

Country Statistical Bulletin

Tanzania: progress to human development

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August 2010

Measuring Service Delivery in Southern Africa Project

Study 3: Developing measures and methods for measuring progress towards service delivery targets

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Overall, Tanzania has made progress, but at an insufficient pace to achieve the MDGs. The evidence is that the Tanzanian government has committed resources to the key sectors such as education, health, and water and sanitation but that these are not achieving sufficient impact.

Considerable success has been achieved in respect increasing primary school enrolment. These achievements are notable not only across the four countries being studied, but in Africa as a whole. This report summarizes progress made towards service delivery, targeting four sectors of human services: water, sanitation, education and health.

The first section is a summary that reviews all goals in the various four sectors, whereas the second part presents a review of indicators linked to each of these sectors. The first section therefore provides the “big picture” of progress, while in the second a set of snapshots of each component is exhibited.

Table 1 below, summarises progress towards the MDG. In general it could be summed up as “making progress”, but at an insufficient pace to meet the MDG in relation the to the four sectors under review.¹

Table 1. Tanzania’s progress towards the MDG

	Score
Goal 2: Achieve universal primary education	5/10
Goal 3: Promote gender equality and empower women	5/10
Goal 4: Reduce child mortality	5/10
Goal 5: Improve maternal health	0/10
Goal 6: Combat HIV/AIDS, malaria and other diseases	5/10
Goal 7: Ensure environmental sustainability	8/10

KEY

0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
8	Progress, some targets met (8/10)
10	Target will be met in 2015(10/10)

¹ The background to each of the colour-coded conclusions is contained in a set of four sectoral reports which analyse in detail the indicators linked to targets. These indicators have been awarded an unweighted numbering process similar to that of the Human Development Index, which provides a checking system on the results.

Country political and socio-economic context

Tanzania is one of the least developed countries in the world. With an estimated population of 39.5 million in 2007 it is also one of the poorest countries in the world; with 40 percent of the country's budgetary requirements depending on donor support. In 2000/01, 35.7 percent of the population was living below the basic needs poverty line. This declined moderately to 33.3 in 2007. Generally, poverty is higher in rural areas than in urban areas. About 75 percent of the population live in rural areas and is engaged in agriculture, the main contributor to the Gross Domestic Product (GDP). In recent years however, the role of mining and tourism has increased remarkably.

Historically the country had the reputation for setting ambitious social development plans and programmes aimed at the eradication of poverty, ignorance and disease. For several decades Tanzania pursued pro-socialist policies, with the public sector playing the key role in all socio-economic sectors. As a result of these policies most basic services including health, education and water were therefore either freely provided (especially in the rural areas) or heavily subsidised by the state. There have been drastic policy changes however, in the mid 1980s. This was *inter alia* because delivery of free or heavily subsidised basic social services could not be sustained, even with the self-help efforts of local communities and generous donor support. Poor economic performance in the 1980s amidst increasing demand for improved services forced the country to abandon its African socialism path.

Some commentators attribute a change in policies and the adoption of partnership arrangements with private and other stakeholders, to positive achievements recorded in service delivery, especially in primary and secondary education. Debt relief has also boosted funding available for basic services.

1. Public participation and civil society engagement

Public, private and community actors have joined efforts and mobilised resources to improve the delivery and quality of basic services such as water and sanitation, education and healthcare. However, the role of the state, including local government, especially in resources mobilization, facilitation, and creation of an enabling environment, and coordinating and monitoring service delivery still remains strong. The adaptation of multi-party democracy since the mid 1990s has enhanced public accountability, advocacy and an oversight role by non-government institutions. The latter plays a crucial role in most decision-making processes, especially with regard to social services delivery and improvement.

2. Political and economic conditions including budgetary monitoring

As an outcome of the implementation of various macro-policies and programmes aimed at improving social services, the government had experienced steady increase in GDP growth over the past decade. In 2002, GDP recorded a growth rate of 7.2 percent and reached a peak of 7.8 percent in 2004. The GDP growth rate declined to 6.7 in 2006 and increased moderately to 7.1 percent in 2007 (Bank of Tanzania; 2008). It is estimated that Tanzania's economy will probably expand 6.2 percent this year, from 5.5 percent in 2009, helped by increased government spending to boost agricultural output and build infrastructure, according to the International Monetary Fund. Thereafter an increase in growth is predicted.²

The trend in per capital income growth also suggests that individuals' income has increased in Tanzania over the last decade. The statistics on the per capital income (in 2001 constant price) reveal that there has been a steady growth of the per capital income in the 1998–2007 period (MoFEA 2008). The increase in GDP, as well as per capita GDP is associated with efforts to stimulate economic activities and improve basic social services.

Overall, the implementation of various policies, strategies and programmes/projects has had a positive but limited impact on reducing poverty. The 2007 HBS survey revealed that people living in poverty decreased by 2.4 percent i.e. from 35.7 percent in 2000/01 to 33.3 percent in 2007 (HBS, 2000/01; 2007).

The statistics also indicate that basic needs poverty has declined more in urban areas than in the rural sector. In most urban areas (except Dar es Salaam) the poverty level declined from 28.1 percent in 1991/92 to 16.2 percent in 2007 (HBS 2007). In rural areas, the poverty level declined from 41 percent in 1991/92 to about 39 percent in 2000/01 and subsequently to about 37 percent in 2007. Despite this the HBS of 2007 also revealed that the absolute *number* of people living in poverty in Tanzania's Mainland increased by 1 million people between 2001 and 2007 (HBS 2007).

The MDG targets to reduce the proportion of Tanzanians living below the poverty line from 48 percent in 1990 to 24 percent, that is, by half by 2015, is unlikely to be achieved primarily because of the small growth in GDP. The recent decline in the growth rate will certainly affect the progress in poverty reduction previously marked.

3. Adoption of MDG and national goals for 2014/2015

There has been considerable hope that the MDG will be reached in Tanzania from indications of progress. Despite spatial differences between urban and rural areas and within the entities, the commitments by the government and its partners to reduce poverty

² <http://www.businessweek.com/news/2010-06-24/imf-forecasts-tanzania-2010-economic-growth-at-6-2-update1-.html>

by 2015, through the National Strategy for Growth and Reduction of Poverty (NSGRP) have shown such progress. Whilst access to healthcare services and water supply has increased in both urban and rural areas, there has been a more significant increase in urban centers where the private sector is also more active.

Social indicators suggest, however, that there are growing challenges in achieving the MDG goals and targets as far as service delivery is concerned, especially with regard to sanitation and health services. Even though life expectancy in Tanzania is around 51 years, that is, just above the Sub-Saharan Africa average of 50 years, the proportion of the population below the poverty line is among the highest in the world.

Some of the challenges that face the country include the problem of HIV/AIDS, which is impacting most adversely on social services such as education and health; poor infrastructure, especially with regard to power supply and roads. In addition, governments concern about corruption has emerged as a major issue. The anti-corruption crusade of President Kiewit and the role played by the Parliament in recent years has been welcomed. These inter alia saw the passing of the Prevention of Corruption Act, the sacking of the governor of the Bank of Tanzania and resignation of the Prime Minister and two senior Ministers. Much is still to be done to make the social sector a corruption-free zone.

Government has been challenged to translate the past positive growth into increases in the improvement of welfare of all Tanzanians, or significant improvements in employment and income. This is manifested in the modest decline in poverty levels between 2000/01 and 2007.

Given the resource constraints and other local factors such as population distribution and geo-spatial extension of the country, the achievements scored are being closely assessed.

4. Progress towards human development

The following section assesses progress in social development across four sectors: water, sanitation, education and health. This has been the focus of this Project that focuses on service delivery improvement, and separate reports on these four sectors have been compiled and are the basis for this country report. The sectors are assessed in terms of indicators of progress made towards MDG targets that relate to the sector and reference is made to the Regional Indicative Sustainable Development Plan (RISDP), which accepts the MDG within a regional framework.

In the water sector, for instance, the target is the reduction of those not accessing safe drinking water and in the sanitation sector those without access to improved sanitation. In education an assessment is made with reference to enrolment, completion of primary education, and gender parity. The health sector is assessed through indications of better service, reduced diseases, and impact indicators such as child and maternal mortality.

The country report brings together data summarising progress across sectors, briefly reviewing progress by sector, and provides an account of the challenges and achievements at a national level. This perspective enables reflection on progress within the sector with a figure compressing progress by indicator.

The sectors are reviewed in the following order: water, sanitation, education and health.

5. Water

Key targets and indicators from the MDG (which are also contained in the RISDP) have been assessed to signify progress within the water sector. Target 7.8 sets out that the backlog in the proportion of the population not receiving improved water is to be halved by 2015.

Goal 7: Ensure environmental sustainability: water

Goal 7: Ensure environmental sustainability	Target 7.8 Access to improved water source	
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KEY	
0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

Projections from the available data indicates that Tanzania has made considerable progress over the past twenty five years (since 1990) and the MDG target of halving the backlog will be reached by 2014. There are however variations between the progress made in rural and urban areas. Much more had been achieved in urban areas. One of the key challenges in rural areas is scattered population and long distances to portable water sources.

6. Sanitation

Key targets and indicators from the MDG (which are also contained in the RISDP) have been assessed to signify progress within the sanitation sector. Targets 7.9 sets out to halve, by 2015, the proportion of people who do not have access to basic sanitation.

Presentation of progress towards improved sanitation is presented with two definitions employed; firstly that of **higher level of access** (higher) and secondly that of **basic sanitation** (broad). The distinction is made to ensure comparability between countries in the study and to surmount the problem that the different definitions of improved sanitation are not reflected in the national statistics.

Goal 7: Ensure environmental sustainability: sanitation

Target 7.9 Access to improved sanitation (broad)	
Target 7.9 Access to improved sanitation (higher)	

KEY	
0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

The “broad” definition has been adopted, which includes all toilets appearing in national statistics and a “higher level” definition, which is adopted by a number of countries and includes flush toilets and VIPs.

Projections from the data available at the “higher level” indicate that progress is being made but this is short of the pace to halve the backlog by 2015. The projections show that this target of meeting the “higher” definition of sanitation will be met well into the future, considerably beyond 2015.

However, access to improved sanitation based on the “broad” definition projected towards on the basis available data is met in 2008, well before the MDG target of 2015.

7. Education

Key targets and indicators from the MDG (which are also contained in the RISDP) have been clustered to review progress in the education sector in Tanzania. The following Goals from the MDG are included in the review of the education sector:

- Target 2a: Ensure that all boys and girls complete a full course of primary schooling; male and female primary completion rate;
- Net enrolment ratio in primary education;
- Literacy rate (male and female) 15 and above;
- Gender Parity Index (GPI);
- School life expectancy data.

The progress against these targets has been measured and a weighting system linked to the colour coding. The following illustrates progress made towards goals related to the education sector and educational outcomes drawn from the MDGs.

Goal 2: Achieve universal primary education & Goal 3: Promote gender equality and empower women

Goal 2: Achieve universal primary education	
Target 2.1 Male and female primary completion rate	0
Indicator 2.1 Net enrolment ratio in primary education	10
Target 2.3 Literacy rate (male and female) 15 and above	5
Goal 3: Promote gender equality and empower women	
Target 3.1 Gender Parity Index	5

KEY	
0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

Assessment and projections from the data available on the four indicators reveal that one of these indicators (net enrolment ratio in primary education) will be reached in 2015. The literacy rate of fifteen years and above and Gender Parity Index shows some progress being made but not at a sufficient pace to meet the MDG target. On other hand there is no progress being made towards the target of improving the male and female primary completion rate. This is attributed to high costs that parents/guardians have to meet, youth employment in the informal sector and early pregnancy among school children.

In summary, on the basis of the projections of present trends, the education sector appears geared to reaching the MDG.

8. Health

Key targets and indicators from the MDG (which are also contained in the RISDP) have been clustered to review progress in the health sector in Tanzania. These include quality of service indicators such as skilled attendance at birth and a wide range of outcome indicators such as infant and child mortality rates.

The following MDG are included:

- Goal 4: Reduce child mortality;
- Goal 5: Improve maternal health;
- Goal 6: Combat HIV/AIDS, malaria and other diseases.

The following illustrates progress made towards goals related to the health sector and health outcomes drawn from the MDGs.

Goal 4: Reduce child mortality; Goal 5: Improve maternal health; Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 4: Reduce child mortality	Target 4.1 Children <5 mortality rate	
Goal 5: Improve maternal health	Target 5.1 Maternal mortality ratio	
	Target 5.2 Births Attended by Skilled Health Staff	
Goal 6: Combat HIV/AIDS, malaria and other diseases	Target 6.1 HIV Prevalence Rate (15-49 years old)	
	Target 6.6 Reported Cases of Malaria	
	Target 6.9 Tuberculosis prevalence rate	

KEY	
0	No Progress in meeting target (0/10)
5	Some progress but will not meet MDG target (5/10)
10	Target will be met in 2015(10/10)

Projections from the data available on each of the 6 targets reveal that no progress is being made towards two of these targets, maternal mortality ratio and births attended by skilled health staff. In relation to the other four targets (under five mortality rate and the reduction of HIV prevalence, Malaria and Tuberculosis) there is some progress but the targets are not reached in 2015.

In summary, on the basis of the projections of the present trends, none of the three MDG goals relating to the health sector will be met by 2015.

Conclusion

Tanzania like many other countries in the region has put in place policies, strategies and programmes to improve accessibility to the much needed basic social services of health, education, water and sanitation commensurate with the MDG targets.

Apart from policies and strategies, there also elaborate mechanisms to engage the public, private and public sector in service delivery. However, the role of the state in mobilising resources, especially finance creating an enabling environment and monitoring has remained central in the execution of programmes. At the same time, oversight institutions including civil society and other non-governmental institutions are playing a critical role in enhancing public accountability in the provision of service delivery.

Political commitment to improve the delivery of health, education and water services remains high in national development programmes. This is manifested in the high priority given to these sectors in the National Strategy for Growth and Reduction of Poverty (MKUKUTA 1 – 2000-2010) and budgetary allocations. It is also expressed in various national campaigns such as universal primary school and the on-going ‘Tanzania without malaria is possible’ campaign.

Owing to these commitments Tanzania has made progress in some sectors, especially education. Achievements in education are notable not only in relation to the four countries but in Africa as a whole. However, the health and sanitation sectors have shown little progress. Overall the general pattern suggests that Tanzania will not achieve the MDG targets by 2015 in most sectors.

Challenges which continue to impede the realization of the MDG targets include inadequate resources including finance, equipment and human amidst poor national economy – high poverty levels and low per capita GDP.

In view of the poor national economy (modest reduction in poverty) and other factors, such as its high population growth rate, make the MDG targets appear over ambitious. Despite this some African countries have performed better in the area of health outcomes. In a poor country such as Tanzania review the MDG targets raises the question of continued international resources and commitments.

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