

**ANALYSIS OF POPULATION DYNAMICS AND POVERTY REDUCTION  
IN THE UNITED REPUBLIC OF TANZANIA IN THE CONTEXT OF  
MKUKUTA AND MKUZA**

**Final Report**

By

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## PREFACE

The United Republic of Tanzania (URT) consists of Tanzania Mainland and Zanzibar. The Union Government is responsible for “union matters” and matters that are specific to the Mainland. Zanzibar maintains a separate Government for “non-union matters”. This study is pitched at the URT, while at the same time isolating issues that are specific to Tanzania Mainland (TM) and Tanzania Zanzibar (TZ) for specificity, comparison and contrast.

The United Republic of Tanzania, like many other sub-Saharan African (SSA) countries, designed a new generation, post-poverty reduction strategy paper (PRSP), poverty reduction strategies (PRS), which were generally sterile of the country’s population dynamics. Surprisingly, such PRSs were prepared as if poverty did not affect, and poverty-reduction is not meant to target, population of all walks of life: young and old, male and female, poor and rich, literate and illiterate, educated and uneducated, employed and unemployed. On recognising this shortcoming, the two Governments of the United Republic of Tanzania wished to revisit the Mainland and Zanzibar poverty reduction Strategies, known best by their Swahili Acronyms, MKUKUTA for the Mainland and MKUZA for Zanzibar (see list of Acronyms for the long form and for their English Titles), with a view to integrating into them population dynamics thereby taking due recognition and responding appropriately to demographic issues. To this end, United Nations Population Fund (UNFPA), on behalf of the President’s Office, Planning Commission (POPC) of the Union Government, contracted two consultants with complementary expertise in population studies and economics to provide direction to the nature and trajectories of an integrated population-poverty reduction programme considered suitable for URT, with particular reference to MKUKUTA and MKUZA. As stipulated in the Terms of Reference, the study underlines the impact of population dynamics on poverty reduction.

This study is the work of the two consultants contracted to undertake the exercise in the period 6 July-17 August 2009. It is the outcome of several activities which engaged the consultants’ attention through studying population and poverty reduction documents relating to URT, TM and TZ; consultations involving interviews and meetings with key individual and institutional stakeholders that partner with the URT in MKUKUTA and MKUZA; and invocation of Best Practices elsewhere that are considered instructive for inclusion of population dynamics in the two poverty-reduction policy documents. Among other things, the study assesses the current situation in order to detect the shortcomings against which to propose the way forward for demographically enriched poverty reduction programmes in which citizens within the country and in “diaspora” can play roles, supported by both in-country and foreign technical assistance where this is deemed necessary.

The study is not a treatise on how population dynamics affect poverty reduction in Tanzania. Rather, it is a review of the nature and extent of inclusion/exclusion of population dynamics in MKUKUTA and MKUZA with a view to proposing how best population issues should be incorporated to ensure service to, by, and with different segments of the population in the country. This explains why the study relies on available publications, consultations with stakeholders and best practices elsewhere which, with necessary modifications, could be replicated in Tanzania.

## ACKNOWLEDGEMENT

The duo of consultants is grateful to several institutions and individuals who made possible the review which culminated in the preparation of this study. It is grateful to the President's Office, Planning Commission of the Union Government (addressing population dynamics in its cluster of social services and demographics), to the Ministry of Finance and Economic Affairs of the Union Government (for MKUKUTA), and to the Ministry of Finance and Economic Affairs of the Revolutionary Government of Zanzibar (for Zanzibar's MKUZA), for inviting them to undertake this important exercise. Special thanks go to the UNFPA Country Office (the Contractor on behalf of the Union Government) and its industrious team of the Representative, Dr. Julitta Onabanjo; the Deputy Representative, Dr. Esther Muia; the Assistant Representative, Mr. Christopher Mwaijonga; the 'backstopper', Mr Samweli Msokwa, and other UNFPA staff. The team also wishes to thank the development partners, the ministries, departments and agencies (MDAs), academic and research institutions, civil society organizations, and individuals who consented to hold consultations with them and whose insightful, written and oral, evidence and expertise contributed immensely to the study, and who also gave many constructive comments when an earlier draft of this report was being discussed.

Thus, the study is the outcome of an interactive process from the beginning to its current form, that involved the consultants, the government and some of its agencies, its development partners, as well as other stakeholders involved with MKUKUTA and MKUZA in an effort to use the experience gained so far on inter-linkages between population dynamics and poverty reduction to point 'the way forward' for the next generations of MKUKUTA and MKUZA.

All errors of omission or commission are the sole responsibility of the Consultants.

## LIST OF ACRONYMS AND MAJOR ABBREVIATIONS

ASFR	Age-Specific Fertility Rate
BOT	Bank of Tanzania
CBR	Crude Birth Rate
CDR	Crude Death Rate
CMR	Child Mortality Rate
DCs	Developed Countries
DHS	Demographic and Health Survey
DoE	Department of Economics
DDT	District Development Trust
DPG	Development Partners' Group
DTF	Development Trust Fund
DTU	Demographic Training Unit (of the University of Dar es Salaam)
ESRF	Economic and Social Research Foundation
HBS	Household Budget Survey
HDR	Human Development Report
HDI	Human Development Index
HH or H/H	Household
ICPD	International Conference on Population and Development
ICPD (PoA)	ICPD Programme of Action
ILFS	Informal Labour Force Survey
ILO	International Labour Organization
IMR	Infant Mortality Rate
LDCs	Less Developed Countries
LFS	Labour Force Survey
LGAs	Local Government Authorities
MCH/FP	Mother Child Health/Family Planning
MDAs	Ministries Departments and Agencies
MDG	Millennium Development Goals
MKUKUTA	Mkakati wa Kukuza Uchumi na Kuondoa Umaskini Tanzania
MKUZA	Mkakati wa Kukuza Uchumi na Kuondoa Umaskini Zanzibar
MMR	Maternal Mortality Rate
MOFEA	Ministry of Finance and Economic Affairs
MOHSW	Ministry of Health and Social Welfare
MPEE	Ministry of Planning, Economy and Empowerment
MTEF	Medium Term Expenditure Framework
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NGO	Non-Governmental Organization
NPP	National Population Policy
NSGRP	National Strategy for Growth and Reduction of Poverty (MKUKUTA)
OCGS	Office of the Chief Government Statistician
PER	Public Expenditure Review
PHDR	Poverty and Human Development Report
PMS	Poverty Monitoring System
PMMP	Poverty Monitoring Master Plan
POPC	President's Office Planning Commission
PPU	Population Planning Unit
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
RCHS	Reproductive and Child Health Section
REPOA	Research on Poverty Alleviation

RGoZ	Revolutionary Government of Zanzibar
RH/FP	Reproductive Health/Family Planning
SSA	Sub-Saharan Africa
TACAIDS	Tanzania Commission for AIDS
TFR	Total Fertility Rate
TJPSD	Tanzanian Journal of Population Studies and Development
TM	Tanzania Mainland
TOR	Terms of Reference
TWG	Technical Working Group
UDSM	University of Dar es Salaam
UKIPC	United Kingdom Inter-Parliamentary Committee
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Fund for Women
URT	United Republic of Tanzania
VPO	Vice President's Office
WB	World Bank
WDR	World Development Report
WSSD	World Summit on Social Development
ZAC	Zanzibar AIDS Commission
ZPPU	Zanzibar Population Planning Unit
ZSGRP	Zanzibar Strategy for Growth and Reduction of Poverty

## EXECUTIVE SUMMARY OF THE REPORT

### *Introduction, Objectives and Rationale of the Study*

The ultimate objective of this study is to provide insights into population dynamics-poverty reduction links in Tanzania in the context of the two Strategies of growth and reduction of poverty: one for Tanzania mainland, known by its Swahili acronym MKUKUTA, and the other one for Zanzibar, known as MKUZA. It was guided by specific Terms of Reference which required addressing the following key Specific Objectives:

- (a) To analyse the interrelations between economic growth/changes and population dynamics in terms of growth, structure and distribution in Tanzania
- (b) To examine the drivers of rapid population growth in the country and how best they could be addressed, making comparison with neighbouring countries with similar situations as Tanzania.
- (c) To underscore the centrality of population issues in sustainable human development, and of mainstreaming gender and HIV/AIDS for the realisation of Tanzania's development agenda, including the MDGs and Vision 2025 for Mainland Tanzania and Vision 2020 for Tanzania Zanzibar.
- (d) To highlight the population and socio-economic data needs for monitoring and evaluation of MKUKUTA II and MKUZA II, examining issues pertaining to capacity building for data processing, analysis and dissemination, research and development, that are imperative for monitoring the two poverty-reduction strategies, and
- (e) To produce work on "population dynamics and poverty reduction links" as an important contribution to the overall themes of MKUKUTA and MKUZA reviews.

The rationale for the study is based on the fact that the earlier generations of MKUKUTA and MKUZA neglected explicit consideration of population dynamics in poverty reduction interventions, except for their treatment as sectoral 'concerns'; this itself reflecting the acknowledged casual treatment even in development planning. Despite the fact that both Tanzania Mainland and Zanzibar have Population Policies predating the launch of current generations of MKUKUTA and MKUZA, these policies have not been operationalized, and therefore it was not surprising that population dynamics (well articulated in the non-operative policies) could not find their way into these poverty reduction strategies.

In the comprehensive TOR the study was meant to (1) Feed into the new generations of MKUKUTA/MKUZA review and (2) be reference material for future. However, in view of time and other pressures, it was agreed that the primary focus here would be in (1) that is, feeding into MKUKUTA review, even as its comprehensive form means it can be of (secondary) use as a credible reference document – for the evidence and analytics provided. So, the study is geared to immediate internalization and use by MKUKUTA II and MKUZA II drafting teams.

### **2. Methodology for the Study**

The complete Methodology consisted of three elements: (i) the Analytical Framework; (ii) the Information Gathering Approaches and Content, and (iii) the Synthesis part

#### **2.1 Analytical Framework**

The guiding analytical framework derives its logic from fact that population features on both sides of the "development equation". On the supply side labour force is the ultimate resource in production of material and non material goods and services, whereas on the demand side total population is the ultimate beneficiary of the results of the labour processes. In detailed analysis the supply side looks at the quantity of the labour force, the education, skills, experience and motivation of the labour force which determine quality and are



key to productivity: These are in turn linked to the absorptive capacity of the economy (employment opportunities mainly, mobilizable resources and their carrying capacities), current and in future.

The demand side looks at the total size of the population, its structure and distribution by different attributes, and the “purchasing power” of such population – current and possibly some future projections. The balance in supply and demand in a dynamic sense (i.e. over time) is what yields the demographic dividend. Such possible balances are normally associated with maturation of demographic transition

## **2.2 Information Gathering Methods**

Three approaches used

### **2.2.1 Content analysis of documents accessed**

The documents accessed include publications on population dynamics and on development. Publications on population dynamics include those from all post-independence censuses, demographic and health surveys, integrated labour force surveys, the national population policies, diseases indicator surveys (on HIV/AIDS and malaria) and family life education in schools/colleges survey. On the development front, publications include the annual economic survey, the government budget documents, household budget surveys, MKUKUTA AND MKUZA documents, the poverty and human development reports. A third component of documents is those pertaining to the “*best practices*” in other countries in similar socio-economic environment as Tanzania.

### **2.2.2 Consultations with stakeholders**

This involved consultations in interviews/meetings with individuals and institutions representing different stakeholders in population dynamics and poverty reduction. Issues raised with them included their interpretation of effects of population dynamics on poverty reduction initiatives from their perspective, their perceptions of inclusion/exclusion of population dynamics in/from MKUKUTA and MKUZA and what they envisaged doing to improve any noted deficiency. The criteria used to identify stakeholders to hold discussions with included (a) their importance as actors, advocates or beneficiaries; (b) their custodianship of key elements of MKUKUTA/MKUZA system, from design, to write-up, to overseeing, to implementation, to funding, and to Monitoring and Evaluation (M&E); (c) being actors in training and research in population and development (with particular reference to poverty reduction), involving institutions such as REPOA and Demographic Training Unit, University of Dar es Salaam; and (d) major actors in the national economy and in the area of population and development, e.g. development partners and specific MDAs.

### **2.2.3 Information pertaining to Best Practices in other countries:**

It is common knowledge that some countries have done well in managing Fertility and Mortality and speeding up the Demographic Transition, where as others have done so on the migration front of population dynamics. The idea behind soliciting for ‘best practices’ was to see to what extent new generations of MKUKUTA and MKUZA could actually take advantage of such experience, rather than having to ‘re-invent the wheel’. In particular, with such countries in the neighbourhood, and in similar development ‘circumstances’ to Tanzania on specific aspects of the study, there was reason to believe that Tanzania could copy and adapt their experiences with little difficulty and cost, and the case of Ethiopia, Uganda, Kenya and Mauritius were chosen and reported on as best practices.

### **2.2.4 Synthesis, Analysis and Consolidation of Information:**

This was the third part of methodology; meant to facilitate positioning Tanzania on the development path, relative to its own experience over time, and in relation to other countries – especially those currently in similar environments but doing better, or even the Tigers, which had more or less similar environment to that of Tanzania only a few decades ago.

A four-pronged approach is adopted in this study: summarised information and use of data from content analysis and the available literature; summaries of points raised during consultations with various MKUKUTA and MKUZA stakeholders; invocation of “best practices” for possible benchmarking; and the team’s synthesis and comments of the foregoing in the context of the terms of reference. This approach permits analysis of what exists, what should be and how it/they should be realized in MKUKUTA and MKUZA.

### ***3. Summary of Key Messages of the Study***

#### ***3.1 General observations on population dynamics and the economy***

- Seen in the broad frame the size of the population in relation to the land mass, population size, does not seem to be a problem for Tanzania and in particular Tanzania Mainland, but is critical for Zanzibar given its land area and high rate of population growth. Population growth rate is higher (and the rate has increased more significantly over two recent censuses) for Zanzibar than for the Mainland, posing more acute problems such as high population density on limited land mass, and consequently population pressure on resources.
- Tanzania as a whole is yet to go far on path of “demographic transition” as both fertility and mortality are still high and declining only slowly. This implies that the country’s “demographic dividend is still a distant possibility. The country’s rapid population growth implies a doubling time of about two decades and a perpetually youthful population and a high youth dependency burden. Ageing looms on the horizon and will soon be a challenge in Tanzania.
- On the economic front, meeting MDGs would require at least 8-10% annual GDP growth rate, which under the present trends, and in spite of impressive macro economic performance in recent years, is not attainable. High population growth is clearly inimical to carrying capacities of resources at household, sub-national and national levels and the pressure on services negates poverty reduction efforts.
- Rapid population growth has yielded the “youth bulge” (noticed in the “big stomach” population pyramid), which reduces labour absorption in formal and informal sectors of the economy, putting immense pressure on possible employment opportunities, on services, and also as a potential political force of its own as this segment of the population feels grossly neglected.
- The elderly, though currently a small component of the population, is increasingly becoming a conspicuous “group” in terms of the burden it is increasingly carrying with orphaned children from the HIV/AIDS pandemic. The size of the elderly population is increasing due to (marginal) increases in life expectancy and in the provision of health services.
- The key interventions in population dynamics are still narrowly understood in terms of fertility regulation (in terms of family planning), not in the context of an integrated population and development framework.
- Although Tanzania Mainland’s National Population Policy has been in place since 1992, with a more recent version of 2006, and Tanzania Zanzibar’s was adopted in 2008, they have not been implemented within the framework of PRS. Unfortunately, population issues, which are merely lumped with other cross-cutting issues and supposedly mainstreamed in sectoral write-ups, have not been explicitly incorporated in MKUKUTA and MKUZA.

#### ***3.2 Observations on Specific Components of Population Dynamics***

- Fertility is high and showing little signs of falling. Many reasons are cited and consolidated in Tanzania Mainland’s National Population Policy among many credible documents and independent studies that have covered Zanzibar too.
- Variation in fertility is also conspicuous across regions and between Mainland and Zanzibar, which calls for regional specificity in tackling issues pertaining to fertility in MKUKUTA and MKUZA.
- Mortality is also declining slowly, posing constant potential danger to health of mothers, children and resulting in high pressure on services.

- Maternal mortality is seen to have been little studied and the available scanty evidence amounts to mere (guess) estimates with widely ranging figures, reflecting a thin spread of related services. This is noted for both the Mainland and Zanzibar.
- Many studies underline the fact that the HIV/AIDS pandemic has a significant demographic and economic dent, especially for the Tanzania mainland. Imminent threats are appearing in Zanzibar as the pandemic expands to the tourist and service industries.
- Internal Migration is seen to be dominantly a rural-urban phenomenon, even though little is known about rural-urban links in Tanzania. The City of Dar es Salaam is perceived to be a “crisis dimension” in sheer size relative to other urban centres and relative to total urbanization in the country. Lack of an Urbanization Policy and implementation of the Human Settlements Development Policy of 2000, means that urbanization and human settlement patterns are addressed only implicitly.
- There has been a general population movement eastward in Tanzania Mainland over the decades, a global phenomenon of populations moving closer to oceans. In Tanzania Zanzibar, migration is towards the city of Zanzibar, aggravating the urban crisis.
- Rural-rural migration, featuring with a southward movement in Tanzania Mainland has brought new challenges in land use and water conflicts (between agriculture and pastoralism); destruction of water catchments, game and forest reserves (pastoralism vs. forest and game reserves); and environmental degradation. These problems pose serious challenges for efforts to reduce poverty in the fast changing environment in which conflict among different land users is a most likely outcome. In Tanzania Zanzibar, the fast growth of coastal settlements poses environmental challenges.
- Population density is not yet an issue on Tanzania mainland (except for some pockets of “overpopulation” and “extreme under-population”) but is evidently a problem in Zanzibar. In cities on both sides of the Union, population density is in crisis proportions relative to service capacities in health, education, sewerage and water, transport and general congestion. Environmental degradation is clearly a threat to poverty reduction efforts, compromising MDG 7, for instance.
- Refugees in Tanzania mainland bring new dimensions: their sheer size causes problems associated with environmental degradation, crime, and other social ills; on departure, refugees leave behind an unproductive “scorched earth”. Refugees being naturalized aggravate the challenges of settlements, social (dis)harmony with the locals displaced and pressure on the over-stretched government services. Efforts at integration of naturalised refugees with the locals pose a formidable short- to medium-term challenge.
- International migration is little studied and documented. One strand in argument sees “brain drain” from emigration of skills and labour generally for greener pastures in the “diaspora”; another sees some opportunities in remittances and transfers (direct investments) if they can be harnessed. In the absence of data, Tanzania does not know the size of its emigrants, their characteristics and potential contribution to development; nor does it know similar perspectives of its immigrants, information about which is reported in censuses, albeit without further incisive analysis.

### 3.3 Institutional frameworks for population dynamics and poverty reduction

- Frequent changes in custodians of population issues and of poverty reduction initiatives in Tanzania mainland pose challenges as the two interrelated concerns constrain their developing “roots” within their ever changing “homes”, which adversely affects commitment in addressing them.
- Weak structure for overseeing population issues are noted in the absence of a formal PPU, and in the inadequate ZPPU structures, with the result that the national population policy (NPP) still lacks an operative strategic implementation plan. ZPPU is also weak, especially in staffing and clout, to address the Zanzibar population policy (ZPP) implementation.
- Weak institutions responsible for various core activities in MKUKUTA and MKUZA have been noted and discussed: The National Bureau of Statistics (NBS) for the Union

Government and the Office of the Chief Government Statistician (OCGS) for Zanzibar are cases in point.

- Data generation is weak, and where some is forthcoming, only first-level analyses are undertaken, implying unsatisfactory link between data producers and data consumers/users, not to mention lack of further analysis likely to generate more insightful results geared to feed into Policy
- The Technical Working Groups (TWGs) in MKUKUTA have weak coordination, bearing heavily on performance and on monitoring, supervision and evaluation. In addition, dissemination and advocacy face greatest challenges among the TWGs.
- While macro-fundamentals in the economy show signs of macroeconomic recovery, their effects are yet to trickle down to meso and micro levels. Consequently, poverty remains rampant. New generation PRS initiatives need a fresh look on transmission mechanisms.

## ***Conclusions***

The key conclusions from this study point to both opportunities and challenges for the forthcoming MKUKUTA II and MKUZA II. This is because the study proposes that they be acknowledged as designers of the forthcoming generation of PRS grapple with details. Opportunities are to be taken advantage of as benchmarks, whereas the challenges are the possible obstacles to address, and MKUKUTA and MKUZA stakeholders should take cognizance of the spirit behind conclusions being underlined.

### **4.1 Key Opportunities**

The key opportunities to be now taken advantage of, which were not available at the drafting of MKUKUTA I and MKUZA I are:

- Existence of a well-written National Population Policy of 2006, and the Zanzibar Population Policy of 2008, which contain the population dynamics requiring inclusion in MKUKUTA II and MKUZA II.
- Explicit recognition of the central role of population dynamics in any policy designs, with vast experience at sectoral levels in both the Mainland and Zanzibar.
- A move towards understanding notions of “integration of population variables in development planning”, which provides opportunities for incorporation of population dynamics in MKUKUTA and MKUZA.
- A strong interest of Development Partners, and other MKUKUTA and MKUZA stakeholders, on population dynamics, even with still a weak understanding of key challenges to address.
- Many emerging “best practices”, some from the region to which Tanzania belongs, which can be used as benchmarks for both MKUKUTA and MKUZA.

### **4.2 Key challenges**

The key challenges facing efforts to incorporate population dynamics in MKUKUTA and MKUZA are:

- Unstable location of the institutional framework and weak structures for overseeing MKUKUTA and MKUZA.
- Weakness of and frequent changes in institutional framework for oversight of population issues. Both the former PPU (currently mainstreamed in the Social Services and Demographics Cluster) in Tanzania Mainland and the ZPPU are weak and might not yield desired results unless they are reconstituted to emulate some existing “best practices”.
- Capacity building is a key requirement for institutions (e.g. NBS and down to sector data custodians) and individuals who serve them.

- The National Population Policy for the Tanzania mainland has yet to be operationalised, whereas the Zanzibar Population Policy is still in a nascent stage before its launch.
- Rapid population growth in a small, confined and resource poor island environment is a major challenge for Zanzibar.
- Inadequate dependable resources and the thin skilled human resource base are more binding challenges for Zanzibar than the Mainland.

## 5 Recommendations

These are broken into two sets: one for the medium term and the other for immediate action in view of the urgency of matters and the fact that issues are of a permanent nature and need to time to set into motion for sustainability

### 5.1 In the Medium Term

- Review the NPP for Tanzania mainland with a view to isolating key elements for incorporation in Integrated Population and Development which can feed into MKUKUTA II and MKUZA II during the lifespan of the Strategies.
- Institute the Organogram (structures) for the implementation of the NPP and provide ‘teeth’ to the relevant institutions in the Mainland, while speeding up related interventions under the ZPP in Zanzibar.
- Enhance capacities of key actors in data production and analysis, in training of relevant skills for integration of population in development planning, including poverty reduction.
- Institute deliberate interventions to enhance clout, capacity and stability of national offices responsible for population issues (ZPPU in Zanzibar, and the Social Services and Demographics Cluster in the Mainland in the absence of a formal PPU).
- Facilitate coordination of various actors in the population-poverty reduction “nexus”, to link up the MKUKUTA and MKUZA monitoring system, training institutions, and independent resource persons and institutions with requisite skills.
- Inadequately studied migration (both internal and international) and urbanization should become priority areas for research and commissioned studies, with a view to institute appropriate policies for the Mainland and Zanzibar.
- Engage with Elected Bodies, e.g. Parliament (through Parliamentarian Associations) or through the Sector Working Groups and Committees in Parliament with responsibilities on population issues.
- Initiate and enhance dialogue and interactions with countries or institutions with the “best practices” in the region, including cases where explicit population-development modelling has become an established tradition.

### 5.2 For Immediate Action

- Initiate an immediate Review of the NPP for the Mainland with a view to isolating key elements for incorporation in MKUKUTA II, and correspondingly for the ZPP in Zanzibar for MKUZA II.
- Facilitate coordination, via possible immediate Memoranda of Understanding, of various actors in the population-poverty reduction “nexus”, to link up the MKUKUTA/MKUZA actors, their monitoring systems, the training institutions, and independent resource persons to exploit their synergies right from the write-up of the new generations of the Strategies via networking
- Recruit and fund two positions each for the two Offices of Population (ZPPU and the relevant Cluster in POPC), with requisite skills in Population and Development, or in Economic-Demography, or in Econ-demographic Modelling, to work closely on issues of integration and modelling of population and development right from launch of the strategies so that successive rounds of such strategies will not have to start from ‘ground zero’ on population issues

- Fast-track internalization of key recommendations from this study via one to two seminars for the Mainland and Zanzibar for MKUKUTA/MKUZA Secretariats and for custodians of the relevant Population Policies. The expertise of the authors of the report will be at availed, and, finally,
- Impress upon key stakeholders and funders the centrality of population dynamics in any meaningful poverty reduction strategy by having a round-table for discussions of key findings and recommendations just as drafting of MKUKUTA II and MKUZA II is in progress. Here, too, the expertise of the authors of the report will be made available.

## CHAPTER ONE

### INTRODUCTION AND OVERVIEW OF THE STUDY

#### 1.1 Summary Profile of Tanzania

##### 1.1.1 Location and Extent

The United Republic of Tanzania (URT) emerged in 1964 following the political amalgamation of the former Tanganyika, and the islands of Zanzibar. Tanzania Mainland is located in the eastern Africa between longitude 29 degrees and 41 degrees east, and latitude 1 and 12 south of the Equator. It is bordered by the Indian Ocean in the east, Kenya and Uganda in the north; Zambia, Malawi and Mozambique in the south; and Rwanda, Burundi and DRC in the west. It occupies an area of 943,000 square kilometres, of which 881,000 comprises land mass. The country has several major lakes, among them Victoria (35,000 sq. km), Tanganyika (13,000 sq. km), Nyasa (6,000 sq. km) and Rukwa (3,000 sq. km). Other small lakes are Lake Eyasi and Lake Manyara, and there are much smaller ones occupying about 2,000 sq. km. Of the land mass, about 4 million hectares are considered arable.

Tanzania Zanzibar (or simply Zanzibar) consists of two main islands of Unguja and Pemba as well as several smaller islands. It is located in the Indian Ocean, about 30 kilometres off the East African Coast between latitude 5 and 7 degrees south of the Equator and between longitude 39 and 40 degrees East. Zanzibar has a total area of 2,654 square kilometres, of which Unguja has 1,666 square kilometres and Pemba, 988 square kilometres (RGoZ, 2007). Although Zanzibar is part of the United Republic of Tanzania (URT), it is semi-autonomous, with its own legislative assembly (the House of Representatives) and its own government and executive organs (President, Chief Minister and Ministers), the Judiciary and civil societies (RGoZ, 2008: 1). The Union Government is responsible for Union Matters (Defence, Foreign Affairs and International Relations, Home Affairs and Immigration, etc) as well as non-Union matters pertaining to the Mainland.

##### 1.1.2 Recent Economic Trends

Tanzania is one of the poorest countries in the world. The economy depends heavily on agriculture, which accounts for more than 40% of GDP, provides 85% of exports, and employs 80% of the work force. Topography and climatic conditions limit cultivated crops to only 4% of the land area. Industry traditionally features the processing of agricultural products and light consumer goods.

According to the 2008/09 *State of the Economy* discussed during the fiscal year's Budget Session, the overall GDP real growth rate (at 2001 prices) in 2002-2008 ranged between 6.7% and 7.8%, an impressive range by its own standards but not by the standards expected if Tanzania is to meet its MDGs (which require consistent, minimum ranges of 8-10 per cent per annum). Unfortunately, these economic indices are depressed by rapid population growth rate at about 3% per annum. The other irony is that in the same period, agriculture, the mainstay of the country's economy, has been growing at between 3.1 and 5.9%, led by the crop sub-sector; industry has been growing at a near steady rate of 10% in the period (led by mining mainly); and the service industry has witnessed a range of between 7.7 and 8.5 – a more evenly spread contribution by any sub-sector within it.

In an era when the macro-fundamentals are seen to stabilize, and even improve, the big problem cited in most of the Development Partners' country reports and domestic actors' discussions is lack of explicit translation of the macro gains into poverty reduction and welfare enhancement at meso and micro levels.

### ***1.1.3 Population Dynamics***

Three demographic forces – fertility, mortality and migration - determine temporal and spatial changes in population. Below are authentic demographic statistics which credible and official Government data custodians have affirmed.

In the forty-five years 1957-2002, Tanzania mainland's population increased from 11,958,654 in 1967 to 17,036,499 in 1978; 22,455,205 in 1988; and 33,461,849 in 2002. These population increases translate into inter-censal growth rates of 3.22 per cent in 1967-1978, 2.76 per cent in 1978-1988,; and 2.85 per cent in 2002.

For Zanzibar, the population increased from 295,600 in 1957 to 354,360 in 1967, 476,111 in 1978, 640 578 in 1978 and 981,754 in 2002. These translate into inter-censal growth rates of 1.8 per cent per annum in 1957-1967, 2.9 per cent in 1967-1978, 3.0 per cent in 1978-1988 and 3.1 per cent in 1988-2002.

The 2002 Population and Housing Census enumerated a total population of 34,443,603: 33,461,849 in Tanzania mainland and 981,754 in Zanzibar (2006a: 2). Growing at the rate of 2.9 per cent per annum in 1988-2002, Tanzania's population is projected to be 40 million in mid-2009. Tanzania's population growth rate stands at 2.9% per year, evidently one of the fastest rates in the world. The growth rate varies from below 2.0% in Kilimanjaro and Lindi, to slightly less than 4.0 per cent in Arusha and Manyara and to more than 4.0% in Kigoma, the city of Dar es Salaam and Urban West URT, (2006a: 3); in the last inter-censal period, Unguja recorded a growth rate of 3.6 per cent per annum, compared to 2.2 per cent per annum for Pemba (RGoZ, 2008: 10).

With 44% of the population under 15 years of age, Tanzania has one of the youngest populations in the world. The country has a demographic momentum in the face of widespread poverty, low agricultural yields, limited application of modern production technologies, unstable food situation/food security, lack of sufficiently developed infrastructure, recurring natural and/or man-made disasters and so on.

Early and repeated pregnancies with inadequate family planning and maternal health care services are adversely affecting women's health status, especially in rural areas. Both the total fertility and annual population growth rates show significant geographical disparities. Other factors accounting for the differential access to services include income and education levels, age, sex and social status. Empirical research has shown that high fertility has implications for both infant as well as maternal morbidity and mortality, which have stagnated for more than a decade.

Migration has drawn little attention to date. Although the National Population Policy was adopted in 1992 and revised in 2006, it does not address migration and urbanisation which have reshaped population patterns in the country. Tanzania's migratory characteristics include the tendency for population to move eastward, conflicting interests of pastoralism and agriculture, rural-urban migration in the midst of high unemployment and weak capacity to absorb rural labour, the influx of refugees and asylum seekers over a long period and the little known emigration, in particular brain drain, brain circulation and diaspora. These forms of migration as well as urbanisation have far-reaching implications for poverty reduction but in a manner unknown given the lack of appropriate migration and urbanisation studies.

## **1.2 Overview of the Recent Commitments on the Population Question in Tanzania**

### ***1.2.1 ICPD and its Programme of Action, 1994***

Tanzania actively participated in the International Conference on Population and Development (ICPD) in Cairo in 1994 and committed herself to the ICPD Programme of Action (ICPD-PA) and Recommendations of the ICPD. In the Government Report to the United Nations general Assembly during the ICPD+5 in 1999, Tanzania stated it had embarked on a series of post-ICPD activities. The population sector adopted new approaches which Tanzania found to be more appropriate to its populace; emphasizing gender equity, reproductive health and rights, and empowerment of women. Tanzania also found that the integration of reproductive health services within the primary health care activities made it



more accessible to, and more affordable for, the community. The Reproductive Health and Child Care Unit of the then Ministry of Health was strengthened and mandated to coordinate all reproductive health activities in the country, including family planning, control of STDs and HIV/AIDS, maternal and child health (MCH) and post-abortion care. Further, the Government report indicated that it had instituted legislative and institutional changes to enhance gender equity and empowerment of women, establishing a Ministry responsible for Community Development, Women Affairs and Children (later renamed as *Ministry of Community Development, Gender and Children*). Tanzania had also mainstreamed gender into the macro-economic policy framework, including the budgeting process and procedures.

At the same time, the National Population Policy (1992 for the Tanzania mainland; reviewed in 2006, the Zanzibar one not coming out until 2002-03) was being reviewed to incorporate the emerging concerns of gender, youth problems, HIV/AIDS, environment, poverty alleviation and the broader concept of reproductive health that encompassed sexuality and adolescent concerns which had not been perceived as societal problems in the past. In order to stimulate meaningful change for better social services for Tanzanians, the government was undertaking social sector reform programmes which identified areas that needed to be either reviewed or reinforced with the aim of improving service delivery. The social sector reforms were emphasizing decentralization of social services management, delivery and improvement of quality of care and efficiency. Pilot areas for decentralization were established and the community was widely sensitized to participate in the social services management, including reproductive health.

However, at the time, Tanzania, like many other countries on the African continent, was faced with a number of daunting challenges in her efforts to implement the ICPD-PA. The pace and scope of reaching the ICPD goals were greatly hampered by shortages of resources. Although the government had been increasing the share of resources allocation to the social sector and population programmes, resources available tended to be much less than those required. Note that this was pre-HIPC period for her, and so the debt crunch was also biting deeply.

### ***1.2.2 Human Rights Context and Commitments***

Interventions in Population Dynamics and Poverty Reduction have added impetus from international commitments which are binding on member countries, many of which Tanzania is party to. A few are noted here so as not to lose sight of them in any serious discussion on the broader question of “Population and Development”.

#### **a. Health**

Numerous international instruments recognise several human rights in health. For example, Article 25.1 of the Universal Declaration of Human Rights affirms that “everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services”.

#### **b. Reproductive Health**

Reproductive Health (RH), Article 12.2 (a) of the Human Rights instrument covers the right to maternal, child and reproductive health through “the provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child”. This implies that measures are required to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre-and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information.

Reproductive health (RH) is defined as a state of complete physical, mental and social well being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functions and processes. Based on this definition, RH implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. The ICPD-PA (1994, paragraph 7.2 stipulate two rights in RH:

- The rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for fertility regulation that do not violate the law and;
- The right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

The *Convention on the Elimination of All Forms of Discrimination Against Women- CEDAW* (1979) supports women's rights to reproductive health information and services and to equity in reproductive decision-making and matters of sexual health. The term "women" was later defined by the committee that oversees the implementation of the treaty to also embrace girls and female adolescents.

The 1994 *ICPD Programme of Action* urges all governments and health systems to establish, expand or adjust programmes to meet the reproductive and sexual health needs of men and women (including adolescents), to respect rights to privacy and confidentiality, and to ensure that attitudes of health care providers do not restrict adolescents' access to information and services.

The *Convention on the Rights of the Child* (Article 24) affirms that children have the right to attain the highest standards of health and to health care, including family planning education and services. In this regard, the UN committee that monitors the implementation of the Convention elaborated (2003) that "States Parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and prevention and treatment of STIs. In addition, States Parties should ensure access to appropriate information regardless of marital status, and prior consent from parents or guardians."

These Conventions point to right of men and women, young and old to have access to quality reproductive and sexual health information and services. As State Party to these Conventions, the Governments' challenge is in honouring its obligations to implement all the relevant clauses, to a large extent, regarding sexual and reproductive health of the people.

### 1.3 Conceptual Definitions

This section defines basic population concepts that are crucial in discussing various links between population dynamics and development generally, and poverty reduction in particular, from a variety of approaches. These concepts are used throughout the report and hence their definitions will be provided here. Other concepts are defined wherever they appear for the first time in the study.

*Population Dynamics*: Changes in population over time or space due to the forces of fertility, mortality and migration. These changes of population impact on size, age structure, sex structure, spatial distribution and future changes. They can be influenced by *population policies* that are statements of targets and methods to realise them, and that directly or indirectly affect (or respond to) fertility, morality and migration. Population policies can be either explicit (directly targeting population dynamics) or implicit (meant to influence dynamics or to respond to such dynamics through specific programmes).

*Demographic Transition (Theory)*: This theory was propounded in the 1940s to describe stages in the process of population growth during which a population moves from a situation where both mortality and fertility are high, to a position where mortality declines while fertility remains high (resulting in rapid population growth), to one where both fertility and mortality have declined, resulting in slow population growth at a much lower level. Population growth is very slow both at the onset, and at the end, of the transition. In between, during the transition, population growth is very rapid, essentially because mortality decline in tends to precede the decline in fertility. During the stage of rapid population growth, attention is drawn to population regulation through family planning, exposure of women to longer education, male participation in reproductive activities and other regulatory measures.

*Demographic Dividend*: This concept has been coined in recent years and others to link harmonious development in population dynamics to the forces of economic and social growth, especially over the medium to long term as the demographic transition matures (Bloom and Williamson 1998; Bloom and Canning, 2003; Ross, 2004). In a young population, it is normally linked to investing in the youth who are the emerging and potential labour force.<sup>1</sup> Skilled and highly productive labour that is well motivated, is an effective 'contraceptive' in itself since it is likely to yield small, healthy and educated families: a key

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<sup>1</sup>Bloom and Williamson (1998) argue that the "demographic dividend" played a role in the "economic miracles" of the "East Asian tigers" and Bloom and Canning (2003) partly attribute the economic boom in Ireland (the "Celtic tiger") in the 1990s partly to the "legalisation of contraception in 1979 and subsequent decline in the fertility rate.

ingredient to low fertility, low mortality and balanced economic growth and development in an economy where fertility and mortality are the only key issues.

*Population structure:* This concept describes the composition of population in terms of demographic attributes (sex, age, marital status) and socio-economic characteristics (ethnicity, religion, education, economic activity, etc). It is modified by not only the interplay of population dynamics but also socio-economic conditions which influence, and are in turn influenced by, population dynamics.

*Population distribution:* There are two forms of population distribution: (a) spatial distribution which depicts population in terms of space, including population density (population per square kilometre of land)<sup>2</sup> and (b) rural-urban distribution indicating population in rural vis-à-vis urban locality.

*Population projection:* Using a given population growth rate, it is possible to project into the future the likely scenarios of population size and structure based on specified assumptions of fertility-mortality interplay (migration is often excluded because it cannot be accurately projected). In the era of HIV and AIDS, population projections are made for “population with AIDS” and “population without AIDS”. Three scenarios of population projection – low, medium and high – are used to provide projected population under different assumptions.<sup>3</sup>

## 1.4 Rationale and Objectives of the Study

### 1.4.1 Study Rationale

This study focuses on population dynamics-poverty reduction links based on two perspectives of the uniqueness of the United Republic of Tanzania (URT). First, it analyses the links in terms of demographic statistics pertaining to URT, collected from its 26 administrative regions. To amplify, all post-Independence population censuses, Tanzania Demographic and Health Surveys (DHS), and Tanzania HIV/AIDS and Malaria Indicator Surveys, are based on URT. Second, each of the two parts of the URT has its sectoral ministries and statistics units with mandates to serve them separately. For example, the National Bureau of Statistics (NBS) serves Mainland Tanzania and Office of the Chief Government Statistician (OCGS) provides services to Tanzania Zanzibar.

It is against this backdrop that the two components of URT have designed separate strategies for the Millennium Development Goals (MDG), Development Visions and poverty reduction strategies. While Tanzania Mainland has crafted Vision 2025, Tanzania Zanzibar has Vision 2020. In poverty reduction, Tanzania Mainland has developed *Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania* (MKUKUTA) – Kiswahili for the National Strategy for Growth and Reduction of Poverty (NSGRP), of which the Tanzania Zanzibar equivalent is *Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Zanzibar* (MKUZA), Swahili for Zanzibar Strategy for Growth and Reduction of Poverty (ZSGRP). MKUKUTA and MKUZA have their separate secretariats and run their affairs independently for their population and population dynamics. This study makes deliberate attempts on the one hand to analyse population dynamics in the URT context, and on the other to isolate those relating best to MKUKUTA and MKUZA.

The neglect of population dynamics in poverty reduction interventions reflects the acknowledged casual treatment in development planning. It is one thing to recognise population as a factor in poverty reduction, and it is quite another to incorporate it in tangible poverty reduction programmes or projects. Walking the familiar path, MKUKUTA and MKUZA have not operationalised population dynamics in poverty reduction, and any population facts attributed to positive or negative impacts of the latter might be merely artefacts of population growth and its inherent structural and spatial changes in Tanzania. By providing a checklist of population variables that must of necessity enter the poverty reduction scheme, this study moves forward MKUKUTA and MKUZA agenda (see Appendix E). More is also recommended on Institutional Structures, on Coordination, on Key Actors and on the possible roles of Development Partners and other Stakeholders.

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<sup>2</sup>Population geographers often distinguish between crude or “arithmetic” population density (population per square kilometre of land) and “physiological” population density (population per square kilometre of arable land).

<sup>3</sup>While demographers tend to assume migration to be negligible while population and development analysts have of necessity to include migration (out- and in-migration or emigration and immigration at sub-national and national levels respectively) which determines overall population change and interrelates with development.

## 1.4.2 Objectives of the Study

The ultimate objective of this study is to provide insights into population dynamics-poverty reduction links in Tanzania in the context of MKUKUTA and MKUZA. Specific objectives of the study (summarized from TOR and contained in Appendix A) are:

- (a) To analyse the interrelations between economic growth/changes and population dynamics in terms of growth, structure and distribution in Tanzania
- (b) To examine the drivers of rapid population growth in the country and how best they could be addressed, making comparison with neighbouring countries with similar situations as Tanzania.
- (c) To underscore the centrality of population issues in sustainable human development, mainstreaming gender and HIV/AIDS for the realisation of Tanzania's development agenda, including the MDGs and Vision 2025 for Mainland Tanzania and Vision 2020 for Tanzania Zanzibar.
- (d) To highlight the population and socio-economic data needs for monitoring and evaluation of MKUKUTA II and MKUZA II, examining issues pertaining to capacity building for data processing, analysis and dissemination, research and development that are imperative for monitoring the two poverty-reduction strategies, and
- (e) To produce work on "population dynamics and poverty reduction links" as an important contribution to the overall themes of MKUKUTA and MKUZA reviews.

## 1.5 Methodology of the Study

At the inception meeting, the consultants reviewed the Terms of Reference (TOR) together with the contractor (on behalf of PO-PC) to prepare the study which benefits from the plethora of literature on URT's population dynamics on the one hand, and poverty reduction strategies on the other, and which incorporates consultations made with various stakeholders as well as invokes "best practices" considered instructive for MKUKUTA and MKUZA. Despite such literature and the information gathered, the two phenomena occupy their own niches with their interrelations seldom considered in policy formulation, strategies proposed and programmes on the ground. This study desists from reproducing the literature, which it acknowledges for further reading by and attention to stakeholders of MKUKUTA and MKUZA.

In the comprehensive TOR the study was meant to: (1) feed into the new generation of MKUKUTA and MKUZA review and (2) become reference material for future. In view of time and other pressures it was decided that the primary focus be on (1) above. This suggests that the study is less of an academic exercise; rather, it is geared to immediate internalization and use by MKUKUTA II and MKUZA II drafting teams.

Therefore, the ultimate objective of this study is to provide insights into population dynamics-poverty reduction links in Tanzania in the context of MKUKUTA and MKUZA with a view to integrate population variables in future framework of such strategies, in chronological order as follows: (i) identification of the population dynamics, (ii) establishing the extent to which population dynamics were incorporated in current versions of MKUKUTA and MKUZA, and results emerging from them (iii) what should be done to inject relevant population dynamics in MKUKUTA II and MKUZA II, and (4) recommends for the way forward.

The complete methodology has three elements: the analytical framework; the information gathering approaches and content, invocation of relevant best practices and synthesis of the information generated.

### 1.5.1 Analytical Framework

The guiding analytical framework derives from fact that population features on both sides of the "development equation". On the supply side, labour force is the ultimate resource in production of material and non material goods and services, whereas on the demand side total population is the ultimate beneficiary resulting from the labour processes. In detailed analysis, the supply side looks at the quantity of the labour force, education, skills, experience and motivation of the labour force which determine quality and are key to productivity: These are in turn linked to the absorptive capacity of the economy

(employment opportunities mainly, mobilizable resources and their carrying capacities), current and in future.

The demand side on the other hand, looks at the total size of the population, its structure and distribution by different attributes, and the “purchasing power” of such population – current and possibly some future projections. The balance in supply and demand in a dynamic sense (i.e. over time) is what yields the demographic dividend. Such possible balances are normally associated with maturation of the demographic transition.

Some conventional wisdom is in order here: population growth in excess of 2% is inimical to sustainable development for the majority of countries unless one thinks of possible miracles in absorptive capacities of economies or premium resources in a sustained way – with GDP growth in excess of 8-10%.

#### *1.5.2 Information Gathering Methods*

The study adopts four approaches: content analysis of documents accessed on population dynamics and on MKUKUTA and MKUZA, consultations with stakeholders, best practices from other settings and synthesis as well as consolidation of the information generated.

##### *i. Content Analysis of Documents Accessed*

Appendix D shows documents which the consultants accessed for this study. They include publications on population dynamics and on development. Publications on population dynamics include those based in the 2002 Population and Housing Census, Demographic and Health Surveys, Integrated Labour Force Survey, the National Population Policy, diseases indicator surveys (on HIV/AIDS and malaria) and family life education in schools/colleges survey. On the development front, publications include the Household Budget Survey 2007, MKUKUTA AND MKUZA documents, the annual Poverty and Human Development Reports. A third component of documents are those pertaining to the UK Inter-Party Parliamentary Consultations, population and development/poverty interrelations in Uganda and Ethiopia.

One notable concern that the consultants raise is whether the huge collection of documents merely fulfil the work plans of various institutions dealing with population dynamics and poverty reduction and whether they need to be revisited to isolate key issues which should inform policy formulation/reformulation and influence the design of appropriate programmes. Essentially, the consultants are calling for ***research into previous research findings and their recommendations for policy fine-tuning and programme redesign***. The consultants recommend the need for carrying out research into previous research to detect overlaps and repetitions and to repackage the previous work to meet the future interests.

##### *ii. Consultations with Stakeholders*

Another methodology involved consultations in interviews/meetings with individuals and institutions representing different stakeholders in population dynamics and poverty reduction (see Appendix B). Issues raised with them included their interpretation of effects of population dynamics on poverty reduction initiatives from the perspective, their perceptions of inclusion/exclusion of population dynamics in/from MKUKUTA and MKUZA and what they envisaged doing to improve that deficiency. The overwhelming perception of respondents was the deleterious effects of population dynamics on poverty reduction efforts, with emphasis on the high population growth rate, buoyed by high fertility, especially among the poorest of the poor. The respondents had little to say on mortality and much less on migration where rural-urban migration to urban unemployment reaffirms the famous Todaro (1969) model which has stood the test of time. After probing, the respondents were able to give views on internal and international migration and urbanisation which lacked policy in the country. Among other things, the respondents were concerned about the “youth bulge” of Tanzania’s population which posed problems relating to unemployment in the face of poverty and early entry to child-bearing which maintains the population momentum already created by rapid population growth.

In line with the TOR, the consultations were meant to:

- (i) Get a clear idea on what may have been behind the inclusion of whatever was included in the specific area of interest under MKUKUTA and MKUZA;
- (ii) Determine what was actually implemented;
- (iii) Identify conspicuous gaps that needed to be filled in MKUKUTA II and MKUZA II;

- (iv) Unearth any regrets or oversight in the ongoing MKUKUTA and MKUZA that should have been, but were not included;
- (v) Document any new developments since the launch of the ongoing MKUKUTA which require urgent inclusion in MKUKUTA II and MKUZA II; and
- (vi) Record any other business relating to MKUKUTA and MKUZA.

The consultants learned that the criteria used included (a) the importance of stakeholders as actors or beneficiaries; (b) their custodianship of key elements of MKUKUTA/MKUZA system, from design, to write-up, to overseeing, to implementation, to funding, and to Monitoring and Evaluation (M&E); (c) being actors in training and research in areas of relevance to MKUKUTA/MKUZA; (d) general issues in population and development (with particular reference to poverty reduction) involving institutions such as REPOA and Demographic Training Unit, University of Dar es Salaam; and (e) major actors in the national economy and in the area of population and development, e.g. the International Monetary Fund (IMF), the World Bank, the United Nations Development Programme (UNDP), UNFPA, Treasury and POPC.

### iii. Information pertaining to Best Practices in other countries:

It is common knowledge that whereas some countries have done well in managing fertility and mortality reduction, resulting in acceleration of the demographic transition, others have exploited the migration aspect of population dynamics to influence poverty reduction. The rationale for invoking the “best practices” is to provide useful lessons that MKUKUTA II and MKUZA II could embrace, rather than having to “re-invent the wheel”. In particular, with such countries in the neighbourhood, and in similar development “circumstances” to Tanzania’s on specific aspects of the study, there was reason to believe that Tanzania could copy and adapt their experiences with little difficulty and cost. To this end, the cases of Ethiopia, Uganda, Rwanda, Seychelles, and Mauritius and Kenya have been unearthed and reported on as credible experiences.

### 1.5.3. Synthesis, Analysis and Consolidation of Information

This is the third element of methodology. It was meant to facilitate positioning Tanzania on the development path, relative to its own experience over time, and in relation to other countries – especially those currently in similar environments but doing better, or even the “Asian Tigers”, which had more or less similar environment to that of Tanzania only a few decades ago.

### 1.6 Organisation of the Study

This study consists of this ending introductory chapter, three substantive chapters and a fifth chapter on a summary of the key messages, conclusions and recommendations. Chapter 2 concentrates on population dynamics-poverty reduction links, and provides some core data and information used in the synthesis parts of the study. It provides insights of previous work on economic development-poverty-population dynamics linkages in URT; examines the neglect of population dynamics from the period of Poverty Reduction Strategy Paper (PRSP) to MKUKUTA and MKUZA; and analyses rapid population growth in Tanzania in comparison with that of its neighbours to appreciate the country’s demographic transition relative to that of others. In view of rapid population growth in the country, the chapter also analyses implications of population trends, patterns and projections for poverty reduction. Detailed analysis concentrates on persistently high fertility, increasing mortality in the era of HIV and AIDS as well other diseases and different sub-types of both internal and international migration. Finally, the chapter discusses two population policies in as many components of the URT: Tanzania Mainland’s NPP and Zanzibar’s ZPP.

Chapter 3 focuses on population dynamics in MKUKUTA and MKUZA, examining what exists currently and required interventions on population variables in MKUKUTA II and MKUZA II. Among the issues considered are possible interventions on fertility and mortality, based on current levels and patterns; policy interventions on rural-urban migration, urban-rural migration which has increased since economic reforms such as retrenchment in the public sector began to bite, and the urban question in the face of rapid urbanisation. The chapter also addresses possible inputs towards NPP and ZPP; and institution of MKUKUTA II and MKUZA II with an appropriate dose of population dynamics.

Chapter 4 of the study dwells on suggested institutional and technical support for MKUKUTA and MKUZA in their present format and as improved subsequent to their termination in 2010. It reviews and suggests improvements relating to the role and place of the National Bureau of Statistics (NBS) which experiences acute shortage of technical capacity; strengthening the capacity of sectoral data generation and utilisation outfits; improvement of technical capacity in the URT and RGoZ programme implementation as well as coordination of the contribution of development partners. Other sections of the chapter cover topics in providing institutional support to actors in population and development activities, consideration of desirable foreign assistance to supplement national capacity; and developing capacity of the Technical Working Groups to embrace population dynamics within individual and across the three MKUKUTA/MKUZA clusters. Section 4.5 analyses the existing monitoring and evaluation mechanism and suggests improvements to be made. It also draws attention on research and periodic reviews of progress that are considered crucial for MKUKUTA II and MKUZA II, among other things discussing capacity development for monitoring, supervision and evaluation.

The final chapter summarises the key messages of the study, draws some conclusions and makes recommendations for the attention of different stakeholders.

## CHAPTER TWO

### 2. POPULATION DYNAMICS-POVERTY REDUCTION LINKS IN TANZANIA

#### 2.1 Economic Development-Poverty-Population Dynamics Links

##### 2.1.1 Population and Development Interrelations

The bottom-line of population-development interrelations is that population features on both sides of the labour process in economic and social life. On the supply side population provides labour for production, whereas on the demand side it generates demand for the material produced and for non-material wealth; hence the need to be able to characterize conditions under which there is a harmonious relationship between forces of population and forces of development (to yield the Demographic Dividend, which is the broad outcome of this “harmonious relationship”). The logic of such knowledge derives from both advantages and constraints imposed by various features of population and its change over time and space. Special advantages exist in labour forces size and quality, which determine potential output from labour use when the incentives, motivations and rewards are ‘right’, and the size of potential effective aggregate demand in economy which, other things remaining the same, may also vary by population structure, gender and spatial distribution). On the other hand, special constraints manifest themselves in high dependency, skewed spatial distribution, capital “shallowing”, unemployment, and a limited economic growth which does not match population growth. It is simply valuation of the equation that links *active hands that are put to work and active mouths that must be fed*.

Since Malthus drew attention to population-development links in the 18<sup>th</sup> century, the traditional concern has centred on growth variables, with particular focus on fertility and mortality, and seldom on migration. Malthus argued that food production could not keep pace with the natural population growth. In the absence of prudent checks the result would be starvation, vice and misery, and a tendency for economies to stagnate at subsistence level of income. The Malthusian logic stood the test of time from the late 18<sup>th</sup> century to inter-War period in the 1930s. The short-lived challenge emphasized the perceived positive side of population growth in relation to expansion of aggregate demand in the economy. Unsurprisingly, the world Depression of the 1930s was blamed on slow population growth, which resulted in insufficient expansion of aggregate demand. It was argued that higher growth would increase the proportion of the youth in population and result in a young/youthful population on average, which is more conducive to economic development through raising aggregate demand.

Even as negative supply side effects of the population issue (especially the growth aspect) are still dominant (i.e. some return, half-way, to the Malthusian thesis) more guarded assessment is evident now. This has been facilitated by modern technology that enables explicit integration of population dynamics variables into socio-economic development plans and programmes, thus enabling results/simulations and counterfactuals to be revealed, analyzed and assessed. Such modelling exercises reveal the contrast that while some economies benefit from higher population growth, others thrive from low growth. The critical parameters involve the explicit interactions between population variables and those relating to economic growth and distribution. There is some conventional wisdom, however, based on empirical studies in many countries –both developed and developing –, that population growth in excess of 2% acts as a break to sustainable socio-economic development in the majority of nations. This draws from short population doubling times and the evidence on mobilizable resources, however productive an economy is, to match the sheer numbers of *‘new mouths to feed’*.

##### 2.1.2 Population and Poverty: A Theoretical Interpretation

The same logic that linked population and development in the Malthusian philosophy also provides the anecdotes of the links, in historical debates, of population and poverty. It is noted that modern analysis dates back to Malthus, in 1798, with publication of *An Essay on the Principle of Population*. In a pessimistic



verdict, Malthus concluded that “population, when unchecked, increases in a geometric ratio; subsistence increases only in an arithmetic ratio.”

It is important to amplify the concern with “growth variables”. Malthus argued that food production could not keep pace with *population’s natural growth, since population grew at geometric rates whereas economic growth was only at arithmetic rate*. In the absence of prudent checks the result would be starvation, vice and misery (or, simply, poverty), and economic stagnation (at subsistence levels of income). In recent economic thinking (up to, at least the mid-1960s) this was closely linked to the so-called “vicious circle of poverty”, which looked at the same theme from savings and accumulation. Thus, low-income (countries or individuals) had low savings, implying low capital formation and low output; in subsequent phases of the labour process, low capital formation resulted in low output and income *on a per capita basis*; implying that consumption per capita and productivity would be low too. This impeded subsequent savings and accumulation, making the whole process circular. The “theory” also noted the role of temporary positive and negative shocks and the response mechanisms. The argument went as follows: in a subsistence economy any positive shock to such a traditional economy is usually associated, not with investment and accumulation, but with conspicuous consumption (festivities, polygamous societies, even waging new tribal wars for tribal ‘status’) since it comes as a ‘windfall’ and society is not into any business acumen as such; hence return to subsistence life after such shock has subsided. On the other hand, a negative shock is usually so bad that it constrains responsiveness due to low level of technology, skills and business acumen; in that process, population growth is checked by epidemics, hunger and starvation.

*Because everyone counts UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. Continued Rapid Population Growth poses a bigger threat to poverty reduction in most African countries than HIV/AIDS, according to researchers. Family planning programmes create conditions that enable women to enter the labour force and families to devote more resources to each child, thereby improving family nutrition, education levels and living standards.*

The foregoing implies that fertility management is at the centre stage of slowing population growth. Indeed, there is more to the leaflet than the quote above, to amplify the benefits of family planning in poverty reduction, in realizing human rights and in enhancing equity and the status of individuals – mainly women and the girl child.

### **2.1.3 The case of Tanzania: Main trends**

Viewed in a historical perspective since the mid-1960s, the explicit focus of the Government in the past has been spatial distribution of population. The evidence comes from the World Bank-sponsored resettlement schemes of the early 1960s that preceded the massive resettlement of rural population in registered villages under *ujamaa vijijini* and the *villagization* schemes of the late 1960s to mid-1970s. Under the two schemes rural population in *ujamaa villages* increased from less than one per cent of total rural households in 1968, to 80 per cent by 1975, increasing further to more than 96 per cent by the 1978 population census. Another area where explicit policies and programmes were tried, with limited success, was the resettlement of people from high-density areas (such as Kilimanjaro region) to low-density areas (such as Rukwa and Morogoro). This was one way of easing population pressure in some parts of the country while opening up others for productive uses.

Conspicuously lacking is an explicit urbanization policy relates to urbanization. Even the city of Dar es Salaam has been characterized as a “crisis area” in relation to the population size vis-a- vis the resources required to sustain even the minimum standard of social service delivery. Until the late 1980s, population “policies” relating to growth and size kept “vacillating” and lacking direction. When a 1978 UN study traced the evolution of population policies in Tanzania since the independence of Tanzania Mainland in 1961, it chronologically drew attention to the following:

- i. In 1965, the official stand of Government was the “belief” that Tanzania could benefit from a larger population (UN, 1978: 12). This stand was repeated in 1968 in spite of the 1967 census results indicating a higher growth than that previously projected. This necessitated revisions of the National Plans to accommodate a much bigger population which lowered per capita availability of services

- and income for the same national budget. The remainder of the decade witnessed the Government's unwavering stance on the population question.
- ii. In 1971, the Government statement to the African Population Conference noted that "in view of the plentiful resources available in the form of unused land, no population policy has so far been adopted." That amounted to maintenance of the position in the preceding decade.
  - iii. At the UN World Population Conference in 1974, Tanzania continued to underscore the need for a larger population, contending that "people ... were a development asset", and that the priority was "to ensure that the productive age group is constantly replenished by the children...born today."

Thus, the first two decades of Tanzania as an independent country witnessed the classical socialist view which the country then espoused during *ujamaa*.

Serious analytical discussion of population-development linkages began after the mid-1970s, especially following the 1976 UN Third Population Inquiry concerning population policies in the context of development. However, the decade ended without any comprehensive programme to address population size and quality even as it was apparent that Tanzania's population growth rate was among the highest in the world and the country was already facing imminent budgetary imbalances that could not be sustained. Major changes can be traced in the 1980s, especially in relation to institutionalization, integration and the increased role of UNFPA as well as other Development Partners.

Still there has been a slow but steadily increasing awareness of population-development interrelations. A 1979 UNFPA study advocated that positive attributes of (rapid) population growth and a higher overall population size permitted economic exploitation of national resources, provided sufficient labour supply for economic expansion, stimulated economic growth through key sectors that address the special demands of a perpetually youthful population, created a sufficient and expanding national market and facilitated a national as well as cultural identity. It would appear that the study in question merely danced to the dominant tune of the URT Government.

The main trends toward a comprehensive policy on population and development have evoked gradual change from passivity of the 1960s and 1970s into active policies in the 1980s. Many factors worked to create this enabling environment. The first factor is the role of UNFPA since it first became involved with Tanzania in 1971 to "*promote a harmonious relationship between population dynamics and socio-economic development*". The first UNFPA Basic Needs Assessment study in 1979 played a key role in sensitizing official circles about the need for **explicit policies** and programmes, noting the imminent dangers of **passive or implicit policies** (United Nations, 1979).

The second factor in the enabling environment relates to sectoral reviews in strategic line ministries (education, health, agriculture, water supply, etc.) which have always and explicitly addressed the population question in relation to the delivery of supplies and services. Specific programmes such as MCH/FP had a long history, **and explicitly addressed the dangers of unchecked (high) fertility and, therefore, population growth (mainly from the perspective of MCH)**. Thus, whereas no comprehensive policy became an integral part of the socio-economic planning tradition in the country before 1992 sectoral concerns that were explicit enough on **the population question**.

Budgetary constraints resulted in the shrinking ability of government to deliver many services in an era of expanding population. Consequently, increased concern shifted to policies (implicit and explicit) that were biased toward lower fertility to maintain the real services/goods on a per capita basis, with the support of Development Partners and both local and foreign NGOs providing the needed resources and technical support. By the early 1990s, many line ministries (education, health and agriculture), population-related programmes of the PMO, UMATI and the Planning Commission were active and reasonably funded.

Major constraints centred mainly on the slow pace at which (and earlier apathy of) Government paid attention to the "population question", particularly population growth and size. It was only after the mid-1980s that serious work was visible in institutionalisation and integration of population issues, with some positive developments occurring. The Population Planning Unit was established in 1986 charged with spearheading the process of formulating a National Population Policy (NPP), which was finalised in 1992 for adoption, paving the way for the Programme of Implementation in 1995. As elsewhere in the rest of the world, the NPP underwent revision to respond to global conferences held in the 1990s, namely the ICPD (1994), the World Social Summit (1995) the Fourth World Conference of Women (1995), the City Summit in Istanbul (1996) and the World Food Summit (1997). A new NPP was rolled out in 2006.

## **2.2 Neglect of Population Dynamics in Poverty-Reduction Initiatives**

### **2.2.1 Transition from PRS to MKUKUTA AND MKUZA**

This study does not claim to be the first of its kind to explore population dynamics-poverty reduction links in the United Republic of Tanzania. The first instance was the UNFPA- sponsored study on the topic. The study by the Research on Poverty Alleviation (REPOA) posed the question whether population parameters were overlooked in the Poverty Reduction Strategy (PRS) of Tanzania (REPOA, 2003). Accordingly, the PRS was reviewed in 2004, leading to the preparation of NSGRP or MKUKUTA for Tanzania Mainland and ZSGRP or MKUZA for Tanzania Zanzibar a year later.

In considering population parameters in PRS, REPOA concentrated on five issues: (i) population size and growth, composition, densities and population-development linkages; (ii) reproductive health; (iii) HIV/AIDS; (iv) girls' education; (iv) human rights pertaining to food, access to health and education, descent work, adequate housing, personal security, appearance in public without shame, access to justice and political rights as well as freedom; and (v) gender. For each of the five, analysis addressed the PRS experience and the gaps to be filled. Unfortunately, the REPOA study fell short of articulating how best population dynamics and their inherent demographic implications could be factored in poverty reduction. Nor were the gaps ever filled, so subsequently MKUKUTA and MKUZA could not take them on board in an explicit way.

### **2.2.2 Population dynamics in NPP, ZPP, MKUKUTA and MKUZA**

Despite REPOA's (2003) informative study, population dynamics as a development question were accommodated in MKUKUTA and MKUZA only implicitly; through inputs from custodians of health, education, employment, and others where population structure and regional distribution mattered. MKUKUTA drafters confess that there was no separate submission of inputs to the drafting process, not even from the Population and Planning Unit (PPU). This was partly because even though the NPP had been in place since 1992, much had changed since then and a new draft of the NPP which was being prepared then was adopted in 2006, a year after MKUKUTA had already been approved in 2005 and its implementation was underway.

Nine clusters of priority issues are listed in the 1992 version of the NPP. In the Government of the United Republic of Tanzania-UNFPA Country Programme, the priority issues fell within three sub-programmes, namely Population and Development Strategies (PDS), Reproductive Health including Family Planning (RH/FP) and Advocacy; they comprised appropriate component projects falling within their remit. Of these nine, only the one on "integration of population variables into development planning" was explicit on what was relevant for this exercise; it drew attention to inadequate recognition of population-development interrelations, limited capacity at levels of the society, inadequate up-to-date and comprehensive gender-disaggregated data and insufficient involvement of the private sector, local communities and households in population-development interrelations (URT, 2006b). Unfortunately, it was not clear how such an exercise could have been explicitly captured by MKUKUTA; other projects addressed sector-specific issues: Reproductive Health, Education, Gender, the Environment and Agriculture.

The 2006 version of the NPP consists of six chapters: Principles, providing the framework Principles to guide Policy Implementation (chapter One); Population and Development; giving the socio-economic context, the typical population dynamics manifesting in growth, size, distribution, as well as summary links of population and development and the Gender dimensions (chapter Two) and Justification of the New Policy (chapter Three). Other chapters cover Goals, Objectives, Issues and Policy Direction (chapter Four), Institutional Arrangements and Roles of Sectors (chapter Five), and Planning, Monitoring and Evaluation (chapter Six). Twelve (12) clusters are identified, with 1-7 and 9 in the version of 1992 retained in the same titles and two new ones included; namely STIs, HIV and AIDS as one cluster and Poverty in Tanzania as another. Education is separated from cluster 8 of 1992 to form a separate cluster of its own, and what remains of its former cluster is expanded and augmented in the other direction to cover Data Collection, Processing, Storage, Dissemination, Training and Research.

Thus, in the 2006 version of the NPP, the links of population dynamics to poverty reduction were gradually beginning to take shape. In this regard, and also amplified in the MKUKUTA Review Meeting of 3<sup>rd</sup> June 2006, extreme poverty is perceived to have three main faces: (1) women (appropriately disaggregated by age, education, location, marital status, etc.), (2) young people (appropriately disaggregated by gender, education, age, location) and (3) rural-based population (almost completely dependent on hand-hoe, rain-fed peasant agriculture; also appropriately disaggregated by gender and household headship, education, age groups, location, nature of occupation within agriculture). These issues are taken up later in the evidence-based parts of the study.

MKUZA also fails to address population dynamics explicitly, in the “Social Services and Well-being” cluster whose outcome is “to realise improved social well-being and sustainable access to quality social services with emphasis on poor men and women, and most vulnerable members of the society” (RGoZ, 2008: 43). Zanzibar had the first Population Policy in 2002 (Swahili version released in May 2003), crafted in the format of the Mainland Policy of 1992 but addressing specific conditions of that part of the Union. There was an explicit acknowledgement that Population and Development were related (Ch 5, section 1), and that such relationships were also reflected in the *Vision 2020*, whose ultimate objective was to establish a sustainable framework for poverty reduction, emphasizing food security, reliable and sufficient social and economic services, and gainful employment. However, no explicit population dynamics were taken on board in MKUZA write-up beyond sectoral coverage in sector-specific interventions. Even where they appeared as elements of population dynamics they found their way in only the first and second clusters of the Poverty Reduction Strategy

### 2.2.3 Poverty Reduction: Growth and Redistribution as Key Approaches

Before the publication of Kuznet's (1955) work, it was commonly believed that ***the benefits of growth within a country could be expected to trickle down to the poor more or less automatically***, and hence growth was perceived to always be accompanied by reduced poverty. The Kuznet hypothesis noted that during the initial stages of growth poverty and inequality would tend to increase before starting to decline. Further analytical and empirical work by other scholars on “poverty, redistribution with growth” concluded, with emphasis and from a policy perspective, underscored ***the importance of interventionist measures needed to bring about poverty reduction and equity***, especially during the initial stages of growth. The conceptual framework for linking policies to poverty reduction has evolved through the same processes, from an earlier over-emphasis on trickle-down processes to the current need for explicit interventionist policies for growth and redistribution. Thus, policy interventions are needed to help eradicate poverty, explicitly to help the poor increase output and productivity through actions that augment the output of the inputs at their disposal. This is the spirit embodied in all poverty-reduction programmes since the advent of PRSPs, and MKUKUTA and MKUZA should be understood in this light. Those interventions strictly speaking are undertaken to enhance the “quality of the population” (by improving maternal and child health as well as men’s health; through high education, especially that of the female child which goes far enough as to enhance her career prospects; in improved nutrition and food security; and in water and sanitation, etc.). Indeed, all these are elements of the much-acknowledged “population-development” nexus.

Five broad approaches are singled out:

- Increasing the productivity of the poor and vulnerable as well as their access to productive and affordable assets.
- Raising the returns on assets owned by the poor; for example, by improving their labour power.
- Promoting employment opportunities, especially given downsizing in the public sector.
- Investing in human capital through education, health, nutrition and food security, and
- Empowering the poor for expanded economic and social participation, supplementing such initiatives with adequate and timely transfers in the interim.

## 2.3 Rapid Population Growth in Tanzania: Comparison with Neighbours

### 2.3.1 Situation Analysis of Population Dynamics and Poverty Reduction

Many recent reviews, including classical economics of population, identify rapid population growth as the single most important population factor associated with social and economic development (and poverty reduction) in a developing country like Tanzania. Population growth rate affects the future size of population, its age-sex structure, labour force supply, spatial and rural-urban distribution, overall and regional densities, all of which have implications for development. The argument is that the higher the population growth rate, the shorter is the “doubling time” of the population.<sup>4</sup> Implications of doubling time of population for poverty reduction are of crucial importance.

#### BOX 1 Basic facts of the situation of population-development nexus in Tanzania

- Tanzania’s population growth rate stands at 2.9% per annum; one of the fastest rates in the world;
- Population growth rates vary from below 2.0% in Kilimanjaro and Lindi regions to more than 4.0% in Kigoma, for instance;
- With 44% of the population under age 15, Tanzania has one of the youngest populations in the world;
- The stated population growth is occurring in a country characterised by widespread poverty, low agricultural yields; limited application of modern production technologies; unstable food situation/food security; lack of sufficiently developed infrastructure; recurrent natural and/or man-made disasters;
- Women’s health status continues to be compromised by early and short-interval pregnancies in an environment of inadequate family planning and maternal and child healthcare services, especially in rural areas;
- Both the fertility and annual growth rates show significant geographical disparities due to differentials such as income and education levels, age, sex, social status and so on;
- High fertility has implications for both infant and maternal morbidity and mortality which have been stagnant for more than a decade even as HIV/AIDS keeps devastating the population;
- Poverty in Tanzania has three main faces: (a) it is heavily women based, (b) it disproportionately affects young people and (c) it ravages population in rural areas, increasing the dependency burden;
- Population dynamics and poverty links underline: (i) rapid population growth as causing further poverty, (ii) the importance of population size structure, spatial as well as rural-urban distribution; and (iii) the higher the rate at which any given population is growing, the shorter its doubling time;
- Changes in population dynamics to acceptable levels often result in: smaller family sizes, increased chances for girls’ education; healthier highly skilled and more productive workforce, higher savings and higher investments and increased women’s social and political participation;
- Investing in young people with the greatest potential for change, given their size in the population cohort enables them to acquire necessary skills to apply in different spheres of development provided they are healthy and avoid the risk of ill-health due to STIs, HIV and AIDS;
- Despite its importance in population dynamics-poverty reduction links, migration – internal (rural-rural, rural-urban and urban-rural) and international (immigration and emigration) – is seldom discussed alongside or as interrelated with fertility and mortality.

Changes in population dynamics in this sense manifest themselves in smaller family sizes, increased chances for education of girls; healthier, highly skilled and more productive workforce; higher savings and higher investments; and finally, increased women’s social and political participation. ***Investing in young people is emphasized because young people have the greatest potential for change, especially in a young population such as Tanzania’s where they constitute the largest population cohort.*** In particular, it is important that we put women and young people at the centre of MKUKUTA and MKUZA, being the vulnerable and disadvantaged. Their health and well-being are critical to the success we are trying to achieve. Empowerment of women and gender equality are at the heart of achieving the MKUZA objectives and the MDGs. Making the human rights of women and youth a national priority will ensure progress for all”. The corresponding quote for MKUKUTA was: “The current bulge in the youth population presents an unprecedented opportunity for growth and transformation depending on the choices that Government makes. Both the Government and Development Partners it is urgent to pay special attention to population dynamics of young people in Tanzania and embrace them more than ever before as partners in development. What is to be done with young people now will determine their

<sup>4</sup>At an annual growth of 1.0% a population will double itself in 70 years; if growth rate is 2.0%, the doubling time reduces to 35 years. Currently, the population of Tanzania is growing at about 2.9 per cent per annum; implying that the population is to double in less than 25 years.

plausible contribution in the future when they become adults. Investing in young people’s education, health including their sexual and reproductive health, and employment and promoting their social and political inclusion will yield large returns now and for generations to come.

Regrettably, young people are prone to reproductive ill-health, in particular Sexually Transmitted Infections (STIs), HIV and AIDS. The challenge is how best to invest in the education and health of young people to prepare them for effective participation in the development process.

Other forces of population change—mortality rates especially—are yet to manifest themselves directly through demographic transition largely because of their high levels. Despite its ramifications, migration, as already noted, is yet to attract significant policy considerations due to previous Government apathy regarding policy vacuum on urbanisation and rural-urban migration, and different types of international migration, including the role of the diaspora.

Tanzania has had four post-independence national population censuses: in 1967, 1978, 1988 and 2002. During the period the total URT population rose from 12.3 million in 1967, to 17.5 in 1978, to 23.1 in 1988, and finally to 34.6 million in 2002. Thus, population almost tripled in the thirty-five years 1967-2002. Population growth rates varied in inter-censal periods: 3.2 for 1967-78, 2.8 for 1978-88 and 2.9 for 1988-2002; Tanzania Mainland had the same pattern, but Zanzibar had a different story, with growth rates as increasing from 2.7 in 1967-1978, rising to 3.0 in 1978-1988 and to 3.1 in 1988-2002.

Between the 1978 and 2002 censuses, there were only marginal declines in the dependency ratio and a youthful population persisted (Table 1).

**Table 1: Tanzania population by broad age groups: 1978, 1988 and 2002**

Year	Broad Age Group	Tanzania Mainland	Zanzibar	All Tanzania
1978	0-14	45.9	48.8	46.1
	15-64	50	46.7	49.8
	65+	4.1	4.5	4.1
1988	0-14	45.7	47.1	45.7
	15-64	49.8	48.9	50
	65+	4.5	4	4.3
2002	0-14	44.3	44.3	44.2
	15-64	51.8	52.7	51.9
	65+	3.9	3	3.9

Source: Census reports published by the NBS for different censuses.

Information gleaned from Table 1 can be summarised as follows:

- a. Only marginal decrease in the share of the young in population over the years (0-14 cohort);
- b. Falling, not rising, share of the aged (65+), a pattern that goes counter to an aging population;
- c. Marginal rise in working age population likely to put pressure on employment opportunities if no effective policies are in place for pro-employment generation; and
- d. “Infancy” in the sense of the demographic transition is evident (see below for comparison with demographically mature countries)

Data generated from the 2001 United Nations *Demographic Yearbook* shows Tanzania in a more precarious situation than its neighbours. For instance, Malawi exhibited a youth dependency ratio of 83.2 and a total dependency of 90.8; Tanzania Mainland’s figures were 85.2 and 92.9, respectively, in 2002; those for the 0-14 group were 43.6 for Malawi and 44.2 for Tanzania. Tanzania’s figures are much higher than those of countries which have completed their demographic transition. For example, Sweden’s youth dependency is 28.3, with total dependency of 55, that for 65+ is 17.2 and it is 18.3 for children in ages 0-14; Comparative figures for the United States are 32 for youth dependency, 51.3 for total dependency, 12.7 for population aged 65+ and 21.3 for 0-14. Japan, the “most mature” population in demographically speaking has a youth dependency of 21.4, total dependency of 46.9, population 65+ has 17.3 and the 0-14 population has 14.6. The implications for Tanzania are pretty obvious: that the country’s dependency burden puts considerable pressure on the economy thereby denying it realisation of poverty reduction.

Over the years, the Total Fertility Rate (TFR) has declined only marginally (or almost stabilized at high levels). For the country’s censuses, TFR was estimated at 6.7 in 1967, slightly increasing to 6.8 in 1978 and then falling to 6.5 in 1988 and further to 6.3 in 2002. The TDHS data for various years show slightly

different figures: 6.3 in the DHS of 1991/92, 5.8 in DHS of 1996, 5.8 in DHS of 1999 and 5.7 in DHS of 2004/05. Nonetheless, the overall message is clear: that of very high fertility and declining only slowly, posing a serious challenge to maturation of the population and, therefore, to economic development and poverty reduction amidst dwindling or stagnant economic resources.

Mortality, on the other hand, has declined rather faster (relative to fertility, even though still high by international best practices). From last three censuses, infant and child mortality in the Tanzania Mainland fell from 137 and 231 in 1978, to 115 and 192, then to 95 and 153, respectively. Corresponding data from the DHS in the 1990s put IMR at 95 in 1996, 103 in 1999 and 83 in 2004/05: U5MR estimates were 152 in 1996, 169 in 1999 and 133 in 2004/05. For purpose of this study, it should be noted that the general tendency is a decline in both IMR and U5MR as gleaned from both the census and DHS data. Declining mortality amidst stagnant or only slightly declining fertility puts pressure on population growth rate; as the figure on population growth rates revealed earlier.

### 2.3.2 Persistently high fertility

The research community, policymakers and programme implementers have identified persistently high fertility, in the face of declining mortality, as the cause of Tanzania's rapid population growth, reasons for which have been too well documented to require repetition in this study. Clearly, Tanzania Zanzibar, presumably because of polygamy which Islam espouses and some opposition to family planning, has recorded higher fertility and, therefore, a larger family size by at least one extra family member (Table 2). Again, reasons for persistently high fertility and large family size can be sought in reports of population censuses, Demographic and Health Survey 2004-2005 (NBS and ORC Macro, 2005) and the HIV/AIDS Indicator Survey 2003-04 (TCA, NBS and ORC Macro, 2005) and HIV/AIDS and Malaria Indicator Survey 2007-08. Whereas unmet demand for family planning is higher in Tanzania Zanzibar, both total demand and satisfied demand are lower in the island part of the URT than in Tanzania Mainland (Table 2).

In terms of wealth quintiles, 23.9 per cent of the lowest quintile compared with 15.4 per cent of the highest reported unmet need for family planning; total demand for family planning were 40.4 per cent and 62.3 per cent respectively, while 41.4 per cent and 75.3 per cent respectively had their demand satisfied (NBS and ORC Macro, 2005: 115). Thus, the poorest have the highest unmet need and total demand for family planning and, therefore, the least satisfied demand.

**Table 2 Fertility estimates, completed family size and family planning need for the United Republic of Tanzania**

Fertility measure	Year	URT	Tanzania Mainland	Tanzania Zanzibar
<b>Crude Birth Rate (per, 1000)<sup>1</sup></b>	1967	47	47	48
	1978	49	49	48
	1988	47	47	49
	2002	43	43	43
<b>Total Fertility Rate (per 1,000 births)<sup>1</sup></b>	1967	7.3	7.3	7.3
	1978	6.3	6.3	7.1
	1988	5.4	5.4	6.4
	2002	4.2	4.2	4.5
<b>Completed Family Size<sup>1</sup></b>	2002	7.1	7.1	7.7
<b>Family Planning<sup>2</sup></b>				
Unmet need (%)	2004-05		21.6	31.3
Total demand (%)			49.6	47.5
Satisfied demand (%)			56.5	34.0

Sources: 1- Ibid, tables 7.1-7.3, pp. 105-108 (2002 Census); 2- TDHS 2004-2005, table 7.3, p.114.

These results imply that the poorest are more poorly served and languish in poverty as the richest enjoy better family planning services. As the poorest are likely to be the least educated and most unlikely to qualify for dependable employment, they are bound to sink into so much abject poverty that they require well-elaborated pro-poor policies and programmes. The poorest of the poor should be assisted to avoid unwanted pregnancies which constitute an added burden through well-planned families capable of relying on household resources. Earlier childbearing is even riskier and exacerbates population growth and sexually active adolescents risk and often suffer from poor health, illiteracy, inadequate schooling, social exclusion, powerlessness (especially females) and gender discrimination, all of which plunge them deeper into poverty.

### 2.3.3 Mortality in the Era of HIV and AIDS

Tanzania was already in the second stage of demographic transition of high fertility versus declining mortality when HIV and AIDS set in to erode the gains already made in mortality reduction. Population censuses and TDHS 2004-2005 provide insightful information on different mortality indices, namely crude death rate, under-five mortality, maternal mortality and life expectancy at birth. We briefly discuss statistics pertaining to these indices to complete the picture of natural increase of population, that is, fertility minus mortality estimates, which presumes minimal or no effect of migration.

Definition of these mortality measures is appropriate before analysing them. **Crude Death Rate** is the ratio of the total number of deaths in a population for a specified period to the average total number of person-years lived by the population during that period, and expressed per 1,000. **Infant Mortality Rate (IMR)** and **Under-five Mortality Rate (U5MR)** denote the probability of dying between birth and age one and of dying between birth and age five respectively. In general, Tanzania Mainland records higher mortality indices than Tanzania Zanzibar (Table 3).

There exists a disparity in CDRs between urban and rural localities as well as between males and females in URT. Adjusted CDRs in the 2002 census were estimated as 18 and 9 in rural and urban areas respectively and 15 and 16 per 1,000 for males and females respectively (URT, 2006a: 134). The results imply that there needs to be a bias toward attacking CDRs in rural settings and among females. Unfortunately, the CDR is too crude a measure to capture mortality of infants, children below five years and women of reproductive age. The TDHS 2004-2005 reported adult mortality rates of 7 per 1,000 and 6 per 1,000 among 15-49 years old females and males respectively (URT, 2005: 259).

**Table 3 Basic mortality measures for United Republic of Tanzania**

Mortality measure	URT	Tanzania Mainland	Tanzania Zanzibar
Crude Death Rate (per 1,000)	16	16	10
Infant Mortality Rate (per 1,000)	95	95	89
Under-five Mortality (per 1,000)	153	154	141
Maternal Mortality Ratio (per 100,00)		578	377

Source: URT (2006), tables 8.1 and 8.2, pp.134-6.

From three previous censuses, Infant Mortality Rate (IMR) and Under-five Mortality (U5MR) for URT declined from 137 and 231 to 115 and 192 and further to 93 and 153 in 1978, 1988 and 2002 respectively; much steeper decline occurred in Tanzania Mainland where IMR and U5MR decreased from 120 and 202 in 1988 to 89 and 141 in 2002 respectively (URT, 2006a: 136).

Estimates of maternal mortality in URT have been rather shaky in view of the fact that the country has never undertaken a national maternal mortality survey; nor has it used hospital; data which in any case are incomplete. This is surprising given that females register higher CDR, which tells only part of the story; indeed, Maternal Mortality Ratio (MMR) provides a much better estimate. Virtually all consultations expressed concern about the unknown MMR estimate if poverty reduction has to succeed among the female gender. For the period 1995-2004, Tanzania Mainland's MMR of 578 per 100,000 live births, with the 95 per cent confidence interval of 466-690, implies that for every 1,000 births, almost 6 women died of pregnancy-related deaths (TDHS, 2005: 261). Tanzania Zanzibar's MMR is about 377 per 100,000; the latest estimate is about 364 per 100,000.

Life expectancy at birth is a function of IMR and U5MR which underscore the quality of health care to those whose health status can easily be compromised by poverty. In theory, life expectancy improves as better nutrition for mothers and their children insure them against death. Life expectancy at birth has increased only slightly in the era of HIV/AIDS from 44 years in 1978 to 59 in 1988 and 51 in 2002 (URT, 2006: 138). As of the 2002 census, Tanzania Mainland's life expectancy was 51 years compared to Tanzania Zanzibar's 61 years. However, these slight gains are tumbling due to the onslaught of the worsening HIV/AIDS situation.

The impact of HIV and AIDS globally has been a subject of many studies. Tanzania also produces reports on an annual basis on status of the scourge in the country. The NBS population projections made following the 2002 national census also give data on scenarios that consider 'with-AIDS' versus 'without-AIDS' assumptions. Depending on the latest data by the time of writing MKUKUTA II and



MKUZU II there is thus room to ‘model out’ likely conditions to face each part of the United Republic. Moreover, the AIDS pandemic has been studied in the context of its effects on the economy (mainly on agriculture and rural sectors – the backbone of the majority of economies, including Tanzania) and on critical social service sectors like education and health which tend to command a significant share of natural resources and whose relative investments will likely “make or break” national economies in the near to distant future.

While it is not the intention of this study to go into details on the scourge, two checklists below provide the generic and global listings of the impact on Agriculture and rural development, and on the education sector. MKUKUTA II and MKUZU II writers may find it handy to use it and see the extent to which each of the generic impacts is actually relevant in their specific contexts.

### 2.3.4 Impact of HIV/AIDS

#### ***Key points on the socio-economic impact of HIV/AIDS on agriculture/rural development:***

The following factors should be borne in mind when analysing the impact of AIDS in rural areas (Toupzi, 2003)

- What distinguishes HIV/AIDS from other fatal diseases is that (a) **it primarily affects the most productive age group of men and women in the age bracket 15-49 years**—the main breadwinners and heads of households raising families and supporting the elderly—**and their children**; (b) its full impact is revealed only gradually (given a median survival period of around 9 years in developing countries); and (c) there is no cure while drugs that can prolong life are not available to the large majority of infected people in developing countries.
- **The stigma attached to HIV/AIDS** is a distinguishing characteristic of the epidemic with adverse consequences for response measures. As a result of this stigma, it is more difficult to address HIV/AIDS than other diseases.
- **Countries in Southern and Eastern Africa have** increasing urban-to-rural equalization of HIV prevalence. Moreover, given the predominantly rural population of many of these countries, in terms of absolute numbers, the number of people living with HIV/AIDS is supposedly higher in rural than in urban areas.
- **The impact of HIV/AIDS is cross-sectoral and systemic.** Agriculture is a dynamic, integrated and interdependent system of productive and other components operating through a network of interrelated sub-sectors, institutions and rural households with linkages at every level of activity. The efficiency and effectiveness of each sub-sector, institution and household depends, to a large extent, on the capacity in other parts of the system. If this capacity is eroded through HIV, then the system’s ability to function will be diminished.
- **The impact of HIV/AIDS on agricultural production systems and rural livelihoods** must be disaggregated into its spatial and temporal dimensions. Geographic and ethnic factors, gender, age, agro-ecological conditions and livelihood strategies play a role on the impact of HIV/AIDS on agricultural production and livelihood systems.
- **HIV/AIDS disproportionately affects sectors that are highly labour-intensive** or have large numbers of mobile or migratory workers, including agriculture, transportation and mining.
- The magnitude of the epidemic is such that one can no longer categorize households as afflicted, affected and unaffected. **Nearly all households within a community are likely to be directly or indirectly impacted by the epidemic.**
- It has been argued that **those rural people whose activities are not counted by standard measurements of economic performance and productivity (children, women, the disabled and the poor) are among the most vulnerable to the impact of HIV/AIDS.** Effects of the epidemic on resources, time and labour of those working in subsistence agriculture, in rural households (particularly women) and in the informal sector are for the most part invisible in quantitative terms.
- **The cost of HIV/AIDS is largely borne by rural communities.** Many HIV-infected urban dwellers return to their village of origin when they fall ill. Rural households (particularly women) provide most of the care for AIDS patients. In addition, food, medical care costs and funeral expenses are primarily borne by rural families.

- **The burden of the socio-economic impact of HIV/AIDS disproportionately affects rural women.** Widows tend to become poorer as they lose access to land, property, inputs, credit facilities and support services. HIV/AIDS stigmatization compounds their situation further, as assistance from the extended family and the community—their only safety net—is often severed. Widowers tend to remarry soon after losing their wives, thus cushioning their families from AIDS impacts, but if infected, can pose further risk to their new spouses.
- **The impact of HIV/AIDS on children is severe** as widespread orphanhood and fosterage are bringing the coping mechanisms of many extended families to the breaking point. Withdrawal from school, a decrease in food intake, a decline in inherited assets and less attention from caretakers are among the adverse effects of the epidemic on children.

A Summary of the HIV/AIDS impact dimensions in the education sector:

- **The HIV/AIDS epidemic is eroding and even reversing progress made in achieving universal primary education.**
- **HIV/AIDS reduces the supply of educational services as a result of teacher attrition and absenteeism.** Studies predict teacher shortages in many countries within the near future.
- **The AIDS epidemic imposes higher costs on the educational system** for medical care and death benefits for afflicted teachers and for recruiting and training replacements for teachers lost to AIDS.
- **HIV/AIDS reduces the number of school-age children.** When children are born with the virus, they rarely live long enough to attend school.
- **Children orphaned by AIDS are less likely to be enrolled or attend schools than non-orphans.** Children whose parents are ill or die of AIDS drop out of school to provide care or help with economic activities, and households with an AIDS victim may no longer be able to afford school fees for their children; it results in child-headed households, with girls disproportionately represented.
- **HIV/AIDS erodes the quality of education.** Infected teachers may be absent or too ill to provide good education for their students, and substitute teachers may have neither the qualifications nor the experience to replace the former. Quality of education may also suffer if investment in the education sector declines as funds are diverted to fight the HIV/AIDS epidemic.

(Source: UN Department of Economic and Social Affairs/Population Division: **The Impact of AIDS**)

Table 4, which is self explanatory, provides some demographic and economic data for Tanzania in comparison with and some of her neighbours.

**Table 4 Demographic and socio-economic profiles of, and comparative information for, selected Eastern African countries**

COUNTRY	Tanzania	Botswana	Zimbabwe	Kenya	Uganda
<b>ATTRIBUTE</b>					
<b>Geography</b>					
Area (sq km)					
Total	945087	600370	390580	582650	236040
Land	886037	585370	386670	569250	199710
Water	59050	15000	3910	13400	36330
<b>Land use (%)</b>					
Arable land	4.52 (2001)	0.65	8.32	8.08	25.88
Permanent crops	1.08	0.01	0.34	0.98	10.65
Other	94.4	99.34	91.34	90.94	63.47
<b>People/Population</b>					
<b>Population (n)</b>	36766356 (2005)	1640115	12746990	33829590	27269482
<b>Age structure (%)</b>					
0-14 years	44	38.8	39.2	42.5	50.1

15-64 year	53.4	57.5	57.1	55.2	47.7
65 years and over	2.6	3.8	3.7	2.3	2.2
<b>Median Age (years)</b>					
Total	17.62	19.29	19.26	18.19	14.97
<b>Population growth rate (%)</b>	1.83	0	0.51	2.56	3.31
<b>Birth rate (per 1000)</b>	38.16	23.33	29.74	40.13	47.39
<b>Death rate (per 1000)</b>	16.71	29.36	24.66	14.65	12.8
<b>Sex ratio (M/F)</b>					
Total population	0.98	0.96	1.02	1.01	1.0
<b>Infant mortality rate</b>	98.54	54.58	67.69	61.47	67.83
<b>Life expectancy at birth (years)</b>					
Total population	45.24	33.87	36.67	47.99	51.59
Male	44.56	33.89	37.21	48.87	50.74
Female	45.94	33.84	36.11	47.09	52.46
<b>Total fertility rate</b>	5.06/woman	2.85	3.54	4.96	6.74
<b>Literacy (%)</b>					
Total population	78.2	79.8	90.7	85.1	69.9
Male	85.9	76.9	94.2	90.6	79.5
Female	70.7	82.4	87.2	79.7	60.4
<b>Economy</b>					
GDP (PPP B\$)	23.71 (2004)	15.05	24.37	34.68B	39.39
GDP – real growth rate (%)	5.8	3.5	-8.2	2.2	5
GDP per capita	\$700 (2004)	9200	1900	1100	1500
GDP – composition by sector (%), 2004					
Agriculture	43.2	4	18.1	19.3	35.8
Industry	17.2	44	24.3	18.5	20.8
Services	39.6	52	57.7	62.4	43.6
Investment, gross fixed (% of GDP)	16.2	25.5	9.9	14.7	22.4
Population below poverty line (%)	36 (2002)	47	70	50	35
Inflation rate (consumer prices)	5.4 (2004)	7.0	133.0	9	3.5
Labour force (Total)	19 m	264000	4.23m	11.4m	12.41m
<b>Public debt (% of GDP)</b>	5 (2004)	8.6	52.3	74.3	73.9
<b>Industries</b>					
<b>Industrial production growth rate</b>	8.4 (1999)	4.4	-7.8	2.6	5.6
<b>Current account balance</b>	\$-327.4m	337	-230.3m	-459m	-590.8m
<b>Exports</b>	\$1.248B (2004)	2.94B	1.409B	2.589B	621.7m
<b>Imports</b>	\$1.972B (2004)	2.255B	1.599B	4.19B	1.306B
<b>Reserves of foreign exchange and gold</b>	\$2.175B (2004)	5.7B	57M	1.5B	1.2B
<b>Debt - external</b>	\$7.321B (2004)	531M	4.086B	6.792B	3.865B
<b>Transportation</b>					
<b>Railways</b>					
Total	3690 km	888	3077	2778	1241
<b>Highways</b>					
Total	88200km	10217	18338	63942	27000
Paved	3704km	5619	8692	7737	1809
Unpaved	84496	4598	9646	56205	25191

<b>Airports</b>					
<b>Paved runways</b>	11	10	17	15	4
<b>unpaved runways</b>	112	75	387	206	25
<b>Total</b>	123	85	404	221	29

Source: *CLA Factbook, 2005* on the CIA website.

### 2.3.5 Young People and the Demographic Dividend

Tanzania's population structure speaks volumes of the significance of a youthful population which consumes more than it produces and well apprenticed to be productive. Rapid population growth inevitably yields a substantial proportion of population below 20 years. Table 5 shows the three functional age brackets of children (0-14 years), economically active population or labour force (15-64 years) and old-age population (65+ years).

With a huge number of children and labour force (majority of which is unemployed), Tanzania cannot easily provide basic needs as well as education and health needs of this segment of its population. Sex ratio is balanced among children but favours women from economically active age through old age hence the female dominance. Analysed on a regional perspective, a high sex ratio (more males per 100 females) signifies in-migration while a low sex ratio (fewer males per 100 females) denotes out-migration, often observed in poorer net out-migration rural areas.

**Table 5 Age-sex structure of Tanzania's population by broad age groups**

Age group (in years)	Total number			Sex ratio (M/F) 100
	Both sexes	Male	Female	
<i>(a) URT</i>				
0-14	15,238,612	7,637,939	7,600,637	101
15-64	17,857,906	8,539,195	9,318,711	92
65 and over	1,347,085	652,727	694,358	94
<i>(b) Mainland</i>				
0-14	14,803,723	7,419,142	7,384,581	101
15-64	17,340,189	8,291,263	9,048,926	92
65 and over	1,317,937	638,610	679,327	94
<i>(c) Zanzibar</i>				
0-14	434,889	218,797	216,092	101
15-64	517,717	247,932	269,785	92
65 and over	29,148	14,117	15,031	94

Source: URT (2006) Tanzania Census 2002: Analytical Report, Vol. X, table 2.2, pp.23-4.

Data drawn from both the TDHS 2004-05 and THIS 2003-04, provide useful insights of Tanzanian youth. Almost two-thirds (65 per cent) of the Tanzanian population is under age 24 and almost one-fifth of the population is aged 15-24 years. These young women and men are the future of Tanzania and, with improved health and well-being, do turn the wheels of the country's growth and prosperity of the country; basic facts on the Tanzanian youth appear in Box 2.

The merit of the "demographic dividend" lies in effective utilisation of the youth provided they are healthy, well-educated and trained and inducted to participate in various facets of development. Yet that will require well-designed programmes engaging quality population of the youth. Special attention should be paid to adolescents and young people who are often underserved in virtually all services and whose health and lifestyles are prone to STIs and HIV/AIDS.

## BOX 2 Basic Facts about the Status of Youth in Tanzania

**Education:** 42% of youth age 15-19 have completed primary school, while 52% of those aged 20-24 have completed primary education.

**Literacy:** Two-thirds of young women (age 15-24) and one-fifth of young men (15-24) are illiterate, that is, they cannot read at all.

**Employment:** 15-19 year old men and women are less likely to be employed than older youth. For example, only 44 per cent of 15-19 year old men were employed in the year before the TDHS 2004-05 compared to 90 per cent of 20-24 year old men.

**Occupation:** The majority of employed youth work in agriculture, with smaller proportions working in skilled and unskilled manual labour, domestic services, and sales and services.

**Reproductive health and family planning:** More than half of women under age 19 are pregnant or already mothers. Only 12 per cent of women age 15-24 are using a modern method of family planning.

**Maternal health:** Almost all young pregnant women receive antenatal care and only half of young women birth in a health facility and with the assistance of a health professional.

**HIV/AIDS:** 4 per cent of women age 15-24 and 3 per cent of men age 15-24 are HIV-positive. Youth account for over 60% of the new HIV infections in Tanzania. 96 per cent of women age 15-24 and 97 per cent of men 15-24 are HIV negative.

### 2.3.6 Internal and international migration: interrelations with poverty reduction

Changes in the labour market and income generating opportunities have been dramatic since the 1970s. Then, employment opportunities for both skilled and unskilled labour were abundant in government, the parastatal sector, in import substitution industries, and in the private sector. The nascent local private sector is also facing fierce competition from outside as a result of economic liberalization. This has resulted in the growth of the “informal sector” which encompasses all aspects of unregulated or semi-regulated economic activities ranging from street traders, hawkers, and food vendors, to small-scale businesses, workshops and privately owned and public transport vehicles.

- The regional dimension of internal migration

Results of 1978, 1988 and 2002 censuses of Tanzania indicated that urban population was about 2.3 million, 4.0 million and 7.9 millions, respectively. These figures suggest that the urban population increased from 13.3 per cent in year 1978 to 17.9 per cent (1988) and further to 23.1 per cent by 2002. It also suggests that rapid urbanisation is occurring in Tanzania in the same manner as other sub-Saharan countries and Africa in general. The impact of internal migration is particularly significant within certain regions of the country, with most migrants preferring rural-urban migration, with minor counter-streams.

Available data show that Dar es Salaam, a primate city, has been experiencing net in-migration since the colonial period. In the 1988 census, Dar es Salaam continued had an annual net in-migration rate of 5.4 per cent, followed by Rukwa and nine other regions. However, three of the largest of nine regional losers were Coast (-1.2 per cent), Kilimanjaro (- 0.6 per cent) and Mara (- 0.6 per cent). Zanzibar also experienced the same pattern of population loss (- 0.8 per cent).

Data from the 2002 census reveal the same trend that Dar es Salaam still continues to have substantial net in-migration; a total of 1,131,457, followed by Manyara region (161,251), Tabora (129,965), Arusha (89,295), Rukwa (57,688) and Morogoro (49,990). Other regions that have positive net migration include Mbeya and Kagera (9,290). On the other hand, Kilimanjaro, Iringa, Tanga, Dodoma, Kigoma and Mtwara regions were the six largest losers in the country (Table 6).

Region	In-migration	Out-migration	Net-migration
Tanzania	4,671,642	4,671,642	

Mainland	4,442,528	4,449,580	(7,052)
Dodoma	113,124	291,459	(178,335)
Arusha	249,971	160,676	89,295
Kilimanjaro	113,743	376,623	(262,880)
Tanga	96,343	289,227	(192,884)
Morogoro	264,671	214,681	49,990
Pwani	159,276	222,254	(62,978)
Dar-es-Salaam	1,319,361	187,904	1,131,457
Lindi	79,484	158,617	(79,133)
Mtwara	43,554	177,214	(133,660)
Ruvuma	62,356	124,340	(61,984)
Iringa	55,711	257,708	(201,997)
Mbeya	184,946	154,686	30,260
Singida	90,681	206,150	(115,469)
Tabora	321,943	191,978	129,965
Rukwa	117,566	59,878	57,688
Kigoma	40,577	195,214	(154,637)
Shinyanga	332,528	405,440	(72,912)
Kagera	151,807	142,517	9,290
Mwanza	356,980	388,252	(31,272)
Mara	79,336	197,443	(118,107)
Manyara	208,570	47,319	161,251

Source: The 2002 Population Census Report, NBS; 2003.

The picture for the 1988 census is equally revealing, as seen in Table 7, which requires no further discussion.

**Table 7 Internal Migration in Tanzania Mainland by Region, 1988**

Region	In-migration	Out-migration	Net-migration
<b>Tanzania</b>	<b>3,150,264</b>	<b>3,230,569</b>	<b>(80,305)</b>
Mainland	3,026,083	3,106,414	(80,331)
Dodoma	89,900	190,985	(101,085)
Arusha	218,427	76,703	141,724
Kilimanjaro	93,040	217,423	(124,383)
Tanga	98,747	150,915	(52,168)
Morogoro	172,393	141,956	30,437
Pwani	103,904	207,716	(103,812)
Dar-es-Salaam	651,246	150,625	500,621
Lindi	95,200	145,031	(49,831)
Mtwara	46,299	144,988	(98,689)
Ruvuma	66,442	81,661	(15,219)
Iringa	49,282	169,480	(120,198)
Mbeya	160,377	113,378	46,999
Singida	86,651	150,531	(63,880)
Tabora	241,729	175,359	66,370
Rukwa	87,599	49,294	38,305
Kigoma	26,795	129,718	(102,923)
Shinyanga	288,210	281,447	6,763
Kagera	103,713	109,693	(5,980)
Mwanza	270,142	303,646	(33,504)
Mara	75,987	115,865	(39,878)

Source: Census Data: 1988 Census.

- Spatial distribution and “eastward movement”

The current long-distance migration streams from the country’s regions in the west to the eastern part reflect movements which took place during the peak period of labour migration in the mid-1950s. These eastward migration streams produced labour working in the coastal estates. In the colonial period, Tanzania Mainland was divided into two major areas: Core and Labour Reserve Areas. Core areas were allowed to grow cash crops, including big plantations of sisal and coffee. These areas include Tanga, Morogoro and coastal regions where big sisal estates were mainly established. Other areas like Kagera, Mwanza, Shinyanga, Mara and Kilimanjaro were core areas for growing coffee and cotton.

Labour Reserve Areas were identified as the sources of labour recruited to work at different estates that which had been established to sustain and stabilize the colonial economy. These areas include mainly Kigoma, Tabora and Rukwa in western part of the country and Ruvuma, Iringa and Mbeya in the southern highlands. A substantial population of these migrants subsequently settled in these regions of destination.

As Tables 8 and 9 reveal, the movement of population from western to eastern regions and the reverse, respectively, still exists for a variety of reasons. The reasons can only be assumed as only an internal migration survey could unearth specific reasons for these migration systems.

**Table 8 Migration from western regions to eastern regions, 2002**

Origin Region	Destination					Total
	Dar es Salaam	Morogoro	Coast	Tanga	Zanzibar (Urban West)	
Kigoma	35842	7390	2201	3418	623	49474
Rukwa	8617	778	3136	1054	146	13731
Tabora	41995	4035	9552	2305	2093	59980
Total	86457	12203	14889	6777	2862	123185

Source: Compiled from 2002 National Population and Housing Census data.

**Table 9 Migration from eastern regions to western regions, 2002**

Origin Region	Destination			
	Kigoma	Rukwa	Tabora	Total
Dar-es-Salaam	1655	1865	6067	9587
Morogoro	745	3425	2086	6256
Coast	4957	328	498	5583
Tanga	874	1445	6122	8441
Urban West	71	125	439	625
Total	8102	7188	15212	30502

Source: Compiled from 2002 National Population and Housing Census data.

Net migration = +92,683.

Historically, four coastal urban centres—Dar, Tanga, Lindi and Mtwara—increased their share of population in Mainland Tanzania from 2.2% in 1957 to 7.4% in 1988 (Table 10). The picture would be clearer if the other minor settlements on the coastal belt were included, as there is evidence (including casual empiricism) that their growth rates are higher than average; the settlements include Kibaha and Bagamoyo in Pwani region and Muheza and Korogwe in Tanga region.

**Table 10 Coastal population as proportion of total Tanzania population**

Year	Population ('000)				
	1957	1967	1978	1988	2001 Estimate
1. Dar es Salaam City*	129	273	757	1,361	3,641
2. Tanga Municipality*	38	61	103	187	454
3. Mtwara Town*	15	20	49	77	226
4. Lindi Town*	10	13	27	27	124
<b>Total (1)</b>	<b>192</b>	<b>368</b>	<b>937</b>	<b>1652</b>	<b>4,445</b>
<b>Total Tanzania Population (2)</b>	<b>8,789</b>	<b>11,959</b>	<b>17,037</b>	<b>22,534</b>	<b>33,000</b>
<b>Total (1)</b>					
<b>Total TZ POP (2)</b> = %	<b>2.2</b>	<b>3.1</b>	<b>5.5</b>	<b>7.4</b>	<b>13.5</b>

Source: URT estimates

\*Note: Defined to include “satellite settlements” around the urban centre.

The case of Dar es Salaam is even more revealing in relation to the role of eastward movement. Its population in latest three censuses in 1978, 1988 and 2002, underline the importance of in-migration: from nearly 60 per cent in 1978, declining by 10 per cent in 1988 and increasing by five percentage points in 2002 (Table 11). On average, in-migration has been accounting for about or more than half of the population of Dar es Salaam.

**Table 11 In-migration to Dar es Salaam, 1978-2002**

Year	Population	In- Migration	%
1978	843,090	484,803	58
1988	1,360,835	651,246	48
2002	2,497,940	1,319,361	53

Source: Compiled from NBS census Reports, various

- International migration

Tanzania lacks research, studies and policy on international migration. Sources of data include population census and immigration data compiled by the ministry in charge of home affairs. Unfortunately, census data relate only to immigration and nothing exists on emigrant Tanzanians, which leaves Tanzania at the mercy of its neighbours and other countries to provide such data. Immigration data collected by immigration personnel at Tanzania's international airports have never been published in a form that permits their usage in interpreting immigration versus emigration.

The 2002 census reported a total of 236,832 immigrants in the country, 2,602 (1.1 per cent) of whom were residing in Tanzania Zanzibar, the rest 234,173 (98.9) per cent in Tanzania Mainland. The largest concentration of immigrants consisted of refugees from neighbouring countries, in particular Democratic Republic of Congo, Burundi and Rwanda, who resided in Rukwa (24.5 per cent), Kagera (13.6 per cent) and Kigoma (7.2 per cent). Other areas of immigrants' concentration are Dar es Salaam (11.9 per cent) and Mbeya (5.3 per cent). In Tanzania Zanzibar, Urban West received the vast majority of immigrants. A notable feature is the wide geographical spread of immigrants from African and non-African countries, the latter dominated by India and Pakistan (URT, 2006a: 157-159). Without any data on emigration, Tanzania cannot claim knowledge of its emigrants, leave alone the Tanzanian diaspora about which much less is known.

- *Best Practices on Migration and Poverty Reduction*

- i. Prospects of Tanzanian Development Trust Funds for Poverty Reduction

A recent study of Tanzania recognises tribal associations in Tanganyika which became extinct as the independent Tanzania society became increasingly detribalised (Mercer, et al, 2008: 109-120). In their wake arose associations by the "domestic diaspora" (internal migrants) in the form of Development Trust Funds (DTFs) with close similarity to West Africa's well-researched "home associations, that is, migrants' associations with a strong commitment to serve their members' areas of origin (Mercer, et al., 2008: 103). The DTFs involve an alliance between resident district elites in local government and private business, and the local elite diaspora (professionals, businessmen and politicians in large towns (Gibbon, 1998, quoted in Mercer, et al. 2008: 124). Noting the widespread use of the terms "Fund" or "Foundation" in Tanzania, the study focuses on several such organisations in the country. First, way back in 1988, the Newala Development Foundation (NDF) was formed specifically to "promote the development of Newala people through formulation and implementation of self-reliant projects by mobilising resources – human, financial and others – available internally" (Mercer, et al., 2008: 104, quoting NDF, n.d.). Second, the longest-established home association, the Rungwe District Education Trust (RUDET), formed to replace the former Rungwe District Technical Schools Fund (RDTSF), was registered as a District Development Trust (DDT) in 1988 to improve access to secondary education in the district. Other home associations on the scene are the Rungwe East Development Foundation (RUEDEFO), the Kilimanjaro Development Fund (KDF), and Rungwe West Development Foundation (RUWEDEFO). A smaller home association is the Selya Development Foundation (SEDEFO) which concentrates on some wards in Rungwe East, with a diaspora in Dar es Salaam generating funds and other resources for development projects in Selya.

Home associations in Tanzania therefore have the potential to make a significant dent on poverty reduction. They should be embedded in the MKUKUTA process as their collective efforts could easily complement government efforts and those of its development partners as well. It is possible that these "domestic diaspora associations" are linked to diaspora associations outside Tanzania and evidently are "best practices" for deployment in MKUKUTA activities. Their counterparts in Tanzania Zanzibar must certainly be similarly involved in local development, including poverty reduction.



## 2.4 Implications of Population Dynamics for Poverty Reduction

### 2.4.1 Three Decades of Rapid Population Growth, 1967-2002

The spatial perspective of population growth is even more revealing (Table 12). Slightly more than (14) regions had their population growing at above 2.5 per cent per annum. From demographic-economic literature, any population growth rate above 2.5 per cent per annum or above is inimical to economic growth as the economy cannot adequately meet the needs of population.

**Table 12 Population growth rate in the United Republic of Tanzania by region**

Range of growth rate (% p.a.)	Number of regions	Region and growth rate (% p.a.)
4.0 and above	3	Kigoma (4.8), Urban West (4.5), Dar es Salaam (4.3)
3.5-3.9	4	Arusha (3.9), Manyara (3.9), Tabora (3.6), Rukwa (3.5)
3.0-3.4	3	Shinyanga (3.3), Mwanza (3.2), Kagera (3.1)
2.5-2.9	4	Mara (2.6), Morogoro (2.6), North Unguja (2.5), Ruvuma (2.5)
2.0-2.4	7	Mbeya (2.4), Pwani (2.4), Singida (2.4), South Pemba (2.3), Dodoma (2.2), North Pemba (2.1), South Unguja (2.1)
Below 2.0	5	Tanga (1.8), Mtwara (1.7), Iringa (1.6), Kilimanjaro (1.6), Lindi (1.4)

Source: NBS Census Data, various.

For MKUKUTA and MKUZA to respond to the requirements of the population, they should assess the plausible effects of current as well as projected population size and growth rates both nationally and in the regional (sub-regional) context. Suffice it to say, demographers and policymakers have a natural rendezvous to analyse the plausible impact of population growth on particular MKUKUTA and MKUZA targets.

Population growth rate tends to correlate with poverty reduction as follows:

- Contraceptive prevalence rate is a significant determinant of population growth rate: contraceptive use is related to child mortality as too early, too late or closely spaced pregnancies result in higher risk of infant death, which is a significant component of child mortality. As these are problematic in Tanzania, they require special attention in MKUKUTA and MKUZA.
- With constrained resources, a larger family will only provide fewer resources to each child than a smaller family for care, compromising child nutrition and health, and therefore exposing children to morbidity and early childhood mortality.
- Contraceptive use is also related to maternal mortality ratio (MMR). Too early or too late or closely spaced pregnancies also risk mother's death. In addition, unwanted pregnancies contribute to population growth. With increased family planning, fewer mothers die at childbirth. One-fifth to one-third of maternal deaths occurs among women with unintended pregnancies, partly because many of them resort to unsafe abortion. Evidence of high unmet need and unsatisfied demand for family planning calls for a review of family planning strategies with a view to intensifying fertility regulation from a variety of approaches, including contraception, women's education, male involvement and improvement of social safety nets and social protection for the elderly, vulnerable groups and the disabled.
- Generally, the poor often have low contraceptive use-rate, high unmet need for contraception, high child mortality and low skilled attendance at birth. By relating poverty/wealth quintiles to reproductive health, it is possible to discern subtle differences among population groups. MKUKUTA and MKUZA should delve into reproductive health and rights of the poor, their access to and fears of and aspirations for family planning.

## 2.5 Digression on the National Population Policy

### 2.5.1 Tanzania Mainland

The first chapter of the 2006 version of Tanzania's National Population Policy (NPP) sets out the stage by stating the Principles to Guide Policy Implementation. Eight such Principles are singled out but the overriding one is the first one which links NPP to the objectives and goals of the National Development Vision 2025, and the targets set in the MDGs. The Policy also reaffirms the key Principles of the ICPD 1994. In the second chapter provides details of population dynamics as highlighted in this study and discussed in the context of socio-economic setting (Vision 2025 and MKUKUTA's conspicuous "reference points"). Population and Development inter-relationships are discussed in the same chapter, being explicit on, especially, population growth variables. The NPP notes that demographic factors interact with development to create the following short-run demands and problems:

- A rapidly growing young population demands an increase in expenditure directed at social services such as education, health, water and housing;
- A rapidly growing labour force demands heavy investments in human resource development and development strategies which ensure future job creation opportunities; and
- Rapid population growth in the absence of poverty eradication reduces the possibility of attaining sustainable economic growth.

The fourth chapter of NPP is about Goals, Objectives, Issues and Policy Directions in the clusters mentioned in the earlier topic. This study provides relevance of various population variables in different population and development/poverty reduction clusters as explained below.

*Cluster1: Integration of population variables into development planning.* The overriding Policy Objective here is to harmonize population and economic growth. The Policy direction seeks to enhance awareness and mobilize leaders' political will to influence population issues, building capacity for planning and mainstreaming population issues, and mobilizing stakeholder involvement in implementation of population programmes with a gender perspective at their specific levels.

*Cluster 2: Population growth and employment.* The Policy Objective is to create an environment considered conducive for increased employment creation and opportunities. Investments in all sectors and the promotion of jobs and self employment are the key policy directions.

*Cluster3: Problems of special groups in society.* Special groups the vulnerable in society, namely children, youth, elderly, people with disabilities, and refugees. Policy objectives and direction are singled out for each category, though the overriding call is for community (local and international, public and private) to invest in key services that cater for the welfare, security and rights of these special groups.

*Cluster Four: Gender equity, equality and women's empowerment.* The key issues here revolve around the statement that traditional gender-stereotyped roles are restricting girls and women from having access to opportunities (biological roles, limited decision-making, limited access to resources, relatively higher work-loads, discriminatory practices, gender-based violence and abuses). Promoting gender equity, equality and empowerment of women, is the key; mainly through the transformation of the socio-economic and cultural values and attitudes that hinder such equity and equality, and which impede women empowerment

*Cluster Five: Reproductive health.* This is perceived mainly in the context of the need to promote and expand reproductive health and services for all, with an emphasis on women, children and youth.

*Cluster Six: The "disease cluster"* addressing STIs, HIV and AIDS which has reduced life expectancy and adversely affected national productivity and output because the diseases affect the most productive segments of society, increase the size of orphaned children and aggravates poverty due to high mortality and morbidity of the productive population. Policy directions point to the multi-sectoral HIV and AIDS interventions, support and care mechanisms for those affected directly and indirectly, and enhanced drug deliveries and counselling.

*Cluster Seven: Environmental conservation for sustainable development.* The cluster is seen in terms of keeping balance in the eco-systems and sustaining the natural resource base (arable land, forests, wildlife, aquatic resources, wetlands and rangelands). The Policy objectives rotate around the need to enhance integrated planning,

sustainable use and management of such resources. Carrying capacities need constant evaluation in the context of expanding population and rising expectations and incomes globally.

*Cluster Eight: Agriculture, food and nutrition.* The key role of agriculture in the economy is acknowledged in terms of its contribution to the GDP, employment creation and poverty reduction. Policy objectives emphasize food production and food security, and improved nutrition. The policy direction points to empowerment of farmers and enhancing access to modern farm practices, credit, land, infrastructure and extension services.

*Cluster Nine: Poverty in Tanzania.* Poverty is rampant, particularly in rural areas, and in the face of the deplorable state of social services intended for the poor and the vulnerable. The policy stance is to eradicate abject poverty and improve access to social services. Policy direction is seen in macro-economic growth and stability in key economic fundamentals, promotion of rural sector and export production, improving the quality of human resources and promoting private sector initiatives.

*Cluster Ten: Education.* The sector is seen in terms of low investment in the sector, limited transition to higher levels, increasing adult illiteracy and limited skill base. Policy objectives rotate around massive investment by all stakeholders in equitable and high quality education.

The other two clusters cover, respectively, Data issues, Training and Research; and Advocacy and Information, Education and Communication. All these are standard in most policy documents and are thus not unique to the NPP.

It is clear the clusters above cover all the key topics expected of a credible Population and Development Policy: addressing the National Savings-Investment Scenarios, the Quality of the Population and the Plight of Sensitive and potentially Crisis Areas. In this study, it is difficult to give a definitive statement on the performance of the NPP beyond treating it as a useful document for internal use by policy-makers, including MKUKUTA stakeholders. This is because the NPP has not been operationalized yet and the structures for implementation as stipulated in the document are not in place officially.

### **2.5.2 Tanzania Zanzibar**

It was remarked above that a policy document on population in Zanzibar was first produced in 2002 (and the Kiswahili version in 2003). One would have expected the document to feature in MKUZA, but it did not, mainly because of limited capacity to create credible structures to oversee its implementation as specified in the policy. Largely as a result of this basic weakness, population dynamics were not explicit enough in MKUZA. The Zanzibar Population Policy (ZPP) document of 2008 consists of in six chapters. The introductory part of the ZPP consists of three chapters on (1) Principles for Zanzibar Population Policy Implementation (2) Geographic, Socio-economic and Demographic Context, and (3) Justification for the Policy. The other chapters cover Goals, Objectives, Issues and Policy Directions (chapter 4), Institutional Arrangements and Roles of Sectors (chapter 5), and Planning, Monitoring and Evaluation (chapter 6). Details of the topics that are explicitly covered are akin to the NPP for the Mainland. However, unlike its Mainland counterpart, the ZPP has no explicit discussion of poverty thus ignoring population dynamics-and poverty links in Tanzania Zanzibar.

The positive aspect of the ZPP is its sheer existence and details of the topics covered. This means that there is a possibility of its key elements being picked up in the draft of MKUZA II. However, the daunting task for drafters of MKUZA II would be to recognize the inter-linkages between the population dynamics appearing in the document and poverty reduction envisaged under MKUZA.

## **2.6 Summary of the Chapter**

This long chapter was meant to be the ‘cream’ of the report in synthesis of all the population dynamics-poverty reduction links generally, and particularly in Tanzania. It has explored population dynamics by delving into its components, namely fertility and migration; and their impact of population growth, structure and distribution. The quest for the demographic dividend has shown the lack of dynamically harmonious relationship between the forces of economic growth and the forces of population, in particular the growth aspect of population which revolves around the high fertility question. Rather than

revisit the points discussed in this chapter, Box 2 summarizes the key and salient features in the conventional wisdom on population-poverty relationship.

**BOX 3 Conventional Wisdom on the Impact of Population Dynamics on Poverty Reduction**

- Rapid population growth due to high fertility is continuing in some of the poorest developing countries and amongst the poorest populations in those countries. Most future population growth will take place in poorer countries.
- Rapid population growth may make it harder for some poor countries to reduce poverty and improve access to health, education and other services.
- Rapid population growth in low resource settings may make it more difficult to reduce inequality and hunger.
- High fertility in countries with continuing rapid population growth will make it harder to improve child and maternal health.
- Rapid population growth has consequences for environmental sustainability as larger numbers of people put a strain on and perhaps compete for existing resources. This may contribute to conflict and instability.
- Increasing levels of socially excluded populations is a major contributing factor to conflict, social violence, and extremism.
- Gender equality suffers in poor countries with high population growth as women have little control in childbearing and are burdened with high fertility and poor health, and cannot participate in markets, politics and education. They may suffer increased personal insecurity.

**Source: UKIPC(2007).**

Underscored with respect to reproductive health is the “Return of the Population Growth Factor: Its Impact upon the Millennium Development Goals” (UKIPC, 2007). Box 2 reads very much like a characteristic tale of Tanzania, and each of the points therein ought to be of special interest to MKUKUTA and MKUZA.

## CHAPTER THREE

### **3. INTEGRATING POPULATION DYNAMICS IN MKUKUTA AND MKUZA**

Against the backdrop of the previous chapter which has analysed population dynamics in Tanzania, this chapter proposes how best population dynamics should be integrated in MKUKUTA and MKUZA. The chapter draws partly on the consultation with stakeholders and partly on the “best practices” and literature on the subject.

#### **3.1 Classical View of Integration of Population Variables into Development Planning**

Integration of population variables in development (poverty reduction) planning involves the explicit consideration of population and its social, economic and demographic characteristics in the national (regional or local) development planning and poverty reduction process. The specific aspects of population include: (i) current and projected population size; ii) population growth rates and components of population dynamics – fertility, mortality and migration; (iii) population structure by sex, age, marital status, education and economic activity; and (iv) distribution of population, including spatial rural-urban distribution.

Population dynamics determine population size and growth, influencing all other population characteristics and socio-economic conditions. They have implications for family/household size and poverty; labour force supply and unemployment rates; the supply of school-age population and the ability to achieve universal education at different levels; the size of women of reproductive age and future fertility; the level of fertility and health of mothers and children (maternal and child health); infant, childhood and maternal mortality; spatial and rural-urban distribution of population; and related socio-economic indicators that are critical to the MDGs. In essence, population dynamics and associated characteristics have significant implications for achieving the country’s overall plan of social and economic development, particularly its poverty reduction targets, reduction in the level of unemployment, improved health/nutrition, and access to social services and infrastructure facilities (such as education, health, potable water, sanitation, transport, housing and environmental security).

In setting up the objectives, strategies and targets of a development plan, including poverty reduction, explicit consideration is given to population issues that include but are not limited to the following:

- (a) Population estimates and projections for determining sector demands;
- (b) Coordination of population activities conducted in other sectors, viz:
  - Population censuses, special surveys, etc
  - Population education, both formal and non-formal
  - Vital registrations
  - Disease control, Reproductive Health and general health
  - Labour force and employment services
  - Gender matters (on equity, equality and empowerment)
  - Dissemination, Advocacy and population information
  - Training, Data, Research and Development
  - Integrated Population and Development, Planning and Programming
- (c) Determination of demographic indicators (level of fertility, mortality, life expectancy, dependency burden, etc.) for use in planning and for monitoring developments in social and economic activities.

#### **3.2 Planning and Monitoring and Evaluation Issues for the Integration**

The actual write-up of MKUKUTA II and MKUZA II will centre on core questions relating to population dynamics that are imperative at any level of planning and that would facilitate proper monitoring and evaluation of the two poverty-reduction strategies.

### 3.2.1 Planning issues

Since the interventions in poverty reduction, as for MKUKUTA and MKUZA, focus on development of and by the people, pertinent issues or questions for integration planning include but are not limited to the following:

- How large is the population in relation to natural resources that can be mobilized to make a dent on poverty in the specified period of MKUKUTA and MKUZA?
- What is the growth rate of population in relation to the growth of basic economic indicators, namely total GDP and its components, as well as the synergies across them during the lifespan of the two poverty-reduction strategies?
- Given current growth rates, are the prevailing levels of fertility “desirable”, that is, do they constitute an asset or a liability in the short to medium and long term?
- Are the health indicators (morbidity and mortality, and survival trends) “desirable”, that is do they constitute credible assets in enhancing the quality of population and, particularly, the current and future labour force?
- What is known about internal and internal migration as well as urbanization and their contribution or not to poverty reduction efforts in Tanzania?
- How is the population distributed in relation to the location of resources? Is physical and non-physical infrastructure sufficiently placed to enhance equity in resource allocation, in employment opportunities, in income accruals, etc. across the regions of Tanzania?
- What do population characteristics in relation to social services/facilities/infrastructure and economic resources (education, labour force structure, employment) suggest for the period underpinned by MKUKUTA and MKUZA?
- To what extent are population data and other information – from censuses, vital registration, special surveys and routine administrative sources – used in feeding into as well as monitoring and evaluating MKUKUTA and MKUZA?

### 3.2.2 Monitoring and evaluation issues

In the final analysis, a development plan period or periodic reviews during the lifespan of the Strategy performance are appraised in terms of the effect of the various programmes on the ultimate beneficiaries. To this end, pertinent questions include but are not limited to:

- Is the current population size gravitating towards the “optimum” for the realization of the demographic dividend?
- Given investments in health, what do the health indicators (infant mortality, maternal mortality, life expectancy, etc.) suggest in relation to the targets set for MKUKUTA and MKUZA?
- Is the population naturally adjusted to the distribution of resources, and do carrying capacities of such resources match the forces of demand?
- What is the situation with youth, employment, role and status of women, labour force structure and its quality?
- Are the people better informed about the population situation to the extent that they take informed decisions on their lives cognizant of the interests of the current and future generations?
- To what extent does population have access programme supplies and services in a sustainable way and beyond the lifespan of MKUKUTA and MKUZA?

## 3.3 Possible Interventions on Fertility and Mortality

It has been remarked that of the three forces of population change – fertility, mortality and migration – the first two are the ones that can meaningfully be part of “policy handlers” in the interventions geared to harmony between population and development. At national level, the interplay of fertility and mortality determines population trends, structure and change. At regional (sub-national) level, however, net internal migration influences population change, either increasing or decreasing population; migration can also affect the national population when heavy emigration (-) or immigration (+) takes place. Interventions pertaining to fertility and mortality are therefore national and sub-national, depending on the facts gleaned from estimated and projected figures. Possible

interventions to include in MKUKUTA AND MKUZA are suggested from relevant literature on the subject, including that on the country, consultations with stakeholders and best practices elsewhere.

*a. Knowledge from relevant literature*

Results of the Baseline Survey on Knowledge, Attitude and Practices (KAP) in Tanzania Mainland provide some useful insights into possible interventions because the survey captures views of youth from primary to secondary to tertiary education. The sample of primary school boys and girls overwhelmingly reported that rapid population growth would increase a huge number of pupils (MEC, 2001: 24); 47.5 per cent of male secondary school pupils singled out unemployment as the most significant threat, compared with 42.6 per cent of their female counterparts who indicated environmental pollution as the greatest threat; and 60.3 per cent (63.5 % of males and 57.2 per cent of females) of TTC students, also mentioned unemployment, followed by pollution (47.8 per cent - overcrowding (47 per cent for males and pollution (49.7) for females (MEC, 2001: 24, 58, 88).

These results suggest that Tanzania must be prepared to meet the needs of a much larger number of both primary and secondary school-age population and an increasing pupil-teacher ratio (PTR) which inevitably will reduce the quality of education. The country must address population density and population pressure on an ever crowding environment that is heavily threatened unless proper environmental management is undertaken. Data on Population and Housing Census 2002 on households and housing amenities and facilities (URT, 2006a: 168-191) speak volumes of household-specific basic poverty indices which are crucial for interventions on fertility and mortality. The HIV/AIDS (with and without malaria) indicator surveys reveal a lot about characteristics of respondents, knowledge and reaction to these health threats and how best to respond to them (TCAIDS, NBS and ORC Macro, 2005; TCAIDS, ZAC, NBS, OCGS, Macro International, 2008). All of these constitute a wealth of knowledge and information which can readily be applied to interventions on fertility and mortality. Details of such interventions are best left to MKUKUTA and MKUZA secretariats and their relevant committees to grapple with. The checklist of population variables in Appendix gives a rich source of data for appropriate interventions.

*b. Pertinent issues raised by stakeholders*

In Tanzania Zanzibar, spirited consultations with key stakeholders pointed to possible interventions on population dynamics in the context of MKUZA. The stakeholders raised issues which the consultants believe are crucial for appropriate interventions (Table 6).

Apart from the views of segments of population who are better exposed to population and development information being imperative for inclusion in MKUKUTA and MKUZA, interventions need to come from the general population. Population censuses, TDHS and HIV/AIDS Indicator Survey 2003 and HIV/AIDS and Malaria Indicator Survey 2007-08 contain appropriate material for necessary interventions in population and development P&D) and reproductive health

**Table 13 Population dynamics identified and possible interventions in MKUZA**

<b>Issue</b>	<b>Possible intervention</b>
Identified demographic, socio-economic, religious and cultural causes of rapid population growth inimical to the economy of an island state	Responsible institutions to tackle unmet need of family planning, early female marriage, girl education and career development and youth unemployment
Reproductive deficiencies that have occasioned high infant, under-five and maternal mortality in the face of male-dominated health service providers	Eliminate early marriage, teenage/unwanted pregnancies; avail appropriate reproductive services and advice; train and deploy more female health providers to allay cultural fears of male service providers for female clients; and expand male involvement in reproductive health issues
Lack of research on internal and international migration resulting in flawed assumptions	Undertake a migration survey to feed into MKUZA activities, especially involving immigration to the island and emigration and the diaspora in the Middle East
School-going population, gleaned from school registers, is higher than that of actually in school	Ministry of Education to collaborate with the Office of Government Statistician (OCGS) to reconcile school-age with school-going population and, therefore, deploy enough teachers and provide enough classroom space books and

	equipment
Population is not taken seriously especially among the most affected groups, e.g. youth.	Population dynamics be incorporated in every youth programme for in-school and out-of- school youth for attitude change and appreciation of the place of population in poverty reduction
Desire for population quality: a healthy and well educated and motivated population	Invigorate programmes to reduce infant, under-five and maternal mortality to enhance life expectancy, institute health insurance and improve social protection; ensure adequate provision of education at all levels and equally for both genders
High and increasing pupil-teacher ratio (ranging between 120:1 to 70:1) constraining quantity and quality of education for the beneficiaries	Train and retain more teachers who are well remunerated and subjected to fewer children. Revamped education policy to be sensitive to specific estimated and projected population groups and requisite teachers and resources. Ministry of Education to employ a demographer with adequate training in, or exposure to, educational planning. Replicate Tanzania Mainland's FLE Baseline Survey 2001.
Numerous problems facing youth whose perceptions, attitudes and practices relating to population dynamics are unknown	Conduct a comprehensive "youth survey" and surveys on employers and religious as well as cultural advisors of youth.

### 3.4 Towards Gender sensitive MKUKUTA II and MKUZA II Framework

This sub-section serves to highlight the possibilities for actual integration of population dynamics variables in the write-ups of MKUKUTA and MKUZA. It is noted that the original documents were written invoking some Logical Framework (Log-Frame) language in which a sector Broad Outcome would be decomposed down to specific activities for which costs would be imputed. Among the best practices (more below on this) is the Ethiopian case which, found to be instructive, is adapted in this study.

Table 13 is limited to fertility and mortality which are currently the crucial components of population dynamics in Tanzania. Much as it is not exhaustive, it provides insights which MKUKUTA II and MKUZA II may wish to embrace.

#### Table 14 Framework for Population dynamics-poverty reduction links in Ethiopia

**Population Dynamics Sector objective:** To harmonize demographic factors in population dynamics (fertility, mortality and population growth rates) with social and economic development prospects for Poverty Reduction

Aim/Purpose	Output/Indicator	Intervention/Activity
1. Facilitate demographic transition by promoting fertility reduction practices	1. Increased access to quality Reproductive Health services (RH) services by men, women and Adolescents	a) Improve access to RH services at all levels b) Improve quality of RH services at all levels c) Provide contraceptives including emergency
	2. Strengthened technical and institutional capacities for effective management of RH Interventions	a) Develop national guide-lines and standards b) Strengthen MOH for increased capacity for RH programme management at all levels c) Provide medical equipment and supplies



		<ul style="list-style-type: none"> <li>d) Renovate existing Facilities</li> <li>e) Expand and integrate RH services</li> <li>f) Support emergency obstetric care</li> <li>g) Promote adolescent RH services</li> <li>h) Promote community participation and involvement in RH</li> </ul>
	3. Other interrelated RH concerns Addressed	<ul style="list-style-type: none"> <li>a) Support safe motherhood</li> <li>b) Promote family planning</li> <li>c) Provide post-abortion</li> </ul>
		<ul style="list-style-type: none"> <li>Care</li> <li>d) Maintain effective Health Information System</li> </ul>
		<ul style="list-style-type: none"> <li>d) Discourage harmful traditional practices</li> <li>e) Discourage spread of STIs (including HIV/AIDS)</li> </ul>
2. Contribute to increased life expectancy of the Population	1. Infant and child mortality reduced	<ul style="list-style-type: none"> <li>a) Support programmes to reduce fertility</li> <li>b) Support RH activities</li> <li>c) Increase access to antenatal care</li> <li>d) Provide professional assistance during delivery</li> <li>e) Improve access to postnatal care</li> <li>f) Promote child Immunization</li> <li>g) Improve nutrition</li> <li>h) Improve sanitation</li> </ul>
	2. Reduce maternal Mortality	<ul style="list-style-type: none"> <li>a) Increased access to prenatal and postnatal care</li> <li>b) Provide professional assistance during delivery</li> <li>c) Reduce unsafe abortions</li> <li>d) Ensure universal access to Primary education for Girls</li> <li>e) Increase access to obstetric care</li> <li>e) Adequate nutrition</li> </ul>

### 3.5 Selected Best Practices in Population Dynamics-Poverty Reduction Links<sup>5</sup>

- *Population Growth-Poverty Reduction Links*

<sup>5</sup>A poverty analyst views “best practice” in poverty reduction as an intervention that at best manages to reduce several kinds of poverty rather than just one component in the complex pattern of poverty reduction. It may range from holistic poverty reduction to reducing the worst kind of poverty to a sizeable degree, to keeping the gained poverty reduction at bay and ensuring that the formerly poor never slip back into poverty again (Oyen, 2002: 21).

Three best practices are highlighted below: the virtue of family planning where poverty is rampant and efforts are being made to reduce poverty; two Ugandan studies on population growth-poverty reductions links, based on secondary data; and the case of Mauritius which has completed its demographic transition in the face of diversity in religions and a diversifying economy. These best practices are illustrative and by no means exhaustive.

i. UNFPA's Position on Family Planning for Poverty Reduction and MDGs

The purpose of for family planning is either birth spacing or birth limitation, with users preferring either of both depending on circumstances. UNFPA often promotes birth spacing which enables families to realise their desired fertility at a preferred pace. In that case, family planning checks population growth and meets the needs of families and intuitively the larger society. Box 3 presents the UNFPA approach aimed to contribute to poverty reduction and achievement of MDGs, in particular

**Box 3 Promotion of Family Planning for Household Poverty Reduction and the MDGs**

As the UN population agency, UNFPA approaches poverty reduction from family planning approach which it considers beneficial to both families and nations. It promotes the right of every woman, man and child to enjoy a life of health and equal opportunity; supports countries in using population data for policies and programmes to poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free HIV/AIDS, and every girl woman is treated with dignity and respect. UNFPA believes that slower population growth reduces the cost of social services as fewer children attend school; fewer and healthier seek health care; fewer women die childbirth; and demand eases for water, food, housing, transportation and jobs. Where rapid population outpaces socio-economic development, it considers family planning a powerful tool in combating poverty and recognises that effective family planning programmes targeting the poor can help reduce the fertility gap between rich and poor people, and can make an important contribution to poverty reduction and the achievement of the Millennium Development Goals.

The expression "rapid population growth", usually denotes an annual increase of at least 2 per cent, which would double a country's population every 35 years; and at 3 per cent growth rate, the population would double in 23 years. With fewer children, there will be a smaller labour force to participate more in the labour market. Moreover, families with fewer children are better able to invest in the health and education of each child, resulting in improved quality of the population. In addition, child spacing (and not family limitation) generates well-spaced births and fewer pregnancies that improve child survival. Fertility reduction in most poor countries has occurred only in the presence of comprehensive family planning programmes.

UNFPA works to ensure to ensure universal access to reproductive health and the right of all people to be able to decide the number and timing of their children. Advocacy and provision of family planning are essential to this work. It works with governments, civil society and other UN agencies, and leads in forecasting needs, providing and coordinating the distribution of reproductive health commodities, mobilizing support and building each country's logistics capacity.

**Sources:** The *Lancet's* Maternal Survival and Women Deliver Series (2006/2007); the *2005 World Health Report*; and UNFPA and PATH's "Meeting the Need", 2006.

Given the dismal performance of family planning in Tanzania, UNFPA sees merit in supporting it for the realisation of both MKUKUTA and MKUZA provided misconceptions about family planning are eliminated and support of key stakeholders are enlisted. Implemented in the context of the MDGs, Tanzania's family planning programme would perform much better and result in smaller families with healthier, better educated, skilled and better motivated to turn around the country's economic fortunes and eliminate poverty.

ii. Uganda: Population Growth- Poverty Links

The wealth of demographic and socio-economic data has permitted incisive analysis of population dynamics-poverty reduction links in Uganda. One such study underpins household size-poverty reduction interrelations (Jogensen and Fox, n.d.), the other focuses on the impact of population growth on economic growth and poverty reduction, with emphasis on actual household size, age composition of households, the dependency ratio and changes in household size (Klasen and Lawson, 2007). The two are therefore micro-level studies, with the first one underscoring regional disparities and urban-rural divide. It is necessary to summarize the studies briefly as they represent the kind of work that MKUKUTA and MKUZA should commission sooner than later to shed light on population dynamics-poverty links.

- Household size and Poverty Reduction

The first study analyses the implications of fertility for poverty reduction in Uganda, considering smaller household sizes as the ideal situation (Jogensen and Fox, XXX). It found that over the past 15 years the poverty headcount in Uganda has reduced substantially from 56% to 31%, this positive development attributed to economic growth, though countered by high inequality. The aim of the country's poverty reduction strategy is to further reduce poverty by 50% by 2015, albeit in the face of persistent neglect of population change given the large average household sizes because of large numbers of children. The study estimated the relationship between fertility, the number of children per household and changes in the poverty headcount, revising previous estimates of the impact on poverty from changes in growth and inequality.

Placing emphasis on household size-poverty reduction links, the study sought to answer the following questions:

- a) What is the main cause of the recent decrease in the average number of children in households in Uganda—is it mainly due to changes in fertility, mortality, and/or the female age structures?
- b) How fast could poverty decline if fertility causes households' dependency ratios to fall? How is poverty likely to evolve in the future relative to different fertility scenarios?
- c) Is poverty in rural areas more or less responsive to changes in household size compared to urban areas? What about regional differences?

The study identifies children per household by income percentiles; mothers' average age across income quintiles, Total Fertility Rate across income quintiles; and child mortality across income quintiles. It singles out two economic indices: growth incidence with/without an increase in the number of children during the period and growth incidence with/without a decline in the number of children during the period. Among other things, the study makes a regional analysis of: (i) the effect on poverty of changes in the number of children nationally and in respective regions; (ii) future poverty reduction with alternative fertility scenarios, specifically projections for percentage below the poverty line nationally and in rural versus urban localities, projections for poverty by 2015 nationally and in respective regions at the observed per capita growth rate on the one hand and at an assumed rate of 3.5 per cent; and (iii) two indices of family planning indices, namely female knowledge of formal source of contraception and female unsatisfied demand for family planning.

By providing, household, rural-urban, regional and national insights, the study makes a significant contribution to population dynamics-poverty reduction links. This renders it the characteristic study that MKUKUTA and MKUZA should commission once they underpin aspects of fertility which they wish to relate to poverty reduction. Tanzania's data from DHS series, HIS 2003-04, ILFS 2006, THMIS 2007-08, HBS series and PHDR series provide opportunities for analysing population dynamics-poverty reduction links in MKUKUTA and MKUZA processes.

- Impact of population growth on economic growth and poverty reduction

The second study analyses the impact of population growth on economic growth and poverty reduction in 1992-1999. It identifies variables such as actual household size; age composition of proportions of household members aged 0-5 years, 0-14 years, 15-60 years and 60 plus years; proportion of dependants in households; and changes in household size within the period. The study found that declining fertility levels lowered population growth rate and helped reduce poverty in Uganda.

Again the findings of the second study are instructive to MKUKUTA and MKUZA as it demonstrates the importance of applying population and socio-economic data to analysis of population dynamics-poverty reduction links. For URT which has never gone through distortions in development and data gathering which Uganda experienced in the military regime (1971-1979), the study constitutes a most relevant "best practice" in the region.

### iii. Mauritius: Rapid Fertility Decline and the End of Demographic Transition

A Joint ECA/OAU/ADB Secretariat (2002) study recognises Mauritius as an African "best practice" country, having experienced the most rapid fertility decline in the world. It identifies four factors behind this development:

- a. The rapid transition in marriage patterns (marriage postponement);
- b. Provision of basic education especially for women;
- c. The peaceful coexistence between the religions and religious leaders and their flexibility on family planning issues; and

- d. The strong family planning efforts based on a broad consensus and actively supported by government.

The Mauritian case is instructive for URT and Tanzania Zanzibar in particular, which still languishes in the second stage of the demographic transition in which fertility is high while mortality declines. That Mauritius has avoided falling into the poverty trap by diversifying its economy to reduce its long reliance on the sugar industry provides useful lessons for the island of Zanzibar with limited resources, though, like Mauritius, a popular tourist destination.

#### iv. Migrant Remittances: Contribution to Household and Community Economy

Migrant remittances are an index of rural-urban links and links between migrants' countries of origin and countries of destination. There is overwhelming evidence from different world regions of the importance of migrant remittances in the development of home communities. This involves internal and emigrants including the "diaspora", loosely conceived to mean nationals residing outside their counties of origin with which they maintain links.

Studies of internal migrants in different African countries provide insightful evidence on rural-urban migrants and their commitment to rural development at both household and community levels. The latter involves the so-called "home improvement unions" in Western Africa, and known as social welfare associations in Eastern Africa.

##### *a. Prospects of District Development Trusts in Tanzania Mainland*

In Tanzania, District Development Trusts (DDTs)—better known as either "Fund" or "Foundation"—can be strengthened to fathom their roles in rural poverty alleviation. They present an opportunity for MKUKUTA to explore fronts for possible inclusion in its activities, particularly those falling within the second cluster.

If Tanzania enlists the cooperation of its overseas diplomatic missions, it can track its diaspora, including brain drain to become involved in specific facets of poverty of reduction in the country. Several Asian and Latin American countries have engaged with their emigrants in development which encompasses poverty reduction. The best practices exist in the Caribbean with diasporas in the United States and Europe; Mexico, Colombian and Dominica with its nationals in the United States; Turkey with its emigrants in Europe; the Philippines with its emigrants in the United States; and Korea, Pakistan, Bangladesh, India and China with emigrants in different parts of the developed world.

These countries provide lessons that are instructive for Tanzania to involve emigrants in MKUKUTA and MKUZA. Working through their relevant TWGs, MKUKUTA and MKUZA would gain much by exploring the best practices in migrant remittances for development.

##### *b. Remittances to Mexico: From 0X1 through 2X1 and 3X1 Schemes*

Mexico is one of the countries that has benefited from migrant remittances, in the process perfecting the system for different levels of development. The Mexican best practice is based on a study by Rodolfo García Zamora (). From the Zatecas area of the country, Zacatecans have been migrating to the United States for more than one hundred years. That long tradition of international migration enabled these migrants, by the end of 20<sup>th</sup> century, to create an important network of *Clubes Zacatecanos* (hometown associations of Zacatecan migrants) in the United States.

It is based essentially on a shared sense of community with the places of origin, which connects the clubs in the destination communities to their hometowns, so that together they can accomplish joint activities benefiting those communities. These clubs originated in the 1960s in Southern California, organizing incipiently in Los Angeles in an effort to support migrants who were ill or injured and arranging to transport their dead ones' bodies back home to Mexico. From that social obligation, the clubs became involved in community infrastructure projects, in particular the repair of plazas, churches, sports fields, and cemeteries under the auspices of "0x1" because the sole instrument for financing the projects was the migrant dollar. By 1985, the Zacatecan clubs entered another phase to become the most important Mexican migrant network, based on more than 230 clubs and 14 federations, specifically to finance social infrastructure projects in the communities of origin.

That marked the appearance of the 2x1 programme in Zacatecas in 1993 when major transnational social networks of the migrants responded to a new type of public policy that attempted to leverage the migrants' contributions. The main objective of the 2x1 programme was to institutionalise the Zacatecan clubs' support of social infrastructure construction in the communities of origin by having the state and federal governments each contribute one dollar for every dollar that the migrants invested. The 2X1 programme was transformed into the 3X1 programme in 1999 when the municipalities joined by contributing an additional dollar, as did the federal government; thus for migrants' one dollar, an additional each was contributed by municipalities and the federal government. The period 199-2003 saw 310 basic social infrastructure projects accomplished in more than 35 *municipios* (municipalities) in Zacatecas. The projects included the provision of potable water, construction of sewer systems, electrification, road construction, paving, and repairs to or construction of sports fields, churches, parks, public plazas, an important social project of scholarships for students from first grade through college and some co-investment of migrant associations.

["Collective Remittances and the 3x1 Program as a Transnational Social Learning Process" (translated by Patricia A. Rosas), Seminar on **Mexican Migrant Social and Civic Participation in the United States**, held at the Woodrow Wilson International Centre for Scholars, Washington D.C., November 4th and 5th, 2005.

This best practice is instructive for Tanzania. In collaboration with Tanzanian migrant associations outside the country, Tanzanian DDITs, could emulate the Mexican 3X1 programme which engages in both financial and social remittances (non-financial remittances that include ideas, values and new forms of behaviour). Previous research has detected a sizeable group of Tanzanians in southern African destination countries of South Africa and Botswana where their expertise and resources could be mobilised for specific poverty-reduction projects in their country of origin.

#### *v. Kenya: A Strong Population and Development Institutional Framework*

Population issues as a concern to development planning were first highlighted in *Sessional Paper No. 10 of 1965 on African Socialism and Its Application to Planning in Kenya*. The paper noted a link between the country's population growth rate and its impact on socioeconomic development of the country. This awareness prompted the Government to adopt an official population in 1967 that culminated in the formation of national family planning action programmes under the auspices of the Ministry of Health. The programmes laid greater emphasis on the reduction of family size and spacing of children which was expected to contribute to reducing the population growth rate.

Box 3 shows that the NCPD, without clout to influence its home Ministry as and inter-ministerial activities, transformed into a Semi-Autonomous Government Agency (SAGA) as the NCAPD with enhanced capacity to work directly with government Ministries and with Development Partners. It represents a best practice of where the PPU and ZPU should go if population dynamics have to become an integral part of development planning, in which poverty-reduction looms large. Unless both PPU and ZPU are reconstituted with well-designed structures, integration of population variables into development planning, including reduction of poverty, will remain a mere pipe dream.

#### Brief Background and Historical Profile: From NCPD to NCAPD

Population issues as a concern to development planning were first highlighted in *Sessional Paper No. 10 of 1965 African Socialism and Its Application to Planning in Kenya*. The paper noted a link between the country's population growth rate and its impact on socioeconomic development of the country. This

awareness prompted the Government to adopt an official population policy in 1967 that culminated in the formation of national family planning action programmes under the auspices of the Ministry of Health. The programmes laid greater emphasis on the reduction of family size and spacing of children, which was expected to contribute to reducing the population growth rate.

To facilitate better population management, the Government established the National Council for Population and Development (NCPD) in 1982, as a department in the Office of the Vice President and Ministry of Home Affairs, to advise on matters pertaining to population and development. The role and mandate of NCPD was contained in Sessional Paper No. 4 of 1984 on *Population Policy Guidelines*, which was later revised to form the backbone of Sessional Paper No. 1 of 2000 on *National Population Policy for Sustainable Development* (NPPSD), produced to take into consideration the Programme of Action of the International Conference on Population and Development (ICPD) of 1994.

NCAPD was established in 2004 through Legal Notice No. 120 contained in the Kenya Gazette supplement No. 68 dated 20 October 2004. Thereafter, NCAPD produced Sessional Paper No.1 of 2000 on *National Population Policy for Sustainable Development* (NPPSD), which guides the implementation of the population and development agenda up to 2010 and beyond. NCPD also developed the National Plan of Action to implement the NPPSD and district-specific plans to implement NPPSD; and facilitated the development of national policies on adolescent reproductive health, the youth, gender and elderly persons.

#### Achievements

On the programme front, NCPD/NCAPD attributes the attainment of the following targets to its activities:

- Decline of population growth rate from 3.8% per annum in 1989 and to 2.5% in 1999;
- Decline in total fertility rate from 7.7 children in 1979 to 6.7 in 1989, 5.4 in 1993 and 4.9 in 2003;
- Decline in ideal family size among married women from 4.4 children to 3.8 in 1998 and 3.7 in 2003; - -
- Decline in maternal mortality ratio from 590 per 100,000 in 1998 to 414 per 100,000 in 2000;
- Increasing contraceptive prevalence rate (CPR) from 27% (1989) to 33% (1993) and to 39% (1998) for all married women.

Source: NCAPD website: [www.ncapd-ke.org](http://www.ncapd-ke.org)

#### *v. Ethiopia: Integration of Population Dynamics into Development Planning*

Ethiopia is one of the few countries in the region to make deliberate efforts in integrating population variables into development planning. In the country's framework, population dynamics constitute a "sector". The framework states its *broad objective* which is subsequently decomposed down to *purpose* or aim; further, each aim is divided into *outputs* or *indicators*; and then each output is decomposed into or *specific interventions activities*. The broad aims are only in terms on some long-term outcomes in demographic transition (and maturity of population) and enhancement of life expectancy of the population.

#### **3.6 A Brief Chapter Sum-up**

Accordingly, MKUKUTA II and MKUZA II drafters will need to adjust the current frameworks to suit the needs of Tanzania Mainland and Tanzania Zanzibar respectively. The best option would be for them to have joint writing workshops at which issues of common interest to the URT and those peculiar to the two components would be addressed and included in the new versions of the strategies.

## CHAPTER FOUR

### **4 FUTURE TECHNICAL SUPPORT FOR POPULATION DYNAMICS- POVERTY REDUCTION OF MKUKUTA II AND MKUZA II**

Successful incorporation of population dynamics in MKUKUTA AND MKUZA will depend largely on the technical support poverty reduction strategies attract from government and its development partners within and assigned to URT. Yet technical support will require a policy environment that will accommodate it without avoidable shortcomings. This chapter indicates how NBS, working closely with the Research and Data Analysis Working Group, could make itself equal to desirable technical tasks; proposes sectoral outfits for data generation and utilisation; analyses technical capacity in Tanzania for not only programme implementation but also coordination of development partners involved with population-poverty reduction links; considers institutional support to actors in population-development nexus; and suggests desirable foreign technical assistance wherever considered absolutely necessary.

#### **4.1 Revamping of the National Bureau of Statistics**

Charged with the exclusive responsibility as the country's data custodian, the NBS should endeavour to live up to expectations and respond swiftly in providing data that its wide clientele would demand. To do so, NBS will require capacity strengthening, acquisition of requisite resources and equipment, training and retention of personnel. It is proposed that URT and its development partners set up a commission work to assess the capacity and capability as well as shortcomings of the NBS to help it perform its duties as expected. This is essentially why NBS is a parastatal rising above all other institutions in matters pertaining to the Tanzania's demographic and socio-economic data. The immediate overture of NBS should be convening of a data producers-consumers seminar to thrust out events in the past, currently and in the future; identification of and sustained engagement with its key partners; evolving a proactive rather than a reactive stance; and disseminating its products through efficient and judicious means. NBS should also help in the production of "popular versions" of demographic inputs into MKUKUTA AND MKUZA to make an impact at grassroots level upwards. Against the backdrop of RAPIDS model, which NBS is already familiar with, it should assemble local experts to develop a population dynamics-poverty reduction (PODPOR) model to demonstrate and publicise the impact of population dynamics on poverty reduction in the country. The SPECTRUM suite of models proposed by the POLICY Project in Washington, D.C. in the United States provides an important source for this practical exercise which the Research and Analysis Working Group could spearhead.

#### **4.2 Sectoral Data Generating and Utilising Outfits**

Whatever efforts MKUKUTA and MKUZA make to target particular sectors of the Tanzanian economy might be fruitless unless sectoral data are available and analysed to generate desired results. The crucial issue is that data are often generated from, by and with the population for particular uses. The *MKUKUTA Monitoring Master Plan and Indicator Information* (URT, 200b) indicates the kinds of data necessary in the three clusters. These same can be modified for use in MKUZA, with little effort.

**MKUKUTA/MKUZA Cluster 1:** Meta-Data on growth and reduction of income poverty aspires to collect an indicator data on the percentage of rural population who live within 2 kilometres of all-season passable roads. Without transportation data collected from the resident population, collection of such data might not be possible. Indeed a survey to collect such data could include investigation of other infrastructure meant to serve the local population affected by poverty. The information could be refined further by collecting data on the kinds of transport used, affordability of the means of transport and the constraints observed.

**MKUKUTA/MKUZA Cluster 2:** Meta-Data on improved quality of life and social well-being identifies a wealth of population data that fall into five categories:

- *Literacy and education at all levels:* rate of population aged 15 years and above; net enrolment pre-primary and primary school levels; percentage of cohort completing standard VII; percentage of students passing the Primary School Leavers' Examination; teacher/pupil ratio; percentage of teachers with relevant qualifications; pupil/text book ratio; transition rate from Standard VII to Form I; secondary school net enrolment; per cent of students passing the Form IV examinations; and gross enrolment in higher education.
- *Measures in population dynamics and health status:* life expectancy at birth; infant mortality rate; under-five mortality; DPTHb3 coverage; proportion of under-fives moderately stunted by height for age; maternal mortality ratio; proportion of births attended by a skilled health worker; number of persons with advanced HIV infection receiving ARV combination therapy; HIV prevalence rate amongst 15-24 age group; and TB treatment completion rate; and proportion of population reporting to be satisfied with health services.
- *Provision of basic needs and dangers in their absence:* the proportion of population with access to piped or protected water as their main drinking water source (30 minutes – in terms of going, collection and returning); percentage of households with basic sanitation facilities; percentage of schools with adequate sanitation facilities (as per policy); and incidence of cholera cases.
- *Child abuse and health/ social welfare indicators:* proportion of children in child labour; proportion of children with disability attending primary school; and proportion of orphaned children attending school.
- *Elder's health and social welfare:* proportion of elderly accessing medical exemptions at public health facilities.

**MKUKUTA/MKUZA Cluster 3:** Meta-Data on governance and accountability covering population dynamics include: percentage of population with birth certificates; proportion of women among senior civil servants; and percentage of women representatives (elected) to district council; and the proportion of women among Members of Parliament.

### 4.3 Technical Capacity for Programme Implementation and Coordination

The United Republic of Tanzania will require technical capacity development to implement MKUKUTA and MKUZA and to coordinate efforts of development partners to support demographically oriented poverty-reduction activities. Throughout their investigations, the consultants learned that despite training nationals at universities and other institutions of higher learning, Tanzania has been constantly losing them to both the non-governmental sector and the international community thereby failing to deploy them in public-sector programmes such as MKUKUTA and MKUZA. To remedy this trend, the consultants suggest that:

- An inventory of Tanzanians trained in population dynamics be prepared to know the size, whereabouts and careers of the alumni in order to involve them in MKUKUTA and MKUZA, and in all population issues generally, to provide technical services in accordance with their experience and capabilities.
- DTU (in its present form or when it becomes the Centre for Population Studies), Teacher Training Colleges and other colleges at the same level develop curricula and offer training in population dynamics-links to broaden expertise and delivery of sound technical services to MKUKUTA and MKUZA.
- A training workshop should be mounted by MKUKUTA and MKUZA secretariats on integration of population variables into development planning, with special focus on population dynamics-poverty reduction links. For example, a training of trainers (TOT) would train lower cadres of personnel involved with MKUKUTA and MKUZA. The same can be done for MKUZA.
- As virtually all development partners in Tanzania support different aspects of MKUKUTA and MKUZA, they should be duly coordinated by their secretariats to avoid duplication of responsibilities and to streamline support from development partners for the benefit of beneficiaries in the country.



#### **4.4 Institutional Support to Actors in Population-Poverty Reduction Links**

All institutions involved in developmental activities are essentially actors in population-poverty reduction links. Unfortunately they are often overburdened with other tasks, understaffed and incapable of retaining personnel that have served them. They badly require institutional support in areas where they are deficiencies which compromise their work.

The first undertaking would be identification of all institutions involved with MKUKUTA and MKUZA, capabilities and incapacities of those institutions, areas requiring support and personnel's on-the-job training for proper induction onto the work of population dynamics-poverty reduction links. Against the backdrop of proper information on the institutions, it will be necessary to design directories of common needs on the one hand, and peculiar needs on the other hand, for which to seek necessary support.

It is gratifying to note that the Social Services and Demographics Cluster in which Population Issues are housed recognises the enormity of its task and that it realises its shortcomings in trying to meet the challenges confronting it. This is one institution which requires a broad-based team of social scientists and statisticians to shoulder responsibilities pertaining to MKUKUTA and MKUZA. The same can be said of both ZPPU and the MKUZA Coordination Office in Zanzibar, in linking up population issues in poverty reduction initiatives in that part of Tanzania.

#### **4.5 Monitoring, Supervision and Evaluation of MKUKUTA II and MKUZA II**

##### **4.5.1 Existing Monitoring and Evaluation Mechanism**

The need for data and information for effective monitoring and evaluation of poverty eradication in Tanzania for the ongoing set of initiatives since the late 1990s was noted since the Government's adoption of the National Poverty Eradication Strategy (NPES) in 1997, becoming even more pronounced under the first generation of contemporary Poverty Reduction Strategy contained in the Poverty Reduction Strategy Paper (PRSP). To ensure availability of timely and reliable evidence on poverty and its trends, a comprehensive Poverty Monitoring System (PMS) was designed in December 2001 as the Poverty Monitoring Master Plan (PMMP).

Among the issues described in the PMMP are information needs for pro-poor policy and decision-making; an institutional framework for poverty monitoring and a set of core Technical Working Groups (TWGs) on: (i) Surveys and Census, (ii) Routine Data Systems, (iii) Research and Analysis and (iv) Dissemination, Sensitization and Advocacy.

With the advent of MKUKUTA (and MKUZA was to adopt the same processes, with adjustments to suit its specific environment, so the reading that uses MKUKUTA alone should be understood to suit for the case of MKUZA also in this focussed context discussion) it was agreed that that the previous PMS should evolve and mature to permit deeper and broader monitoring of the range of issues covered by the three clusters of MKUKUTA and MKUZA. The revised Monitoring System refined these institutional arrangements to allow the system to both mature and broaden, and to strengthen links with MDA and LGA performance reporting. Information for monitoring changes has continued to be generated from national survey data, routine administrative data from MDAs and LGAs, and complementary research. All TWGs, Secretariats and Committees were strengthened.

There were some key shifts from the pre-MKUKUTA framework, aimed to streamline TWGs and the upper-levels of decision-making of the Monitoring System. The Steering Committee and Technical Committee under the previous arrangement were consolidated into one. In addition, the four TWGs are consolidated into three, to reflect the mandated role of the National Bureau of Statistics (NBS) in the quality control of all official statistics. The previous Routine Data TWG has become part of the enlarged Survey and Routine Data TWG. Therefore, routine administrative data systems from MDAs and LGAs were became more distinctly linked to official statistics which the NBS often oversees.

Membership of each of the three TWGs was expanded to include representation from MDAs for the three MKUKUTA clusters.

The structure of TWGs enables inclusion of Government, development partners, academic institutions, civil society and private sector. It recognises that within these, cross-cutting issues require to be well represented. TWGs are composed of broader membership than previously, and include Central and Local Governments, development partners, academic institutions, civil society and the private sector. This ensures capturing the cross-cutting issues. The Surveys & Routine Data TWG generates information that is analysed and complemented by research commissioned and/or coordinated by the Research & Analysis TWG. Findings are disseminated, and the Communications TWG seeks inputs and responses of the public.

These three TWGs report to the Technical Committee, which in turn reports to Inter-Ministerial Technical Committee (IMTC) responsible to Cabinet Ministers and onward to Parliament (see the organogram in the original MKUKUTA Monitoring System). The Technical Committee ensures that the products of the monitoring system are used to inform national policies and PER/budgeting process. The Secretariat to the Technical Committee was designated from within the (then) Ministry of Planning, Economy and Empowerment (now in MOFEA for both the Mainland and Zanzibar). The chairperson of the committee was the Permanent Secretary in the then Ministry of Planning, Economy and Empowerment (or his delegated representative), and the vice chairperson was the Deputy Permanent Secretary in the Ministry of Finance; currently MOFEA covers finance, planning, economy and empowerment, making facilitation of the IMTC easier than previously.

Finally, the Monitoring System also enhanced efforts to inform Parliament annually about progress being made. This is done through the Strategic Policy Briefs (SPBs), which draw from the outputs of the Monitoring System each year, and are produced under the auspices of the Technical Committee. Details of the scope of work and management of the Technical Committee, Monitoring Advisory Committee, and the TWGs are provided as specific “Terms of References” (Reproduced in the MMS as Annexes 1-6).

The above M&E system is clearly cumbersome. Much as it shapes the work of various organs in MKUKUTA (and hopefully MKUZA when the system becomes operational), it institutes unnecessary bureaucracy. Overall evaluation of MKUKUTA and MKUZA, when carried out, should critically review the M&E system and recommend a leaner but effective system.

#### **4.5.2 Data Requirements for Decision-making, Monitoring and Evaluation**

- Outputs from the MMS for Policy

The Monitoring System produces reports, some on an annual basis while others are produced intermittently. These reports draw on information from Government systems such as PER Reports, Sector Reviews and Budget Guidelines. In addition, these reports inform the elected and administrative branches of Government, donors (including those who provide General Budget Support) and non-state actors. Table 1 in the MMS document outlines the reports, frequency and responsibility. The groups and institutions indicated as having responsibility coordinate preparation of reports, but many other stakeholders are also involved and consulted. Some details on outputs from MMS for decision-making processes are provided below.

- MKUKUTA Annual Implementation Report

The purpose of the MKUKUTA Annual Implementation Report (AIR) is to track and aggregate results of activities and programmes, and to suggest subsequent strategic actions. It informs budget decisions and MTEF adjustments. The AIR involves a consultative process based on inputs from: (1) MDA and LGA Performance Reports (2) Independent PER review and cluster PER reports (3) Sector Reviews (4) PHDR and Short Reports on Growth and Poverty Status, and (5) Economic Survey. Its added value over other products is that it brings information about MDA and LGA outputs together into cluster analysis, and informs the subsequent Strategic Planning and Budgeting processes of these institutions. This facilitates and enhances the alignment and harmonization of Government processes.

- Strategic Policy Briefs

Strategic Policy Briefs (SPBs) are brief annual reports to the chairpersons of all Committees of Parliament. They provide updates on MKUKUTA achievements and suggest appropriate steps to be taken. In doing that, SPBS make an input into strategic reviews of the budget and the MDA planning processes;

- National Surveys and the first-level analysis

The National Bureau of Statistics (NBS) undertakes regular national surveys, as outlined in the survey calendar of the MMS document. NBS undertakes first-level survey analysis, that is, the production of data tables and their interpretation. The Surveys and Routine Data TWG provides advice to the NBS on the content of this first-level analysis, determining its relevance and linkages to MKUKUTA monitoring. Yet this is only a partial achievement. Tanzania's established research-based institutions should be made to access the data for further, more rigorous analysis to generate more useful information likely to give insightful population dynamics and socio-economic perspectives for MKUKUTA and MKUZA.

- Poverty and Human Development Report (PHDR)

The PHDR provides information on major changes over time (outcomes), and is produced every two years. It assesses change through the use of indicators, combined with analytical research on issues in the three MKUKUTA clusters (growth, well-being and governance). A combination of commissioned studies by the Research and Analysis TWG, analysis of data from national surveys and routine administrative data systems, and independent research undertaken by a range of institutions in Tanzania. It also draws on information from sector Public Expenditure Reviews (PERs). The purpose of the PDRs is to influence both national policy adjustments and sector Strategic Plans.

- Short reports on growth and poverty status

Short Reports are produced to provide input to the preparation of the MKUKUTA Annual Implementation Report for those years in which the PHDR is not produced. These short reports focus on the status of growth and poverty and are based on information provided through surveys, routine administrative data, sector reviews, and commissioned as well as independent research.

- “Views of the People” report on MKUKUTA implementation

This is a new initiative in MKUKUTA and MKUZA, which draws together people's perception of change during MKUKUTA implementation, in the process deepening the national understanding of local-level views. A range of research methods explored with relevant organisations and civil society include participatory appraisals, public perception surveys, and case studies. Potential instruments include Participatory Poverty Assessments, Policy and Service Satisfaction Surveys, and other forms of quantitative and qualitative research tools. The Communication TWG initiates the process of producing the “Views of the People” report by identifying the thematic areas of focus and preparing the initial draft Terms of Reference. Thereafter, the Research and Analysis TWG undertakes the studies and analysis, producing the draft report for approval by the Technical Committee for the Communication TWG to finalise and disseminate.

- Briefs on people's perceptions of implementation of MKUKUTA

To encourage people's feedback to MKUKUTA, the Communication TWG coordinates and/or produces briefs highlighting the issues raised for action. These emerge through information campaigns undertaken by the Communication TWG and through consultations undertaken by civil society or local authorities. The briefs raise issues which inform policy or highlight areas needing further research and analysis.

- Briefs on policy and topical papers

These documents provide concise and cohesive descriptions and analyses of specific issues, and are geared towards informing stakeholders of policy choices. They provide up-to-date information and analysis for the attention of decision-makers and non-specialist stakeholders. In essence, they are a strategic means of engaging those who might not read a lengthy national report, and who may find summary versions thin in detail. Their production is coordinated by Research and Analysis TWG.

The array of briefs highlighted above is just baffling for the supposed stakeholders and general readership to relate to what is expected of them in MKUKUTA and MKUZA. It will be necessary to subject them to thorough evaluation of their contribution to the poverty-reduction dialogue and operations. Those found to be useful should be maintained and those found wanting dropped accordingly.

#### 4.5.3 Data and Indicators

Indicators provide superficial evidence of changes in growth, well-being, and governance. They track poverty levels and help to assess whether Tanzania is on track overall in achieving the targets set in the MKUKUTA. They are complemented by research which provides analytical evidence of the causes and consequences of change. The MKUKUTA indicators were developed from the original PRS indicators through a process of review and adjustment (see Annex 7 of the main MMS document). In developing them, particular emphasis was given to exploring ways in which to plan for the most useful disaggregating data. Efforts were made to define which indicators could provide data for sub-national levels (*i.e.* regional and district) because this is particularly important for planning purposes at respective levels. In addition, disaggregating data by age, gender and disability has also been considered to ensure data availability and analysis once they are collected. While data for indicators are gathered and reported on annually, using survey data and routine administrative data, some indicators, given their nature and data sources, are reported periodically. This calls for strengthening the sector Management Information Systems (MIS) and Local Government M&E, which provide regular administrative data to improve quality, increase frequency of information and provide a means of verification of national survey findings.

The MKUKUTA and MKUZA indicators are, as far as possible, outcome orientated. They measure progress towards the overall MKUKUTA goals and targets. In totality, they add up to providing a picture of the major desired changes for people in Tanzania as defined in MKUKUTA. Whenever possible they are measured on an annual basis and reported through analysis presented in the biennial Poverty and Human Development Reports (PDRs) and the intermittently produced Short Reports on Growth and Poverty Status. Output indicators are also monitored for the MKUKUTA period. These measure achievements (often in the form of tangible results from activities and programmes) defined within MDAs' Strategic Plans and MTEF objectives. The MKUKUTA goals therefore are the overall framework for monitoring, and form the basis for outcome level national indicators. Outputs are reported and assessed annually mainly through MDA performance reports and sector reviews which culminate in producing MKUKUTA and MKUZA Annual Implementation Reports (AIRs). The full sector indicator sets are recognised for their contribution to more in-depth and detailed information than is possible through the aggregate set of national MKUKUTA and MKUZA indicators used at the national level in the Monitoring System. The linkage between the national indicators set for MKUKUTA and the sector-indicator sets is important given that national indicators are drawn from sectors. However, gaps that exist in sector MISs need to be addressed. Some Ministries do not have established MISs including several ones established under the new Government administrative structure in 2006; other Ministries require considerable quality upgrading of their MISs.

Beyond national surveys and sector MISs, there are Sentinel sites that are a potentially rich source of data. Considerable experience has been gained in Tanzania particularly by the health sector regarding the value and frequency of information from these sites. The work of Ifakara Health Institute (IHI) is instructive in this regard. If planned and implemented to a high standard sentinel sites can provide regular information which reflects the national situation. In the medium to longer term their importance in providing information will depend upon scaling up current initiatives, expanding beyond health and linking institutionally to the National Bureau of Statistics. This could help to keep

the costs of an increasingly heavy burden of national surveys within manageable limits, and provide a further angle for comparison with national survey and routine administrative data.

The MMS acknowledges that even with the efforts mentioned above, indicators have their limitations. Measuring outcomes through a predetermined, limited set of indicators may not tell the whole story of why a particular outcome has/has not been achieved. There may be external factors, or a combination of unforeseen events that affect the outcome of indicators. Therefore, indicators alone may not clearly explain the complexity of change. To have a large set of indicators for each MKUKUTA and MKUZA goal may not be the answer as, in any case, that would be extremely complex and expensive. This Monitoring System is comprehensive, affordable and manageable on the basis of the total number of national indicators. It aims to ensure identification, generation and analysis of priority information. In That way, the national set of MKUKUTA and MKUZA indicators is linked to, and complemented by, sector indicators and MISs. Change in any particular outcome indicator may also be due to other external factors. Therefore, exploratory thematic research, coordinated through the Research and Analysis TWG, complements indicator analysis.

#### **4.5.4 Capacity Development for Monitoring, Supervision and Evaluation**

- **Human Resources**

The MMS document does not provide for an explicit capacity development programme that is specific to Monitoring, Supervision and Evaluation as such. It provides details on human and financial resources in its chapter eight. The Monitoring System depends on a wide range of human resources at various levels. Fundamentally it depends on people's willingness to share their views and experiences of change. In this Monitoring System change is reported in two ways: through the aggregation of Performance Reporting from MDAs and LGAs, and through outcome analysis based on qualitative and quantitative research methods. Both of these approaches require skilled, experienced human resources functioning within a recognized and well-managed institutional arrangement. Experience has shown the opportunities and limitations of the above scenario. Opportunities have emerged mainly from people's willingness to participate in the monitoring system to date by sharing their views through surveys and qualitative research, as well as the growing desire to take part in the overall monitoring of change. Experience has also shown the importance of effective and consistent high level leadership, both for Performance Monitoring of MDAs and LGAs and for the analytical work which underpins outcome reporting.

Limitations also exist. There is fundamental recognition that the Monitoring System requires further development of MDA and LGA Performance Reporting and in-country capacity for rigorous poverty, growth and governance analyses. These are described below in more detail.

- **MDA and LGA Performance Monitoring**

Different levels and methods of planning have existed in Tanzania for many years. Their alignment and consistency is being strengthened. Strategic Plans and Budgets need to be guided by national planning frameworks. The Strategic Planning, Budgeting and Reporting Manual, together with SBAS11 go some ways towards this, but further strengthening of institutions is recognized as a priority issue in Government.

#### **Data sources**

Routine administrative data systems (sector MISs and Local Government M&E) have limitations in terms of gaps in some Ministries, and in terms of management, quality and timing of information. This is a large challenge given the size of Tanzania and its human resource base in sectors and in Local Government Authorities (LGAs). There is recognition that capacity building is needed in data collection, management, analysis and use. Strategies for undertaking this form part of the priorities of this Monitoring System.

Another fundamental limitation has related to national surveys. Although there is recognition of the huge strides made in carrying out regular surveys in Tanzania, continued concerns relate to the cost of the surveys themselves and the continued need for external Technical Assistance to ensure quality data entry, cleaning and analysis. The results of surveys have fallen behind schedule in some instances. The formulation of a national Statistical Master Plan is an important component of addressing this challenge.

## Data analysis

The over-dependency on external analysts with limited time and space factored in for in-country capacity development is also a priority to be addressed. This creates a deep challenge for Tanzanians determining their own development path. Many methods of analysis are indeed developed outside of the country (e.g. poverty mapping, combined methods, Social Accounting Matrices, Report Card Method, etc) from which Tanzania can benefit. There has also been limited experience in innovative research methods, and in the analysis of trends and breadth of issues in Tanzania. Indeed Tanzania remains a favoured testing ground. The development of Tanzanian researchers and policy analysts is increasingly urgently required. This requires new approaches to the currently slow, intermittent and ill-matched Technical Assistance approach to strengthen capacity.

- **Dissemination of information**

Tanzania has been very innovative in producing information for the public, including popularized versions of technical documents and the introduction of Poverty Policy Week (now referred to as National Policy Dialogue Week). However, limitations continue in ensuring information reaches all levels of the population, in enhancing two-way communication, and in the use of information in policy and planning. Methods of increasing efficiency and effectiveness through engagement with the private sector will be explored. Technical Assistance (TA) may be considered to strengthen some of these areas in accordance with the principles outlined in the Joint Assistance Strategy. Needs identification of Technical Assistance will be done by Government, and managed by Government. TA may be sourced from the Pooled Funds, in the spirit of harmonization and transparency of development assistance.

These limitations are priority issues to be addressed during the implementation of this phase of the Monitoring System. Towards this end, clear strategies for the strengthening of capacity of the key actors will be developed. Monitoring of progress annually will become part of the review process of MKUKUTA and MKUZA.

## CHAPTER FIVE

### ***5. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS***

This final chapter summarizes the key messages that have been generated and justified in the text in the previous four chapters; draws some conclusions, stated conveniently in terms of key challenges and opportunities for Tanzania to ultimately earn the demographic dividend; and finally, makes specific and actionable recommendations on “the way forward”. On its own, the chapter points to where MKUKUTA and MKUZA are in respect of population dynamics, where they should go and what they should do to realise that.

#### **5.1 Summary of Key Messages of the Study**

##### ***5.1.1 General Observations on Population Dynamics and the Economy***

- Seen in the broad frame the size of the population in relation to the land mass, population size, as perceived by most people, does not seem to be a problem for Tanzania and in particular Tanzania Mainland, but is critical for Tanzania Zanzibar given its land area and high rate of population growth. Population growth rate is higher (and has increased more significantly over two recent censuses) for Zanzibar than for the Mainland, posing more acute problems such as high population density on limited land mass, and consequently population pressure on resources.
- Tanzania as a whole is yet to go far on the path of “demographic transition” as both fertility and mortality are still high and are declining only slowly. This implies that the country’s “demographic dividend” is still a distant possibility. The country’s rapid population growth implies a doubling time of about two decades and a perpetually youthful population and a high youth dependency burden. Ageing looms on the horizon and will soon rear its ugly head in Tanzania when it will be least prepared to address the phenomenon.
- On the economic front, meeting MDGs would require at least 8-10% annual GDP growth rate, which under the present trends, and in spite of impressive macro economic performance in recent years, is not attainable in Tanzania. High population growth is clearly inimical to carrying capacities of resources at household, sub-national and national levels and population pressure on services negates poverty reduction efforts.
- Rapid population growth has yielded the “youth bulge” (noticeable in the typical “big stomach” population pyramid), which reduces labour absorption in formal and semi-formal sectors of the economy, putting immense pressure on possible employment opportunities, on services, and also as a potential political force of its own as it increasingly the segment of the population feels grossly neglected.
- The elderly, though currently a small segment of the population, is increasingly becoming a conspicuous “group” in terms of the burden they are increasingly carrying with orphaned children from the HIV/AIDS pandemic. The size of the elderly population is fast increasing due to (marginal) increases in life expectancy and in the provision of health services.
- The key interventions in population dynamics are still narrowly understood in terms of fertility regulation (in terms of family planning), not in the context of an integrated population and development framework.
- Although Tanzania Mainland’s National Population Policy has been in place since 1992, with a more recent version of 2006, and Tanzania Zanzibar’s was adopted in 2008, they have not been implemented within the framework of PRS. Unfortunately, population issues, which are merely lumped with other cross-cutting issues and supposedly mainstreamed in sectoral write-ups, have not been explicitly incorporated in MKUKUTA and MKUZA.

##### **5.1.2 Observations on Specific Components of Population Dynamics**

- Fertility is high and showing little signs of falling. Many reasons are cited and consolidated in Tanzania Mainland's National Population Policy among many credible documents and independent studies that have covered Zanzibar too.
- Variation in fertility is also conspicuous across regions and between Mainland and Zanzibar, which calls for regional specificity in tackling issues pertaining to fertility in MKUKUTA and MKUZA.
- Mortality is also declining slowly, posing constant potential danger to health of mothers, children and resulting in high pressure on services.
- Maternal mortality is perceived to be inadequately studied and the available scanty evidence amounts to mere (guess) estimates with widely ranging figures, reflecting a thin spread of related services. This is noted for both the Mainland and Zanzibar.
- Many studies underline the fact that the HIV/AIDS pandemic has a significant demographic and economic dent, especially for the Mainland. Imminent threats are appearing in Zanzibar as it expands the tourist and service industries.
- Internal Migration is seen to be dominantly a rural-urban phenomenon, even though little is known about rural-urban links in the Tanzania. The city of Dar es Salaam is perceived to be a "crisis dimension" in sheer size relative to other urban centres and relative to total urbanization in the country. Lack of an Urbanization Policy and implementation of the Human Settlements Development Policy of 2000, means that urbanisation and human settlement patterns are chaotic.
- There has been a general population movement eastward in Tanzania Mainland over the decades, a global phenomenon of populations moving closer to oceans. In Tanzania Zanzibar, migration is towards the city of Zanzibar, aggravating the urban crisis.
- Rural-rural migration, featuring with a clear southward movement in Tanzania Mainland has brought new challenges in land use and water conflicts (between agriculture and pastoralism); destruction of water catchments, game and forest reserves (pastoralism versus forestry and game reserves); and environmental degradation. These problems pose serious challenges for efforts to reduce poverty in the fast changing environment in which conflict among different land users is a most likely outcome. In Tanzania Zanzibar, the fast growth of coastal settlements poses environmental problem.
- Population density is still not an issue on Tanzania Mainland (except for some pockets of overpopulation and extreme under-population) but is conspicuously a problem in Zanzibar. In cities on both sides of the Union, population density is in crisis proportions relative to service capacities in health, education, sewerage and water, transport and general congestion. Environmental degradation is clearly a threat to poverty reduction efforts, compromising MDG 7, for instance.
- Refugees in Tanzania Mainland bring new dimensions: their sheer size causes problems associated with environmental degradation, crime, and other social ills; on departure, refugees leave behind an unproductive "scorched earth". Refugees being naturalized aggravate the challenges of settlements, social (dis)harmony with the locals displaced and pressure on the over-stretched government services. Efforts at integration of naturalised refugees with the locals pose a formidable short- to medium-term challenge.
- International migration is little studied and documented. One strand in argument sees "brain drain" from emigration of skills and labour generally for greener pastures in the "diaspora"; another sees some opportunities in remittances and transfers (direct investments) if they can be harnessed. In the absence of data, Tanzania does not know the size of its emigrants, their characteristics and potential contribution to development; nor does it know similar perspectives of its immigrants, information about which is reported in censuses, albeit without further incisive analysis.

### 5.1.3 Institutional frameworks for population dynamics and poverty reduction

- Frequent changes in custodians of Population Issues and of Poverty Reduction Initiatives in Tanzania Mainland pose challenges as the two interrelated concerns constrain their developing "roots" within their ever changing "homes", which adversely affects commitment in addressing them.



- Weak structure for overseeing population issues are noted in the absence of a formal PPU and the ZPU structures, with the result that NPP and still lacks an operative strategic implementation plan and with the ZPPU also weak and inadequately staffed.
- Weak institutions responsible for various core activities in MKUKUTA and MKUZA have been noted and discussed: The NBS for the Union Government and the OCGS for Zanzibar are cases in point.
- Data generation is weak, and where some is forthcoming, only first-level analyses are undertaken, implying unsatisfactory link between data producers and data consumers/users, not to mention lack of further analysis likely to generate more insightful results.
- The Technical Working Groups (TWGs) in MKUKUTA have weak coordination, bearing heavily on performance and on monitoring, supervision and evaluation. In addition, dissemination and Advocacy face greatest challenges among the TWGs.
- While macro-fundamentals in the economy show signs of macroeconomic recovery, their effects are yet to trickle down to meso and micro levels. Consequently, poverty, remains rampant. New generation PRS initiatives need a fresh look on transmission mechanisms.

## 5.2 Conclusions

The key conclusions from this study point to both Opportunities and challenges for the forthcoming MKUKUTA II and MKUZA II. This is because the study proposes that they be acknowledged as designers of the forthcoming generation of PRS grapple with details. Opportunities are to be taken advantage of as benchmarks, whereas the challenges are the possible obstacles to address, and MKUKUTA and MKUZA stakeholders should take cognizance of the spirit behind conclusions being underlined thus.

### 5.2.1 Key opportunities

The Key Opportunities now, not available at the drafting of MKUKUTA I are:

- Existence of a well-written National Population Policy of 2006 and the Zanzibar Population Policy of 2008, which contain the population dynamics requiring inclusion in MKUKUTA II and MKUZA II.
- Explicit recognition of the central role of population dynamics in any policy designs, with vast experience at sectoral levels in both the Mainland and Zanzibar.
- A move towards understanding notions of integration of population variables in development planning, which provides opportunities for incorporation of population dynamics in MKUKUTA and MKUZA.
- A strong interest of development partners and MKUKUTA and MKUZA stakeholders on population dynamics, even with still a weak understanding of key challenges to address.
- Many emerging “best practices”, some from the region to which Tanzania belongs, which can be used as benchmarks for both MKUKUTA and MKUZA.

### 5.2.2 Key challenges

The key challenges facing efforts to incorporate population dynamics in MKUKUTA and MKUZA are:

- Unstable location of the institutional framework and weak structures for overseeing MKUKUTA MKUZA.
- Weak and frequent changes in institutional framework for oversight of population issues. Both the former PPU (currently mainstreamed in the Social Services and Demographics Cluster) in Tanzania Mainland and the ZPPU are weak and might not yield desired results unless they are reconstituted to emulate some existing “best practices”.
- Capacity building is a key requirement for institutions (e.g. NBS and down to sector data custodians) and individuals who serve them.

- National Population Policy for the Mainland yet to become operational, whereas the Zanzibar Population Policy is still in a nascent stage before its launch.
- Rapid population growth in a small, confined and resource poor island environment is a major challenge for Zanzibar.
- Inadequate dependable resources and the thin skilled human resource base are more binding challenges for Zanzibar than the Mainland.

### 5.3 Recommendations

- Review the NPP for the Mainland with a view to isolating key elements for incorporation in MKUKUTA II, and correspondingly for the ZPP in Zanzibar for MKUZA II.
- Institute the Organogram (structures) for the implementation of the NPP and provide ‘teeth’ to other relevant institutions in the Mainland, while speeding up related interventions under the ZPP in Zanzibar
- Enhance capacities of key actors in data production and analysis, in training of relevant skills for integration of population in development planning, including poverty reduction.
- Institute deliberate interventions to enhance clout, capacity and stability of national offices responsible for population issues (ZPPU in Zanzibar and the Social Services and Demographics Section the Mainland in the absence of a formal PPU).
- Facilitate coordination of various actors in the population-poverty reduction “nexus”, to link up the MKUKUTA and MKUZA monitoring system, training institutions, and independent resource persons and institutions with requisite skills.
- Inadequately studied migration (both internal and international) and urbanization should become priority areas for research and commissioned studies, with a view to institute appropriate policies for the Mainland and Zanzibar.
- Engage with Elected Bodies, e.g. Parliament (through Parliamentarian Associations) or through the Sector Working Groups and Committees in Parliament with responsibilities on population issues.
- Initiate and enhance dialogue and interactions with countries or institutions with the “best practices” in the region, including cases where explicit population-development modelling has become an established tradition.

This study should become a turning point for addressing routine incorporation of population dynamics in MKUKUTA and MKUZA. Its recommendations might require technical backstopping by development partners provided they reach mutual agreements with MKUKUTA and MKUZA secretariats on definite support to enhance their capacities. That Tanzania has a wealth of informative studies poses both opportunities and challenges to do this.

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## APPENDICES

### A. Terms of Reference

#### POPULATION DYNAMICS AND POVERTY

Analysis of the Impact of Population Dynamics on Socio-Economic Development and Integration in the  
MKUKUTA/MKUZA Review  
Terms of Reference, July 2009

(Abridged Version: 02.07.2009)

#### I. Background

The fight against poverty is a longstanding agenda in the history of Tanzania. The National Strategy for Growth and Reduction of Poverty (MKUKUTA) and the Zanzibar Strategy for Growth and Reduction of Poverty (MKUZA) are second generation poverty reduction strategies. The two strategies are due for review in 2009. The review provides an opportunity for assessing the extent of alignment, harmonization, and effectiveness of these processes and strategies as well as core reforms. The final product of the review process is the *new strategy*. Intermediate outputs to guide the process will include *analytic/ research papers* generated from various internal processes and commissioned work.

The 2007 Household Budget Survey (HBS) shows that the proportion of people living in poverty has decreased by 2.4 percentage points from 2001 to 2007. However, the reduction in the poverty ratio indicated by the 2007 HBS data has not been able to compensate for the growth rate of the population of about 2.9 percent per year (Tanzania mainland). As a result, the reduction in the proportion of poor people translated in an increase of more than one million people living in poverty in mainland Tanzania between 2001 and 2007 from 11.7 million in 2001 to more than 12.7 million in 2007. Zanzibar population growth rate is 3.1 percent per year (2002). The 2004/05 Zanzibar Household Budget Survey (HBS) revealed poverty among female-headed households is slightly higher than for male-headed households. Many studies acknowledge the links that exist between population dynamics and development. Population trends affect the course and prospects for poverty reduction. Population parameters were not explicitly addressed in MKUKUTA I & MKUZA I. Without taking population growth into account policy makers could miss the signals of their need for investment and misplace their priorities.

Fertility in Tanzania has not changed in the last ten years. Fertility varies by residence (rural/urban), province, household's wealth, mother's education and economic status. Age at marriage varies greatly with education and residence. More than a quarter of young women age 15-19 have already begun childbearing. More than 1.2 million people are added to the population of Tanzania, every year. Fertility is highest in Kigoma, Shinyanga, Tabora, Kagera and Pemba. In Tanzania, almost 65 percent women are married by their twentieth birthday. High fertility strongly increases a woman's lifetime risk of dying from pregnancy related causes. High fertility in Tanzania is skewed towards rural, uneducated and less well-off women. Younger women, particularly from poorer socio-economic groups are at a higher risk of pregnancy related deaths as a result of complications from early pregnancies. Women need to be empowered to avoid unwanted pregnancies, avoid high risk pregnancies; every birth should receive skilled attendance at delivery. The death of a mother hazards the lives of any surviving children under the age of five. Poor health, illiteracy, inadequate schooling, social exclusion, powerlessness and gender discrimination contribute to poverty. Rapid population growth also undermines the efforts of the education system in a vicious cycle of mutually destructive ways, as the number of school age children increases, so does the demand for school teachers. The challenge grows with time, as more than 44% of the population in Tanzania is under the age of 15.

Adolescents account for a large share of total populations, but young women and men are underserved in development planning. Population sub-groups need special attention. Given the importance of the timing and manner of initiation of sex and reproduction for later experience and choices, adolescents require programming priority. Early childbearing is riskier and exacerbates population growth. Unmet need for family planning among sexually active adolescents is disproportionately high. Poor health, illiteracy, inadequate schooling, social exclusion, powerlessness and gender discrimination contributes to poverty. Poor health diminishes personal capacity, lowers productivity and reduces earnings. The importance of population dynamics and structure, reproductive health (*including adolescent reproductive health and HIV/AIDS prevention*), gender equality, equity and empowerment of women and for poverty reduction is fundamental.

Rural-rural migration is rapidly increasing, especially among pastoralists. Two factors that predispose rural poor people to vulnerability are seasonality and risk. Both these factors can be ameliorated by migration. Migration takes place in large part in response to existing imbalances and inequalities in development, livelihoods, employment opportunities, income and living conditions between different parts of the country. The urban population is projected to rapidly increase, as a result of a set of factors including migration from rural areas, natural growth in urban areas and reclassification of surrounding areas as urban as settlements sprawl over larger areas. The rapid growth of urban settlements poses special challenges.

Demographic factors and trends also have a synergistic relationship with developmental and environmental issues. Rapidly growing population implies rapid increase in the use and effect on land, water, energy and national resources. The relationship between migration and development has not been explored. Integrating migration to development policy agenda deserves a more prominent role.

Though young people's needs were included in the MKUKUTA I and MKUZA I, the analysis of their situation is limited because little or no reference is made to readily available data. It is almost not possible to eradicate poverty without addressing the [poverty of the demographically largest population cohort (*young people under 25 years old*).

Women in Tanzania have a lower standard of health, less schooling, and fewer opportunities than men. Gender differences between men and women threaten women's health and even their survival. Gender norms that put women at a disadvantage reduce women's choices, including choices about marriage, sex, contraception, and childbearing. Gender norms restrict women's ability to obtain schooling, health care, and employment. They condone domestic and sexual violence against women and prevent women from gaining the resources, knowledge, and freedom that could empower them to achieve equality with men in society.

## **II. Purpose of the Consultancy**

The MKUKUTA/MKUZA review covers six overall themes under which a number of specific study/review areas have been identified, one of which is "population dynamics and poverty". The overall six areas are (a) Assessment of development impact (MDGs); (b) Assessment of what was achieved in terms of key policy/institutional reforms, capacity development; (c) Analysis of the facilitating and inhibiting factors and identification of key constraints; (d) Review of budget allocation and its alignment of MKUKUTA/MKUZA priorities; (e) Aid effectiveness; and (f) Effectiveness of M&E. The review in addition to inputting directly into the next generation MKUKUTA/MKUZA is also anticipated to feed into the revision of the development partners' country assistance strategies.

Issues of population dynamics need to be critically analyzed noting that population can be a growth facilitator or growth inhibitor. Thus, a review is needed in the area of population growth, demographic patterns, high dependency ratio and internal migration to ascertain the effect and link to poverty reduction and economic growth. As part of the UN's support of Government commitment to address population dynamics and their links with poverty reduction, the consultancy will:

- i. Review relevant policies, laws, documents; and key informant interviews on the population dynamics to; dependency ratio, internal migration, supply of skilled labour force, urbanisation, etc. to determine the effect and link to poverty reduction
- ii. Review the trends in population and development in Tanzania, and their implications for socio-economic development; which factors lead directly to the number of births being so high?
- iii. Identify appropriate population strategies that will facilitate the implementation of population-related sectoral strategies in order to meet the respective sector targets;
- iv. Initiate the process of scenario building and develop an agreed set of population parameters as basis for population estimates and projections and thereby generate consistent population/demographic data (population size, growth rates, fertility rates, mortality rates, net migration), disaggregated by gender, age, rural/urban distribution, etc. for use by consultants in the other sectors in the MDG needs assessment.
- v. Promote the inclusion of population strategies in the MKUKUTA/MKUZA, their subsequent implementation and monitoring and evaluation frameworks. Propose a population and development strategy plan to be integrated into the MKUKUTA/MKUZA and the relevant sector plans.
- vi. Identify human, institutional capacity financial and policy gaps, at national and sub-national levels, in integrating population and development planning and budgeting.

## **III. Work Setting and Methodology**

The consultant, working in close consultation with the President's Office, Planning Commission; the Ministries of Finance and Economic Affairs (Union and Revolutionary Government of Zanzibar) and building on ongoing processes, will address the following issues:

- i. **Population dynamics and poverty:**
  - a. Identify the main causes of fertility decline—including to changes in fertility, mortality, and/or the female age structures, make a cost/benefit analysis of fertility reduction,
  - b. Identify the underlying factors for the persistently high fertility in Tanzania;
  - c. Make projections how fast poverty could decline with the fall in fertility and its implications on households' dependency ratios. How is poverty likely to evolve in the future relative to different fertility scenarios? Is poverty in rural areas more or less responsive to changes in household size compared to urban areas? What about regional differences?
  - d. Analyse the impact of fertility declines on poverty in Tanzania through an analysis of smaller household sizes; main causes of high fertility and cost/benefit analysis of fertility reduction, and poverty decline vs. decline in fertility and implication on household dependency ratio.
  - e. Explore the fertility outcomes and socio-economic consequences associated with marriage, including incidence of HIV/AIDS, and the variation in outcome by the characteristics of marriages;
  - f. Explore the impact of family size on child welfare outcomes, such as neonatal and non-neonatal infant mortality, child mortality, and anthropometric measures of child nutritional status. How can Tanzania realize the poverty reduction benefits from lower fertility?
  - g. Assess the socio-economic benefits attached to the reduction of premature adult mortality due to access to antiretroviral treatment, using impact evaluation methods; with data collection;
  - h. Review the status and prospects of meeting the family planning needs (*with special focus on maternal and infant morbidity and mortality*),
  - i. Examine the impact of changes in fertility and childbearing practices on women's labour force participation, and
  - j. Examine the link between migration (*both internal and international, including issues of the Diaspora*) and poverty reduction in Tanzania, and compare the situation with experiences obtaining in other African countries.
- ii. **Investing in the young people & Demographic dividend:**
  - a. Using available data on young people show how they have been affected by poverty, and provide a comprehensive picture of the current and future significance of young people in the economy,
  - b. Using a rights-based approach to addressing the needs of young people in poverty, provide evidence of young people in poverty and how they are fairing with reference to youth-based MDGs; and
  - c. Show demographic profile of young people and show how lowering adolescent fertility can address several MDGs.
  - d. Assess the current population structure and propose what needs to be made to turn this bulge of the young in the population into a "demographic bonus";



- e. What needs to be done, in terms of policy and investment, to hasten the opening of a “*demographic window*”?
- iii. **The impact of HIV on poverty reduction efforts:**
  - a. Identify and estimate the population of the most vulnerable groups that will permit systematic targeting of the ‘*poorest of the poor*’ e.g. (*illiterate women, HIV infected and affected women, AIDS orphans etc.*), for a more effective service delivery and development programming for poverty reduction, and
  - b. Work with other consultants to ensure integration of population, gender and HIV/AIDS into all the sectors (*viz, articulation of the interrelations between economic growth/change and population dynamics - growth, structure and distribution*) and MKUKUTA/MKUZAZA and MDG issues such as poverty reduction, health improvement, access to education, etc.
- iv. **Poverty mapping and Pro-poor intervention targeting the poor and most vulnerable:**
  - a. Review the distribution of poverty over time, and quantify the components of this development, analyzing demographic trends by income group, sex, age, geographical location and by quintile, and
  - b. Providing projections for the future degree of poverty in Tanzania based on assumptions for the future economic growth and future alternative fertility scenarios, disaggregate the poverty projections into regional estimates; and
- v. **Availability of demographic data for development decision making (*Demand, Access & Use*)**
  - a. Assess the availability, access and use of demographic data for development decision making (*data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS – analysed and used at national and subnational levels to develop and monitor policies and programme implementation; and used to guide resource allocation for improved quality of life and sustainable development and poverty reduction*);
  - b. Assess the capacity to produce reliable data for assessing demographic trends, analyzing the socio-economic situation of women and other gender issues, designing evidence-based pro-poor policies, strategies and programmes, integrating population factors into development planning, monitoring and evaluating the effectiveness of policies and programmes, tracking progress toward national and internationally agreed development goals, etc.,
  - c. Assess the availability of information about growth, movements, structures, living conditions, spatial distribution, etc. policy formulation, planning and implementation, and for monitoring and evaluation, and
  - d. Analyse the available data on access to reproductive health services and information to show the differential impact among difference income groups in Tanzania on the following variables: *delivery by a skilled attendant, adolescent fertility, having children at younger ages, contraceptive use, total fertility and infant mortality.*

#### IV. **Expected Outputs**

- i. Submission of a comprehensive report on population dynamics and poverty’:
  - a. *Taking into consideration the rights-based approach to programming,*
  - b. *Articulating the interrelations between economic growth and poverty/ changes and population dynamics – growth, structure and distribution in the specific context of Tanzania,*
  - c. *Articulating the factors behind the rapid population growth in the country and how they are and could be addressed, making a comparative analysis of similar economies to Tanzania, including Uganda;*
  - d. *Articulating the centrality of population issues in achieving sustainable human development, the significance of mainstreaming gender and HIV/AIDS in the realisation of Tanzania’s development objectives,*
  - e. *Highlighting the population (and socio-economic) data needs for monitoring and evaluation of the MKUKUTA II and MKUZAZA II, and issues of capacity building for data collection, processing, analysis and dissemination, research and development that will be required to monitor and evaluate MKUKUTAZAII/MKUZAZAII.*
- ii. An updated National Population Policy and Implementation Plan for MKUKUTA/MKUZAZA II;
- iii. Making presentations to forums of stakeholders (**to be identified**) composed of senior Government officials, Development Partners, Civil Organisations (CSOs), etc.

#### V. **Work plan/Timing**

This assignment will take **twenty six (26) working days in July & August 2009.**

#### VI. **Profile of the Consultant**

- The consultant is expected to have the following skills and experience:
- i. *An advanced Degree in Demography, Sociology, Economics, Statistics, Population Studies or its equivalent in a related development work,*
  - ii. *Experience in linkages between population and poverty,*
  - iii. *Experience in population-related policy development,*
  - iv. *Experience in PRSPs and MTEF analysis*
  - v. *Understanding the gender and human rights dimensions in population and development*
  - vi. *Strong written and verbal communication skills in English, and knowledge of basic computer programmes.*

## **B. Consultations with Persons and Institutions visited/met**

### **1. President's Office, Planning Commission**

- i. Ambassador Charles Mutalemwa, Permanent Secretary
- ii. Mr. E. Mjema, Director, Social Services and Demographic Cluster
- iii. Ms. Florence Mwanri, Assistant Director, Social Services and Demographic Cluster

### **2. Ministry of Finance and Economic Affairs**

- i. Ms. Anna Mwashu, Director, Poverty Eradication and Empowerment Division (PEED) & Coordinator of the MKUKUTA Review
- ii. Ms. Albina Chuwa, Director General, National Bureau of Statistics
- iii. Ms. Radeunda H. Maro, Director of Statistical Operations, National Bureau of Statistics
- iv. Mr Ahmed Makbel, Manager for Statistical Methods, Standards and Coordination, National Bureau of Statistics
- v. Ireneus Ruyobya, Head, Census Programme
- vi. Mr. V. Tesha, Head, Trade and Transport Statistics, National Bureau of Statistics
- vii. Mr. G. Madembwe, Administrative Manager, National Bureau of Statistics
- viii. Mr. M. Oyuke, Principal Statistician, National Bureau of Statistics

### **3. Ministry of Finance and Economic Affairs (Zanzibar)**

- i. Dr. Hamed Hikmany, Commissioner & MKUZA Coordinator,
- ii. Mr. Yakout H. Yakout, Commissioner for Human Resource and Development
- iii. Mr. Mwita, Commissioner for Budget.
- iv. Ms. Mayasa Mahfoudh, Head of Social statistics – OCGS

### **4. Ministry of Health and Social Welfare, Zanzibar**

- i. Dr. Malick Juma
- ii. Mr. Attiye J. Shaame
- iii. Mr. Kassim Kirobo

### **5. State University of Zanzibar**

Dr. Zakia Mohamed – Head of Research Unit

### **6. Zanzibar Commissioner for AIDS (ZAC)**

- i. Asha Abdullah Executive Director
- ii. Ms. Halima Mohamed (Head of Policy and Planning)

### **7. Ministry of Agriculture, Livestock & Environment**

- i. Dr. Islam Seif Salum, Director of Policy and Planning, and
- ii. Mr. Ali Juma Director of Environment

### **8. Ministry of Labour , Youth, Women and Children Development**

- i. Ms. Halima Abdulrahman Omar, Programme Manager
- ii. Ms. Rahma A. Khamis, Director for Women and Children Development
- iii. Ms. Radhiya R. Haroub

### **9. Ministry of Education and Vocational Training.**

Ms. Khadija Ali, Director of Policy and Planning

### **10. The United Nations Population Fund (UNFPA)**

- i. Dr. Julitta Onabanjo, Representative,
- ii. Dr. Esther Muia, Deputy Representative,
- iii. Mr. Christopher Mwajjonga, Assistant Representative
- iv. Ms. Fatma Bilal, Liaison Officer, Zanzibar
- v. Dr. Rita Noronha, National Programme Officer, Reproductive Health

11. **International Monetary Fund (IMF)**  
Mr. David O. Robinson, Senior Resident Representative
12. **United National Development Programme (UNDP)**
  - i. Mr. Steven Lee, UN Governance Advisor (Cluster III)
  - ii. Mr. Amarakoon Bandara, Economic Advisor
  - iii. Niels Vestergaard Knudsen, Programme Analyst, DPG Secretariat
13. **The World Bank**
  - i. Ms. Chiyo Kanda, Snr. Operations Officer
  - ii. Adam Nelson, Country Officer
14. **University of Dar es Salaam**
  - i. Prof. Sam Maghimbi, Dean, Dar es Salaam University College of Education
  - ii. Prof. M. J. Mbonile
  - iii. Dr. Dungumaro,
  - iv. Dr. Francis Sichona
  - v. Dr. Abunuasi Mwami
15. **The European Union**  
Dr. Hendrik Van Der Heijden, Snr. Economic Intl. Consultant
16. **United Nations Fund for Women (UNIFEM)**  
Ms. Hendrica Okondo, Programme Manager
17. **International Organisation for Migration (IOM)**  
Monika Peruffo, IOM Programme Coordinator
18. **The Joint United Nations Programme on HIV/AIDS (UNAIDS)**  
Dr. Luc Barriere- Constantin, Country Coordinator
19. **Research on Poverty Alleviation (REPOA)**
  - i. Dr. Donald Mmari, Director of Commissioned Studies
  - ii. Ms. Paula Tibandebage, Director of Training
  - iii. Mr. Lucas Katera, Director of Research and Policy Analysis
  - iv. Ms. Blandina Kilama, Researcher
20. **Ifakara Health Institute (IHI)**
  - i. Dr. Charles Mayombano, Snr. Research Scientist
  - ii. Dr. Rose Nathan, Project Head
  - iii. Dr. Honorata Masanja, Project Head
21. **Ardhi University**  
Prof. E. Mwageni, Deputy Vice Chancellor
22. **The Royal Netherlands Embassy**  
Dr. Rik Peeperkorn, First Secretary (Chair DPG-Health)
23. **The British High Commission**
  - i. Adrin Stone
  - ii. Tanya Zebroff
24. **The Economic and Social Research Foundation**  
Mr. Festo Maro, Research Associate
25. **Tanzania Gender Networking Programme (TGNP)**
  - i. Mary Rusimbi, Former- ED, TGNP
  - ii. Prof. Ruth Meena, Professor/Chairperson TGNP/ RAIDA Learning Centre

26. **Tanzania Commission for AIDS (TACAIDS)**  
Dr. Fatma Mrisho, Executive Chairperson, TACAIDS
27. **Embassy of Sweden**  
Mr. Jan Grafstrom
28. **Ministry of Home Affairs**  
V.P. Ntialundura, Economist
29. **Ministry of Community Development, Gender and Community Development (MCDGC)**  
Mr. A. Lushiku, Asst. Director, Policy and Planning
30. **National Institute for Medical Research (NIMR)**  
Dr. J. Massaga, Epidemiologist
31. **EngenderHealth**  
Ms. Witness Motta, Tech. Advisor
32. **Japanese International Cooperation Agency (JICA)**  
Yuzuru Ozeki, JICA Consultant
33. **Ministry of Education and Vocational Training (MOEVT)**  
Mr. C. Muhwela Kalinga, Director, Policy and Planning
34. **Tanzania Youth Coalition**  
Mr. Humphrey Polepole, Chairperson
35. **Youth Serve Tanzania Trust**  
Robert Kasenene, Assistant Director

## C. Population Issues raised by MKUKUTA and MKUZA Stakeholders

### I. Consultations in Tanzania Mainland

Consultations with some stakeholders raised the following population issues that the respondents considered important:

- Population issues are considered crucial in development in general and poverty reduction in particular as well as in emerging policy issues thanks to the minutes of MKUKUTA Review Meeting of 3<sup>rd</sup> June 2009.
  - Fertility is favoured, especially among poor families who consider it not only an insurance against infant mortality but also a boon for child-to-parent wealth transfer. However, concern was raised about the lack of serious inquiry into reasons for preference to the “large family” norm.
  - Emphasis was made on the logic of “girl child education” for rational reaction to population-development nexus as it was likely to reduce fertility and result in small family size, ultimately slowing the population growth rate.
  - Concern was raised about the need for maternal education and care of women, especially those in the immediate post-natal situation.
  - There is need for instituting growth drivers at the household level in Income Generating Activities (IGAs), especially in rural areas and peri-urban areas.
  - There is a strong desire for expansion of rural economic opportunities to check fast urbanization.
  - It is desirable to assemble good data on the Tanzanian diaspora and emigrants as possible sources of poverty reduction through remittances and development of skills and entrepreneurship.
  - It is necessary to invest in the youth, with *Jeshi la Kujenga Taifa* (JKT) used as a conduit for imparting economic discipline and skills to the youth to check unemployment, raise productivity and contain crime. In doing that, it was imperative that emphasis should desist from the defunct JKT system which put unnecessary premium on military discipline, rather than developing skills of the youth for deployment in development pursuits. A revamped JKT will require a totally different framework involving more actors than just the Ministry of Defence.
- *National Bureau of Statistics*

The National Bureau of Statistics (NBS) occupies a special place in Tanzania as the official custodian of credible data under the Statistics Act of 2002. Consultations with NBS revealed the following:

- NBS operations are donor driven in all its key mandates, with limited funding from the Government of the United Republic of Tanzania.
  - Key constraints are in resources: funds, human capital and training facilities; and equipment gaps are critical at both the NBS headquarters and in the regions. To improve services to its clients, NBS aspired to establish a one-stop centre for statistics in line with the Marrakech Plan of Action for Statistics.
  - Lack of resources tends to constrain dissemination and advocacy of available data, especially of population projections and their implications for future population-development interrelations.
  - Warehousing for data is still a key problem despite the longevity of NBS, but will soon be over as its construction is currently underway.
  - NBS has not been working closely with Poverty Eradication Division (PED) except in the MKUKUTA formal fora.
- *Demographic Unit, University of Dar es Salaam*

Consultation with dons of the University of Dar es Salaam at the Demographic Training Unit (DTU) provided interesting theoretical insights that call for further research, the quest for training and the need to enhance improved links between academic and policy institutions. The following issues emerged from this consultation.

- DTU provides training in MA in Demography.

- Individual trainers in population-development nexus noted that population growth is too high to permit mobilisation of resources to support more a larger population. Also the “youth bulge”, which is noticeable in the population pyramid, poses pressures on services and employment in the near to medium future.
- While some researchers believe in and espouse explicit and draconian policies for checking population growth, others have taken the opposite position in respect of particular areas in the country – a stance which they wish to pursue further in research.
- The dependency ratio is too high under the present population structure and likely to increase because fertility does not decline significantly when mortality falls.
- Gambling with children as “assets” is linked to the “tragedy of commons” since ultimately society will have to take care (not just the parents of) such children.
- There should be emphasis on intensified provision of education for girls, followed by career development to help females embrace career development and marry later thereby reducing and slowing the rate of population growth.
- There should be further emphasis on developing skills of the youth who have the greatest potential for economic growth, but who are also a threat to “The Establishment” if ignored.
- Training in Population Studies and Research should address population dynamics at household or individual levels, including family size, and interrogate the validity of conventional paradigms on the value of children.
- UNFPA is urged to resume funding research and training. There needs to be more emphasis on policy research which informs policymakers and Parliament via Parliamentary Committees, Associations and organisations and so on. Such training should entail short-term, tailor-made courses which help enhance interactions among different stakeholders of population-development interrelations.
- DTU makes a plea to UNFPA to speed up discussions on funding the Centre for Population Studies soon to be established at the UDSM.
- It is important to review possibilities for systematic training in population-development nexus, especially in the Teacher Training Colleges and in schools generally.
- Little is known on international migration including the Tanzanian diaspora, even of academics – an area crying for research.

▪ *Tanzania Youth Coalition*

Consultations with a representative of the Tanzania Youth Coalition (IYC) revealed interesting and some controversial concerns as follows:

- In Tanzania, youth are considered those falling in the age bracket 15-35 years, but 15-29 years for services. This is consistent with the internationally stated recommendation.
- Problems facing the Tanzanian youth include unemployment and visible challenges (for example, the absence of youth in rural areas as they take to rural-urban migration, their marginalisation to benefit from programmes being implemented and their non-involvement in agriculture).
- There exists “dictated” (not youth-preferred) skills in entrepreneurship which fail to respond to young people’s skills needs and which is often frustrated by taxation without proper assessment of young people’s commercial enterprises.
- The potential of youth has been demonstrated by the graduation of some youth from a lifestyle of subsistence to entrepreneurship, helping build “local democracy for local governance and holding periodic meetings (at least four times a year) to deliberate on their issues.
- Opportunities exist but are not exploited to isolate revelations on young people from annual events (e.g. the World Population Day) or from the MKUKUTA Monitoring Reports.
- There is need to adopt a holistic approach to young people’s issues to avoid compartmentalising them in the context of livelihood, health, HIV/AIDS and so on. Youth is a cross-cutting issue in population dynamics-poverty reduction links.
- There is no “home of the youth” and different sectors try to handle young people’s issues only in consistency with the sectors’ mandates.
- The “good/best practices” of young people are seldom reported to paint them in positive light as opposed to the negative light which often dominates.
- MKUKUTA lacks actionable programmes for young people.

Consultations on gender perspectives of population dynamics in the context of MKUKUTA revealed the following:

- That Tanzania's population is youthful calls for services to it with a gender dimension given females' greater requirements for services relating to high, early pregnancy; dependency burden which concentrates on females more than males. These issues are not seriously taken up at policy level.
- Although data on Tanzania's "time-use module" by the Tanzania Gender Networking Programme (TGNP) has an important policy dimension, it has been grossly under-utilised in the country. From it can be gleaned aspects of policy promoting growth with equity, revelations of under-resourced service sector for young women in particular — for example, in health and quality of education and in poverty reduction efforts. The available data could be useful for designing gender-sensitive programmes in the country.
- Declining life expectancy tends to concentrate on females, with young women disproportionately affected as they are more affected by HIV/AIDS.
- As governance at household level is ignored, older women tend to be withdrawing funds due to a variety of social factors.
- Tanzania's maternal mortality ration (MMR) of 578 per 100,000 is the highest in the world and the fear is that it is increasing in view of inadequate attention to maternal health. The number of maternal deaths in the country represents a national disaster.
- Conceptualisation of "male-headed household" is flawed in Tanzania as there is evidence of increasing female-headed households and forces such as migration and employment opportunities have modified household headship as well structure.
- In the event of the death of both parents, there have emerged "child-headed households" that are actually female headed when young girls assume the responsibility of looking after their siblings.
- Development partners in Tanzania tend to shy away from "culture", even though culture has been blamed on for failures in development efforts to ignore changes in society and has become a scapegoat or "mutilated" for lopsided household governance, discrimination against women as well as the girl child. It is erroneous to adopt a blanket treatment of culture or to regard it as uniform or having the same bearing on population dynamics and gender relations, as well as roles throughout Tanzania. UNFPA's report on culture, which underlines culture as a development issue, provides insights that should interest URT and its development partners.
- An impressive development in Tanzania has been the government's "gender budgeting approach" to development which has been institutionalised in the Ministry of Finance and Economic Affairs (MOFEA), thus granting gender sensitivity an important place in national development. The approach was born out of a spirited partnership between the TGNP and government after the TGNP had provided convincing evidence-based information.

- *Tanzania Commission for AIDS*

Consultations with the Tanzania Commission for AIDS (TACAIDS) raised the following points:

- Implications of population growth for development should be examined on education (minimum to secondary levels) in terms of the size on school population and resources they require; in terms of primary health care (PHC) down up to village level; on agriculture where *Kilimo kwanza* (Swahili for "Agriculture first") is analogous to PHC in agriculture and is underscored from subsistence to commercial agriculture; and on the environment where conflicts between agriculturists and livestock keepers are rampant, requiring policy, advocacy and resources.
- It is necessary to make a follow-up of girls returned to school after giving birth, to assess what happens during this stage of "secondary prevention" of HIV/AIDS, and to talk openly about the issues involved.
- There is a need for disseminating the findings of Tanzania Demographic and Health Surveys (TDHS), Tanzania HIV/AIDS and Malaria Indicator Surveys (IHMS) from the highest to the grassroots level in society.

- Special attention should be given to the “hard-to reach” population, understanding who they are, where they live and what they do in reproductive health and HIV/AIDS prevention. That population includes slum dwellers, lower quintile population, people living with HIV/AIDS, indigenous peoples and temporary migrant labour subjected to wages on piecemeal work (e.g. in road construction, mining and so on).
  - For government to realise decreases in maternal mortality, neonatal deaths, infant and under-five mortality, it needs to implement the necessary strategy documents deploying requisite resources, skills and time.
  - Gender has not been conceived as comprehensively as in UNFPA’s work to encompass health, economy, inheritance and property.
- *Consultations with Development Partners*

The development partners expressed interest in MKUKUTA and acknowledged the lack of explicit attention to population dynamics and how they impacted on MKUKUTA activities. Among other things, the development partners:

- Agreed with the consultants’ claim that URT possesses so much research and policy documents that need careful sifting before more work is added to the lot, hoping that the consultant’s work will not go the same way.
- Readily acknowledged fertility and mortality as more easily cited components of population dynamics, rarely mentioning migration (notably emigration and the diaspora). In the face of declining mortality, fertility was identified as the villain of rapid population growth.
- Noted that population dynamics, as a constituting a cross-cutting issue in poverty reduction, must take centre stage but that weak links between research and policy continued to constrain dialogue to amplify the links.
- Emphasized the need for only a few recommendations which are actionable, and which could help strengthen equally few key recommendations.
- Underscored invoking the “best practices” elsewhere to provide useful lessons for including population dynamics in MKUKUTA.
- Supported infrastructure development as well social sectors aligned with MKUKUTA in content and time frame and, in Tanzania Zanzibar provided support for improved use of statistics on a pilot basis.
- Called for fine-tuning, rather than recreation of, MKUKUTA for which development partners would provide support.
- Underlined the need to train youth for self-employment in view of the government’s downsizing and due to the infancy of private sector expansion.
- Suggested that population-poverty reduction links should assume a governance dimension within the framework of distribution and equity issues, as well as transparency of transactions and contestability of markets, with policies in place judiciously implemented and keenly monitored.
- Drew attention to regional and ethnic dimensions of economic growth, in particular wealth creation vis-à-vis wealth distribution thereby underpinning poverty reduction more comprehensively.
- Cited the instructive case of rural-urban migration and sustainable cities as a Canadian best practice that could benefit URT in the context of MKUKUTA AND MKUZA, including containing conflicts over land use in rural and urban areas.
- Noted that the role of the Tanzanian diaspora is unknown and that the diaspora should not be viewed as a dependable source of remittances for domestic poverty reduction given the volatility of remittances and the recent global economic downturn that has hit the financial sector and adversely affected remittances from the diaspora.
- Proposed that more serious attention be given to the role of “safety nets” and social protection in Tanzania which are crucial in poverty reduction.

▪ *Consultations with Private Institutions*

The consultants held separate consultations with management staff of Ifakara Health Institute (IHI) in Dar es Salaam and senior researchers at the Research in Poverty Alleviation (REPOA).

IHI raised the following pertinent issues:



- IHI engages in more than medical and biological research; its work involves a broad spectrum of researchers: natural scientists, economists, sociologists and anthropologists because, among other things, IHI conceptualises health from perspective of population quality.
- It participates in MKUKUTA in the production of Poverty and Human Development Report (PHDR) and in the Research and Analysis Group of MKUKUTA Monitoring System.
- IHI started off with a social marketing frame for mosquito nets (1996), then gradually adopted the Private-Public-Partnership (PPP) philosophy in social interventions, introduced a Demographic Tracking System which has been expanded to many districts in the country and cooperates with the NBS in survey designs to select representative samples that permit generalisable outputs.
- The institute, being an offshoot of INDEPTH (International Network of field sites with continuous Demographic Evaluation of Population and Their Health in developing countries), runs a Demographic Surveillance System and has a Resource Centre with a digital library which provides an a viable venue for dissemination and advocacy.
- It supports many academicians in research at doctoral and post-doctoral levels, enabling academicians on sabbatical leave to undertake their desired research.

Consultations with REPOA raised issues to which the institution had drawn attention during the PRS phase that, following the revision of the strategy in 2005, saw the drafting of MKUKUTA and MKUZA. With its mandate in poverty research, REPOA undertakes policy relevant research that will easily feed into MKUTA/MKUZA. The rich publications list attests to this fact. Some of REPOA's informative publications include *Poverty Reduction Strategy: Are Population Parameters Overlooked?* (REPOA, 2003) and *The Urban Transition in Tanzania: Building the Empirical Base for Policy Dialogue* (Muzzini and Lindeboom, 2008). It was the first institution in Tanzania to interrogate the nature and extent of the population factor in the PRS which preceded MKUKUTA and MKUZA.

## II. Consultations in Zanzibar

- *Consultations with a group of MKUZA stakeholders*

Consultations at the meeting convened by the Coordinator of MKUZA revealed the following:

- Poor housing structures without proper ventilation and sanitation adversely affect the health of the population.
- There exists a discrepancy between the number of pupils on school registers and the actual number attending classes.
- There has been inefficiency and delays in issuance of birth certificate, implying lack of information on newly children born, ultimately denying those affected opportunities for benefiting from services that require this documentation.
- The “Views of the People” study revealed rampant poverty, unemployment and other social and economic problems facing Tanzania Zanzibar.
- There is lack of employment opportunities and even where they exist, they are taken up mainly by non-Zanzibaris; the meeting recognised religious and cultural impediments negating employment of women, for example, in the tourism and hospitality sector, making “immigrants” take up the available jobs.
- MKUZA has had no monitoring and evaluation yet.

- *Consultations with stakeholders convened by the Ministry of Health*

The consultation brought together personnel from the Ministry of Health, and those from the environment and agriculture. Key points raised included the following:

- Land shortage has affected agriculture, leading to frequent food shortages.
- Clean water is in short supply, posing serious health challenges.
- Child abuse is rampant across board in Zanzibar and requires careful monitoring and a policy to contain it.
- Although Zanzibar has a “concentrated epidemic” of HIV/AIDS with a low prevalence rate of about 0.6 %, it lacks the capacity to mainstream containment of the epidemic into core sectors such as tourism.

- HIV/AIDS is mainstreamed in MKUZA, though the HIV/AIDS programme is donor funded.
- Reproductive Health requires improving women's education and career development and improving maternal and child health (MCH).
- The donor-funded health service has implications for MKUZA agenda.
- The health system needs strengthening to (a) create an enabling environment, (b) develop the capacity of the key actors, (c) institute policy and M&E, (d) collect the necessary information, (e) address socio-cultural barriers (e.g. prohibition of male-doctor health services to women) and (f) provide better attention to vulnerable groups affected by poverty.
- Zanzibar has environmental problems such as environmental degradation, "sand mining" and deforestation which have forced people to acquire arable land thereby crippling agriculture, even though environment impact assessment (EIA) always takes place.
- There is need to address the problem of population pressure on resources, especially non-renewable resources.
- There has been a problem surrounding the proper location of the Department of Agriculture.
- Agriculture is under stress as, among other things, the sector has a very small budget. With an allocation of 7% of the total budget in 2008/09 and 6.4% in 2009/10 fiscal years, the allocation falls below the SADC minimum requirement of 10%.
- Agricultural improvement should be phased stage by stage, not wholesale as has been the case in Zanzibar.
- M&E is generally treated as an academic undertaking, not a cross-cutting issue. Moreover, no M&E reports exist.
- Although clerics reject family planning, it is necessary to work with Faith-based Organisations and to propagate family planning in the context of Zanzibar's peculiarity, including health, economic, cultural and religious considerations.
- Social protection and social welfare require attention to address issues in the health services (e.g. cost-sharing), the need for health insurance and old age care where "old age homes" phenomenon conflicts with cultural requirements.

- *Consultations with the Ministry of Education*

- The consultations dwelt on the impact of rapid population growth on the education sector, particularly on the number of schools, class sizes, the number of teachers and resources as well as equipment required.
- A high pupil-teacher ration (PTR) is the norm. It ranges from 120: 1 in primary 1-3, to 70-90:1 in primary 4-5 and to 70:1 in secondary schools.
- The new education policy has brought a new set of problems, including larger number of pupils whose demands cannot be adequately satisfied.
- Adolescent pregnancies are frequent in schools, though it is on the decline.
- Zanzibar has suffered from the brain drain of teachers alongside health workers.

- *Consultations with the Office of the Chief Government Statistician (OCGS)*

Consultations with Zanzibar's data custodian revealed the following:

- The Zanzibar Demographic Survey (ZDHS) has provided useful insights into fertility and mortality on the island.
- The situation of maternal mortality is shaky given that it has not been studied.
- It has been difficult to convene the National Statistics Board.
- There exists a gap between the OCGS and its stakeholders, particularly the data consumers
- The OCGS has a critical lack of capacity in physical, human and financial resources, which requires immediate attention.
- No data exists on emigration, though immigration data are available from population censuses.

- *Consultations with Ministry of Labour, Youth, Women and Children's Development*

Consultations with this broad-based Ministry raised the following points:

- There is need to stem the influx of non-Zanzibaris for limited job opportunities on the island. To this end, it is necessary to amend labour laws to address the problem.
- Religious and cultural imperatives provide an affront to sectors such as tourism which have job opportunities for youth and women.
- High mortality is attributed to early marriages which raise maternal mortality, limited and poor access to available reproductive health services and RH users' poor knowledge of what to do at the right time.
- There is need for male involvement in reproductive health services
- Results of the UNICEF Survey on Poverty and Disparity are anxiously being awaited with a view to implementing its recommendations.
- The Ministry of Education should make strategic interventions on girls' and women's education, train more female teachers who would be role models and create awareness in gender-based violence (GBV).
- Child abuse should be contained and the abused children followed up for rehabilitation.
- An employment survey should be carried out, capturing issues relating to employers and employees, conflicts and the observance of labour regulations.

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\*Note: This is to be understood as a subset of the Bibliography. The documents here pertain only to the Government Official papers

## E. A Checklist of Population Variables for Development Planning and for MKUKUTA and MKUZA

### ▪ Demographic Aspects of Population Dynamics

Three principal components of dynamics of population are crucial in any development planning initiative, including poverty reduction. The NPP and ZPP and “Best Practices” elsewhere can be used to reflect on them and adapt/adopt accordingly.

#### 1. Population growth, estimates and projections

These can be drawn from the NBS relating to censuses and surveys.

#### 2. Fertility

Factors influencing fertility include but are not limited to:

- i. Fecundity
- ii. Behavioural factors
- iii. Response to child survival
- iv. Social and economic background
- v. Desire for children
- vi. Contraceptive prevalence.

Note: The “*proximate determinants of fertility*” framework can be used to identify and analyse the relevant variables.

#### List of interventions for increasing contraceptive use:

- i. RH/Family Planning IEC
- ii. Promote demand for and effective use of modern contraceptives
- iii. Provision of Family Planning (FP) services at the facility level
- iv. Promote the use of condoms
- v. RH services available for men
- vi. Provide adolescent friendly RH services
- vii. Service facilities offer appropriate method mix of contraceptives
- viii. Facilities have standard RH equipment
- ix. RH essential drugs available
- x. All health facilities offer at least three methods of modern contraception
- xi. Meet need for modern contraception
- xii. Functional CBD system that offers non-prescription modern contraception to all sexually active population
- xiii. Improved FP counselling and interpersonal communication

#### 3. Mortality

##### *i) Infant Mortality Rate*

#### Interventions for reduction in infant mortality (see full list in the Health Sector Report):

The interventions for the reduction of infant mortality (similar to those listed for under-five children) under-five mortality include the following:

- i. Education of girls to secondary school level
- ii. Access to antenatal care
- iii. Access to delivery care
- iv. Health care, including immunization
- v. Improved sanitation, including access to safe drinking water
- vi. Improved status of women

##### *ii) Under-five mortality rate*

#### Interventions for under-five mortality reduction (see the Health Sector Report for full list):

- i. Education of girls to secondary school level
- ii. Access to antenatal care
- iii. Access to delivery care
- iv. Improved nutrition
- v. Health care, including immunization
- vi. Improved sanitation, including access to safe drinking water
- vii. Improved status of women

### iii) *Maternal mortality*

#### **Interventions for reduction in maternal mortality:**

- i. Increased budget for maternal and neonatal mortality reduction interventions and contraceptive logistics
- ii. Improved access to antenatal care
- iii. Improved access to postnatal care
- iv. All deliveries attended by skilled health professionals
- v. Increased access to quality RH services by men, women and adolescents
- vi. Reduced unsafe abortions
- vii. Improved education of women
- viii. Improved access to delivery care – medical attention by health professional
- ix. Complicated deliveries take place at EMOC facilities
- x. Increased number of deliveries in health facilities under hygienic conditions
- xi. Improved access to basic and comprehensive obstetric care
- xii. Discourage practice of female genital mutilation
- xiii. Adequate nutrition

### **HIV/AIDS**

#### *i) Demographic impact*

#### *ii) HIV prevalence among 15-24 year old pregnant women*

#### **List of interventions (See sector report on HIV/AIDS for full list):**

- i. Service Delivery Points provide integrated RH services (STIs, HIV/AIDS, Safe Motherhood, Adolescent RH, Post-abortion care, IEC, Harmful Traditional Practices)
- ii. Strengthen national framework for implementation of RH
- iii. Mainstreaming HIV/AIDS into development plans and projects
- iv. Service providers trained to provide syndromic management of STIs.
- v. Provide health facilities with RH equipment, drugs and supplies for STI/HIV/AIDS diagnosis and management.
- vi. Link HIV voluntary counselling and testing centres with RH/FP centres by providing information and referral services.
- vii. Development and dissemination of IEC materials on sexual and reproductive health and rights to influence behaviour change on RH (HIV/AIDS) issues.

#### *iii) Number of children orphaned by HIV/AIDS*

#### **List of interventions (see sector report on HIV/AIDS for a full list):**

- i. Establish and support maintenance of orphanages
- ii. Establish and support home based orphan care in the community
- iii. Support schooling of orphans
- iv. Establish income generating projects/employment for orphans out of school.
- v. Introduce an expanded home based system incorporating care of the terminally ill with assistance for potential orphans.

### **Factors Associated with Reduced Mortality**

#### *a) Percent of births attended by skilled health personnel*

#### **List of interventions:**

- i. Training of health professionals, including RH providers
- ii. Training of Traditional Birth Attendants (TBAs)
- iii. Improved access to RH services
- iv. Health centers and hospitals offer basic emergency obstetric care (EOC)
- v. RH essential drugs available by type of facility
- vi. Facilities have standard RH equipment
- vii. Education of girls
- viii. Expanding the provision of maternal and child health services in the context of primary health care
- ix. Increased emphasis on the management of high risk pregnancies
- x. Meeting nutritional needs of childbearing women
- xi. Dealing with the health impact of unsafe abortion and reducing the recourse to abortion through expanded and improved family planning services
- xii. Provision of information on reproductive health services including family planning services
- xiii. Encouraging men share the responsibility for the sexual and reproductive health

*b) Proportion of 1 year old children immunized against major possible diseases*

**List of interventions:**

- i. Training of health professionals for immunization and vaccinations
- ii. Improved access to Immunization and Vaccination Services
- iii. Health centers and hospitals offer basic vaccinations
- iv. Key Vaccines and essential drugs available by type of facility
- v. Facilities have standard Vaccination and Immunizations tools

**4. Migration**

**Rural-Urban Migration**

- Normally discussed in context of (a) inter-regional migration and (b) urbanization
- Key Interventions to be spelt in Urbanization Policy

**Rural-Rural Movements and Migration**

- Discussed in Land use conflicts, esp. farming vs. livestock
- If Human Settlements Development Policy of 2000 in Tanzania is operationalized it is the Key Intervention

**Refugees and their Possible Naturalization**

- Key intervention would be a new Policy on Refugees and modalities for naturalization
- Immediate operationalization of the (possible) Policy via a Strategy and Programme would be warranted to check on possible human and land use conflicts that are already being cited in the literature on refugees.

**International Dimension of Migration**

- Strong framework within (Ministries of Home Affairs, and of Foreign Affairs) and in Embassies in those countries Tanzanians call a “second home” to generate credible data on persons, transfers and remittances, etc.
- Macro data to decomposed data on international transfers now given as aggregate, and NBS and BOT can be facilitated to ensure this.
- Data on financial and social remittances in terms of volume and value.