THE UNITED REPUBLIC OF TANZANIA

STATUS OF POVERTY IN TANZANIA

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

BRIEF 1 POVERTY AND HUMAN DEVELOPMENT REPORT 2005

The Poverty and Human Development Report 2005 presents the most recent information about various aspects of poverty and growth using data from national surveys and routine data systems. Wherever possible the report presents trends and relates data to targets of the Poverty Reduction Strategy (PRS) and of MKUKUTA[1].

There is evidence of continued improvement in economic indicators, though not enough to achieve the targets for poverty reduction among rural households. Enrolment rates in primary education continue to be high, and there are reported reductions of drop-out rates and improvements in examination results. There have been recent reductions in rates of infant and under-five mortality, as well as in child malnutrition. More equitable allocations of resources, including trained staff, are needed to ensure that the poor and those in rural areas also benefit from these successes.

Income Poverty

MKUKUTA's first cluster aims for sustained, broad-based and equitably-shared growth. Much of the growth over the past ten years in Tanzania may be due to the changes in the way the economy as a whole has been managed. There have been many macroeconomic reforms[2], but how do we know if the benefits of this economic growth are equitably shared?

Economic growth has been increasing. After a few years of falling growth rates in agriculture, in 2004 there was a promising increase, though still short of the ambitiously targeted growth rate. The following tables give information about some of the key income poverty measures[3].

Income Poverty Indicators Showing Baseline, Trends and Targets

Indicator	Baseline		Trend				Targets	
	Value	Year	2001	2002	2003	2004	PRS 2003	MKUKUTA 2010
% of the population below the basic needs poverty line	36	2000-2001					30	19
% of the population below the food poverty line	19	2000-2001					15	10
GDP growth rate (%)	4.9	2000	5.7	6.2	5.7	6.7	6	6-8
Agricultural growth rate (%)	3.4	2000	5.5	5.0	4.0	6.0	5	10
Inflation rate (%)	5.9	2000	5.2	4.5	3.5	4.1	4	4
% unemployed	13	2000-2001						7

The percentage of the population below the basic needs poverty line decreased slightly during the decade of the 1990s but there is still much more poverty in rural areas than in urban areas. It is clearly recognised that priority efforts for poverty reduction need to focus on improving the lives of the majority of Tanzanians who live in rural areas.

Percentage of the Population Below the Basic Needs Poverty Line

Date	Rural	Dar	Overall
1991/92	41%	28%	39%
2000/01	39%	18%	36%

1 Note that MKUKUTA targets are in 3 clusters - (1) Growth and Reduction of Income Poverty, (2) Quality of Life and Social Well-Being and (3) Governance and Accountability. Governance and accountability will be dealt with more comprehensively in future reports when suitable indicators have been agreed.

2 These included trade and exchange liberalisation; investment promotion; and reforms of taxation, the civil service and the parastatal and financial sectors.

3 Note that some of the indicators are not measured every year.

Agriculture has a large part to play in this effort. It has by far the largest share of GDP – about 50% since 1990. It also employs 70% of the rural people. It is therefore central to ensuring that the benefits of economic growth are equitably shared.

However, the growth rate in agriculture since 1995 has been lower than in most other parts of the economy. This is perhaps one of the main reasons why reduction in rural poverty is slow despite the recent high growth rates overall.

Analysis of recent information from the 1990s shows that there has not been a significant increase in inequality, though there has been a slight increase in urban areas. In areas where most of the growth is taking place (e.g. Dar es Salaam) many people benefit but those who are well-off benefit more than the poor and the gap between them is widening. The situation therefore needs careful monitoring.

While growth increases the size of the cake, inequality leads to some people benefiting from this more than others. Because of this, a high level of inequality may lead to very little, if any, impact on poverty reduction. In Tanzania, however, inequality is relatively low.

Making official estimates of household income is expensive and complicated in a country the size of Tanzania, and the last national survey was done in 2000/01. Because of this the PHDR in 2005 used the available information about GDP growth to estimate changes in household incomes since 2000, and to predict what might happen in coming years. The indications from the analysis are that IF growth rates stay as they are over the period to 2010 THEN the MKUKUTA aim of halving the amount of overall poverty by 2010 will not be reached[4]. The indications are that poverty in Dar es Salaam will decrease significantly but that rural poverty will miss the targets by a long way. The conclusion is clear - to meet the targets we will have to put extra effort into increasing the growth rate in rural areas.

But nothing is certain. Other factors can make a big difference. Migration from rural to urban areas might change the balance between agriculture and non agriculture sectors. Terms of trade between rural and urban areas and with other countries, changes in prices for imports and exports, can also make a big difference in the income of rural (and urban) households.

Non-Income Poverty

MKUKUTA's second cluster aims to improve the quality of life and social well–being. This is society's social and economic foundation. How can we tell if we are making progress? Indicators in education, various aspects of health, the care of vulnerable children, and water supplies and sanitation can help to inform us.

Education

Ensuring access to good education requires attention to full enrolment, attendance and quality.

Primary school enrolment, attendance and retention rates have increased overall in Tanzania. There is also improvement in the pass rate of both boys and girls in the primary school leaving examination, though girls still have much lower pass rates than boys.

There is not much gender difference in primary attendance or in drop-outs. Children with disabilities, though, are much less likely to be in school than other children. Information available from the census suggests that orphaned children are not much less likely to be in school than children who have not been orphaned[5].

Although the number of classrooms and desks in primary schools has increased, the ratio of pupils to teachers has not kept pace[6]. The pupil/teacher ratio varies a lot between different geographical areas and these differences are even greater when trained teachers are taken into account[7].

Policy and Service Satisfaction Survey
A survey in 2003 found that parents are generally pleased with the Government programme for primary education (PEDP), the abolition of school fees and the resulting expansion of enrolments.

However, 45% were concerned about poor exam results and 40% mentioned shortage of teachers, lack of textbooks, and large classes as still being 'major problems.'

4 It will be 23% rather than the target of 19%.
5 A follow-up survey in Kagera however found that children who were orphaned at a young age and who had lost their mother were much less likely to be in school than other children.
6 Pupil/Teacher ratio has increased from 54 in 2002 to 59 in 2004.
7 Some urban areas show a 20% increase in trained teachers while some rural areas show only a 5% increase.

The literacy rate for all people over fifteen is 72% (78% for males and 62% for females). The rate for those aged between 15 and 24 is higher – 81% for males and 76% for females.

Health

Good quality of life implies a healthy life. National indicators of this include infant and child mortality; child immunisation; nutrition; HIV/AIDS; maternal health; and access to quality health care. Some of the main findings are listed here:

- Infant and under five mortality (deaths) have recently substantially reduced and if this reduction can be maintained, Tanzania should reach its target.
- Child malnutrition has also reduced, though not to the same extent as mortality and the indicator of long-term undernutrition - stunting (low height for age) - is still high. 38 per cent of children under five years are short for their age.
- Life expectancy at birth has not changed since 1998. People still live on average to the age of 51 years.
- Maternal mortality (the ratio of women who die. during childbirth) is very high, and has not changed in years. 578 women die for every 100,000 live babies born.
- Malaria is more effectively prevented and treated than in previous years. More people – especially young children and pregnant women – are sleeping under treated mosquito nets.
- Tanzania has maintained high levels of child immunisation.
- About one million adults in Tanzania are HIV positive – 7 per cent of all adults.

Heath conditions vary widely in Tanzania, and although these disparities might not be as wide as in other sub–Saharan African countries, they present a challenge that must be addressed. The differences between urban and rural, between districts and between income groups are substantial. Here are some examples:

- Infant deaths (mortality) in Ngorogoro are 31 deaths per 1,000 live births but in Ruangwa[8] 148 infants in every 1,000 die at birth.
- Immunisation (DPT3) for children ranges from full coverage in the eastern regions to less than 80% in parts of the western regions.
- Child malnutrition (low height for age), increased by 8% amongst the poorest households but fell by 20% amongst the least poor households between 1991 and 1999.
- HIV prevalence ranges from 3.4% among the poorest adults, compared with 10.5% amongst the least poor in Tanzania.
- Nursing staff per 10,000 people varies between 1.6 in Mkuranga and 16.2 in Ilala.

One of the most pressing problems facing the health system which is holding back further improvements is a lack of health personnel, sufficiently trained and appropriately deployed, and poor health worker performance. Financing is also required to ensure that the most effective drugs and medical supplies are available.

Vulnerable Children

MKUKUTA recognises the special problems of vulnerable people generally and vulnerable children in particular. Studies have looked into aspects of vulnerability of orphans[9], disabled children, those living in child-headed households, and households without 'productive' adults.

The 2002 Population Census reports that ten in every 100 children under the age of 18 have lost their mother or their father or both. New analysis shows however, that there is little difference in years of schooling or in children's working status between orphaned children and those who have not been orphaned. This is likely to be the result of the fact that generally orphans are more likely to be living in urban rather than in rural areas, and in districts which are relatively better off. This general conclusion may not hold for some rural communities which are especially affected by HIV/AIDS. It may also change over time as the impact of HIV/AIDS affects the number of children who will be orphaned.

The census data suggests that the number of disabled children is relatively small although there may be under reporting. Much of the reported disability is loss of capacity in limbs and this might be reduced as a result of immunisation against polio. Trachoma related loss of vision is most common in central parts of the country. This should decrease as a result of vitamin A supplementation programmes. The educational performance of disabled children lags far behind that of able children. The special educational needs of these

8 Ngorogoro is in Arusha Region; Ruangwa is in Lindi Region.
9 Children who have lost one or both of their parents.

children should be given priority attention.

Water and Sanitation

There have been some improvements in access to improved water supply, but there are wide differences between districts. Overall in Tanzania, 42% of rural and 85% of urban households[10] now have access to improved sources of drinking water[11]. But in seven districts less than 10% of households have such access while in four districts there are over 80%.

Over 90% of households report having toilet facilities but it is not clear how many of these might be thought of as 'adequate'. There are also wide disparities. Four districts report more than 50% for rural households without toilet facilities.

Cost effective strategies are urgently needed, especially to increase access to improved water supplies in rural and peri-urban areas. It is clear from decades of development efforts that improved water and sanitation improves health, and can improve attendance at school, especially among adolescent girls.

There is a close link between water supply, sanitation, hygiene practices and waterborne diseases such as cholera. Cholera has spread to most regions of the country and there are outbreaks almost every year. More work is needed on methods of reporting the incidence of cholera but the greater need is to improve sanitation systems so that it is eradicated.

Key Challenges for the Future

- The urgent need for more qualified staff – including teachers and health personnel – who are effective, motivated to provide quality public services and who are distributed more equitably across the country[12].
- More financing and stronger local management systems to ensure that books, drugs and other supplies for education and health services reach facilities, people who need them.
- More attention to the high rates of child malnutrition, with special attention to the care and feeding needed by children aged 6 to 24 months old.
- Improved obstetric and antenatal care, especially for poor and rural women.
- Better access to education and other essential services for disabled children.
- Improved systems of care for those affected by HIV/AIDS, through the health and welfare systems and through households and communities. Stronger systems of caring for the many and increasing numbers of children who are orphaned also need to be put in place.
- More and better water supplies in rural areas, and more and better sanitation facilities in schools and in districts which have low coverage.

Information systems also need to be improved so that it is easier to understand what financing and supplies are being provided for schools, health and other services, and where they are going. This information should be made widely available.

More research and analysis is needed about vulnerability and vulnerable people who are often 'invisible' in the statistics.

10 There are wide variations in the results depending on the source of information used, whether it is household surveys or records of the districts and reponsible ministry.
11 An improved water supply can be either piped or from a protected well or spring.
12 The Tanzania Essential Health Interventions Project (TEHIP) shows impressive results of improvements in peoples' health when staffing and planning improve.

This brief is a summary of chapter 1 of the Poverty and Human Development Report 2005 which provides key information on poverty levels and trends in Tanzania; with comparisons to targets from the Millennium Development Goals, the Poverty Reduction Strategy (PRS) and MKUKUTA (National Strategy for Growth and Reduction of Poverty).

The report is available in electronic copy, and the printed report can be obtained from:

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