UNITED REPUBLIC OF TANZANIA

MILLENNIUM DEVELOPMENT GOALS

PROGRESS REPORT

2006

TANZANIA

MINISTRY OF PLANNING, ECONOMY AND EMPOWERMENT
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LIST OF ABBREVIATIONS

AGOA	Africa Growth Opportunities Act
ARV	Anti Retroviral Drugs
BEST	Business Environment Strengthening for Tanzania
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DED	District Executive Director
DHS	Demographic and Health Survey
DPs	Development Partners
EmOC	Emergency Obstetric Care
EPA	Economic Partnership Agreement
FDIs	Foreign Direct Investments
GDP	Gross Domestic Product
HBS	Household Budget Survey
HIPC	Highly Indented Poor Countries
HIV / AIDS	Human Immunodeficiency Virus
ICT	Information Communication Technology
ILFS	Integrated Labour Force Survey
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MKUKUTA	Mpango wa Kuondoa Umaskini na Kukuza Uchumi Tanzania (NSGRP)
MKUZA	Mpango wa Kukuza Uchumi Zanzibar (ZSGRP)
NPES	National Poverty Eradication Strategy
NSA	Non-state Actors
NSGRP	National Strategy for Growth and Reduction of Poverty
ODA	Official Development Assistance
PBFP	Property and Business Formalisation Programme
PCMCT	Prevention of Mother to Child Transmission.
PER	Public Expenditure Review
RCH	Reproductive and Child Health
SADC	South Africa Development Cooperation
SBAS	Strategic Budget Allocation System
SOSPA	Sexual Offences Special Provision
TB	Tuberculosis
TBA	Traditional Birth Attendants
Tshs.	Tanzania Shillings
VAS	Vitamin A Supplementation
ZPRP	Zanzibar Poverty Reduction Plan
ZSGRP	Zanzibar Strategy for Growth and Reduction of Poverty

ACKNOWLEDGEMENT

Tanzania has recorded a mixed progress towards reaching the Millennium Development Goals (MDGs). Achieving MDGs involves a wide range of actors, including Government at various levels, Civil Society Organisations, Private Sector, Academic Institutions, Development Partners and Communities. The Government recognizes the contributions of these key partners in development for their efforts towards ensuring that the goals are reached. Efforts, however, need to be stepped up in order to achieve the MDGs. To this end the Government will continue to count on the contribution and support of all stakeholders.

The preparation of this progress report relied heavily on the nationally led and Government-coordinated monitoring system, which facilitated the process of consultations within Government as well as with the key stakeholders mentioned in the preceding paragraph. The Tanzania *Poverty and Human Development Report 2005* provided a particularly rich source of information. The Government acknowledges the support of the various stakeholders. Special mention should be made of the United Nations agencies and UNDP in particular for providing space for dialogue, with the international community, on various aspects of the Millennium Development Goals. The process of consultations also benefited from the technical guidance provided by other UN agencies as well as support from UN Millennium Project. Equally appreciated is support from bilateral development partners.

Last but not least, is the overwhelming support the Government has enjoyed from local partnerships in MDG implementation, monitoring and reporting. Regular reporting on status of MDGs has been instrumental in fostering participation and ownership of development initiatives.

FOREWORD

In 2000, all UN member states agreed to monitor and report on the progress made towards achieving the Millennium Development Goals (MDGs) by 2015. Consequently, Tanzania produced her first MDG Report in February 2001.

Preparation of the first MDG report faced significant problems related to unavailability or unreliability of data. However, in 2001, the Government of Tanzania established its national Poverty Monitoring System. Since then, the Government together with other stakeholders have strengthened the process of monitoring national indicators on MDGs. This has included assuring more systematic resources and support to statistics, under the oversight of the National Bureau of Statistics as well as strengthened research and analytical work.

In recognition of the importance of monitoring and reporting on status and trends of achieving the MDGs, this report is intended to inform both local and international stakeholders on progress made towards achieving MDGs. In addition, the report will be used to promote dialogue on critical interventions for achieving MDGs and be used for advocacy and resource mobilisation both at local and international levels.

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PERMANENT SECRETARY
MINISTRY OF PLANNING, ECONOMY AND EMPOWERMENT
DAR ES SALAAM

INTRODUCTION

This is the second progress report on the Millennium Development Goals (MDGs) for Tanzania. The country has made significant achievements with regard to primary education, promoting gender equity, empowerment of women and improving environmental sustainability through access to water and sanitation. There has also been a significant reduction in child mortality.

While such progress signals that poor countries like Tanzania can achieve the MDGs with political commitment, good policies and increased resources still, several challenges remain. In particular, attention needs to be focused on health related MDGs including improving maternal health, and combating HIV and AIDS, Malaria and other major diseases. Youth unemployment is also high and there is a skewed distribution with regard to access to technology including ICT.

In terms of the goal of halving extreme poverty and hunger by 2015, by 2001(year of latest HBS for the Mainland) the per cent of population below the basic needs poverty line had fallen from 39 per cent in 1991/92 to 36 per cent. Likewise the per cent of food poor had fallen from 22 per cent to 19 per cent. However, the number of people had increased due to population growth. In addition, there were large variations with sharp declines in poverty in urban areas, especially Dar es Salaam, but only marginal declines in rural areas. Ongoing surveys in 2006/7 will provide a more comprehensive picture of the poverty status. Preliminary findings of the Household Budget Survey in Zanzibar (2004/05) show some decline in poverty incidence.

Tanzania has the potential to achieve its poverty reduction goal based on impressive GDP growth rates coupled with ongoing economic, governance and institutional reforms and the transformation of the rural economy. With an average GDP growth of 5.8 per cent since 2000, Tanzania is well on the way to achieving the 8 – 10 per cent growth per annum that would be required to achieve the MDGs given its annual population growth rate of 2.9 per cent.

This progress report begins with a review of the development context followed by a summary of progress and the monitoring and evaluation environment. Each goal is then discussed briefly with emphasis on the status and trends, the supportive environment and identification of challenges and priorities.

DEVELOPMENT CONTEXT

The year 2005 heralded an opportunity to critically take stock of the impact of poverty eradication efforts with a view to further strengthen strategies to accelerate poverty eradication and meet the targets of the National Strategies for Growth and Reduction of Poverty (2005 - 2010) and Millennium Development Goals 2015.

In the Mainland, implementation of the five year National Strategy for Growth and Reduction of Poverty (NSGRP) known by its Kiswahili acronym MKUKUTA began in July 2005. This home-grown and outcome-based Poverty Reduction Strategy was developed as result of a highly consultative process. MKUKUTA was informed by experiences of past policies including the Tanzania Development Vision 2025, National Poverty Eradication Strategy (NPES) and Poverty Reduction Strategy Paper (PRSP), which provided a strong foundation for poverty reduction. MKUKUTA, and its monitoring system was also informed by MDGs. Zanzibar is finalizing the ZSGRP or MKUZA document which addresses the challenges highlighted during the consultative review of ZPRP and contains the roadmap to achieving the objectives and goals of Vision 2020 to eradicate absolute poverty and attain sustainable human development.

Implementation of economic reform programmes that began in 1986 have restored macroeconomic balances leading to high rates of economic growth. Real GDP growth rose from 4.8 per cent in 2000 to 6.8 per cent in 2005 (Mainland) and 3.6 percent to 5.6 per cent respectively, for Zanzibar. The

growth was mainly due to improved performance of the sectors of agriculture, wholesale and retail trade, hotels, restaurants, tourism, mining and manufacturing. The economy is projected to grow by 7.9 per cent in 2008 and 10 per cent in 2010 (Mainland) while for Zanzibar, a growth rate of 7 per cent annually up to 2010 is forecasted. Inflation has been contained to a single digit figure, for Mainland falling from 6 per cent in 2000 to 4.3 per cent in 2005. For the same comparative period, inflation in Zanzibar rose from 6.7 per cent in 2000 to 9.0 per cent in 2003 before falling to 8.3 per cent in 2005. The target is to contain and stabilize it around 4 per cent per annum up to 2010.

The government has put in place several national and sub-national processes and reforms in order to ensure wide participation of its citizens in the development process and improve accountability of public officials with regard to high quality service delivery. The process and reforms include Public Sector reform, which aims at improving the efficiency and quality of public administration; Local Government reform aimed at realizing the goal of decentralization by devolution; Business Licensing Reform aimed at creating conducive business environment for the development of the private sector. Further, Parastatal sector reforms aim at liberalizing the sector and the economy broadly; Financial sector reform at creating a vibrant financial sector, which responds to the needs of the economy where the private sector is recognized as engine of growth. And finally, Public Financial Management reforms aimed at strengthening the government budgeting process and accountability.

The government has also continued to strengthen key national processes to ensure broad participation of citizens in policy design and implementation. This has included strengthening national and local planning processes, budgeting, expenditure tracking and poverty monitoring. Mechanisms for empowering communities at the grass roots level have been put in place and include initiatives such as Community Health Services Boards.

Table 1: Key Economic and Social Indicators

INDICATORS	MAINLAND		ZANZIBAR	
	Value	Year	Value	Year
Population (million)	36.2	2005	1.1	2005
Life Expectancy at birth (years)	52	2002	57	2002
GDP per capita (Nominal) (T.Shs)	360,865	2005	331,000	2005
Real GDP growth rate (%)	6.8	2005	5.6	2005
Inflation (%)	4.3	2005	8.3	2005
Income poverty (basic needs) (%)	36.0	2000/01	49	2005
Food Poverty (%)	19.0	2000/01	13.8	2005
Gini Coefficient	0.35	2000/01	0.31	2005
Unemployment rate, overall (%)	13.0	2000/01	7	2005
HIV/AIDS prevalence among adults	7.0	2004	0.6	2002
Adult literacy rate	70	2002	75.8	2005
Net Primary Enrolment rate	94.8	2006	77	2005
Under five mortality rate/1000	112	2004	80	2004/05
Maternal mortality rate /100,000 578 2004 220 2004/05				
Sources: ILFS 2000/01, HBS 2000/01, Census 2002, DHS 2004, THIS 2003/04, Economic Survey, BEST; MKUZA 2005; HBS 2004/05				

DATA AND METHODOLOGY

Tanzania faced a formidable challenge in relation to generating regular and reliable data during the 1990s, due to weak sector information systems and resource constraints to conduct regular national surveys. Since then, the Government has addressed this challenge through establishing a national monitoring system which includes a ten year national survey plan and resource commitments to ensure year-by-year survey implementation and analysis. The National Survey Plan was updated in 2005 during the revision of the original poverty monitoring system which broadened to include growth and governance under the MKUKUTA. The revised calendar provides the year-by-year schedule of national surveys (both economic and social) which feed data into the MKUKUTA monitoring system. It covers the years of MKUKUTA, plus additional years until the next national population and housing census in 2012.

The outstanding challenge is to strengthen the linkages between MKUKUTA Monitoring System (MMS), Sectors and local authority monitoring and evaluations systems. The modality of implementing this is highlighted in the revised MKUKUTA Monitoring Masterplan (2006).

Surveys conducted between 2000 and 2005 have included the Household Budget Survey, Integrated Labour Force Survey (including a child labour module), Population and Housing Census, Agriculture Sample Census, HIV/AIDS Indicator Survey, and Demographic and Health Survey. The Household Budget Survey (2000/01) set the baseline for monitoring many poverty trends.

Data differ slightly from those used in the 2001 IDT/MDG Progress report because estimates used in the previous MDG report used preliminary results of the 2000/01 HBS. For this analysis information has been drawn from the surveys mentioned above.

For Zanzibar, the main sources of data are the 1991 Household Budget Survey and the preliminary results of the 2004/05 Household Budget Survey, as well as the results of 2004 Demographic and Health Survey. Targets for 2010 are sourced from the Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP).

Assessment is based on progress from the baseline year of 1990. Thus 2000 represent 40 per cent time lapse and 2004/05 points at 56 per cent time lapse. Hence an assessment considers actual value and expected value. Where expected value is close to actual value then prospects for achieving the MDG are assessed as close to or on target; an assessment to the contrary is reflected as more challenging to achieving the target hence the need for stepping up efforts.

MDG – STATUS AT A GLANCE

Table 2: Goals, Targets and Indicators

GOALS, TARGETS AND INDICATORS	M/ Z*	**1990**	2000	2005	2015	State of Progress**
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER						
Target 1: Halve by 2015, the proportion of people living below poverty line						
• *Proportion of people living below national basic needs poverty line (%)*	M	39	36	--	19.5	Needs attention
	Z	60		49	30	On track
Target 2: Halve by 2015, the proportion of people who suffer from hunger						
• *Proportion of people living below national poverty line (food poverty)*	M	22	19	-	11	Insufficient data
	Z	25	24	13.8	12.5	On track
• *Percentage of under-weight under-five children*	M	28.8	29.5	21.9	14.4	Achieved
	Z	39.9	25.8	19.0	19.9	On track
• *Percentage of under-height under-five children (stunting)*	M	46.6	44.0 (1999)	38	23.3	Needs attention
	Z	47.9	35.8 (1999)	23.1	24.0	Achieved
GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION						
Target 3: Ensure by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling						
• *Primary net enrolment ratios (%) - (M/F)*	M	54.2	58.7 (59/60)	**91.0 (91/90)**	100	On track
	Z	50.9	67.0	76/78	100	
• *Primary gross enrolment ratio (%) - (M/F)*	M	**77.7 (79/78) (1999)**		112.7 (114.2/111.1) (2005)		Achieved
	Z	NA	NA	112.7		Achieved
• *Proportion of pupils starting grade 1 who reach grade 7 (%)*	M		70.0	**79.0**		
GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN						
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005, and to all levels of education by 2015						
• *Ratio of girls to boys in primary school (%)*	M	0.98 (1991/92)	0.98	0.98	1.0	On track
	Z	0.26 (1991/92)	0.49	0.82	1.0	On track
• *Ratio of girls to boys in secondary school (%)*	M		0.46	0.47	1.0	Needs attention
• *Ratio of females to males in tertiary education (%)*	M		0.34	0.37	1.0	Needs attention

GOALS, TARGETS AND INDICATORS	M/ Z*	1990	2000	2005	2015	State of Progress**
GOAL 4: REDUCE CHILD MORTALITY						
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate						
• *Under-five mortality rate (per 1,000 live births)*	M	191 (1988)	**153**	133	64	Needs attention
	Z	202	141	101	67	Needs attention
• *Infant mortality rates (per 1,000 live births)*	M	115	99	83	38	Needs attention
	Z	120	89	61	40	Needs attention
• *Proportion of children vaccinated against measles*	M		78.2	80	90	On track
	Z		75	80	100	On track
GOAL 5: IMPROVE MATERNAL HEALTH						
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate						
• *Maternal mortality rate (per 100,000 live births)*	M	529 (1996)		578	133	Needs attention
	Z	377 (1996)	323	220	170	On track
• *Births attended by skilled health personnel*	M	43.9	35.8	**46**	90	Needs attention
	Z			49%	60%	Needs attention
GOAL 6: COMBAT HIV and AIDS, MALARIA AND OTHER DISEASES						
Target 7: Halt and begin to reverse the spread of HIV and AIDS						
• *HIV cases detected*	M	5.5	9.4	6.8	<5.5	On track
	Z		0.6	0.6	<0.6	On track
Target 8: Halt and begin to reverse the spread of Malaria and Other major diseases						
• *Number of malaria cases and incidences (cases per 100,000)*	M		500,000	65,7453	18,062	Needs attention
	Z		29,076	26,946	5,957	Needs attention
• *Number of tuberculosis cases and incidences (cases per 100,000)*	M	188		479		Needs attention
	Z	24		51		Needs attention

GOALS, TARGETS AND INDICATORS	M/ Z*	1990	2000	2005	2015	State of Progress**
GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY						
Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources						
• *Proportion of land area covered by forest*	M	46%		37.5%		Needs attention
• *Proportion of people using solid fuels (wood, charcoal, dung)*	M	90	90%	94%		
	Z	96	96	96		
Target 10: Halve by 2015, the proportion of people without sustainable access to safe drinking water and sanitation						
• *Proportion of population with sustainable access to an improved water source (Rural/ Urban)*	M		42/85 (2002)			Needs attention
	Z		90 (urban) 46 (rural)	95(urban) 60(rural)		On track
• *Proportion of people with access to improved sanitation (Rural/ Urban)*	M		91 (2002)	88.9 (rural0 98.5 (Urban)		On track
	Z	48.3	NA	66.8%	83%	Needs attention
GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT						
Refer to Goal 8 on page 29						

* Mainland or Zanzibar; **Ratings include: Insufficient data, Needs attention, On track, Achieved

MDG MONITORING AND EVALUATION CAPACITY

Table 3: MDGs Monitoring and Evaluation Capacity

GOALS/TARGETS	ELEMENTS OF MONITORING AND EVALUATION					
	Data Gathering Capacities	Quality of Recent Information	Statistical Tracking Capacity	Statistical Analytical Capacities	Capacity to Incorporate Statistical Analysis into Policy	Monitoring and Evaluation Mechanisms
Eradicate Extreme Poverty and Hunger	Fair	Fair	Fair	Fair	Fair	Fair
Achieve Universal Primary Education	Strong	Strong	Strong	Fair	Fair	Strong
Promote Gender Equality and Empower Women	Fair	Fair	Weak	Fair	Fair	Strong
Reduce Child Mortality	Fair	Fair	Strong	Strong	Fair	Fair
Improve Maternal Health	Fair	Strong	Weak	Fair	Fair	Fair
Combat HIV and AIDS, and other Major Diseases	Fair	Fair	Strong	Fair	Fair	Fair
Ensure Environmental Sustainability	Weak	Fair	Weak	Weak	Fair	Weak
Develop a Global Partnership for Development	Fair	Strong	Fair	Fair	Fair	Strong

Range: Weak, Fair, Strong

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Table 4: Proportion of people whose income is less than one dollar a day

TARGET 1							
Halve between 1990 and 2015, the proportion of people whose income is less than one dollar a day[1]							
Indicators		1990	2000/1	2004/5	2015	Status of Progress	State of supportive environment
• *Proportion of population living below the basic needs poverty line*	M	39	36	-	19.5	Uncertain	Strong
	Z	60	51	50.5	30.0	Slow	Strong
• *Proportion of population living below the food poverty line*	M	22	19	-	11.0	Uncertain	Strong
	Z	25	24	14.0	12.5	On track	Strong
- no information							
Sources: *Mainland HBS (1991/92, 2000/01) and Zanzibar HBS (1991, 2004/05)*							

Status and Trends

Despite impressive performance in macroeconomic aggregates, progress in poverty reduction was slow during the 1990s, and for Mainland uncertainty of recent trends remains because of the lack of data in 2004/05. Results of the forthcoming 2007 Household Budget Survey will help establish trends. Challenges are, however, acknowledged and include persistent disparities between rural/urban areas, and between regions.

The challenge of translating growth into poverty reduction remains, pointing to the fact that, it is not only growth that matters, but also the quality of growth. In the Mainland, the latest figures indicate a small fall in income poverty (basic needs) during the 1990s from 38.6 per cent to 35.7 per cent in 2001. However, the actual number of poor people has increased as a result of population growth. During the same period, food poverty decreased from 22 per cent to 19 per cent. Inequality increased slightly, mainly in urban areas.

In Zanzibar, the proportion of people living below the basic needs poverty line was 50.5 per cent in 2004. This represents a decrease from 60 per cent in 1990. However, the slow pace in poverty reduction implies that the target of 30 per cent by 2015 needs much more attention. The proportion of people living below the food poverty line was 14 per cent down from 25 per cent in 1990.

Supportive Environment

Poverty reduction efforts in Tanzania are guided by both short and long-term policy frameworks and strategies. These include the Tanzania Development Vision 2025 (for Mainland) and Vision 2020 (for Zanzibar), National Poverty Eradication Strategy, Poverty Reduction Strategy Paper (Mainland) and Zanzibar Poverty Reduction Plan as well as various Sectoral Policies and Strategies and the MDGs. The National Strategy for Growth and Reduction of Poverty (NSGRP) is a second generation of Poverty Reduction Strategy. Although it builds on the first PRS there are marked differences. The NSGRP places more emphasis on growth as a means to reduce poverty. It has also put more emphasis on good governance and accountability. The NSGRP is MDG-based and has adopted an outcome/ results orientation. Like the PRS, the NSGRP is consistent with the aspirations of the Development

[1] This is based on the national poverty line .

Vision 2025 and the National Poverty Eradication Strategy. In the same vein, Zanzibar has developed its outcome based Zanzibar Strategy for Growth and the Reduction of Poverty ZSGRP/MKUZA through a participatory review of the first Zanzibar Poverty Reduction Plan (ZPRP).

Tanzania has been implementing different reforms since the 1980s. These reforms have resulted in significant improvements in macroeconomic indicators. These include a sustained positive growth rate of the economy, low inflation rate, a stable exchange rate regime and an improved business environment. The subsequent stable and predictable macroeconomic environment has restored the confidence of the civil society, development partners and the private sector and thus stimulated investment. To that effect foreign direct investments (FDIs) have increased considerably in recent years.

Over the last 10 years the Government has devoted more resources to social spending. For example, education budgetary allocation increased eight fold (in nominal terms) from Tshs. 76,504 million (1995/96) to Tshs. 669,537 million (2005/06). Further measures have been put in place including ring fencing of social expenditure and increasing annual allocations to social sectors in real terms and an orientation towards pro-poor budgeting process.

The government is implementing Property and Business Formalization Programme (PBFP) with the aim of mainstreaming informal sector into formal sector so as to increase accessibility of credit to the poor and vulnerable groups.

The government in partnership with private sector and other stake holders is implementing the BEST programme to facilitate both local and foreign investments, hence job creation. The Mini Tiger 2020 Plan is being implemented, and aims at increasing the rate of economic growth and the per capita income including job opportunities.

The Tanzania Social Action Fund (TASAF) phase two is operational country wide, and its main objective is to support community-initiated activities and projects to mitigate poverty and create wealth.

The Ministry of Planning, Economy and Empowerment (MPEE) has developed a policy of empowerment of Tanzanians to enable them participate in various economic activities. Small and Medium Enterprises (SMEs) are being guaranteed by the Bank of Tanzania (BOT) when they seek loans from financial institutions as part of the programmes to promote entrepreneurship.

Food security is assured by the government Strategic Grain Reserve (SGR). This is used to stabilize food prices and to support poor families in the event of a food crisis.

Through the other sectors including agriculture and health, measures are being enhanced to address the issues of poverty reduction and community empowerment. This includes prevention of low birth weight, improving child feeding practices, micronutrient supplementation and salt iodations, capacity building for nutrition interventions and treatment of chronically malnourished children.

Major Challenges and Priorities

The challenge of meeting this MDG target lies in the fact that the nature of poverty both in the Mainland and Zanzibar is mainly rural. The rural population, accounting for over three quarters of the population, depends mainly on agricultural livelihoods. Agriculture also accounts for close to 50 per cent of GDP in the Mainland and 23 per cent in Zanzibar. Performance of the agricultural sector has not been satisfactory in terms of growth, being the slowest growing sector in both economies. Public and private sector investment in agriculture has remained small and inadequate despite elaborate policies to promote development. Support to agro-processing industry has also been modest, with the end result being agricultural exports comprising mainly of unprocessed primary products. These products face declining terms of trade in the world markets thus undermining incentives for small scale producers.

Table 5: Proportion of people who suffer from hunger

TARGET 2							
Halve between 1990 and 2015, the proportion of people who suffer from hunger							
Indicators		1990	2000/1	2004/5	2015	Status of Progress	State of supportive environment
• *Percentage of under weight children below 5 years of age (wasting)*	M	28.8	29.5	21.9	14.4	Slow	Strong
	Z	39.9	25.8	19.0	19.9	On track	Strong
• *Percentage of stunted children below 5 years.*	M	46.6	44.0 (1999)	38.0	23.3	On track	Strong
	Z	47.9	35.8	23.1	24.8	On track	Strong
Sources: DHS (2004), DHS (199/92); TRCHS (1999)							

Status and Trends

While the availability of food as measured by the proportion of people with access to basic calorie intake is high, malnutrition in children under five years old persists. The proportion has been falling over time, though the pace of the decline has been slow. Thus more efforts are needed to ensure that the target is achieved in terms of both wasting and stunting.

Supportive Environment

Nutrition issues have been integrated in the country's development strategies like MKUKUTA and partnerships involving public, private sector and communities in participation and ownership of intervention programmes for promoting nutrition. This supportive environment is augmented by advocacy, education, research and communication of appropriate information and messages.

Major Challenges and Priorities

The prospects of achieving this target are more challenging. Efforts to combat hunger are closely related to the issue of food security that is a function of production, accessibility and utilization of food resources. Social and cultural factors also play a role. In order to meet the challenge of achieving this goal, actions will be taken in the following areas:

Quick Impact Interventions

To accelerate growth of the agricultural sector in order to improve incomes and nutrition, combination of strategies is needed:

With respect to increasing incomes.

- Increasing investments;
- Promoting new technologies in terms of production methods and inputs;
- Promoting agro-processing and value-addition to primary products;
- Promoting irrigation schemes;
- Increasing access to credit through promotion of micro credit schemes in both rural and urban areas;

- Improving physical infrastructure and access to markets; and
- Promoting farmers associations.

With respect to improving nutrition:

- Increasing production of food crops and animal sources;
- Promoting intake of adequate balanced diets;
- Reducing post harvest losses; and improved preservation of foods to increase shelf life;
- Improving infant and young child feeding practices including breastfeeding;
- Discouraging social and cultural practices that deny equal access to consumption of certain high nutrient foods to women and children; and
- Improving management of malaria and provision of micro nutrient supplements.

Goal 2: Achieve Universal Primary Education

Table 6: Primary School Enrolment and Completion rate

Target 3							
Ensure by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling							
Indicators		1990	2000	2005	2015	Status of progress	State of supportive environment
• *Net enrolment ratio in primary education*	M	54.2	57.1	94.8	100	On track	Strong
	Z	50.9	67.0	77.0	100	On track	Strong
Sources :MoEVT (BEST) , Zanzibar HBS (1991, 2004/05), MoCS (2003)Education Sector Status Report							

Status and Trend

Most indicators in education have registered improvement over time. By 2006, net enrolment rates had risen to 94.8 per cent and 77 per cent in the Mainland and Zanzibar respectively. There is near gender parity with regard to enrolment of girls and boys at the primary school level. Primary School retention rates (proportion of children enrolled in Standard I who complete Standard VII) have improved from 71 per cent in 1997 to 79 per cent in 2004 in the Mainland. Retention of girls is slightly better than that of boys. There is still concern about the performance of girls in Standard VII (Primary School Leaving) Examinations. Transition rates indicate that Secondary School enrolment is up with a near gender balance at entry. However, after Form IV the retention of girls drops substantially with a ratio of 2 boys to 1 girl when they reach Form VI.

Adult illiteracy remains high. According to the 2002 Population census data, literacy rate among age 15+ is 70 per cent (78 per cent for men and 62 per cent for women). Overall, about 28.6 per cent of Tanzanians cannot read and write in any language. There is more illiteracy among women (36 per cent) than men (20.4 per cent). The target of eliminating illiteracy by 2015 remains challenging particularly for rural women.

Supportive Environment

Implementation of the Primary Education Development Plan (PEDP) has greatly helped Mainland Tanzania be on track to achieving MDG 2. PEDP is being rolled over to 2011. A similar programme exists for Zanzibar. Recruitment of more teachers is being fast tracked by reduction of years in training and by putting in place accelerated training plans. Poor families have been provided for, by allowing their children to attend school free of charge. Expansion of secondary school infrastructures has resulted in increased intake of Primary School leavers thus adding motivation to staying the full course of primary schooling.

Measures to improve the quality of education and the environment, including those for the disabled ,are in place and are planned to be implemented. Legislations prescribing deterrent punishment have been enacted to ensure that school age children are being enrolled and are kept in school.

Major Challenges and Priorities

Despite the achievement, policies and actions need now to be directed at ensuring that pupils complete the full course of primary schooling in addition to safeguarding standards. In a nutshell these challenges call for stepped up efforts to be directed at addressing causes that keep children out of school after

enrolment (such as labour demands, early marriages, pregnancies, and the inability to meet costs), addressing quality of service delivery (ensuring availability of adequate quality teachers, textbooksand other learning materials, and an enabling teaching and learning environment) and to facilitate access and enrolment of disabled children.

Quick Impact Interventions

- further construction of schools and classrooms;
- teacher recruitment;
- scaling up capitation grant; and
- checking drop out.

Goal 3: Promote Gender Equality and Empower Women

Table 7: Gender disparity in Primary and Secondary Education

TARGET 4							
Eliminate gender disparity in primary and secondary education preferably by 2005, and to all levels of education by 2015							
Indicators		1990*	2000	2005	2015	Status of Progress	State of supportive environment
• *Ratio of girls to boys in primary schools*	M	0.98 (1991/92)	0.98	0.98	1.0 (2005)	Reached	Strong
	Z	0.26 (1991/92)	0.49	0.82	1.0 (2005)	Close to target	Strong
• *Ratio of girls to boys in secondary schools*	M	0.80	0.84	0.87	1.0 (2005)	Close to target	Strong
	Z	0.94	0.96	0.99	1.0 (2005)	Reached	Strong
Sources: Mainland: IDT/MDG Progress 2001, MoEVT; Zanzibar: MOECS 2003, HBS 2004/05, MoEVT							

Status and Trends

There are still gender disparities in enrolment at upper secondary and tertiary levels. For example, in year 2006, out of 243,359 students enrolled in Form I, 116,709 (47.96 per cent) were females while 126,650 (52.04 per cent) were males, a near gender balance at entry. However, enrolment of girls drops substantially after Form IV. The main gender disparities are in retention and performance of girls. Moreover, early pregnancies and marriages continue to contribute significantly to school drop out among girls in both rural and urban areas.

The target year for this goal was 2005 for primary and secondary level enrolment and 2015 for other levels of education. In both the Mainland and Zanzibar the target was close to being achieved in 2005. For other levels, especially tertiary, the target will be reached in the Mainland where special programmes have been designed to increase enrolment of girls and especially in science subjects.

The goal of improving representation by women in political arena will most likely be achieved. It is encouraging to note in Tanzania that in addition to representation in Parliament (Mainland) and the House of Representatives (Zanzibar) women have been increasingly selected to high decision-making posts such as Ministers and Permanent Secretaries. In the Mainland, for example, the number of women Ministers increased from 11 per cent to 15 per cent between 1995 and 2005, while women Permanent Secretaries increased in number from one in 1995 to seven in 2005.

Supportive Environment

Tanzania has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Further, Constitutional and Legal Sector and law reforms have improved the *de jure* civil and property rights of marginalized groups such as women and children including the Constitutional amendment in 2000 that barred discrimination on the basis of sex. The Sexual Offences

Special Provisions Act, (SOSPA) 1998 criminalizes most categories of sexual and gender based violence and also imposes a stern sentence for offenders.

The Village and Land Act of 1999 which came into force in May 2001 has positively modified customary laws that discriminate against women and has allowed equal representation of women in village land institutions, provided for co-ownership of land by spouses and provided a framework for protection of family and interests of marginalized groups in village land. Further amendments to the Land Act have enabled title deeds to be used as collateral for bank loans. The above reforms have significantly contributed to the economic performance and improvement of non-income poverty in the last decade**.**

Programmes have been improved to attract more female children to attend and complete their primary education. Secondary schools have been made more friendly to the girl child by improving sanitation. Special programmes are in place to encourage females to attend tertiary education.

Major Challenges and Priorities

Despite the supportive environment, many challenges remain including: gender dimensions of poverty such as discrimination and harassment of women, access to basic services such as health and education, excessive workload, impoverishment and harassment of widows. Others include low participation of women in decision-making, greater risk and vulnerability of women and girls to HIV infection, and responsibility for home-based care for orphans and family members infected by HIV/AIDS. A major challenge remains in the enforcement of gender sensitive laws due to prevailing negative attitudes and norms towards women.

In order to achieve and maintain gender equality and empowerment of women, it is important to sustain efforts that promote enrolment and retention of girls, open more opportunities to promote and provide incentives for a higher enrolment and retention of girls especially at tertiary level, encourage more women to contest in representative organs and ensure that the voices of rural women are heard and heeded to by encouraging rural women to contest for representation at local decision-making units. In addition, increase the voice of rural women through economic empowerment and accountability of public officials to respond to concerns raised by rural women as well as strengthening institutional mechanisms for building the capacity and creating an enabling environment for women's participation in politics

Quick impact interventions

- Increased special programmes to encourage female enrolment especially at higher levels of education are in place. These will continue to be scaled up;
- Deliberate actions to appoint more women to high decision making posts; and
- Scaling up programmes that increase incomes (such as soft credit).

Goal 4: Reduce Child Mortality

Table 8: Under-five and Infant Mortality

TARGET 5							
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate							
Indicators		1990	2000	2005	2015	Status of Progress	State of supportive environment
• *Under-five mortality rate (per 1,000 live births)*	M	191	153.0	133.0	64	On Track	Strong
	Z	202	141.0	101.0	67	On Track	Strong
• *Infant mortality rate (per 1,000 live births)*	M	115	95.0	68.0	38	On Track	Strong
	Z	120	99.0	83.0	40	On Track	Strong
• *Proportion of children vaccinated against measles*	M	- -	78.2	82.5*	90	On Track	Strong
	Z	- -	75.0	80.0	100	On Track	Strong
- - no information; * EPI = 94							
Sources: Infant and Child Mortality Report, Vol. IX, NBS, MPEE, March 2006 (1990=1988; 2000=2002)							

Status and Trends

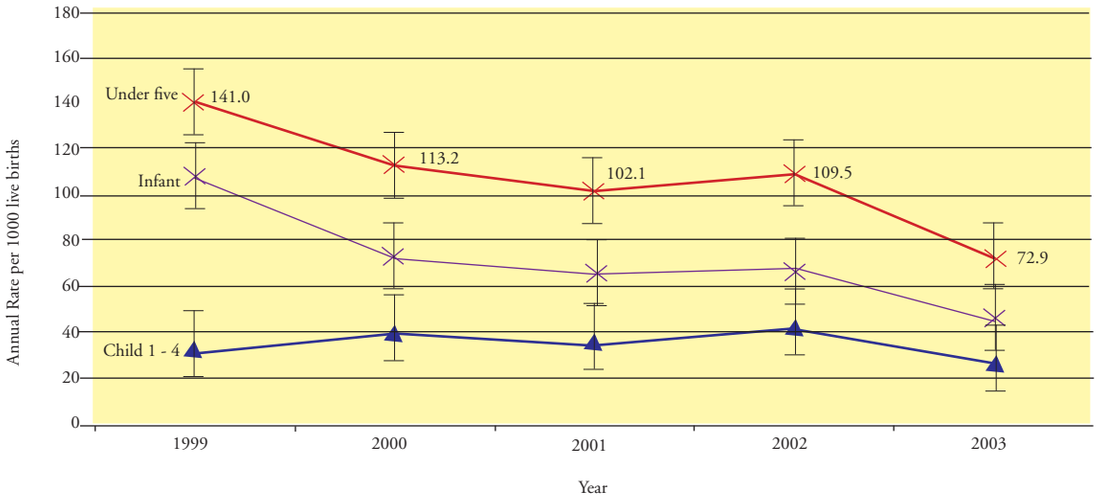
Most child deaths are due to malaria, pneumonia, diarrhoea, malnutrition and complications of low birth weight as well as HIV and AIDS. Malnutrition is the underlying factor in more than 50 per cent of child deaths. Neonatal deaths account for 48 per cent of infant mortality.

Census data and those from surveillance sites suggest a decline in both infant and under-five mortality rate. Under-five mortality decreased from 191 per a thousand live births in 1990 to 133 in 2005 in the Mainland and respectively 202 to 101 in Zanzibar. Infant mortality also declined from 115 (1990) to 68 (2005) (Mainland) and from 120 to 83 in Zanzibar. The most significant contribution to the reduction of under-five mortality is improved control measuresof malaria, Acute Respiratory Infections, diarrhoea; improved personal hygiene, environmental sanitation; and preventive, promotive as well as curative health services. With regard to malaria a more effective drug treatment regime has been introduced. More children (under 5 years of age) increasingly sleep under nets, from 21 per cent in 1999 to 36 per cent in 2004. The proportion of children with fever declined from 35 per cent in 1999 to 23 per cent in 2004.

Supportive Environment

The government has developed strategies that aim at reducing infant mortality and child mortality, especially malaria-related morbidity and mortality. Programmes include improved vaccination coverage, availability of services including drugs at the time of need, Integrated Management of Childhood Illnesses (IMCI) rolled-over to all districts, efficient implementation of planned programmes; malaria control through use of mosquito nets particularly insecticide-treated nets (ITNs). Five out of ten mothers and children sleep under ITNs. Also, Intermittent Preventive Treatment (IPT) during pregnancy and immediate medical treatment of malaria for children under five years within the first 24 hours of the onset of symptoms. In addition there are programmes such as Vitamin A Supplementation (VAS), Prevention of Mother to Child Transmission (PMCT); promotion of exclusive breastfeeding for the first six months of infancy; and effective management of childhood diarrhoea.

Fig 1: Components of under-five mortality



Source: TEHIP data base 2003.

Major Challenges and Priorities

The main challenges in health services delivery include: under funding, which affects especially physical infrastructure and procurement of equipment and instruments; unavailability of drugs and care all times of need and inadequate human resource base. Others are medical technology is changing rapidly while the coping mechanism is not yet in place; the epidemics of HIV and AIDS, recurrent cholera outbreaks and the threat of Avian flue worsens the already weak system. These are compounded by increased cost of drugs, resistant strains of microbes which necessitate the use of expensive combination therapies and multidrug treatment.

Other challenges include substantial urban/rural, regional and socio-economic differences – rural poor children are more likely than their urban counterparts to die or be malnourished.

In rural areas, only 27 per cent of mothers deliver at health facilities compared to 77 per cent in urban areas. Infants born in rural areas have 30 per cent higher probability of dying before completing their first birthday than those born in urban areas. Other factors affecting child survival include education status of the family and more so that of the mother which influence substantially the economic status of infant's family. 80 per cent of births from the richest quintile were delivered by skilled personnel compare to 30 per cent for the poorest quintile. Infants from the least educated and poorest mothers had a 25 per cent higher probability of dying before completing one year than infants of mothers from the richest quintile.

Again early pregnancies and marriages have a significant bearing not only on mothers' education but also on the survival of their infants and their own health. There is an overlap of the education level of the mothers and the wealth of the family. The education level has more effect on the outcome than the wealth and the obvious rural urban divide on the morbidity and mortalities observed. The utilization of delivery services varies widely from 32 per cent low in rural areas to a high 90 per cent in Dar Es Salaam, the commercial capital.

Quick Impact Interventions

- Scaling up the IMCI and Tanzania Essential Health Intervention Project (TEHIP) credited for reducing the infant mortality in Tanzania as noted in the DHS 2004/05;
- Institutionalizing IMCI and TEHIP in health training centers and institutions of higher learning;

- Increasing the health sector budget to approach the level of at least US $ 28 per capita recommended by the Millennium Project;
- Scaling up of immunization programme; and
- Provision of Vitamin A supplements including correction of malnutrition and micronutrients.

GOAL 5: IMPROVE MATERNAL HEALTH

Table 9: Progress on reduction of Maternal Mortality

TARGET 6							
Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate							
Indicators		1990	2000	2005	2015	Status of Progress	State of supportive environment
• *Maternal mortality ratio (per 100,000 live births)*	M	529 (1996)	529	578	133	Unsatisfactory	Weak
	Z	377 (1999)	323	220	170	On Track	Strong
• *Births attended by skilled health personnel*	M	43.9	36 (1996)	46	90	Slow	Fair
	Z	- -	37 (1996)	49	90	Slow	Fair
- - no information Sources: Mainland: DHS 1996, MKUKUTA, 2004 DHS results; Zanzibar: ZSGRP, 2004 DHS results							

Status and Trends

Statistically, maternal mortality contributes to only 2.3 per cent of the total mortality. Still births make up 6.7 per cent of total mortality. There are also causes of mortality that are related to poor health including malnutrition. Over half of expectant women deliver at home and not at health facilities and as such may not be attended by skilled personnel or have access to Emergency Obstetrics Care (EmOC).

DHS data show that maternal mortality situation has not changed in Tanzania. The estimated maternal mortality rate from 2004 data is in fact higher than that from the 1999 TRCHS data (i.e. 578 and 529 respectively). However, given that maternal mortality estimates are subject to large sampling errors, the difference between the two figures is not statistically significant. Overall, there is little change in the proportion of births attended by skilled health personnel (41 per cent in 1999 and 46 per cent in 2004), and births taking place in health facilities (44 per cent in 1999 and 47 per cent in 2004).

The negative trend in maternal mortality on Mainland is compounded by the impact of the HIV and AIDS epidemic.

Most of the maternal deaths are preventable, hence the need to ensure continuum of care from the community level such as through instituting Emergency Obstetric Care (EmOC).

Supportive Environment

The approach of focusing on the unborn child and stopping treatment of the mother immediately after delivery under PMTCT was changed to PMTCT+ to now address post delivery time as well.

Major Challenges and Priorities

Reduction in maternal mortality requires urgent scaling up of actions in the following areas: EmOC;

making voluntary counselling and testing for HIV and AIDS a routine for expectant mothers; establishing maternal obstetric theatres and surgical interventions in remote and more disadvantaged areas (at the Health Centre level) and upgrading the skills of Assistant Medical Officers to enable them handle maternal operations at the health centre levels. Provision of incentives for the skilled staff to work at those stations. Other include improving the referral system to be more responsive to emerging challenges; increasing health and reproductive health facilities in order to minimize distance for travel to increase accessibility; and addressing the human resource crisis by deployment of skilled staff with the correct skills mixes.

Other 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 improving the status of women in society e.g. education, property rights and decision-making. Other areas include improving training to impart the required skills (obstetrics); improving motivation in order to retain human resources in the health sector; decentralizing decision making to the lower level; and involving communities to participate in health services management and ownership and accelerating PMTCT programme.

Quick Impact Interventions

- Provision of Emergency Obstetric care at Health center level;
- Fast tracking the employment of skilled staff at all levels with specific focus to the remote rural areas;
- Enhancing access to obstetric services by making the services a public good and thus to be provided free at the time of use. These services cover ante natal and post natal services up to 42 days after delivery;
- Ensuring that ITNs are accessed by voucher prepaid by the government; and
- Providing expecting mothers with free anti-malaria drugs during pregnancy (presumptive treatment).

Goal 6: Combat HIV/AIDS, Malaria and other Diseases

HIV and AIDS

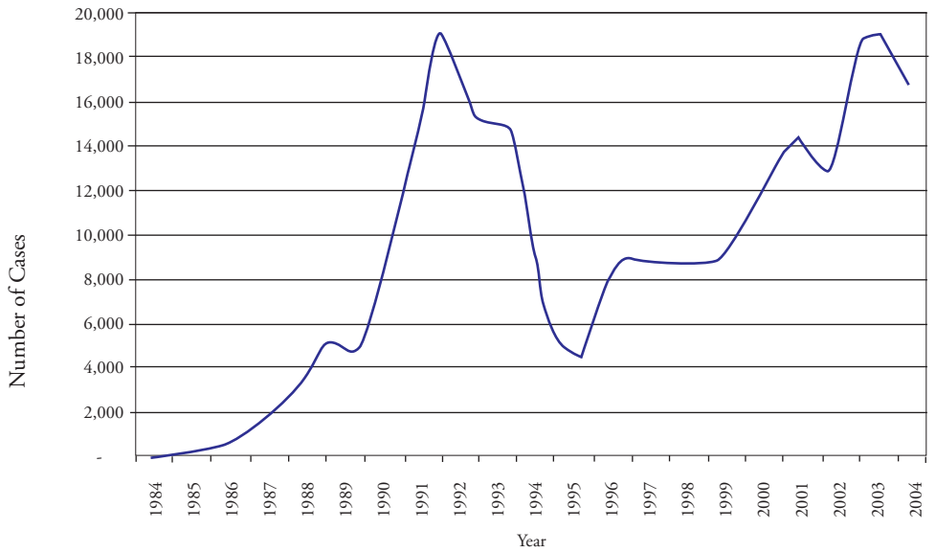
Table 10: Prevalence of HIV and AIDS and Contraception

TARGET 7							
Halt and begin to reverse the spread of HIV and AIDS							
Indicators		91/92	1999	2005*	2015	Status of Progress	State of supportive environment
• *HIV prevalence among adults*	M	5.5	7.1	7.0	<6	Challenging	Fair
	Z	*	0.6	0.6	<5	Insufficient information	Fair
• *Contraceptives use prevalence rate**	M	6%	17%	20%	-	Slow progress	Strong
* no information for Zanzibar; - no target Sources: THIS data (6.3% in males and 7.7% in females); HIV/AIDS Indicator Survey 2004 NACP Surveillance Report 19, (2004)							

Status and Trends

HIV prevalence in adults is estimated at 7 per cent of the population (7.7 per cent for females and 6.3 per cent for males). This implies that currently 1 million adults aged 15 – 49 years in Tanzania are HIV positive. These estimates are lower than previous estimates. HIV and AIDS ailments present a heavy burden to society including treatment, provision of care and addressing the issue of orphans. HIV prevalence is higher in higher income groups. More than 50 per cent of the hospital beds in Tanzania are occupied by patients with HIV and AIDS-related conditions.

Fig 2: Trend of reported AIDS cases, Mainland Tanzania:1983 - 2004



Source: Health Statistical Abstract 2005

Supportive Environment

Tanzania has HIV and AIDS policy that places more emphasis on prevention. Emphasis is also being directed at care and mitigation such as through use of ARVs. The government has brought on board Non-state Actors (NSAs) including Faith Based Organizations (FBOs) in the fight against HIV and AIDS.

The strategic plan for HIV and AIDS has been developed with support from Development Partners. Scaling up the availability of ARVs to the needy is another measure being taken by the government. The budget for availability of supplies and other commodities such as condoms has increased, and the logistics for distribution is in place. Additionally, a national programme to address the triad of diseases including AIDS, Tuberculosis and Malaria (ATM) exists.

Prevention of Mother To Child Transmission (PMTCT) of HIV now includes treatment of the mother with ARVs (after counselling).

Major Challenges and Priorities

Overall increase in HIV prevalence has led to an increase in TB patients by new cases and re-emerging ones. The infections are now growing resistant to conventional therapy and require multi-drugs treatment. Even with this approach, resistance still re-emerges. Knowledge regarding HIV transmission or prevention is wide spread. However, men and women have not transformed this knowledge to behavioural change. Similarly, knowledge of the prevention of mother to child transmission is not wide-spread. Also, many people are not willing to undertake HIV Testing through the established VCT services centres, the main reason for this reluctance being the wider spread stigma and discrimination attached to HIV/AIDS.

Quick Impact Interventions

- Stepping up efforts to effect behavioural change;
- Promoting home-based care for victims; and
- Increasing coverage of ARV recipients.

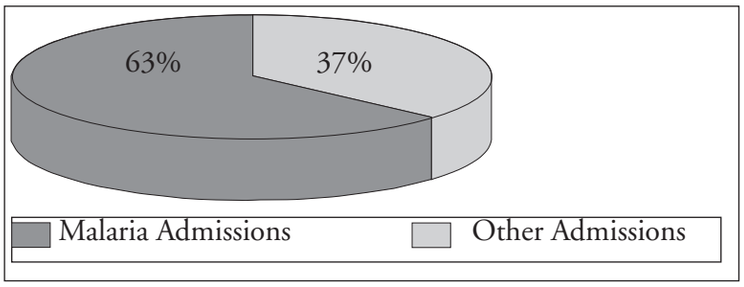
Table 11: Malaria and Tuberculosis

TARGET 8							
Halt and begin to reverse the spread of Malaria and other major diseases							
Indicators		1990	2000	2005	2015	Status of Progress	State of supportive environment
• *Prevalence and death rates associated with malaria [% of diagnoses]*	M	--	--	40	--		Fair
	Z	- -	49.2	44.6	< 49		Fair
• *Prevalence and death rates associated with tuberculosis [Prevalence per 100,000]*	M	188	--	479	< 188	Needs more attention	Fair
	Z	24	--	51	< 24	Needs more attention	Fair
- - no information							
Sources: WHO report 2006. Global TB Control (Surveillance, Planning and Financing), NSGRP, ZSGRP							

Status and Trends

Malaria is a leading cause of morbidity and mortality in Tanzania. Malaria accounts for about 40 per cent of all outpatient attendances. In recent years malaria disease pattern has dramatically changed, spreading to areas previously known as being malaria-free. With regard to TB, there has been an increase in number of cases and deaths.

Fig 3: All ages IPD malariaadmissions Vs other admissions for year 2004



Supportive Environment

The Government of Tanzania recognizes the negative impact of diseases to the economy and health systems. To this end the government has taken several measures and strategies to combat diseases. Such measures include strengthening the health systems through health sector programme support and reforms and through its disease control programmes such as malaria, Tuberculosis/leprosy and HIV/AIDS, among others.

With regard to malaria, Tanzania is committed to implementing Roll Back Malaria initiatives, implemented through the National Malaria Control Policy and Strategy. The primary objective of the Roll Back Malaria Initiatives is to increase access to the most suitable and affordable protective measures such as use of insecticides treated nets (ITNS), increase coverage of prompt and effective treatment of malaria, as well as use of intermittent preventive treatment of malaria among pregnant women.

Scaling up availability of ITNs and change of the treatment regime from SP to Artemether Lufantrene Combination Therapy (ACT) has taken place. The logistics are now in place to meet the demands of the population, and the government is also initiating the application of Indoor Residual Spraying using DDT.

The Ministry of Health through a five year National Malaria Medium Term Strategic Plan 2002 –2007, advocates four main strategies to fight against malaria. They include; improved malaria case management, vector control through the use of ITNs, prevention and control of malaria during pregnancy and epidemic preparedness, prevention and control.

Major Challenges and Priorities

Despite all these efforts, morbidity and mortality due to communicable and non-communicable diseases remains a big problem. Malaria continues to pose high burden in both social and economic terms leading to low productivity. It is the leading cause of death in all age groups except for children under-five years, where it ranks sixth among top ten causes of deaths. The situation differs between urban and rural areas, with the latter suffering more.

The challenges include high cost of malaria treatment, increasing resistance to cheap anti-malarial drugs such as chloroquine and sulfadoxine pyrimethamine, leading to frequent change of malaria

treatment guidelines to expensive Artemisinin-based combination therapy. Also, high prevalence of HIV and AIDS which increases prevalence of other diseases such as malaria and general poverty level especially in rural areas, affecting issues such as access to mosquito nets and affordability of malaria treatment, also pose challenges.

Quick Impact Interventions

- Subsidizing costs of prevention and treatment;
- Containing HIV and AIDS spread; and
- Increasing household incomes to improve on affordability of malaria treatment.
-

Goal 7: Ensure Environmental Sustainability

Table 12: Environmental resources

Target 9							
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources							
Indicators*		1990	2000	2005	2015	Status of Progress	State of supportive environment
• *Proportion of land area covered by forest*	M	46 %	41%	37.5 %	-	Needs more attention	Fair
• *Proportion of people using solid fuels (wood, charcoal, dung)*	M	-	90%	94.0%	-	Needs more attention	Fair
* **no information for Zanzibar; - no target; -- no information**							
Source: Environment Statistics Mainland Tanzania (URT 2005); WRI 2000							

Status and Trends

According to Environment Statistics 2005, 46 per cent of the total land area of Tanzania is covered by forest and woodland. The rate of deforestation is estimated at 500,000 ha per annum.

A total of 17,449 square kilometres has been designated as protected areas. National parks include fish spawning areas and inshore fish species of coastal mangroves, gazetted as forest reserves. The number of protected forests and natural reserves has increased considerably. There are twelve National Parks and two proposed National Parks, thirty four Game Reserves, one Conservation Area, one Biosphere Reserve space, three World Heritage sites and forty three Game Controlled Areas as well as 47,565 square kilometres of Wetlands.

Supportive Environment

Tanzania has an Environmental Management Act and has in place Environmental Impact Assessment (EIA) regulations and guidelines. The country is actively implementing regional environmental programmes such as Lake Tanganyika Biodiversity Programme and Lake Victoria Environmental Management Programme.

In recent years, coastal and marine protected areas and conservation efforts have increased significantly to protect diminishing fish species. Environmental concerns have also been mainstreamed in the MKUKUTA, and sectoral policies have been reviewed to incorporate management of biodiversity issues. Conservation activities managed by communities include Wildlife Management Areas and Community Forest Protected Areas.

During 2005/6 the Government prepared a "Strategy for Urgent Actions on Land Degradation and Water Catchments". The Strategy addresses the problems of environmental degradation caused by agriculture and livestock keeping in water catchments areas. The strategy also covers issues of environmental degradation caused by excessive tree cutting for firewood, charcoal and other uses.

Major Challenges

Environmental challenges in Tanzania have increased in dimensions to include: unsound disposal

of plastic materials; increased deforestation which has led to deterioration of ecological system with resulting negative impact on soil fertility, water flow and biodiversity and Unsustainable mining activities, especially by small scale miners, have compounded the problem. Moreover the general level of poverty and low level of education especially in rural areas has led to unsustainable harvesting of environmental resources; and there is lack of an efficient property rights structure. In spite of all these enforcement of existing conservation regulatory instruments is weak, and the state of baseline information or data is also weak.

Quick Impact Interventions

- Evacuation of people who have encroached upon plains, water basins and water sources;
- Controlling agricultural activities within water catchments areas and removal of people who have settled in and/or who carry out these activities;
- National Education and Public Awareness Programme for the protection of the environment and sustainable utilization of national resources;
- Identification of unsuitable tree species and prohibiting the planting of such species in, near or around water sources;
- Encouraging big users of trees, firewood and charcoal, such as institutions, tobacco and tea farmers and others to establish forest farms of their own;
- Controlling the outbreak of wild of forest fires, felling of trees for firewood and charcoal, and putting in place concrete implementation and monitoring measures regarding type of trees, age of trees and area for harvesting trees for that purpose; and requiring users to plant and maintain trees as well as control and regulate irrigation activities;
- Promoting use of, and conducting research on, alternative energy sources and appropriate technologies that are aimed at reduction of firewood and charcoal demands;
- Implementing Environmental Conservation Programmes and Participatory land use plans in each district;
- Banning all illegal mining activities especially around the water sources and forest reserves;
- Banning the use of plastic bags and sensitizing use of alternative materials;
- Developing capacity for implementing environmental management issues; and
- Producing a state of the environment report.

Table 13: Access to safe drinking water and sanitation

TARGET 10								
Halve by 2015, the proportion of people without sustainable access to safe drinking water and sanitation (%)								
Indicators		1990	2000	2002*	2005	2015	Status of Progress	State of supportive environment
• *Proportion of population with sustainable access to an improved water source*	M		92.1 (ur) 56.3 (ru)	85 (urban) 42 (rural)	73 (ur) 53 (ru)	82.1	On track	Strong
	Z		90 (ur) 46 (ru)		95(ur) 60(ru)		On track	Strong
• *Proportion of people with access to improved sanitation*	M			91.6	98.5(ur) 88.9(ru)		On track	Strong
	Z	52 (ur) 26 (ru)			75 (ur) 51 (ru)	90 (ur) 65 (ru)	On tack On track	Strong
* 2002 Census data: urban 85%; rural 42%; ***Source:*** Mainland: HBS 1991/92, HBS 2000/01; Zanzibar: HBS 1991, HBS 2004/05, PHDR 2005								

Status and Trends

Tanzania is on track to achieving the target of access to safe drinking water. By 2005, 53 per cent of rural households and 73 per cent of urban households in the Mainland had access to improved water sources. Long distances to sources of drinking water in rural areas impose heavy workload on women and children. 47 per cent of rural households in Zanzibar use unprotected sources of drinking water.

A high proportion of households (87 per cent) use pit latrines while 9 per cent have no toilet facility at all. The majority with no facilities are in rural areas (11 per cent).

Supportive Environment

Availability of portable water is a priority of the two governments and communities at large. Water policies are in place to guide development, distribution and equitable access. Community committees take charge of water infrastructure maintenance and distribution and work closely with the governments to ensure that there is equity and fairness in the access and use as well as affordability. Sustainability is in-built from design of water projects through community participation, ownership and cost-sharing.

There are specific rural and urban programmes in the provision of water and maintenance of infrastructure. In urban areas they are sub contracted to water authorities while in rural areas such programmes are more in the hands of community committees. Local government authorities supervise and plan for water developments in their localities.

The allocation of government resources to the water sector has been increased. As a result, there has been an increase in the rehabilitation of water infrastructure in both rural and urban areas. The water sector also receives great support from DPs in terms of projects, direct financing, technical assistance and, in urban areas large projects and direct finance.

Major Challenges and Priorities

The challenge in water provision is on how to improve equitable access especially in rural areas**.** The country is vast and the majority of the population live in the rural areas. Urban schemes are expensive since they need capital intensive investments. How to adopt a multi-sector approach such as the health sector one is another challenge. Most diseases in the health sector, for example, can be contained by improving the water sector.

Quick Interventions

- Large scale water schemes especially to supply water to townships;
- Increasing community participation in establishing water committees at village and street levels for maintenance and expansion of water schemes;
- Constructing more dams and wells for livestock keepers and farmers;
- Raising water tariff for water users to tap additional resources for maintenance and development of new water sources;
- Increasing the number of water stabilization ponds for quality and portability,
- Increasing water and sanitation projects in rural areas; and
- Increasing water and sanitation projects in urban areas.

Goal 8: Develop a Global Partnership for Development

Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long run
Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Status and Trends

Tanzania has implemented a number of core policies and structural reforms including; Trade and Exchange Rate Liberalization, Public Service Reforms, Investment Promotion, Tax Reforms, Financial Sector Reforms, Legal Sector and Local Governance Reforms, the National Anti-corruption Strategy, Mini Tiger Plan, and others. These have improved confidence on the economy, and one consequence is the improvement in the flow of ODA and FDIs.

External resources have increased from about $ 1.1 billion in 2000 to about $ 1.7 billion in 2005, provided in the form of direct budget support, moving away from project support. The budget support mechanism has improved predictability of external resource inflows and therefore improved budget planning and execution.

By end of March 2006, external debt stock stood at US$ 8,023.2 million out of which 68.5 per cent was owed to multilateral institutions, 21.8 per cent to bilateral creditors, 5.8 per cent to commercial creditors and 3.9 per cent to export credit. Efforts have been made to contain debt service payments consistent with debt sustainability. Also, HIPC debt relief has reduced debt service repayment.

Tanzania is among the Highly Indebted Poor Countries (HIPCs) that benefited from Multilateral Debt Relief Initiative Fund (MDRI), an initiative aimed at cancelling debts owed by HIPCs. Under the initiative, the IMF announced in December 2005 cancellation of debt worth US$ 336.0 million or US$ 297.0 million excluding the remaining assistance owed to Tanzania under MDRI. Under the same arrangements the African Development Fund cancelled about US$ 800 million. Cumulative debt relief from multilateral creditors as at the end of March 2006, reached US$ 424.3 million.

Other initiatives that provide potential for financing MKUKUTA and the Millennium Development Goals include: trade issues that are being addressed through a number of interventions such as Economic Partnership Agreements with European Union. Tanzania is a member of Africa, Caribbean and Pacific (ACP) group of countries, which are currently involved in negotiations with the EU on Economic Partnership Agreements (EPAs). The aim of EPA negotiations is to enable the ACP countries to have improved access to EU markets and benefit more from the new partnership. AGOA initiative provides opportunity for Tanzania to access US market. Also, there have been efforts through regional integration to promote trade. Such groupings include the East Africa Community (ECA), and the Southern African Development Cooperation (SADC). Domestic initiatives such as EPZs, Special Zones, Mini Tiger Plan aim at increasing value and volume of exports as well as creation of jobs.

The youth constitute about 21 per cent of the total population in Tanzania. It is a formidable force to reckon with. Tanzania recognizes youth unemployment as the most serious employment challenge facing the Nation. Among all the age categories of the labour force, the youth have the highest rate of unemployment (23.8 per cent in the Mainland and 21 per cent in Zanzibar).

Supportive Environment

The new Joint Assistance Strategy for Tanzania (JAST) 2005 – 2010, adopted during FY 2005/06, is a complement to national development strategies that promote increased harmonization and alignment of development assistance and partnership in line with the principles of the Monterrey Consensus on Financing for Development (2002), the Rome Declaration on Aid Effectiveness (2003), the Marrakech Memorandum on Managing for Results (2004), the Paris Declaration on Aid Effectiveness (2005) and the World Summit (2005). Based on the lessons learned from the Tanzania Assistance Strategy (TAS), the guiding principles of JAST include: deepening national ownership and Government leadership of the development process, improving aid effectiveness and accelerating the attainment of national development goals and targets as captured in MKUKUTA and MKUZA.

JAST advocates for General Budget Support (GBS) as the preferred aid delivery modality with limited use of other aid delivery modalities such as Basket Funding and Direct Project Funds. The priority is for all external resources to be integrated into the Government budget and Exchequer system. JAST also promotes a clear division of labour within the Government and among development partners, and Government defined and managed Technical Assistance.

From September 2006, JAST implementation is to cover all levels of government in existing national, sector and local processes. DPs have adopted JAST as the basis for guiding their development co-operation with the government in order to further enhance aid effectiveness in Tanzania.

Remarkable progress has been observed with regard to aid predictability, both in terms of timely and reliable provision of aid commitments as well as performance of disbursements under General Budget Support (GBS) arrangement.

During the last decade the government has implemented reforms in fiscal policy. A number of interventions in tax administration have been put in place since 1995. As a result, domestic revenue has increased from Tshs. 25 billion per month in 1995 to at least Tshs. 200 billion per month in 2006. The tax effort has increased from 11.5 per cent to 13.5 per cent of GDP during the same period. However, there is still room for improvement, and it is aimed that in the next five years the tax effort should reach at least 15 per cent of GDP. Improvements in domestic revenue collection will have considerably improved Government's own financing of development expenditure, particularly road construction and rehabilitation.

On Public Expenditure Management, the on-going Public Financial Management Reform has been strengthened. In order to manage the budget allocations efficiently the Government has introduced the Strategic Budget Allocation System (SBAS) software, for managing resource allocation for results, consistent with MKUKUTA objectives.

Resource mobilization efforts have included: (i) debt relief and cancellation by creditors (ii) additional ODA (iii) increased domestic revenue (iv) public-private partnerships (v) reduced wastage through creation of executive agencies and privatization process (vi) improvement in procurement mechanism/ process – to get value for money (vii) community physical participation.

Financing strategies include Public sector expenditure, community participation in the form of contributions and implementation, Private sector investment and provision of services, cost sharing mechanism in the form of user fees, Public-Private Partnerships (PPP), General Budget Support/ Public Expenditure Review and Joint Assistance Strategy for Tanzania (JAST)

On the domestic front, Tanzania has continued to improve physical infrastructure and promote SMEs to become exporters. The government has also formulated ICT policy. Tanzania (both the Mainland and Zanzibar) has policies on employment and youth development which articulate the problem of youth unemployment.

Major Challenges and Priorities

Exports

Tanzania's exports continue to face barriers such as high tariff and non-tariff barriers in the markets of developed countries. Through WTO negotiations and other arrangements Tanzania should continue to put pressure on developed countries to: (i) reduce tariff (ii) remove non-tariff barriers (iii) to remove subsidies to their farmers etc.

ICT

Despite having an ICT policy, it remains a major challenge on how production and processing technologies will be transferred from developed countries to Tanzania. An attempt is being made through the establishment of the Millennium Village in Tabora, Uyui District at Mbola village.

Aid predictability

While progress has been made, performance in aid predictability has remained variable for basket funds and has been most problematic for direct project funds owing to the existence of parallel systems of resource delivery and project management.

Integration of external resources in the Government budget and Exchequer system

Channelling external resources through the Government Exchequer has been particularly challenging for direct-to-project funds. Only some Development Partners have started to use the system for disbursing project funds. The use of the Exchequer system is impeded by the nature of project design and agreements that provide for the use of parallel systems on aid disbursements.

Youth unemployment

The youth employment challenge in Tanzania can be described as that of employability – extent to which the youth can be employed or absorbed (within and outside Tanzania). Youths find it difficult to join both the formal and the informal sectors.

Quick Interventions

- Political will by developed countries to channel resources to developing countries including Tanzania as per their commitment;
- Further debt cancellation, re-scheduling and additional ODA;
- Developed countries continuing to open up their markets to developing countries;
- Developed countries to reduce subsidies for their agriculture sector and adhere to the needs of developing countries under WTO negotiations;
- Further improvement of business environment in order to boost investments;
- Substantial investment in infrastructure for easy reach of areas of production at low cost;
- Affirmative action to promote development of private sector;
- Provision of basic services such as education and health; and
- Public-Private Partnerships for youth employment.

CONCLUSIONS

In order to generate higher levels of broad-based, pro-poor growth needed to achieve the MDGs, focus will continue to be placed on ensuring sound economic management, raising agricultural productivity, enhancing linkages with SMEs and creation of employment. Scaling up development of infrastructure, enhancing overall educational performance and developing human capital including greater entrepreneurial capacity will also be vital. Tanzania aims at becoming a better competitor in today's globalized world, in terms of improved quality of life and social well-being. In those areas where the country still lags behind, such as MDG 5 (maternal health), emphasis needs to be placed on reproductive health and greater empowerment of women. Tanzania is on track to achieve MDGs such as Universal Primary Education (2) and Reduction of Child Mortality (4). However issues of quality need more focus. Likewise, efforts to continue society-wide focus and policy priority need to be placed on containing, and reversing, the spread of HIV/AIDS. Finally, in terms of governance and accountability, priority will continue to be placed on deepening and widening anti-corruption efforts, legal and judicial reform and enhancing transparency and accountability.

The prospects for achieving most MDGs are encouraging. An important factor for accelerating progress is the availability of resources namely human, financial and institutional capacities. To that effect, Tanzania's capacity development effort will continue to be geared towards organizational, managerial (decision-making) and institutional development. For example, analytic and evaluation capacities have been developed and augmented within the poverty monitoring system, public expenditure review process and reforms in various areas of the economy and social development. However, there is a general need for strengthening of management and planning capacities both at the national and sub national levels.

The implementation of NSGRP and ZSGRP will be monitored and evaluated by the national monitoring systems in Mainland and Zanzibar. Their main objectives are to determine overall progress on outcomes, and to link to planning, budgeting and reporting of Government. Deliverables include Annual Progress Reports and Poverty & Human Development Reports. Linkages between the national level processes, and sector and local government monitoring and evaluation systems are being strengthened.

With the growing emphasis towards decentralization and local development, the need arises for monitoring and evaluation that enhance knowledge on interrelationships between operational programmes and service delivery on the one hand, and their overall impact on poverty on the other.