UNITED REPUBLIC OF TANZANIA

Millennium Development Goals Report

Empowerment...




...eradication


partnership...

Mid-Way Evaluation: 2000-2008

UNITED REPUBLIC OF TANZANIA

MILLENIUM DEVELOPMENT GOALS REPORT

MID-WAY EVALUATION 2000-2008

TANZANIA MID-WAY ASSESSMENT AT A GLANCE

Mainland

MDG	1990	2000	2008		2015	Glance
			Actual	Expected**		
Proportion of population below basic needs poverty line	39	36	33.64	25.0	19.5	
Under-5 Underweight (%)	28.8	29.5	22	18.4	14.4	
Under-5 Stunted (%)	46.6	44.4 (1999)	38	29.8	23.3	
Primary school net enrollment rate	54.2	58.7	97.2	87.2	100	
Under-five mortality rate (per 1,000 live births)	191	153	112	99.6	64	
Infant mortality rate (per 1,000 live births)	115	99	68	59.6	38	
Maternal Mortality Rate (per 100,000 live births)	529	-	578	244	133	
Births attended by skilled health personnel (%)	43.9	35.8	63	77.1	90	
HIV prevalence, 15-24 years	6	-	2.5	<6	<6	
Access to potable water :% of rural population	51	42 (2002)	57.1	67.6	74	
Access to potable water :% of urban population	68	85 (2002)	83	79.5	84	

** = Computed as % passage time thus 2008 is equivalent to 18 years or 72% time that has elapsed

Zanzibar

MDG	1990	2000	2008		2015	Glance
			Actual	Expected**		
Proportion of population below basic needs poverty line	60	-	51	38.4	30	
Under-5 Underweight (%)	39.9	25.8	7.3	14.3	20.0	
Under-5 Stunted (%)	47.9	35.8 (1999)	23.1	30.6	23.9	
Primary school net enrollment rate	50.9	67.0	83.4	86.3	100	
Under-five mortality rate (per 1,000 live births)	202	14.1	101	105	67	
Infant mortality rate (per 1,000 live births)	120	89	61	62.4	40	
Maternal Mortality Rate (per 100,000 live births)	377	323	473	173	94	
Births attended by skilled health personnel (%)	37	-	47	75.2	90	
HIV prevalence, 15-24 years	0.7	-	0.6	<0.7	<0.7	
Access to potable water :% of rural population	46	46	59	65.4	73	
Access to potable water :% of urban population	68	90	83	79.5	84	

** = Computed as % passage time thus 2008 is equivalent to 18 years or 72% time that has elapsed

Unlikely to achieve | Likely to achieve | Achivable

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Abbreviations and Acronyms

AGOA	African Growth Opportunities Act
AIDS	Acquired Immuno Deficiency Syndrome
ARV	Anti-Retroviral
BEST	Business Environment Strengthening for Tanzania
BEST(educ)	Basic Education Statistics in Tanzania
BPA	Beijing Platform for Action
CBOs	Community-Based Organizations
CCRO	Certificates of Customary Rights of Occupancy
CO_2	Carbon Dioxide
COBET	Complementary Basic Education in Tanzania
CRDB	Cooperative and Rural Development Bank
CSO	Civil Society Organization
DPs	Development Partners
EMA	Environmental Management Act
FDI	Foreign Direct Investment
FGM	Female Genital Mutilation
GBS	General Budget Support
GDP(mp)	Gross Domestic Product(market price)
HBS	Household Budget Survey
HIPC	Highly Indebted Poor Country
HIV	Human Immuno- Virus
IADGs	Internationally Agreed Development Goals
IAEG	Inter-Agency and Expert Group
ICBAE	Integrated Community Based Adult Education
ICT	Information Communication Technology
IFMS	Integrated Financial Management System
ILFS	Integrated Labor Force Survey
ILO	International Labor Organization
IMG	Independent Monitoring Group
ITNs	Insecticides Treated Nets
JAST	Joint Assistance Strategy for Tanzania
LDC	Least Developed Country
LGAs	Local Government Authorities
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MAIR	MKUKUTA Annual Implementation Report
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goal
MDRI	Multilateral Debt Relief Initiative
MITM	Ministry of Industry, Trade and Marketing
MKUKUTA	*Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania* (NSGRP)
MKUZA	*Mkakati wa Kukuza Uchumi na Kuondoa Umaskini* Zanzibar (ZSGRP)
MLEYD	Ministry of Labor, Employment, and Youth Development
MMR	Maternal Mortality Rate
MNRT	Ministry of Natural Resources and Tourism

MOEVT	Ministry of Education and Vocational Training
MoHSW	Ministry of Health and Social Welfare
MTEF	Medium Term Expenditure Framework
NBS	National Bureau of Statistics
NECP	National Employment Creation Program
NGO	Non Governmental Organization
NMB	National Microfinance Bank
NMSPF	National Multi-Sectoral Social Protection Framework
NSA	Non–State Actors
NSGRP	National Strategy for Growth and Reduction of Poverty
OCGS	Office of the Chief Government Statistician
ODA	Official Development Assistance
PADEP	Participatory Agricultural Development and Empowerment Project
PAF	Performance Assessment Framework
PCCB	Prevention and Combating of Corruption Bureau
PEDP	Primary Education Development Program
PER	Public Expenditure Review
PFM	Participatory Forest Management
PHDR	Poverty and Human Development Report
PHSDP	Primary Health Services Development Program
PMCT	Prevention of Mother to Child Transmission of HIV
PMO-RALG	Prime Minister's Office-Regional Administration & Local Government
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
RGZ	Revolutionary Government of Zanzibar
SACCOS	Savings and Credit Cooperative Societies
SADC	Southern African Development Community
SDP	Sector Development Plan
SEZ	Special Economic Zone
SSA	Sub-Saharan Africa
TACAIDS	Tanzania Commission for AIDS
TAS	Tanzania Assistance Strategy
TASAF	Tanzania Social Action Fund
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
TDS	Tanzania Debt Strategy
THIS	Tanzania HIV and AIDS and Malaria Indicator Survey
TRCHS	Tanzania Reproductive and Child Health Survey
TSPAS	Tanzania Service Provision Assessment Survey
UNFCCC	United Nations Framework Convention on Climate Change
URT	United Republic of Tanzania
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WSDP	Water Sector Development Program
ZSGRP	Zanzibar Strategy for Growth and Reduction of Poverty

CHAPTER I
INTRODUCTION

1.1 Background

Tanzania is one of the 189 nations, which endorsed the Millennium Development Goals (MDGs) in September 2000 as part of the internationally agreed-upon development goals at the General Assembly of the United Nations. The MDGs initiative calls upon developed and developing countries to work in partnership towards a world with less poverty, hunger and disease, greater survival prospects for mothers and infants, guaranteeing basic education for children, equal opportunities for women, and a healthier environment in support of the Agenda 21 principles of sustainable development. The MDGs provide a framework of time-bound targets by which progress can be measured and commitment of all nations tracked. Statistical experts selected indicators to be used to assess progress over the period from 1990 to 2015, when targets are expected to be met. The goals, targets and indicators were used until 2007 when the MDG monitoring framework was revised to include four new targets agreed by member states at the 2005 World Summit (as recommended by the Inter-Agency and Expert Group on MDG Indicators (IAEG) in January 2008) (Annex 1).

Direct support from richer countries, in the form of aid, trade, debt relief and investment is to be provided to help developing countries achieve MDGs. The emphasis is on effective and efficient use of resources in order to ensure maximum impact on human development.

Tanzania continues to make good progress in aligning internationally agreed upon commitments with national growth and poverty reduction strategies. The MDGs have been mainstreamed in national medium-term strategies and aligned with long-term policies such as the Development Vision 2025 (URT 1999) for Mainland Tanzania and Vision 2020 for Zanzibar (RGZ, 2002a). Both visions aspire to transform Tanzania from a least developed country (LDC) to a middle income country with a high level of human development. The long-term development targets and goals have been translated into short-term programs in order to ease implementation and monitoring beginning with the first-generation Poverty Reduction Strategy Paper which lasted for three years (2000/01-2003/04) (URT 2000).

Following the recommendations of the review of the first PRS, a second-generation PRS, the National Strategy for Growth and Reduction of Poverty (NSGRP/*MKUKUTA*) covering 2005-2010 (URT 2005a) was launched during 2005/06 fiscal year. In Zanzibar, the strategy is known as Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP/*MKUZA*) 2006-2010 (RGZ 2007). ZSGRP was preceded by Zanzibar Poverty Reduction Plan, ZPRP (RGZ 2002). The timing of the two strategies aimed at allowing harmonization of the starting time for the subsequent phase. Both strategies motivate implementation of various government programs towards various goals and targets embedded in the two vision documents.

In further efforts to mobilize resources to finance both short-term and long-term strategies for growth and reduction of poverty, the government in collaboration with Development Partners (DPs) adopted the Tanzania Assistance Strategy (TAS) (URT 2002a) which was later transformed into the Joint Assistance Strategy for Tanzania (JAST) (URT 2006a). The strategy not only seeks to build a true partnership between national and global efforts within the framework of the MDGs but also to strengthen donor coordination and harmonization as well as national ownership. In addition, the government has continued to harness technical and financial resources from its engagement with the United Nations and other international organizations and has implemented commitments related to education, health, environment, human settlements as well as peace and security.

1.2 Objective and Use of the Report

This mid-way Millennium Development Goals Report is one of the key outputs of government monitoring of its various policies. It informs the general public and other stakeholders on the results of the efforts by state, non-state actors and development partners to reduce poverty. It will feed into various government processes, influence decision-making and promote dialogue on the critical interventions needed to attain the goals by 2015 and beyond. The report will also be used for resource mobilization both at local and international levels.

Unlike previous assessment reports (2001, 2002, 2004, 2006), this report presents an assessment of progress made over the period 2000 (or slightly earlier) to 2008 pointing out:

i) Performance trends, lessons learned, opportunities and risks, including progress towards facilitating an enabling environment for attaining the 2015 targets.

ii) The synergies in the context of an enabling policy environment for accelerated implementation.

1.3 Methods and Approaches Used in Developing the Report

The preparation of this report was consultative, with government leading the participatory process and the Department of Economics from the University of Dar es Salaam serving as the secretariat. In the course of the review, various actors who implement activities related to MDGs were consulted. These included Government Ministries, Departments and Agencies (MDAs), United Nation (UN) agencies, Development Partners (DPs) and Non-State Actors (NSA). For effective coordination of the inputs, the consultation was around thematic groups whereby key MDAs responsible for a specific MDG paired with their counterparts in DP groups and NSA to provide assessments.

1.4 Nature of Data and Data Sources

The report uses both qualitative and quantitative information largely from routine information systems and national periodic surveys, and also from independent research activities.

The sources of information were Poverty and Human Development Reports (PHDR), PRS Progress Reports and Ministries Departments and Agencies (MDAs) sector reviews. Other sources included reports of surveys such as the Household Budget Surveys (HBS 1991/92, 2000/01 and 2006/07), Agriculture Sample Census (2002/03), Integrated Labor Force Survey, 2006, Tanzania Disability Survey, Tanzania HIV and AIDS Indicator Survey (2003/04), Tanzania HIV and AIDS and Malaria Indicator Survey (THMIS) of 2007/08 and Tanzania Service Provision Assessment Survey (TSPA) 2006, as well as international literature on MDGs.

1.5 Challenges in Relation to Data

Data on many of the indicators of poverty and MDGs are difficult to compile on a year-to-year basis, such as Household Budget Surveys or the Demographic and Health, rely on periodic surveys. A number of cautions need to be drawn: First, inter-survey comparisons differ to a certain degree because of difference between how questions were framed and how the responses were tallied. Secondly, comparability is limited by differences in sample sizes and level of aggregation of the analysis.

1.6 Organization of the Report

The report is organized into six chapters. Chapter II presents trends and current status of performance by goal and specific indicators against the 2015 targets. Chapter III discusses in further detail specific supportive policies in place and additional policy measures that should be implemented to attain the 2015 targets, including challenges and the way forward. It also cites lessons from the Millennium Village Project and TASAF contribution. Chapter IV compares Tanzania's performance with other countries implementing the MDGs. Chapter 5 recites the MDG principles and how they can help Tanzania in implementing interventions towards achieving the MDG targets and good practices beyond 2015. Chapter VI presents concluding remarks.

CHAPTER II
STATUS AND TRENDS IN IMPLEMENTING MDGs

2.1 Overview of the Trends

This chapter reviews progress of MDGs in Tanzania. It is generally seen that considerable progress has been made by 2008, though a number of challenges remain regarding interventions in financial and human resources, as well as effectiveness in their use, in order to achieve all MDGs by 2015.

2.2 Status and Trends by Goal

At a glance: Overall, Tanzania is off-track on income poverty-based measures (though performing better on food poverty-based measures). *Accelerated effort* is thus required for Tanzania to attain or come closer to attaining income poverty-based targets by 2015 (see Chapter III).

2.2.1 Goal 1: Eradicate Extreme Poverty and Hunger

Target 1A:

Between 1990 and 2015, reduce the roportion of people whose income is less than one dollar a day by half.
Indicators:

- **Proportion of population below $1 (PPP) per day/below national poverty line**
- **Poverty gap ratio**
- **Share of poorest quintile in national consumption**

Proportion of population below $1 (PPP) per day and poverty gap ratio

A replication of indicators 1.1, 1.2 and 1.3 is difficult due to lack of consistent data (calculations) except indicator number 2 for which the basic head count ratio (Po) is used. Following the 2006 MDG Report (URT, 2006b), assessment of performance on this goal is discussed around the measures of poverty derived from the household budget survey data bearing in mind the strengths and limitations of these types of measures of growth. In this case, the immediate national household budget surveys 1991/92, 2000/01 and 2006/07 indicate the proportion of population living below the basic needs poverty line (Table 2.1 and Figure 2.1 (mainland) and Figure 2.2 (rural mainland)).

It is worthy to note that the counterpart measure based on food poverty line was used by the MDG Report of 2006 as a further depiction of the poverty profile. Since it is nutrition-based, the food poverty line is also a close approximation of the population below the minimum level of dietary energy intake which appears as indicator 1.9 under Target 1C in the amended set of indicators.

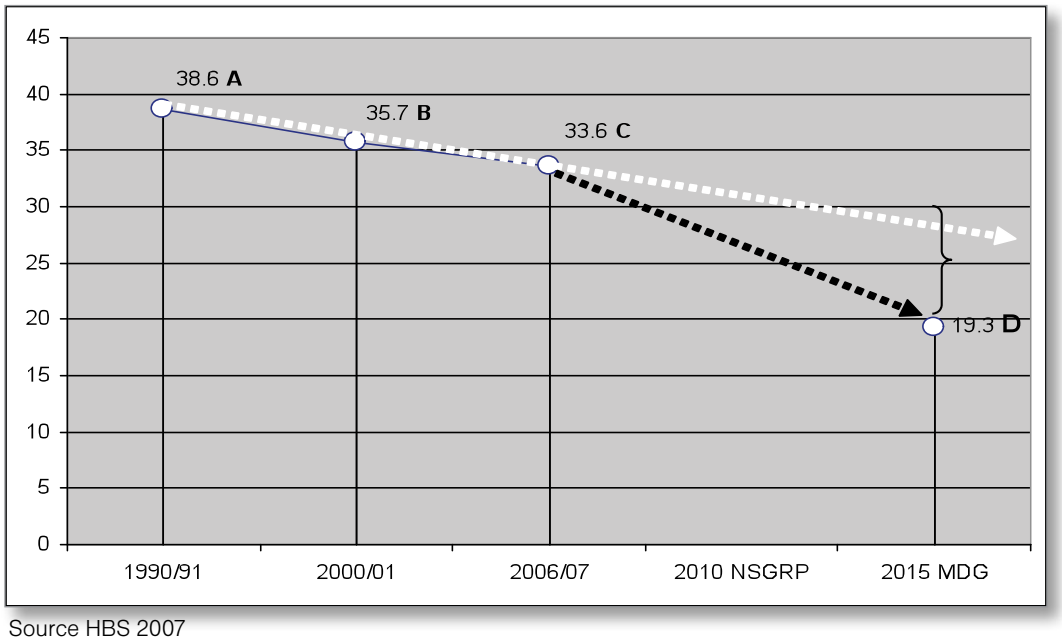
Table 2.1 Mainland Tanzania: Poverty Levels by Headcount Ratios 1990, 2000 and 2007 (%)

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

Sources: Compiled from 1991/92, 2000/01 and 2006/07 HBS reports

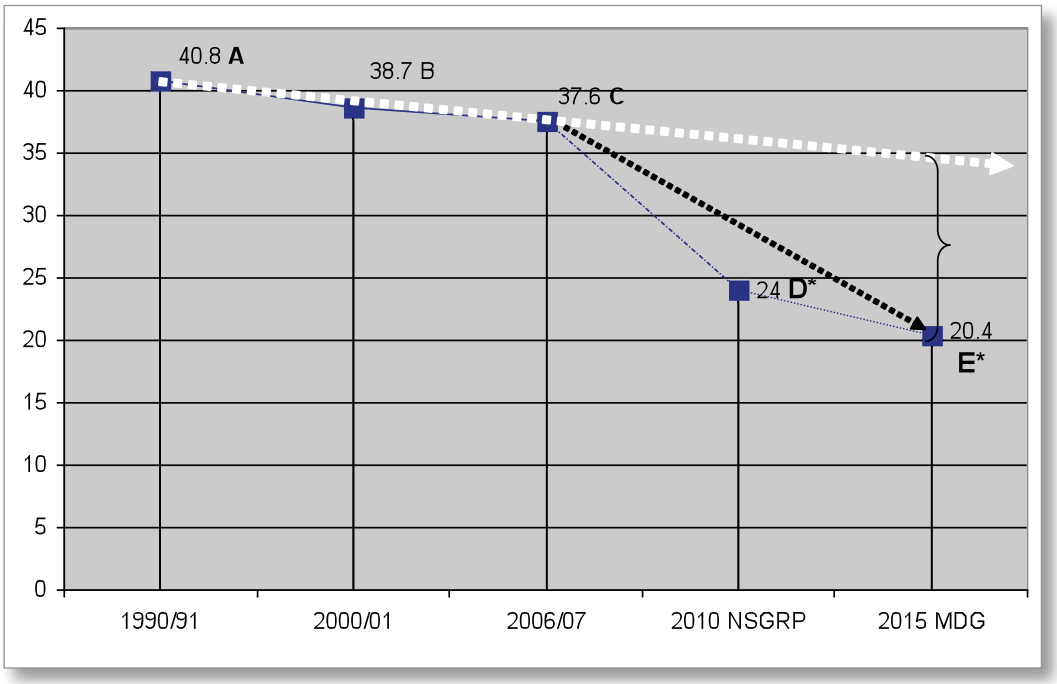
The 2006/07 HBS results showed that the proportion of people living below the national basic needs poverty line of TShs 13,998 per month in 2007 stood at 33.6 percent (Table 2.1 and Figure 2.1). The incidence of poverty has declined by 2.4 percentage points from 35.7 percent in 2001. This reduction has not compensated for the growth rate of the population, which stands at about 2.9 per cent annually. Poverty remains highest in the rural areas where 37 percent of the population falls below the basic needs poverty line in 2007:

Figure 2.1: Percent of Population Below the Basic Needs Poverty Line (Mainland Tanzania) 1990-2015



Source HBS 2007

Figure 2.2: Percent of Population Below the Basic Needs Poverty Line (Rural Mainland Tanzania) 1990-2015



Source HBS 2007

As shown in Figures 2.1 and 2.2, if current trends continue, outcomes will be off track. It requires accelerated efforts to return to the right trajectory in order to attain the 2015 targets.

For Zanzibar, results of the surveys show that poverty remains high. The proportion of people living below the basic needs poverty line dropped from 60 percent in 1990 to 49 percent in 2004 but reverted to 51 percent in 2004 (OCGS: 1991/92, 2000/01, 2004/05 HBS reports).

Target 1B:
Achieve full and productive employment and decent work for all, including women and young people.
Indicators:

- **Growth rate of GDP per person employed**
- **Employment-to-population ratio**
- **Proportion of employed people living below $1 (PPP) per day**
- **Proportion of own account and contributing family workers in total employment**

Two indicators for which data are available are shown.

Growth Rate of GDP per Person Employed

Table 2.2: Growth Rate of GDP per Person Employed in Mainland Tanzania

	2001	2006	Change 01/06
Number of people employed (standard definition)	16,914,806	17,944,558	6.1%
Real GDP (mill of Tshs at market price)	9,100,274	12,881,163	41.5%
GDP per person employed (Tshs)	538,006	717,831	33.4%

Source: URT (2006c) ILFS and URT (2008a) Economic Survey 2007

Employment to population ratio

Table 2.3: Mainland Tanzania Unemployment Rate of Population 15+ Years by Sex and Area, 2006

Sex/age	15-24	25-34	35-64	65 and above	Total
Male	14.3	10.3	8.9	8.1	10.7
Female	15.4	13.2	10.2	10.4	12.6
Total	**14.9**	**11.8**	**9.6**	**9.2**	**11.7**

Source: URT (2006c) ILFS

For Mainland Tanzania, the 2006/07 HBS results show that 98.5 percent of the economically active population is employed; but looking at Table 2.2, it is apparent that Mainland Tanzania is currently experiencing slow growth in the number of persons employed compared to growth in real GDP since 2001. Using the standard definition of an employed person as in the ILFS of 2001 (URT 2002b) and URT (2006c), these growth rates translate to substantial growth rate of GDP per person employed, averaging about 5 percent per annum.[1] This may imply that the economy is experiencing increases in labor productivity.

Economic growth in Zanzibar is associated with reasonable job creation. It is noted that while the real GDP in Zanzibar increased by 12.8 percent during 2005 and 2007, the rate of unemployment declined by 21.4 percent during the same period.

Unemployment rate was 4.6, 13.0, and 8.4 for age group 15-19, 20-24, and 25-29 respectively, noting however, that the 15-19 age set are mostly still in school. For Zanzibar (not in the table), the Zanzibar Integrated Labor Force Survey for Zanzibar shows that overall unemployment declined from 7.0 percent in the 2005 to 5.5 percent in 2006.

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

MKUKUTA Annual Implementation Report of 2008 (URT 2008b) shows that by the early 2008, over 437,205 new jobs (equivalent to 43.7 percent of the envisioned one million new jobs by 2010) had been created by various stakeholders (public sector generated 58, 399 jobs; formal private sector 183, 789; and informal private sector 195, 017). Other noteworthy indicators include the fact that HBS 2007 results show a decline in the proportion of unpaid family helpers in business from 4.1 percent in 2001 to 0.8 percent in 2007 while the proportion of housewife/homemaker/house chores declined marginally from 8.3 percent in 2001 to 7.8 percent in 2007. Farming own plots, even though it is declining in importance, remains the largest source of livelihood.

The Government of Tanzania has launched Kilimo Kwanza (Agriculture First) – a national agenda to transform agriculture through new and innovative technologies and increase food surplus ,agricultural exports , sustains the life of people, and grow the economy.

Target 1.C:
Between 1990 and 2015, reduce the proportion of people who suffer from hunger by half.
Indicators:

- **Prevalence of underweight children under-five years of age**
- **Proportion of population below minimum level of dietary energy consumption**

Note: The MDG Report (URT 2006b) reported only on wasting and stunting indicators. Trends in these indicators are in Table 2.4. In this report, for indicator 1.9 the food poverty line is used as a close indicator of the ability to meet minimum dietary energy consumption.

Prevalence of underweight children under-five years of age

Table 2.4 shows the proportion of underweight and stunted children since 1990 and targeted percentages for the 2015 terminal year.

Table 2.4: Mainland Tanzania: Proportion of People Who Suffer From Hunger

Indicators	1990	2000/01	2004/05	2015	Status of progress
Percentage of underweight children below 5 years of age (wasting):	28.8	29.5	21.9	14.4	On track
Percentage of stunted children below 5 years:	46.6	44.0 (1999)	38.0	23.3	On track

Sources: DHS (2004) DHS, (1991/2), Tanzania Reproductive and Child Health Survey (TRCHS -1999)

For Zanzibar, there has been a decline in the prevalence of underweight children from 39.9 percent in 1990 to 19.0 percent in 2005 and from 8.6 percent in 2006 to 7.3 percent in 2007. Similarly for stunting, there has been a large decline from 47.9 percent in 1990 to 23.1 percent in 2005. Hence, for Zanzibar, the 2015 targets for underweight (19.9 percent) and for stunting (24.8 percent) will be attained provided the trend is not reversed.

The percentage in the Mainland of children under five years old who are underweight fell from 29 percent in 1990 to 22 percent in 2004. Under-nourishment is most prevalent in young children from rural households and in the poorest households. Further, there are strong regional differences, ranging from 17 percent of children who are stunted in Dar es Salaam to 54 percent of children in Lindi (2004 figures).

Overall, Tanzania is on track to meet the MDG target. Judging by the 2005 data, the achievement rate was already around 50 percent relative to the 2015 targets for both wasting and stunting. This implies the policies or strategies should be able to protect and improve on the gains made so far.

Proportion of population below minimum level of dietary energy consumption

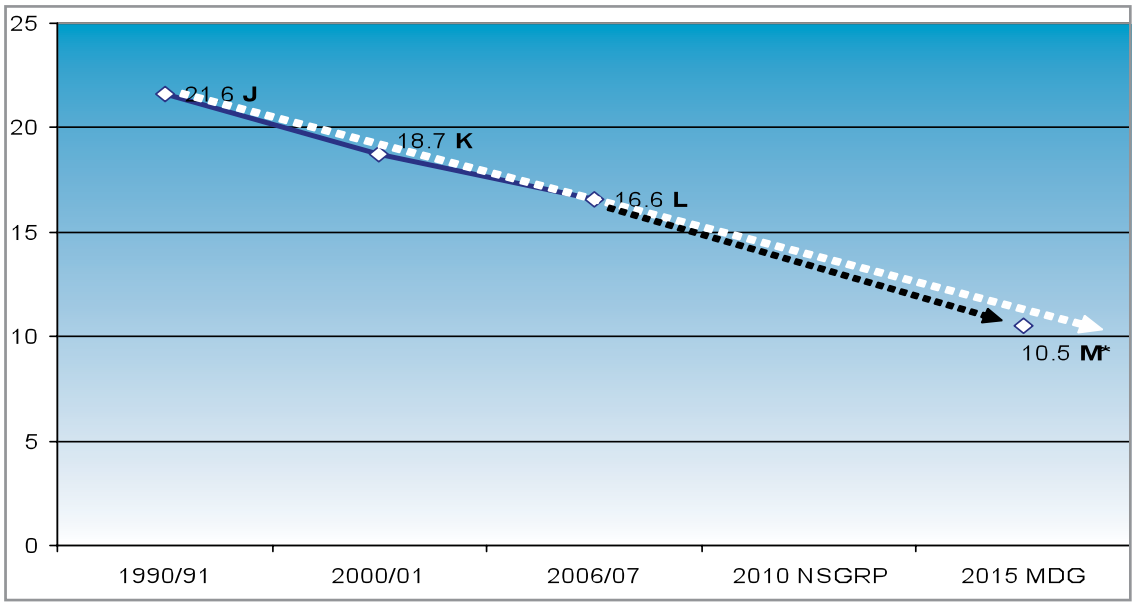
On Mainland Tanzania, food poverty fell from 18.7 percent in 2001 to 16.6 percent in 2007. As shown in Table 2.5 rural populations are worse off than urban areas from all three surveys.

Table 2.5 Poverty Levels by Headcount Ratios 1990, 2000 and 2007 (%) (food poverty line)

Year	Dar es Salaam	Other Urban areas	Rural areas	Mainland Tanzania
1991/92	13.6	15.0	23.1	21.6
2000/01	7.5	13.2	20.4	18.7
2007	7.4	12.9	18.4	16.6

Source: Results from 2006/07 HBS

Figure 2.3: Proportion of Population Below Food Poverty Line in Mainland Tanzania, 1990-2015



Source: Results from HBS 2006/07. Bold dotted line: required trajectory

Stepped up efforts such as strategies for improved food security are required to attain the target.

2.2.2 Goal 2: Achieve Universal Primary Education

Target 2A:
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
Indicators:

- **Net enrollment ratio in primary education**
- **Proportion of pupils starting first grade who reach last grade of primary school**
- **Literacy rate of 15-24 year-olds, women and men**

At a glance: goal is achievable before target year 2015.

Net enrollment ratio in primary education

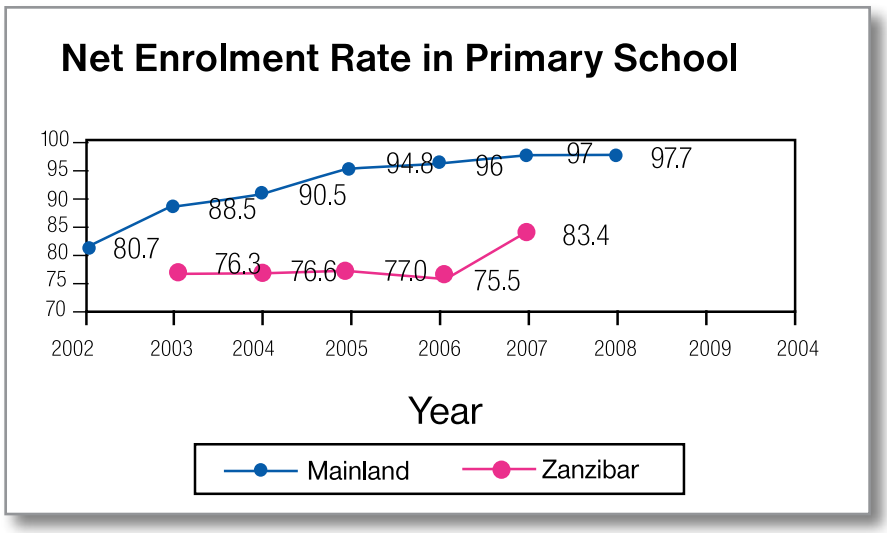
Tanzania has been doing well in several indicators. In 1990 net enrollment ratio (NER) in primary education was 54.2 for Mainland and 50.9 for Zanzibar. Between 1997 and 1999 NER mean estimate was 57 percent (58 percent for female and 56 percent for male). By year 2000 the rates went up to 57.1 for Mainland Tanzania and to 67 for Zanzibar, and by 2006 to 94.8 percent for Mainland Tanzania and 77 percent

for Zanzibar (URT 2006 MDG Report). Recent data shows further improvements in this indicator – a NER of 97.2 percent in 2008 in the Mainland and 83.4 percent in 2007 for Zanzibar (Figure 2.4). Despite remaining bottlenecks, the country is on track to meet the target of 100 percent net enrollment by 2015.

The improvements are attributed to the abolition of primary school fees, enrollment-related contributions from parents, and the successful implementation of the Primary Education Development Plan (PEDP) (URT 2004a). Other factors include improved teaching and learning environment and increased awareness of the negative effects of child labor on child education. Children from poor households in particular have benefited.

MKUKUTA's goal of enrolling 99 percent of their children in primary school has been achieved. The number of children enrolled in primary school rose from 96.1 percent in 2007 . Both boys and girls , respectively ,obtained primary education.

Figure 2.4: Trends in Net Enrollment Rates

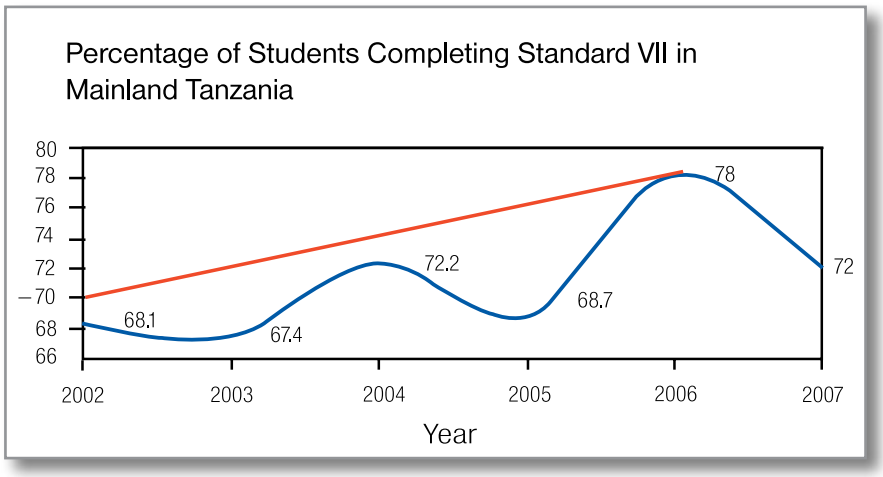


Source: URT (2005b), MOEVT BEST, MOECS (2003), Education sector Status Report

Percentage of the cohort completing Standard VII

Figure 2.5 for Mainland Tanzania also indicates an improvement in the percentage of the cohort completing Standard VII (72 percent in 2008). Other areas in which the sector has shown impressive results include transition rate from standard VII to secondary schools – which increased to 56.7 percent in 2007.

Figure 2.5: Trends in Completion of Standard VII



Source: URT (2005b); MOEVT (2003), Education Sector Status Report

2.2.3 Goal 3: Promote Gender Equality and Empower Women

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

Indicators:

- **Ratios of girls to boys in primary, secondary and tertiary education**
- **Share of women in wage employment in the non-agricultural sector**
- **3.3 Proportion of seats held by women in national parliament**

At a glance: goal is achievable

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

Significant progress has been registered in the areas of gender parity in education since the early 1990s (Table 2.6 and Table 2.7). Primary school enrollment ratios for girls and boys are near equal, though the gender balance deteriorates with transition to secondary school. The proportion of girls in secondary schools increased from 43.2 percent in 1992, to 46.8 percent in 2007. Enrollment rates for girls fall far behind those of boys in higher and tertiary education, however. The proportion of females in higher education institutions reached 34 percent in 2007 up from less than 20 percent in the 1990s.

Table 2.6: Female Enrollment as a Percentage of Total Enrollment by Level in Mainland Tanzania

Education Levels	1992	2003	2005	2006	2007
Primary					
STD I	48.6	48.5	49.6	49.4	49.3
STD VII	49.3	49.9	48.8	49.0	48.7
STD I–VII	49.1	48.7	48.9	49.1	49.3
Secondary					
Form 1–4	44.7	46.6	47.3	47.5	47.1
Form 5	27.3	35.3	37.8	41.4	40.2
Form 6	24.3	33.5	36.3	38.0	41.0
Form 1–6	43.2	45.7	46.6	47.0	46.8

Source: MOEVT *Basic Education Statistics in Tanzania*

Table 2.7: Ratio of Female to Male in Primary, Secondary and Tertiary Education by Year.

Year	Primary Education	Secondary Education	Tertiary Education
1990	0.98 (1991/92)		
2000	0.98		
2003	0.98	0.99	Na
2004	0.98	1.01	Na
2005	0.99	1.03	Na
2006	1.00	0.98	0.22
2007	1.01	1.05	0.34

Source: MOEVT, Budget Speech 2003/04 – 2007/08.

Data for Zanzibar (Table 2.8) shows that girls are having increased access to primary education, which is an improvement from earlier years. Net enrollment ratio by sex is on track and likely to meet the target.

Table 2.8: Zanzibar Primary School Net Enrollment Ratio by Gender and Gender Parity Index

Indicator		2003	2004	2005	2006	2007	2015
Gender Parity Index [2]		1.03	1.02	1.01	1	0.99	<1
Net Enrollment in Primary School by Gender	Boys	75.9	75.6		74.6	82.6	
	Girls	76.8	77.6		76.8	85.2	
Total		**76.3**	**76.6**		**75.7**	**83.4**	

Source HBS (1991, 2004/05), MOECS (2003) *Education Sector Status Report*, MOEVT

More women were empowered to find a solution for their problem and have increasingly become partners in growing the economy and in the fight against poverty

Share of women in wage employment

The proportion of females in wage employment is still low; women constitute 30 percent of paid employees (URT 2006b). Females also spend more time on unpaid care work (15 percent) compared to 5 percent for males.

For Zanzibar, 45.6 percent of the women were employed in last 12 months prior to the 2006 Zanzibar ILFS. About 38.4 percent of women were employed in the agriculture sector.

Women political empowerment and decision making

Affirmative action for gender balance is enshrined in the Constitution of United Republic of Tanzania and the Constitution of Zanzibar. Women constitute about 30 percent of the United Republic's legislators

2 Gender Parity Index, which is calculated by dividing the Gross Enrollment Ratio for females by the Gross Enrollment Ratio for males) has shown improvement.

(though this is lower than the SADC target of 50 percent). The number of female members in Zanzibar's House of Representatives has been between 18 and 19 percent since 2000 whereas that of males has been between 60 and 61 percent (Table 2.9)

Table 2.9 Women and Men in decision Making Positions, Mainland Tanzania 2004-2008

Decision Making Position	2004				2007/08			
Cabinet of Ministers	**Women**	**Men**	**Total**	**% Women**	**Women**	**Men**	**Total**	**% Women**
Ministers	4	23	27	14.81	6	15	21	28.57
Deputy Ministers	5	12	17	29.41	6	15	21	28.57
Parliamentaries	63	213	276	22.83	97	224	321	30.22
Elected Parliamentarians	12	218	230	5.22	17	294	311	5.47
Nominated Parliamentaries	2	8	10	20.00	3	4	7	42.86
Special Seats	48	0	48	100.00	75	0	75	100.00
Reginal Administrative								
Regional Commissioners	2	19	21	9.52	3	18	21	14.29
Regional Administrative Secreatries	4	17	21	19.050	6	15	21	28.57
Public Service								
Permanent Secretaries	7	18	25	28.00	7	24	31	22.58
Deputy Permanent Secretaries	1	7	8	12.50	4	17	21	19.050
Directors	28	83	111	25.23	133	1053	1186	11.21
Assistant directors	37	118	155	23.87	37	118	155	23.87
Commissioners	7	16	23	30.43	44	37	81	54.32
Local Government authorities								
District commisioners	20	87	107	18.69	28	85	113	24.78
District Administrative Secretaries	23	86	109	21.10	23	86	109	21.10
District Executive Directors	23	94	117	19.66	28	101	129	21.71
Elected Councilors	250	2237	2487	10.05	380	2267	2647	14.36
Special Seats Councilors	940	0	940	100.00	940	0	995	94.47
Ambassadors	2	34	36	5.56	5	38	43	11.63
Court of Appeal								
Justice	1	8	9	11.11	3	9	12	25.00
High Court								
Judges	9	24	33	27.27	13	40	53	24.53
Registrar	0	1	1	0.00	2	8	10	20.00
Resident Magistrate	22	123	145	15.17	25	130	155	16.13
Primary Court Magistrate	49	546	595	8.24	290	580	870	33.33
Total	**1559**	**3992**	**5551**	**28.09**	**2175**	**5178**	**7353**	**29.58**

Source: Ministry of Community Development Gender and Children.

The government has made deliberate efforts to institutionalize measures to implement the 1979 Convention on the Elimination of Discrimination against Women (CEDAW) and the Beijing Platform for Action (BPA)

through increasing participation of women in the political arena.

In the Mainland, a women account for about 30 percent of the members of Parliament. The proportion of women in higher decision making positions accounted for about 25 percent in 2007/8. At the LGA level, women accounted for about 22 percent in higher decision making positions.

In Zanzibar women remain under-represented in political and socio-economic decision-making especially in rural areas.

Table 2.10: Representation of Women in Decision-making Positions in Zanzibar

Years	2000				2006				2007			
Positions	Male	Female	Total	Percent women	Male	Female	Total	Percent women	Male	Female	Total	Percent women
Members of the House of Representatives	60	19	79	24	61	18	79	23	60	18	78	23
Ministers	11	1	12	8	9	4	13	31	11	3	14	21
Deputy Ministers	4	1	5	20	5	1	6	17	4	1	5	20
Principal Secretaries	11	1	12	8	14	1	15	7	11	1	12	8
Deputy Principal Secretaries	7	2	9	22	8	2	10	20	7	2	9	22
Regional Commissioners	5	0	5	0	5	0	5	0	5	0	5	0
District Commissioners	9	1	10	10	9	1	10	10	9	1	10	10

Source: Zanzibar Ministry of Labor, Youth, Women and Children Development (2007)

2.2.4 Goal 4: Reduce child mortality

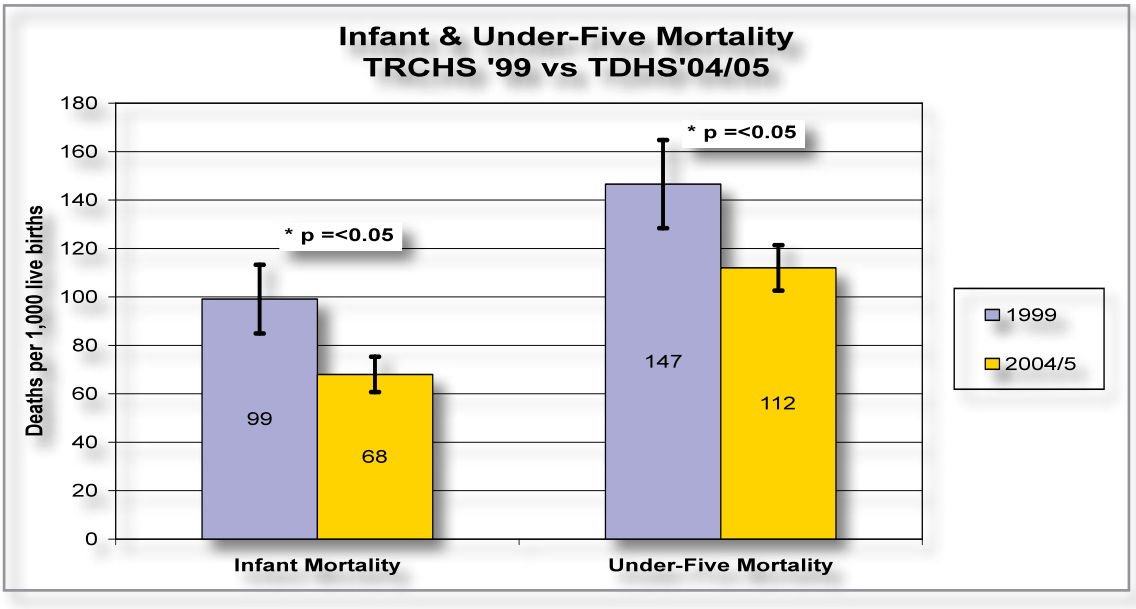
Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.
Indicators:
- **Under-five mortality rate**
- **Infant mortality rate**
- **Proportion of 1 year-old children immunized against measles**

Under-five mortality and infant mortality rates have been reduced substantially during past few years.

At a glance: Tanzania is on track in all three indicators.

Under-five mortality and infant mortality rates

Figure 2.6: Infant and Under-5 Mortality 1990 and 2004/05 Compared



Source: DHS (2004/05)

The national *2004/5* Tanzania Democratic Health Survey (TDHS) indicates a 31 per cent decline since 1999 (99 to 68 deaths per 1,000 live births), with under-five mortality rate (U5MR) falling by 24 percent (147 to 112 per 1,000 live births). Disparities persist, between districts and regions, urban versus rural areas, and by wealth status (2003, 2005 PHDR). For example, during 2004/05, mortality was 139 per 1000 live births for rural children, compared to 108 for their urban peers.

As part of fulfilling the Millennium Development Goal 4-Reduce child mortality, the Government has launched a campaign known as "The National Road Map" to protect the lifecycle a child -from new born , to childcare both at home and in health facilities. The program is dedicated to reach out to the community to lend services to mothers and newborns.

Zanzibar maintains the target of reducing by two-thirds the mortality rate of children under-five years by 2015. The U5MR dropped from 202 per 1,000 live births in 1990, to 101 per 1,000 under 5 mortality rate in 2005. Infant mortality rate decreased from 120 to 61 per 1000 birth between 1990 and 2005. This progress implies that the target of 40 infant deaths per 1,000 live births can be achieved by 2015. However, this could only be achieved if the same trend of progress is maintained and accelerated (Table 2.12).

Table 2.12: Zanzibar Child Mortality and Neonatal Mortality by Years

Indicators	1990	2000	2002	2005	2006	Target2015
Under five mortality rate (per 1,000 live births)	202	Nil	141*	101	Nil	67
Infant mortality rate (per 1,000 live births)	**120**	**Nil**	**89***	**61**	**Nil**	**40**
Neonatal mortality rate	Nil	Nil	Nil	Nil	(29)	

Source: 2004/05 TDHS and 2002 Population Census

Immunization against measles

Child deaths have been greatly reduced largely due to the success of preventive measures such as measles vaccination, vitamin A supplementation, Integrated Management of Childhood Illness (IMCI), and promoting the use of insecticide treated bed nets (ITNs).

Table 2.13: Proportion of children vaccinated against measles (0-23months)-1990 - 2007

Year	1990	1992	1996	1999	2004	2005	2006	2007	2015
Mainland (%)	81.2	81	81	78	80	86	89	85	95
Year	2000	2001	2002	2003	2004	2005	2006	2007	
Zanzibar (%)	91	83	78	92	90	94	90	87	95

Note: Usually, vaccination coverage is not cumulative as those already vaccinated exit the cohort age.

Sources: MOHSW (in Mainland and Zanzibar 2007)

2.2.5 Goal 5: Improve maternal health

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

At a glance: Tanzania is most challenged by slow progress in reducing maternal mortality.

Maternal mortality rate

Maternal mortality rate remains high in Tanzania at about 578 per 100,000 live births in the Mainland and 473 per 100,000 live births in Zanzibar. About 8,100 women die every year due to pregnancy related complications. Other causes include underweight (about 10 percent of women in child bearing age), anemia (58 percent) as well as long distances to health centers

Teenage mothers are empowered on how to take care of their babies as part of a nationwide campaign to protect the life of newborn babies.

Births attended by skilled health personnel

The proportion of births attended by skilled health personnel has not shown significant improvement in both the Mainland and Zanzibar.

In Zanzibar the trend of the proportion of births attended by skilled health personnel has increased from 37 per cent in 1996 to 62.5 percent in 2006 this then declined to 47 percent in 2007. The target in 2015 is 90 per cent as shown Table 2.14.

Table 2.14: Births attended by skilled health personnel (percent)

	Indicator	2005	2006	2007	2008	2015	Status of progress
Tanzania Mainland	Births attended by skilled health personnel			62	63	90	No changes
Zanzibar		51	62.5	47		90	Slow

Source: UNICEF (1998) * DHS, HMIS Bulletin 2006, Institutional based, only public hospitals.

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

Use of contraceptives

In Tanzania, improving access to reproductive health continues to be one of the priority areas of intervention through training of service providers in safe child delivery, family planning and reproductive health for youth as well as increased government budget allocation. Use of contraceptives has been increasing as shown in Table 2.15.

Table 2.15: Tanzania: Family Planning Coverage by Zone, 2006-2007

Zone	2006 (percent)-	2007 (percent)-
Unguja	22.7	42.4
Pemba	25.3	39.0
Zanzibar	**23.6**	**41.2**
Mainland	**NA**	**20.0**

Source: Ministry of Health and Social Welfare

Antenatal care

Antenatal care, first visits increased from 85.2 percent in 2006 to 90.7 percent in 2007. Visits before 20 weeks to giving birth decreased from 40.0 percent in 2006 to 37.8 percent in 2007 (Table 2.16).

Table 2.16: Antenatal Visits in Zanzibar, 2006-2007.

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

Source: Ministry of Health and Social Welfare – 2008.

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

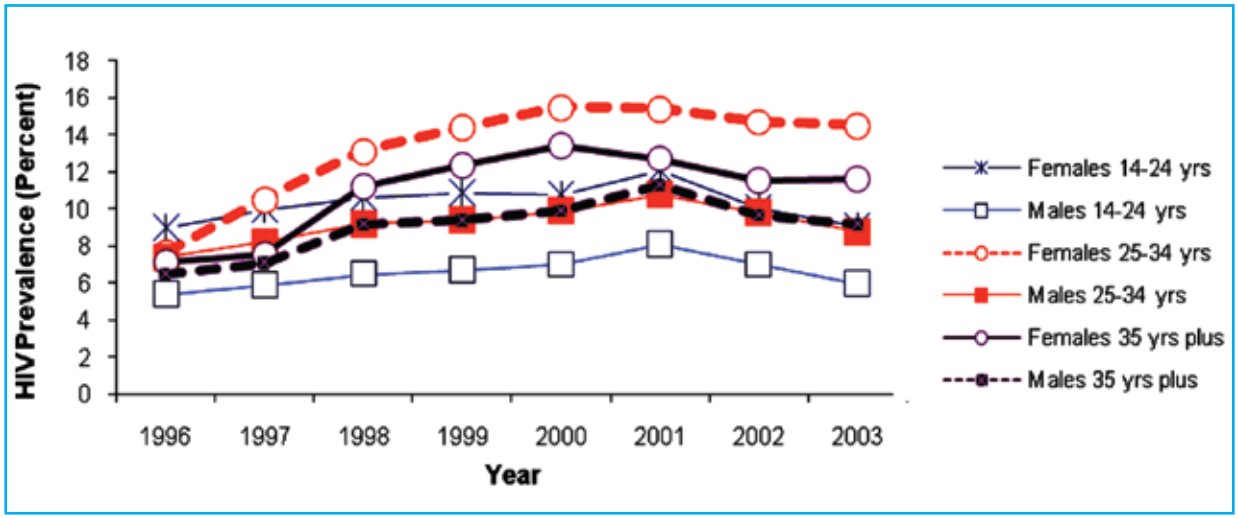
Target 6A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS.
Indicators:
- **HIV prevalence among population aged 15-24 years**
- **Condom use at last high-risk sex**
- **Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS**
- **Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years**

At a glance: scaling up human and financial resources and their more effective use is necessary for meeting this goal

HIV prevalence rate

Prevalence rates of HIV and AIDS have begun to decline after a persistent rise in the past. Figure 2.7 shows trends in national HIV+ prevalence from 1996 to 2003, based on sample of blood donors.

Figure 2.7: Trends in HIV+ Sero-prevalence, Blood Donors (National)



Source: National AIDS Control Program, 2004

The *HIV/AIDS and Malaria Survey 2007-2008*, revealed further decline to 3.8 percent for females 15-24 years and to 1.2 percent for males 15-24 years; to 9.2 percent for females 25-34 years and 6.2 percent for males in same age group; and to 8.0 percent for females aged 35+ and to 7.8 percent for their male counterparts.

Gender dimension

- Even though HIV prevalence has decreased for both women and men, infection among women is higher, at 7.7 percent (2004/05) and 6.8 percent (2007/08) compared to men at 6.3 percent (2004/05) and 4.7 percent (2007/08).
- People Living with HIV in Tanzania 2007/08, women account for 61 percent (in 15-24 age group), a significant increase compared to 2004/05.
- In Zanzibar women are more infected at 0.7 percent compared to men at 0.5 percent. Table 2.17 gives trends for Zanzibar.

Table 2.17: The Prevalence of HIV and AIDS and TB in Zanzibar 1990-2015

Indicators	1990	2002	2005/06	2006/07	Target 2015	Status of Progress
Prevalence rate associated with TB (Per 100,000)	24	Nil	51	nil	<24	Need more attention
Death rate associated with TB case detected and cured with DOTS	Nil	76	83	Nil	5.5 percent	On track
HIV prevalence among adults		0.6				
HIV prevalence among pregnant women aged 15-24 years		1.0	0.8		<5	On track
Condom use rate		9.7	48.7	22.3	80	On track

Source: WHO report 2006 Global TB control (Surveillance, Planning and Financing Annual report (TB and leprosy Program) Malaria indicator survey, May, 2007. *ZACP Sentinel surveillance Survey for ANC Medicos Del Mundo* End of Project Report 2002-2006

Both governments (URT and RGZ) continued to coordinate and implement interventions against HIV and AIDS. In the Mainland, interventions against HIV and AIDS come under the National Multi-Sectoral Strategic Framework on HIV and AIDS 2003 – 2007 while in Zanzibar is through the Zanzibar AIDS Commission. Through these instruments, there has been increased capacity for HIV service planning, implementation, monitoring and evaluation.

Voluntary counseling and testing and condom use rate at last high risk sex

Voluntary counseling and testing (VCT) is one of the outcomes of the increase in awareness. It is estimated that by December 2007, a total of 3,002,511 people had tested for HIV in mainland Tanzania. Also the rate of condom use for the last high risk intercourse among women is 20.3 percent and among men is 32.9 percent. According to HIV and AIDS and Malaria Indicator Survey 2007/08, condom use for higher risk sex is still low at 43 percent for women and 53 percent for men, and more significantly female Condoms is under use.

With regard to pregnant women, data from PMCT services progress report for ZACP show that HIV prevalence among pregnant women was 1.0 percent during 2005/06, 0.9 percent in 2007, and 0.8 percent during Jan-June 2008 period.

Comprehensive correct knowledge of HIV AND AIDS among 15-24 Years

Significant efforts by both the government and NSAs have also been directed at raising awareness on HIV and AIDS. As a result, information/awareness on HIV and AIDS in Tanzania is near universal. About 99 percent among 15-24 year old Tanzanians have heard about HIV/AIDS (MOHSW NACP 2008).

Targets 6B: Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it.
Indicator:

- **Proportion of population with advanced HIV infection with access to antiretroviral drugs**

Advanced HIV infection with access to antiretroviral drugs

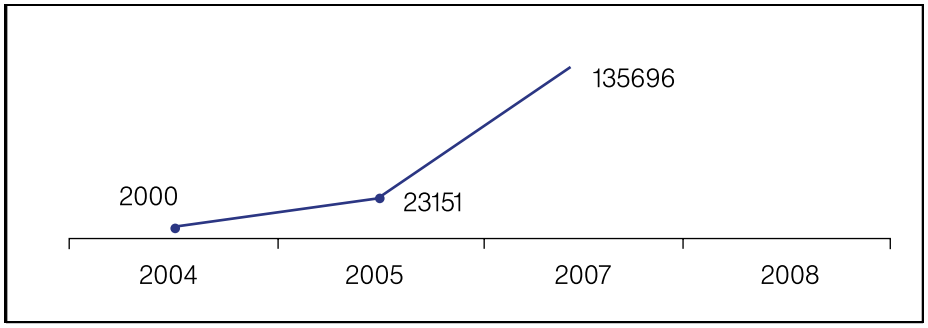
The government continues to strengthen HIV and AIDS interventions in order to prevent new incidences as well as providing care to those infected. Progress has been recorded in several indicators as indicated in Table 2.18 and Figure 2.8.

Table 2.18: Number of Training of Counselors in VCT and Sites

Indicators in VCT			
	2004	2007	% increase
Number of training of counselors in VCT	1600	2739	71
Number of VCT sites	520	1646	217
Annual increase in HIV counselling and testing %	15	40	167

Source: Ministry of Health and Social Welfare – 2008.

Figure 2.8: Number of People Receiving HIV Care and Treatment



Source: Ministry of Health and Social Welfare – 2008.

Target 6C:
Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.
Indicators:

- **Incidence and death rates associated with malaria**
- **Proportion of children under five sleeping under insecticide-treated bed nets**
- **Proportion of children under five with fever who are treated with appropriate anti-malaria drugs**
- **Incidence, prevalence and death rates associated with tuberculosis**
- **Proportion of tuberculosis cases detected and cured under directly observed treatment short course**

Incidence and death rates associated with malaria

Malaria is a major public health concern especially for pregnant women and U-5 children. However, incidence of malaria has been decreasing. In the Mainland, for example, malaria incidence decreased from 31,603 malaria cases per 100,000 people in 2003 to 27,030 cases per 100,000 people in 2006.

In Zanzibar the prevalence of malaria decreased from 49.2 percent in 2000 to 46.2 percent in 2002, to 44.6 percent during 2005/06 and to 0.8 percent during 2006/07.

The proportion of U-5 children with malaria during 2007-08 was 18.1 percent in the Mainland and 0.8 percent in Zanzibar.

Proportion of U-5 children sleeping under insecticides treated net (ITN).

According to HIV/AIDS and Malaria Indicator Survey 2007-08, about 24.8 percent of children in the Mainland and 58.5 percent in Zanzibar slept under ITN.

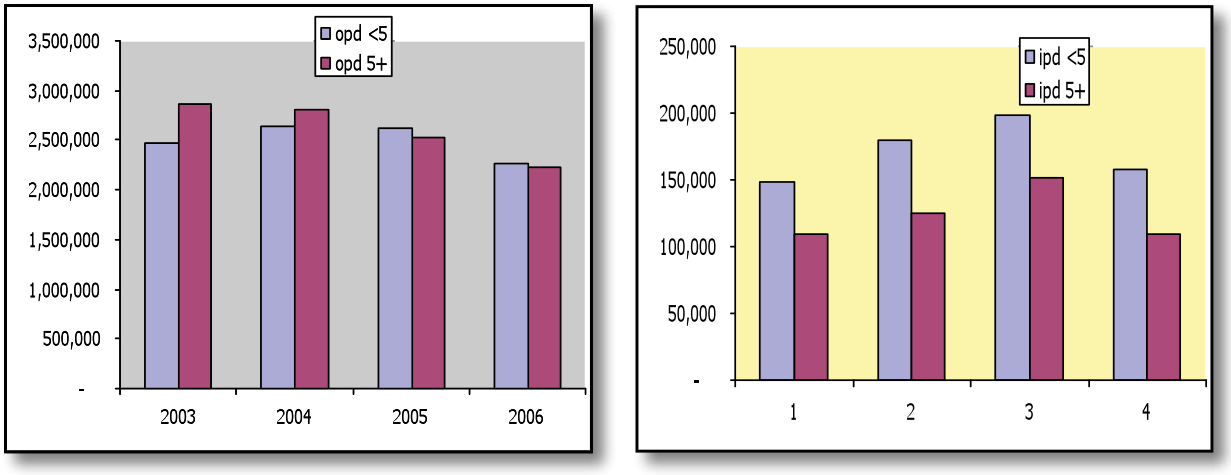
The incidence of malaria in Tanzania has gone down considerably since a local bed-net factory began distributing insecticide-treated nets in the country as part of a project supported by the Government of Tanzania in collaboration with global partners.

Proportion of children under-five years with fever, who are treated with appropriate anti-malarial drugs

Malaria treatment has also been one of the areas of focus. About 34.4 percent of U-5 children in the Mainland and 34.1 percent in Zanzibar took anti-malarial drugs same or next day of fever during 2007-08.

There is a slow but steady decline of malaria cases seen at the outpatient department over the past four years (Figure 2.9).

Figure 2.9: Number of Out-Patient (OPD) and Admission (IPD) Cases Attributed to Malaria 2003 – 2006



Note: <5 means under five children and 5+ means five and above
Source: HMIS data from 1837 health facilities (out of 4392) reporting regularly data

Incidence, prevalence and death rates associated with tuberculosis

The number of TB cases per 100,000 population dropped from 186 in 2004, through 164 in 2006 to 158 in 2007. The annual rate of increase declined from more than 15 percent annually in the early 1990s, to about 5 percent in the early 2000s. The peak of increase was in 2004 when 65,316 TB cases were notified. Thereafter, a 1-2 percent per annum successive decline in the number of TB cases notified has been experienced.

Proportion of tuberculosis cases detected and cured under DOTS

Treatment increased from 81.33 percent of cases in 2004 to 84.8 percent in 2008, close to the gold standard of WHO at 85 percent.

2.2.7 Goal 7: Ensure Environmental Sustainability

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

Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Indicators:

- **Proportion of land area covered by forest**
- **CO_2 emissions, total, per capita and per $1 GDP (PPP),**
- **Proportion of population vulnerable to climate change adverse impacts**
- **Consumption of ozone-depleting substances**
- **Proportion of fish stocks within safe biological limits**
- **Proportion of total water resources used**
- **Proportion of terrestrial and marine areas protected**
- **Proportion of species threatened with extinction**

At a glance: Sustaining current efforts will ensure environmental sustainability; loss of biodiversity has been reduced. Goal likely to be met with respect to urban water supply if the challenge of increased population pressure lack of adequate resources are addressed; less likely in rural areas of the Mainland. Targets with respect to sanitation coverage and urban population living in slums are unlikely to be met

Proportion of land area covered by forest

Tanzania has a total land area of 94.5 million hectares out of which 34 million hectares (36 percent) is covered by natural forests and woodlands, a large part being the *miombo* woodlands (wet-*miombo* in western Tanzania and dry-*miombo* in central, eastern, coastal and southern Tanzania) (MNRT). Conservation has led to an increase in Protected Areas (PAs), both terrestrial and marine, including afforestation programs. Tanzania has developed a Strategy for Urgent Actions on Land Degradation and Water Catchments to address environment degradation. The Strategy has identified twelve challenges to be addressed of which Conservation of Biodiversity and sustainable use of its resources are one of the issues being addressed. If current efforts are sustained, Tanzania will be on the right path toward environment sustainability.

Gas Emissions

Although Tanzania contributed least to the global greenhouse gases emission (Ghg) (per capita emission is estimated at 0.1 tons annually), the country is suffering more from the impacts of climate change. Tanzania has signed and ratified the United Nations Framework Convention on Climate Change (UNFCCC) in the mid-1990s, though with an insignificant emitter of greenhouse gases.

Consumption of Ozone-Depleting Substances (ODS)

Tanzania has reduced consumption of Ozone depleting substances particularly CFCs in ODP metric tones from 280.4 metric tones in 1990 to 215.5 in 2000, and 25.89 metric tones in 2008. The objective is to phase out CFCs in January 2010.

Proportion of total water resources used

Tanzania has a low water withdrawal at 6 percent or 5.18 cubic kilometers relative to total availability estimated at about 89.0 cubic kilometers of internal renewable water resources (total surface water volume, 54 cubic kilometers; and total ground water recharge, 35 cubic kilometers). Total annual withdrawal of water per person is 149 cubic meters, which is 5.5 percent of the 2,700 cubic meters of available internal renewable water resources per capita per year. About 89 percent is drawn for agriculture purposes, 10 percent is for domestic use, and the remaining one percentage for industrial and other uses (FAO). Despite the low rate of water withdrawal relative to water available, water in the country is poorly distributed in time, space, quantity and quality.

Proportion of terrestrial and marine areas protected

The total biological diverse protected areas excluding marine and littoral areas are estimated at 37,428,000ha, which is equivalent to 39.6 percent of the total land area. Protected marine and littoral areas total 9,607,000ha.

Proportion of species threatened with extinction

According to IUCN data (2003), Tanzania has 10,008 known species of higher plants including endemic and non endemic, out of which 235 (2.9 percent) are threatened. Of the 316 known mammal species 42 are threatened (excluding marine mammals). There are 229 known breeding bird species out of which 33 are threatened (excluding those that migrate or winter the country); 335 known reptile species out of which 5 are threatened; 116 amphibian species and 331 known fish species out of which 17 are threatened).

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicators

- **Proportion of population using an improved drinking water source**
- **Proportion of population using an improved sanitation facility**

Population using an improved drinking water source

In rural Mainland, the prospect of attaining 74 percent water coverage by 2015 is unlikely.

For Zanzibar, the proportion of population using an improved drinking water source in rural areas increased from 46 percent in 2000 to 59 percent during 2005/06. This trend shows that reaching the MDG target of 65 percent access in rural areas in 2010 is possible.

Protect the environment and save people's lives. Children and adults alike in rural areas have begun enjoying safe water in their communities. Safe water reduces outbreaks of contaminated-water related diseases.

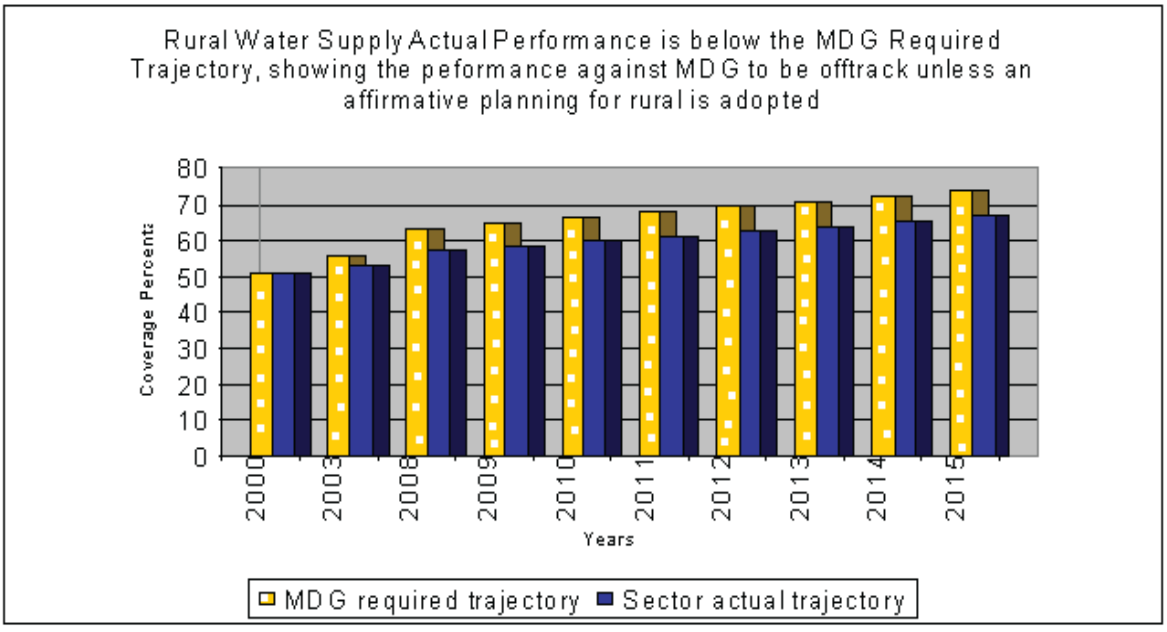


Figure 2.11: Rural Water Supply Performance

Source: Ministry of Water Routine Data System

The estimated proportion of people in urban areas who use drinking water from improved sources has increased from 68 percent in 1990, through 73 percent in 2003 to 83 percent in 2008, equivalent to about 15 percent increase of coverage in a period of 18 years.

Population using an improved sanitation facility

Sewerage service coverage in urban centers increased from around four percent in 1990, to six percent in 2000 and to 17 percent in 2008. Daily capacity to collect and dispose is waste water at 25 percent for generated waste water.

There has been a steady increase of coverage in improved sanitation facilities from 40.2 percent in 2001, 50 percent in 2006, to 55 percent in 2007. Similar progress has been recorded in Zanzibar, with the proportion of population using an improved sanitation facility in urban rising from 52 percent in 1990 to 75 percent during 2005/06 and from 26 percent in 1990 to 51 percent in rural areas. With this trend, however, the MDG target will not be attained.

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

- **Proportion of urban population living in slums**

Proportion of Urban Population Living in Slums

About 70 percent of urban residents in most cities in Tanzania live in unplanned settlements as slums or squatters areas. A special program to upgrade these unplanned urban settlements is being implemented in two phases: One is identification and registration; and second is upgrading infrastructure and utility services in these settlements.

Additionally, plot surveying and allocation is being implemented. Since 2004, about 55,000 plots have been surveyed and allocated.

2.2.8 Goal 8: Develop a Global Partnership for Development

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

Includes a commitment to good governance, development and poverty reduction – both nationally and internationally.

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

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

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

Indicators

- **Net ODA**

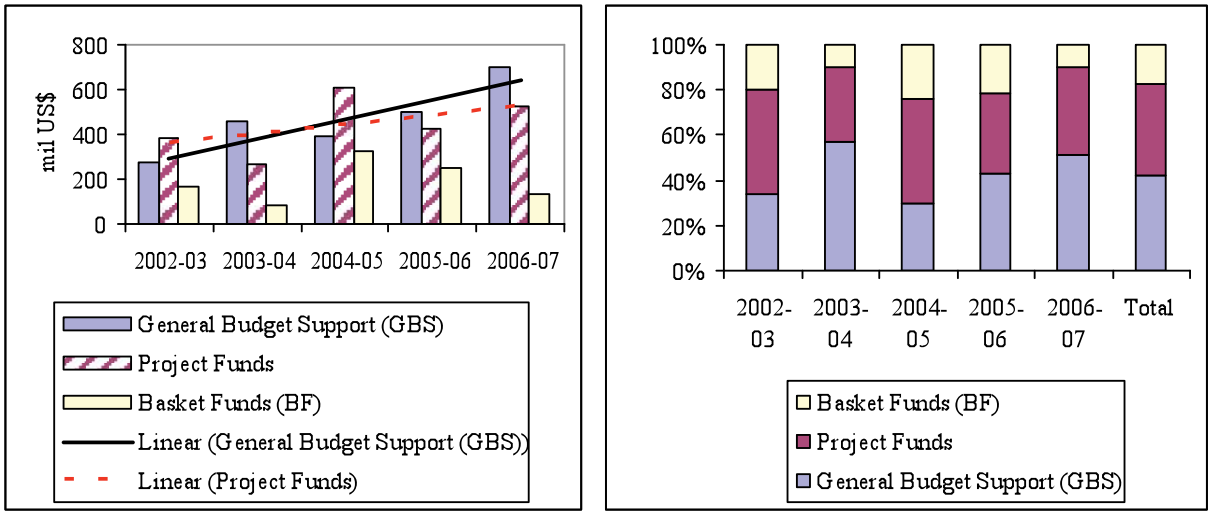
At a glance: achieving MDGs requires stepped-up DP support and monitoring of ODA target of 0.7 percent GNP of source countries.

There is limited information about many of the indicators which are composite in nature. Focus will thus be on external assistance and how it is related to budgetary performance and debt sustainability.

Official Development Aid (ODA) to Tanzania varies between 25–45 percent of the total government budget. Furthermore, 80 percent of the development budget is financed through foreign resources in the form of grants, concessional loans and debt relief. These resources are channeled through three modalities, namely: General Budget Support (GBS), Basket Fund and Direct Project Funds. Of the three GBS, which is about 55 percent of the total official development aid, is the most preferred mode because it is more readily aligned to national processes and priorities than other modalities. GBS registered the fastest growth rate during 2002/03 to 2006/07 (Figure 2.14).

Ramadhan M. Khijjah, Permanent Secretary, Ministry of Finance and Economic Affairs, exchanges partnership document with one of the global partners working towards increased communications and an agreed commitment of cooperation to help Tanzania thrive as a whole

Figure 2.14: Trends in Resource Flows by Financing Modalities



Source: Making Aid Work: Development Aid Management in Tanzania

More than a third of the government budget depends on external development partners. Achieving the MDGs will require stepping up DPs support. Improvement in the flow of ODA towards a target of 0.7 percent of developed country's GNP should remain on the international agenda and its progress requires closer monitoring.

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

Indicators:

- **8.11: Debt relief committed under HIPC and MDR1**

Tanzania qualified to the Highly Indebted Poor Countries (HIPCs) and continues to benefit from Multilateral Debt Relief Initiative Fund (MDRI) and International Financial Institutions (Table 2.19). Tanzania's external debt has decreased mainly due to increased debt cancellation and better debt management.

Table 2.19: Cumulative Debt Relief as of December 2007

	Million US$	% of total
Multilateral institutions	2,301.70	65
Paris Club	867.6	25
non-Paris Club members	184.6	5
Debt rescheduling	171.2	5

Source: Making Aid work: Development Aid Management in Tanzania

Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

Indicators:
8.13 Proportion of population with access to affordable essential drugs on a sustainable basis.

During 2006/07 the proportion of population with access to affordable essential drugs on a sustainable basis was 21 percent, insufficient to reach the target of 100 percent in 2015.

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Indicators:
- **Telephone lines per 100 population**
- **Cellular subscribers per 100 population**
- **Internet users per 100 population**

Telephone lines and cellular subscribers per 100 population

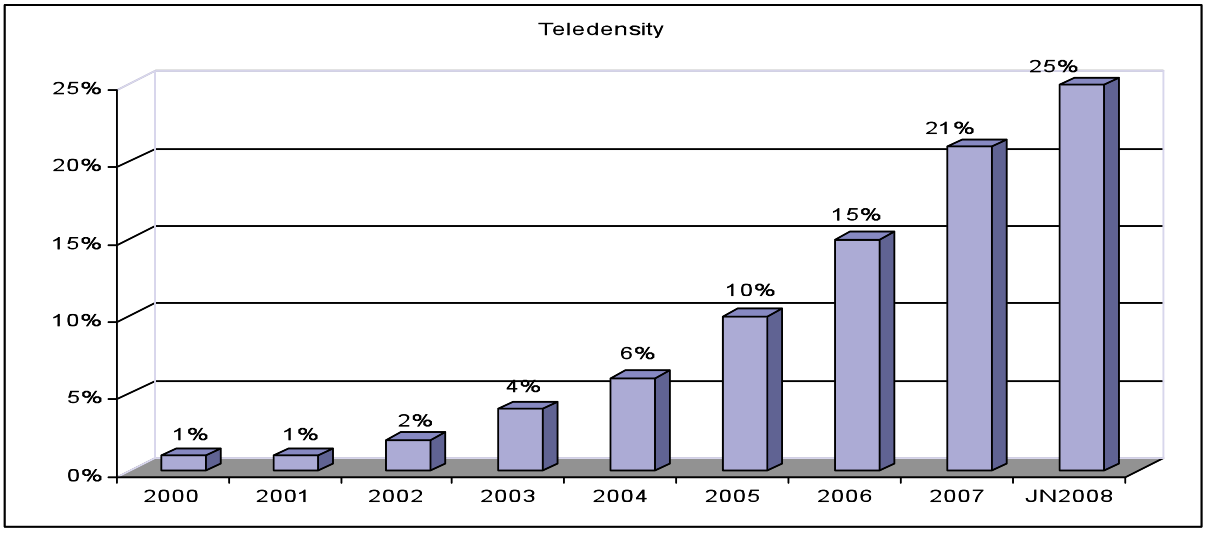
Information and communication technologies are critical tools for economic growth. Table 2.20 shows the trend in fixed lines and mobile (cellular) lines.(for details, Table 2.21 shows the recent (by June 2008) data on subscribers per operator).

Table 2.20: Telephone line and tele-density (number of lines per capita) 2000-2008

Year	Fixed Lines	Mobile	Total	Population	Tele-density (%)
2000	173,591	126,646	300,237	33,463,388	1
2001	177,802	275,560	453,362	33,756,093	1
2002	161,590	606,859	768,449	34,161,166	2
2003	147,006	1,295,000	1,442,006	34,876,231	4
2004	148,360	1,942,000	2,090,360	36,049,581	6
2005	154,420	3,389,787	3,544,207	37,267,530	10
2006	157,287	5,609,279	5,766,566	38,523,907	15
2007	163,269	8,322,857	8,486,126	39,816,363	21
2008-June	159,370	10,268,673	10,428,043	41,146,284	25

Source: TCRA, Source of Population Data: NBS Projections

Figure 2:15 Voice Telecommunication Penetration (Tele-density)



Source: TCRA

There are over nine tele-centers used by communities for enhancing the use of information and communication technology in social and economic development such as trading, studies, health and administration.

Internet users per 100 population

Table 2.22 shows the number of internet service providers between 2000 and June 2008.

Table 2.22 Internet Service Providers and Websites

Years	Application Services (*Internet & Other Data*)	Website Hosted
2000	11	56
2001	17	70
2002	20	90
2003	22	98
2004	23	113
2005	23	309
2006	25	n/a
2007	34	n/a
8-Jun	42	n/a

Source: TCRA web-site; Economic Survey 2005 for websites up to 2005

CHAPTER III
SUPPORTING POLICY ENVIRONMENT

3.1. Introduction

The assessment of progress in MDGs, (trend and status made in Chapter II) reflects the contribution of the different policies and strategies that have been implemented over time. Recognizing the inter-relationships of the different policies and interventions, this chapter provides an overview of the existing supporting environment for attaining MDGs. A policy environment for one goal would also have indirect effects on other goals due to existing synergies and complementarities amongst them. This chapter presents the framework of these synergies, support policies, and programs for each goal and related challenges; as well as lessons from the Millennium Villages Project (MVP) in Tanzania and the contribution of Tanzania Social Action Fund (TASAF) towards achievement of the MDGs.

3.3. Existing Supportive Policy Environment

3.3.1 Goal 1 Eradicate Extreme Poverty and Hunger

Policy setting

Tanzania offers a supportive environment for achieving Goal 1 in terms of stable macroeconomic conditions for sustainable economic growth. To ensure that growth is broad-based and has a poverty-reducing effect, the government has continued its effort to create an environment for new jobs and reduction of the rate of unemployment. The efforts include adoption of the revised employment policy of 2008 and launching of the National Employment Creation Program (NECP) (URT 2007b). The Youth National Employment Action Plan (URT 2007c) articulates the general and specific objectives and strategies of the Youth Employment Policy. The National Employment Creation Program aims at creating over one million jobs by 2010 in the private sector and through increased public investment in construction and other employment-generating activities such as mining and tourism. It also aims at supporting demand-driven skills in order to stimulate self-employment and to improve labor-market and a regulatory framework for its coordination. In Zanzibar, draft employment policy and job creation program have been developed.

In addition, the government continues to implement the Business Environment Strengthening for Tanzania (BEST) program and labor law reforms in order to ensure efficient, effective, flexible and socially responsible labor markets which generate decent jobs. Through these interventions, nine district councils with a total of 231 entrepreneurs benefited from training programs aimed at enabling the citizens to create self-employment for poverty reduction. New labor market policies, bills and regulations have been prepared.

Towards enhancing national capacities for delivery of effective micro finance services, provision for building supply-side capacity and creating an enabling policy and regulatory framework, the government has established the Rural Financial Services Program (RFSP) to improve managerial and infrastructural capacities and also support some of the regulatory reforms at the Bank of Tanzania. The (Presidential) Jakaya Kikwete (JK) Fund and Karume Fund with a total of Tshs 23.2 billion issued guaranteed loans to SACCOS and individual MSE operators through CRDB Bank and NMB.

The government has initiated various programs and reforms in the agricultural sector with a view to attaining the targets set under this goal. One of the initiatives is the development and rehabilitation of irrigation infrastructure, noting that irrigation contributes to food security. The area under irrigation increased from 273,945 hectares in 2006 to 289,245 hectares in 2007 out of which 236,170 hectares are under smallholder farming and 50,075 under large-scale farming.

In response to declining agricultural productivity, mostly attributed to the declining use of fertilizer, the government subsidizes fertilizer cost as the price has risen beyond the reach of most farmers. The medium-term plan and budgetary framework

of the government for the sector aims at achieving increased agricultural growth from five percent in 2002/2003 to 10 percent in 2010.

The Participatory Agricultural Development and Empowerment Project (PADEP) supported by World Bank and aiming at raising farm incomes and reduce food insecurity through small projects planned and managed by communities. Among its major specific objectives are empowering self-selected rural communities and farmers' groups to make decisions regarding choice of sustainable and remunerative productive technology and partially financing maintenance and/or construction of roads, bridges, and other small sub-projects to improve access to markets. In Zanzibar, the Marine and Coastal Environment Management Project–MACEMP and Food Security and Nutrition Program – FS&NP are but some of the policy interventions in place.

In 2009, the government launched the green revolution "Kilimo Kwanza" in order to boost growth of the economy and attain substantial reduction in poverty.

Challenges ahead and how they are being addressed

Low level of productivity

The agricultural sector is dominated by small-holder production in the scale of 0.25 to 3 hectares in the rural areas, with low levels of productivity. Low education and lack of experience combined with insufficient access to credit and inputs to cripple production and productivity. Productivity is also low in the livestock sub-sector, it is desired that productivity should increase from an average of 2 tons/hectare to 4.5 and 6 tons/hectare in irrigation schemes. .

Transfer of knowledge and skills on modern farming practices through ICT use

The slow pace in the transformation of agriculture is to be addressed through transfer of knowledge and skills on modern farming practices through the National Strategy for Revamping Agricultural Extension Services and ICT.

Poor transport networks

Currently, transport networks linking rural areas, especially food deficit and food surplus areas are poor. The bottleneck is being addressed through expansion of rural feeder roads and strengthening trunk roads in order to r improve marketing and distribution of agricultural-related inputs and products. The synergic relationship between transport and food security and agricultural overall development is kept in focus.

Promotion of non- and off-farm activities in the rural areas

These activities have the scope of reducing the existing high under-employment rates and rural-to-urban migration, and are being promoted through various initiatives.

3.3.2 MDG 2: Achieve Universal Primary Education

Policy setting

The Education and Training Policy (1995) for the mainland, the Zanzibar Education Policy and Women Protection and Development Policy (2005) and PEDP provide the main education policy environment. These policies stress equity, underline the responsibility of government to guarantee access to pre-primary, primary and secondary as well as adult literacy to all citizens as a basic right. They give special emphasis to girls' education as well as to those with special needs.

The policies further recognize the fact that education requires support of intervention in other sectors. Allowing intervention of non-governmental institutions to cater to children coming from distant homes in sparsely populated areas (boarding primary schools itinerant livestock-keeping communities) and children with special needs have boosted access and improved regional equity in access to education.

A National Social Protection Framework has been finalized. The COBET program allows previously un-enrolled children to attend school. The government also supports costs of primary education for orphans and children from households with proven needs, e.g. disabilities, elderly parents who have low income, etc.

In higher education great attention is being paid to quality and relevance to society. Special programs and scholarships guarantee for qualifying women applicants are in place; thus addressing gender imbalance. The (Higher Education) Loan Board applies means-testing to enable applicants from poor families access higher education.

In addition, the two governments are determined to elimination all forms of child labor because contributes to low levels of enrollment, poor performance, and school drop outs.

Challenges Ahead and How They are Being Addressed

Improving quality

The rapid expansion of education infrastructure has necessitated matched expansion in complementary inputs to address quality. Other resources being improved include library, laboratories, administration blocks, teachers' houses, and sanitary facilities.

Ensuring adequate quantity and quality of human resources

Human resource gap is an issue. Recruitment process is to go along with teacher's motivation.

Eliminating drop-out rate

Completion of a full cycle of primary education is also the target by 2015. Early pregnancies and marriages at tender ages continue to contribute significantly to school dropout among girls in both rural and urban areas. Though on the decrease, drop outs are being further checked through instituting monitoring and legal instruments at the local level.

3.3.3 MDG 3: Promote Gender Equality and Empower Women

Policy setting

Several policies have been put in place to foster gender issues. Women and Gender Development Policy aims at reducing inequalities between men and women and specifies issues for particular action, including education of the girl child, ownership and inheritance of property, unbearable cultural prejudices related to nutrition, violence, genital mutilation, as well as job and pay discrimination. The governance cluster of the MKUKUTA develops indicators related to women in senior and responsible position of civil and political decision-making positions in government and in the corporate world (women executives). Further, the government continues to address other dimension of gender balance in subject specializations, for instance, through the Girls Science Camps at zone level to encourage girls to take science and mathematics subjects.

The National Employment Policy of 2007 and the Employment Policy 2008 emphasize equal access to employment opportunities of men and women. The National Employment Creation Program and the Youth Employment Action Plan also aim at ensuring gender balance. The government continues to strengthen its capacity to implement National Policies and Plans of Action on gender equality.

In Zanzibar, policy environment for the goal includes the implementation of policies like the Child Survival Protection and Development Policy (2001), the Women Protection and Development Policy (2001), the Zanzibar Youth Development Policy (2005), the Education Policy (2006), Health Sector HIV and AIDS Strategic Plan 2007/2011, the Trade Policy (2006) and the National HIV and AIDS Policy (2006).

Challenges Ahead and How They are Being Addressed

Inadequate gender disaggregated data
Inadequate disaggregation leads to sub-optimal reporting on gender issues and enforcement of gender sensitive laws. Programs to build capacity of data gathering institutions including CSOs and other NSAs will continue to be strengthened and sustained.

Risk and vulnerability to HIV and AIDS

Women are especially vulnerable due to asymmetric relation in decision-making powers. Stepped-up awareness and education campaigns will be sustained, with greater involvement of communities.

Low participation of girls in science subjects

Low participation leaves girls vulnerable in the labor market. This problem will continue to be addressed through promotion of science subjects and mathematics in a single sex program and programs that encourage female enrollment especially at higher levels of education in science subjects as well as appointment of more women to higher decision-making bodies. The governments have made deliberate efforts aimed at enhancing non-formal education for girls and women as part of women empowerment.

3.3.4 Goals 4, 5 and 6

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

Policy setting

Interventions for Goals 4, 5 and 6 are so closely related. Thus, policy interventions and expenditure

reviews need to take this into account for the complementarities involved. Life expectancy and infant mortality has, for instance, been exacerbated by HIV, AIDS, and TB, with serious demographic and economic implications on productivity. Malnutrition and stunting are not only a result of high levels of food poverty and deficiency in nutritious food intake but can also be worsened by low education and weak maternal health. Although infant mortality has declined, further improvements are necessary in reducing neonatal mortality and addressing maternal health.

To reduce maternal mortality, the government has integrated maternal audit in all health facilities that provide delivery services and establishment of 'White Ribbon Day' to commemorate maternal deaths. These steps in both short and long terms will produce the desired results; and thus attain the goal of reducing to 170 Maternal Mortality rate and increasing the percentage of births attended by skilled health staff to 90 percent as required by the MDG Goal. The following policy documents and guidelines are in place to guide implementation at all levels by different stake holders:

i) RCH Policy guideline (2003)

ii) National Package of Essential RCH Interventions

iii) RCHS strategy: 2005-2010

iv) Adolescent Health and Development Strategy:2004-2008

v) Adolescent Friendly Service Standards

vi) Road Map for Accelerating the Reduction of Maternal, Newborn and Child Morbidity and Mortality: 2008 -2015

vii) National Plan of Action: 2001-2015 to accelerate the elimination of FGM and harmful traditional practices.

A five-year strategic plan (2004-2009) focusing on TB aims at increasing case detection and cure as well as strengthening of managing TB levels, implementation of TB/HIV collaborative program activities in collaboration with NACP and other stakeholders, establishing management of multi-drug resistant tuberculosis (MDR-TB), strengthening the quality of NTLP management information system with gender mainstreaming at all levels, and determining and monitoring the magnitude of TB/HIV.

Government continues to support both short-and-long terms training of health professionals. Furthermore, a *Road Map for Accelerating the Reduction of Maternal, Newborn and Child Morbidity and Mortality: 2008-2015* was launched on 22 April 2008. The roadmap has explicit emphasis on the provision of emergency obstetric care at health centre level and fast-tracking the employment of skilled staff at all levels with specific focus on the remote rural areas.

Zanzibar has put in place and has been implementing Zanzibar Malaria Control Program (ZMCP) Strategic Plan (2004-2008) which guide interventions for Malaria control through the use of ITNs/ long lasting insecticides treated nets (LLINs), indoor residual spraying and availability of Malaria treatment guideline. As a result, three out of four mothers (74.2 percent) and children under five (73.4 percent) sleep under ITNs

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

Challenges Ahead and How They are Being Addressed

Under Funding

The funding mechanisms include the MTEF, government and basket financing at central level and district block grants and basket funds at LGAs levels. These sources are, however, inadequate. The government will continue with efforts to mobilize resources in partnership with domestic partners and DPs as well as solicit off budget sources in order to ensure adequate funding of the health sector.

Insufficient human resources for health

Currently only 35 percent of required skilled personnel are in place. This translates to low access of service providers. The government will step up training, recruitment, and retention of

medical personnel in order to bridge the gap and make the health system work more efficiently and effectively.

Inadequate Management Information System and monitoring

In order to address the inadequacies, the government will continue to scale up development of skilled human resource, infrastructure improvement of health facilities especially clinics, and labor wards and strengthen referral system. The government will continue to mobilize additional resources to support national plans and community participation programs.

3.3.5 MDG7: Ensure Environmental Sustainability

Policy setting

National environmental problems have been identified in the National Environmental Action Plan (1994), the National Environmental Policy (1997) and the Environmental Management Act (2004) (EMA). This Act is a comprehensive umbrella Act that includes provisions for institutional responsibilities with regard to environmental management, environmental impact assessments, strategic environmental assessment, pollution prevention and control, waste management, environmental standards, state of environment reporting, enforcement of the Act and a National Environmental Trust Fund. A number of other environmental management strategies have been evolved around sectors and areas of critical interest such as arid lands, mountainous lands, wetlands, agricultural and pastoral land, coastal areas, water and forests, encroachment of desert, pollution and biodiversity. Environmental concerns have been mainstreamed in the country's National Strategy for Growth and Poverty Reduction (NSGRP). The government has also prepared the "*Guidelines for Mainstreaming Environment into Sector and Local Government Authorities' Plans and Budgets*" to assist MDAs and LGAs in providing for environment protection interventions within their areas of jurisdiction.

In order to address the issue of CO_2, supportive environment includes the existence of policy and multi-sector strategic frameworks for increasing the efficiency of existing power generation systems by re-powering and improving transmission and distribution systems, improving the conversion efficiency of charcoal kilns, optimizing the methane release from coal mines, use of solar collectors, photovoltaic, wind turbines, and biomass energy sources and implementation of energy pricing policy to stimulate efficient electricity development and utilization.

In the area of access to safe water, the National Water Policy of 2002, the National Water Sector Development Strategy (NWSDS), and the Water Sector Development Program (WSDP) are some of the policy instruments in place. Issues on the implementation of the international decade of water for life 2005-2015 and the Johannesburg Plan of Implementation of the WSSD targets which conform to the MDG implementation framework were put under Tanzanian water sector priority framework since 2004. These were all mainstreamed into the NWSDS and WSDP implementation operational framework since 2007/2008, in conjunction with issues on environment.

Furthermore, the institutional framework for water resources management has been streamlined to meet the challenges of effective integrated water resources management at basin level. Responsibility for the provision of water supply and sanitation services has been transferred to decentralized entities. These are the commercialized Water Supply and Sewerage Authorities (UWSAs) in large urban areas and Local Government Authorities (LGAs) small urban and rural areas. The LGAs also provide support to Community-owned Water Supply Organizations (COWSOs) which manage water supply and sanitation facilities in rural settings. Regulation of the Urban/Commercial Water Supply and Sewerage services is done by the Energy and Water Utilities Regulatory Authority, while regulation of the Community Water Supply and Sanitation Organizations in rural areas is delegated to Local Government Authorities.

Supportive environment to address the problem of slums includes the National Human Settlements Development Policy of 2000 which has been used effectively to provide guidance on housing and urban development.

Challenges Ahead and How They are Being Addressed

Priority will continue being accorded to:

(i) Investments in recurrent and development activities that gear at maintaining and increasing the proportion of the people with access to clean and safe water supply in both urban and rural areas;

(ii) Ensuring fair and equitable access to and allocation of water resources to all social and economic demands so that they are able to maximize their capacities in contributing to the Tanzanian economic development;

(iii) Measures for sustainable water use and conservation basing on principles and procedures for managing the quality of water resources especially pollution control measures; and

(iv) Conservation and protection of ecological systems and wetlands through both public awareness and law enforcement measures.

3.3.6 MDG8: Develop a Global Partnership for Development

Policy setting

Based on the lessons of 1990s, Tanzania finalized the Tanzania Assistance Strategy (TAS) in 2002, which was later upgraded into the Joint Assistance Strategy for Tanzania (JAST). The principal objective of JAST is to provide a framework for partnership and strengthening donor coordination, harmonization, partnerships, national ownership in the development process, and procedures in ways that make aid more effective, and simpler to manage. JAST is framed within the context of international commitment on aid effectiveness, in particular, the Rome Declarations of 2003 and the Paris Declaration of 2005 on aid effectiveness. Furthermore, the government has stepped up domestic accountability by improving public financial management systems and the national budget process. Consequently, development partners increasingly rely on government systems and processes in delivering aid.

Challenges Ahead and How They are Being Addressed

Results of the Paris Declaration Monitoring Survey of 2008 indicate some trends that call for short and long term interventions. The two critical trends are:

i) A decline in the percentage of aid flows aligned with national priorities. Furthermore, disbursements channeled outside the exchequer tend to distort and weaken the government system, particularly regarding accountability.

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

Tanzania will continue to address these and other challenges by sustaining the improved relations with her Development Partners. In the short term, resources will be pledged within the framework of the Gleneagles to bridge the financing gap and be on track to meeting the MDGs. Table 3.1 shows the additional resource requirements.

Table 3.1: Tanzania: Additional Financing Needed from External Sources: 2008-2010 (USD Mill)

Sector	2008	2009	2010	Av. 2008-2010
Additional financing required from external sources	559.7	773.6	2,029.8	440.2
Mainland	*385.0*	*565*	*1,944.0*	*724.0*
Zanzibar	*174.7*	*208.*	*85.8*	*156.4*

Source: Gleneagles scenario template

3.4 Tanzania's Experience with the Millennium Village Project (MVP)

3.4.1 Context

Launched in 2006, the Millennium Villages Project (MVP) is a partnership initiative designed to identify and scale-up solutions to the challenge of integrated rural development. The Millennium Villages emphasize practical mechanisms to implement (1) integrated rural investments; (2) local leadership and community participation; (3) long-term institution building; (4) professional training of community-based management and staff; and (5) global multi-sector partnerships directly with the villages.

The Millennium Village Project is emphasizing three kinds of long-term institution building at the local level, including: formation of *producer organizations, f*ormation of a *community-based management team,* and an introduction or spread of *microfinance institutions.* MVP is a 10-year project through to 2016. The project is an effort to establish "proof of concept" and a practical demonstration of community-based, integrated rural development, deploying the best available science, low-cost technology and experience, to achieve and sustain a rural economic transformation, and to attain the Millennium Development Goals in rural Africa by 2015.

Tanzania embraced the MVP concept in 2006 in six villages with a total population of about 33,000 people covering 6,000 households in a marginalized part of Uyui district in Tabora region. The project was later rolled-over to Micheweni, Zanzibar.

3.4.2 Interventions

In a period of two years, MVP in Tanzania has carried out several interventions including (i) universal distribution (to all sleeping sites) of long-lasting insecticide treated bed nets to all the 6,000 households; (ii) supply of drugs and other health facilities; (iii) boosting agricultural productivity through improved practices and provision of subsidized farm inputs, mainly improved seeds (maize and sunflower) and fertilizers; (iv) introduction of school feeding programs in all the 17 primary schools in the Cluster; (v) construction and rehabilitation of health clinics and primary schools, (vi) improvement/rehabilitation of water and sanitation; (vii) establishment of multi-purpose tree nurseries (to address environmental sustainability issues); (viii) improvement of infrastructure (i.e. access roads) and access to modern technology, including ICT; (ix) initiation of income generation ventures (such as agro-processing) and crop diversification (through the introduction of cash crops such as cotton and sunflower – to eventually replace tobacco, which has negative impacts on human health and contributes to environmental degradation.

3.4.3 Results

In the sector of health (MDG 4 – 6) the following have been achieved:

(ii) Clinic attendance has increased from an average of 15 people per dispensary per day at the beginning of the project to 30 people at the moment.

(iii) Number of pregnant mothers attending clinics increased from 15 to 25 per month and has had significant impact on reducing child and maternal mortality.

(v) Malaria cases have dropped significantly, mainly due to the use of treated bed nets and use of appropriate anti malaria drugs.

In poverty reduction, (MDG 1) maize yields, for example, increased from less than 1 ton per hectare before to 5.7 tons per hectare during 2007/08 cropping season. While some of the food surplus was sold, households contributed 10 percent of the harvest to school feeding program (a vivid example of the synergies between MDG1 and MDG2). In order to facilitate agro-processing, a multi-functional rural industrial facility (MFRIF) has been established. The facility, which is manned by farmer groups, hass a maize grinding mill, sunflower oil extractor, and other farm machines like power tiller.

With respect to primary school enrollment (MDG 2), rates jumped from 70 percent before the project to 95 percent in 2008; school attendance improved from 60 percent in 2006 to 96 percent in 2008 and the ratio of boys to girls reached 1:1. Overall academic performance, and retention of teachers improved significantly.

In water and sanitation (MDG 7), hydro-geological survey to locate 48 water points has been completed and rehabilitation of existing ones has been done. In addition, water harvesting in primary schools and health facilities in the cluster is being affected. Construction of Ventilated Improved Pits (VIP) latrines in all the 17 primary schools – with clear

segregation between boys and girls – has been finalized. In terms of e-connectivity, two private firms - ZAIN and Ericsson – have supported the MVP efforts by installing a "3G" system a typical example of private – public partnership and the aspirations of global partnership. (MDG 8).

3.4.4 Lessons Learned

The effectiveness of the interventions depends on the right and efficient institutions. Interventions are demand-driven and are based on the actual needs of the community as a whole. The biggest risk by far is that the MVPs remain islands of integrated investments in the midst of business-as-usual under-investments by national governments and international donors

3.5 Accelerating Achievement of Millennium Development Goals Through Home-grown Initiatives: Tanzania Social Action Fund (TASAF)

3.5.1 Overview of TASAF

The Tanzania Social Action Fund (TASAF) is one of the core instruments of the policy to combat poverty in the country. The development objective of TASAF is to empower communities to access opportunities so that they can plan, implement and monitor sub-projects that contribute to improved livelihoods linked to MDG targets in the Poverty Reduction Strategies MKUKUTA and MKUZA. The operations of TASAF cover all 132 local government authorities on the Mainland and Unguja and Pemba in Zanzibar (except Dar es Salaam City Council that does not deal directly with community level operations). The principal target beneficiaries are communities who lack access to basic social and market services, able-bodied but food-insecure and have household with vulnerable individuals (i.e. orphaned, disabled, elderly, affected/infected by HIV and AIDS, etc). Other targeted beneficiaries are poor individuals participating in groups' savings and public and private agencies that support communities to implement community projects funded by TASAF.

In 2007, the government of the United Republic of Tanzania launched the Second Phase of the Tanzania Social Action Fund (TASAF II). The objective of TASAF II is to empower communities to access opportunities and to implement, and monitor sub-projects that contribute to improved livelihoods. TASAF II operations cover all councils in the Mainland and two councils in Zanzibar. TASAF II project comprises two major components – the National Village Fund (NVF) and Capacity Enhancement (CE). The targeted beneficiaries of the NVF are those communities who lack access to basic social and market services, have able-bodied but are food insecure households, and have households with vulnerable individuals. The targeted beneficiaries of the CE component are agencies (public and private) that support communities to make the best use of resources made available under the NVF, and poor individuals participating in savings groups.

With regard to resources, IDA financing amounts to US$ 150 million (credit is US$ 129 million and grant US $21 million); Government contribution is US $15 million and community in-kind and cash contribution US $13.8 million. Funds channeled through TASAF (ring-fenced funds) by other projects/organizations amount to US$ 35 million.

3.5.2 TASAF Supported Activities that Contribute To MDGs

Table 3.2 shows the various activities supported by TASAF that contribute to accelerating the attainment of MDGs.

Table 3.2: TASAF Supported MDG Activities

MDG Goal No.	Description	Activity/Action
	Eradicate Extreme Poverty	Support to self-targeting public works interventions (safety net projects) for food insecure households that smoothes/raises income of poor households
		Enhancing productivity by supporting vulnerable groups involved in income-generating activities through provision of support in the form of skills and access to markets
		Job creation through support to income generating projects for vulnerable groups that increases household income, smoothes consumption and contributes to improved health status
		Empowering the extreme poor by enabling them access information, participate in decision making, enhancing accountability and building local organizational capacity
		Facilitating of provision of services, such as medical care to the poor by building social infrastructure at the community level. Health population can be actively engaged in production.
	Achieve Universal Primary Education (UPE)	Supports implementation of community projects that increase incomes hence reducing child labor and increasing school enrollment
		Support to construction and rehabilitation of primary schools
		Improving access of disabled children to primary schools through appropriate school infrastructure hence increasing their enrollment
	Promote Gender Equality and Empower Women	Empowering women and enhancing their visibility through active participation in management of community projects. Representation of women in Community Management Committees (CMCs) is 50 percent.
		Support to income-generating activities and public works (safety net) projects that influence girls' enrollment in primary schools
		Support to improvement of school sanitation in construction of school buildings that contribute to access of girls to primary schools
	Reduce Child Mortality	Support to construction and rehabilitation of health facilities that facilitate provision of improved medical care to children
	Improve Maternal Health	Support to construction and rehabilitation of health facilities that facilitate provision of improved medical care to women
		Increasing access to health care by women through support to income-generating activities and public works (safety net) projects
	Combat HIV and AIDS, Malaria and Other Diseases	Support to income-generating activities and public works (safety net) projects that facilitate income smoothing which helps to protect health status of the poor
		Support community projects that focus on building awareness about HIV and AIDS, rehabilitation of the affected and mitigation measures

	Ensure Environmental Sustainability	Conducting assessments, safeguards requirement, stipulated in the Environmental and Social Management (ESM) Handbook
		Support to community projects that build infrastructure for water and sanitation and corresponding community-managed maintenance that guarantees their sustainability
		Support to tree planting and other natural resource management community projects that provide employment and environmental benefits
	Develop a global partnership for development	Support to community projects managed by unemployed youth to facilitate their active engagement in productive work
		Provision of support to the poor as a safety net that helps to mitigate the consequences of economic reform on the poor segment of the population
		Sharing with MDAs and DPs through various channels on experiences of implementation of community-driven development (CDD) approach as a good delivery mechanism that empowers the poor and its contribution to expeditious eradication of poverty in Tanzania

Source: TASAF

Government plan to upgrade the agency status in order to strengthen its delivery.

CHAPTER IV
TANZANIA'S ADHERENCE TO MDG GUIDING PRINCIPLES

4.1. Overview of MDG Guiding Principles

In guiding MDG implementation process, a core strategy has been defined. The principles are:

i) MDGs have to be situated within the broader norms and standards of the Millennium Declaration;

ii) All eight MDGs and their targets are equally important;

iii) Broad national ownership and participation will be pivotal to the achievement of the MDGs;

iv) Partnership, with governments but also with CSOs and the private sector, will be essential;

vi) Much of the work required to achieve MDGs is already underway but demands greater focus and sense of urgency;

vii) The potential of the UN has to be mobilized fully to contribute towards meaningful results;

viii) A focus on MDGs neither diminishes nor precludes the important work of the UN system in other mandated areas.

4.2. Domesticating MGD Guiding Principles in Tanzania

The government of Tanzania has translated the MDG-guiding principles into programmes at national, multi-sectoral, and single sector levels. Table 4.1 summarizes the domestication of MDG principles in the PRSs (MKUKUTA and MKUZA), strategies that guide growth and poverty reduction in the medium term.

Table 4.1: Matrix of National and MDGs Guiding Principles

	MDG Counterpart Principle
National ownership • MDG – based national strategy is viewed as a vehicle to scale up national ownership of development process toward the attainment of the national development agenda articulated in the Vision 2025 and subsequent policy initiatives. It seeks to be more inclusive by explicitly taking on board the various contributions of all actors.	*Principle iii: broad national ownership and participation*
Political commitment • Political will and commitment to continued democratization and human rights will be increased and sustained. Moreover, political stability and consistency in policies are imperative and form basis for accountability of government to the citizenry and development partners.	*Principles i, (situating MDGs;) and iii (ownership)*
Commitment to macroeconomic and structural reforms • Fiscal and monetary sector reforms will be maintained to ensure a stable and predictable macroeconomic environment underpinned by low inflation rate, increased domestic savings and investment, exchange rate stability and sufficient foreign reserves. Structural and institutional reforms: continued market, structural and institutional reforms.	*Principles iv (partnership) and v (work required)*

	MDG Counterpart Principle
Sector strategies, linkages and collaboration • Recognize the roles and importance of existing specific sector development strategies and/or reform programs and encourage sectors to explore areas of collaboration in the pursuit of specific poverty reduction outcomes. Such collaboration will lead to more efficient attainment of desired poverty reduction outcomes. Promotion of inter -sector linkages will make possible realization of backward and forward linkages in the economy, increased employment and cost saving.	*Principles ii (all 8 MDGs), iv (partnership), and v (work required to achieve MDGs)*
Local partnerships • The strategy will enhance the space for local stakeholders, including citizens, communities, civil society and the private sector in policy dialogue, implementation and evaluation of the impact of development initiatives. Specifically, the government will assist LGAs in providing enabling conditions for • *Private Sector Development* (PSD); community-based initiatives and partnership with civil society organizations; • Scaling up *private-public partnership* consultation mechanisms in promoting the participation of the private sector in business particularly in the provision of public services	*Principles iii (broad ownership and participations, iv (partnership), and v (work required to achieve MDGs)*
Harmonized assistance • Agreed principles of development partnership relating to harmonization and alignment of aid modalities, as set in the Tanzania Assistance Strategy (TAS and TAS Action Plan), Independent Monitoring Group (IMG), and the new Joint Assistance Strategy (JAS) will be pursued towards increased aid effectiveness, strengthened accountability and mutual trust, and eventual reduced dependency. Tanzania will also pursue the 2003 Rome Declaration, the 2005 Paris Declaration on Aid Harmonization, and the 2004 Shanghai Conference on Scaling -up Poverty Reduction.	*MGD principle I (situating MDGs), vi (Potential of the UN), and vii (focus on MDGs)*
Equity • The basic tenet is that growth is necessary but not sufficient for poverty reduction. Equity issues need to be taken on board as well. Tanzania needs fast but equitable growth, focusing on reducing inequalities, increasing employment and enhancing livelihood opportunities for the poor. Equitable growth will entail improving access to productive assets by the poor, addressing geographic disparities and ensuring equal and universal access to public services.	*Principles: all*
Sustainable human development • The strategy is committed to ensuring that development activities today do not adversely affect the development needs of future generations. Emphasis is on sustainable use of the country's natural resources and avoiding harmful effects on the environment and on people's livelihoods. It also advocates for people-centered development.	*Principles: all*
Macro-micro linkages • The strategy will aim at strengthening commitment to decentralization, increasing efficiency of public institutions at all levels of government and ensure a two-way information flow and response from and between central government and local governments. The strategy also envisages efficient operation of markets for labor, capital and goods. Further, policies should be designed to ensure that the benefits of growth in high-growth sectors such as mining, industry, and tourism are transmitted to the poor in form of increased livelihood opportunities e.g. supporting supply-linkages with local producers.	*Principles ii (all 8 MDGs) and v (work required)*
Mainstreaming cross-cutting issues • Goals and interventions relating to the cross-cutting issues have been included in the three clusters of the strategy. Implementation and monitoring plans for the NSGRP include specific actions on mainstreaming and development of indicators for the cross -cutting issues. It is also recognized that inter-sector collaboration is possible as well as within the cost-cutting issues.	*Principles ii (all 8 MDGs) and v (work required)*

CHAPTER V
CONCLUDING REMARKS

5.1. Overview

This mid-way report has provided review of the implementation of MDGs in Tanzania. However, being essentially national averages, the MDGs are not primarily capable of fully accommodating analysis of local disparities such as urban/rural, between and within districts. The main challenge then is on rolling MDGRs to sub-national levels. In large part also this is limited by availability of detailed data.

The level of reporting has focused on (i) progress related to MDG- targets and indicators and (ii) challenges, opportunities and threats, and enabling policy environment around each goal. This concluding chapter identifies priority issues for attention in the short to medium term in order for Tanzania to be on track to reaching the 2015 targets.

The major thrust of the mid-term review is the conviction that for Tanzania, the remaining half of the time to 2015 requires more effort than was put in the first half of the MDGs implementation time. The chapter on the existing supporting policy environment indicates that Tanzania has in place very elaborate policies. Looking ahead, the real test lies in the effectiveness of implementation.

5.2. Issues for further attention

The report raises several issues including:

(a) Whether on-track or off-track

The review shows that Tanzania is on track in some of the goals such as primary education, gender balance, but not in others such as income poverty, and maternal health. The assessment is done based on indicator sets and it can generally be noted that:

(i) Some of these indicators miss other dimensions of the progress made so far.

(ii) In other cases, indicators related to environmental sustainability are missing and their proxies are not adequate. As such it is difficult to assess whether Tanzania is on track or not.

(b) Data Comparability

This problem arises mainly due to changes or differences in methodologies used in data collection especially the case of survey data.

(c) Risk of slippage/reversal

In areas where significant progress has been made, support has been coming from several stakeholders. There can be reversals on some attainments particularly if sustainability arrangements are not properly drawn especially for the community-based initiatives.

(d) Spatial Disparities

Even in those MDGs showing progress, disparities by localities at the sub-national level are not uncommon. National averages tend to obscure such disparities.

It will serve to take a deeper focus on localizing the MDGs in order to address the disparities (especially MDGs 1-7) at the sub-national level.

5.3 Accelerated and Concerted Effort

Accelerated and concerted effort is needed, given that most targets are not likely to be met in the remaining time to 2015.

Like other developing countries, Tanzania has closely followed the debate on the Doha trade agenda such as subsidies in agriculture, Trade-related Intellectual Property Rights (TRIPS), capacity strengthening in LDCs and the Monterrey Consensus on financing for development. However, calls for scaling up aid especially ODA, aid predictability, etc, should be matched with strategies to enhance the effectiveness of aid on the country's capacity to raise domestic resource generation and mobilization.

REFERENCES

African Development Bank.2007. *Gender, Poverty and environmental Indicators on African Countries* 2007

Herfkens H. 2007. "Making Aid Work: Developing Country Governments Act to Achieve the Millennium Goals" http://www.endpoverty2015.org/node/93

MDG Africa Steering Group.2008. www.mdgafrica.org/achieving_mdg.html - 11k

Minot, N., K. Simler, T. Benson, B. Kilama, E. Luvanda and A. Makbel.2006. Poverty and Malnutrition in Tanzania: New Approaches for Examining Trends and Spatial Patterns International Food Policy Research Institute (IFPRI), Washington

URT.2003. *Education Sector Status Report* Dar es Salaam: Ministry of Education and Vocational Training

RGZ.2002a. *Development Vision 2020,* Zanzibar *Ministry of Finance and Economic Affairs, Zanzibar*

RGZ.2002b *Zanzibar Poverty Reduction Plan,* Zanzibar.

RGZ.2007. *Zanzibar Strategy for Growth and the Reduction of Poverty (ZSGRP/MKUZA)*, February

RGZ.2009a. Economic Survey and Review of Development Plan 2008/2009, Ministry of Finance and Economic Affairs, Zanzibar

RGZ.2009b. Outlook of the Economy and Development Plan 2009/2010, Ministry of Finance and Economic Affairs, Zanzibar

UN.2001. *United Republic of Tanzania: ITD/MDG* Progress Report

UN.2004. *Investing in Development – A Practical Plan to Achieve the Millennium Development Goals* UN Millennium Project Task Force Report, New York: United Nations

UN.2006. *World Human Development Report* 2006

UN.2007. *The Millennium Development Goals Report 2007*, New York, United Nations

UNDP.2003. Human Development Report 2003 New York, United Nations

UNDP/UNICEF.2002. *The Millennium Development Goals in Africa: Promises and Progress* (June) New York, United Nations

UNECA.2008. *Assessing Progress in Africa towards the Millennium Development Goals Report 2008* First Joint Annual Meetings of the AU Conference of Ministers of Economy and Finance and ECA Conference of African Ministers of Finance, Planning and Economic Development: Addis Ababa, Ethiopia

URT.1991/2. *Tanzania Demographic and Health Survey*

URT.1997. *Tanzania Development Vision 2025* Dar es Salaam, Planning Commission

URT.2000. *Poverty Reduction Strategy Paper* Dar es Salaam, Ministry of Finance

URT.2002a. *Tanzania Assistance Strategy*, Dar es Salaam, Ministry of Finance

URT.2002b. *Integrated Labor Force Survey 2000/01: Analytical Report*. Dar es Salaam: National Bureau of Statistics Tanzania.

URT.2002c. *Poverty and Human Development Report 2002*, Research and Analysis Working Group Dar es Salaam: Mkuki na Nyota

URT.2003a. *Poverty and Human Development Report*, Research and Analysis Working Group Dar es Salaam: Mkuki na Nyota

URT.2003b. *Second PRSP Progress Report* Dar es Salaam: Vice President's Office.

URT.2004a. *Third PRSP Progress Report* Dar es Salaam: Vice President's Office.

URT.2004b. *Education Sector Development Program: Guidelines for the Provision of Scholarship Grants to Secondary School Pupils from Low Income Households*. Dar es Salaam: Ministry of Education and Culture.

URT.2004c. *Tanzania Demographic and Health Survey*

URT.2005a. *National Strategy for Growth and Reduction of Poverty* Dar es Salaam: Vice President's Office.

URT.2005b. *Poverty and Human Development*

Report, Research and Analysis Working Group Dar es Salaam: Mkuki na Nyota

URT.2006a. *Joint Assistance Strategy for Tanzania (JAST)* Dar es Salaam, Ministry of Finance

URT.2006b. *Tanzania: Millennium Development* Goals (MDG) Report Dar es Salaam

URT.2006c. *Integrated Labor Force Survey: Analytical Report.* Dar es Salaam: National Bureau of Statistics Tanzania.

URT.2006d. *MKUKUTA Monitoring Master Plan and Indicator Information* Dar es Salaam: Ministry of Planning, Economy and Empowerment

URT.2006. *Joint Program Document* Development Partners Group: Tanzania Joint Program Document

URT.2007a.*Poverty and Human Development Report*, Research and Analysis Working Group Dar es Salaam: Mkuki na Nyota

URT.2007b. *National Employment Creation Program* Dar es Salaam, Ministry of Labor, Employment and Youth development

URT.2007c. The Youth National Employment Action Plan (NYEAP) Dar es Salaam, Ministry of Labor, Employment and Youth development

URT.2007d. *National Employment Report 2007* Dar es Salaam, Ministry of Labor, Employment and Youth development

URT.2008a. *MKUKUTA Monitoring Master Plan and Indicator Information* Dar es Salaam: Ministry of Planning, Economy and Empowerment

URT.2008b. National Employment Policy 2008, Ministry of Labour, Employment and Youth Development, Dar es Salaam, August

URT.2008c. *MKUKUTA Annual Implementation Report 2007/08*, Ministry of Finance and Economic Affairs, October

URT 2008d. *Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08*, NBS/TACAIDS/ ZAC, November

URT 2009a. *PRS/MDG Programming: Gleneagles Scenario Report*.

URT.2009b. Economic Survey 2008, Ministry of Planning and Economic Affairs

World Bank.2004. *Global Monitoring Report 2004*" Washington: The World Bank

World Bank.2005. *Global Monitoring Report 2005*: MDGs: from Consensus to Momentum Washington: The World Bank

World Bank.2003. *Getting Serious about Meeting the Millennium Development Goals* Washington: The World Bank

ANNEX: Official List of Millennium Developing Goals, Targets and Indicators

Effective 15 January 2008

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	**Indicators for Monitoring Progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below $1 (PPP) per day[1] 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below $1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrollment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunized against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

Goal 6: Combat HIV and AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS	1.1 HIV prevalence among population aged 15-24 years 1.2 Condom use at last high-risk sex 1.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS 1.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it	1.4 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	1.5 Incidence and death rates associated with malaria 1.6 Proportion of children under 5 sleeping under insecticide-treated bed nets 1.7 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 1.8 Incidence, prevalence and death rates associated with tuberculosis 1.9 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums[2]

Goal 8: Develop a Global Partnership for Development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction – both nationally and internationally Target 8.B: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced program of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Program of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	*Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.* Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly-A/RES/60/1, http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

MINISTRY OF FINANCE & ECONOMIC AFFAIRS
Poverty Eradication and Economic Empowerment Division
P.O.Box 9111, Dar es Salaam - Tanzania
Tel:+255 22 2124108
Website: www.povertymonitoring.go.tz