strategy also devotes special attention to Tanzania's most deprived (drought-prone) regions and vulnerable groups.

#### 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

The government needs support from development partners in line with the priorities set out in the Tanzania Assistance Strategy and the Poverty Reduction Strategy (see above). Of these, critical areas for development assistance are:

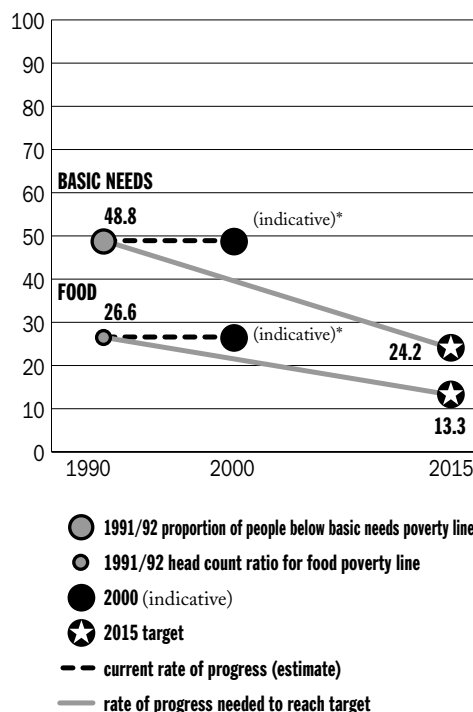
- **Support to the agriculture and rural development strategies.** Within this broad agenda, the building of rural feeder roads is particularly important, especially if constructed using labour-intensive methods.
- **Enhancing access to regional and global markets.** If globalization is to contribute to poverty reduction, it is essential that external markets become more readily accessible to Tanzanian products.
- **Ensuring sufficient resources to implement the PRSP.** It is likely that once the PRSP is fully costed, it will be under-funded. This places a premium on debt relief and other forms of development assistance to ensure that necessary resources are available.

#### 5 REDUCING EXTREME POVERTY: MONITORING AND EVALUATION ENVIRONMENT

Elements of monitoring environment	Assessment		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	Strong	Fair	<b>Weak</b>
Statistical tracking capacities	Strong	<b>Fair</b>	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring & evaluation mechanisms	Strong	Fair	<b>Weak</b>

#### REDUCE EXTREME POVERTY

Proportion of population below national, basic needs poverty line(%)  
Headcount ratio for food poverty line(%)



Data Note. 1991/92 indicator: 1991 Household Budget Survey, National Bureau of Statistics.  
\* 2000 figure is estimate – see text.

# HIV/AIDS

Target: **Halt and reverse the spread of HIV/AIDS by 2015**

Indicator: *HIV prevalence rate (%) among adults (15–49 years)*

## Status at a glance

Will target be reached by 2015?

Probably **Potentially** Unlikely Insufficient data

State of supportive environment

Strong Fair **Weak but improving** Weak

## 1 REVERSING THE SPREAD OF HIV/AIDS: STATUS & TRENDS

Most indicators suggest that the prevalence rate of HIV in Tanzania has steadily increased over the 1990s, rising from an average of 5.5% in 1992 to 9.4% in 1999. The gender-gap in HIV prevalence has also widened: in 1992 the prevalence rate breakdown was 5.3% male and 5.9% female; in 1999 it was 8.7% male and 12.6% female.

Tanzania considers HIV/AIDS to be the single greatest threat to the country's security and socio-economic development, as well as to its citizens' individual survival and well-being. The government has set a national HIV/AIDS target in line with the more specific goal of the International Conference on Population and Development (ICPD+5): 25% reduction in HIV infection rates among 15–24 year olds by 2015. If this target is applied to the whole population, the HIV prevalence rate needs to be reduced to below 8% by 2015. Achieving this target will be as challenging as it is compelling. There is cause for some hope, however, given that two regions in Tanzania have registered a reduction in new infections among young pregnant mothers (15–24 year olds).

### HIV prevalence rate: A measuring and monitoring challenge

Figures on HIV prevalence in Tanzania are gathered in two ways: national-level screening of blood donors and surveillance screening of women at antenatal clinics in 17 sentinel sites. This report has relied on the national blood screening figures because the sentinel sites have been affected by considerable operational challenges, making their data less reliable for trend analysis. It is interesting to note, however, that available data from the antenatal clinics show a mixed picture, with prevalence in 1999 ranging from 7.0% to 29.5%. A comparison between 1992 and 1999 data shows only three sites with a clear increase, 13 sites with a relatively stable prevalence and one site showing a decrease.

## 2 CHALLENGES TO ACHIEVING THE GOAL

Five major challenges stand in the way of halting and reversing the spread of HIV/AIDS in Tanzania:

### ► Gender inequalities and inequities that lead to a higher prevalence rate amongst women.

In Tanzania, as in many other HIV/AIDS-affected countries, women are more likely than men to contract HIV by a ratio of 1.5:1. In the age group of 15–19 year olds, girls are six times more likely to be infected than boys are. These gender imbalances have important consequences for overall HIV/AIDS infection rates in Tanzania. For example, some 70–80,000 babies are estimated to contract HIV annually from their HIV-infected mothers.

### ► Stigma and denial.

The pandemic is characterised by stigma and denial at all levels. This problem exacerbates the next two challenges.

### ► Lack of awareness and social change.

Some 95% of Tanzanians aged 15–49 are generally aware of HIV/AIDS. However, many of those who are infected are not aware that they, themselves, are HIV positive, and they continue to lead sexual life-styles that put others at risk. In order to change this situation, more must be done to:

- encourage wide-spread and accurate testing for HIV/AIDS
- ensure all people acquire understanding of how to avoid contracting and spreading HIV
- ensure all people have access to adequate protection
- ensure all people are effectively empowered, to be able to act to protect themselves and others.

### ► Insufficient help for those most at risk.

Categories of people who are most at risk of exposure to HIV/AIDS lack access to both critical information and means of protection.

### ► Multi-sectoral coordination.

Until recently, the world has thought of HIV/AIDS as mostly a health issue. This limited understanding has blocked the formulation of effective, all-encompassing responses. In Tanzania, as in other worst-affected countries, HIV/AIDS is now recognized as a cross-sectoral challenge that could strongly affect the country's future



development prospects. While the government has recently launched a multi-sectoral response, the challenge of coordinating and effectively managing this response will be considerable (see below).

### 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

In 2000, the President of the United Republic of Tanzania declared the HIV/AIDS pandemic to be a national emergency and created a national commission — TACAIDS — to lead and coordinate a multi-sectoral response. This initiative built on efforts commenced in 1999, when the government launched a national multi-sectoral strategy on HIV/AIDS and created a National Advisory Board. A national advocacy strategy to break the silence — the denial and stigma of HIV/AIDS — is being finalized. These new initiatives, taken at the highest possible political level, are expected to open up new opportunities for addressing the pandemic. In addition, international development partners through the DAC have initiated a coordinated response to assist the government's efforts and leadership. Both the TAS and PRSP recognize HIV/AIDS as a national priority. In the 2000/2001 budget, the government has created a special allocation for HIV/AIDS for the first time.

### 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners could usefully focus their assistance in four key areas:

- **Coherent and flexible support to the government's multi-sectoral effort.** Support for the government's efforts to establish an effective, operational and multi-sectoral approach should be fully forthcoming. Development partners should strive to ensure their support is offered in a coordinated and coherent manner that fits within the government's framework. In addition, flexibility is required to ensure that well-targeted programmes receive adequate assistance.
- **Debt relief and cautious relaxing of budgetary restrictions.** Given the challenges inherent to containing the spread of HIV/AIDS, development partners should endeavour to ensure that the government has sufficient resources to mount an effective, coordinated response.

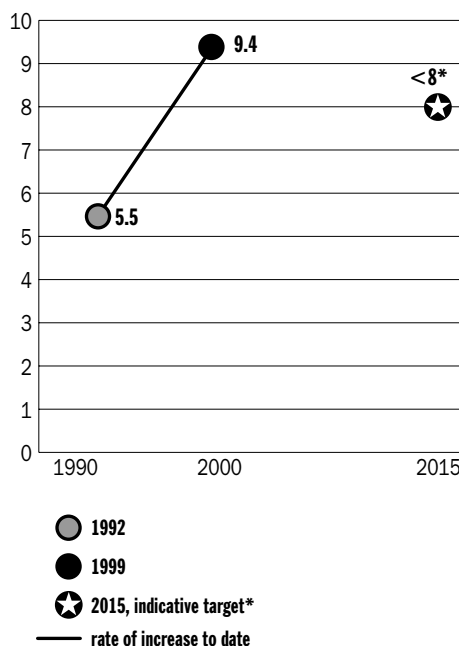
- **15-24 year olds.** Interventions that target this age group are now of absolute and critical priority.
- **Primary health care.** Adequate allocations to primary health care, in both government budgets and external assistance, are essential.

### 5 TRACKING PROGRESS FOR HIV/AIDS: MONITORING AND EVALUATION ENVIRONMENT AT A GLANCE

Elements of monitoring environment	Assessment		
Data-gathering capacities	Strong	Fair	<b>Weak</b>
Quality of recent survey information	Strong	Fair	<b>Weak</b>
Statistical tracking capacities	Strong	Fair	<b>Weak</b>
Statistical analysis capacities	Strong	Fair	<b>Weak</b>
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring & evaluation mechanisms	Strong	Fair	<b>Weak</b>

#### REVERSE SPREAD OF HIV/AIDS

HIV prevalence rate among adults (15-49 years) (%)



Data Source: National Aids Control Programme, HIV/AIDS/STD Surveillance. Blood donors only.  
 \* 2015 target is rough indication only (see text).

# ACCESS TO BASIC HOUSEHOLD AMENITIES

Target: Halve the proportion of people unable to reach or afford safe drinking water by 2015

Indicator: Proportion of population who use safe sources of water supply for drinking

## 1 IMPROVING ACCESS TO SAFE WATER: STATUS & TRENDS

In 1999, 65.7% of Tanzanian households were using safe water supplies. This national figure conceals urban-rural disparities: 92.1% of urban households were using safe water, compared to 56.3% of rural households. In Tanzania, the definition of safe water has recently been standardized as water coming from a *pipe, public tap, borehole/pump, protected well, or protected spring*. The 1999 national survey was the first to use this standardized definition, which will assist in determining trend analysis more accurately in the future.

## 2 CHALLENGES TO IMPROVING ACCESS

The greatest need is in rural areas, as noted above. There are three key challenges:

- **Sector reform.** With the reform process underway (see below), the Ministry of Water will need to re-define its role — as the coordinator and facilitator, rather than the provider, of water infrastructure. At the same time, local government must develop the capacity to coordinate access to safe water. At all levels, the Ministry and local government will need to pursue a wide range of partnerships with both NGOs and the private sector.
- **Poverty.** The burdens of cost-sharing may prove difficult, especially for the poorest communities and users.
- **Community capacity.** Extensive training and support will be needed to ensure communities are capable of planning, managing and maintaining village water infrastructure.

## 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

The Tanzanian Assistance Strategy (TAS), the National Poverty Eradication Strategy (NPES) and the PRSP all identify safe and adequate water provision, especially in rural areas, as a key development concern. The government has adopted different strategies for facilitating safe water provision in urban and rural areas. In urban areas, the strategy focuses on private sector participation; in rural areas the focus is on cost-sharing and community participation. The success of the rural strategy will depend on the capacity of communities to plan and manage the village water infrastructure. Communities must also be capable of making decisions about water usage, in order to strike a workable balance between domestic and agricultural needs. The government reform

programme has tasked local government with responsibility for managing and coordinating access to safe water. As such, improvements in rural access will strongly depend on the capacities of local government to carry out this new mandate.

## 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

Given the marked urban-rural disparities, development assistance should focus on improving access to safe water in rural areas, with special attention to:

- **National capacity-building.** Efforts to improve national capacity, at both the central and local levels, will facilitate implementation of the government's sector reform programme.
- **Community capacity-building.** Efforts that enhance the capacity of communities to plan for, manage and maintain water infrastructure will improve the levels of safe water access in rural areas.

## 5 TRACKING PROGRESS IN IMPROVED WATER ACCESS: MONITORING AND EVALUATION ENVIRONMENT

Elements of monitoring environment	Assessment		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	<b>Strong</b>	Fair	Weak
Statistical tracking capacities	Strong	Fair	<b>Weak</b>
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring & evaluation mechanisms	Strong	Fair	<b>Weak</b>

### Status at a glance

Will target be reached by 2015?

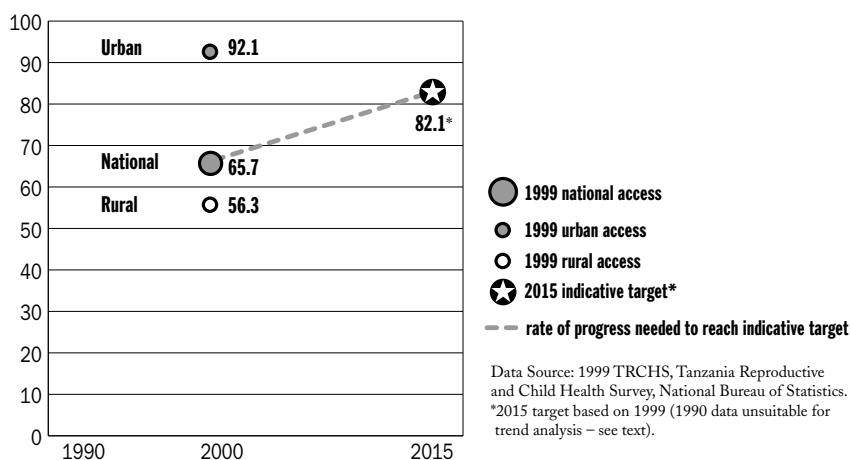
Probably Potentially Unlikely **Insufficient data**

State of supportive environment

Strong **Fair** Weak but improving Weak

### IMPROVE ACCESS TO SAFE DRINKING WATER

Proportion of population (%) who use a safe source of drinking water



# FOOD SECURITY

**Target:** Halve the proportion of people who suffer from hunger by 2015

**Indicator:** Proportion of underweight children (under five years old)

## 1 REDUCING THE PROPORTION OF UNDERWEIGHT CHILDREN: STATUS & TRENDS

Given the current rate of progress, Tanzania's mainland will not reach the goal for halving the proportion of under-five children who are underweight. Over the last decade, the proportion of moderately and severely underweight children has risen slightly, from 28.8% in 1991/92 to 29.4% in 1999. The figures for Zanzibar show progress towards reducing the proportion of underweight children, from 39.9% in 1991/92 to 25.8% in 1999. If this rate continues, Zanzibar may reach the international target.

## 2 CHALLENGES TO REDUCING THE PROPORTION OF UNDERWEIGHT CHILDREN

In Tanzania, malnutrition levels amongst children are negatively affected by three key factors:

► **Inappropriate feeding practices and gender issues.** Malnutrition levels in children are affected by how often and what they are fed. Although this is partly determined by a family's purchasing power, a more important constraint is the gendered division of labour and the workload that women must carry. The timetable this workload imposes on women sets limits to their ability to follow ideal feeding practices. Intra-household allocation of resources and control over those resources are also important. Thus, child malnutrition occurs not only in very poor households, but also within those where resources are not allocated equitably to all household members. In some such households, insufficient money is allocated to food for children.

► **Disease, including:**

- malaria
- respiratory infections
- diarrhoea

► **Poverty, including the low purchasing power of families.**

## 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

The Tanzanian Assistance Strategy (TAS), the National Poverty Eradication Strategy (NPES) and the PRSP all highlight the importance of addressing child malnutrition in Tanzania. To date, three main efforts have been undertaken to

combat this challenge. First, the government has been encouraging women to breast-feed their children exclusively for four to six months, and then to supplement the diet with other foods while continuing to breast-feed. To date, however, this strategy has failed to have a significant impact. Second, several village committees have been trained to better address health and nutrition problems. In particular, communities are involved in monitoring and promoting the growth of their children by regularly checking children's weight and height against reference tables and, with the help of a health promoter, undertaking corrective action as necessary. Community involvement is seen to be a critical strategy for raising awareness of child malnutrition, while promoting action to reduce the incidence. Third, primary healthcare staff have received training that stresses the importance of breast-feeding.

## 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners could facilitate Tanzania's improved progress towards reducing the levels of child malnutrition by supporting programmes that:

- **Improve understanding** of the issues involved in child malnutrition, including the gender dimensions of the problem.
- **Enhance the capacities of communities** to monitor and promote the adequate growth of their children, while improving child feeding practices.
- **Reduce the disease burden.**
- **Encourage equitable economic growth** to reduce poverty.

## 5 TRACKING THE GOAL FOR UNDERWEIGHT CHILDREN: MONITORING AND EVALUATION ENVIRONMENT

Elements of monitoring environment	Assessment		
Data-gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

### Status at a glance

Will target be reached by 2015?

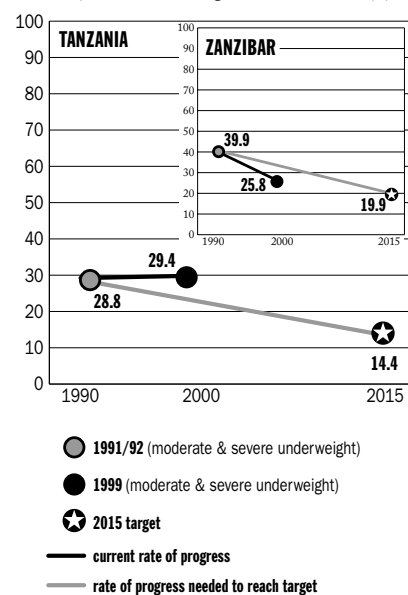
Probably Potentially Unlikely Insufficient data

State of supportive environment

Strong Fair Weak but improving Weak

### REDUCE HUNGER

Proportion of underweight under-five children (%)



Data Source: 1991/92 indicators from Demographic and Health Survey, National Bureau of Statistics. 1999 indicators from Tanzania Reproductive and Child Health Survey, National Bureau of Statistics

# EDUCATION

Target: **Achieve universal access to primary education by 2015**

Indicator: *Net primary enrolment rate %*

## Status at a glance

Will target be reached by 2015?

Probably Potentially **Unlikely** Insufficient data

State of supportive environment

Strong Fair **Weak but improving** Weak

## 1 ACHIEVING UNIVERSAL ACCESS TO PRIMARY EDUCATION: STATUS & TRENDS

Given the current rate of progress, Tanzania's mainland will not achieve full primary enrolment by 2015. In 1999, the net primary enrolment rate stood at 57.1%, a slight improvement from the 1990 value of 54.2%. Gross enrolment levels reveal a similar, slight upward trend: from 73.5% in 1990 to 77.1% in 1999. To reach universal access, the annual rate of increase will need to improve substantially. Geographic disparities in enrolment levels are apparent: almost half of Tanzania's districts record net enrolment rates of below 50%. By contrast, the figures for Zanzibar show a net enrolment rate increase from 50.9% in 1990 to 67% in 1997.

Enrolment rates, alone, do not reflect educational attainment. In Tanzania, repetition is high, retention is poor, the pass rate for the primary learning exam stands at less than 20% and transition to secondary education is very low. Performance indicators for girls are worse than for boys at the primary level, even though the gender target (parity in enrolment levels of boys and girls) is well on track (see Gender).

## 2 CHALLENGES TO ACHIEVING UNIVERSAL PRIMARY EDUCATION

In Tanzania, enrolment levels are negatively affected by six key factors:

- **Public expenditure constraints.**
- **Slowness of educational reform.** While reform efforts are under way, successful implementation has been limited due to low institutional capacity and problems with effective donor coordination. Recent developments, however, show an encouraging acceleration of reform efforts.
- **Lack of capacity for management and planning.** Despite the reform efforts, the educational system continues to be hampered by a lack of capacity for effective management and planning. This also includes imbalances with respect to the allocation of teachers, who are strongly concentrated in urban areas at the expense of rural areas.
- **Poor quality, and poor relevance of curriculum.** The poor quality of available education negatively affects enrolment rates while compromising the knowledge acquisition

of those in school. Features that compromise quality include:

- many school buildings in poor condition, with inadequate furnishings
- serious shortage of classrooms, and resulting overcrowding of classes
- inadequate learning and teaching materials
- low transition rates to secondary school (14%), which severely limits the pool of possible primary teachers
- under-qualified and poorly motivated teachers
- poor relevance of the curriculum, which does not equip students with appropriate life skills.

► **Poverty.** Poverty prevents parents from electing to send their children to school, or to keep them in school through to completion. Key aspects of this problem are:

- lack of income and assets
- direct and indirect costs of sending children to school (source of family labour and income)
- perceived inappropriateness of education to the real life requirements that face school leavers and their families.

► **Lack of community and parental involvement in the education process and low participation in decision-making.** Interestingly, Zanzibar's progress with respect to improved enrolment levels may be attributable, in part, to enhanced community involvement in the education process. Strategies to improve the level of community involvement are being pursued on the mainland. Among other things, increased involvement would help to reassure parents about the accountability of local authorities with regard to management of school fees.

## 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

The Tanzanian Assistance Strategy (TAS), the National Poverty Eradication Strategy (NPES) and the PRSP all identify education as a national priority. Under the Multilateral Debt Fund, public spending on education increased significantly in 2000. This trend will continue under the PRSP, although careful monitoring will be required to determine whether increased spending is having a positive impact. The Education Sector Development Programme is pursuing comprehensive structural reforms across the sector. The Basic Education Master Plan articulates a clear policy

framework, with a set of strategic priorities and targets, including raising the standards and quality of primary education. Basic statistics are available, and an ambitious programme of school mapping is providing the kind of microdata that will be needed for effectively planning and resource allocation at the local level. The sector also has developed innovative ideas to further the relevance of, and access to, education. As noted above, however, this ambitious reform effort is constrained by weak capacity at the central, regional and local levels. The recent acceleration of reforms is very encouraging.

#### 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners could facilitate Tanzania's improved progress towards achieving universal primary education by supporting:

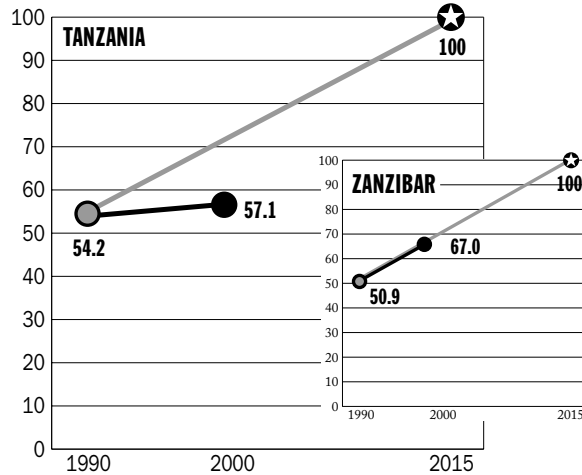
- **Capacity-building** at all levels to facilitate implementation of structural reforms already underway.
- **Programmes to improve the quality of, and access to, primary education.**
- **Cautious relaxation of public expenditure restrictions** (with monitoring to ensure increased spending yields an impact).
- **Further debt relief.**
- **Increased allocations of external assistance to basic education.**

#### 5 TRACKING IMPROVEMENTS IN PRIMARY EDUCATION: MONITORING AND EVALUATION ENVIRONMENT

Elements of monitoring environment	Assessment		
Data-gathering capacities	<b>Strong</b>	Fair	Weak
Quality of recent survey information	Strong	<b>Fair</b>	Weak
Statistical tracking capacities	<b>Strong</b>	Fair	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring & evaluation mechanisms	Strong	<b>Fair</b>	Weak

#### ACHIEVE UNIVERSAL PRIMARY EDUCATION

Net enrolment rate in primary education (%)



- 1990 Tanzania; 1990 Zanzibar
- 1999 Tanzania; 1997 Zanzibar
- ★ 2015 target
- current rate of progress
- rate of progress needed to reach target

Data Source: 1988-92 and 1995-99 Basic Education Statistics, Tanzania, Ministry of Education.

# GENDER EQUALITY

Target: **Eliminate gender disparities in primary and secondary education**

Indicators: *Ratio of girls to boys in primary education*  
*Ratio of girls to boys in secondary education*

## 1 ACHIEVING GENDER EQUITY IN EDUCATION: STATUS & TRENDS

If current trends persist, the goal to achieve gender parity in education is likely to be met at the primary level, and could be met at the secondary level by 2005. The gender gap in primary education is virtually closed: the ratio of girls to boys stood at 99.6% in 1999. With respect to secondary school, the gender gap is larger but improving, up from 80% in 1995 to 85.5%. This high statistic, however, is misleading, given that very few Tanzanian children, boys or girls, enter secondary school. Tanzania's gross enrolment levels for secondary school are among the lowest in the world. Moreover, gender parity becomes a problem at the higher secondary grades: in 1999 girls formed only 36% of the total students in the highest secondary grade. On average, girls' performance is lower than that of boys: girls score some 10% lower on the primary learning exam, and this performance disparity increases at the secondary level.

## 2 CHALLENGES

Gender parity in enrolment levels is not a large problem in Tanzania. However, this does not mean that most girls are in school and performing well. Rather, the key challenges are:

- **Enrolment levels.** Enrolment levels of both boys and girls at the primary and especially the secondary level need to be improved (see Education section for the list of challenges related specifically to enrolment levels and quality of education).
- **Performance levels.** Boys outperform girls on school exams at the primary level, and this gap only increases at the secondary and tertiary levels. Girls' poorer performance is linked to socio-cultural processes, in particular the gendered divisions of domestic work.
- **Drop-out levels.** Girls drop out of school at a higher rate than boys, especially at the secondary level. Pregnancy is one factor influencing higher drop-out rates, as are the real and perceived opportunity costs (see next).
- **Opportunity costs.** According to a participatory poverty survey, a fair number of women and their families considered education to be a poor investment, given that girls get married and leave home, become pregnant or are unable to contribute to the household income while at school.

## 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

Various education sector documents address the issue of gender equity in education. The Secondary Education Master Plan (SEMP) has prioritized a programme for increased equity in access to education, which encompasses both gender parity and the poor. An important initiative aims to target assistance via a girls' bursary programme for secondary schools. For additional commentary on policies and programmes, see Education.

## 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners should support the government's efforts to:

- **Improve quality of, and access to, education,** with special sensitivity to the challenges that compromise girls' educational achievements.
- **Enhance capacity at all levels** of the educational system, to reinforce and facilitate the sector reform efforts.

## 5 TRACKING PROGRESS IN GENDER EQUITY: MONITORING AND EVALUATION ENVIRONMENT

Elements of monitoring environment	Assessment		
Data-gathering capacities	<b>Strong</b>	Fair	Weak
Quality of recent survey information	Strong	<b>Fair</b>	Weak
Statistical tracking capacities	<b>Strong</b>	Fair	Weak
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring & evaluation mechanisms	Strong	<b>Fair</b>	Weak

### Status at a glance

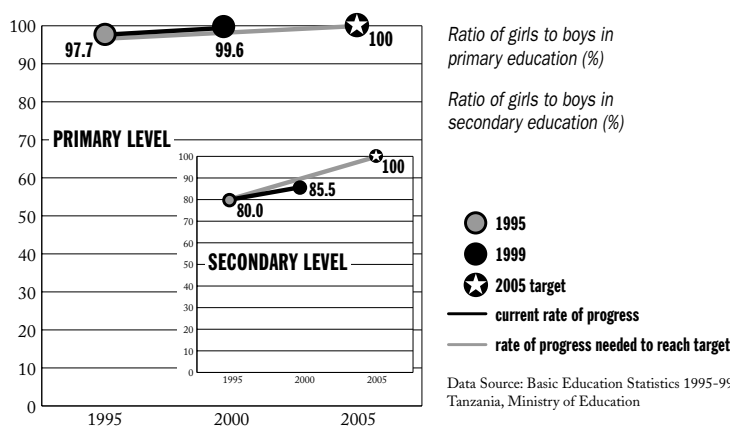
Will target be reached by 2015?

Probably Potentially Unlikely Insufficient data

State of supportive environment

Strong Fair Weak but improving Weak

### ELIMINATE GENDER DISPARITIES (EDUCATION)



# UNDER-FIVE MORTALITY

Target: Reduce under-five mortality rate by two-thirds by 2015

Indicator: Under-five mortality rate per 1000 live births

## 1 ACHIEVING THE GOAL: STATUS & TRENDS

Tanzania is not on track to meet the 2015 target of reducing the under-five mortality rate by two-thirds. Available statistics suggest that Tanzania's under-five mortality rate has actually increased over the 1990s, from 145 deaths per 1000 live births in 1991 to 161 deaths in 1994. The overall deterioration of the situation in the 1990s contrasts with improvements of earlier decades, when the mortality rate was decreasing. The impact of the HIV/AIDS pandemic is at least partly responsible for this reversal of progress.

## 2 CHALLENGES

There are at least seven sets of challenges that compromise Tanzania's ability to significantly reduce under-five mortality levels:

- **HIV/AIDS and other diseases.** Improvements in under-five mortality rates are unlikely until the spread of HIV/AIDS is contained and curbed. Similarly, while malaria and other infectious diseases pose a risk to all age groups in Tanzania, small children are more at risk due to their physical and social vulnerability.
- **Poverty.** Widespread income poverty affects all aspects of children's health and survival by limiting access to food, basic amenities and health services. Infant mortality rates appear to be much higher for the poor, especially in rural areas.
- **Deteriorating access to quality health services.** While Tanzania has a good network of health facilities, these facilities are often poorly maintained, poorly equipped and poorly staffed. At least some of these problems are related to the lack of capacity for planning and management within the health care system.
- **Government budget restrictions and the burden of debt.** Inadequate budgetary allocations to primary health care severely restrict access to, and quality of, available health services.
- **Insufficient community involvement.** The effectiveness of health care is compromised by the limited participation of communities in designing appropriate health care systems and interventions.
- **Health of mothers.** Poor health of mothers can lead to low birth weight, which is an important cause of under-five mortality.
- **Insufficient knowledge and awareness of health issues.** The general population is insufficiently informed about health issues. As in other countries, children of mothers with higher levels of education are less likely to die young, although this correlation is probably also

related to other implied factors, like household income and expenditure levels.

## 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

Both the PRSP and the National Poverty Eradication Strategy highlight the issue of under-five mortality. Within the PRSP, the government has signalled its intention to pursue policies and programme to reduce under-five mortality to 127 per 100,000 births by 2003. This fits within overall goals to improve the country's health indicators by way of: improving the quality and availability of health services; promoting the coordination of private sector and civil society activities within the sector; promoting public health awareness through peer education in schools, with a special focus on HIV/AIDS; promoting nutritional knowledge, especially of mothers; and catalyzing community-level participation in self-help schemes related to health centres.

## 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners could usefully focus and coordinate assistance in four key areas:

- **Support for government strategies to reduce poverty and halt the spread of HIV/AIDS.**
- **Support for strengthening national capacities for planning and management across all levels of the health care system.**
- **Debt relief and cautious relaxing of budgetary restrictions.** Given the challenges inherent to containing the spread of HIV/AIDS and reducing under-five mortality, development partners should endeavour to ensure that the government has sufficient resources to mount an effective, coordinated response.
- **Primary health care.** Adequate allocations to primary health care, in both government budgets and external assistance, are essential.

## 5 TRACKING UNDER-FIVE MORTALITY LEVELS: MONITORING AND EVALUATION ENVIRONMENT

Elements of monitoring environment	Assessment		
Data-gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	Weak
Monitoring & evaluation mechanisms	Strong	Fair	Weak

### Status at a glance

Will target be reached by 2015?

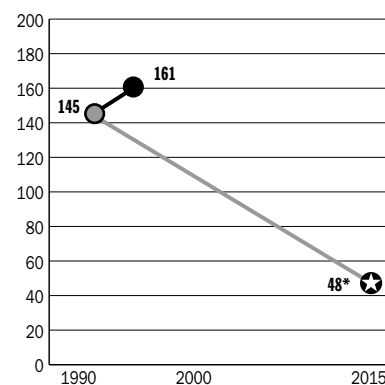
Probably Potentially Unlikely Insufficient data

State of supportive environment

Strong Fair Weak but improving Weak

### REDUCE UNDER-FIVE MORTALITY

Under-five mortality rate per 1000 live births



● 1991 summary statistic

● 1994 summary statistic

★ 2015 target\*

— current rate of progress

— rate of progress required to reach goal

Data notes: 1991 summary statistic represents 1986-1996 data. 1994 summary statistic represents 1989-1999 data (1999 Tanzania Reproductive and Child Health Survey).

\* 2015 target based on 1991; 2015 data will be available in 2020.

# REPRODUCTIVE HEALTH

Target: Reduce maternal mortality rate by three-quarters by 2015 (halve by 2000, halve by 2015)

Indicator: *Universal access to reproductive health services by 2015*

## Status at a glance

Will target be reached by 2015?

Probably Potentially Unlikely Insufficient data

State of supportive environment

Strong Fair Weak but improving Weak

## 1 ACHIEVING THE GOALS: STATUS AND TRENDS

Achieving the goal for maternal mortality by 2015 is unlikely, although a significant reduction in maternal mortality is possible if Tanzania continues to progress towards a more responsive and accountable health system. The only nationally representative figure for maternal mortality — 529 deaths per 100,000 live births — applies to the period 1987–1996 (1996 DHS). In the absence of regular reliable data, a proxy indicator — the proportion of births attended by a skilled doctor, nurse or midwife — helps to track progress in reducing maternal mortality. The accepted international target for 2015 is to have skilled attendants at 90% of births. In Tanzania, this indicator has declined over the last decade, falling from 44% in 1991–1992 to 36% in 1999.

By contrast, access to reproductive health services is improving. An important indicator — the contraceptive prevalence rate — has risen from 6% of women aged 15–49 using a modern method in 1991–92 to 16% of women in 1999. The levels of unmet need for family planning mirror this positive trend, falling from 30% in 1991 to 19% in 1996. Condoms are available at 92% of government facilities, and 1996 statistics show that the most popular method of family planning was available 93% of the time at designated facilities. However, only 16% of health facilities currently offer a core package of reproductive health services (family-planning, maternity, immunization, HIV/STD services and counselling).

## 2 CHALLENGES

In Tanzania, the major causes of maternal deaths are unsafe abortion, anaemia, eclampsia, haemorrhage, obstructed labour and puerperal infection. Progress towards reducing the maternal mortality rate and increasing access to reproductive health services is compromised by a number of challenges:

- **Inadequate public resources to spend on reproductive health care, combined with insufficient coordination and investment.**
- **Lack of planning and management capacity in the health sector.**
- **Inadequate health and reproductive care facilities and services, including:**
  - inadequate emergency referral system

- shortage of service providers with life-saving skills
- lack of basic equipment and supplies in health centres.

► **Inadequate involvement of non-governmental actors and the private sector in health service delivery.**

► **Harmful traditional practices.**

► **Gender inequities.** In the longer term, reduction in the maternal mortality rate will require progress to improve education for young women and to reduce the gender inequity that prevents women from making reproductive health choices.

► **Barriers to services for adolescents.**

Significant numbers of reproductive health service providers refuse services to adolescents or impose unnecessary restrictions. Most family-planning services tend to be attached to maternal and child health clinics, which are the domain of older, married women with children.

► **The indirect effects of diseases.** HIV/AIDS, malaria, viral hepatitis, pulmonary tuberculosis and tetanus also contribute to increased levels of maternal mortality.

## 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

Policies to reform the health sector, local government and the civil service should contribute to improvements in the public health system. In the longer term, the education sector must make radical improvements to sustain a decline in maternal mortality. Progress to achieve universal access to reproductive health services will depend in part on the ability of services to respond more effectively to the needs of young men and women. To that end the government is currently developing an adolescent reproductive health strategy.

Within the PRSP framework, health sector allocations are supposed to rise. However, the cost requirements of PRSP priority actions will most likely still exceed the additional resources now becoming available under the HIPC initiative. Improving the co-ordination and integration of current inputs is as critical as mobilizing additional resources for the sector. Reproductive health remains heavily donor dependant and many projects and programmes have created islands



of excellence. The challenge is to replicate the approaches that work through a coordinated reproductive health programme, which attracts resources from government, development partners and civil society.

#### 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners should contribute to this target by:

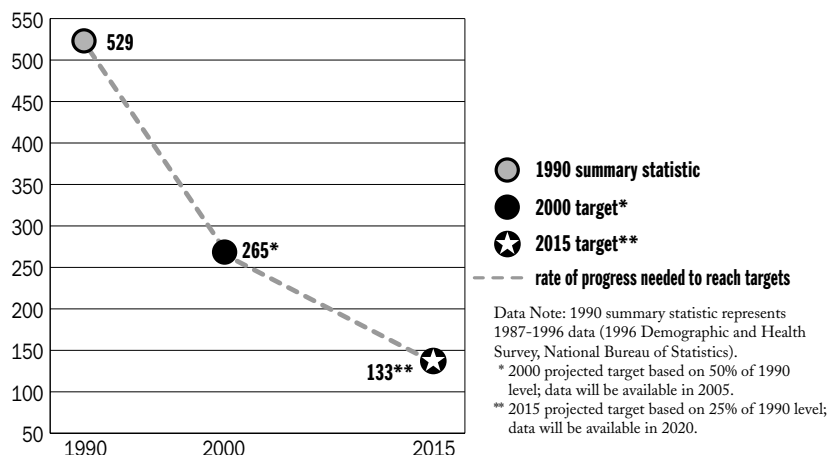
- **Investing in access to quality reproductive health services.**
- **Increasing resources available to the government.** This could best be done by relaxing budget restrictions and granting further debt relief.
- **Assisting the government to co-ordinate reproductive health inputs.** Coordination and integration of reproductive health inputs will markedly enhance the quality of, and access to, reproductive health services. Coordination of inputs should be feasible, despite institutional challenges to harmonization of financing mechanisms among all development partners.

#### 5 TRACKING MATERNAL MORTALITY AND REPRODUCTIVE HEALTH: MONITORING AND EVALUATION ENVIRONMENT

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	<b>Strong</b>	Fair	Weak
Statistical tracking capacities	Strong	Fair	<b>Weak</b>
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	Fair	<b>Weak</b>
Monitoring & evaluation mechanisms	Strong	Fair	<b>Weak</b>

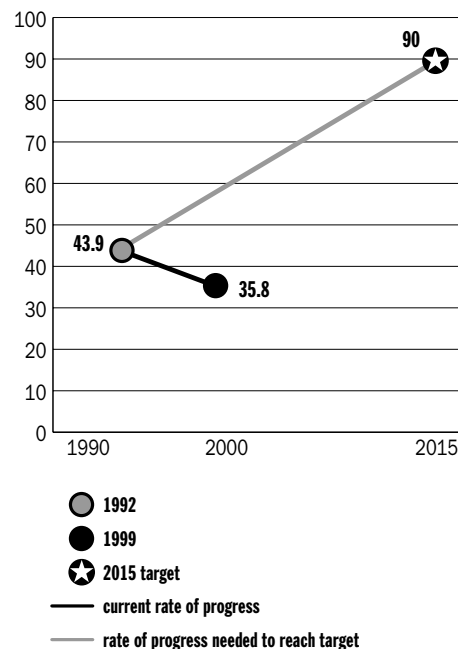
### REDUCE MATERNAL MORTALITY

Number of maternal deaths per 100,000 live births



### REDUCE MATERNAL MORTALITY - PROXY INDICATOR

Proportion of births attended by skilled personnel (%)



Data Source: 1992 Demographic and Health Survey; 1999 Tanzania Reproductive and Child Health Survey

# ENVIRONMENT

Target: **Implement national strategies for sustainable development by 2005, to reverse loss of environmental resources by 2015**

Indicator: *Development and implementation of a national strategy for sustainable development*

## Status at a glance

Will target be reached by 2015?

Probably **Potentially** Unlikely Insufficient data

State of supportive environment

Strong **Fair** Weak but improving Weak

## 1 REVERSING LOSS OF ENVIRONMENTAL RESOURCE: STATUS AND TRENDS

Since 1990, Tanzania has made marked progress in developing a strategy for sustainable development. A National Environmental Action Plan was produced in 1994. A National Environmental Policy was adopted in 1997. In 2000, work on a National Strategy for Sustainable Development was initiated and is now nearing completion. Implementation of the action plan and the principles laid down in the policy is ongoing. However, despite this strong policy framework, it will be challenging for Tanzania to reverse the loss of its environmental resources, unless significant progress is made in the reduction of poverty levels.

## 2 CHALLENGES TO IMPLEMENTATION OF THE SUSTAINABLE DEVELOPMENT STRATEGY

Tanzania has a rich natural endowment, with some 23% of its territory established as protected areas to conserve its biodiversity. However, these natural resources have come under increasing pressure, and effective implementation of the sustainable development strategy could be compromised by a number of factors, including:

- ▶ **Insufficient institutional framework for coordination.** The many institutions and mandates involved in implementing the strategy necessitates clear coordination and collaboration structures. Efforts to streamline the institutional framework have not yet yielded results.
- ▶ **Limited governmental capacity for environmental management.**
- ▶ **Insufficient involvement of local authorities and communities in environmental management and conservation.** While community-based conservation is encouraged, very few activities are currently managed by rural communities (but see box).
- ▶ **Poverty.** Widespread poverty in rural areas compels people to over-exploit their surrounding natural resources in order to survive. Activities such as deforestation and extensive agricultural practices are reducing the vegetal capital stock, the water retention capacity of land and increasing erosion. Protected areas have recently been encroached upon for farming

## Increasing public awareness of environmental issues

There are clear signs that the government's recent efforts to increase public awareness about the importance of environmental management and conservation are bearing fruit. For example, there are now some 159 CBOs and NGOs that are devoted to environmental issues. These organizations are often important partners for implementing various programmes related to environmental conservation, management and sanitation in both urban and rural areas. These community-based efforts have been complimented by public education programmes on the environment, which are broadcast on radio and television and reported in the print media. Together these efforts are helping to raise the public's interest in, and commitment to, environmental conservation and management in Tanzania.

Source: 1999 Economic Survey, Planning Commission. Dar es-Salaam.

and settlement. Overgrazing, ground fires and felling of trees for various uses (some 91% of the population relies on traditional fuels for energy use) are reducing the regeneration of plants and animals. Some 60% of the land total is classified as dry lands, threatened by desertification. The result is a negative spiral: while poverty contributes to environmental degradation, so environmental degradation contributes to the intensification and perpetuation of poverty.

## 3 SUPPORTIVE ENVIRONMENT (POLICIES AND PROGRAMMES)

As noted above, the political commitment to sustainable development is considerable, as is civil society support. There is also increasing awareness at the grassroots level of the ways in which natural resources can be exploited in a sustainable manner. This widespread support and awareness represents part of a strong supportive environment for Tanzania's efforts to protect and preserve its environmental assets. To fully realize these efforts, however, will require increased capacity at all levels for effective environmental planning and management, as well as enhanced capacity to

mainstream environmental issues within poverty reduction strategies. This calls for a much better understanding of the link between environmental issues and poverty (see Poverty).

#### 4 PRIORITIES FOR DEVELOPMENT ASSISTANCE

Development partners could usefully support:

► **National Sustainable Development Strategy.**

The strategy requires further elaboration and coherent support for implementation. Particular attention should be devoted to facilitating the development of an effective coordinating framework.

► **Capacity-building for environmental analysis.** Sustained effort is required to build these essential capacities at the central and local government levels, as well as within communities.

#### 5 TRACKING THE GOAL FOR ENVIRONMENTAL RESOURCES: MONITORING AND EVALUATION ENVIRONMENT

<b>Elements of monitoring environment</b>	<b>Assessment</b>		
Data-gathering capacities	Strong	<b>Fair</b>	Weak
Quality of recent survey information	Strong	Fair	<b>Weak</b>
Statistical tracking capacities	Strong	Fair	<b>Weak</b>
Statistical analysis capacities	Strong	<b>Fair</b>	Weak
Capacity to incorporate statistical analysis into policy, planning & resource allocation mechanisms	Strong	<b>Fair</b>	Weak
Monitoring & evaluation mechanisms	Strong	Fair	<b>Weak</b>

## ASSESSMENT AT A GLANCE:

Monitoring and evaluation capacity for tracking development goals

GOAL	EXISTING CAPACITY FOR:															QUALITY OF SURVEY INFO.		
	Data-gathering			Statistical tracking			Statistical analysis			Statistics into Policy			Monitoring & Evaluation					
Extreme Poverty	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
HIV/AIDS	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Hunger	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Safe Water	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Primary Education	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Gender Equity	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Under-5 Mortality	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Reproductive Health	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Environment	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak

Note: The new Poverty Monitoring System, in conjunction with the Poverty Monitoring Master Plan, should address many of the data weaknesses noted in the above table.

### The UN's role in support of the Government of Tanzania

The United Nations Development Assistance Framework (UNDAF)\* is a country-level strategic framework for coordinating UN system responses to national development priorities. In Tanzania, the UNDAF is firmly based on two home-grown national development strategies: the Tanzania Assistance Strategy (TAS), and the Poverty Reduction Strategy Paper (PRSP).\*\*

The UNDAF for Tanzania — grounded in the analytic work underpinning the TAS, PRSP and Zanzibar CCA, the UN system's own assessment of Tanzania's key development challenges, and its understanding of its own comparative advantages — sets four strategic objectives for coordinated UN support to the government over the next 5 years:

- Enhancing national capacity for development management to eradicate poverty, including capacity for policy analysis, monitoring and evaluation, and co-ordination.
- Contributing to the improvement of the quality of, and universal and equitable access to, services to meet basic needs of the poor.

- Strengthening/promoting an enabling environment for people-centred and community-driven development.
- Strengthening/promoting an enabling environment for sustainable and equitable economic growth.

In pursuit of these four objectives, the UN system will provide high quality, technical policy advice based on global experience, as well as strong support for operational trials to promote good practices. Within the UN System, inter-agency working groups will facilitate enhanced coordination, more effective communication, and experiments in joint programming. Monitoring of achievements under the UNDAF will be co-ordinated by the UN Resident Coordinators Office.

\* In his reform programme, the UN Secretary-General established a number of mechanisms for improving the coherence and impact of UN assistance at country level. Among these were the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF).

\*\* The UN system provided technical and financial support for the development of both the TAS and PRSP.