



Progress Towards a Better Quality of Life and Improved Social Well-Being in Tanzania

Produced by the Research and Analysis Working Group of the MKUKUTA Monitoring System,
Ministry of Planning, Economy and Empowerment

BRIEF 2: POVERTY AND HUMAN DEVELOPMENT REPORT (PHDR) 2007

MKUKUTA's Cluster II focuses on the social service sectors, notably education, health, water and sanitation, and social protection. What are the trends for the achievements so far, and what implications can we draw from these trends?

MKUKUTA Goal I: Education

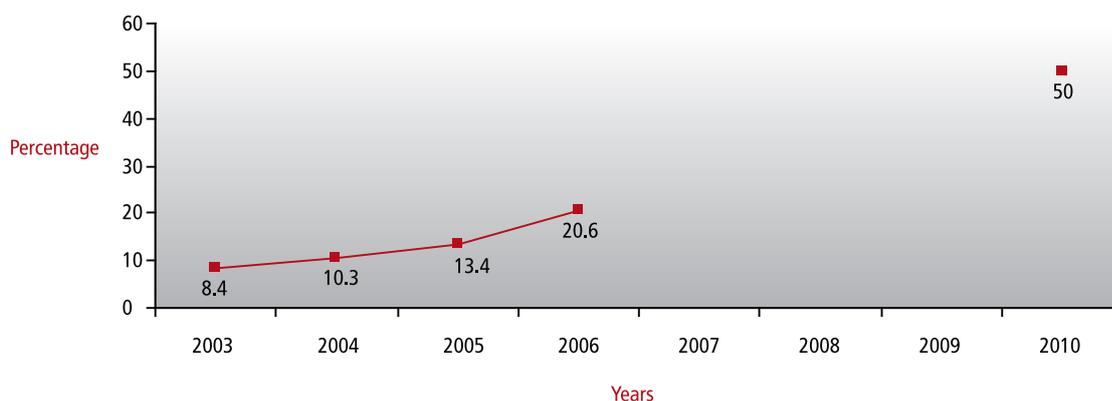
The national education indicators reveal largely positive trends, with the country on track to meet most of the targets.

The net primary school enrolment rate has showed steady improvement, with the percentage passing the Primary School Leavers' Exam (PSLE) standing at 70.5% for 2006, exceeding the MKUKUTA target of 60%. Standard VII completions reached 78%. Yet there is increasing concern about the value of the examination as a measure of pupil achievement and competence; and there is mounting evidence of teachers orienting their instruction to passing the examination. Of particular concern is a growing urban/rural divide with urban schools putting greater emphasis on pupil pass rates and extra tuition.

The primary pupil/teacher ratio stands at 53:1 with limited likelihood of reaching the MKUKUTA target of 45:1 by 2010. The percentage of primary school teachers with relevant qualifications shows steady progress, but needs acceleration to achieve the target of 90% by 2010. The pupil/text book ratio is 3:1, an improvement on the baseline of 4:1 in 2000, but still well short of the MKUKUTA target of 1:1.

Through an increase in the number of places at government schools, net secondary enrolment has expanded quickly from 6% in 2002, to 13.4% in 2006, and 20.6% in 2007. With this rate of progress, net secondary enrolment may achieve MKUKUTA's target of 50% by 2010. However, the gender balance in government schools deteriorates with the transition to secondary, with girls representing only 46.4% of pupils in Forms 1 through 4. In contrast, private secondary schools maintain a figure of over 50%.

Net Secondary School Enrolment 2003 – 2006 with MKUKUTA Target for 2010



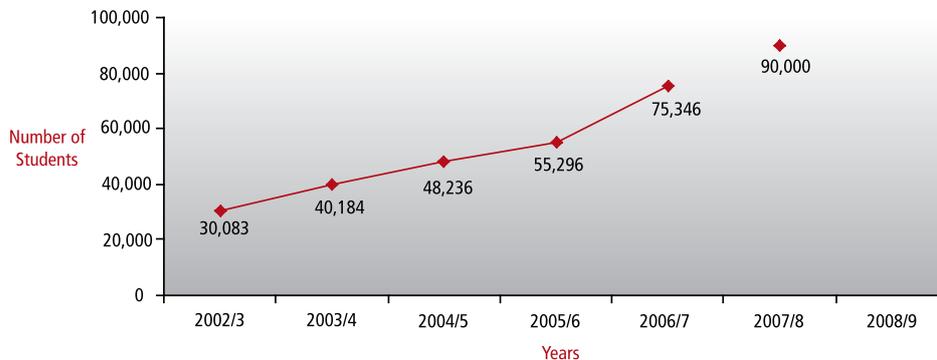
Sources: PHDR 2005 and MOEVT Basic Education Statistics in Tanzania

The quality of secondary education remains a concern with the percentage of students passing the Form 4 examination (division 1-3) showing only slight improvement from 33.6% in 2006 to 35.7% in 2007. No upward trend overall has been recorded since 2002. Rather, results have hovered around percentages in the mid 30's; only halfway towards the target of 70% of students attaining division 1-3 passes. Other indicators of quality also show only marginal improvement: promotion rates are gradually rising, drop-out and repetition rates are slowly falling.

At the higher education level, acceleration in enrolment has also been rapid, with the target of 90,000 students by 2008 nearly attainable. Over a quarter of Form 6 leavers now progress to tertiary studies and, as with any rapid growth in services, a major challenge is to maintain the quality of tuition. It is positive that the percentage of women enrolled in 2007 was 35.6% up from 32.2% in 2006. Private universities have a marginally better record for the enrolment of female students at 37.5%. Overall, 14.2% of students are currently attending private universities or technical institutes.

The challenge is now on ensuring quality, for all levels of education, while still maintaining significant progress in quantity.

Gross Enrolment in Higher Education Institutions 2002/03 – 2006/07 (with MKUKUTA Target for 2007/08)



Sources: PHDR 2005 and MOEVT Basic Education Statistics in Tanzania

MKUKUTA Goal II: Health and Well-being

Since the introduction of health user charges under the 'cost-sharing' policy, various surveys have highlighted public concern with the cost of treatment and drug availability. A serious failure in health services is ensuring access to free health care as a public entitlement by mothers of young children and adults over 60.

Nonetheless, overall infant and under-five mortality has reduced sharply approaching the right trajectory to meet the Millennium Development Goal target. Infant mortality dropped from 99 deaths per 1,000 live births to 68, and under-five mortality dropped from 147 to 112 per 1,000 live births. However, enormous disparities persist between regions and special efforts are needed in the worst affected areas.

Vaccination coverage rates are high, exceeding MKUKUTA target levels for each of the last five years. There are worrying signs, though, of a slight drop in performance since 2004, this has been attributed to the devolution for the Expanded Programme of Immunisation logistics to Local Government Authorities. Children's nutritional status has also improved, albeit from a very low base. Nonetheless, the percentages of children who are stunted at 38%, or under-weight at 22% remain unacceptably high.

HIV statistics provide signals of optimism, with an apparent decline in adult prevalence, a major increase in HIV testing, and a major expansion of AIDS treatments. Following a 500% increase in notified TB cases, the last two years have witnessed a decline in notified cases for the first time in three decades. Treatment success rates are high and improving.

The blemish on an otherwise good score card is in maternal health; although maternal mortality is notoriously difficult to measure, there is no indication of any improvement since the early 1990s. Linked to this is the stubbornly high neonatal mortality rate which accounts for nearly half of all infant deaths. A determined push is required, focussing on raising the proportion of births attended by skilled personnel, as well as improving the availability of emergency care for complications arising in pregnancy and delivery.

Plans are in place for the first major and ambitious expansion of the healthcare infrastructure in Tanzania since the 1970s. The biggest challenge in translating 'access' to services into quality care will be to ensure that there are adequately trained staff, equipment, supplies and maintenance.

Indicators of Availability of Emergency Obstetric Care in Hospitals and Health Centres 2006

Indicator	Hospitals	Health Centres
Proportion of Health Facilities Where Indicated Equipment is Available	%	%
Vacuum extractor	59	19
Vacuum aspirator	47	17
Dilation and curettage (D&C)	42	36
Blood transfusion	99	12
Caesarean section	96	15
Proportion of Health Facilities That Have Ever Undertaken Procedure		
Assisted delivery (vacuum extraction)	68	22
Removal of retained products by manual vacuum aspiration (MVA) or D&C	97	56
Parenteral oxytocic drugs (for haemorrhage)	78	20
Parenteral anti-convulsant drugs (for eclampsia)	70	17
Manual removal of placenta	89	64
Blood transfusion	99	12

Source: Tanzania Service Provision Assessment Survey 2006, Preliminary Report

MKUKUTA Goal III: Water and Sanitation

Access to water is measured through routine administrative systems and household surveys. Although both suggest a trend of improved rural access to water since the 1980s and 1990s, both show that the MKUKUTA goals of urban 90% and rural 65% by 2010, as well as the MDG targets, may be out of reach. Urban coverage is far higher than in rural areas.

The launch in 2006/07 of the Water Sector Development Programme (WSDP) pulls together sub-sector programmes under a single development effort for the period 2006-2011. It represents a substantial increase in the overall volume of investments to the sector. The funds allocated could make it possible to meet both MKUKUTA targets and, if the funding continues, the MDGs. However, the programme has challenges in balancing urban and rural needs.

Data on progress in sanitation is variable. Using WHO and UNICEF definitions rural access to improved sanitation facilities is 43%, while urban access is 53 %, and the overall national figure is 47%. Data on school sanitation facilities shows that apart from a decline between 2002 and 2003, school sanitation facilities have gradually increased from 35.7% in 2001 to 38.9% in 2006. Given the large increase in student enrolment nationally, especially in primary schools, the steady improvement is encouraging.

MKUKUTA Goals IV and V: Social Protection

Social protection for the most vulnerable is addressed through a wide range of interventions, with coordination remaining the key challenge. Special modules on 'child work' and 'child labour' were included in the 2000/01 and 2006 Integrated Labour Force Surveys. Indeed, Tanzania is one of the first countries to collect this information. Within these surveys, 'child work' refers to certain activities undertaken by children, such as helping parents in the home or the family for short periods during the day, or teenagers working a few hours before or after school or during holidays. Child work is considered as a desirable socialisation process for children. In contrast, 'child labour' is work performed by children less than 18 years of age which is exploitative, hazardous or inappropriate for their age, and which is detrimental to their schooling, mental, spiritual and moral development. Child labour is harmful to the life of a child, and the abolition of this form of exploitation is always desired. The MKUKUTA indicator on child labour monitors numbers of children in child labour as a percentage of all working children. The latest estimate from the ILFS 2006 shows that 21.1% of working children in Tanzania are engaged as child labourers.

Orphaned children are among the most vulnerable members of society, often lacking basic needs and services. Orphanhood continues to be aggravated by the incidence of HIV/AIDs. Of the total population of school aged children attending school, 8.5% are orphaned. The number of children with disabilities attending school increased from 18,982 pupils in 2006 to 24,003 pupils in 2007.

Receiving exemptions from healthcare user fees for some of the most vulnerable, such as the elderly, is a problem. A recent survey in 2007 ('Views of the People') reveals nearly half of the elderly were not aware that they were entitled to free medical treatment in government facilities. Of the elderly who sought medical treatment during the three months preceding the survey, only 10 % received free medical treatment.

Implications and Challenges

National strategies seem to have contributed to overall progress, yet the impact has been mixed across the sectors and activities.

Government planning and budgeting priorities have mainstreamed primary and secondary education. National level results in these sub-sectors show that all access targets are likely to be met or exceeded, though only half of the quality indicators are likely to be met. Gains in access need to be sustained through ongoing investment in the quality of education, particularly in terms of teacher numbers and motivation to teach. There are continuing challenges to achieve greater geographic and gender equity, and to meet the needs of vulnerable children. For literacy and higher education issues of data availability and the quality of education remain a concern.

The news coming out of the health update is largely positive. However, the biggest challenge in translating improved access to services will be to ensure that all facilities are adequately staffed, equipped, supplied and maintained. A determined push will also be required to address the scourge of maternal mortality, focused on raising the proportion of births attended by skilled personnel and ensuring the widespread availability of emergency care for complications in pregnancy and delivery.

Progress to improve rural households' access to water should be made a priority; on current trends, the MKUKUTA target for rural water supply coverage will not be met. Current data on sanitation coverage is insufficient to determine real progress in the sector and further detailed analysis of data from surveys and refining of definitions is required.

Public assistance for the most vulnerable in Tanzania remains patchy and dependent primarily on the goodwill of individuals and development aid from overseas. A coherent and prioritised national strategy is needed, and is being developed. This should assist in guiding decisions on priority use in public resources.

This brief summarises Chapter 2 of the 2007 Poverty and Human Development Report (PHDR) for Tanzania. The 2007 PHDR provides key information and data on national indicators, provides a framework for determining a strategic approach to growth, and also gives a new type of social sector analysis - illustrating the water sector's potential as an enabler for growth.

There are further briefs concerning the 2007 PHDR:

Brief 1 summarises the status of MKUKUTA's Cluster I - Status of growth and poverty reduction

Brief 3 summarises a framework for determining a strategic approach to growth

Brief 4 illustrates the water sector's potential as an enabler for growth.

The 2007 PHDR and associated briefs are available in electronic copy, and printed reports can be obtained from:

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