



THE UNITED REPUBLIC OF TANZANIA

NATIONAL POPULATION POLICY

MINISTRY OF PLANNING, ECONOMY AND EMPOWERMENT

2006



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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	-	Acquired Immunodeficiency Syndrome
ANC	-	Antenatal Care
ARV	-	Anti-Retro Viral
ASRH	-	Adolescent Sexual Reproductive Health
BCG	-	Bacillus Calmette Guerin
CDR	-	Crude Death Rate
CED	-	Conference on Environment and Development
DPT-HB	-	Diphtheria Pertusis and Tetanus-Hepatitis B
DS	-	Demographic Survey
ENRM	-	Environmental and Natural Resource Management
EOC	-	Emergency Obstetric Care
EPI	-	Expanded Programme of Immunisation
FBO	-	Faith Based Organizations
FGM	-	Female Genital Mutilation
FLE	-	Family Life Education
FWCW	-	Fourth World Conference on Women
GDP	-	Gross Domestic Product
HBS	-	Household Budget Survey
HIV	-	Human Immunodeficiency Virus
ICPD	-	International Conference on Population and Development
IEC	-	Information, Education and Communication
ILFS	-	Integrated Labour Force Survey
IMR	-	Infant Mortality Rate
IRD	-	Institute of Rural Development Planning
MCH/FP	-	Maternal and Child Health/Family Planning
MDG	-	Millennium Development Goals
MMR	-	Maternal Mortality Rate
MP	-	Member of Parliament
NACP	-	National AIDS Control Programme
NGO	-	Non-Governmental Organizations
NPP	-	National Population Policy
NPTC	-	National Population Technical Committee
PAC	-	Post Abortion Care
PCPD	-	Tanzania Council on Population and Development
PEDP	-	Primary Education Development Programme
PHCC	-	Primary Health Care Centres
PHCU	-	Primary Health Care Units
PLH	-	Persons Living with HIV
POPP	-	President's Office, Planning and Privatization
SME	-	Small and Medium Enterprises
STI	-	Sexually Transmitted Infections
TACAIDS	-	Tanzania Commission for AIDS
TDHS	-	Tanzania Demographic and Health Survey
TFR	-	Total Fertility Rate
TPAPD	-	Tanzania Parliamentarian Association on Population Development
TRCHS	-	Tanzania Reproductive and Child Health Survey
UNGASS	-	United Nations General Assembly Special Session
URT	-	United Republic of Tanzania
WSSD	-	World Summit for Social Development

FOREWORD

The Government of the United Republic of Tanzania adopted the National Population Policy in 1992. Since then, new developments have been taking place nationally and internationally, which have a direct bearing on population and development. This necessitated the Government to revise the National Population Policy in order to accommodate those new developments. Domestically, the economy moved significantly away from being centrally planned to a market economy with increasing dominance of the private sector which plays a more active role in population and development issues. Furthermore, in June 1999, the Government unveiled a new development vision known as the Tanzania Development Vision 2025.

The revised National Population Policy, 2006 has the goal of coordinating and influencing other policies, strategies and programmes that ensure sustainable development of the people and promoting gender equality and the empowerment of women. It will be implemented through a multi-sectoral and multi-dimensional, integrated approach. In this regard, the Government will collaborate with Non-Governmental Organisations (NGOs), the private sector, communities and other agencies in implementing the policy. Indeed, individuals, political parties and other organised groups in the civil society are expected to play an active role to ensure the attainment of policy goals and objectives.

The principal objective of the country's development vision is to move Tanzanians away from poverty and uplift their quality of life. The policy, therefore, gives guidelines for addressing population issues in an integrated manner. It thus recognises the linkages between population dynamics and quality of life on one hand, and environmental protection and sustainable development on the other. Its implementation will give a new dimension to development programmes by ensuring that population issues are appropriately addressed.

It is my expectation that, with full support and participation of the people, the implementation of this policy will be a success.

Hon. JUMA A. NGASONGWA (MP)

MINISTER

MINISTRY OF PLANNING, ECONOMY AND EMPOWERMENT

BACKGROUND

In 1992 the explicit National Population Policy was adopted. This was followed by preparation of the Programme of Implementation in 1995. To a certain extent, the 1992 National Population Policy took on board some of the goals and objectives of the former implicit population policies and programmes.

The thrust of the 1992 National Population Policy was to provide a framework and guidelines for the integration of population variables into the development process so that, eventually, population dynamics are harmonious with other socio-economic dynamics. This is essential for hastening attainment of sustainable and equitable development in the country. In addition, it provided guidelines that determined priorities in population and development programmes. Such guidelines were designed to strengthen the preparation and implementation of socio-economic development planning.

In the process of implementation of the 1992 National Population Policy for a period of 10 years, some successes were registered and, in some areas, constraints were encountered. However, new developments that have been taking place nationally and internationally have necessitated the revision of the 1992 National Population Policy. The implementation of the new 2006 National Population Policy will be done in tandem with the 2003 Zanzibar Population Policy.

CHAPTER ONE

1.0 PRINCIPLES

1.1 *Principles to Guide Policy Implementation*

- 1.1.1 The implementation of the population policy will be guided by the following principles.
- i. Adherence to the objectives and goals of the National Development Vision 2025 and targets set in the Millennium Development Goals which, among other things, emphasise the role of the market in determining resource allocation and use
 - ii. Recognition and respect of positive cultural norms and practices in the country
 - iii. Adherence to gender equality and equity, children's rights and rights for other vulnerable groups
 - iv. Thrifty exploitation of the country's non-renewable resources taking into consideration the needs of future generations and sustainable development
 - v. Recognition and appreciation of the central role of the Government and full participation of NGOs, the private sector, communities and individuals in population and development
 - vi. Consideration of regional and district variations with regard to the level of socio-economic development and demographic characteristics
 - vii. Recognition of the fact that the network of stakeholders in the population field is ever expanding and appreciation of the role of the same
 - viii. Bolstering successes registered due to implementation of 1992 Population policy and other concomitant policies
- 1.1.2 The policy also reaffirms the following principles of the International Conference on Population and Development (ICPD 1994) as embodied in the Plan of Action.
- i. All human beings are born free and equal in dignity and rights. Thus, every human being has the right to life, liberty, security, responsibility and respect.
 - ii. People are the most important and valuable resource of any nation and all individuals should, therefore, be given the opportunity to make the most of their potential. As such, all individuals have the right to education and health.
 - iii. The family is the basic unit of society and, as such, it should be strengthened. It is also entitled to receive comprehensive protection and support.
 - iv. All couples and individuals have the basic right to decide freely and responsibly on the number and spacing of their children as well as to have access to information, education and the means to do so.
 - v. Recognition of the multi-sectoral nature of the population issue and the critical need for a multi-sectoral approach to implementation of the policy in conformity with stipulations

CHAPTER TWO

2.0 POPULATION AND DEVELOPMENT

2.1 *Socio-economic setting*

2.1.1 The thrust of the Tanzania economic policy has been to maintain macroeconomic stability through strong economic growth by pursuing prudent fiscal and monetary policy. This has generated a reasonable growth of the economy which has been backed by a strong export performance and a stable economic management. These economic achievements are also supported by a stable political environment.

2.1.2 Real GDP growth which averaged 4.5 percent during 1996 – 2001, rose to 6.2 percent in 2002, 5.7 percent in 2003, 6.7 percent in 2004 and 6.8 percent in 2005. This growth owes much to improvements in almost all sectors of the economy as well as to a stable macroeconomic management. Per capita GDP growth was negative during the first half of the 1990s, but has accelerated significantly and reached 4 per cent in recent years. Gains in per capita growth are greatly hampered by the high population growth averaging 2.9 percent during the inter-census period 1988 - 2002.

2.1.3 Since 2002, development endeavours in Tanzania are guided by the Tanzania Development Vision 2025, which is an articulation of a desirable future condition that the nation expects to attain, and the plausible course of action to be taken for its achievement. This calls for the active mobilisation of the people and other resources towards the achievement of shared goals. Indeed, the Tanzania Development Vision 2025 identified the kind of enabling environment that is essential for the nation to flourish economically, socially, politically and culturally.

2.1.4 The implementation of Vision 2025 through the National Strategy for Growth and Reduction of Poverty (NSGRP) demands the involvement of both public and private sectors in implementing the three clusters, namely, economic growth and reduction of income poverty; improved quality of life and social well-being, and good governance and accountability.

2.2 *Population Size, Composition and Distribution*

2.2.1 The 2002 Population and Housing Census showed that the Population of Tanzania increased from 23.1 million in 1988 to 34.4 million in 2002 with an average growth rate of 2.9 percent per annum. The proportion of the population aged below 15 years was about 44 percent while those aged 65 years and above was 4 percent, indicating that Tanzania has a young population. This youthful age structure entails a larger population

growth in future, as the young people move into their reproductive life irrespective of whether fertility declines or not. The population projections show that Tanzania has a population of 37.9 million in 2006 and is expected to reach 63.5 million in 2025.

- 2.2.2 An important feature of the population profile is its spatial distribution over the national territory. The analysis of population distribution by region carried out on all past censuses indicates that about two-thirds of the population is concentrated in a quarter of the land area. According to the 2002 Population and Housing Census population distribution differs between regions where by it ranges between 12 persons per square kilometre as observed in Lindi regions, to 1,700 persons per sq. km. as observed in Urban West (Zanzibar) region, and to as high as 1,793 in Dar es Salaam region. The majority of the population (77 per cent of all Tanzanians) still live in rural areas. However, the urban population has been growing at a rapid rate of more than 5 per cent per annum over the past three decades. This rapid growth has been caused mainly by rural-urban migration than any other factor.

2.3 *Components of Population Growth*

- 2.3.1 The main components of population growth in any country are fertility, mortality and migration. In Tanzania, fertility and mortality are the most important factors influencing population growth at national level. Previous censuses have shown that the net international migration component has been negligible. However, there are certain areas in Tanzania where migration have shown a big impact on population growth particularly the areas receiving refugees.
- 2.3.2 Fertility rate in Tanzania has declined slightly from 5.8 children per woman during her childbearing age in 1996 (TDHS, 1996) to 5.7 children per woman in 2004 (TDHS, 2004-05). In 2004, Mainland Tanzania recorded 6.5 and 3.5 births per woman in rural and urban areas, respectively. Differences related to education are inversely much wider. Fertility rate for women with no education was 6.9, with primary education 5.6 and with secondary and higher education 3.2 (TDHS 2004-05). In the case of Zanzibar, the Total Fertility Rate (TFR) declined from 6.9 in 1996 (TDHS, 1996) to 5.3 in 2004 (TDHS, 2004-05).
- 2.3.3 The high fertility rate observed in Tanzania is an outcome of a number of factors, which include the following.
- i. Early and nearly universal marriage for women
 - ii. The median age at first marriage for women aged 15-49 is 18 years and by the age of 20, over 69 percent have married at least once (TRCHS, 1999).

However, the 1971 Marriage Act stipulates a legal minimum age of marriage of 15 years for females and 18 for males.

- iii. Absence of effective fertility regulation among women of reproductive age.
- iv. The modern contraceptive prevalence rate is currently about 16 percent among women aged 15-49 (TRCHS, 1999).

2.3.4 Five other underlying factors contribute towards high fertility; they are rooted in the sociocultural value-system.

- i. Value of children as a source of domestic and agricultural labour and old-age economic and social security for parents
- ii. Male child preference
- iii. Low social and educational status of women in society, which prevents them from taking decisions on their fertility and use of family planning services
- iv. Large age differentials between spouses which constrain communication on issues related to reproductive health
- v. Socio-economic and gender roles

2.3.5 Mortality rate has declined substantially in Tanzania over the decades. The main contributing factors to the decline are improved access to health care and better environmental sanitation. The crude death rate (CDR) per 1000 is estimated to have fallen from 22 deaths per thousand in 1967 to 15 deaths in 1988 and slightly increased to 16 deaths in 2002. Infant mortality rate (IMR) per 1000 live births is estimated to have declined from 170 in 1967 to 115 in 1988 and then to 95 deaths per 1000 live births in 2002. In Zanzibar the infant mortality rate is 82 deaths per 1000 live births. In the same period, the under-five mortality rate per thousand live births, declined from 260 in 1967, 191 in 1988 to 153 in 2002. The declining mortality rate is reflected in the rising life expectancy at birth from about 40 years in 1967 to about 50 years in 1988, and was estimated to be about 51 years in 2002. In spite of this decline, mortality rate still remains high by world standards. The maternal mortality rate (MMR) is not only high but continues to be a serious problem in the country since it has increased from 529 maternal deaths per 100,000 in 1996 (TDHS) to 578 maternal deaths per 100,000 in 2004-05 (TDHS).

2.3.6 Rural-urban migration has been a main feature of migration in Tanzania for many years. The increase in rural-urban migration has led to an increasing rate of urbanisation, especially, in major urban centres like Dar es Salaam, Mbeya, Mwanza, Arusha and Zanzibar. The proportion of the population living in urban areas increased from 5 percent in 1967 to 13 percent in 1978; and from 21 percent in 1988 to 27 percent in 2002. Between the years 1978 and 1988, the urban population in Tanzania increased by 53 percent. There are variations between regions with regard to the rate of urbanisation. Dar es Salaam alone accounted for about 25 percent of the total urban population in 1988. The unprecedented migration of people from rural to urban areas increases the burden on already over-burdened public services and social infrastructure. Rural-rural migration also contributes to the regional and district level variations in terms of population pressure over resources. Such variations may easily be seen in terms of differences in population densities between districts, wards or villages.

2.4 Population and Development Inter-relationships

2.4.1 There is a close relationship between population growth and development. In the short run, the effects of population growth may appear marginal, but it sets into motion a cumulative process whose adverse impact on various facets of development might turn out to be very significant in the medium and long terms. This is because population variables influence the development and the welfare of individuals, families and communities at the micro level, and the district, region and nation as a whole at the macro level. The effects and responses to population pressure interact at all these levels.

2.4.2 Rapid population growth in situations of low economic growth tends to increase outlays on consumption, drawing resources away from saving for productive investment and, therefore, tends to retard growth in national output through slow capital formation. The strains caused by rapid population growth are felt most acutely and visibly in the public budgets for health, education and other human resource development sectors.

2.4.3 Population and development influence one another. The influence may be positive or negative depending on other factors and conditions. In the case of Tanzania, the fore-mentioned demographic factors interact and create the following problems, at least, in the short run.

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

2.5 *Population and Gender*

- 2.5.1 Gender characteristics of households and population at large have profound influence on many development frontiers, including health, education, poverty, etc.
- 2.5.2 The 2002 Population and Housing Census has shown that males have achieved more in education than females. Whereas the national level literacy rate was found to be 77 percent, this is also the national average literacy rate for males while for females it is 65 percent.
- 2.5.3 A substantial proportion of households (up to 32.7 percent of all households) are headed by females. In the rural areas 32.4 percent of the households and in urban areas 33.6 percent of the households were female-headed. Regionally, Mwanza had the highest proportion of female-headed households (45 percent), followed by Iringa (42 percent) while Ruvuma, with 24 percent, was the lowest. Put slightly differently, for every 100 male-headed households in Tanzania in 2002 there were 49 female-headed households. For every 100 male-headed households in the rural areas, there were 48 female-headed households; while for the urban areas, the ratio was 51 female-headed households for every 100 male-headed ones. The 2002 Population and Housing Census Report has also shown that a certain proportion of the households - small as it may be - are headed by children due to the impact of the HIV and AIDS pandemic.
- 2.5.4 Marital status also tends to have influence (directly or indirectly) on many aspects of social and economic well being of both females and males. Marital status affects fertility, contraceptive use, etc. The 2002 Population and Housing Census has shown that 24 percent of the total female population were married while married males accounted for 21 percent of the total male population. Also females marry at a relatively earlier age than males. While the country's singulate mean age at first marriage is 23.3 years, that for males is 25.8 years and for females it is 21.1 years. In the rural areas both males and females marry much earlier than the national average age of first marriage. But in the urban areas it is the opposite for they marry at a later age than their rural counterparts. The singulate mean age at first marriage in the urban areas is higher than the national average for both males and females, which are 28 and 23.3 years, respectively.

However, when using the overall measure of well-being, i.e. life expectancy at birth, the 2002 census has shown that females recorded a slightly longer life expectancy of 52 years compared with 51 years for males.

CHAPTER THREE

3.0 JUSTIFICATION OF THE NEW POPULATION POLICY

The goals and objectives of the revised National Population Policy are to provide a framework and guidelines for integration of population variables in the development process. It provides guidelines that determine priorities in population and development programmes as well as strengthening the preparation and implementation of socio-economic development planning. Tanzania adopted an explicit population policy in 1992 and the following are its achievements, constraints and limitations.

3.1 *Achievements, Constraints and Limitations*

3.1.1 Achievements

The achievements of both past implicit and explicit population policies include the following.

Increased awareness of population issues

- i. Fertility, infant and child mortality has declined over time; while the average life expectancy at birth has been going up.
- ii. Awareness of HIV and AIDS has reached over 95 percent among men and women above 15 years of age.
- iii. Increased awareness of the links and interrelationships between population, resources, the environment and development at all levels
- iv. Expansion and/or introduction of population studies in institutions of higher learning in the country
- v. Increased number and capacity of NGOs and Faith Based Organisations (FBOs) engaged in population related activities including advocacy and social mobilisation, service delivery and capacity building
- vi. Modern contraceptive prevalence rate increased from about 18.4 percent in 1996 to 26 percent in 2004 (TDHS) due to an increase in knowledge and awareness among women of reproductive age.
- vii. Increased involvement and support of policy by lawmakers on population issues through the formation and operations of the Tanzania Parliamentary Association on Population and Development (TPAPD), Parliamentarians' Group on HIV and AIDS and the African Women Ministers and Parliamentarians (Tanzania Chapter)
- viii. Integration of Family Life Education (FLE) into secondary school and Teacher Training College curricula
- ix. Integration of HIV and AIDS education into primary and secondary school and Teacher Training College curricula

- x. Establishment of Tanzania Commission for AIDS (TACAIDS) and adoption of National Policy on HIV and AIDS
- xi. Formulation and implementation of National Multi-sectoral Strategic Framework and the Health sector strategy for HIV and AIDS 2003 – 2007
- xii. Formulation of National Policy Guidelines for Reproductive and Child Health Services
- xiii. The National Plan of Action 2001 – 2025 accelerated the elimination of Female Genital Mutilation (FGM) and harmful traditional practices.
- xiv. Increased allocation of resources for research, training and data collection
- xv. Adolescent Sexual Reproductive Health (ASRH) Strategy
- xvi. Formulation of programme of implementation of the National Population Policy (NPP), mobilisation of domestic and foreign resources for implementing population programmes
- xvii. Formulation of Gender and Women Development Policy
- xviii. Improved framework for and intensified action on gender mainstreaming

3.1.2 Constraints and Limitations

The constraints and limitations that were encountered during the implementation of the 1992 National Population Policy and the implicit population policies include the following.

- i. Inadequate trained human resources at all levels of implementation
- ii. Inadequate financial and material resources
- iii. Inadequate availability of age and gender disaggregated population related data
- iv. Non-establishment of planned policy coordination and implementation arrangements
- v. Policies mainly addressed family planning and child spacing activities; this influenced limited participation of players in other reproductive health issues.
- vi. Placing more emphasis on meeting demographic targets rather than the needs of individuals (males and females)
- vii. Inadequate recognition of the relationship between poverty, population, environment, gender and development
- viii. Inadequate advocacy to guarantee the required support for population and development issues
- ix. Insufficient capacity and resources of NGOs engaged in population related activities

3.2 *New Developments and Continuing Challenges*

3.2.1 Since the adoption of the Population Policy in 1992, there have been new developments arising nationally and internationally. At the national level these include the Tanzania Development Vision 2025, Zanzibar Development Vision 2020, Poverty Reduction Strategy Paper, Sectoral Reforms, Universal Primary Education 2001, Rural Development Policy, Rural Development Strategy and National Poverty Eradication Strategy. On the international scene the following new developments have taken place.

- i. The 1992 Rio Conference on Environment and Development (CED)
- ii. The 1994 Cairo International Conference on Population and Development (ICPD)
- iii. The 1995 Fourth World Conference on Women (FWCW)
- iv. World Summit for Social Development (WSSD), Copenhagen 1995
- v. The Istanbul City Summit of 1996
- vi. The 1997 World Food Summit
- vii. Introduction and adoption of the Millennium Development Goals (MDGs)
- viii. United Nations General Assembly Special Session (UNGASS) 2001 for HIV and AIDS
- ix. World Summit for Sustainable Development (WSSD) 2002

3.2.2 The above stated new developments have necessitated changes in approaches and policy orientation so as to address the following nine issues.

- i. Population issues treated in a more holistic manner in development plans as well as recognising the roles of other partners – civil society, NGOs and the private sector
- ii. The participation of the civil society, NGOs, and the private sector
- iii. Poverty considered in its broad sense including inequalities in resource use and allocation between women and men and/or various other social groups
- iv. Discriminatory laws and harmful socio-cultural practices against men and women
- v. Issues related to reproductive health and reproductive rights
- vi. Interrelationships between population and sustainable development
- vii. Basic needs of different groups in the society
- viii. Problems of crime, poverty, unemployment, poor infrastructure, etc., associated with growing levels of urbanisation
- ix. HIV and AIDS pandemic approached in a multi-sectoral manner and the government to mobilise resources

- 3.2.3 Other challenges which have necessitated review of the policy include those listed below.
- i. Increased forms and levels of gender-based violence, traditional harmful practices including FGM, sexual abuse, neglect and abandonment of children
 - ii. Need for relevant and affordable quality education and training at all levels
 - iii. High prevalence of STIs, HIV and AIDS
 - iv. High levels of adolescent pregnancies and early child bearing
 - v. Frequent pregnancies and deliveries
 - vi. Increasing unemployment due to poor economic performance parallel with rapid labour force growth
 - vii. Persistently high maternal, infant and child mortality
 - viii. Rapid and unplanned urban growth
 - ix. Low status accorded to women in society
 - x. Inadequate programmes to address specific reproductive health needs of particular population groups
 - xi. Increased incidence of drug and substance abuse
 - xii. Increasing needs of disadvantaged groups, including orphans

3.3 *Major Concerns in Population and Development*

- 3.3.1 The major concerns of the population policy encompass the following areas: population and development planning issues; equality, equity and social justice; reproductive health; natural resources; food production; information and databases, and advocacy. In this regard there is a need to do the following.
- i. Mobilise and allocate more resources for infrastructure, literacy, health and education services with a view to increasing their quality, accessibility and availability.
 - ii. Exploit fully and sustainably the natural resources and the environment in order to boost the economy.
 - iii. Expand the agricultural production to meet the increasing food and nutrition requirements.
 - iv. Ensure availability of up to-date and comprehensive gender disaggregated data and information for rational and effective planning as well as for programme formulation and implementation at all levels.
 - v. Mainstream gender in development plans and programmes.
 - vi. Formulate programmes that enhance full participation of special groups in society.
 - vii. Mainstream HIV and AIDS in population and development planning.
 - viii. Allocate resources and develop IEC materials for advocacy.

CHAPTER FOUR

4.0 GOALS, OBJECTIVES, ISSUES AND POLICY DIRECTIONS

4.1 *Goals of the Policy*

The overriding concern of the population policy is to enable Tanzania achieve an improved standard of living and quality of life for its people. Important aspects of quality of life include good health and education, adequate food and housing, stable environment, equity, gender equality and security for individuals. The main goal of the policy is to direct development of other policies, strategies and programmes that ensure sustainable development of the people. The specific goals of this policy are to contribute to the following.

- i. Sustainable development and eradication of poverty
- ii. Increased and improved availability and accessibility of high quality social services
- iii. Attainment of gender equity, equality, women empowerment, social justice and development for all individuals
- iv. Harmonious interrelationships between population, resource utilisation and the environment

Based on the concerns expressed in Chapter Three, the matters dealt with in sections 4.2 – 4.13 below have been identified as priority areas that will be addressed by this policy.

4.2 *Integration of Population Variables into Development Planning*

4.2.1 Issues

Integration of population variables into development plans and policies is yet to be fully realised. This is due to a number of factors which include those listed below.

- i. Inadequate recognition of the relationship between population variables and development
- ii. Limited capacity at the national, sectoral and district level for effective integration of population variables into development planning
- iii. Inadequacy of up-to-date and comprehensive gender disaggregated data
- iv. Non-recognition and hence non-guidance of involvement by the private sector, local communities and households in matters pertaining to population and development

4.2.2 Policy Objectives

- i. To harmonise population and economic growth
- ii. To promote the generation of gender disaggregated data
- iii. To mobilise necessary resources for the implementation of the National Population Policy
- iv. To enhance participation by the private sector and the people in development initiatives
- v. To promote political will for and commitment to population and development issues

4.2.3 Policy Direction

- i. Enhancing awareness to the leaders and communities about the linkages between population, resources, the environment, poverty eradication and sustainable development
- ii. Building the capacity of planners at all levels in mainstreaming population issues in development plans with a gender perspective
- iii. Mobilising the private sector and local communities into active involvement in initiating, implementing and financing population programmes
- iv. Strengthening efforts in the collection, processing, analysis and dissemination of gender disaggregated data
- v. Promoting and strengthening other population data and information sources

4.3 *Population Growth and Employment*

4.3.1 Issues

Tanzania's labour force, defined as the economically active persons in age-group 10 -64 years. The result of the Integrated Labour Force Survey 2000/01 indicates that the active labour force was 17.8 million. Estimates show that between 650,000 and 750,000 persons have been entering the labour force every year. Employment analysis shows that, the agricultural sector, the informal sector and the formal private sector employ more persons. For a long time to come, the agricultural sector will continue to be a major employer compared to other sectors. There were 2.3 million unemployed persons at the time of the Survey. About half of them were living in urban areas. Unemployment for the city of Dar-es-Salaam alone was 46.5 percent while in the other urban areas it was 25.5 percent and in rural areas it was 8.4 percent. The Survey findings have also revealed that unemployment is a serious problem among the youth. Young women are more vulnerable to this problem than men.

4.3.2 Policy Objective

To create a conducive environment for increased employment opportunities in both rural and urban areas

4.3.3 Policy Direction

- i. Creating an enabling environment for investing in all sectors, especially in the rural areas
- ii. Promoting self-employment opportunities in the informal sector
- iii. Providing labour market information to employers and job seekers
- iv. Promoting sustainable family formation
- v. Promoting the implementation of Small and Medium Enterprises (SME) in rural areas

4.4 Problems of Special Groups in Society

4.4.1 Issues

Children, the youth, the elderly and people with disabilities are among groups in the society that need special programmes to facilitate their full participation in socio-economic development. Refugees, as another special group in the society, require special attention and measures to forestall any possible negative impact in the country.

Children

In this policy, children are defined as persons aged below 15 years. This group constitutes 44.24 percent of the Tanzania population (2002 Population and Housing Census). Concerning this group, the following should be borne in mind.

- i. Retrogressive cultural practices and breakdown of families and societal norms have exposed children to problems such as malnutrition, child labour, abandonment, prostitution and sexual abuse.
- ii. In addition, the scourge of HIV and AIDS has led to an increasing number of orphans and street children.

Youth

In this policy, the youth are defined as those persons aged between 15 – 24 years. This group constitutes 19.6 percent of the Tanzania population (2002 Population and Housing Census). The following factors should be taken into consideration with respect to this group.

- i. Low productivity and output, shortage of basic needs and lack of employment and modern amenities in rural areas have forced young people to migrate to

urban areas in the hope of meeting their expectations; but the majority of them end in frustration when they fail to realise them.

- ii. It is the most vulnerable group for the HIV and AIDS pandemic.

Elderly

According to the 2002 Population and Housing Census, people aged 65 years and above account for about 4 per cent of the population. The problems facing the elderly include loneliness, low income, dwindling respect and lack of access to health services; and, in some areas, they are being molested on account of belief in witchcraft.

People with Disabilities

The proportion of people with physical and mental disabilities is about 8 percent (Census, 2002). The problems facing people with disabilities include stigma, discrimination and lack of training, employment and facilitating devices such as wheel chairs, Braille books, crutches and artificial limbs.

Refugees

Since the early 1960s, Tanzania has been hosting a considerable number of refugees from other African countries. The greatest number entered the country in 1994 following civil strife in some of the Great Lakes States. The problems associated with refugees are deforestation, increased crime rate, breakout of epidemics and deterioration of social services as well as internal security.

4.4.2 Policy Objectives

- i. To enhance proper upbringing of children and youth
- ii. To facilitate youth access to resources
- iii. To promote youth participation in decision making
- iv. To promote the well-being of the elderly, people with disabilities and all other disadvantaged groups
- v. To advocate for the involvement of the international community to address problems of the refugees and displaced persons

4.4.3 Policy Direction

Children

- i. Encouraging private sector participation in development initiatives for children
- ii. Promoting the rights of children
- iii. Promoting partnership and targeted programmes for orphans and street children

Youth

- i. Promoting youth participation in decision making and coordinating development programmes for youth self-reliance and access to resources
- ii. Encouraging the private sector participation in development initiatives for youth
- iii. Promoting the rights of the youth

Elderly

- i. Encouraging the private sector, NGO's and faith-based organisations to invest in the provision of social services especially health services for the elderly
- ii. Establishing social security measures that address problems of the elderly
- iii. Encouraging traditional community-based support networks to the elderly
- iv. Advocating for the establishment of income-generating activities for elderly people

People with Disabilities

- i. Encouraging the private sector, NGO's and faith-based organisations to invest in the provision of social and economic services for people with disabilities
- ii. Enhancing skills development and access to opportunities for people with disabilities
- iii. Establishing social security measures that address problems of people with disabilities

Refugees

Advocating for the involvement of the international community in addressing the problems of refugees

4.5 *Gender Equity, Equality and Women Empowerment*

- 4.5.1 Gender refers to the socially constructed roles and responsibilities for women and men in a given culture or location. Those roles are influenced by perception and expectations arising from cultural, political, environmental, economic, social and religious factors as well as customs, laws, class and individual or institutional bias.

Gender equity is fairness and justice in the distribution of benefits and responsibilities. It is equal opportunity, equal treatment before the law and equal access to and control over resources and social services. Gender equality is the sharing of power among both females and males not at the personal level but, basically, at institutional level. It calls for equal rights, responsibilities and duties; not identity.

4.5.2 Issues

The traditional gender stereotyped roles are restricting girls and women from having access to opportunities.

- i. The economic, social and domestic roles of women revolve around child-bearing, which endangers their health.
- ii. Early pregnancies and child-bearing among young girls tend to impede their educational achievement, skills acquisition and career prospects.
- iii. The social set-up of the society increases women's workload.
- iv. Women's participation and contribution to development have been hampered by discriminatory practices. They have limited access to and control of property and inheritance as well as participation in the formal education and employment sectors.
- v. Female Genital Mutilation (FGM), gender-based violence and sexual abuse are barriers to social advancement.

4.5.3 Policy Objectives

- i. To promote gender equity, equality, and women empowerment at all levels
- ii. To transform socio-economic and cultural values and attitudes that hinder gender equality and equity

4.5.4 Policy Direction

- i. Increasing awareness of the society about the importance of education for all children
- ii. Promoting the participation of women in decision-making, including in political affairs at all levels
- iii. Promoting women's employment opportunities and job security
- iv. Eliminating all forms of discrimination and gender-based violence
- v. Creating an environment conducive to the reduction in women's workload
- vi. Ensuring mainstreaming of gender concerns in development plans and policies
- vii. Creating an environment conducive for various stakeholders to carry out advocacy activities on gender and population issues

4.6 *Reproductive Health*

4.6.1 Reproductive health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters related to the reproductive system, including its functions and processes. This implies the right to have a satisfying and safe sex life, the capacity to reproduce safely and the freedom to decide when and how often to do so. Reproductive and child health in Tanzania encompasses the following components: Antenatal Care (ANC), care during child-birth, care in obstetric emergencies, newborn care, postpartum care, post-abortion care, family planning, prevention and management of STIs, HIV and AIDS, cancers, childhood illnesses, immunisable diseases, nutrition, and prevention and management of fistulae and other morbidities that arise from complications of pregnancy and delivery.

4.6.2 *Issues*

- i. Antenatal care attendance is high, where 98 percent of the pregnant women make at least one visit to a health facility during their pregnancy. However, most of them start late to attend clinic; on average the first visit is made when the pregnancy is about 5 – 6 months.
- ii. Quality of reproductive health services provided is not satisfactory: many facilities lack basic equipment, supplies and laboratory services such as syphilis screening, counselling, testing for HIV and estimation of haemoglobin.
- iii. Most health facility infrastructure is in poor condition and there is inadequate spacing. The facilities require renovation or rebuilding to ensure safety and privacy to clients, and to facilitate delivery of quality services.
- iv. The proportion of home deliveries is relatively high (53 percent according to the 2004-05 TDHS); maternal mortality is also high (578 per 100,000 live births, 2004-05 TDHS). This is attributed to many factors including poor access, poor referral system and shortage of qualified staff in many health facilities, especially in rural areas.
- v. The number of health facilities offering Emergency Obstetric Care (EOC) and Post Abortion Care (PAC) is quite inadequate. Furthermore, there are also inadequate and irregular supplies of essential drugs and equipment for EOC and POC.
- vi. The use of modern methods of family planning (FP) is still relatively low (only 20 percent). There are also few community-based programmes for family planning. According to the Tanzania Demographic Health Survey (TDHS, 2004-05), the un-met need for FP is as high as 22 percent.
- vii. Postnatal services are offered in few facilities due to lack of awareness regarding its importance on the part of clients and service providers. Only 5 percent of those who deliver attend postnatal services.

- viii. There is a very high prevalence of Female Genital Mutilation (FGM) (15 percent, TDHS 2004-05). The proportion varies by region from less than 1 percent in Kigoma to 68 percent in Dodoma and to about 81 percent in Manyara. The percentage of girl-children circumcised by age 1 is higher in urban areas (34 percent) than in rural areas (28 percent), and the corresponding proportion of circumcisions at age 13 or later is 19 and 31 percent, respectively. About 9 percent of FGM takes place at the ages of 15 – 19 years, 14 percent at the age of 20-24 years, 15 percent at the age of 25 – 29 years and about 16 percent at the age of 30 - 39 years, 19 percent at the age of 40 - 44 years and 23 percent at the age of 45 - 49 years.
- ix. Infant and child morbidity and mortality rates are still high. Major causes of infant mortality include diarrhoeal diseases, malnutrition, malaria, anaemia, respiratory tract infection and HIV and AIDS. According to the malaria control programme (2000), about 80,000 children under the age of five years die due to malaria annually. The malaria programme (2003) shows that only 26 percent of under-fives sleep under insecticide-treated mosquito nets.
- x. Immunisation coverage is in general quite high. The aim is to achieve 90 percent coverage of all antigens for children under-one year and reach every district by having DPT-HB coverage of 90 percent in all districts and, if possible, reaching every district for all antigens. Coverage of BCG is 88 percent, Polio-OPV? is 91 percent, DPT-HB is 89 percent and measles is 89 percent (EPI – 2001). Efforts to improve the quality of routine immunisation are ongoing.
- xi. There are inadequate programmes that address reproductive health needs for specific population groups especially adolescents and elderly people. As a result, they lack access to correct information and services.
- xii. There is low male participation and support in reproductive health issues.

4.6.3 Policy Objectives

- i. To promote public awareness of sexual and reproductive health and rights for adolescents, men and women
- ii. To promote and expand quality reproductive health services and counselling for adolescents, men and women
- iii. To promote health care and services for infants and children in order to reduce infant and child morbidity and mortality

4.6.4 Policy Direction

- i. Promoting and expanding the scope of reproductive health advocacy/IEC programmes
- ii. Promoting the participation and involvement of communities in the provision of reproductive health services
- iii. Strengthening a quality reproductive health service delivery system, including systems to ensure reproductive health commodity security
- iv. Establishing specific reproductive health services to cater for the adolescents, youth and the elderly
- v. Offering comprehensive reproductive health services to take care of poorly addressed problems, including infertility among men and women, cancers of the reproductive system, post-natal care, post abortion complications and fistulae
- vi. Improving immunisation coverage and strengthening management of childhood illnesses
- vii. Promoting measures to eradicate harmful traditional practices, particularly female genital mutilation (FGM)
- viii. Encouraging men to participate in Reproductive Health Programmes
- ix. Public-private sector partnership for an effective and efficient spread of health facilities and services geared especially at improved access

4.7 STIs, HIV and AIDS

4.7.1 Issues

- i. Tanzania is among countries with high HIV and AIDS prevalence rates in the World. It is also estimated that nearly 1.81 million people were living with HIV and AIDS by 2003 (NACP Surveillance Report No. 18). The total (cumulative) number of reported HIV and AIDS cases since the first 3 cases was reported in 1983 reached 176,102 people. Out of this cumulative total, 18,929 cases were reported for the year 2003 alone. The number of AIDS cases reported in 2003 was higher than that reported in any of the previous years.
- ii. While threatening to shorten life expectancy, the epidemic has had serious other impacts on the socio-economic development of the country as it continues to affect the productive and reproductive age-group in the society, particularly in the age-group 20 – 49 years. The disease pattern shows early infection in young women, peaking at 25 – 34 years, while for men the majority of cases occur in slightly later life, peaking at 30 – 39 years.
- iii. Another consequence is an increasing number of orphaned children who are currently estimated to total more than 800,000.
- iv. With the current rising HIV infection rates, there is a high potential for the life

span and quality of life for young people in Tanzania to be seriously affected, particularly for those below 15 years, who account for nearly 44 percent of the total population. One particular population group in this respect is the adolescents (age 10 – 19 years), who account for nearly 22 percent of the total population. This group is particularly vulnerable to HIV infection due to various reasons that include lack of access to information and reproductive health services as well as to socio-cultural and gender issues.

- v. Poverty is another key factor that plays a key role in adolescent vulnerability to HIV, particularly the adolescent girl. High rates of HIV infection in this age-group will have a direct impact on the country's productivity and on the effort to combat poverty and to meet other national and global goals for a long time to come.
- vi. Management of STIs is weak, since it is only provided in about 50 percent of health facilities. In addition, only 22 percent of health facilities perform syphilis screening during ANC.

4.7.2 Policy Objectives

- i. To promote the development and implementation of the multi-sectoral HIV and AIDS interventions
- ii. To promote integrated STIs, HIV and AIDS treatment and care
- iii. To promote and support efforts among communities to care for persons living with HIV and AIDS (PLH) and orphans

4.7.3 Policy Direction

- i. Promoting the implementation of sectoral HIV and AIDS plans
- ii. Supporting participation of the private sector, NGOs and Faith Based Organisations in the implementation of HIV and AIDS interventions
- iii. Increasing the proportion of PLH having access to the best available treatment and care, including anti-retroviral (ARV) drugs
- iv. Strengthening the health care system to provide and monitor services for STIs, HIV and AIDS, including ARVs
- v. Promoting measures that ensure proper care and services for orphans

4.8 *Environment Conservation for Sustainable Development*

4.8.1 Natural Resources

Tanzania is endowed with an abundant variety of natural resources that include arable land, forests, wildlife, aquatic resources, minerals, wetlands and rangelands. About 50 percent of the total land of Tanzania is covered by forests and woodland, 40 percent by grassland and scrub and only 6-8 percent is cultivated. Aquatic resources include Lakes Victoria, Tanganyika and Nyasa and other small inland lakes, coastal line, rivers, swamps and flood plains, forming a major wetland resource. Marine resources include fish stocks, coral reefs, sandy beaches, mangroves, marine grasses, salt resources and other bio-diversity. Wildlife is an important part of Tanzania's resource endowment: about 25 percent of the total land area is designated as protected areas, including forest reserves. These protected areas form a major tourism base. Energy and mineral resources are other important components of the resource base. The major energy resources are biomass, hydropower and coal. There is also potential for natural gas, and solar and wind energy.

4.8.2 Issues

- i. The natural resource base is continuously deteriorating. The underlying causes for this deterioration include deforestation, overgrazing, pollution, loss of bio-diversity, inappropriate agricultural practices and inadequate environmental awareness. Other contributing factors include population growth and inadequate financial resources. Inadequate integration of environmental concerns in the human, technological and planning processes also contributes to the deterioration of the natural resource base.
- ii. Water as a resource is crucial to ensure sustainable socio-economic development and for maintaining environment quality. Considerable water resources exist in Tanzania, but they are unevenly distributed in time, space and quantity, and with great variations in quality, causing constraints and limitations to development. Safe drinking water and good sanitation practices are basic conditions for human health.
- iii. Water supply services in the country are low. Coverage by the year 2003 was about 53 percent and 73 percent for rural and urban populations, respectively. Although the statistical measurements are based on installation capacity, it is estimated that over 30 percent of the rural water schemes are not functioning properly due to poor operational and maintenance arrangements. These situations are caused by a massive leakage due to old age, lack of proper and

regular maintenance of water supply systems as well as high operational costs in terms of electricity and fuel for pumping. Furthermore, some of the urban water supplies are inadequately treated due to malfunctioning of treatment plants.

- iv. The main problems affecting water and sanitation services in Tanzania include inadequate funds for construction of new and maintenance of existing water and sewerage systems, destruction of water catchments, and inadequate promotion of water harvesting techniques. Unplanned settlements and overcrowding in urban areas contribute to inadequate access to clean and safe water supply, sewerage and solid waste disposal services.

4.8.3 Policy Objectives

- i. To enhance integrated planning, sustainable use and a concerted management of natural resources
- ii. To enhance equitable allocation of safe and clean water in rural and urban areas
- iii. To enhance the sense of ownership and a maintenance culture of the infrastructure

4.8.4 Policy Direction

- i. Promoting an integrated approach to planning and management of natural resources
- ii. Integrating environmental considerations in development programmes and plans
- iii. Preventing and controlling environmental degradation
- iv. Constructing new and reliable water and sanitary systems
- v. Rehabilitating and maintaining existing infrastructure
- vi. Exploring and exploiting new potential water sources and promoting sustainable utilisation of available resources
- vii. Promoting the use of commands and control together with economic instruments for environment and natural resources management (ENRM)
- viii. Promoting the use of other energy sources to reduce pressure on biomass energy sources

4.9 *Agriculture, Food and Nutrition*

- 4.9.1 Agriculture remains the most important single sector in the economy in terms of its contribution to GDP, employment provision and poverty reduction. Yet, throughout the years, the performance of the sector has been fluctuating but always remaining below desirable national levels.

4.9.2 Issues

- i. Agricultural production has been fluctuating due to a number of factors, including much of it being smallholder peasant farming, relying on rain, which is itself not reliable.
- ii. There is a limited utilisation of irrigation potential. Tanzania has many water sources, which are not tapped for irrigation. Peasants are not facilitated by way being provided with the necessary skills and equipment that would enable them to increase both productivity and output.
- iii. The country has been unable to produce enough food for consumption. This is evidenced by the recurrence of famine in the country from time to time over the decades.
- iv. Malnutrition among children under five years is still high, and no significant change in the levels of malnutrition has been observed in the last decade. According to TRCHS 1999, about 44 percent of the children are stunted, 5 percent wasted and 29 percent underweight. Ninety-five percent of children are breastfed, with the medium length of breast-feeding being 21 months. However, the medium duration of exclusive breast-feeding is only one month, reflecting that an early introduction of supplements to infants contributes to diarrhoeal diseases and malnutrition.
- v. Lack or low levels of nutritional awareness and education are prevalent for a large part of the population.

4.9.3 Policy Objectives

- i. To increase food production to ensure food security
- ii. To enhance irrigation schemes
- iii. To minimise pre- and post-harvest losses and improve food storage
- iv. To improve the nutritional status of women, men and children

4.9.4 Policy Direction

- i. Ensuring food security at national and household levels
- ii. Promoting modern farming practices, including irrigation, and improving appropriate agricultural technologies and infrastructure
- iii. Extending credit facilities to small-holder farmers
- iv. Ensuring accessibility and ownership of land to small holder farmers
- v. Enhancing food and nutrition education to the community
- vi. Eradicating cultural barriers to the improvement of the people's nutritional status
- vii. Controlling micro-nutrient deficiencies of protein and energy micro-nutrition
- viii. Promoting agro-processing to add value to agricultural produce and reduce post harvest losses
- ix. Support research to develop cost-effective technologies that reduce women's workload

4.10 Poverty in Tanzania

4.10.1 Issues

- i. According to the analysis of the Household Budget Survey (HBS) 2000/01 and Integrated Labour Force Survey (ILFS) – 2000/01, Tanzania still has a large proportion of people living below the poverty line. The proportion of people who cannot meet basic food requirements is about 19 percent of the total population. Moreover, the proportion of people with incomes that cannot satisfy basic needs (i.e. food, shelter, clothing, primary education for children and essential health services) is 36 percent. When this situation is compared to that observed in the 1991/92 HBS, there has been a slight progress manifesting itself in the urban areas, particularly in Dar es Salaam city; but the situation in rural areas has remained almost the same.
- ii. Further analysis reveals that 87 percent of all poor people live in the rural areas, compared to 13 percent in urban areas. There is a close relationship between poverty status and education level of the head of a household. Fifty-one percent of poor people were found in the households with heads who had not attained primary education compared to only 12 percent in those in which the head had attained primary education or above. Furthermore, the analysis shows that households that depend on agriculture, particularly subsistence agriculture, have high levels of poverty. This level increases among large households whose heads have neither economic activities nor primary education.
- iii. With regard to accessibility to basic social services, the analysis reveals that the poorest people are the most disadvantaged. The proportion of primary school pupils from poor households is very low and had been declining during the 1990's. Access to health services to poor people is also declining due to their limited resource-base. Moreover, the majority of the people use unsafe water and 54 percent of poor households depend on unprotected sources of water compared to only 40 percent of the affluent households.

4.10.2 Policy Objectives

- i. To eradicate abject poverty
- ii. To improve access to social services

4.10.3 Policy Direction

- i. Sustaining macro-economic stability by ensuring market efficiency, budget support, provision of social services and expansion of pro-poor interventions in different sectors
- ii. Promoting rural sector development and export growth

- iii. Promoting private sector development
- iv. Improving the quality of human capability by providing relevant education
- v. Empowering people to enhance their economic base

4.11 Education

4.11.1 Issues

- i. Enrolment of primary school pupils has been fluctuating. Gross enrolment has gone down from 90 percent in 1982 to 74 percent in the 1990s, rising again to reach 109.9 percent in 2005 following the introduction of the Primary Education Development Programme (PEDP). Primary School completion rate is also low when compared to the national target. In 2004 it was 72 percent.
- ii. Tanzania's education capacity still provides few opportunities to the youth after completing their primary education. Transition to secondary school was only 36.1 percent of all the pupils who completed standard VII in 2004. The remaining 63.9 percent of the primary school leavers in the year 2004 could not go to secondary school. The 63.9 percent of primary school leavers who do not go to secondary school are forced into adult life when they are still too young. With regard to gender balance, the proportion of girls to boys is almost equal at the primary school level; but there are more boys than girls at secondary and tertiary education levels.
- iii. Adult education that reached its enrolment peak in the early 1970s has declined to its lowest in 2003. This, together with the undesirable trends recorded in primary education, have attributed to the increasing levels of illiteracy.

4.11.2 Policy Objective

- i. To mobilise the private sector, NGOs and religious organisations to invest in the provision of education
- ii. To promote the provision of equitable, affordable and quality education for both boys and girls

4.11.3 Policy Direction

- i. Encouraging community participation in the provision of quality education
- ii. Facilitating participation of the private sector, NGOs and religious organisations to invest in the provision of education
- iii. Promoting an equitable distribution of education opportunities in order to redress gender and regional imbalances
- iv. Improving the teaching-learning environment
- v. Providing universal primary education to all school age children
- vi. Reducing adult illiteracy rates

4.12 *Data Collection, Processing, Storage, Dissemination, Training and Research*

4.12.1 Issues

- i. In the most recent years, Tanzania has witnessed a growing recognition of the need for more accurate, comprehensive and timely statistical data. The driving force for improving the data collection operations of the Government has come from individual Ministries which have become increasingly aware that in-depth studies containing both quantitative and qualitative analyses are essential for rational and effective planning, and decision-making; but data users are not allocating adequate resources for the data collection exercise. Population censuses have remained the major sources of population data. However, they have been supplemented by national surveys, including the Demographic Survey (DS) conducted in 1973, the Demographic and Health Surveys conducted in 1991/92, 1996, and 2004-05 and the TRCHS, which was conducted in 1999. In these surveys, demographic estimates relating specifically to fertility and mortality, as well as to family planning and health-related data, were obtained.
- ii. For a long time now development planning in Tanzania has been negatively affected by a persistent problem of lack of adequate, reliable and timely data. So far, the country does not have adequate capacity for data collection, processing, analysis, storage and dissemination. The existing systems for data generation and management in the country are rather weak. Resources allocated for purposes of data collection and management have always been inadequate and this has, in turn, tended to perpetuate the data problem. Whereas research is a critical function for the generation of data required for planning, it is one of those functional areas that have been starved of resources. Further, the little research that is done is not properly coordinated nor are the findings adequately documented and disseminated.
- iii. Training in demography and population studies was introduced in the institutions of higher learning in the late 1980s. The University of Dar es Salaam, the Mzumbe University, Sokoine University of Agriculture and the Institute of Rural Development Planning (IRDP), Dodoma, have in recent years been offering courses in demography and population studies at various levels and, of late, integrating the topic of gender. However, funds allocated for these training programmes are quite inadequate.

4.12.2 Policy Objectives

- i. To improve population data collection, processing, analysis, storage and dissemination
- ii. To improve research and training in population issues

4.12.3 Policy Direction

- i. Intensifying efforts in the collection, processing, analysis, documentation and timely dissemination of population information
- ii. Promoting the use of information on population in the planning process
- iii. Undertaking training programmes for personnel in the field of data collection, analysis and research in population and development
- iv. Promoting on-the-job skills training in population issues

4.13 *Advocacy and Information, Education and Communication (IEC)*

4.13.1 *Issues*

Implementation of the 1992 National Population Policy did not make substantive achievement, particularly in areas of gender equality and the empowerment of women, and the integration of population variables in development planning. This was due to the fact that advocacy was not emphasised. Advocacy and IEC need to be used by animators in order to influence the change of attitudes and promote behavioural change in population issues beyond awareness.

4.13.2 *Policy Objective*

To create an enabling environment that will facilitate acceptance of population issues

4.13.3 *Policy Direction*

- i. Coordinating population advocacy efforts by Government and development partners to ensure efficiency in the implementation of the National Population Policy
- ii. Promoting debate on population issues among policy and decision makers
- iii. Strengthening participation of NGOs in advocating population issues
- iv. Establishing an institutional framework to co-ordinate the population IEC and advocacy activities through individual, group and mass communication
- v. Improving the quality of advocacy and IEC interventions through capacity building and by developing culturally acceptable IEC materials

CHAPTER FIVE

5.0 INSTITUTIONAL ARRANGEMENTS AND ROLES OF SECTORS

5.1 *Institutional Arrangements*

The National Population Policy will mainly be implemented by the Government, civil society and the private sector. Efforts will be made to strengthen some of the implementing agencies through capacity building. Specifically, Government implementing agencies will include the following: Tanzania Council on Population and Development (TCPD), National Population Technical Committee (NPTC), and population desks in all relevant Ministries and at regional and district levels. The implementing agencies and their roles are as indicated below.

5.1.1 Tanzania Council on Population and Development (TCPD)

The TCPD will be the overall co-ordinating and advisory body for the implementation of the policy. Its members will be comprised of Permanent Secretaries of relevant Ministries, who will be chaired by the Minister responsible for Macro Planning. Other members will be the Executives of relevant institutions, i.e. the Tanzania Parliamentarians' Association on Population Development (TPAPD), Non-Governmental Organisations (NGOs), the Parliamentarians' Group on HIV and AIDS and the Tanzania Commission for AIDS (TACAIDS). The TCPD will meet at least once a year. It will have the following functions.

- i. To advise on strategies for policy implementation
- ii. To co-ordinate, monitor and evaluate the implementation of the NPP
- iii. To approve long-term population programmes and bi-annual policy implementation reports
- iv. To advise on policy revision and recommend approval of the revised population policy

5.1.2 The National Population Technical Committee (NPTC)

The NPTC, which has been in existence since 1983, is a multi-sectoral and inter-disciplinary technical committee. The Committee will, among other things, provide technical support to the Ministry responsible for planning in population policy formulation and implementation. It will also advise the TCPD on all matters pertaining to population and development. The Committee will consist of senior level technical personnel from key stakeholder institutions. It will hold meetings at least once quarterly. The NPTC also has the mandate to form sub-committees where and when need arises.

The committee will give advice in the following areas.

- i. Compilation and analysis of all research work on population and development done in Tanzania, its usefulness, and dissemination of the information obtained to planning offices in various sectors and districts
- ii. Preparing and undertaking research for development planning purposes
- iii. Maintenance and efficient operation of a population data bank
- iv. Inter-sectoral population and development planning models
- v. Training programmes, including workshops on the integration of population into development plans
- vi. Co-ordination of the implementation of population and development programmes

5.2 *Roles and Responsibilities of Stakeholders*

The implementation of the NPP requires a multi-sectoral approach. On this basis, Government Ministries and other institutions will be involved. The roles and functions of such Ministries and other stakeholders are outlined in Sub-sections 5.2.1 – 5.2.21.

5.2.1 *Ministry of Planning, Economy and Empowerment/Ministry of Finance and Economic Affairs (SMZ)*

- i. To co-ordinate, monitor and evaluate all population activities and programmes
- ii. To prepare and issue guidelines for the integration of population concerns into development plans at national, regional and local government levels
- iii. To collaborate with other stakeholders in matters related to population and sustainable development
- iv. To collect, disseminate and promote population data utilisation
- v. To coordinate NGOs dealing with population issues
- vi. To collaborate with other stakeholders in the mobilisation of resources for the implementation of NPP
- vii. To develop programmes that promote social justice and alleviate poverty through sustained economic growth
- viii. To carry out research on strategies for eradicating poverty

5.2.2 *Vice President's Office*

- i. To promote research on the conservation of the environment
- ii. To create awareness and sensitise the masses on environmental concerns through the private and public mass media

5.2.3 Prime Minister's Office, Regional Administration and Local Government

- i. To ensure that the policy is disseminated and understood at the district level
- ii. To ensure that population concerns are fully integrated into district development plans and programmes
- iii. To ensure that environment issues are included in formal and non-formal education at all levels

5.2.4 Prime Minister's Office

- i. To coordinate multi-sectoral efforts for the prevention and control of HIV and AIDS
- ii. To coordinate mobilisation of resources for HIV and AIDS interventions
- iii. To facilitate the implementation of the Multi-sectoral HIV and AIDS Strategy
- iv. To coordinate all issues, activities, matters pertaining to disasters and disaster management

5.2.5 Ministry of Health and Social Welfare

- i. To co-ordinate the implementation of reproductive health programmes
- ii. To collaborate with other public and private institutions in the provision of reproductive health services
- iii. To set standards and guidelines for service delivery and health providers
- iv. To train health personnel at all levels, as well as to ensure that health education is integrated into curricula of health training institutions
- v. To carry out research on reproductive health issues, in liaison with other institutions or agents
- vi. To coordinate and implement health aspects of STIs, HIV and AIDS programmes
- vii. Through the Health Information System, to collect and use gender disaggregated data and information
- viii. To provide monitoring and supportive supervision of reproductive health programmes

5.2.6 Ministry of Education and Vocational Training

- i. To incorporate Family Life Education (FLE) in all private and public primary and secondary schools, and teacher training colleges
- ii. To support participation of the community, institutions and the private sector in the provision of equitable and quality education
- iii. To strengthen advocacy and social mobilisation for gender equity, equality and the empowerment of women
- iv. To ensure the provision of basic education to all children
- v. To strengthen literacy programmes

5.2.7 Ministry of Agriculture, Food Security and Cooperatives

- i. To ensure that population variables are integrated into training programmes for extension workers so as to equip them with relevant skills that will enable them to relate population growth to levels of food production, consumption and other development activities at local levels
- ii. To promote the use of better farm implements, techniques and practices of modern farming and improved food processing and storage facilities
- iii. To ensure food security for the nation

5.2.8 Ministry of Labour, Employment and Youth Development

- i. To promote youth programmes for responsible parenthood
- ii. To promote, in liaison with other institutions, employment opportunities especially for the youth and people with disabilities
- iii. To introduce comprehensive labour legislation that will encourage participatory labour relations in the public and private sectors
- iv. To strengthen youth councils and development committees
- v. To promote the welfare of the elderly and disadvantaged groups

5.2.9 Ministry of Information, Culture and Sports

- i. To encourage folk-media and modern theatre forums on themes related to population and development

5.2.10 Ministry of Community Development, Gender and Children

- i. To advocate for gender equity, equality, women's empowerment and children rights
- ii. To educate women on the importance of breast-feeding, safe motherhood and family planning
- iii. To ensure that special attention is paid to programmes that are directed at the elimination of socio-cultural and discriminatory practices against the girl-child, the elderly and people with disabilities
- iv. To collaborate with other stakeholders in educating women, men and children on their rights
- v. To ensure that gender is mainstreamed in policies, programmes and plans
- vi. To identify discriminatory laws
- vii. To sensitise women, men and children on the elimination of harmful socio-cultural practices
- viii. To ensure that community development officers are equipped with relevant expertise

5.2.11 Ministry of Water

- i. To ensure the availability of clean and safe water for all people

5.2.12 Ministry of Finance

- i. To mobilise resources locally and internationally in order to support population programmes and activities
- ii. To allocate financial resources to population activities and programmes

5.2.13 Ministry of Home Affairs

- i. To coordinate migration matters
- ii. To manage and coordinate refugee matters

5.2.14 Ministry of Public Safety and Security

- i. To maintain law and order
- ii. To reduce levels of crime

5.2.15 Ministry of Justice and Constitutional Affairs

- i. To collaborate with all other Ministries to ensure that laws that are not in line with the NPP are either reviewed or repealed, as well as facilitate the enactment of new laws on matters pertaining to population, reproductive health, the environment and other population issues
- ii. To ensure the enforcement of the laws of the land

5.2.16 Ministry of Energy and Minerals

- i. To promote the use of, and research on, renewable energy resources
- ii. To create awareness in the community on the dangers of environmental degradation in matters relating to the supply of energy - like electricity and fuel wood

5.2.17 Institutions of Higher Learning

- i. To provide training on population and development
- ii. To conduct research in all population and development related issues
- iii. To do consultancies and provide advisory services on population and development issues
- iv. To mainstream gender issues in their existing curricula

5.2.18 Mass Media

- i. To promote awareness on population issues, policy and programmes in relation to development
- ii. To promote the use of reproductive health services
- iii. To inform and educate the public on population problems such as sexual abuse, HIV and AIDS, domestic violence, neglect and abandonment of children and adolescents

5.2.19 NGOs and Private Sector

- i. To provide reproductive health services
- ii. To provide counselling services, especially to the youth, the elderly, persons with disabilities and persons with special needs
- iii. To complement Government efforts in planning, financing, implementing, monitoring and evaluation of population programmes
- iv. To provide technical and financial support in designing population-based development programmes and projects

5.2.20 Political Parties

- i. To support the integration of population concerns into social and development agenda
- ii. To sensitise the public on population issues and mobilise support for population programmes

5.2.21 Religious Institutions

- i. To provide spiritual guidance and set standards for societal moral values
- ii. To provide, formulate and implement projects to complement efforts made by others
- iii. To complement Government efforts in population related programmes within their areas

CHAPTER SIX

6.0 PLANNING, MONITORING AND EVALUATION

6.1 *Introduction*

The implementation of the National Population Policy calls for effective multi-sectoral participation so as to ensure that population and development are mutually supportive and fully integrated. The collaborative role of sector Ministries, Departments, Agencies, private sector and civil society is necessary in achieving the stated objectives of the National Population Policy. The expected impact of a good population policy is reflected in the promotion of rapid and sustainable economic growth and national development, which in turn facilitate the provision of basic social services to the people. For this reason, population policy and socio-economic development are inseparable and, indeed, affect each other.

6.2 *Rationale for Planning, Monitoring and Evaluation*

Monitoring and evaluation are important components in the process of implementing the National Population Policy. They track implementation progress that enables the stakeholders to take informed decisions so as to achieve the stated objectives and demonstrate results for accountability. Therefore, their undertakings should be part and parcel of the overall process of implementation of the National Population Policy.

6.3 *Planning, Monitoring and Evaluation Framework*

The National Population Policy has set out to achieve a number of objectives, goals and targets. The policy has also identified a set of priority areas for intervention in order to achieve the stated policy goals, objectives and targets. Some of these can be realised only in the long run; some in the medium term, and others in the short term. As it is always the case, the realisation of the long and medium term policy goals, objectives and targets depends very much on the realisation of the short term ones. Also, as the policy is multi-sectoral in scope and content, its implementation will take place through the implementation of several other sector policies and programmes, including those of health, food, employment, gender, poverty reduction, HIV and AIDS, etc., to mention but a few. In other words, the implementation of the National Population Policy will involve several actors across a broad range of sectors. In order to ensure that all the respective actor agencies perform accordingly, coordination of the efforts of all the actor institutions monitoring the implementation of the various interventions and performance evaluation is critically important.


6.4 *The Priority Action areas for Monitoring and Evaluation*

- i. Integration of population variables into development planning
- ii. Employment
- iii. Problems of special groups in the society
- iv. Gender equity, equality and women's empowerment
- v. Sexual and reproductive health
- vi. STIs, HIV and AIDS
- vii. Environmental conservation
- viii. Agriculture, food and nutrition
- ix. Poverty
- x. Education
- xi. Data management
- xii. Advocacy and IEC

6.5 *Indicators for Monitoring and Evaluation*

On the basis of the above priority areas for action, an implementation Plan of Action (PoA) will be developed. Development of PoA will also include development of indicators that will be used to track progress on the implementation of the National Population Policy. The necessary indicators will also be developed on the basis of the policy priority monitoring and evaluation areas. Since the implementation of the NPP involves and will involve many actors, each of them will develop and apply the monitoring indicators necessary for tracking progress on everyone's area(s) of mandate. For example, with regard to poverty eradication, the mandated coordinator institution - for the time being the Ministry of Planning, Economy and Empowerment - is expected to develop the monitoring indicators for that area. Fortunately, monitoring indicators required for many of the priority areas for action are already in place. However, review and improvement may be required as changing conditions and priorities may dictate.

The implementation of the National Population Policy has many different players with varying roles and capacities. These implementing partners require an institutional arrangement for coordination and information sharing. The ultimate goal of the monitoring and evaluation findings is to ensure efficiency, effectiveness and sustainability of the planning and implementation process. On a participatory basis, the



stakeholders (sector Ministries, Departments, Agencies, private sector, civil society and development partners) will be part and parcel of the planning, monitoring and evaluation processes.

At regular intervals, data collection, analysis and documentation will be carried out and disseminated to stakeholders for information sharing, and learning and improvement. The poverty monitoring Master Plan and process is an integral part of the monitoring of the National Population Policy.