UNITED REPUBLIC OF TANZANIA

Country Report on the Millennium Development Goals 2014

Entering 2015 with better MDG scores

Poverty Eradication through Empowerment


Health care for social well-being

Partnership

MINISTRY OF FINANCE

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List of Abbreviations

ACP	Africa Caribbean and Pacific
AGOA	The African Growth and Opportunity Act
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care Coverage
ARV	Anti-Retroviral
ATI	Access to Information
BEST	Business Environment Strengthening for Tanzania
BEST(educ)	Basic Education Statistics in Tanzania
BRN	Big Results Now
CBOs	Community Based Organizations
CCRO	Certificates of Customary Rights of Occupancy
CDGs	Composite Development Goals
CO_2	Carbon Dioxide
COBET	Complimentary Basic Education Programme in Tanzania
COMESA	Common Market for Eastern and Southern Africa
COWSO	Community owned Water Supply Organization
CPR	Contraceptive Prevalence Rate
CPT	Co-trimoxazole Preventive Therapy
CSO	Civil Society Organization
CTC	Care and Treatment Clinic
DAC	Development Assistance Committee
DOTS	Directly Observed Treatment Short course
DPs	Development Partners
DPT	Diphtheria, Pertussis (whooping cough) Tetanus
EAC	East Africa Community
EMA	Environmental Management Act

EPA	Economic Partnership Agreements
EPI	Expanded Program on Immunization
EU	European Union
FAO	Food and Agriculture Organization
FDI	Foreign Direct Investment
FGM	Female Genital Mutilation
FYDP	Five Year Development Plan
GBS	General Budget Support
GDP(mp)	Gross Domestic Product(market price)
GER	Gross Enrollment Ratio
GPI	Gender Parity Index
HBS	Household Budget Survey
HIPC	Highly Indebted Poor Country
HIV	Human Immuno Virus
HSSP	Health Sector Strategic Plan
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
IMCI	Integrated Management of Childhood Illness
IMG	Independent Monitoring Group
ITNs	Insecticides Treated Nets
ITU	International Telecommunication Union

IUCN	International Union for Conservation of Nature
JAST	Joint Assistance Strategy for Tanzania
LDC	Least Developed Country
LGAs	Local Government Authorities
LSS	Life Saving Skills
LTPP	Long Term Perspective Plan
M&E	Monitoring and Evaluation
MAF	MDG Acceleration Framework
MAIR	MKUKUTA Annual Implementation Report
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MDRI	Multilateral Debt Relief Initiative
MIS	Management Information System
MITM	Ministry of Industry, Trade and Marketing
MKUKUTA	*Mkakati wa Kukuza Uchumi na Kupunguza Umaskini* Tanzania
MKUZA	*Mkakati wa Kukuza Uchumi na Kuondoa Umaskini* Zanzibar
MLEYD	Ministry of Labor, Employment, and Youth Development
MMMP	MKUKUTA Monitoring Master Plan
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
MVP	Millennium Village Project
NACP	National AIDS Control Program
NBS	National Bureau of Statistics

NECP	National Employment Creation Program
NER	Net Enrollment Ratio
NGO	Non Governmental Organization
NMB	National Microfinance Bank
NMSPF	National Multi-Sectoral Social Protection Framework
NPS	National Panel Survey
NSA	Non–State Actors
NSGRP	National Strategy for Growth and Reduction of Poverty
OCGS	Office of the Chief Government Statistician
ODA	Official Development Assistance
OECD	Organization for Economic Co-operation and Development
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
PHCSDP	Primary Health Care Services Development Program
PHDR	Poverty and Human Development Report
PLHA	People Living with HIV and AIDS
PMO-RALG	Prime Minister's Office-Regional Administration & Local Government
PMTCT	Prevention of Mother to Child Transmission of HIV
PEP	Proportion of Employed People
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
PSSN	Productive Social Safety Net

RDT	Rapid Diagnostic Tests
RGZ	Revolutionary Government of Zanzibar
SACCOS	Savings and Credit Cooperative Societies
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SDP	Sector Development Plan
SEDP	Secondary School Education Programme
SEZ	Special Economic Zone
SSA	Sub-Saharan Africa
TACAIDS	Tanzania Commission for AIDS
TaESA	Tanzania Employment Services Agency
TAS	Tanzania Assistance Strategy
TASAF	Tanzania Social Action Fund
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
TDS	Tanzania Debt Strategy
TDV	Tanzania Development Vision
THMIS	Tanzania HIV and AIDS and Malaria Indicator Survey
TRCHS	Tanzania Reproductive and Child Health Survey
TSED	Tanzania Social Economic Database
TSPAS	Tanzania Service Provision Assessment Survey
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
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

Preface

This report comes at a very critical stage in implementing MDGs in Tanzania. It is the last report that tracks progress towards 2015 and as such important in delineating how Tanzania will enter 2015 with better MDG scores.

Since signing the Millennium Declaration, Tanzania has taken full ownership of the MDGs and made significant progress. The country's commitment to measuring progress, learning from the experience gained and allowing data and information to guide decision making for future efforts is clear from the measurable achievements captured in this report. Furthermore, Tanzania has translated the MDGs into national time-bound targets implemented through key national policy frameworks in both Mainland Tanzania and Zanzibar; which together form the United Republic of Tanzania.

This report shows that most MDGs have been achieved or will be achieved. Further boost to fast tracking MDG implementation has been provided by two key interventions namely "Big Results Now" initiative and Tanzania Social Action Fund (TASAF) III: Productive Social Safety Net (PSSN) Scheme.

The Government of Tanzania launched the Big Results Now (BRN) initiative during 2012/13. BRN focuses on six priority areas for strengthened delivery, namely: energy and natural gas; agriculture; water; education; transport and mobilization of resources; selected on the basis of number of beneficiaries, relative impact on the quality of life, and the feasibility of achieving measurable impact within a relatively short timeframe. A Presidential Delivery Bureau (PDB) was established in order to monitor related Key Performance Indicators (KPIs). Three MDG related interventions are in agriculture (MDG 1), education (MDG 2) and water (MDG 7).

TASAF-III was initiated in 2014 as a roll- out plan and started with Regions with high poverty incidence. The main objective of this Phase is to enable poor households increase incomes and opportunities while improving consumption. The intended beneficiaries are people currently living below the food poverty line; poor and vulnerable households as well as those temporarily affected by short-term shocks.

The expected significant impacts are reduction of extreme poverty by 52 percent; Extreme poverty gap reduction of 43 percent. Phase 1 of the project (ending December 31, 2017) aims at creating a comprehensive, efficient, well-targeted productive social safety net system for the poor and vulnerable section of the Tanzanian population and will target 920,000 households. Successful implementation of these two interventions will

lead to significant reduction in the main challenging MDG 1 (eradicating extreme poverty).

As 2015, the terminal year of implementing current set of MDGs approaches, it is important to assess how far Tanzania has progressed in achievement. The 2014 MDGs report therefore, apart from presenting assessment of progress, also presents suggestions for moving forward in the remaining period and beyond. This report is thus a key reference document in monitoring progress beyond 2015.

The process of preparing this report involved many stakeholders including government, Development Partners, CSOs, Academia and Research institutions as well as others. May I take this opportunity to congratulate and thank all of them.

SAADA MKUYA SALUM (MP)
Minister for Finance

Progress in MDGs at a Glance: Mainland Tanzania

MDG	Indicators for Monitoring Progress	Baseline 1990	Current Status	2015 Target	Progress at a Glance
1. Eradicate extreme poverty and hunger	1.1a Proportion of population below national basic needs poverty line (%)	39	28.2 (2012)	19.5	
	1.1b Proportion of population below national food poverty line (%)	21.6	9.7 (2012)	10.8	
	1.8a Under -5 underweight (%) (weight - for – age below 2SD	28.8	16 (2010)	14.4	
	1.8b Under – 5 stunted (%) height – for – age below - 2SD	46.6	42 (2010)	23.3	
2. Achieve universal primary education	2.1 Net enrolment ratio in primary education (%)	54.2	89.71 (2013)	100	
	2.2 Proportion of pupils starting grade 1 who reach last grade of primary (%)	85 (2010)	87.2 (2013)	100	
3. Promote gender equality and empower women	3.1a Ratio of girls to boys in primary school (%)	98 (2010)	102 (2013)	100 (2005)	
	3.1b Ratio of girls to boys in secondary school (%)	98 (2010)	105 (2013)	100 (2005)	
	3.1c Ratio of females to males in tertiary education (%)	22 (2006)	30 (2012)	100	
	3.3 Proportion of Seats held by women in National Parliament (%)	22.8 (2004)	35.6 (2013/14)	30%	
4. Reduce child Mortality	4.1 Under – five mortality rate (per 1,000 live births)	191	81 (2010)	64	
	4.2 Infant mortality rate (per 1,000 live births)	115	45 (2012)	38	
	4.3 Proportion of children vaccinated against measles (%)	81.2	95 (2011)	90	
5. Improve maternal health	5.1 Maternal mortality ratio (per 100,000 live births	529	432 (2012)	133	
	5.2 Proportion of births attended by skilled health personnel (%)	43.9	50.5 (2010)	90	
6. Combat HIV/ AIDS malaria and other disease	6.1 HIV prevalence 15 – 24 years (%)	6	2 (2012)	<6	
	6.1 HIV prevalence 15 – 49 years (%)	6	5.1 (2012)	<5.5	
	6.7Proportion of children under 5 sleeping under insecticide-treated bed nets (%)	16 (2005)	64 (2010)	100	

7. Ensure environmental sustainability	7.8 Proportion of population using an improved drinking water source (%)	51 (rural)	47 (rural) (2012)	74	
	7.8 Proportion of population using an improved drinking water source (%)	68 (Urban)	89 (Urban)	84	

Key to colors: green=achieved/achievable; yellow = achievement probable; red = not achievable; n.a= not available

Source : HBS 2011/12 ; TDHS 2009/10

Progress in MDGs at a Glance: Zanzibar

MDG	Indicators for Monitoring Progress	Baseline 1990	Current Status	2015 Target	Progress at a Glance
1. Eradicate extreme poverty and hunger	1.1a Proportion of population below national basic needs poverty line (%)	61	44.41 (2010)	30.5	
	1.1b Proportion of population below national food poverty line (%)	25	13.04 (2010)	12.5	
	1.8a Under -5 underweight (%) (weight - for – age below 2SD	39.9	19.9 (2010)	14.4	
	1.8b Under – 5 stunted (%) height – for – age below -2SD	47.9	30.2 (2010)	23.8	
2. Achieve universal primary education	2.1 Net enrolment ratio in primary education (%)	50.9	83.7 (2013)	100	
	2.2 Proportion of pupils starting grade 1 who reach last grade of primary (%)	84 (2009/10)	80 (2013)	100	
3. Promote gender equality and empower women	3.1a Ratio of girls to boys in primary school(%)	98	102 (2012)	100 (2005)	
	3.1b Ratio of girls to boys in secondary school (%)	n.a	115 (2012)	100 (2005)	
	3.1c Ratio of females to males in tertiary education (%)	50	122 (2013)	100	
	3.3 Proportion of Seats held by women in national Parliament (%)	24.0 (2005)	33.8 (2013/14)	30	
4. Reduce child Mortality	4.1 Under – five mortality rate (per 1,000 live births)	202	79 (2008)	67	
	4.2 Infant mortality rate (per 1,000 live births)	120	54 (2008)	40	
	4.3 Proportion of children vaccinated against measles	91	95.8 (2009)	90	

	5.1 Maternal mortality ratio (per 100,000 live births	377 (1998)	279 (2010)	94	
5. Improve maternal health	5.2 Proportion of births attended by skilled health personnel (%)		44.7 (2008)	90	
6. Combat HIV/ AIDS malaria and other disease	6.1 HIV prevalence among population aged 15 – 24 years	0.7	0.6 (2012)	<0.7	
7. Ensure environmental sustainability	7.8 Proportion of population using an improved drinking water source (%)	68	97 (2012)	84	

Key to colors: green=achieved/achievable; yellow = achievement probable; red = not achievable; n.a= not available

1.0 Introduction

In September 2000 when welcoming the dawn of a new century, the United Nations agreed on a roadmap for human development. Eight time-bound development goals with eighteen quantitative targets and forty eight indicators were articulated; that address poverty, education, gender equality, health and environment, all to be achieved by 2015. These goals are known as the Millennium Development Goals (MDGs) and were adopted by 189 countries; including Tanzania. The Declaration mainstreams a set of inter-connected and mutually reinforcing development goals into a global agenda. The MDGs are a synthesis of the goals and targets for human development derived from UN Conferences of the 1990s. The goals are:

1. Eradicate extreme poverty and hunger;
2. Achieve universal primary education;
3. Promote gender equality and empower women;
4. Reduce child mortality;
5. Improve maternal health;
6. Combat HIV and AIDS, malaria and other diseases;
7. Ensure environmental sustainability;
8. Develop a global partnership for development.

At the World Summit in 2005, four targets were added: full and productive employment and decent work for all; universal access to treatment for HIV/AIDS by 2010 and reduction in bio diversity loss. The monitoring framework has since changed to 21 targets and 60 indicators. It is emphasized that targets and indicators must be adapted to local circumstances to create meaningful ownership.

Monitoring and evaluation of progress towards meeting these goals, sustaining political support and ensuring continued commitment are essential elements for ensuring that the MDGs are achieved.
Since signing the Millennium Declaration, Tanzania has made significant progress towards achieving MDGs. The country's commitment to measuring progress, learning from the experience gained and allowing data and information to guide decision making for future efforts is clear as shown in country MDG progress reports that have been produced every after two years, since production of the first report in 2011 (the first in the world). Furthermore, Tanzania has translated the MDGs into national time-bound targets implemented through the National Strategy for Growth and Reduction of Poverty (MKUKUTA) and Five Year Development Plan in Mainland Tanzania and Zanzibar Poverty Reduction Strategy (MKUZA) in Zanzibar.

As the terminal year for implementation of the current set of MDGs approaches, it is important to assess how far Tanzania has achieved. This 2014 MDG report therefore, presents an assessment of the progress that Tanzania has made in the implementation of MDGs since the last report was produced in 2012. The assessment is made by gauging the targets at baseline year (1990) against achievements. The report assesses what

worked and what did not work with suggestions for achieving better scores in the remaining period and beyond 2015.

1.1 MDG Progress in Tanzania

Preparation of the Tanzania MDG 2014 report was done through an inclusive and participatory process and was coordinated by the Ministry of Finance. Stakeholders that were involved included Government of Tanzania, Revolutionary Government of Zanzibar(RGZ), Ministries, Departments, Agencies (MDAs), Local Government Authorities (LGAs), United Nations (UN) Agencies, Development Partners (DPs), Non State Actors (NSAs), Civil Society, private sector and Academia.

Data and information were collected from various sector specific reports, national reports, Household Budget Survey (HBS 2012), Population Census 2012 and other surveys. Stakeholders' consultations were done with a view to gathering information on specific issues.

1.2 Objectives of 2014 MDG Progress Report

The overall objective of the 2014 MDG Report is to provide an assessment of progress made towards achievement of MDGs in order to inform policy decisions and accelerate progress on the lagging MDGs. The report will serve as an important input to the Post- 2015 Development Agenda for Tanzania. The specific objectives of the MDG progress report are, to:

i) Provide an assessment of progress of MDGs against target;

ii) Generate information that will facilitate organization of interventions and priorities in different sectors into a consistent and sustainable implementation strategy;

iii) Highlight areas that require more resources;

iv) Identify key issues and options for scaling up investments in order to achieve the goals;

v) Promote dialogue and debate on critical interventions;

vi) Provide inputs and information for key national processes.

1.3 Scope and Limitations of Report

This report covers both Mainland Tanzania and Zanzibar. One of the challenges that production of this report faced is with respect to data in terms of timeliness and quality. Where data were not available, proxy information was used for analysis.

1.4 Structure of the report

This report is structured along four Chapters. Chapter one presents the introduction and is followed by Chapter two which presents the country development context. Chapter three provides progress trends and assessment of prospects for achieving the goals by 2015. Chapter four, presents the status of progress in Millennium Development Goals for selected districts. The last Chapter, five, is devoted to a special theme, Post 2015 Development Agenda and implications for Tanzania.

2.0 Context

This Chapter sets the context for attainment of MDGs in Tanzania. The Chapter has three sections. The first section highlights performance of the macro economy, followed by a section on Social service delivery. The last section presents efforts by the country to accelerate achievement of MDGs.

2.1 Macroeconomic Performance

Good macroeconomic performance plays a key role in influencing achievement of MDGs, by first providing the necessary (though not sufficient) condition for achieving MDGs through growth and secondly providing the required financial and human resources. Containment of inflation ensures that the consumption basket of the poor is protected.

Tanzania continued to sustain good macroeconomic performance that has been experienced since mid- 2000s.

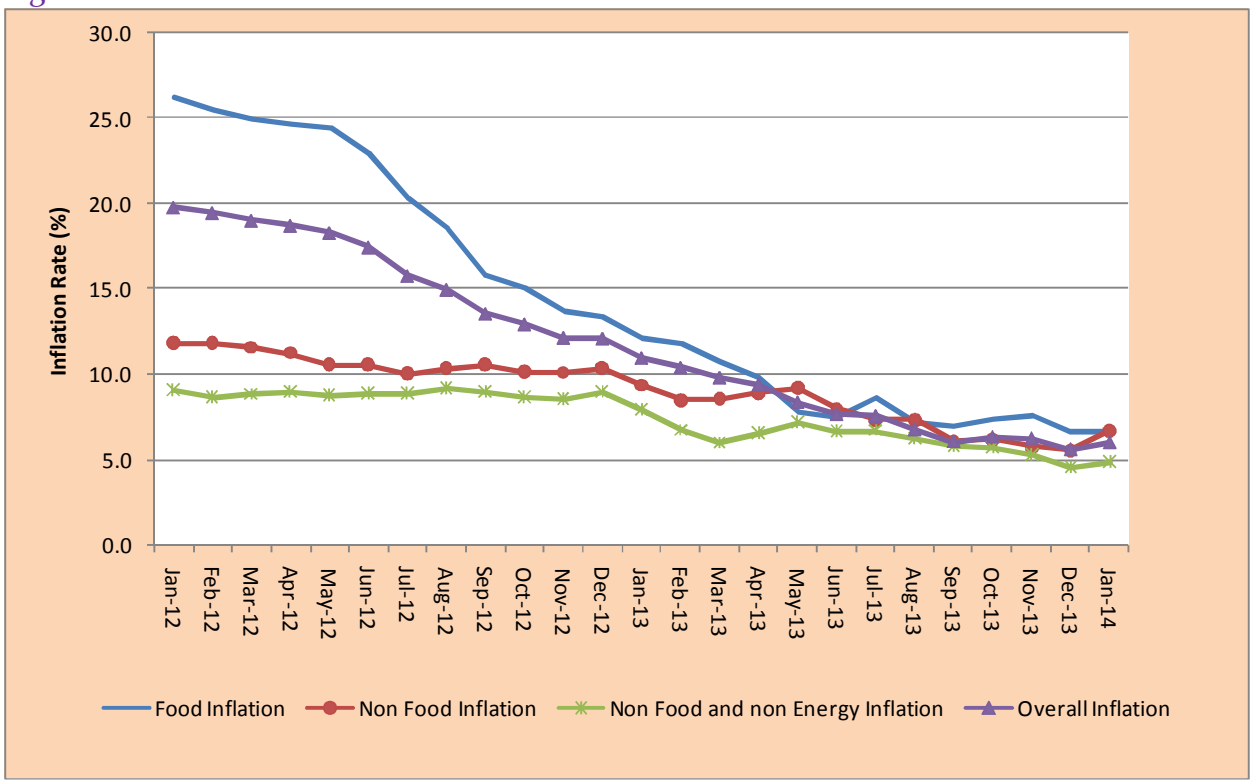
In Mainland Tanzania, as indicated by Economic Survey 2013, real GDP grew at 7.0 percent in 2013, up from 6.9 percent recorded in 2012. The fast growing sectors in 2013 were communication (22.8 percent), financial intermediation services (12.2 percent), construction (8.6 percent), wholesale and retail trade (8.3 percent), and hotels and restaurants (6.3 percent). On the other hand growth of agriculture stagnated at 4.3 percent same as in 2012, Manufacturing growth declined from 8.2 percent in 2012 to 7.7 percent in 2013, mainly attributed to a decrease in production in some of the industries; electricity and gas from 6.0 percent to 4.4 percent due to worn out hydro-power equipment; and transport from 7.1 percent to 6.2 percent due to a decrease in air cargo (Economic Survey 2013).

Economic Survey 2013 also shows that in nominal terms, Mainland's GDP increased from Tanzanian Shillings 44.7 trillion (USD 25.24 billion) in 2012 to Tanzanian Shillings 53.17 trillion (USD 33.26 billion) in 2013. Per capita income increased from Tanzanian Shillings 1,025,038, (USD 652.1) in 2012 to Tanzanian Shillings 1,186,200, (USD 742) in 2013 at current prices; an increase of 15.7 percent.

Total investments in the economy increased from USD 8.73 billion in 2012 to USD 11.37 billion in 2013. At the same time inflow of Foreign Direct Investment in year 2013 was USD 1.88 billion compared to USD 1.80 in 2012; attributed mainly to an increase in gas and petroleum exploration projects.

Policies for containing inflation were largely successful with overall inflation declining from 20.0 percent in January 2012 to 6.0 9 percent in December 2013; largely attributed to the decrease in food prices especially for rice following good harvest.

Figure 2.1: Trend in Inflation



In terms of financial intermediation, the annual average lending rate decreased from 14.09 percent as of December 2012 to 13.78 percent as of December 2013, while annual average interest rate on deposits increased from 11.06 percent in 2012 to 11.12 percent in December 2013 thus narrowing interest rate spread from an average of 3.03 percent in December 2012 to 2.66 percent in December 2013. This trend presents an opportunity for accessing loans for investment purposes.

The value of goods and services exported decreased by 1.7 percent from USD 8,675.6 million in 2012 to USD 8,532.0 million in 2013 mainly due to a decline in exports of gold and traditional exports including tobacco, coffee, cotton and sisal; the drop in domestic production for some of the crops; and fall in world commodity prices. Imports, on the other hand increased by 6.6 percent to USD 13,517.6 million in 2013 compared to USD 12,678.0 million in 2012. The increase was mainly attributed to 27.4 percent increase in fuel imports.

In general, despite the robust economic growth poverty has remained high at 28.2 percent; see Chapter three, implying that growth has not been pro-poor as it has been concentrated in economic sectors with limited employment opportunities.

Revenue collection from new sources identified under the BRN initiative reached shillings 338 billion by April 2014, equivalent to 29.14 percent of the target of

Collecting Tanzanian Shillings 1.16 trillion in 2013/14.

Zanzibar continued to record high real GDP growth rate at 7.4 per cent in 2013 compared to 7.1 per cent in 2012 and 6.6 per cent in 2011. Growth rate of the broad sectors namely Agriculture, Fishing and Forestry; Industry and Services grew by 3.6 percent, 8.2 percent and 8.6 percent respectively (Socio-economic Survey 2013).

The survey also shows that per capita GDP increased from Tanzanian Shillings 1,030,000 (USD 656) in 2012 to Tanzanian Shillings 1,077,000 (USD 667) in 2013.

The annual headline inflation rate continued to be contained at single digit rate of 5.0 percent in 2013 compared to 9.4 percent recorded in 2012. Annual food inflation during 2013 declined to 1.8 percent from 6.7 percent recorded in 2012 mainly due to lower prices of some food items such as rice, wheat flour and sugar.

Total value of exports was Tsh. 87,799.6 million (USD 54.9 million) in 2013 compared to TShs. 67,390.5 million (USD 42.9 million) in 2012 while the total value of Imports was TShs. 208,051.9 million (USD 130.2 million) in 2013 compared to TShs. 271,273.1 million (USD 172.6 million) in 2012.

Despite the good trend in macroeconomic performance, poverty has not been reduced substantially and remains high (see Chapter three).

The key policy challenges for both the Mainland and Zanzibar is on how to foster inclusive growth through improving productivity in sectors with maximum impact on poverty reduction (agriculture and manufacturing), productive infrastructure investment, enhancing the institutional framework to ensure that possible future revenues from the country's wealth of natural resources benefit all citizens; expand irrigation systems as a substitute for rain-fed agriculture; encourage rural non-farm activities for increasing rural employment, especially in the food processing and service sectors; design and implement youth employment programmes for self-employment to address urban poverty; break the Cycle of Energy Crises in the country to boost manufacturing and employment creation and improving the business environment.

2.2 Social Service Delivery

Tanzania has been making steady progress in achieving education-related MDGs compared to base year (1990) when Net Enrolment Ratio (NER) for primary education was 54.2 for Mainland Tanzania and 50.9 for Zanzibar. By year 2000 the rates were 57.1 for Mainland Tanzania and 67 for Zanzibar and by 2012 the rates had reached 89.7 percent for Mainland Tanzania and 83.7 percent for Zanzibar. These achievements are largely attributed to major intervention such as Primary Education Development Programme, which introduced free primary education to all; Primary Education Development Plan (PEDP) and Primary Education Development Programme Phase II (PEDP II) linked to Secondary School Education

Development Programme (SEDP) and Complementary Basic Education Programme in Tanzania (COBET). Gender parity has also been attained at the primary education level and continues to improve at other levels of education.

In Zanzibar, these achievements are attributed to implementation of Education Policy 2006 and Zanzibar Education Development Plan. Sustained high budgetary allocation and its execution has made it possible for government to expand capacities such as recruiting more teachers, increasing supply of education materials and increase in number of classrooms.

The rate of infant and under-five mortality has continued to decline, suggesting that Tanzania is on track to meeting these MDG targets. Under-five mortality rate declined from 91 in 2007/08 (THMIS) to 81 in 2009/10 (TDHS) and child mortality declined from 58 per 1000 live births in 2007/08 to 51 in 2009/10. These achievements are attributable to interventions such as immunization coverage against measles, preventive measures such as measles vaccination, vitamin A supplementation, Integrated Management of Childhood illness (IMCI) programme and use of Insecticide-Treated bed Nets (ITNs).

Progress in improving maternal health has been slow with maternal mortality rate remaining at around 578 per 100,000 (DHS 2004/05) live births for over a decade and declined to 454 per 100,000 live births in 2009/10. In order to accelerate progress in this area, the Government has put in place various measures, such as developing Road Map for Accelerating Reduction of Maternal, Newborn and Child Morbidity and Mortality 2008-2015. In Zanzibar, family planning service is one of the important components of reproductive health services especially with the prevailing situation of persistent high total fertility rate and maternal mortality rates which has continued to increase from 377 deaths per 100,000 live births in 1998 to 473 in 2006. By 2010 maternal mortality rate had declined to 279 deaths per 100,000 live births.

Tanzania continues to make progress in combating HIV/AIDS, containing Malaria, TB and other diseases. Records show that HIV and AIDS prevalence rates have begun to decline (with an exception for females 45+ years) after a persistent rise in the past 15 years. According to Tanzanian HIV and AIDS and Malaria Indicator Survey 2011/12, HIV prevalence decreased for both women and men (HIV prevalence among adults age 15-49) from 5.7 percent in 2007/08 to 5.1 percent in 2011/12), and across most age groups. However differences remain by gender, with infection among women being significantly higher (6.6 percent) than among men (2.8 percent).

Malaria remains one of the major challenges. In Mainland Tanzania, malaria is the leading cause of outpatient and inpatient visits and the primary cause of deaths among children. Over 40 percent of all outpatient cases are attributable to malaria. It is estimated that Malaria prevalence among children 6-59 months is 3 percent in

urban areas and 10 percent in rural areas-THMIS 2011/12). Zanzibar has malaria prevalence of less than 1 percent (THMIS 2011/12) indicating good progress in controlling malaria; attributed to successful implementation of three highly effective interventions of prevention, case management, and malaria in pregnancy.

With regard to access to water and sanitation, progress has been satisfactory. Access to safe water increased from 68 percent in 2000 to 86 percent in 2013 in urban areas and 49 percent to 57 percent in rural areas. Access for urban areas in Zanzibar is estimated at 97 per cent.

Development efforts in general and implementation of MDGs in the country in particular face a number of challenges in terms of both policy and practice. The government, however, is implementing measures that aim at addressing these challenges; intended to foster inclusive strong growth through improving productivity in sectors with maximum impact on poverty reduction (agriculture and manufacturing), productive infrastructure investment, enhancing the institutional framework to ensure that possible future revenues from the country's wealth of natural resources benefit all citizens; and improving the business environment.

2.3 Entering 2015 with better scores

With only about a year remaining to the terminal year of implementing current set of MDGs, a number of challenges that threaten progress still remain in Tanzania. Given this concerns the country has embarked on a number of initiatives in order to further accelerate progress and enter 2015 with better scores. Two initiatives need special mention: Big Results Now (BRN) initiative; and Tanzania Social Action Fund (TASAF).

2.3.1 Big Results Now (BRN) Initiative

Concerned by slow progress in achieving results and challenges of implementation led the Government of Tanzania to launch the Big Results Now (BRN) initiative during 2012/13. BRN focuses on six priority areas for strengthened delivery, namely: energy and natural gas; agriculture; water; education; transport and mobilization of resources; selected on the basis of number of beneficiaries, relative impact on the quality of life, and the feasibility of achieving measurable impact within a relatively short timeframe. Other areas have been added including health and infrastructure. A Presidential Delivery Bureau (PDB) was established in order to monitor related Key Performance Indicators (KPIs).

Three MDG related interventions are in agriculture, education and water. In agriculture, interventions include provision of training to extension officers and farmers on appropriate management of irrigation schemes; issuing of land title deeds for farms

and 185 certificates of Customary Rights of Occupancy to small farms; training on business management, modern farming practices, and formation of small farmers associations; rehabilitation of warehouses for crops. These interventions have direct impact on poverty reduction through increased farmer incomes.

Under education interventions have been directed at increasing enrolment at all levels of education; improving pass rates at both primary and secondary school levels; laboratory infrastructure and equipment; as well as rehabilitation of old public secondary schools. These interventions will have a direct impact on MDGs 2 and 4.

With regard to water, interventions cover water points in villages, establishment of water user associations (COWSCOs), efficiency and reduction in procurement time, these interventions will accelerate access to clean and safe water in both urban and rural areas (MDG 7).

2.3.2 Tanzania Social Action Fund (TASAF) III: Productive Social Safety Net (PSSN) Scheme

TASAF was initiated by the Government of Tanzania. Implementation started in 1999 with pilot eight poor districts of Mainland Tanzania, the focus being the priorities which were identified in PRSP. The priorities were, primary education, primary health, economic infrastructure and rural water supply.

TASAF-III is a Roll out plan and started with Regions that have high poverty incidence. The main objective of this Phase is to enable poor households increase incomes and opportunities while improving consumption. The intended beneficiaries are people currently living below the food poverty line; poor and vulnerable households as well as those temporarily affected by short-term shocks.

The expected significant impacts are reduction of extreme poverty by 52 percent; Extreme poverty gap reduction of 43 percent. Phase 1 of the project (ending December 31, 2017) aims at creating a comprehensive, efficient, well-targeted productive social safety net system for the poor and vulnerable section of the Tanzanian population and will target between 900,000 and 1,000,000 households.

Successful implementation of these interventions will lead to significant reduction in extreme poverty (MDG 1).

3.0 Progress towards the MDGs

3.1 Goal 1: Eradicate Extreme Poverty and Hunger

Due to limited information on all the indicators for this goal performance was assessed using the indicators for which information was available.

3.1.1. Status and Trends

Target 1 A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Indicators:

1.1(a) Proportion of population below $1 (PPP) per day

1.1 (b) Proportion of population below national poverty line

1.2 Poverty gap ratio

1.3 Share of poorest quintile in national consumption

1.1a Proportion of population below $1 (PPP) per day

Tanzania does not use $1.25 poverty line to assess poverty, and uses instead the national poverty line. The analysis in this section is therefore based on national poverty line.

Mainland Tanzania

1.1 (b)Proportion of population below national poverty line

Information on incidence of poverty was sourced from 2011/12 HBS. The basic needs poverty line was estimated at TShs 36, 482 per adult equivalent per month and TShs 26,085 for food poverty line. Accordingly about 28.2 per cent of Tanzanian population is basic needs poor and 9.7 per cent food poor as shown in Table 3.1.

Table 3.1: Poverty Head Count Ratios and Gap Index by Location, Mainland Tanzania 2011/2012

Poverty type	Dar es Salaam	Other Urban Areas	Rural Areas	Mainland Tanzania
Basic Needs Poverty	4.2	21.7	33.3	28.2
Food Poverty(Extreme Poverty)	1.0	8.7	11.3	9.7
Poverty Gap Index	0.8	5.5	7.9	6.7

Source: HBS 2011/2012

Poverty is wider spread in rural areas with 33.3 percent of population being basic needs poor and 11.3 per cent food poor. This compares unfavorably with incidence of poverty in urban areas, with Dar es Salaam scoring least (4.2 per cent and 1.0 per cent respectively) and other urban areas (11.3 percent and 9.7 per cent respectively. Given that rural areas have the largest population, then the absolute number of the poor is quite large.

1.2 Poverty gap index

This measure indicates the depth of poverty, that is how far below a poverty line the poor are; the larger the score, the deeper the poverty. As shown in Table 3.1, the overall poverty gap index for Tanzania Mainland is 6.7 per cent (Dar es Salaam, 0.8 per cent; other urban areas 5.5 per cent and rural areas 7.9 per cent). Poverty is higher in rural areas compared to the urban areas. Poverty gap index has implication on interventions as it can quantify the amount of money transfer in absolute terms that would be needed to lift the poor out of poverty. In this case those enormous resources would be required to lift the rural poor out of poverty.
Table 3.2 shows comparison of poverty indicators between the last two Household Budget Surveys, HBS 2007 and HBS 2011/12. In terms of basic needs poverty incidence had declined from 34.4 per cent in 2007 to 28.2 per cent during 2011/12. A similar trend shows with respect to food poverty also, with incidence declining from 11.8 per cent in 2007 to 9.7 per cent during 2011/2012. Locational disparities have remained pronounced despite the decline in average poverty incidence.

This, notwithstanding, a caution needs to be drawn when comparing results of the two Surveys due to changes in the survey instruments and poverty estimation methodologies used. Further analysis may be required to evaluate changes in poverty between the two points in time.

Table 3.2: Comparison of Head Count Poverty Ratio by Location, Mainland Tanzania 2007 and 2012

	Poverty Headcount Rate			Distribution of the Poor			Distribution of Population		
	2007	2012	Change	2007	2012	Change	2007	2012	Change
Basic needs poverty									
Location type									
Urban	22.7	21.7	-1.0	11.7	14.4	2.7	17.7	18.7	1.0
Rural	39.4	33.3	-6.1	85.0	84.1	-0.9	74.2	71.2	-3.1
Dar es salaam	14.1	4.1	-9.9	3.3	1.5	-1.8	8.1	10.1	2.0
Total	34.4	28.2	-6.2	100.0	100.0	0.0	100.0	100.0	0.0
Food poverty									
Location type									
Urban	8.9	8.7	-0.2	13.3	16.7	3.4	17.7	18.7	1.0
Rural	13.5	11.3	-2.2	84.5	82.3	-2.2	74.2	71.2	-3.1
Dar es salaam	3.2	1.0	-2.3	2.2	1.0	-1.2	8.1	10.1	2.0
Total	11.8	9.7	-2.1	100.0	100.0	0.0	100.0	100.0	0.0

Zanzibar

Table 3.3, shows that poverty incidence for Zanzibar between the two recent Household Budget Surveys, 2004/05 and 2009/2010. Basic needs poverty declined from incidence of 49.07 during 2004/05 to 44.42 percent during 2009/10. Food poverty also declined albeit marginally, from 13.18 percent to 13.04 percent. Income poverty has continued to be a rural phenomenon with incidence of both basic needs and food poverty being well above the average, compared to their urban counterparts.

Table 3.3: Poverty Head count Ratio and Poverty Gap by Geographical Area

	2004/2005			2009/2010		
	RURAL	**URBAN**	**TOTAL**	**RURAL**	**URBAN**	**TOTAL**
Food Poverty Headcount	15.93	8.94	13.18	16.76	8.09	13.04
Food Poverty Gap	2.9	1.63	2.4	3.35	1.31	2.48
Basic Needs Poverty Headcount	54.61	40.54	49.07	50.74	35.97	44.41
Basic Needs Poverty Gap	15.07	10.05	13.09	13.87	8.11	11.41

Source: Zanzibar HBS 2009/2010

1.4 Share of poorest quintile in national consumption

The benefits of Tanzania's economic growth have not been shared equally, as evidenced especially by HBS 2001 and HBS 2007. The rate of increase in per capita consumption of the richest quintile was by nine percent while that of the poorest quintile declined by seven per cent as shown in Table 3.4; a clear indication of increased inequality. Policies that ensure inclusive and poverty reducing economic growth are needed in order reverse this trend.

Table 3.4: Per Capita Consumption, by Wealth Quintiles, 2000/01 and 2007 Compared

	2000/01 (TShs)	**2007 (TShs)**	**% Change**
Poorest	3,978	3,895	-2%
2nd	6,551	6,660	2%
3rd	9,163	9,490	4%
4th	12,972	13,635	5%
Least	26,056	27,836	7%
Richest/poorest	6.5	7.2	9%

Source: URT (2009). PHDR

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

Indicators:
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

1.4 Growth rate of GDP per person employed

Data on growth rate of Gross Domestic Product (GDP) in Tanzania is issued by the National Bureau of Statistics for the Mainland and Office of the CHIEF Government Statistician for Zanzibar while employment figures are provided by the respective Ministries. The challenge of reporting on this indicator is that the two sets of data are not matched to be able to report on this indicator.

1.5 Employment-to-population ratio

At the time of writing this report preparations were under way to launch an Integrated Labour Force Survey, which will provide statistics on employment status in the country. The last such survey was conducted in 2006 and revealed an active labour force of 18.8 million, out of whom 9.1 million were males and 9.7 million were females. The Survey revealed that 16.6 million people were employed (8.5 million females and 8.0 million males) and 2.2 million were not employed (967,847 males and 1,226,545 females).

Estimates from Population and Housing Census of 2012 projected active labour force population (15 – 64 years) at 23,382,306, equivalent to 52.2 of the total population (Mainland, 22,754,122 or 52.2 per cent of Mainland population and Zanzibar, 712,494 or 54.7 per cent of Zanzibar population).

Youth unemployment and underemployment remain an area of great policy concern. According to the 2006 Integrated Labour Force Survey, unemployment rate amongst youth (15-35 years old) was higher at 13.4% compared to the overall unemployment rate, which was estimated at 11.7% of the total labour force. The situation is more compounded with new entrants in the labour market estimated at between 800,000 – 1,000,000 graduates from schools and colleges each year when the rate of their absorption into the labour market is relatively small.

According to Zanzibar Economic Survey 2013, about 1,365 people were employed compared to 1,123 in 2012. Relative to population size (1.3 million people) the ratio of employed to total population in 2013 was at 0.1 percent.

Youths form the majority of population. According to 2012 Population and Housing Census, the population of this age bracket was at 8,562,875 (4,032,029 males and 4,530,846 females) and formed 34.7 percent of total population (Mainland, 34.6 percent; Zanzibar 36.2 per cent of their respective populations).

Data were not available to enable reporting on the other two indicators (Proportion of employed people living below $1 (PPP) per day and 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.

Indicators:
1.8 Prevalence of underweight children under-five years of age
1.9 Proportion of population below minimum level of dietary energy consumption

1.8 Prevalence of underweight children under-five years of age

Malnutrition accounts for more than half of all under-five child deaths in most developing countries, Tanzania included. The associated effects of poverty, inadequate household access to food, infectious diseases, and inadequate breastfeeding and complementary feeding practices often lead to illness, growth faltering, nutrient deficiencies, delayed development, and death, particularly during the first two years of life.

The Tanzania Demographic and Health Survey (TDHS) 2010 shows that at national level 42 percent of children under-five years of age had low Height for Age or stunted 5 percent had low Weight for Age or wasted, and 16 percent had low Weight for age reflecting both chronic and acute under-nutrition. These results reflect a mix in progress in nutritional status from the 2004/05 TDHS when these indicators were at 38 percent, 3 percent, and 22 percent respectively. This implies no improvement on nutritional status indicators as per MKUKUTA/MKUZA target and 2015 Health Sector Strategic Plan (HSPSIII) target. More effort is needed in order to achieve targets for both stunting and wasting.

The National Panel Survey (NPS) also reports on nutrition. According to this source, there was a modest decline in Under-five child underweight from 16 percent reported in the NPS 2008/09 to 14 percent reported in the NPS 2010/11. The proportion of underweight children is higher in rural areas compared to urban areas. However, the differences observed between Mainland and Zanzibar and between male and female children are not significant. Across areas, Dar es Salaam and other urban areas in the Mainland showed lower underweight figures than other areas (that is rural areas).

1.9 Proportion of population below minimum level of dietary energy consumption

Availability, accessibility and affordability of food stuffs have a disproportionate effect in the population hence affecting dietary energy consumption. The most affected groups are nutritionally vulnerable groups which include children, pregnant and lactating women, old persons, the sick, people with disabilities, the poorer and people in disaster situations. Despite improvement in many health indicators, there has been slow progress in improving the nutritional status of children and women in Tanzania.

Stunting currently affects 42 per cent of under five children, and is only two percentage points lower than it was in 2005 (TDHS 2005).

Child underweight (estimated at 16 per cent with pockets of very high acute malnutrition), also remains at unacceptable high levels.. Regarding micronutrient intake, about one third of children age 6-59 months are iron and vitamin A deficient, 69 per cent are anaemic, and over 18 million Tanzanians do not consume adequately iodated salt. The nutritional situation of adolescent girls and women in Tanzania also raises concern. About one third of women age 15-49 years are deficient in iron, vitamin A and iodine, two fifths of women are anaemic and one in ten women are undernourished. Malnourished adolescent girls and women are more likely to give birth to low birth weight infants, thus transferring under nutrition from one generation to the next (TDHS 2010).

3.1.2 Implementation Bottlenecks and New Challenges

Overall, MDG 1 remains challenging in income poverty terms, though the indicator of food poverty shows that Tanzania has achieved the goal. This achievement is mainly attributed to MDG Acceleration Framework (MAF) which piloted the hunger goal in Tanzania.

Implementation constraints for accelerating growth and poverty reduction hinge around inadequate budgetary resources, thus calling for the need to mobilize more domestic resources so as to implement fully poverty reduction programmes. Second, the inter-sector synergies and coordination of the different NSGRP/ZPRP/MDGs actions have not been fully exploited for a more efficient attainment of the goals. Third, is low level of investments for growth and employment creation and productivity increase in key sectors such as agriculture, education, industry, tourism etc. Inadequacy of human resources especially in health and education sectors is also constraining efforts. The other set of constraints relate to domestic supply constraints especially infrastructure, including energy and financial services thus, leading to low productivity and low competitiveness in both local and export markets.

3.2.3. Best Practices and Policy Support

Achieving MDG 1 has significant positive spillover effects on other MDGs as well as other development objectives. The key task is on how to make growth pro-poor and more equitable and through that process eradicate extreme poverty and hunger.

Re-orienting development policy towards pro-poor growth with a focus on rural sector development, alongside the development of other key sectors such as agriculture, services and industry would be critical in order to have a significant dent on poverty. The very fact that the majority of the poor depend much on agriculture for their livelihood means that a meaningful reduction in poverty requires a renewed focus on agriculture.

Reducing poverty through increased agricultural productivity through use of modern farming methods

In recognition of these realities, the Government continued to implement the Economic Empowerment and Employment Creation Programmes which aims at promoting small and medium entrepreneurs as well as empowering vulnerable groups; in this way helping to reduce income poverty and create employment. Also, the Government, through Food and Nutrition Institute in collaboration with various stakeholders completed a Five Year National Nutrition Strategy (2011/12 – 2015/16). The strategy identified eight priority areas to address nutritional problems in the country, as follows: to improve feeding practices for infants and other children; controlling vitamins and mineral deficiency to people of all ages; control of malnutrition in children and pregnant women; care and nutritional services to people living with HIV; Care and nutritional services to children, women and vulnerable households; Control of chronic non infectious diseases caused by bad eating habits; improving food security at household level; and improving research and nutritional information system.

One of the measures for ensuring shared growth is creation of decent jobs. To that end, Tanzania Employment Services Agency (TaESA) has continued to

provide various services to job seekers by giving them entrepreneurial skills to improve their employability. The Agency has issued guidelines which describe various techniques of securing jobs and advice on issues relating to employment services.

In agriculture, progress made through the BRN initiative, includes provision of training to 95 extension officers and 95 farmers on appropriate management of irrigation schemes; issuing of land title deeds and 185 certificates of Customary Rights of Occupancy to small farms; training on business management, modern farming practices, and formation of small farmers' Associations; construction of fifty (50) warehouses.

3.2 Goal 2: Achieve Universal Primary Education

3.2.1. Status and Trends

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

2.1 Net enrolment 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

2.1 Net enrolment ratio in primary education

Tanzania has made significant progress towards achieving this goal when measured by indicators such as Gross Enrolment Ratio (GER) and Net Enrolment Ratio (NER). The decline in GER (Table 3.1) implies that the number of children who are beyond eligible school age (7-13 years) decreased, which is a sign of improvement.

However, declining NER from 95.4 in 2010 to 89.71 in 2013 threatens achievements made in the past (it is thus not surprising that BRN initiative resolved to reverse this trend and achieve the target of 100 percent by 2015). Achievement of this target is more challenging because of the successive reversal in NER between 20110 and 2013; from 95.4 to 89.7.

Table 3.5: Mainland Tanzania: Gross and Net Enrolment Ratios in Primary Education 2010-2013

	2010	2011	2012	2013
GER	106.4	102.7	98.4	96.16
NER	95.4	94.0	92.0	89.71

Source: URT 2014, Basic Statistics in Education, 2013.

According to latest Zanzibar HBS (2009/10), Net Enrolment Rate in primary school level was 81.4 percent while Gross Enrolment Rate was at 102.5 per cent, due to over and under-age enrolment of children at this level. In terms of gender, males have higher GER (104.4 percent) compared to female GER (100.6 percent). Net enrolment in primary schools, within rural areas, increased from 69.3 percent in 2004/05 to 78.5 percent in

2009/10 for males, and from 72.2 percent to 77.7 percent respectively for females. The results for urban based primary schools show that gross enrolment for males dropped from 119.1 percent to 105.3percent, and that for females also dropped from 115.5 percent to 104.1 percent between 2004/05 and 2009/2010. Net enrolment for males also dropped from 86.5 percent to 83.5 percent, while for females it increase from 86.4 percent to88.1 percent in 2004/05 and 2009/10 respectively (Table 3.6).

Table 3.6: Primary Education Net and Gross Enrolment Ratios in Zanzibar by Sex

	RURAL		URBAN		TOTAL	
Male	2004/05	2009/10	2004/5	2009/10	2004/5	2009/10
Net Enrollment Ratio	69.3	78.5	86.5	83.5	75.6	80.5
Gross Enrollment Ratio	102.3	103.7	119.1	105.3	111.5	104.4
Female						
Net Enrollment Ratio	72.2	77.7	86.4	88.1	77.6	82.2
Gross Enrollment Ratio	101.5	97.9	115.5	104.1	111.9	100.6
Total						
Net Enrollment Ratio	70.7	70.1	86.5	85.8	76.6	81.4
Gross Enrollment Ratio	102	100.9	118	104.7	111.7	102.5

Source: Zanzibar HBS 2009/2010

According to Education Statistical Abstract 2010-2013 (RGoZ 2014 May), NER had reached 83.7 percent in 2012, marking an improvement over 2009/10 score of 81.4 per cent. The prospects of attaining this goal by 2015 have been hampered by the reversal in NER from 86.5 percent in 2004/05 to 83.7 in 2012.

2.2 Proportion of pupils starting grade 1 who reach last grade of primary

In the Mainland the Net Completion Rate or "survival rate" (gross) increased from 86.0 per cent in 2012 to 87.2 per cent in 2013 (BEST 2013). According to Zanzibar Education Statistical Abstract 2010-2013, the survival rate to the end of primary schooling remained at 80 percent during 2011/12 and 2012/13 with GPI of 1.17 meaning that girls survive more compared to their male counterparts.

2.3 Literacy rate of 15-24 year-old, women and men

Mainland Tanzania's HBS report 2011/12 shows that about 80 per cent of adults had education compared to about 81 per cent of adults reported in HBS 2007. Disaggregation by sex shows that men

were more likely to have some education (87 percent) than women (76 percent).

According to Zanzibar HBS report 2009/10, literacy rate of persons aged 15 years and above stood at 82.3 percent, higher than the 75.8 percent observed in 2004/05 HBS., an increase of 6.5 per cent. Gender disparities in literacy are more pronounced within older age groups.

3.2.2. Notable Achievements

Overall MDG 2 is achievable. There is a notable achievement in GER, showing a declining trend in both Mainland Tanzania and Zanzibar. This implies that more pupils are enrolled at the right age.

Pass rates and transition from STD VII to Form I rate also improved in both Mainland Tanzania and Zanzibar over the period 2012-2013. In Zanzibar, for example, pass rate increased from 75 per cent in 2012 to 76 per cent in 2013 (females, 79 per cent; males, 73 per cent). Transition rate from primary to secondary education in the Mainland increased from 52.2 percent in 2011 to 53.6 percent in 2012. There have been stepped up efforts towards quality assurance and inspectorates though have been facing the critical constraint of funding.

3.2.3. Key Issues and Challenges in Education Sector

i. Teachers and linkages with quality improvement in schools: Government has continued to address this challenge improving teacher's capabilities, efficiency and effectiveness; teacher retention; and improving staffing in rural schools.
ii. Teaching and learning environment: measures have been taken to improve infrastructure such as increasing number of classrooms, laboratories, computer laboratories, workshops, libraries and other related education infrastructures.

iii. Financing and alternative funding: public financing has been inadequate in meeting the demand for improving the teaching and learning environment. Alternative mechanisms such as partnerships between public and private sectors, encouraging communities to support their own schools, etc need to be explored further.

iv. Drop outs: though ccompletion rates have improved, these are insufficient to enable attainment of the MDG target of 100 per cent by 2015. Further efforts need to be taken in order to improve pupil retention.

3.2.4. Best Practices and Policy Support

The Government has continued to ensure that quality improvement at this level of education becomes a major focus especially in terms of addressing areas of teaching approaches and methods, ensuring availability of quality teaching and learning materials, assessment, and support for maintaining educational standards. A number of activities have been carried out towards this end. These include posting more teachers in all LGAs leading to an increase in the teaching force from 52,146 (12,212 in Non-Government Secondary Schools) in 2011 to 65,025 (13,567 in Non-Government secondary Schools) in 2012. Other quality improvement initiatives have included conducting in-service Training (INSET) for Science, Mathematics, Languages and ICT programme; designing and development of training materials; selection of 400 licensed teachers to join Teachers Training Colleges; training 61 non education graduates on pedagogical skills, training of curriculum coordinators on design and development of competency-based curriculum and development of e-learning curriculum.

Other efforts were directed at improving provision of textbooks to an average Book Pupil Ratio (BPR) of 1:5 reviewing syllabuses and teacher's guides, preparation and distribution of modules and syllabi to schools; construction of school facilities at primary school level, including construction of 870 classrooms, 407 teachers' houses, 11,908 pit latrines and fabrication of 607 desks. This was done by the Government in collaboration with other education stakeholders.

Some of the outstanding achievements under BRN include increase in enrolment at all levels of education; increase in pass rates for the Form Four National Examination from 43.08 percent in 2012 to 58.25 percent in 2013 and from 31.0 percent in 2012 to 50.3 percent in 2013 at the primary level as well as improvement in primary school completion rate.

Other achievements under BRN include provision of infrastructure to 56 out of 264 schools under the first phase; expanding provision of laboratory infrastructure and equipment in order to improve efficiency on science and technical training in secondary schools at ward level; rehabilitation of old public secondary schools and testing the ability of standard two pupils in a

sample of 200 schools in reading proficiency, writing and counting; and preparing a teaching module for the same.

3.2.5. Strategies for Sustaining Gains achieved in MDG 2

Strategies which Tanzania continues to implement in order to sustain gains achieved and accelerate progress in MDG 2 are:

i. Further construction of quality schools and classrooms;
ii. Teacher recruitment;
iii. Scaling up capitation grant;
iv. Improving teachers' working condition especially through construction of teachers' houses;
v. Introducing hardship allowance for teachers working in hard to reach rural areas so as to retain them in rural areas; and,
vi. Addressing the problem of drop outs in order to improve pupil retention rates.

Further improvement is needed to enhance access and quality at all levels of education given that Tanzania's future competitiveness hinges on improved access to quality education, skills, innovation and the use of modern technology.

3.3 Goal 3: Promote Gender Equality and Empower Women

3.3.1. Trends and Progress

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

Indicators

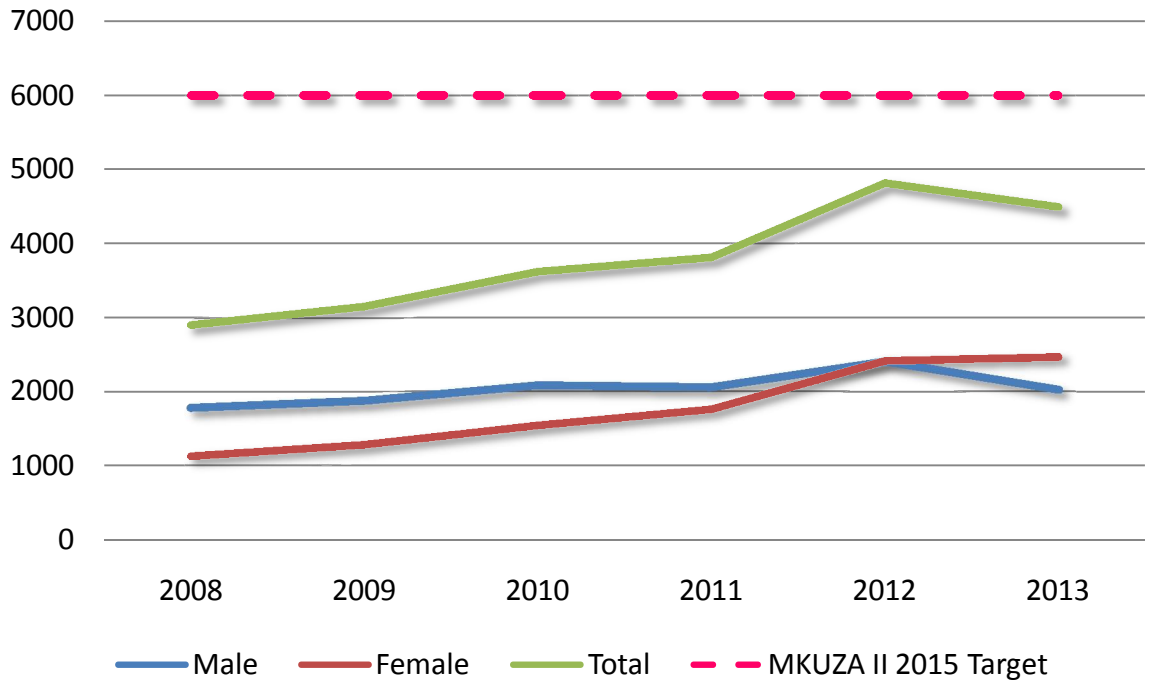
3.1 Ratio of girls to boys in primary, secondary and tertiary education
3.2 Share of women in wage employment in the non-agricultural sector
3.3 Proportion of seats held by women in national parliament

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

Tanzania has continued to perform well towards achieving gender parity at all levels of education though missed the target year 2005 for primary and secondary enrollment. Overall the proportion of girls to boys in education, in both public and private schools in the Mainland increased from 98 percent in 2010 to 100 percent in 2012, further to a NER GPI of 1.022 (more girls than boys) in 2013. In tertiary education the proportion is at less than 50 per cent thus unlikely to achieve the target by 2015. In secondary education, girls outnumber boys by a factor of 1.05.

In Zanzibar the ratio of girls to boys has continued to improve at all levels of education delivery. By 2012, NER GPI in primary education was 1.02; in secondary school education at 1.15 and at University level at 1.2 reaching the MDG target (Zanzibar Education Statistical Abstract; May 2014).

Box 3.1 Trend in Total Enrolment in Tertiary Education in Zanzibar (SUZA, Zanzibar University and Chukwani University College of Education) by gender, 2007-2013



Source: Zanzibar Education Statistical Abstract; May 2014

3.2 Share of women in wage employment in the non-agricultural sector

There has been no update of information on this since the last country MDG report which used data from 2006/07 Labour Force Survey. As such it is not plausible to report progress in this indicator since new data are being compiled.

3.3 Proportion of seats held by women in National Parliament

In both the Mainland and Zanzibar, the Government has continued to ensure that involvement of women in decision making is improved. Women have been appointed to high levels of decision making, including ministers, regional and district commissioners, permanent secretaries and directors in various institutions.

Women representatives in Parliament

With regard to representation in Parliament, in the Mainland the Government increased special seats for women in Parliament from 75 seats in 2005 to 102 seats in 2010. Proportion-wise, about 36.5 per cent of the seats are held by women compared to the target of at least 30 per cent by 2015. Zanzibar has as well reached the target ahead of the 2015 MDG target year, with about 33.8 per cent of seats in the House of Representatives being held by women. The proposed new Constitution for Tanzania has set a target of 50:50 representations, between males and females.

3.3.2. Implementation Bottlenecks and New Challenges

Though this goal has been achieved in all indicators, there are a number of factors that still militate against gender equality and empowerment of women. These include discrimination, harassment of women, limited access to basic services such as health and education as well as financial services, excessive workload, impoverishment and harassment of widows. Others include low participation of women in decision-making, greater risk and vulnerability of women and girls to HIV infection, heavier responsibility at home etc. A major challenge remains in the enforcement of gender friendly laws due to some prevailing negative attitudes and behaviours towards women.

3.3.3. Best Practices and Policy Support

The Government in both the Mainland and Zanzibar ensure streamlining of Women and Gender Development issues in all policies and strategies. Moreover, greater efforts have been made towards eradicating gender violence. Also various measures have been put in place to promote gender equality in key areas

such as education, employment, various levels of decision making such as parliament, courts, etc.

3.4 Goal 4: Reduce Child Mortality

3.4.1. Trends and Progress

Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

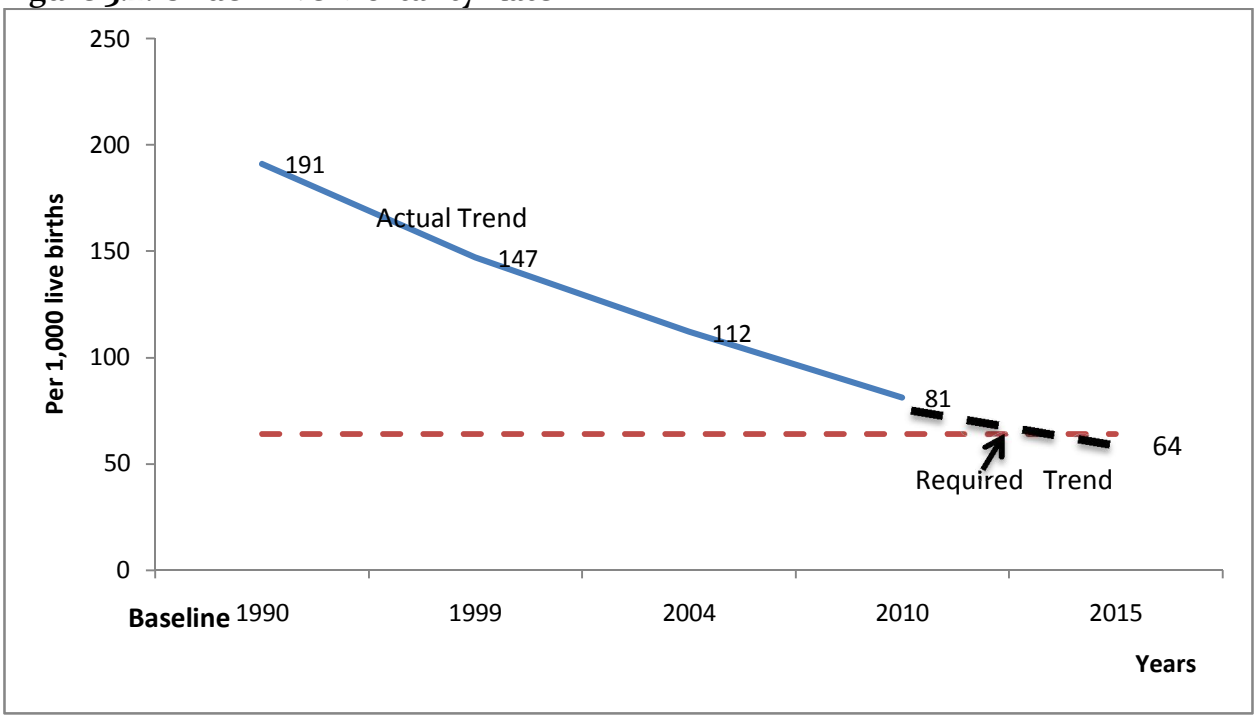
Indicators

4.1 Under-five mortality rate
4.2 Infant mortality rate
4.3 Proportion of 1 year-old children immunized against measles

4.1 Under-five and Infant Mortality Rate

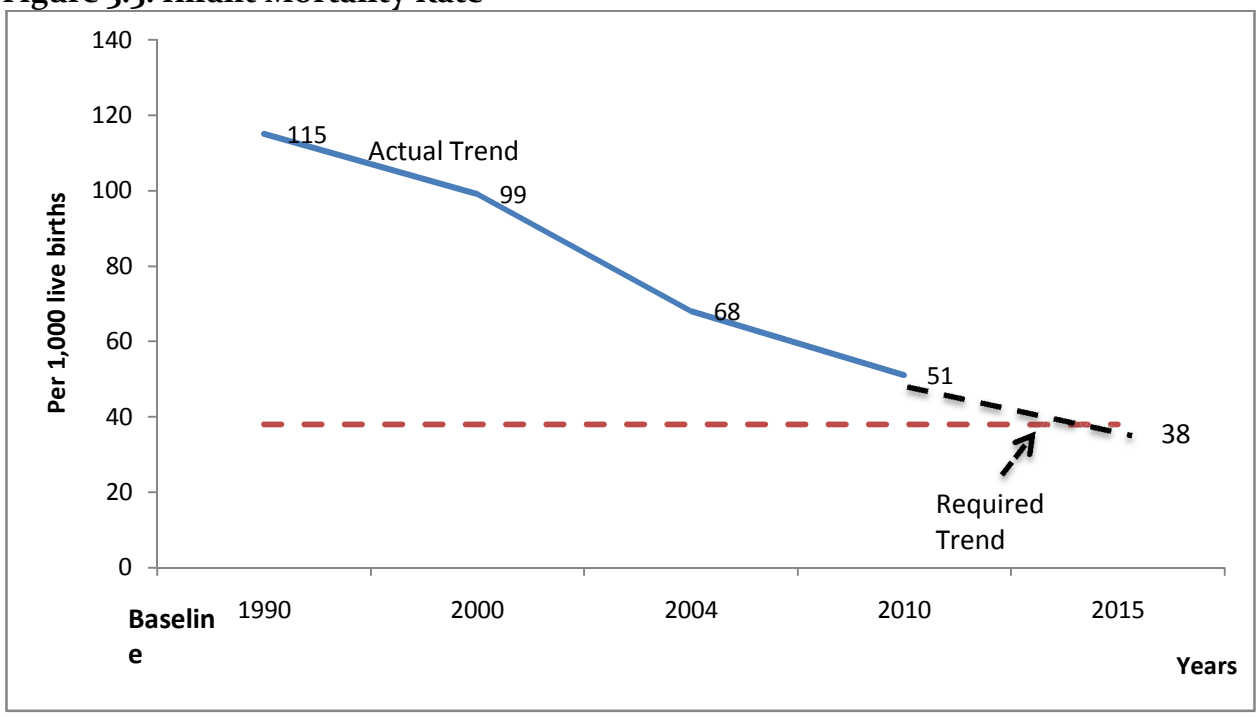
There has been significant progress in the reduction of both under-five and infant mortality rates in Mainland Tanzania. Under-five mortality rate (U5 MR) declined from 112 per 1000 live births in 2004/05 to 91 per 1000 live births in 2007/08 and further to 81 child deaths per 1000 live births in 2009/10. Infant mortality rate has declined from 68/1,000 live birth in 2004/05 to 58 per 1,000 live births in 2007/08 to 51/1,000 in 2009/10 and declined further to 45 per 1,000 live births in 2012.

Figure 3.2: Under Five Mortality Rate



Given the current trend, Tanzania is likely to meet the MDG target. Current levels of services provision need to be improved, strengthened and sustained. Government effort to implement Reproductive and Child Health Strategic Plan (2005-2010) and the Road Map Strategic Plan (2008-2015) remain key towards attainment of this goal by 2015.

Figure 3.3: Infant Mortality Rate

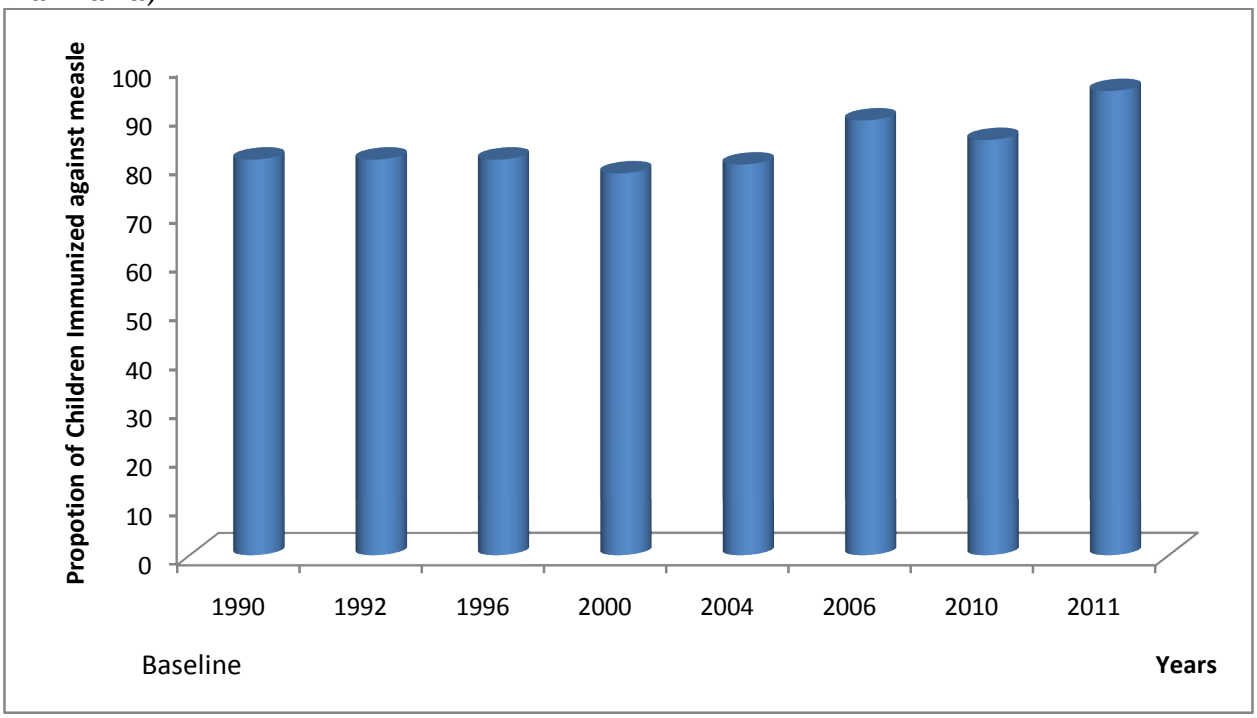


4.3 Proportion of 1 year-old children immunized against measles

Immunization coverage of measles has exceeded the 2015 set target of 85 percent; increasing from 85 percent in 2010 to 95 percent in 2011 (Figure 3.4). Immunization is being implemented by the Ministry of Health and Social Welfare through the expanded programme on Immunization (EPI). A child should receive, at different specified intervals, one dose of BCG (against tuberculosis, three doses each of DPT (against diphtheria, *pertusis* (whooping cough and tetanus) and Polio vaccine.

Women attending Clinic listening to medical staff (not in picture) on best care practices for their newborn babies.

Figure 3.4: Proportion of Children Immunized Against Measles (Tanzania Mainland)



In Zanzibar, child immunization is among the routine services in PHCUs. Penta 3 vaccine and measles coverage at 1 year are the proxy indicators used to assess performance of the districts. The Central district, together with South and Urban districts reached the prescribed threshold in the last three years: during 2009-2011 the coverage for Penta-3 and measles was above 100 percent. Other districts have shown low performance: the coverage in 2011 was below the average of 80 percent which is very far from MKUZA target of 100 percent. Efforts have been made to raise coverage in the rest of districts through conducting outreach services for all antigens. Vaccination coverage improved significantly in Zanzibar as shown in Table 3.7.

Table 3.7: Reported Vaccination Coverage in Zanzibar, 2009-2013

Vaccination	2011	2012	2013p
BCG	56,780	64,002	69,101
DPT_3	42,726	43,021	45,152
OPV_3	42,222	37,290	44,402
MEASLES	45,387	49,266	49,340
TT2 +	17,048	34,997	42,506

Source: Ministry of Health, Zanzibar, 2014

There have been sustained increase in the number of BCG, DPT3 , Measles and TT2 + while a slump was experienced for OPV3 coverage in 2012.

3.4.2. Implementation bottlenecks and New Challenges

Low budgetary allocation from the central government and basket funding to regions and districts remains the main constraint that challenges efforts to reduce infant and under five mortality rates. Moreover, there is paucity of personnel with requisite competence especially at the cadres of midwives and doctors in rural areas. Absence of physical infrastructure such as passable roads and lack of transport facilities is also one of the implementing bottlenecks in rural areas. Other issues that require continued intervention include sustained improvement in Management Information System (MIS), monitoring and evaluation, improved efficiency of referral infrastructures as well as enhancement of incentives to health workers.

3.4.3. Best Practices and Policy Support

This report underscores the need for interventions in Child Health to be maintained and sustained. Immunization against measles, measles vaccination, supply of Vitamin A, Integrated Management of Childhood illness and use of insecticide-treated bed net should be given top priority; as well as expanding enrollment of pre-service students in health training institutes in an effort to expand the pool of competent health workers.

In April 2014, the Ministry of Health and Social Welfare launched the Road Map for accelerating achievement of the "National Strategic Plan to Accelerate Reduction of Maternal, New Born and Child Deaths in Tanzania (2008-2015)". The roadmap addresses challenges in an effort to consolidate achievements made so far and achieve faster reduction in infant and U-5 mortality.

3.5 Goal 5: Improve Maternal Health

3.5.1. Trends and Progress

Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

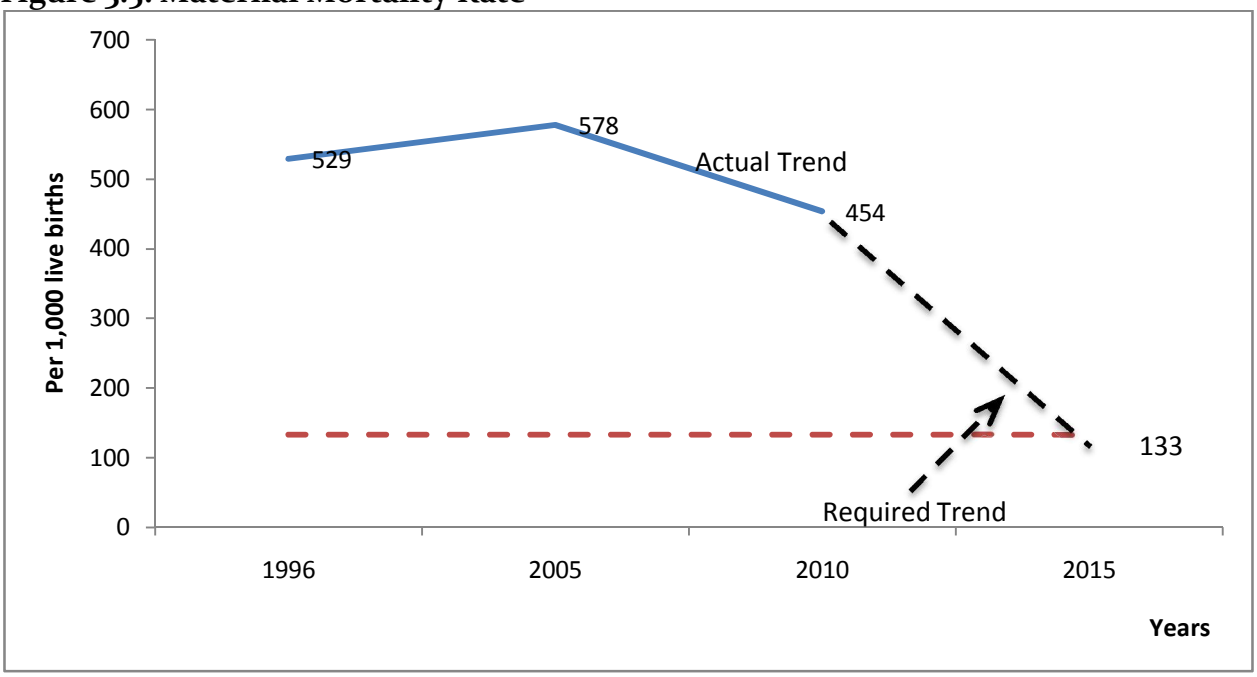
Indicators

5.1 Maternal mortality ratio
5.2 Proportion of births attended by skilled health personnel

5.1 Maternal mortality rate

The latest estimate of Maternal Mortality Rate (MMR) is reported in TDHS 2010 and shows that in Mainland Tanzania MMR declined from 578 per 100,000 live births in 2004 to 454 per 100,000 live births in 2010 and declined further to 432 per 100,000 live births in 2012 . Given the existing pace of reduction in MMR, it is doubtful that Tanzania will achieve the target of reducing MMR (to 133 per 100,000 live births) by 2015.

Figure 3.5: Maternal Mortality Rate



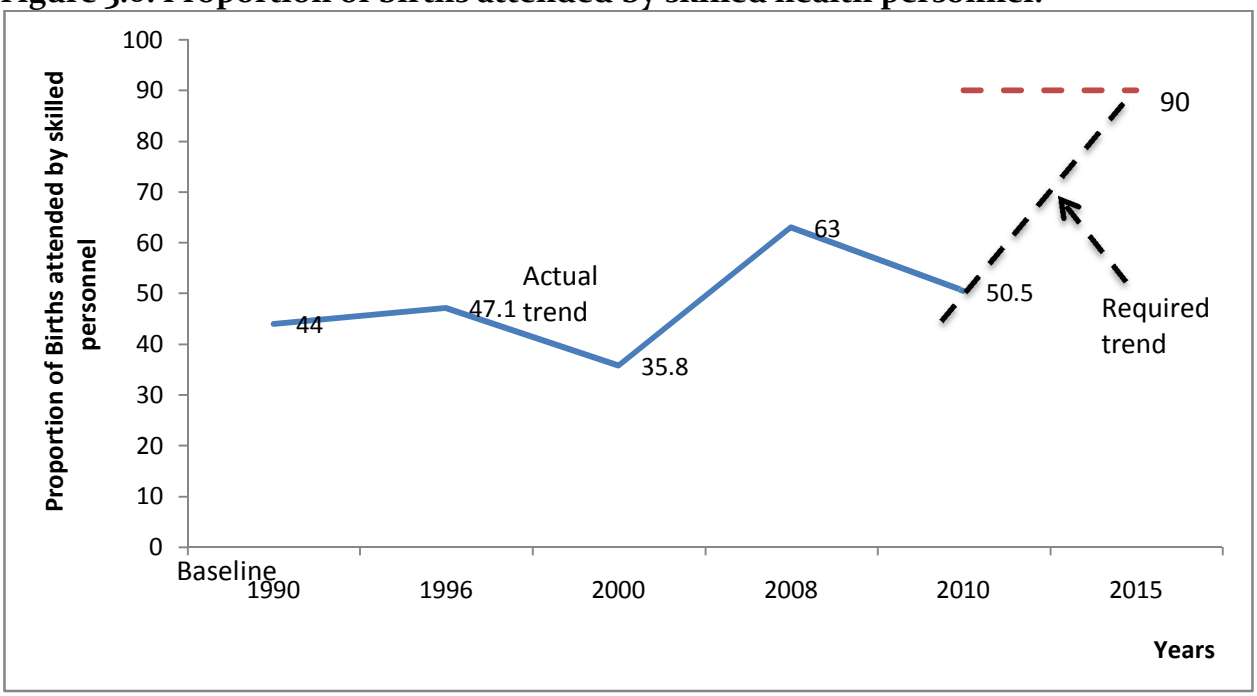
MMR for Zanzibar was reported at 279 deaths per 100,000 live births in 2010. Though progress has been fast (for example from 377/100,000 deaths in 1998), this is insufficient to realizing the target of 170/100,000 by 2015.

The causes of MMR are linked to malnutrition, lack of transport facilities to the nearest health centre, low education, and complications due to HIV/AIDS infection.

5.2 Proportion of births attended by skilled health personnel

In general, the trend in this proxy indicator has not improved significantly over the last recent years. In the Mainland the proportion was 50.5 (2010) and Zanzibar 44.7 (2008). Given this situation, it is unlikely that the target of 90 per cent will be achieved by 2015.

Figure 3.6: Proportion of births attended by skilled health personnel.



Target 5B: Achieve by 2015, universal access to reproductive health.

Indicators

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

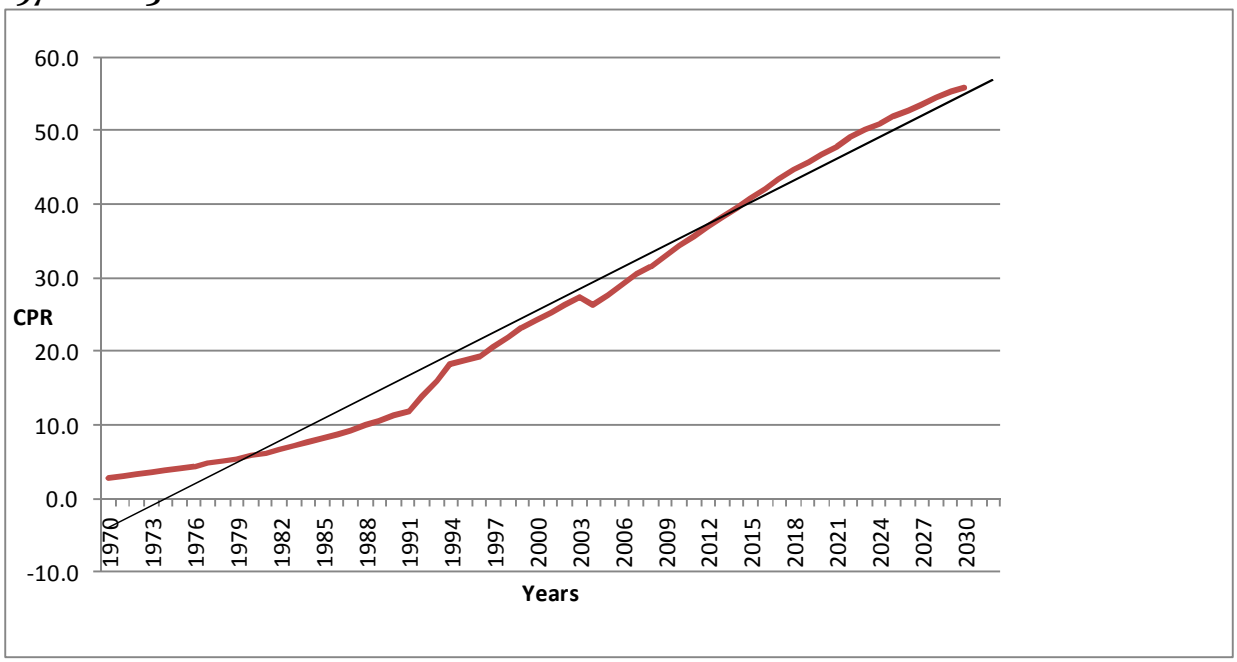
5.3 Contraceptive prevalence rate

Use of contraceptive methods is one of the indicators most frequently used to assess the impact of family planning activities. During the past years, both the Mainland and Zanzibar experienced an increase in contraceptives use. TDHS data indicate that, among currently married women, contraceptive use had increased from 10 percent as reported in 1991-92 TDHS to 34 percent in 2010. Use of modern contraceptive methods among all women increased from 18 percent in 2004-05 to 27.4 percent in 2010. By method, use of injectables increased the most between the two surveys, from 8 percent of married women in 2004-05 to 11 percent in 2010. Use of modern contraceptive use varies widely sub-nationally, ranging from 65 percent in Kilimanjaro Region to 12 percent in Mara. Women in Lindi rely mostly on the pill (22 percent), while injectables are most popular among women in Kilimanjaro and Tanga regions (25 and 23 percent, respectively). Female sterilization is most popular among women in Ruvuma region (9 percent), while implants are most popular among married women in Mbeya region (6 percent).

Contraceptive use is significantly influenced by education, wealth and

increase in the number of living children. TDHS 2010 indicates that, use of contraceptive method among currently married women with no education is 22 percent while for currently married women with at least secondary education is at 52 percent.

Figure 3.7: Actual and Projected Contraceptive Prevalence Rate (CPR) in Tanzania; 1970 to 2030



Source: UN Population Division, 2012

Figure 3.7 shows the projected contraceptive prevalence rate in Tanzania between 1970 and 2030. The projected trend indicates that, there is an increase in the use of all contraceptive methods. The trend shows that the contraceptive prevalence rate increased marginally from 2.8 percent in 1970 to 5.8 percent in 1980. The marginal increase in contraceptive use continued with the CPR reaching 11.2 percent by 1990. The CPR increased further to 24.5 percent by 2000 and 34.3 percent in 2010.

5.4 Adolescent birth rate

Adolescent birth rate is the number of births per 1,000 women ages 15-19. Adolescent women constitute about 31 per cent of the total population (TDHS 2010). Sexual and reproductive health risks for adolescents and young people include early marriages, under-age pregnancies, un-intended pregnancies, unwanted childbearing and unsafe abortions. In Tanzania teenage pregnancy is high as evidenced by the findings of TDHS 2010 which indicates that about 23 per cent of women aged 15-19 years are pregnant or already have children. Teenage pregnancy and motherhood are more common among young women living in rural areas and those from poor families. According to the World Bank, adolescent birth rate (births per 1000 women ages 15-19) in

Tanzania was last measured at 129.38/1,000 in 2010.

5.5 Antenatal care coverage (at least one visit and at least four visits)

Almost all pregnant women in Tanzania (98 per cent) received at least one ANC visit in 2010. Although the policy is to start attending ANC before the 16th week of gestation, in 2010 over 80 per cent of pregnant women initiated ANC later than 17 weeks of gestation (TDHS 2005; 2010). The percentage of pregnant women who had ANC 4 declined sharply from 64 per cent TDHS 2004/5) to 43 per cent in 2010 (TDHS2010). The 2015 target is 90 per cent and is unlikely to be met. Furthermore, 55 per cent of women in urban areas are more likely to attend ANC4 than women in rural areas (39 per cent; TDHS2010). Analysis also indicates that pregnant women who start ANC late (like after 4 months of gestation) fail to make ANC4. Hence, it is important to promote early ANC attendance at 16 weeks, especially in rural areas where attendance is low.

5.6 Unmet need for family planning

Among currently married women, 25 per cent have an unmet need for family planning, 16 per cent have an unmet need for spacing while 10 per cent have an unmet need for limiting. Unmet need does not vary much by age except for the youngest and oldest women, who have the lowest percentage of unmet need. Up to age 34, most unmet need for family planning is for spacing purposes; after age 40, it is for limiting childbearing. Total unmet need for family planning is higher in Zanzibar (35 per cent) than in Mainland Tanzania (25 per cent). At regional level in the Mainland, unmet need is highest in Kigoma (41 per cent) and lowest in Tanga (11 per cent).

3.5.2. Implementation bottlenecks and New Challenges

Shortage of competent personnel remains one of the major implementation bottlenecks in the health sector and more so in rural areas. On the other hand, major challenges that confront the health sector are related to expansion of infrastructure, improvement of women's access to decent health and reproductive services. Inadequacy of incentives to retain skilled personnel at rural areas also remains one of the challenges facing the health sector.

3.5.3 Best Practices and Policy Support

The best practices in more successful countries involves a synchronization of maternal and child survival interventions, family planning, and enhancement of income generating opportunities at household level. In appreciation of these practices, the government has developed a road map for accelerating reduction of maternal, newborn and child mortality and morbidity. This road map was launched in 2008. The National Road Map unveiled by the Ministry of Health and Social Welfare in April 2014 for accelerating achievement of "Strategic Plan for Accelerating Reduction of Maternal, New Born and Child Deaths in Tanzania (2008-2015)" is intended to improve scores in this goal given the slow progress.

State of the art theatre

3.6 Goal 6: Combat HIV and AIDS, malaria and other diseases

3.6.1. Trends and Progress

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV and AIDS.

Indicators:

6.1 HIV prevalence among population aged 15-24 years;
6.2 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS;
6.3 Proportion of population with advanced HIV infection with access to antiretroviral drugs
6.4 Incidence and death rates associated with malaria
6.5 Proportion of children under 5 sleeping under insecticide-treated bed nets
6.6 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
6.7 Incidence, prevalence and death rates associated with tuberculosis
6.8 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

6.1 HIV prevalence among population aged 15-24 years

Trends in HIV prevalence in a population of newly exposed individuals could be regarded as a reasonable proxy for assessing trends in HIV incidence. Prevalence of infections among young people aged 15–24 years are assumed to be recent because the onset of sexual activity in this age group is recent. This indicator is computed by dividing the number of men/women aged 15-24 years who tested HIV positive by the total population in the age group 15-24 years who were tested during the survey period. The baseline for this indicator in 2004/05 was 4 per cent for females and 3 per cent for males and in 2007/08 it was 3.6 per cent and 1.1 per cent respectively. Tanzania HIV and Malaria Survey (THIMS) 2011/2012 shows that two (2) percent of men and women aged 15-24 years (three percent of women and one percent of young men) are HIV positive. The survey also shows that 5.1 percent of men and women aged 15-49 years are HIV positive. HIV prevalence among young adults who have never had sex is one percent. In Zanzibar, HIV prevalence in the general population remains low at 0.6 percent, but concentrated among specific population groups. These are men having sex with other men (12.3 percent), female sex workers (10.8 percent) and intravenous drug users (16.0 percent). Furthermore, routine HIV surveillance data in 2011 shows that HIV positive rate among pregnant women who attend ANC clinic is 0.6 percent.

6.2 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV and AIDS

Comprehensive knowledge about AIDS is defined as (i) knowing that both condom use and limiting sex partners to one uninfected partner are HIV prevention methods, (ii) being aware that a healthier looking person can be infected with HIV/AIDS and (iii) rejecting the two most common local misconceptions that, AIDS virus can be transmitted through mosquito bites and by supernatural powers.

As shown in Table 3.8, about 74.5 percent of the men aged 15-24 years surveyed, know that using condom reduces the risk of contracting HIV/AIDS compared to 65.1 percent of women surveyed. Also 82 percent of men surveyed know that limiting sexual intercourse to one uninfected partner reduces the risk and exposure to HIV/AIDS infections compared to 80 percent of women that were surveyed. At the same time knowledge on specific HIV/AIDS knowledge is assessed by asking men and women if a healthier looking person can be infected with HIV/AIDS. Assessment reveals that, 82.2 percent of men aged 15-24 years that were surveyed know that even a healthier looking person can be infected with HIV/AIDS while 76.3 percent of women aged 15-24 years surveyed know that even a healthier looking person can be HIV/AIDS positive.

Table 3.8: Population aged 15-24 years with Comprehensive Correct Knowledge of HIV/AIDS in Tanzania

Comprehensive Knowledge of HIV/AIDS among Men and Women aged 15-24 years		
HIV/AIDS Knowledge Indicator	**Men**	**Women**
i). Using Condom reduces risk of being infected with HIV/AIDS	74.5	65.1
ii). Limiting sexual intercourse to one uninfected partner reduces risk of being infected with HIV/AIDS	82.0	79.9
iii). A healthier looking person can be infected with HIV/AIDS	82.2	76.3
iv). AIDS cannot be transmitted through mosquito bites	82.1	82.3
v). AIDS cannot be transmitted by supernatural means	88.6	87.0
Percentage with Comprehensive Correct knowledge about AIDS	**46.7**	**40.1**

Source: THIMS 2011/2012

Another assessment is done on two local misconceptions about HIV/AIDS. Table 3.8 shows that 82.1 percent of the men surveyed rejected the misconception that HIV/AIDS can be transmitted through mosquito bites compared to 82.3 percent of women surveyed. Also 88.6 percent of men rejected the misconception that HIV/AIDS can be transmitted by supernatural means compared with 87 percent of women. In general, men aged 15-24 years are more likely to have comprehensive correct knowledge about HIV/AIDS (47 percent) compared to women aged 15-24 years (40 percent).

Targets 6B: Achieve, by 2015, universal access to treatment for HIV and AIDS for all those who need it.

Indicator:

6.3 Proportion of population with advanced HIV infection with access to antiretroviral drugs

Measures for ensuring universal access to ARVs and increased VCT service provision have continued to be implemented. The number of patients accessing ARVs increased from 412,108 in 2011 to around 564,723 by March 2012, surpassing the target of 478,000 patients; of which 7.6 percent were children under fifteen years of age. Either, the number of patients attending voluntary testing of HIV increased from 16,626,830 to 17,008,475 during the same period due to increased campaigns by government and other stakeholders. According to information collected by NACP from facilities that provide ARVs in the country, a total of 539,374 eligible persons were receiving ARV combination treatment by December 2011 compared to 384,816 people who were receiving ARV in 2010, equivalent to 40.2 percent

increase. Enrollment of children has been relatively low, increasing from 22,789 in 2009 to 29,457 in 2010 to a further 42,837 in 2011, representing about 7.5 percent of the total enrolment compared with the set target of 20 percent. In 2011, the overall proportion of children among the enrollees was 7.9 percent a figure which has been rather consistent for 2009 (7.5 percent) and 2010 (7.6 percent). Significant regional variations were observed e.g. in 2011 the range was from 5.1 percent in Mara to 12.3 percent in Kilimanjaro. The overall proportion of children enrolled in ART was lower than the set target of 20 percent.

HIV and Malaria Indicator Survey conducted in 2012 revealed that the prevalence of malaria decreased from 18 percent in 2007/08 to 9 percent in 2011/12 and HIV infection in a group of people aged between 15-49 years dropped from 5.7 percent in 2007/08 to 5.1 percent in 2011/12.

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

Indicators:

6.6 Incidence and death rates associated with malaria;
6.7 Proportion of children under 5 years of age sleeping under insecticide-treated bed nets;
6.8 Proportion of children under 5 years of age with fever who are treated with appropriate anti-malarial drugs;
6.9 Incidence, prevalence and death rates associated with tuberculosis;
6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course.

6.4 Incidence and death rates associated with malaria

In Mainland Tanzania, about 93 percent of the population lives in areas where malaria is transmitted, while the entire population of Zanzibar is prone to malaria infection. The 2011–2012 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) showed that 10 percent of Mainland children under-five years of age had tested positive for malaria, down from 18 percent in the 2007-2008 THMIS. Prevalence varied by region, from <1 percent in the highlands of Arusha to 26 percent along Lake Victoria shores. This achievement can be explained by increase in the use of Insecticide treated Nets (ITNs) by children as well as by the Universal Coverage Campaign aimed at ensuring that everyone sleeps under a Long Lasting ITN.

In Zanzibar, malaria infection rate in the population declined between 2005 and 2010 from 39 percent to< 1 percent. Incidence of new malaria episodes has been reduced from 16/1000 to 2/1000 in children under-five years of age and from 4/1000 to 2/1000 for children above five years of age. In 2011, three deaths attributed to malaria were identified; two of them were for children under-five years of age and one for a child above five years of age.

HIV and Malaria Indicator Survey conducted in 2012 revealed that the prevalence of malaria decreased from 18 percent in 2007/08 to 9 percent in 2011/12 and HIV infection in a group of people aged between 15-49 years dropped from 5.7 percent in 2007/08 to 5.1 percent in 2011/12.

6.5 Proportion of children under 5 years of age sleeping under insecticide-treated bed nets

Survey reports show a steady increase in the use of ITNs by pregnant women from 16 percent (TDHS 2004/5), to 26 percent (THMIS 2007/8) to 57 percent (TDHS 2010) and to a further 75 percent (THMIS 2011/12). Likewise, there was a rapid increase in the proportion of children who used ITN the previous night from 16 percent in 2004/2005 (TDHS) to 25 percent in 2007/8 (THMIS) and 64 percent in 2010 (TDHS), which represents a fourfold increase over the period. Data from THMIS (2011/12) demonstrate a further increase to 72 percent.

Using Insecticide Treated Net to protect children against malaria

A further increase in the use of ITNs is expected after completion of the Universal Coverage Campaign which is aimed at ensuring that everyone sleeps under a Long Lasting ITN. Maintaining these achievements remains a major challenge. The proposed Keep up Strategy (a combination of TNVS and school net programme) is expected to maintain and raise coverage to the set target.

6.6 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

This indicator is measured at household level to determine the number of children with confirmed parasite in blood using either microscopy or RDT out of total number of children less than five years old surveyed. The indicator is useful in assessing the level of malaria transmission as well as the response to a right recommended treatment of malaria. Findings from surveys indicate an increase in the proportion of children less than 5 years of age with fever, from 34.4 percent in 2007/07 to 55 percent in 2011/12 in Mainland Tanzania. Disparities exist however, between urban and rural areas. In urban areas, the proportion

increased from 49.8 percent in 2007/08 to 60 percent, while for rural increased from 30.8 in 2007/08 to 53.8 percent in 2011/12.

6.7 Incidence, prevalence and death rates associated with tuberculosis

Available statistics show that the notification rate of Tuberculosis (all forms) is 147 cases per 100,000 populations. Similarly, notification rate of new smear positive Tuberculosis cases is 57 cases per 100,000. A total of 56,849 (90 percent) of the 63,453 TB cases notified in 2010 were counseled and tested for HIV status. This is above the 85 percent target of the Global Plan to Stop TB 2006-2015. Of those tested, 21,662 (38 percent) were found to be co-infected with HIV which was 0.8 percent higher than the co-infection rate in 2009 of 37.2 percent. Among the co-infected cases in 2010, 17,103 (79 percent) cases were registered at HIV care and Treatment clinics (CTCs) for HIV care and treatment services. Similarly, 19,855 (92 percent) were put on Co-trimoxazole Preventive Therapy (CPT) and 7,572 (35 percent) were initiated ART in both TB and CTCs within the three months reporting period after a two weeks tolerance period after starting TB treatment. A total of 532 (7.9 percent) died while on TB treatment, 18 (0.3 percent) failed treatment, 224 (3.3 percent) were transferred out and 133 (2.0 percent) defaulted treatment. These results show that treatment success rate was slightly lower in HIV positive TB cases compared to HIV negative TB cases.

6.8 Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)

TB treatment success rate is defined as the number of patients who successfully completed treatment as a proportion of the total tuberculosis cases diagnosed. Analysis of TB cohort notified in 2009 shows that the overall treatment success for new smear positive TB cases was 88 percent. This remained the same as in 2008 which was 88 percent, surpassing the global target of 85 percent and the 2015 HSPSIII target of 82 percent. However, treatment outcome for new smear positive TB/HIV cases notified in 2009, shows that 5,255 patients (78.4 percent) were cured and 542 patients (8.1 percent) completed treatment resulting to a treatment success rate of 86.5 percent.

3.6.2. Best Practices and Policy Support

The Government of the United Republic of Tanzania has continued to implement the National AIDS Control Program by providing services on treatment and care to people living with HIV and AIDS (PLHA), counseling and voluntary HIV testing. Furthermore, the Government has continued to improve these services by ensuring that antiretroviral drugs are available in health care centers. As for malaria, the Government has intensified campaigns and awareness among people on environmental conditions, use of Insecticides Treated Nets (ITN) and ICON spray in households in districts prone to malaria outbreak. Preparations are underway to re-introduce Dichlorodiphenyltrichloroethane (DDT) and treatment with appropriate Anti-Malarial Drugs. Moreover, the

Government has been distributing free mosquito nets to households in the regions of Mainland Tanzania.

Diseases referred to in this goal account for much of morbidity and mortality of children and mothers. It is with this reality in mind that the roadmap initiated by the Ministry of Health and Social Welfare addresses these major diseases.

3.7 Goal 7: Ensure environmental sustainability

3.7.1. Trends and Progress

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Indicators

7.1 Proportion of land area covered by forest;
7.2 CO_2 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.

7.1 Proportion of land area covered by forest

Tanzania vegetation includes rich forests that contain more than 2000 plant species. Mainland Tanzania has a total land area of 942,600 km^2, of which 40 percent is covered by grasslands and about 38 percent (33.5 million hectors) by forests and woodlands. The most typical vegetation is dry grassland scattered with thorny scrubs and acacia that is found along the Eastern Plateau, which makes up most of the country's vegetation cover. This area includes open grassland, savanna as well as woodlands and comprises the Serengeti plains. Most of the forest is *montane* vegetation which is located on the Eastern Arc Mountains, forming between 50-200 kms inland. A belt of *miombo* woodland stretches in the Southern and Western parts while along the coast, mangrove swamps are common. There are more than 20 million hectares of *miombo* ecosystem. Also the *montane* forests cover about 2 million hectares of land. The mangrove forests are found along the coast belt from Mtwara region in Southern Tanzania to Tanga region in the North covering more than 115,000 hectares of land and a length of more than 800km.

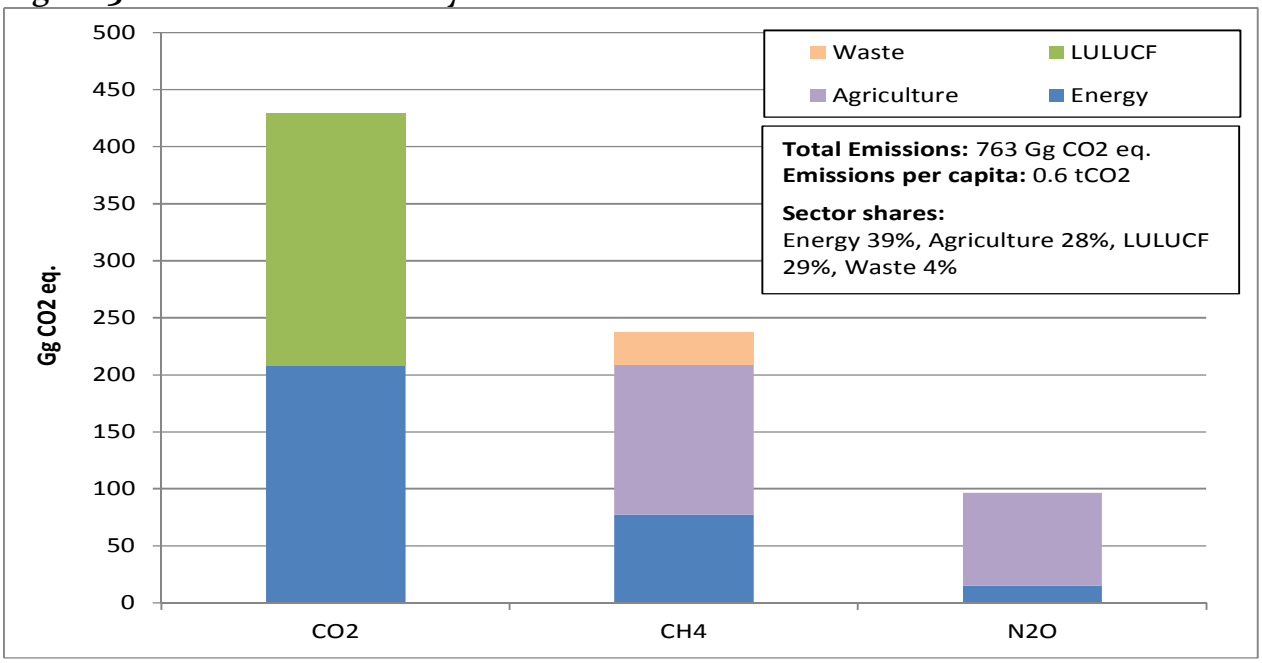
Sustainable development involves sensitization of rural and urban communities to protect the environment.

Zanzibar has extensive forest vegetation, and the forests of the two islands, Pemba and Unguja, form an important part of the East Africa Coastal Forests Eco-region. These forests have been under pressure and have been significantly reduced in area. The potential impacts of climate change on forests are complex, but forests are acclimatised to existing ecological zones, and have long life-times and slow rates of growth. The forests are therefore at risk of climate change from a combination of temperature, precipitation and weather extremes, as well as other factors such as changing pests and disease. These forests support wider biodiversity, and changes to these areas and other terrestrial vegetation will also affect wider biodiversity. Some species are capable of adapting to climatic shifts and will survive, but for islands such as Zanzibar, the potential for species movement is very limited, and this is highlighted as a critical issue.

7.2 CO_2 emissions, total, per capita and per $1 GDP (PPP)

In order to assess opportunities for lower carbon development, the first step is to understand current GHG emission levels, and how these will evolve in future. Tanzania contributes least to the global greenhouse gases emission (Ghg) with per capita emission estimated at 0.1 tons annually. The emission inventory estimates are shown in Figure 3.8. It shows contribution of each sector in emitting carbon dioxide (except waste, where the contribution is smaller). Total annual emissions are estimated at 763 Gg CO_2eq, resulting in per capita emissions of 0.6 tCO_2. This is a low per capita value in regional and global terms, reflecting the very low consumption of fossil fuels for energy in Zanzibar.

Figure 3.8: Emission Inventory Estimates in Zanzibar



Overall projections in Zanzibar show that, emissions will increase by 190 per cent over the 20 year time horizon from 763 $GgCO_2e$ in 2010 to 2213 tCO_2e in 2030, leading to emissions per capita rising from 0.6 tCO_2e to 1.02 tCO_2e / capita, though this per capita level in 2030 is still significantly lower than most other countries in the region. In general, carbon emissions are projected to increase, as evidenced by the fact that there is an increasing trend. For example, in 2009 carbon emissions were 0.1 metric tons per capita and increased to 0.2 metric tons per capita in 2010 .

7.3 Consumption of ozone-depleting substances

Due to unavailability of recent information on this indicator, it is not possible to assess. Most of the data available for this indicator are from 2000 to 2007 and had been used in previous country Millennium Development Goals Reports. Unavailability of recent data poses the challenge of tracking progress in this indicator.

7.4 Proportion of fish stocks within safe biological limits

Tanzania has multi-species fisheries of over 500 different species in fresh waters as well as large stock of commercial marine species. Aquaculture fishery stock has also been growing. Government statistics indicate an alarming situation regarding decline of fish stocks over a period of time due to over-fishing and use of poison, dynamite and small nets in fishing.

7.5 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 potential per capita per year. About 89 percent of the water resource withdrawal is 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, this resource is poorly distributed in the country, in terms of time, space, quantity and quality.

7.6 Proportion of terrestrial and marine areas protected

Marine protected areas are defined as areas of intertidal or sub tidal terrain and overlying water and associated flora and fauna and historical and cultural features that have been reserved by law or other effective means to protect part or the entire enclosed environment. The total biological diverse protected areas excluding marine and littoral areas is estimated at 37,428,000 ha, which is equivalent to 39.6 percent of the total land area. Protected marine and littoral areas total 9,607,000 ha.

7.7 Proportion of species threatened with extinction

According to IUCN data (2005), 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 (excluding marine mammals), about42 are threatened. There are 229 known breeding bird species (excluding those that migrate during winter into the country) out of which 33 are threatened; 335 known reptile species out of which five are threatened; 116 amphibian species and 331 known fish species out of which 17 are threatened). Looking at this trend the total number of species treated was 97 species. However, the trend of treated species is on the increase. According to IUCN data (2013), a total of 175 species are classified as endangered, vulnerable, rare and or insufficiently known. This could be due to increase in population growth, climate change as well as human activities such as poaching.

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

Indicators

7.8 Proportion of population using an improved drinking water source

7.9 Proportion of population using an improved sanitation facility

7.8 Proportion of population using an improved drinking water source

A household is classified as having access to safe drinking water if it uses private piped water in the housing unit, private piped water outside housing unit, piped water on neighbor's housing unit, piped water on community supply, protected public well and protected private well. In Tanzania, THMIS survey indicates that majority of the households (59 percent) have access to clean and safe water

sources, where 38 percent access piped water, eight percent from tube well or borehole, 10 percent from protected dug well, two percent from a protected spring and less than one percent from rain water or bottled water (THMIS 2011/2012).

In Zanzibar, private piped water in housing units is a major source of drinking water (32.1 percent), while pipe water in community supply is the second most important source (24.1 percent). The combination of these two sources contributes more than half (56. 2percent) of the total household water needs. In urban areas, nine in every 10 (94.3 percent) households have access to safe drinking water while rural households have 86.1 percent. There is improvement over the period where households access to safe drinking water increased from 72.7 percent reported in 2004/05 HBS to 86.1 percent in 2009/10 HBS. In general, households living in Zanzibar are more likely than those living in the Mainland to have access to clean water. For example, 97 percent of households in Zanzibar use drinking water from improved source compared to 59 percent in the Mainland (THMIS 2011/2012).

7.9 Proportion of population using an improved sanitation facility

A household is considered to have improved toilet if the toilet is used only by members of one household and not shared with other members from other households; and at the same time if the facility used by the household separates the waste from human contact (WHO, 2012). In general 13 percent of households in Tanzania use improved toilet facilities that are not shared with other members from different households, and 10 percent of households use facilities that would be considered improved if not shared with members from other households. In the Mainland, about 26 percent of households in urban areas have improved toilet facility compared with seven percent of households in rural areas. The most common type of non-improved toilet facility is an open pit latrine or one without slabs, used by 74 percent of Mainland households in rural areas and 37 percent of Mainland households in urban areas. About 12 percent of households in the Mainland had no toilet facility (THMIS 2011/2012). In Zanzibar, 17 percent of households had no toilet facility.

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

Indicator:

7.10 Proportion of urban population living in slums

Slum areas are usually unplanned and with sparse facilities for water and sanitation and no reliable health services. About 70 percent of urban residents in most cities in Tanzania live in unplanned settlements (slums or squatter areas). Under Land Act No 4 of 1999, the Government of Tanzania has a special program to upgrade these unplanned urban settlements. Phase I of the programme will be devoted to identification and registration of the houses; issuing out residence license, and

Phase II, upgrading infrastructure and utility services in these settlements.

3.7.2. Implementation bottlenecks and new challenges

Overall, Tanzania is on track to achieving this goal. However, there are a number of challenges that need to be addressed in order to avoid reversal**.**

Implementation bottlenecks

i. The surging population growth and poverty, subsistence agriculture, fuel wood collection, timber extraction, and hunting have fuelled degradation of extensive areas;
ii. Technical capacity limitations: insufficient expertise in policy formulation, management and implementation of environmental tools and laws at central and local government level;
iii. Financial limitations: inadequate financial resources for investing in better housing and monitoring compliance;
iv. Trail off in governance in relation to the exploitation of natural resources, conflicts over use of resources; poor enforcement of existing laws and institutions leading to loss of government revenue and illegal drain (export) of the country's natural resources.

New challenges

i. Climate change which is likely to compound already existing problems of land degradation, deforestation and loss of wild life and habitats;
ii. Increased air and water pollution and aquatic systems;
iii. Surging population growth and poverty, wide spread subsistence agriculture, fuel wood collection, timber extraction, and hunting thus fuelling degradation of extensive areas;
iv. Lapses in governance in relation to the exploitation of natural resources, conflicts over use of resources; poor enforcement of existing laws and institutions;

Despite these challenges, opportunities have also arisen for example REDD+ bio fuel farming, CDM etc which can be exploited to contribute to increased incomes and thus poverty reduction.

3.7.3 Best Practices and National Policy Support

Environmental policy and management revolve around continuous reviewing of Acts and directives to deal with national environmental problems as identified through the National Environmental Action Plan (1994), the National Environmental Policy (1997) and the Environmental Management Act (2004) (EMA). EMA 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.

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 (WSSAs) in large urban areas and Local Government Authorities (LGAs) in small urban and rural areas. Local Government Authorities (LGAs) also provide support to Community-owned Water Supply Organizations (COWSOs) which manage water supply and sanitation facilities in rural settings. New Water Sector legislations are being drafted to facilitate proper functioning of the strengthened institutional and operational capacity. The new water sector laws cover both water supply and sanitation and integrated water resources management. 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.

Further supportive environment for sanitation improvement includes implementation of National Health Policy 1995, National Water Policy 2002, National Education Policy 1995 and National Environment Policy 2003. The Government is in the process of formulating a National Sanitation and Hygiene Policy. Other important milestones include:

(i) Preparation of School Water supply, Sanitation and Hygiene Strategic Plan 2008-2015;
(ii) Development of tools for Water, Sanitation and Hygiene competition in schools;
(iii) Development of improved latrine construction manual.

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

Progress made in the water sector includes implementation of 228 water projects in 243 villages in 98 Councils enabling 10,560 water points to be finalized. 373 water user associations (COWSCO's) were formed by March 2014. As a result, 2.64 million people in rural areas have been provided with clean water in a period of six months, compared to between 300,000 and 500,000 people who had access to safe water earlier. This has been made possible by efficiency improvements involving a reduction in procurement time from 265 to 90 days. A total of 538 rural water projects and 9,630 water points in 587 villages with capacity to cater for 2,040,500 people are under construction. Meanwhile contracts for 707 projects for 725 villages that will have 13,050 water points with the capacity to cater for 3,262,500 people were signed.

3.8 Goal 8: Develop a Global Partnership for Development

3.8.1. Trends and Progress

Goal 8 seeks to improve, for low income countries, the gains from international trading and financial systems, promote market access and fairer trade rules and tackle unsustainable debt in developing countries. It also aims at working with pharmaceutical companies to improve access to cheap drugs and spread the use of new technologies. While some developing countries have attained debt sustainability levels, aid requirements are on the rise. In order to enhance aid effectiveness and enable poor countries reduce aid dependence, mechanisms for holding accountable both developed and developing countries should be strengthened.

Progress in the various indicators of the impact of global partnership on growth of the poor remains mixed. Goal 8 has eight targets and 16 indicators. Since there is limited information about many of the indicators which are composite in nature, the narrative of Tanzania's performance will be limited to those indicators where recent data are available.

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

This target includes a commitment to good governance and development and poverty reduction –nationally and internationally.

World Bank data indicate that, economic conditions improved modestly in the third quarter of 2012, with global growth increasing to about 3 per cent, driven mainly by performance in emerging market economies and the United States. In emerging market economies, activity picked up broadly as expected. Financial condition also improved, as borrowing costs for countries in the euro area fell, and many stock markets around the world rose. Bond spreads in the euro area declined, while prices for many risky assets, notably equities, rose globally. Capital flows to emerging markets remained strong. Global financial conditions improved further in the fourth quarter of 2012. Middle East and North Africa economies performed relatively better in 2012, recording a growth of 5.2 per cent up from 3.5 per cent in 2011.This was mainly driven by improved economic activity after a period of instabilities in oil-rich North African countries in 2011. There was however a slump in growth for Sub-Saharan Africa where growth is estimated to have slowed down to 4.8 per cent in 2012 from 5.3 per cent recorded in 2011. In terms of trade, Tanzania is eligible for AGOA and has qualified for textile and apparel benefits. During 2013, Tanzania was ranked as the 124th largest goods trading partner with USD 22,049.6 million in total goods and services trade (exports USD 8,532 million and imports 13,517.6 million). Zanzibar's total exports of goods and services amounted to USD 185 million (exports USD 54,9 million and imports USD 130.1 million).

Target 8.B: *Address the special needs of the least developed countries. This target includes tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for Highly Indebted Poor Countries (HIPCs) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.*

Indicators:

8.1. Net ODA, total and to LDCs, 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 ODA of OECD/DAC donors that is untied.

Tanzania has been implementing a number of key policies and structural reforms including Public Service Reforms, Investment Promotion, Tax Reforms, Financial Sector Reforms, Legal Sector and Local Governance Reforms and others. Initiatives in implementing these reforms have improved confidence on the economy and as a result leading to increased inflows of ODA and FDIs. Tanzania is among the largest recipients of foreign aid. External resource flows have increased from about USD 1.1 billion in 2000 to about USD 2.4 billion in 2011 from DAC countries, a slight drop from USD 2.9 billion in 2010. Assistance is mainly provided in the form of direct budget support, although the share has been gradually declining in recent years. The budget support mechanism has improved predictability of external resource inflows and therefore improved

budget planning and execution. The net ODA received is directed to health, education, and water sectors.

One of the areas of concern, however, has been aid predictability. Generally, unpredictability devalues aid through its negative impact on growth and on public financial management. As a consequence unpredictable aid undermines donors' and partner countries' efforts to achieve development results, including the Millennium Development Goals. Predictability is not an end in itself: more predictable aid leads to more efficient use of resources and more development results. Through experience, it has been demonstrated that aid is typically less predictable than domestic revenues, and that the unpredictability and volatility of aid have serious costs, both for specific interventions and at the macroeconomic level.

Aid predictability is highlighted in the Paris Declaration (2005) and the Accra Agenda for Action (2008) as a challenge to governments' planning and budgeting processes generally, and aid effectiveness specifically. Where governments have developed a track record of medium-term planning, they base plans not on explicit commitments or forecasts from donors but on intelligent extrapolation from past experience.

The Government developed Joint Assistance Strategy for Tanzania (JAST) document, the objective of which was to provide a mechanism for increasing predictability of financial flows. This was predicated on the GBS instrumentality. The GBS has shown signs of more reliable predictability, in terms of absolute growth compared to other modalities.

In 2011/12, a total of US$ 1,284 Million was committed for **project aid** but funds actually received only represented 68% of the commitments (USD 865 million). This was a slight improvement compared to 2010/11 where performance was 60% adherence (USD 1,478 million committed versus USD 878.4 million registered.

Table 8.1: Variability of Aid by Modality FY 2006/07 to 2011/12 (converted into Billion Tshs

	2006/07		2007/08		2008/09		2009/10		2010/11		2011/12	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
GBS	805	790	881	963	812	941	1,194	1,215	884	929	869	916
BASKET FUND	304	175	273	359	419	397	573	403	478	559	688	472
PROJECT FUND	831	1,004	1,189	817	1,061	997	1,284	796	1,209	1,144	2,366	1,493
TOTAL	1,940.0	1,696.0	2,343.0	2,140.0	2,292	2,335.0	3,051.0	2,413.0	2,571	2632	3924	2881

Source: Aid Management Platform, Ministry of Finance

Table 8.1 shows that major variances between commitments and disbursed are mainly attributed to the project modality. It is Government's view that while part of this variance

might be a result of implementation delays experienced in key projects, DP adherence into timely reporting of all disbursement data constitute a primary challenge that needs to be addressed.

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

Indicators:
8.4. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative);
8.5. Debt relief committed under HIPC initiative, USD;
8.6. Debt service as a percentage of exports of goods and services.

Out of the 39 countries eligible for HIPC Initiative assistance, 35 countries including Tanzania are receiving full debt relief from the IMF and other creditors after reaching their completion points. HIPC and Multilateral Debt Relief Initiative (MDRI) continue to ease the debt situation for many countries that qualify for debt relief. Under MDRI, assistance totaling USD 18 billion was delivered to all HIPC post-completion point countries by March 2009, while HIPC delivered a total of about USD 45.5 billion during the same period. Tanzania's external debt stock stood at 24.8 per cent of GDP in 2013 indicating high debt sustainability. A larger part of the external debt stock comprises of multilateral debt, although bilateral, commercial and export credit continues to be important sources of external resources. The drop in the external debt stock is mainly a reflection of the benefits of the debt relief under the HIPC initiative.

Other initiatives that provide potential for financing national development agenda and achievement of the Millennium Development Goals include: trade issues that are being addressed through a number of interventions such as Economic Partnership Agreements with European Union. Tanzania is a member of Africa, Caribbean and Pacific (ACP) group of countries, which are currently involved in negotiations with the EU on Economic Partnership Agreements (EPAs). Also, there have been efforts through regional integration to promote trade. A tripartite arrangement involving Common Market for Eastern and Southern Africa (COMESA), East African Community (ECA), and Southern Africa Development Cooperation (SADC) is at advanced stages.

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

Indicator:
8.7 Proportion of population with access to affordable essential drugs on a sustainable basis.

There are insufficient current data to assess the status and trend of this indicator. However, anecdotal evidence suggests an increase in access.

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

Indicators:

8.8 Telephone lines per 100 populations

In Tanzania the trend of subscription for fixed telephone lines has been declining since 2002. By 2012 Tanzania had 176,367 fixed telephone subscribers compared to 174,511 subscribers in 2010 (Table 8.1). The increase in the number of subscribers is the result of expansion of service industry and reduction in the costs of using fixed telephones lines.

Table 8.1: Fixed Telephone Subscriptions

Year	Subscriptions
2000	173'591
2001	177'802
2002	161'590
2003	147'006
2004	148'360
2005	154'360
2006	152'000
2007	163'269
2008	123'809
2009	172'922
2010	174'511
2011	161'063
2012	176'367

Source: ITU World Telecommunication 2012

As a proportion of population, fixed telephone subscription (per 100 populations) has been declining from 51 percent in 2000 to 37 percent per 100 in 2012. Table 8.2 indicates that in 2012 fixed telephone subscription per 100 populations was 37 percent compared to 39 percent per 100 populations in 2010 (Table 8.2). The continuous fall in the subscription of fixed telephone subscription per 100 populations is due to increased number of mobile phone service providers.

Table 8.2: Fixed Telephone Subscriptions per 100 populations

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
0.51	0.51	0.45	0.40	0.39	0.40	0.38	0.40	0.29	0.40	0.39	0.35	0.37

Source: ITU World Telecommunication 2012

8.9 Cellular subscribers per 100 populations

Mobile phone subscribers have increased from 20,983,853 subscribers in 2010 to 27, 219,283 in 2012, equivalent to an increase of 22.9 percent.

Table 8.3: Mobile-Cellular Telephone Subscriptions

Year	Subscriptions
2004	1'942'000
2005	2'964'000
2006	5'609'000
2007	8'252'000
2008	13'006'793
2009	17'469'486
2010	20'983'853
2011	25'666'455
2012	27'219'283

Source: ITU World Telecommunication 2012

The use of mobile cellular phones in Tanzania has been increasing steadily. Table 8.4 indicates that, mobile cellular telephone subscribers increased from 46.66 per cent in 2010 to 56.96 per cent in 2012. The increase in the number of subscribers is due to the expansion in network, lower costs as well as easy accessibility.

Table 8.4: Mobile-Cellular Telephone Subscriptions per 100 populations

2004	2005	2006	2007	2008	2009	2010	2011	2012
5.14	7.63	14.04	20.07	30.71	40.03	46.66	55.37	56.96

Source: ITU World Telecommunication 2012

8.9 Internet users

The percentage of internet users is very low. The trend indicates that there was a marginal increase in the percentage of users from 2.9 percent in 2010 to 3.95 percent in 2012. The low increase in the use of internet is due to higher costs of access, poor network in some parts of the country, lack of electricity, as well as poor knowledge on the use of internet among majority of the people especially in rural Tanzania.

Table 8.5: Percentage of Individuals Using Internet

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
0.12	0.17	0.22	0.68	0.88	1.10	1.30	1.60	1.90	2.40	2.90	3.50	3.95

Source: ITU World Telecommunication 2012

3.8.2 Implementation Bottlenecks and New challenges

There are a number of challenges hindering achievement of indicators of Goal 8. The main challenge remains institutional capacity (personnel etc.) and public finance management system. Also the issue of governance and accountability, especially corruption, that leads to misallocation of resources. Further, aid coordination and harmonization still need to be improved. Besides adding to transaction cost, these challenges impact the quality of aid, especially in ensuring continuity and alignment to national priorities. Other challenges include:

i. Inadequate human and financial resources;
ii. Fragmentation of external financing.

3.8.3 Best Practices and Policy Support

Construction of 3,000 kilometers under Phase II of National ICT infrastructure backbone which started in August 2010 was completed in March 2012. The completion of Phase II (together with Phase I which had a total of 4,330 kilometers) has enabled connectivity of all regions in Mainland Tanzania to the National ICT infrastructure backbone.

There has been significant improvement in terms of debt sustainability and aid effectiveness; as well as relationship with Development Partners (DPs). This has enhanced various development projects as well as building mutual trust and confidence. Furthermore, the government has continued strengthening domestic accountability by improving public financial management systems and the national budget process alongside intensifying domestic resource mobilisation effort so as to expand domestic revenue base and reduce aid dependence.

In order to improve implementation effectiveness and accountability for resources, the Government in 2012 launched the "Big Results Now" (BRN) initiative with resource mobilisation as one of the six priority areas (see Chapter one).

In terms of distribution of essential affordable drugs, the Government through Primary Health Care Service Development Programme (PHCSDP) has been implementing an Action Plan with the aim of bringing health services closer to the public. The implementation of PHCSDP targets to have a dispensary in every village and a health centre in every ward as well as improving health services and social services including the availability of medicine and medical equipment and increasing availability of human resources.

At the heart of monitoring the current set of MDGs is the central role played by quality data required for tracking progress. Great challenges were experienced in this aspect. In the Tanzania's Post 2015 Development Agenda, great efforts will be directed at improving data management (collection, processing and storing) in order to improve quality and timeliness for effective monitoring.

The importance of data quality has been emphasized in key policy frameworks. TDV 2025 emphasizes promotion of Information and Communication Technologies (ICTs) in the pillar of Competence and Competitiveness. Both the Long Term Perspective Plan and Five Year Development Plan (I) have a section on issues of data quality and monitoring. MKUKUTA Monitoring Master Plan (MMMP) and MKUKUTA Annual Implementation Report (MAIR) utilize data generated from the Tanzania Social Economic Database (TSED). These will continue to be the main tools for improving on data and monitoring progress beyond 2015.

IV: STATUS OF PROGRESS IN MDGS FOR SELECTED DISTRICTS

4.1 Introduction

Tanzania has been producing MDG country reports since 2001. Such reports have been presenting a broad picture of the state of progress nationally and as such not capable of reflecting local disparities. The results of 2000/01 Household Budget Survey (HBS) showed that indeed disparities are a reality and that they are very wide. To this effect, District MDG reports started to be produced; the first three being for Bagamoyo, Bunda and Uyui. In this Chapter, two district reports are presented, for Uyui and Bunda, the poorest two Districts as revealed by HBS 2000/01. Summaries of these two reports are presented for two main reasons. First is to convey lessons learned in localizing MDGs at district level. The second reason is to assess the impact of interventions that were made in the two districts: Millennium village project for Uyui and Access to Information (ATI)

and MDG Acceleration Framework (MAF) for Bunda. Differences in progress between the two districts are highlighted, and comparison to national trends is made, in order to illustrate issue of localizing MDGs. Trend of progress is shown in Annex 1.

4.2 Economic and poverty context

Uyui District – Mbola Millennium Village Project (MVP)

Uyui district in Tabora region is located in the central part of Tanzania. Mbola is one of the villages in the district.

According to HBS 2000/01,) Mbola was the village with the poorest household in Tanzania. This alarming situation warranted intervention in order for the village to achieve MDGs by 2015. Two MDG localization projects are also implemented in this District namely, Access to Information (ATI) and Tanzania Social Action Fund (TASAF). ATI project was implemented between 2008 and 2010.

Mbola Millenium Village Project (MVP) is one of the MDGs village model with nearly 400 people with saving and credits initiatives, health centre, operating theatre, laboratory, clean water, school meals and solar electricity, just to mention a few.

Mbola Millennium VillagePproject (Mbola MVP) was designed with the aim of changing the lives of selected communities through attaining all eight Millennium Development goals (MDGs) by involving the local people. The project was officially launched in May 2006 by Jeffrey Sachs (Advisor to United Nations Secretary General on MDGs) and took off in September 2006. The project is implemented in sixteen villages (located in four wards namely Ilolangulu, Mabama, Ibiri and Usagari) which together form Mbola Millennium Village. Uyui district and the villages in particular are located in the wet *miombo* woodland zone and experience one rainy season. The project covers 6,068 households with a population of 38,445 people who are beneficiaries of the project.

Bunda District

Bunda district is located in the north eastern part of Tanzania and is one of the six districts of Mara region. Bunda has many strategic locational advantages such as close proximity to Kenya the largest economy in Eastern Africa. The economy of Bunda district is mainly dependent on three sectors namely; agriculture, fishery and livestock. Other important sectors for the District economy are business and tourism on small scale. Agriculture is one of the economic bases and provides food, employment and income. Agriculture, livestock and fishery employ more than 81 percent of the total District population.

According to HBS 2000/01, Bunda District had the highest incidence of poverty in the country with 67 per cent of households below the national basic needs poverty line. This situation called

for concerted efforts to address the development challenges in the District. Localization of MDGs in the District became a necessity. MDG localization projects which are implemented in Bunda district include Tanzania Social Action Fund (TASAF), Access to Information (ATI) and Millennium Acceleration Framework (MAF). TASAF projects are implemented in all wards in the district depending on the chosen priority areas of intervention. ATI project is implemented in Bunda town while MAF projects in 17 villages of the District.

4.2.1 Status of progress in MDGs

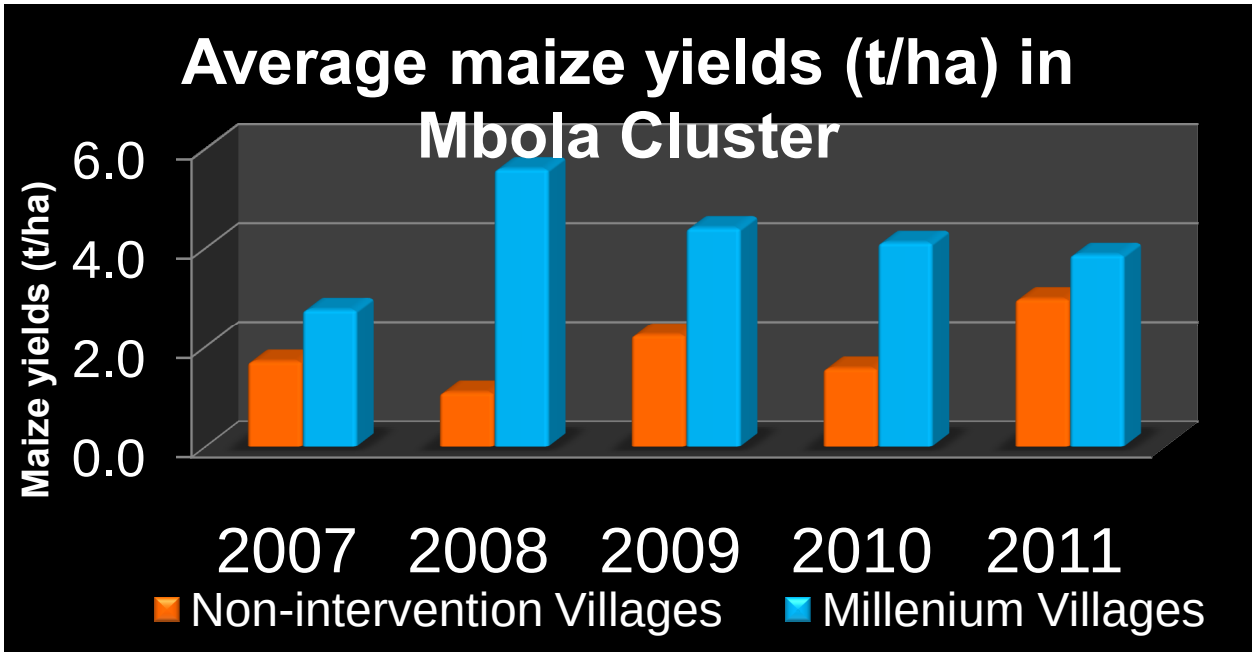
Goal 1: Eradicate extreme poverty and hunger

Uyui district

In order to achieve this goal, MVP focused on increasing food production and incomes whilst transforming farmers from subsistence farming to commercial agriculture in order to ensure sustainability of the project gains. Farmers were supported with modern agricultural inputs (fertilizers and improved seeds) coupled with extension services on agronomic practices such as ridging, timely planting, proper spacing, weeding, appropriate fertilizer application and new cash crops like sunflower. This resulted into increased production of food crops (maize in particular) from 0.97 tones' per ha before the project to 4.2 – 5.8 tonnes per ha after introducing the project. From the yields, households contribute bags of maize to a school meal programme.

Agriculture remains one of the base of economic development in Mbola.

Figure 4.1: Maize Yields in Mbola Cluster



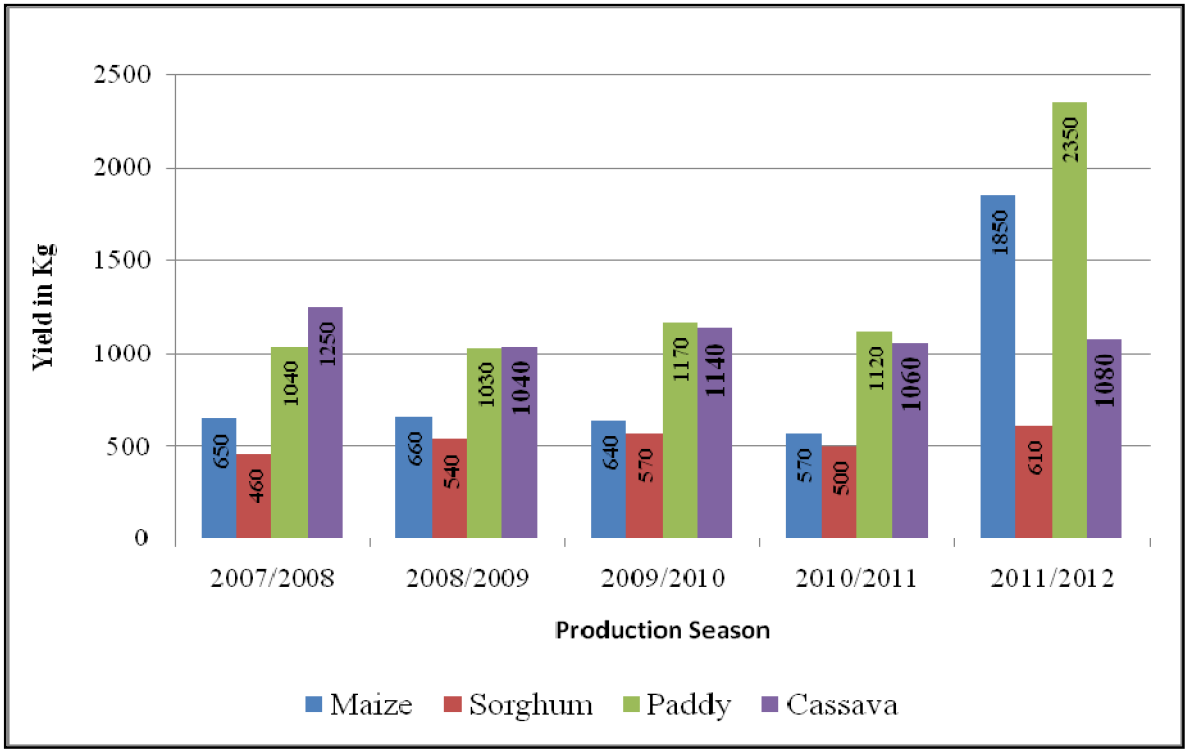
Bunda district

Administrative data for the period 2006 - 2009 show a brighter prospect in income improvements mainly through agriculture. Further boost to agricultural opportunities are provided under *Kilimo Kwanza*, Tanzania's green revolution. Other opportunities for improving incomes include existence of adequate supportive Government policies and political will, existence of Serengeti National Park and Grumets Game reserves that promote tourism activities, Lake Victoria fishery resources including industry as source of employment, availability of financial institutions such as the Micro-Finance Bank which has a branch at Bunda town, also a Post office bank, micro finance institutions, availability of good communication network (mobile and landline telephones, internet facilities), easy access to most parts of the district as well as availability of ample underutilized productive land for agriculture.

Though there are no district level data, Mara region where Bunda districts forms part, has been able to record an increase in income from Tanzanian Shillings 346,941 million in 2002 to Tanzanian Shillings 1,649,850 million in 2012 equivalent to an increase of 79 per cent. Certainly Bunda district has experiences this increase as well.

The many interventions that have been made in agriculture especially have led to improved yields and consequently improved incomes.

Figure 4.2: Average yield of major food crops grown in Bunda District (2008 – 2012)



Overall assessment

Though there are no recent data on poverty for both Bunda and Uyui districts, anecdotal evidence shows that food poverty has been greatly reduced while income poverty has been reduced faster compared to the national average. Both districts will achieve the target by 2015. See Annex 1.

Goal 2: Achieve universal primary education

Uyui district

Under this goal, major activities included building and renovating classrooms, equipping these with desks, provision of text books, launching school meals program in partnership with communities, providing teacher training, computers, and internet access to schools and providing schools with water points, improved latrines and electricity. This resulted in attendance rate rising from 79.7 per cent (2006) to 85.6 per cent (2012), net enrolment rate from 70% (2006) to 98% (2012), girls to boys' enrolment ratio rose from 90% to 103% in 2012. Currently, MVP schools are among the top ten good performing schools in national examinations, with most pupils being selected to join Form I in government special schools for the talented.

Bunda district

Bunda district has witnessed a general increasing trend of standard one enrolment in pubic primary schools from 10,446 pupils in 2005 to 13,275 pupils in 2012, equivalent to an increase of 21.3

percent, while in private primary schools enrolment increased marginally from 102 pupils in 2005 to 119 pupils in 2012. Comparatively, Serengeti division has the largest number of pupils enrolment followed by Chamriho division. Nearly all the children of primary school age are enrolled in primary schools.

Overall assessment

Both Bunda and Uyui districts have performed above the national average on this goal thanks to the localization initiatives. These have not only enabled the two districts to reverse bleak prospects (at base year) but also leapfrog such that the goal has been attained or will definitely be attained by both districts.

Goal 3: Promote gender equality and empower women

Uyui district

Efforts to promote gender equality focused on emphasizing to parents the importance of education for girls, installing gender-separate latrines in schools, facilitating girls clubs and other girl-focused services, prioritizing maternal and reproductive health and supporting women's participation at all levels of projects. As a result, girls' enrollment and attendance in primary and secondary schools increased, gender parity index for Mbola site increased to 1:03 indicating that the number of girls enrolled in school exceeded the number of boys enrolled. In addition, the number of women-run businesses, women's cooperatives, and women in leadership roles increased in all Millennium villages.

Bunda district

In addition to the interventions in education (Table 4.1) women groups have been quite active in economic undertakings.

Table 4.1: Bunda District - Women Economic Groups Access to Loans, 2013

Division	Number of Groups	Total Membership	No. of Groups Loaned	No. of Members Loaned	Total Loaned & Interest % ('000')	Total Paid ('000)	Total Unpaid (000)
Serengeti	73	1,644	7	35	7,700	2,009.3	5,690,700
Chamriho	42	701	1	5	1,100	-	1,100,000
Kenkombyo	29	580	1	5	1,100	195	905,000
Nansimo	45	720	1	5	1,100	1,100	-
TOTAL	**189**	**3645**	**10**	**50**	**11,000**	**3,305**	**7,695**

Source: District Community Development Report, 2013.

Access to loans has enabled many women improve their incomes through undertaking various economic ventures. A challenge though remains with respect to recovery.

Overall assessment

Both Bunda and Uyui districts have either achieved or will definitely achieve this goal.

Goals 4, 5 and 6: Health-related

Uyui district

In order to reduce the rate of HIV/AIDS, TB, and Malaria infection, and improve maternal and child health, several initiatives were taken that included training community health workers, constructing and equipping clinics, and improving nutritional security with support from partners, distributing free bed nets, immunization, food supplements and prioritizing maternal and newborn health through antenatal care, skilled birth attendants, and emergency obstetric care. Progress under these goals shows positive results. For example, under-five mortality rate decreased from 135 per 1,000 live births in 2006 to 64/1,000 in 2012, proportion of children immunized against measles increased from 45.8 per cent in 2006 to 81.1 per cent in 2012. (Uyui district report 2013/14).

Bunda district

Bunda District has managed to reduce infant mortality, Under-five mortality, Maternal and Neonatal mortality between 2002 and 2012 mainly due to many interventions that have been made in the sector such as increasing health infrastructure, personnel and vaccination coverage. See Annex 1.

In an effort to ensure that no baby is born with HIV infection (AIDS-free generation), the district introduced "Prevention of Mother-to-Child Transmission of HIV," or PMTCT, as an intervention which provides drugs, counselling and psychological support to help mothers safeguard their infants against the virus. The intervention was received positively by expected pregnant women in the district and among them, 8,221 expected mothers were screened and only 213 were found with HIV infection and were put on therapy.

Overall assessment

The various interventions in health have enabled the two districts be on track to achieve health MDGs.

Goal 7: Ensure environment sustainability

Uyui district

Among the interventions that were made to ensure environmental sustainability were planting trees for future source of fuel wood and for reforesting depleted areas, training farmers in integrated soil fertility management practices to sustainably improve harvests, building erosion control structures to protect farmland and promoting restoration of degraded lands are. Also, several activities were undertaken in order to increase access to clean and safe water and adequate sanitation. The interventions included, among others, drilling and rehabilitating wells and boreholes, installing improved new pumps, and protecting watershed areas, installing piped water systems and building ventilated improved pit latrines.

These efforts yielded positive results such as increase in access to improved drinking water from 27.2 per cent in 1990 to 64.0 per cent in 2012. Also, more than 42kms of water pipes were laid in three villages of Mbola Millennium Villages cluster. The pipes were donated by project partner JM Eagle. Furthermore, access to improved sanitation increased from 2 per cent in 2009 to 7.2 per cent in 2012.

Bunda district

Bunda district has one forest reserve Kurwirwi covering about 1,580 hectares of land, equivalent to 6.6 per cent of total land area estimated at 23,789.2 ha. The district is undertaking various tree planting initiatives by involving various stakeholders including the local government authorities, villages, primary schools, NGOs, individuals and other institutions such as the prisons so as to maintain the existing forest cover. Planting trees is one way of replacing cut down tree due to illegal logging, charcoal, and firewood and building poles. Further boost to forestry protection is provided by beekeeping which is fast growing in importance in the district.

Bunda district is served by several sources of water including traditional water sources such as springs, rivers, lake, rain water, dam and traditional wells and modern water sources which include piped/tap, modern or improved wells and boreholes. Most of rural areas within the district are served with traditional water sources to meet the demand for domestic needs and livestock. With respect to technology used in rural water schemes, hand pump remains the main scheme used to supply water in rural areas.

Overall assessment

Both districts are on track to achieving the MDG.

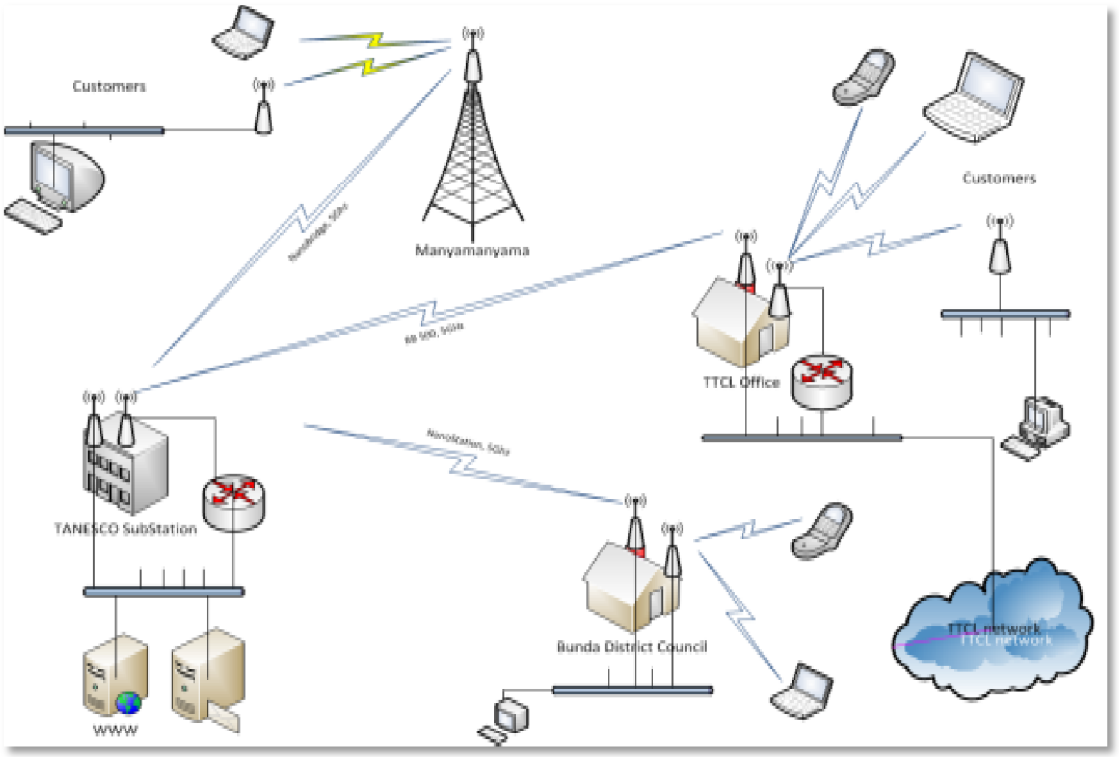
Goal 8: Develop a Global Partnership for Development

Uyui district

MVP is implementing this goal specifically focusing on co-operation with the private sector to make available the benefits of new technologies, especially information and communication technologies (ICT). Ericsson and Airtel companies constructed three transmission towers. Also, mobile phones were donated by Ericsson and powered by Airtel through providing freely, 100 Simcards with airtime free of charge for community facilitators. Furthermore, the private sector donated computers and laptops. This led to improved computer literacy in the cluster of villages forming Mbola MVP.

Bunda district

Implementation of ATI project has brought fundamental developments in ICT in the district. Bunda is linked to Serengeti District by a Fibre Optic Cable of about 128 Km length. There are also three WiFi Masts each of which is capable of transmitting a signal within 15Km radius.



The great potential in this area is to develop the existing infrastructure and introduce sector-based ICT services especially in Education, Health, Production and Administration.

General conclusion

Bunda and Uyui were the poorest districts in Tanzania according to HBS 2000/01. The two have risen above national average and have managed to reverse poor performance in many of the MDGs and are likely to achieve all MDGs. This is largely attributed to the localization intervention that was made in both districts.

Despite this success there are a number of challenges especially resource mobilization and implementation effectiveness that need to be overcome in order to protect these achievements beyond 2015.

Consultations with stakeholders on the findings of the MDG report provided the following recommendations on how best to make localization deliver;

a) Improving dialogue on micro perspectives of MDGs (community monitoring, capacity building) and ensuring existence of strong multi-sector collaboration within the District council;

b) Enhancing use of ICT in order to improve availability of information for increasing productivity and market access and communication (village information networks, village information kiosks);

c) Increasing citizens' voice and knowledge of their rights (to information and quality service delivery), in order to demand value for money;

d) Strengthening networking between LGAs and CSOs (information exchange, joint planning, joint initiatives, joint management e.g. of information centers);

e) Scaling up community actions (construction, rehabilitation);

f) Sustaining political will at LGAs level to meeting MDGs, and;

g) Strengthening data management.

V: SPECIAL THEME; POST- 2015 DEVELOPMENT AGENDA FOR TANZANIA

5.1 Context

MDGs have been a lynchpin to global and national development efforts. MDGs, as a global framework has helped to galvanize development efforts and guide global and national development priorities, including Tanzania. Progress has been uneven within and across countries including Tanzania and some will not be achieved at all. Thus further efforts and a new global partnership for development are needed to address the unfinished agenda after 2015. The Post 2015 Development Agenda was initiated by the United Nations, in 2010 with the view to helping define future global development framework after 2015 when the current set of MDGs come to an end. The outcome document of the 2010 High Level Plenary Meeting of the General Assembly on MDGs requested the Secretary-General to initiate thinking on a post-2015 development agenda and include recommendations in his annual report on efforts to accelerate MDG progress.

Against this background the UN Secretary General established a UN

System Task Team in September 2011 to coordinate and propose an integrated framework for realizing the post-2015 UN development agenda the "future we all want". Following this, in July 2012, the UN Secretary General appointed a High Level Panel of Eminent Persons, tasked to design a plan for bringing the MDGs' "unfinished business" into the new framework. These processes are complemented by a set of global thematic and national consultations facilitated by the United Nations Development Group (UNDG).

The outcome of the Rio+20 Conference on Sustainable Development initiated an inclusive intergovernmental process to prepare a set of sustainable development goals (SDGs) to be submitted to the 68th session of the UNGA containing a proposal for sustainable development goals for consideration and appropriate action. Therefore, The UNGA will receive outputs of 5 other processes initiated to work on other aspects of the Post 2015 Global Development Agenda and Framework, namely:

(i) ***Summary of the President of UNGA,*** **on** dialogues on mechanisms to facilitate the development, transfer and dissemination of clean and environmentally sound technologies;
(ii) Work of ***UN System Task Team*** comprising of 60 UN agencies as well as World Bank and International Monetary Fund (IMF);
(iii) Report of the ***High Level Panel of Eminent Persons (HLEP*)**. The Panel submitted its Report titled "**A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development**" in May 2013;
(iv) Report of th***e Expert Committee on Sustainable Development Financing Strategy (ECSDFS);*** *and*
(v) Work of the ***United Nations Development Group (UNDG)*** consultations. This includes the Report titled "**A Million Voices: The World We Want**", arising from consultations that were organized involving almost two million people in 88 countries

(Tanzania included[1]) which participated in 11 thematic consultations and a global survey titled "MY World". In addition, in March 2014, UNDG announced additional dialogues focusing on strategies to localize and subsequently implementing of the post-2015 development agenda in 50 countries (Tanzania inclusive[2]).

5.2 Outcome of National Consultations

Tanzania took a keen interest in the national consultations on the Post 2015 global development agenda as it provided an opportunity to voice the concerns of the poor, the marginalized and the vulnerable groups on a global development agenda that could define their future. The very fact that the MDGs were designed without broader consultations of their main stakeholders, especially at the national level, was also a main attraction to the consultations. Moreover, the Post 2015 consultations in Tanzania had two key objectives. First was to contribute to the global discussions on the future framework. Second was to use the information generated from consultations to streamline its next national development strategies and plans in achieving its long term development vision. This report provides a synthesis of views that emerged from the wider national consultations undertaken in Tanzania between October 2012 and May 2013.

The process involved three layers of consultations. The first layer involved consultations at the grassroots level in seven zones covering all regions in the country, with vulnerable groups such as women, elderly and youth. The second layer was consultations with more educated groups consisting of the private sector, higher learning and research institutes, and public sector officials. Consultations with government officials, higher learning institutions, local government officials and non-state actors were also held in Unguja and Pemba-the two isles in Zanzibar. In addition, parallel consultations were also held by youth groups, in particular the United Nations Association and the Youth United Nations Association, and civil society organizations such as Restless Development. Further, Tanzania co-hosted the regional thematic consultations on energy. Final layer of consultations was at the national level for validating the findings.

The broad message that came out of the consultations is that the MDGs are still relevant as there is an unfinished business, but we need to go beyond MDGs to take into account new and emerging issues. Concerns arising from the consultations were classified into ten key goals and targets that could be considered for the Post 2015 Development Agenda.

[1] The outcomes of these consultations which had since been submitted to the UN Headquarters in May 2013 are summarized in booklet titled ñNational Consultations on the Post 2015 Development Agenda: A Synthesisò This Report can be downloaded from
http://ncp2015.go.tz/docs/MDG_NATIONAL_SYNTHESIS_REPORT.pdf.

[2] POPC coordinated four consultation workshops and e-consultations in June 2014 with key stakeholders from the Central Government, Local Governments, CSOs, academia, and the United Nations to facilitate the participation of interested groups and individuals in proposing ideas for the implementation of the post 2015 development agenda in Tanzania. Specifically, the consultations focused on drawing lessons learned in the implementation of the MDGs with a view to convincing policymakers that an ambitious post 2015 development agenda could be implemented and to foster a broad sense of ownership, inclusive planning structures and multi-stakeholder partnerships to support its delivery. A synthesized Report of these consultations is forthcoming.

(1) **Eradicate extreme poverty, hunger and inequality** with possible targets being linked to (a) reduce poverty (b) reduce hunger (c) ensuring food security and (d) reduce income inequality. The severity in impact on overall human development progress, peace and security makes this goal as relevant as in the MDGs. But this goes beyond from the MDGs with a focus on advancing income equality which has not been considered in the MDGs. This basic call is for promoting inclusive growth that benefits all rather than a selected group of the population.

(2) **Achieve full and productive employment** with possible targets being linked to (a) overall employment, (b) youth employment, (c) women's participation in the labor market and (d) women's share in total employment. While some issues such as achieving full and productive employment has been a part andparcel of MDGs, much attention was not paid to this target. Employment, in particular youth employment, has gained momentum in recent years and has been a major concern particularly of youth in Tanzania. The more educated group's demand was for growth with structural transformation that generates employment. The issue of applying science, technology, innovation and research and development to transform the economy to a competitive one came up in a number of different ways during the consultations.

(3) **Ensure quality service delivery** with possible targets being linked to (a) health, (b) education, (d) water and (d) sanitation. A strong voice is heard during the consultations on the need to focus more on the quality rather than the quantity, especially with regard to health and education. While many countries, including Tanzania, are most likely to achieve education goal (MDG 2), quality of education has been a great concern for all and reflected in the national consultations at all levels. High level of illiteracy was considered a pressing issue by the youth and civil society organizations. Similar concerns relate to health and other basic services as well. It is in this light that the need to go for the next step of ensuring quality of basic services in the Post 2015 agenda is felt strongly in the Tanzanian consultations.

(4) **Eliminate Gender inequality** with possible targets being linked to (a) equality in education, (b) employment, (c) gender based violence, (d) female gender mutilation and (e) assets ownership. The issue of gender inequality came very strongly, especially from the civil society organizations and women's groups. The discussions went beyond eliminating gender gaps in education and employment to consider gender based violence, patriarchal cultures over assets ownership and customs such as female genital mutilation all of which tend to hinder women's progress in human development.

(5) **Combat diseases** with possible targets being linked to (a) malaria, (b) HIV/AIDS, (c) Tuberculosis (TB), and (d) non-communicable diseases (NCDs). Tanzania has made considerable progress in combating diseases such as Malaria and HIV/AIDs. Although Tanzania has reversed the spread of HV/AIDS recently, the threat of diseases to vulnerable groups, in particular infants and regions, is a concern.

(6) **Reduce child and maternal mortality** with possible targets being linked to (a) Infant mortality, (b) child mortality, and (c) maternal mortality. Child and maternal mortality was considered a hindrance to development and poverty alleviation by civil society organizations. While progress has been made in infant and child mortality,

maternal mortality is a serious concern as the rate is still very high although Tanzania reversed the deteriorating trend in maternal mortality in recent years.

(7) **Promote Sustainable development** with possible targets being linked to (a) conserving forest reserves, (b) environmental management-in particular ensuring undertaking environmental impact assessments (EIAs) on projects, (c) natural resource management and (d) population growth. Environmental issues have not been seriously taken into consideration in the MDGs but climate change and sustainable development are emerging as serious concerns since. While environmental degradation was a concern of the youth, sustainable development featured well in the dialogue with civil society organizations and higher learning institutes and other educated groups. The need for the effective management of natural resources was a particular concern of most consultative groups. Universal access and sustainable use of energy were considered key priorities by participants at the thematic consultations on energy.

(8) **Improve governance** with possible targets being linked to (a) Rule of law, (b) Corruption, (c) elections, (d) freedom of expression, (e) participation and inclusiveness, (f) social protection. Good governance, an area missed in the MDGs, was considered by all consultative groups as a key concern for sustainable development. Most consultative groups particularly the more educated groups, considered peace and security as pre-requisites for economic development and attaining the future that all Tanzanians aspire for. Good governance is considered fundamental in this regard.

(9) **Enhancing effective development cooperation** with possible targets being linked to (a) commitment and timely delivery of aid and (b) implementation effectiveness in ensuring effectiveness of development aid. Consultations also emphasized the need for aid to be pertinent and meet recipient priorities. All stressed the need to have a strategy to reduce aid dependency and make more effective use of domestic resources for development.

(10) **Promoting peace and security** with possible targets being linked to (a) promoting democracy (b) political accountability, justice and fairness. Most consultative groups, , considered peace and security as pre-requisites for economic development and attaining the future that all Tanzanians aspire for. Good governance, both at national and global level, is considered fundamental in this regard.

5.3 Aligning Tanzania Development Vision 2025 with Post 2015 Development Agenda

Tanzania Development Vision (TDV 2025) is the guiding framework for economic and social development. It is envisaged that by 2025 Tanzanians will have graduated from a least developed country to a middle income country. The Vision's broad objectives and their related targets were elaborated in the Composite Development Goals (CDGs). The CDGs for TDV 2025 emphasizes five multi-dimensional goals: (a) social and economic progress; (b) political development; (c) institutional development; (d) technological development, and (e) environmental sustainability.

The Post 2015 Development Agenda for Tanzania will greatly hinge on implementation of the Long Term Perspective Plan (2011/12-2025/26), an important vehicle for achievement of TDV 2025 goals. LTPP sets the strategic direction and delineates the long-term objectives, targets, and pillars for a more focused guidance, coordination and harmonization of the country's growth process.

Besides, LTPP is a crucial link between the long-term Vision, and the country's medium- and short-term perspectives, which will address in-depth the scio-economic transformation.

When compared to past performance, the targets for 2015, 2020 and 2025 present quite a challenge. Past average growth rates (Table 8.6) show that there will have to be a drastic change in the growth paths, especially in the agricultural and manufacturing sector, in order to reach the semi-industrialized economy target. Such a transformation requires heavy investments.

Table 8.6 Past and targeted average growth rates (% per annum)

Target Indicator	**Past Averages**		**Target Averages**
	1995-2010	**2000-2010**	**2010-2025**
Agriculture growth rate (%)	4.0	4.4	6.0
Industry growth rate (%)	7.8	8.8	9.2
Manufacturing growth rate (%	6.7	8.2	13.0
Service growth rate (%)	5.8	7.5	8.0

Source: URT, LTPP

In concluding this Chapter it can be said with certainty that the aspirations of Tanzania's Development Vision 2025 aligns quite well with Post 2015 Development Agenda. As such what will be required for Tanzania is strategic alignment of her institutions.

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Annex 1: Progress in MDGs: Bunda and Uyui Districts Compared to National Progress

MDG and indicator	**Mainland Tanzania**	Status of MDG	**Bunda District**	Status of MDG	**Uyui** District	Status of MDG
MDG1: Eradicate extreme poverty and hunger						
Proportion of population below national basic needs poverty line	35.7 (2001)		67.0 (2001)		86.8 (2006)	
	28.2 (2011/12)	Food target achieved; Income target unlikely	--	Food target achieved; Income target unlikely	--	Food target achieved; Income target unlikely
U-5 Underweight (%)	28.8 (1990)		2.6 (2008)		15.6 (2006)	
	16 (2010)	Achieved	2.2 (2012/13)	Achieved	9.3 (2012/13)	Achievable
MDG 2: Achieve universal primary education						
Net enrolment ratio in primary education	54.2 (1990)				70 (2006)	
	89.7 (2013/14)	Achievable	100 (2012/2013)	Achieved	98 (2012/2013)	Achievable
Proportion of pupils starting grade 1 who reach last grade of primary	85 (2010)		99.3 (2010)			
	87.2 (2012/13)	Achievable	99.0 (2012/2013)	Achievable		Achievable
MDG 3: promote gender equality and empower women						
Ratio of girls to boys in primary education	0.98 (2010)		0.96 (2008)		0.9 (2006)	
	1.022 (2012/2013)	Achieved	0.99 (2012/2013)	Achieved	1.03 (2012/2013)	Achieved
MDG 4: Reduce child mortality						

Under-five mortality rate	191 (1990)		310 (2006)		135 (2006)	
	81 (2010)	Achieved	98 (2012/2013)	Achieved	50 (2013)	Achieved
Infant mortality rate	115 (1990)		144 (2006)		47 (2006)	
	51 (2010)	Achieved	51 (2012/2013)	Achieved	27 (2013)	Achieved
MDG 5 Improve maternal health						
Maternal mortality ratio	529 (1990)		310 (2006)		Attendance at birth 47.2 (2006)	
	454 (2010)	Unachievable	98 (2012/13)	Achievable	85.7 (2012/13)	Achievable
MDG 6 Combat HIV and **AIDS, malaria and other diseases**						
HIV prevalence among population aged 15-24 years	6 (1990)		4.5 (2007)			
	2 (2010)	Achieved	3.7 (2012/2013)	Achieved		Achieved
MDG 7: Ensure environmental sustainability						
Proportion of population using an improved drinking water source	51 (1990)		26 (1990)		27.2 (1990)	
	59 (2012/2013)	Achievable	48.2 (rural) (2012/2013)	Achievable	64.0 (2012/2013)	Achieved

Sources: 1. MDGR report, Mainland; 2. MDGR 2014 Bunda; 3. MDGR 2014 Uyui