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## Working Paper No. 9

### Within Sight, Yet Far: Challenges and Opportunities in Achieving MDGs in Tanzania

*By Amarakoon Bandara*

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United Nations Development Programme

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### Abstract

The paper reviews the current progress in achieving the Millennium Development Goals in Tanzania with particular reference to its MDG Acceleration Framework introduced in 2010, identifies challenges and opportunities, and proposes key pointers for a new agenda. While Tanzania has made steady progress in many of the MDGs and targets, it is lagging behind in others. Direct targeted policy interventions seem to have paid off in areas such as education, child health and gender equality. However, a little push could enable Tanzania to achieve some MDG targets by 2015, if strategic policy interventions are effectively implemented on a priority basis. Spillover effects of growth on rural communities seem to be weak, requiring a rethinking of its growth strategies. Recent programs such as the Southern Agricultural Growth Corridor, under the Agriculture First or *Kilimo Kwanza* initiative, could be a stepping stone to achieving the poverty and hunger targets, if connected to small holder farmers going beyond a narrow focus of technology intensive large-scale commercial farming. While Tanzania has a clear objective of aligning its development strategies to achieving the MDGs, implementation of policies seem to have been constrained by gaps in institutional, financial and human resource capacities. The MDG Acceleration Framework, with a focus on reducing hunger, provided cost-effective and innovative solutions to address some of the key bottlenecks that prevented Tanzania from achieving the hunger target by 2015. To accelerate progress, Tanzania could also apply similar cost-effective solutions to other MDGs targets where it is lagging.

### Keywords:

Millennium Development Goals, MDG Acceleration Framework, Poverty, Hunger.

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### 1. Introduction

The United Nations adopted the Millennium Declaration in 2000 and the Millennium Development Goals (MDGs) in 2001 with the overarching objective of reducing poverty and improving social development by 2015. Since their adoption, the MDGs have become a cornerstone of development policy around the globe and remain an overarching framework for development activities of the United Nations (Hulme, 2009). They were also considered a blueprint for the transformation of human conditions (Sachs, 2005). The MDGs have had a profound effect on many developing countries, including Tanzania, and have made tremendous effort in directly aligning the MDGs to Tanzania's development strategies. But, like in many other developing countries, the progress in achieving the MDGs at the national level has brought mixed results. Tanzania is likely to achieve some MDGs, particularly those relating to education, child health and gender equality. They are also close to achieving some other MDGs, but will require significant effort in accelerating progress in the remaining three years. On the other hand, the MDGs relating to reducing poverty and hunger by half (MDG1) and improving maternal health (MDG 5) are unlikely to be achieved, as recurrent bottlenecks and structural impediments are constraining progress. However, in a drive to address these impediments, the country has undertaken several initiatives, among which are the adoption of the MDG Acceleration Framework (MAF), with its focus on the hunger target, and a redesigning of development strategies, with particular attention to areas where it is lagging behind in achieving the MDGs.<sup>1</sup>

The objectives of this paper are therefore to critically assess the progress Tanzania has made in achieving the MDGs, to identify bottlenecks that prevent achievement of MDGs in areas where the country is lagging behind, and to propose examples of cost-effective and innovative solutions to overcome them. In this desk review using secondary information, the paper uses the MAF that Tanzania has adopted as an evaluation tool. The rest of the paper is structured as follows: Section II evaluates Tanzania's current progress in achieving the MDGs. Section III identifies major bottlenecks that are hindering such progress while some cost effective solutions are provided in Section IV. Key lessons learned are summarized in Section V to highlight the way forward in accelerating achievement of MDGs. Section VI concludes with a summary of the main findings of the paper.

### 2. Tanzania's Progress in Achieving MDGs

Tanzania has made good progress towards achieving several MDG targets. It is on track to achieve the MDGs related to primary education (MDG 2), gender equality (MDG 3) and key targets such as vaccination against measles (MDG 4), HIV prevalence (MDG 6) and safe drinking water and ensuring access to sanitation in urban areas (MDG 7) (see Table 1).

The net primary school enrolment rate has improved from 54.2 percent in 1990 and 94.8 percent in 2005 to 95.4 percent in 2010, thus approaching the target of universal primary education. Gross primary enrolment, on the other hand, has already reached the target. The success in primary education (MDG 2) in Tanzania is mainly attributed to the Primary Education Development Plan introduced in 2002. The strategies under the plan focused more on efficiency gains, provision of facilities and human resources, and monitoring of progress. These were supplemented by the abolition of primary school fees and mandatory contributions, improved teaching and learning environment and awareness programmes on the benefits of education. In recognition of its achievements, Tanzania was selected for the UN MDG award for education in 2010.

Gender balance in primary and secondary education (MDG 3) has already been achieved. While immunization against measles is on target (85 percent of children has been vaccinated against a target of 90 percent by 2015), considerable progress has been made in infant and child mortality (MDG 4). Infant mortality dropped from 115 per 1,000 live births in 1990 to 51 in 2010, while under-5 mortality declined from 151 to 81 during the same period. Tanzania has done well in combating the spread of HIV and AIDS

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<sup>1</sup> See The Government of the United Republic of Tanzania (URT) 2010a.

# Tanzania's Progress in Achieving MDGs

## Table 1: Mainland Tanzania: Progress in MDGs at a Glance

MDG	Indicator	Baseline: 1990	Current status	2015 Target	Progress at a Glance
<b>1. Eradicate extreme poverty and hunger</b>	1.1 Proportion of population below \$1 (PPP) (based on national income poverty line)	39	33.6 (2007)	19.5	off track
	1.1 Proportion of population below \$1 (PPP) (based on national food poverty line)	21.6	16.6 (2007)	10.8	off track
	1.8 Under-5 underweight (percent)	28.8	20.7 (2010)	14.4	off track
	1.8 Under-5 stunted (percent)	46.6	35.4 (2010)	23.3	off track
<b>2. Achieve universal primary education</b>	2.1 Net enrolment ratio in primary education (percent)	54.2	95.4 (2010)	100	on track
	2.2 Gross enrolment ratio in primary education (percent)		112.7	100	on track
<b>3. Promote gender equality and empower women</b>	3.1 Ratio of girls to boys in primary school (percent)	98	101	100	on track
	3.2 Ratio of girls to boys in secondary school (percent)		105	100	on track
	3.3 Ratio of females to males in tertiary education (percent)		68.0	100	probable
	3.4 Proportion of women among members of parliament (percent)		30.3	50	probable
<b>4. Reduce child mortality</b>	4.1 Under-5 mortality rate (per 1,000 live births)	191	81 (2010)	64	on track
	4.2 Infant mortality rate (per 1,000 live births)	115	51 (2010)	38	on track
	4.3 Proportion of children vaccinated against measles		85 (2010)	90	probable
<b>5. Improve maternal health</b>	5.1 Maternal mortality ratio (per 100,000 live births)	529	454 (2010)	133	off track
	5.2 Proportion of births attended by skilled health personnel (percent)	43.9	51 (2010)	90	off track
<b>6. Combat HIV/AIDS, malaria and other disease</b>	6.1 HIV prevalence, 15-49 years	5.5	5.1 (2012)	<5.5	on track
	6.3 Number of malaria cases and incidence (cases per 100,000)	18,062	27,030 (2006)	18,062	probable
	6.3 Number of tuberculosis cases and incidence (cases per 100,000)	107	158 (2007)		off track
<b>7. Ensure environmental sustainability</b>	7.8 Proportion of population using an improved drinking water source (percent of rural population)	51	57.1 (2009)	74	off track
	7.8 Proportion of population using an improved drinking water source (percent of urban population)	68	83 (2009)	84	on track
	7.9 Proportion of people with access to improved sanitation (rural/urban)		88.9/98.5		on track

**Note:** Key to 'traffic light' colours: green green = achievable; yellow yellow = achievement probable; red red = not achievable.

**Sources:** Country Report on the Millennium Development Goals 2010, Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12.

## Tanzania's Progress in Achieving MDGs

(MDG 6). HIV prevalence rate has declined from 9.4 percent in 2000 to 5.1 percent in 2012 after a persistent rise in the past. Behind this progress are the vigorous campaigns initiated by the Government of Tanzania, the establishment of many voluntary counselling and testing centres around the country and the quality services provided to prevent mother-to-child transmission of the disease.

Another area where Tanzania has done relatively well is overall human development. The Human Development Report 2013 recognizes Tanzania as the best-performing country in sub-Saharan Africa in terms of improvements in ranking in the Human Development Index (HDI), moving up 15 places from 2007 to 2012. Tanzania needs to build on its recent successes in human development, given the fact that majority of its people are multi-dimensionally poor (indicating constraints in accessing basic services) and inequality is becoming a cost to development.

Two of the most critical areas where Tanzania is lagging behind are the reduction in poverty and hunger and maternal mortality. Despite the high annual economic growth of around 7 percent during the past decade or so, poverty has dropped by only two percentage points from 35.7 in 2001 to 33.6 percent in 2007. While hunger dropped from 18.4 percent to 16.6 percent during the same period. The economic slowdown and prevailing high inflation could have put more people into poverty, as indicated by the results of the National Panel Survey of 2010-11. In order to see a significant reduction in poverty and achieve MDG 1 by 2015, Tanzania needs to reorient its development policy towards pro-poor growth with a focus on rural-sector development. Agriculture is important in employment generation and poverty reduction, but it cannot stand alone. While attempts have to be made to increase agricultural productivity, other sectors need to have a supporting role by generating employment for the excess labour in agriculture, thus creating demand for agricultural products. The fact that a significant proportion of the poor are lying just below the poverty line<sup>2</sup> means that a big push could take them out of poverty.<sup>3</sup>

Both the National Strategy for Growth and Reduction of Poverty II (MKUKUTA II) and the Five-Year Development Plan are aligned to achieving the MDGs with a focus on high growth and reduced poverty, among other development objectives. Effective implementation of these strategies could pay hefty development dividends. The government's recent initiative to promote agriculture through *Kilimo Kwanza* could play a vital role in revitalizing agriculture and thereby reducing poverty. The Southern Agricultural Growth Corridor of Tanzania (SAGCOT), in particular, could be a stepping stone to achieving the poverty and hunger targets, if connected to small holder farmers going beyond a narrow focus of technology-intensive large-scale commercial farming. Maternal mortality (MDG 5) is a critical health challenge where Tanzania is lagging far behind, although some progress has been made in recent years. Maternal deaths remain stubbornly high: 454 per 100,000 live births compared to 578 in 2005 and 529 in 1996 – more than one maternal death every hour. The issue is compounded by more than a third of childbirths not being attended by skilled health personnel. Less than half of childbirths take place in a health facility. The bottlenecks that hinder progress relate to lack of access to basic healthcare, transport (particularly in remote areas), medicine, and awareness of the merits of childbirths taking place in a health facility.

The introduction of the National Strategic Plan, also known as 'One Plan' to accelerate reduction of maternal, newborn and child deaths in April 2008, is a welcome development. Heavy investments may be required in the provision of health facilities, particularly in rural areas, and training health personnel. Access to improved sources of water (MDG 7) is a challenge as well, particularly in rural areas, with only 57 percent of the rural population having access to improved source of water in 2009 against 83 percent in urban areas.<sup>4</sup>

While Tanzania has made considerable progress in areas such as education, quality of education is a matter of concern. For example, although primary enrolment is high at 94 percent in 2011, primary completion rate has dropped from 69.3 percent to 64.4 percent.

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2 The national food poverty line is defined as the minimum expenditure required to obtain 2,200 calories per adult equivalent per day (see HBS2007; Appendix A).

3 See, for example, Poverty and Human Development Report (PHDR) 2009.

4 The data are available only up to 2009.



Meanwhile, classes remain crowded, with high pupil/teacher ratio (48:1 in 2011). Failure of 60 percent of the students in the Form IV examination in 2012 is also attributed to low quality of education. Overall, these indicate the challenges ahead in ensuring efficiency considerations articulated in the Primary Education Development Plan.

### 3. The MDG Acceleration Framework

With this background, Tanzania became a pilot country for the initial phase of the MDG Acceleration Framework (MAF) roll-out. Participation in the MAF was considered an opportunity to accelerate Tanzania's efforts to achieve the MDGs. The MAF Acceleration Framework for Tanzania focused on the Hunger Target of MDG 1, i.e., "halve, between 1990 and 2015, the proportion of people who suffer from hunger". This choice was made in consideration of the slow progress toward this goal in achieving the targets by 2015 and its potential benefit for other MDGs such as health and education. The objective of the MAF was to accelerate progress in achieving the hunger target by capturing local interdependencies to address challenges and to maximize opportunities at the subnational level. It was also expected that stakeholders would extend this approach to accelerating the achievement of other MDGs as well.

The strategy adopted in the MAF identified the bottlenecks that prevent the implementation of policy interventions. A detailed analysis of such bottlenecks with regard to hunger reduction was undertaken, with a priority on improving agricultural productivity and promoting infant and young child malnutrition.

### 4. Major Bottlenecks Hindering Progress

Tanzania has a number of development strategies, including MKUKUTA, MKUZA and the Five-Year Development Plan, that aspire to achieve broad-based socio-economic development, including reduction in poverty. But effective implementation of these policies has been a serious challenge due to gaps in institutional, infrastructural, financial and human resource capacities. These gaps, among others, have also been a deterrent to achieving the MDGs (Osberg and Bandara, 2013). Recent experiences, particularly in education, demonstrate that success is possible if the interventions are tailored to country-specific needs and prioritized in terms of development impact and if bottlenecks that prevent effective implementation of these interventions are removed. This paper identifies major bottlenecks to achieving MDG 1 (poverty target) and MDG 5, as Tanzania is lagging far behind in these goals. The hunger target of MDG 1 will be discussed under Section V, as the MAF focuses on this area.

#### 4.1 Bottlenecks in Reducing Poverty

Because most Tanzanians still live in rural areas and agriculture provides employment and livelihood for over 70 percent of the population, it is imperative to promote agriculture as a primary short- to medium-term strategy to escape poverty.<sup>5</sup> However, low productivity in agriculture only limits its capacity to do so. In Tanzania, agricultural growth has been low, at around 4 percent, while population in rural areas has also been growing at an approximately similar rate (2.9 percent for Tanzania as a whole, but close to 4 percent in some regions). As a result, per capita income growth is low in rural areas, indicating that there is low per capita consumption of the bottom 40 percent of the population, which remained unchanged during 2001-2007 (as per the Household Budget Surveys). If agriculture also grew at the same rate as overall GDP and consumption also grew at the rate of agricultural growth, the per capita income of the poorest would have grown by 28 percent from 2001 to 2007 and by 44 percent by 2010, inflicting a greater dent in poverty reduction.

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<sup>5</sup> See, for example, PHDR -2009 and Osberg and Bandara (2013).

## Major Bottlenecks Hindering Progress

While agriculture could help reduce poverty in the short to medium terms, a sustainable reduction in poverty would require a comprehensive approach to development focusing on farm and non-farm sectors. The MAF identifies five priority policy interventions that could help reduce poverty on a sustainable basis: (i) improve agricultural productivity, (ii) develop agricultural markets and marketing, (iii) undertake land reforms, (iv) promote non-farm sectors, and (v) improve financial services.<sup>6</sup> Most governments are aware of these policy interventions and they in fact make great efforts to address them. But, in most cases, those issues remain unresolved. We adopt a different approach to solving these issues. Rather than trying to implement these policy interventions, we identify the bottlenecks to implementation of these policy interventions. These are listed below.

### (i) Bottlenecks in improving agricultural productivity

Tanzania has a comprehensive agricultural sector development programme (ASDP), but its implementation has been slow. As discussed above, improving agricultural productivity should be a priority in any poverty reduction initiative. Some of the key bottlenecks in improving agricultural productivity are:

- a) Inadequate budgetary allocations and lack of access to financial services for timely access to agricultural inputs, particularly fertilizer, seeds and credits. Currently, there is a large gap between the demand (8 million) and supply (1.5 million) for agricultural inputs through the voucher scheme.<sup>7</sup>
- b) Inadequate funding and contractual delays in undertaking irrigation facilities and water management techniques. Tanzania relies heavily on rain-fed agriculture, as only 0.3 million hectares have been irrigated against a target of one million by 2010.
- c) Insufficient number of extension service officers reducing access to extension services by farmers. Only 4,000 extension workers to serve for 12,000 villages against a target of one per village.
- d) Inadequate financing and incentives to improve access to and application of modern agricultural techniques. Currently, 70 percent of farmers use hand hoe and 20 percent use animals for agricultural purposes. Only 10 percent use tractors. Although Tanzania has seen a gradual increase in agricultural mechanization, it is still well below averages in other regions such as Asia.
- e) Absence of contingency measures to address diseases, pests, etc. Not only do farmers lack knowledge about pests and diseases, but budgetary allocations for institutions involved in the control of disease and pests are also low.<sup>8</sup>

### (ii) Bottlenecks in developing agricultural markets and marketing practices

- a) Absence of a proper marketing strategy and weak coordination among relevant ministries, departments and agencies (MDAs).
- b) Lack of proper packaging policy, practices and services. Post-harvest losses could be as high as 30 percent for some agricultural products. One contributory factor is lack of low-quality packaging that could result in loss of products during transportation.
- c) Lack of affordable transportation arrangements such as railway, road transport, etc. Recent findings by Mbonile and Haule (2012) amply illustrate the difficulties faced by villages in taking their produce to markets and the potential income losses. A medium-sized pot produced in the village of Kisi in the district of Ludewa in Tanzania is sold at Tshs 100, but, when it reaches Matema market (luilo), the price increases to Tshs 500. The same pot is sold at Tshs 6,500

6 URT (2011). These policy interventions are very much reflected in the national development plan MKUKUTA II as well as the Five-Year Development Plan.

7 See URT (2011).

8 Ibid.



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when it reaches big markets like Mbeya City. In big urban centres like Dar es Salam City, the same is sold at Tshs 10,000 and above. But the producer gets little due to transportation problems.

### (iii) Bottlenecks in undertaking land reforms

- a) Absence of a proper database on land ownership. Land reforms were central to poverty reduction in China at the initial stages of rapid development in the 1980s (Lin, 1992). In Tanzania, the lack of adequate security of tenure for the majority of rural and urban people is a major issue. Most property rights in land in Tanzania are not documented or mapped, as only a fraction of land are mapped and registered. Consequently, 90 percent of Tanzanians cannot be located through property registration. In urban areas, 70 percent live in unplanned settlements besieged by health hazards and insecurity.
- b) Lack of a comprehensive policy and implementation strategy. The current land policy does not facilitate agricultural sector development as it does not provide for equitable and secure access to land farmers or investors.
- c) Lack of land officers, land surveyors, etc.
- d) Weak enforcement of land/property rights
- e) Weak coordination among relevant ministries

### (iv) Bottlenecks in promoting non-farm sector

- a) Weak rural infrastructure such as feeder roads. Remoteness and a lack of access to markets contribute to low farm incomes as well as a weak non-farm sector.
- b) Lack of access to electricity. While access to electricity has improved to 16 percent, frequent power cuts remain a key constraint to private businesses.<sup>9</sup> Only 3.6 percent of rural Tanzanians have access to electricity, curtailing the development of small enterprises.
- c) Lack of access to skills and technology. Skills gap is one of the critical constraints to Tanzania's poverty reduction efforts. Adaptation of agricultural technologies is hampered by illiteracy and limited knowledge of new production methodologies.

### (v) Bottlenecks in improving financial services

- a) Credit constraints. While Tanzania has made progress in developing the financial system, only 10 percent of the rural population has access to formal financial services.<sup>10</sup> While microfinance initiatives are spreading countrywide, the demand for such services seems low due to high interest costs. Cooperative systems are mostly non-operational.
- b) Lack of collateral (or assets that could be used as collateral)
- c) Inadequate mechanism to ensure property rights and delays in dispute settlements
- d) Lack of access to capital by microfinance institutions.<sup>11</sup>

<sup>9</sup> World Bank (2012).

<sup>10</sup> AfDB, OECD, UNDP, ECA (2012).

<sup>11</sup> See URT (2011).

### 4.2 *Bottlenecks in Reducing Maternal Mortality*

Maternal health is a critical development challenge for Tanzania. Although Tanzania has managed to reverse the deteriorating trend, the maternal mortality ratio of 454 per 100,000 live births is still one of the highest in the world. Childbearing thus poses a serious threat to life in Tanzania. The lifetime chance of death during pregnancy and child delivery runs at nearly 4 percent, compared with 3 percent in sub-Saharan Africa and only 1 percent worldwide. There are over 8,000 maternal deaths per year and, for each of these deaths, an unspecified number of women will become disabled, injured or ill owing to pregnancy. Every year, more and more children are left motherless and vulnerable because of maternal death. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not. This demonstrates the long road ahead of Tanzania in securing the health of its mothers.

Key health interventions such as improved health service delivery, along with efforts to reduce poverty and improve education levels, particularly of rural women, could make Tanzania a safer place for expectant mothers. However, risks are exacerbated by several key bottlenecks:

- (i) **Poor access to high quality birth services**, such as well-equipped clinics and skilled professionals, prevent women from accessing health services at critical times. According to the Household Budget Survey (2007), nearly 50 percent of rural women give birth to their children at home, with the figure being even higher in the Rukwa, Kigoma, Shinyanga and Mara regions in the mainland and Pemba North in Zanzibar. One third of rural households live between 6 and 20 kilometres from the nearest clinic, with some being much further. However, 75 percent live more than 10 kilometres from the nearest hospital, which has serious implications for complicated births. Even if a mother can reach a clinic, there is no guarantee that she will receive the necessary care. Infection of the genital tract and excessive bleeding following delivery are two primary causes of death. Yet both could be easily treated if antibiotics and trained professionals were available. Added to these problems is the often low morale of staff that are over burdened and underpaid.

One of the critical problems Tanzania faces in addressing maternal deaths is the lack of health professionals. According to the 2010 Demographic and Health Survey (DHS), only 50 percent of births are attended by a health professional or trained birth attendant. The rest depend heavily on relatives and traditional birth attendants who are not trained in midwifery or medicine. They often fail to treat complications or recognize emergencies that require immediate hospital care.

- (ii) **Social factors** such as low education levels and societal norms like early marriage or pregnancy put women at risk during child delivery. Apart from limited access to health facilities and lack of trained health professionals, societal norms complicate the problems of high death rates during pregnancy and child delivery. Girls aged 15 to 20 years are twice as likely to die in childbirth as those in their 20s, while girls under the age of 15 are five times more likely to die during childbirth. Early pregnancy (and marriage), which may also be related to poverty, can cause complications during pregnancy, as young women's bodies are not sufficiently developed to nurture a baby.

Early pregnancies are a public information problem, with many girls not being aware of the risks. For example, in the district of Masasi, pregnancy during schooling is common and more than 8,000 girls drop out of school annually due to pregnancy. Significant numbers may also not have a voice against the decision to have an early marriage or pregnancy. Furthermore, the risk of maternal mortality increases with each pregnancy. Yet, women who would like to delay or avoid childbearing are without access to safe, affordable, and effective contraceptives: 85 percent of married women between the ages of 15 and 19 do not use any type of modern contraceptives. Meeting unmet needs for contraception alone would reduce up to one third of maternal deaths. Having fewer pregnancies and spacing births increases the survival rate of women and their children, while the close spacing of births raises the risks to their life and health. The practice of female genital mutilation is another practice that can complicate child delivery.

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(iii) **Poor awareness of postnatal care** is another bottleneck affecting maternal health outcomes. Postnatal care is vital for mothers and their children to treat complications arising from the delivery. However, according to the DHS, around 83 percent of mothers in Tanzania do not receive any postnatal check-up. This happens regardless of maternal education or wealth, indicating a public information problem.

(iv) **Lack of education** among mothers is another binding constraint. Education can make a significant difference in reducing deaths during pregnancy and childbirth. An educated mother is more likely to visit a clinic for regular antenatal care. She is also more likely to go to a health facility to deliver her child. According to DHS (2010), two out of three mothers with no formal education deliver their children at home, with limited trained assistance. In contrast, only 15 percent of mothers with secondary education do so.

Of course, the preference to stay at home or go to a health facility is influenced by wealth and income, among other factors. Two thirds of women in the poorest 20 percent of the population give birth at home (DHS 2010). This is a similar level to those with no formal education, thus suggesting a strong relationship between income, education and the choice of health facilities.

## 5. Cost-effective Solutions

While there could be many approaches to increasing agricultural productivity, this paper focuses on the solutions to address the bottlenecks highlighted above. Some of the key cost-effective solutions are elaborated below.

### 5.1 Improving agricultural productivity

As indicated in the African Union 2003 Maputo Declaration on Agriculture and Food Security, budgetary allocations for agriculture could be increased, given the social benefits of poverty reduction. One of the critical constraints to benefit from the agricultural subsidy voucher scheme is lack of access to credit. As in other countries, access to finance and credit could be improved by revitalizing cooperatives and farmer groups, regional development banks and microfinance institutions. The Agricultural Development Bank could play a vital role until these systems are in place. Most farmers rely on their own seeds used over and over again, a practice that gradually reduces productivity. Making available improved varieties of seeds with quality control would be necessary to make improved and quality seeds timely and available. South-South cooperation has been effective in adopting farm techniques redesigned for the Tanzanian context.<sup>12</sup>

State interventions in developing irrigation facilities and educating farmers about water management techniques would be vital to increasing farm productivity. While Tanzania has a plan to train and recruit 2,500 extension workers annually, the process has been slow due to financial constraints. While adequate budgetary allocations are necessary, they should also be equipped with the latest agricultural techniques so that they could train farmers through resource centres. Sporadic pest attacks on crops could be managed if an integrated pest management system were in place. While a contingency fund could be considered for emergency cases, a contributory agricultural insurance against crop failure could be considered on a long-term basis.

### 5.2 Developing agricultural markets and marketing practices

In addressing bottlenecks relating to the development of agricultural markets, the immediate step could be to have a clear action plan that sets guidelines for a well thought-out marketing strategy linking all relevant MDAs. The scope of such a plan could go beyond to include related activities such as packaging and setting basic standards and norms.

<sup>12</sup> For example, the pilot projects with technical support from China has doubled agricultural output in the Morogoro region (Li Xiaoyun, 2012), presentation made at the 17th Annual Research Workshop of REPOA, Tanzania, 28-29 March 2012.

Developing traditional and modern storage facilities at the household, village and ward levels could help reduce post-harvest losses. Improving the warehouse receipt systems at local levels along with sensitization of farmers to such systems and the provision of technical support for quality standards would help farmers protect their crops.

Being a large country, Tanzania needs to develop its transportation system linking rural cities and villages to urban centres. Public railway systems are usually the most cost-effective mode of transport of agricultural products from farm to markets. This should go hand-in-hand in developing feeder roads connecting farms and villages to cities to facilitate connectivity to markets.

### **5.3 Undertaking land reforms**

Reviewing the current land policy to facilitate land use by all stakeholders including farmers, residents and investors should be a priority in embarking on land reforms. Implementation of this would require improving the functioning of land registry, training staff, land officers, surveyors, etc., mapping land, issuing titles and designing conflict resolution mechanisms at among local government authorities (LGA). A proper mechanism to enforce land/property rights should also be in place while improving coordination among ministries and harmonizing their mandates. The Village Land Act could be amended to accommodate commercial land. Steps are required to distribute land to landless farmers, in particular, as a further step to poverty reduction.

### **5.4 Promoting the non-farm sector**

Among key priorities could be the strengthening of the Rural Energy Agency (REA) to implement feasible and sustainable small-scale energy sources such as mini hydropower generation systems and renewable energy systems to support SMEs in rural areas. Private-sector investment in the rural non-farm sector should be encouraged by providing financial and non-financial incentives as well as public infrastructure such as roads, electricity and financial services.

Another aspect is to develop skills to adapt processing techniques and knowledge-sharing and to conduct entrepreneurship and value chain development training for youth to undertake non-farm sector SMEs and to link them up with local financial service providers/venture capitalists. Strengthening the Tanzania Bureau of Standards to maintain product quality and standards is also vital.

### **5.5 Improving financial services**

Developing financial services in rural areas through cooperatives, farmer groups and microfinance institutions such as Savings and Credit Cooperative Societies (SACCOS) and village community banks (VICOBA) would be critical for productivity gains in agriculture. Credit schemes could be arranged through these institutions for farmers for payment once harvests come in. These financial services could also be linked to agricultural insurance systems so that recovery of loans by financial institutions at times of shock such as drought and pest attacks is ensured. It is vital to educate rural people on financial services and products while also building human resource capacities of rural financial institutions.

### **5.6 Reducing maternal mortality**

It is important to address access to maternal health services by establishing well-equipped clinics in rural cities that are linked to district base hospitals. At least one trained health personnel could be deployed in each village to provide maternal health services. This could be supplemented by mobile clinics, particularly to serve in remote areas as well as to make antibiotics available. Medical advisory services could also be given through mobile phones.

The greater the educational achievements, the more women tend to deliver their child in a health facility. This means that education of girls and women is vital to reducing maternal mortality. This could be undertaken at the village level by the trained health personnel. Societal norms such as dependency on family members or relatives to deliver children at home need to be addressed

through educational programmes. If these societal norms are very rigid, an alternative could be to train village elderly mothers on midwifery and medicine.

Similar initiatives could also be undertaken to address early marriages. The minimum marriage age could be raised to international levels, making it illegal to marry underaged girls. Adolescent girls should also be educated at school about early marriages and their implications. Advocacy campaigns and educational programmes at the local level, perhaps linking up with religious groups, could be useful in addressing adverse social norms such as female genital mutilation. Moreover, making available contraceptives and advocacy on spacing births could reduce unwanted pregnancies.

Advocacy campaigns on the benefits of postnatal care may be helpful in encouraging mothers to seek postnatal care. Public information systems and health care institutions could also be used as conduits to promote postnatal care among mothers.

Another approach, successfully piloted in Sri Lanka's Castle Street Hospital for Women, is the use of cost-effective 5-S (S1-Seiri (clearing up), S2-Seiton (organizing orderliness), S3-Seiso (cleanliness), S4-Seiketsu (standardize) and S5-Shitseku (training and discipline)), a system of theory of Japanese management usually used for quality improvement in the manufacturing sector (Karandagoda 2003).

### 5.7 Common issues

Apart from the above, it would be important to address some common issues to ensure the effectiveness of these policies. Among them are the simplification of procurement procedures to reduce the time taken to purchase goods and services and the establishment of social safety nets for the most vulnerable.

## 6. Lessons from the MAF and the Way Forward

### 6.1 MAF Implementation Status

Tanzania was a pilot country for the initial phase of the MAF roll-out. The Tanzania MAF Action Plan focused on several key interventions aimed at targeting an increase in agricultural productivity (to affect increased food availability), increasing efficiency in food distribution, promoting nutritional aspects and ensuring sustainability of a vibrant agricultural sector. Since its roll-out, several activities have been implemented with a view toward reducing hunger. Below, we give implementation status and some of the key activities of the MAF under each broad category of interventions.

The MAF implementation was also supplemented by support from the United Nations Development Programme (UNDP) during 2012 to promote and strengthen agricultural resource centres at the ward level in two selected districts of rural Bukoba and rural Bunda to promote knowledge, its use and dissemination, innovation and technology use among the extension service officers and farmers. Among the key activities undertaken include:

- (i) Conducting a rapid baseline survey in each district under the project to map current public access to information and the usefulness of the information presented to citizens
- (ii) Providing necessary equipment such as computer hardware and software to the Information/Agriculture Resource centres,
- (iii) Building capacity of their staff to undertake the requirements of the project, including training of staff to access and analyse information
- (iv) Dissemination of innovation and technology relating to oil seeds from other areas in the country, e.g., Singida
- (v) Awareness-raising and provision of extension services through the information/agriculture centres

### Table 2: MAF Implementation in Tanzania

Intervention area	Action taken
<b>Improve agricultural productivity</b>	<p>Irrigation of land (34,097 hectares completed while 40,000 hectares ongoing), training of 23 irrigation technicians, repair of 6 pieces heavy irrigation equipment, and construction and rehabilitation of 29 dams while rehabilitation of 116 dams ongoing. The government has also purchased power tillers and tractors for the use of farmers.</p> <p>Training of agricultural extension officers and employment of 5,089 new agricultural extension officers ongoing. The government also established 5,021 farmer field schools (2,358 ongoing).</p> <p>Production of over one million tea seedlings by 195 farmer groups in 11 districts. In addition, the government also distributed 15 million vouchers and distributed 201,050 MT of fertilizers to farmers.</p>
<b>Resolve land issues</b>	Drafting of policy on survey and mapping, issuance of 19,648 new land titles while a similar number is planned for the current year. In addition, a further 3,283 village title deeds and 46,000 customary title deeds have been issued.
<b>Promote agriculture value addition</b>	This includes training of farmers (39,158), construction and rehabilitation of hides and skin bandas, construction of slaughterhouses, provision of milling, oil-extracting and pulper machines to farmers
<b>Develop agricultural markets and marketing</b>	<p>Production of final draft of Agricultural Marketing Development Strategy, evaluation of 116 constructed go-downs for warehouse receipt system (WRS) use, successful experimentation of WRS for cashew nuts, processing and dissemination of wholesale price information for major food crops and livestock markets.</p> <p>Training of LGAs trade officers in business activities registration, construction and rehabilitation of crop markets, construction of crop storage structures, construction of primary livestock markets.</p> <p>Construction of 397 km of feeder roads while 117 km of feeder roads are being constructed to link the rural sector to markets.</p>
<b>Improve financial services and incentives for investing in agriculture</b>	Provision of an additional Tsh 20 billion to agricultural window at Tanzania Investment Bank (cumulative: Tsh 42 billion).
<b>Promote infant and young child nutrition</b>	Scaling up provision of free meals for school children, doubling the number of schools covered. Inclusion of nutrition cadre at regional and LGA levels in its new scheme of service by the Ministry of Health Sanitation and Water

The overall impact of these activities on hunger reduction cannot be established, given the fact that they are embedded in the overall development strategy. Instead, we treat them as a cohesive force in achieving the common goal. Nevertheless, a recent assessment of the MAF seems to indicate that they have helped to reduce hunger.<sup>13</sup>

Tanzania's experience provides lessons for other countries in two directions: The first is coordination of MAF-related activities. The second relates to implementation. The coordination of United Nations Country Team (UNCT) activities on MAF was mainly driven by the choice of the MDG targeted under the MAF. Tanzania selected the hunger target of MDG 1 due to its critical nature in the Tanzanian context. The UN resident coordinator helped to coordinate MAF-related work with other stakeholders, especially the UN agencies.

<sup>13</sup> See Rapid Assessment of Tanzania MDG Acceleration Framework Action Plan Implementation (2011).



### 6.2 *Building and Sustaining Partnerships*

Partnerships play a critical role in achieving the MDGs, as the process requires a collaborative approach. On the other hand, ownership matters very much in building and sustaining partnerships. Getting stakeholders involved and making them take ownership are important for the success of designing a country action plan under the MAF and its effective implementation. In Tanzania, the government, in particular the Ministries of Agriculture and Health, were the driving forces of the MAF process while Ministry of Finance provided guidance as a coordinating partner. It is also important that a more focused consultative process with prioritization at the centre be adopted to make stakeholders feel that MAF is a business-unusual process. This would not only avoid perceptions on the business approach, but also enable them to become involved in the whole process. In the Tanzanian context, the MAF process was timely, as it coincided with the preparation of the national development plan, MKUKUTA, and the United Nations Development Assistance Plan (UNDAP). This, along with strong partnerships, not only enabled MAF to be taken as a key input to the national policy framework, but also to closely link up with the UNDAP. Follow-up through the UNDAP and close engagement with key implementers make partnerships more effective.

Not only the government matters in implementing MDG-related activities in accelerating progress. All stakeholders have a role to play and strong partnerships provide a conducive environment for it. Missing or weak in the implementation of MAF-related activities have been the partnerships between civil society organizations and the government/development partners. Such partnerships, especially ones involving rural communities, could have been more effective in changing behavioural patterns and societal norms, areas where the government and donors usually fail. Partnerships with the private sector could have been used to strengthen corporate social responsibility as well as in areas such as youth engagement in productive activities.

### 6.3 *Critical Strengths of the UNDP/UN*

As an institution, the UN, and UNDP in particular, has some unique comparative advantages in moving the MAF forward as well as operationalizing its implementation. The coordination role through the resident coordinator system enables the mobilization of expertise from different agencies and UNDP engagement in areas where it does not have a strategic focus at the Country Office level. It also has the ability to tap expertise/resources from elsewhere, such as the Bureau for Development Policy (BDP), the Regional Bureau for Africa (RBA), and the Regional Service Centre (RSC).

One of the critical advantages that UN/UNDP has is the trust that it has built with governments over the years. The UN, and UNDP in particular, has a very close relationship with the government, which facilitates political buy-in of the MAF. Another advantage is its engagement in policy advocacy with the government, which provided UN/UNDP with a window of opportunity to put the MAF on the policy agenda. UNDAP is another route that enabled implementation of the MAF by UN agencies.

### 6.4 *Lessons to be Learned*

In the process of developing the MAF Action Plan, Tanzania learned useful lessons that can be informative to countries embarking on developing an effective action plan. First is the issue of timing, in order to take advantage of national processes and already established inclusive consultation mechanisms. The timing of the MAF matters very much if it is to be linked to national policies and annual work plans, the UN and other stakeholders, including the government. The Tanzania national strategy for growth and reduction of poverty, MKUKUTA II, UNDAP and the MAF were being prepared at approximately the same time. That enabled MAF to be used as a key input to the MKUKUTA II. It also ensured consistency between UNDAP and the MAF.

Another important lesson was that deep probing is necessary to understand some of the critical issues relating to the MDGs. For example, some of the issues relating to fertilizer subsidies that were missed during the almost two years of policy dialogue under MKUKUTA came to light only after extensive probing with the help of counterparts at respective ministries. Many tend to see MDGs

as a UNDP product; this could be counterproductive, as some stakeholders may be hesitant to join forces with UNDP in working on the MAF. In these situations, UNDP needs to be innovative, perhaps letting the government lead the process.

### 6.5 *Issues and Challenges*

The non-UN donor engagement in the MAF has been a challenge. Although non-UN donors engaged in the initial discussions and shared all of their MDG-related activities as per their work plans, their contribution at the final stages of the MAF left much to be desired. Another critical challenge is sustaining government policy focus on the MDGs and ensuring the implementation of MDG-centred activities. Staying engaged is critical for this to happen. The tension between line ministries and the Ministry of Finance on issues such as development priorities and resource allocation can hamper progress in MDGs achievement. A wider and open consultative process and a functioning coordination mechanism are paramount to ensure consistency between the macroeconomic framework and the objectives and responsibilities of line ministries.

Some of the critical activities reflected in the MAF require substantial financial commitments to make them happen. This is not confined to activities to be undertaken by the government, but by the UN as well. As the Government of Tanzania intends to reduce donor dependency, financing its development work, particularly MDG-related activities, depends very much on how successful and effective it is in mobilizing resources and public financial management. While increasing domestic revenue and improving public financial management have received attention in recent years, their sustainability requires completing and strengthening core reforms. There is also the danger that the friction between donors and the government could derail the process, taking the focus away from the MDGs. Issues relating to accountability and transparency have affected the mode of aid delivery, moving away from general budget support to direct project financing.

Some of the issues mentioned earlier could be addressed if things are done differently. First, there should be a strategy for an early non-UN donor buy-in for the MAF, especially at the country level. This would make the MAF more inclusive. Second, in most pilot countries, including Tanzania, the focus was only selective. In Tanzania, for example, the current target is only the hunger target, although an attempt has been made to align the national development strategy to the MDGs, with the exception of the income poverty target. But it would have been better if the MAF had been extended to all MDGs right from the beginning. Aligning Country Office strategic priorities to the MDGs and the MAF is also critical to making UNDP/UN contributions effective in the implementation of the MAF.

There are a number of challenges in supporting the acceleration framework. These include the need to sustain policy focus and to maintain commitment of all stakeholders. Extra resource mobilization beyond fiscal space of government is needed, as realization of some of the critical activities reflected in the MAF Action Plan requires substantial financial commitments. This should go hand in hand with sound public finance management. This need also arises because Tanzania is challenged not only by the hunger target of MDG 1. Rolling over to other MDGs is equally challenged by resource needs and capacity constraints. Prioritization in MDG-related interventions will be needed in order to overcome human and financial resource constraints.

### 6.6 *Key Pointers for a New Agenda Beyond 2015*

The Tanzanian experience in achieving the MDGs and the consultations on the post-2015 development agenda indicate a few key pointers that could have a strong bearing on a new development agenda post-2015.<sup>14</sup>

- First is the need for strong political leadership and commitment in policy thinking ahead of the curve and making hard choices and putting them into practice. The main responsibility of achieving development goals, including the MDGs,

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<sup>14</sup> URT (2013a).

rests with the government.<sup>15</sup> The Tanzanian experience in the education sector achievements is a good example in this respect. Anything is possible if there is a will.

- Second, strong partnerships in policy design, resource mobilization and implementation would ensure inclusiveness and make the outcomes more effective. MDGs have been widely criticized as a donor-led agenda and, as a result, the ownership of MDGs at the national level has been weak until very recently. This should be avoided in the design of the post-2015 agenda and its implementation at the national level.
- Third, transparency and accountability mechanism at all levels are crucial for a successful development agenda. This is especially true when countries are resource-constrained and there must be achieved with the limited resources that they have. In most developing countries, including Tanzania, malpractices prevent efficient use of resources.
- Fourth, and most important, a change in the mind set (on policies, practices and norms) will be a critical element in advancing countries in the development ladder, something that is lacking in Tanzania and elsewhere.

## 7. Policy Recommendations

The MAF has provided an innovative approach to achieving the MDGs by identifying bottlenecks that hinder policy interventions. While the implementation of the MAF has begun, the following policy actions could strengthen its development impact.

- (i) Continuing priority focus on rural sector development, in particular the agricultural sector and nutrition, to achieve the hunger target. Particular focus could be given to addressing the bottlenecks identified in the MAF.
- (ii) Adopting a coordinated approach to development interventions involving all stakeholders.
- (iii) Making use of proposed public-private partnerships under SAGCOT to enhance linkages to small-scale out-growers.
- (iv) Effective implementation of development policies at all levels to ensure development impact.
- (v) Extension of the MAF approach to achieving other MDGs where Tanzania is lagging behind.

## 8. Conclusion

While Tanzania has made steady progress toward many MDG targets, it is lagging behind in others. Direct targeted policy interventions seem to have paid off in areas such as education, child health and gender equality. A little push could enable Tanzania to achieve some more MDG targets by 2015 if strategic policy interventions are effectively implemented on a priority basis. While Tanzania has a clear objective of aligning its development strategies to achieve MDGs, the implementation of policies seems to have been constrained by gaps in institutional, financial and human resource capacities. The MAF provided cost-effective and innovative solutions to address some of the key bottlenecks that prevented Tanzania from achieving the hunger target by 2015. Tanzania could also apply similar cost-effective solutions to other MDGs where it is lagging behind. Although within sight, the achievement of some MDG targets will still be far away if there is no prioritized and focused approach.

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<sup>15</sup> See Besley and Burgess (2003).

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