

International Development Study Center

Analysis and Recommendations: Tanzania

Contract AID/afr-C-1702



Battelle

Human Affairs Research Centers

2030 M Street, N.W. Washington, D.C. 20036

PN-AAA-977

12n-40438

ACKNOWLEDGEMENTS

The Battelle HARC International Development Study Center wishes to acknowledge and extend its appreciation to Ambassador Paul Bomani and Mr. Peter Mwombella, Political Officer, of the Tanzania Embassy, Washington, D.C. for their support and cooperation in arranging this study. In Dar es Salaam, special recognition is extended to Mrs. Bantu, Director of the American Desk, Mr. Martin Nkong'wanzoko, Counsellor, and Mr. Raphael Mashabe, Third Secretary - all with the Ministry of Foreign Affairs - for their tireless efforts and cooperation in arranging the interviews and schedules.

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I. INTRODUCTION

The Tanzania "Assessment and Analysis" is the second in a series of country studies in Sub-Saharan Africa, designed to determine: (1) the degree of awareness and knowledge of population dynamics and socioeconomic development among African government and private leaders; (2) their attitudes toward traditional and modern family planning practices; and (3) their recommendations for appropriate USAID population assistance.

The assessment took place 18-27 May, 1981. The team was scheduled to consist of Leonard H. Robinson, Jr., director of Battelle HARC/IDSC, Dr. Hamid Rushwan, director of the Sudan Fertility Control Association and Mr. Robert Ellis, Deputy Minister of Health, Government of Liberia. Unfortunately, Dr. Rushwan became ill while on official business in New York and was unable to accompany Mr. Robinson; Mr. Ellis was appointed acting Minister of Health and was, therefore, unable to leave his posting for the required study. In retrospect, in the opinion of the interviewer and the author of this report, a one person team was more appropriate in the Tanzania Assessment, given what appeared as strong sensitivities toward the issue of population and population control among the majority of those interviewed. The team as originally composed would have been too visible. All the interviews were, in the final analysis, cordial and extremely informative and productive. Over twenty leaders were interviewed, some more than once. Nowhere in this document are comments attributed specifically to anyone interviewed, as many spoke as individuals and not as official representatives of GOT Ministries or private institutions.

The United Republic of Tanzania is not unlike other countries in sub-Saharan Africa in that the wealth of children and the value of fertility are highly regarded throughout society. These values are adhered to tenaciously, despite mounting evidence that Tanzania's rapid population growth, coupled with economic constraints, is having an adverse impact on official socioeconomic objectives and goals as well as the quality of the nation's human resources.

Tanzania is experiencing its third and most crippling economic crisis in a decade (see Appendix A). Over 60% of the country's foreign exchange is expended to import essential oil; gasoline currently sells for \$5.25 per gallon and is tightly rationed. Agricultural productivity has fallen dramatically primarily due to drought and outmoded farming techniques, forcing the government to request emergency food aid from developed nations; throughout urban centers people cue up daily to purchase bread, sugar, rice and other staples. And, the population is growing at an estimated rate of 3.0%.

For these and other reasons, the Tanzania assessment was difficult. The author of this study encountered sensitivities toward the issue of population dynamics, its impact on achieving development goals, and toward family planning in general. Despite a sophisticated level of awareness regarding the consequences of rapid population growth, family planning - as a nationwide, government-supported program option and as one of several factors in the complex process of effective socioeconomic

development - is categorically rejected. Traditional customs and attitudes which emphasize large families prevail; the politics surrounding the issue are complex; and finally, the image of family planning as a "western" intervention and plot weighs heavily on the minds of many. This is not to suggest that family planning, both modern and traditional, isn't practiced for it is in increasing numbers, especially among the urban educated population - but family planning as a nationwide, consistent practice is 2-3 generations away. In the meantime there is much to be accomplished to facilitate change.

II. SUMMARY

The author's summary observations and implications for future USAID population assistance are as follows.

A. Observations

1. The majority of respondents expressed deep, often grave, concern over the current economic situation, recognizing Tanzania's rapid population growth and its impact on economic development, but all categorically rejected family planning as the solution to the problem. The fact that Tanzania's population is growing at a fast rate is common knowledge among those interviewed. This awareness was punctuated with quantitative data such as population growth rates, estimates of live births per thousand, and the percentage of population below the age of fifteen.
2. Many attributed the rapid rate of population growth to vastly improved availability and quality of medical and health care facilities, which have reduced infant and child mortality and lengthened the average life span of both men and women.
3. The existence and continuous functioning of UMATI - Tanzania's Family Planning Association (IPPF affiliate) - is seen as evidence of GOT's unofficial and unannounced population policy. This contention is supported by pointing to the fact that UMATI's services are administered (except for three clinics used for training and service delivery in Dar es Salaam) in government clinics, hospitals and health posts throughout the country, and with the assistance of government-paid physicians, nurses and nurses' aides.
4. Family planning or birth control to limit the size of families is frowned upon - both socially and officially. Childspacing to enhance the health of children and mothers is actively encouraged - even with the advent of modern contraceptives as this is in tune with traditional childspacing practices (which are now apparently breaking down).
5. The Tanzania Medical Association has not officially endorsed modern childspacing practices offered through UMATI (the Family Planning Association of Tanzania) or other institutions. Many doctors, both young and old, are not convinced that family planning should be offered on a consistent basis - a problem UMATI intends to address.
6. UMATI has been somewhat successful in encouraging men to use condoms. Preliminary thought is being given to the implementation of a community based distribution program with condoms as the principal item of initial distribution.

7. There is a general feeling among some that if UMATI were in financial trouble, the Ministry of Health would move to allocate a portion of its budget to keep the organization functioning, but not at its current level of support.
8. The issue of Depo Povera has been hotly debated in the MOH, UMATI and other GOT circles. Several years ago, the then Minister of Health used it to attack the credibility of UMATI by charging that it was administering a drug which had been banned in the U.S. Today, however, both UMATI and MOH officials support the use of Depo Povera and are actively providing it upon request.
9. Although UMATI and the MOH have trained over 8,000 nurses and nurses' aides in MCH/FP service delivery, only an estimated 300-500 medical and health facilities currently provide such services to patients. A lack of systematic follow up over the past ten years is partially responsible for this situation. Also, transfers have been abundant. There is a need for in-service training to upgrade professional skills. Even more important, superintendents and regional/district medical/health officers must be made aware of the importance of encouraging paraprofessionals to use their MCH/FP skills.
10. There is virtually no organized family planning in Zanzibar due to strong opposition from Muslim clergy and the influence of Islam on public thinking. UMATI has not attempted to develop services there. Upper class Zanzibari women, however, go to Dar es Salaam-based UMATI clinics for services.
11. Urbanization has resulted in the break down of traditional, mostly rural based taboos against premarital sex. As a consequence, single, young working women in Dar es Salaam and other urban centers are becoming pregnant and resorting to illegal abortions - with all the usual medical/health complications.
12. The current economic situation is of considerable embarrassment to the GOT, who are self-conscious about being one of the poorest countries in the world. They feel caught in a vicious cycle characterized by rising inflation, the necessity to import technology and raw materials to pursue development coupled with scarce foreign exchange reserves which constrains their capacity to consistently provide what is required.
13. In keeping with the philosophy and purposes of Ujamaa, the GOT's villagization program, the focus of development is on the rural sector; yet service delivery throughout rural areas is still inadequate.

14. Efforts to make rural life attractive are discussed in practically every ministry, as there is concern that urbanization, coupled with difficulties in producing adequate subsistence and cash crops will stimulate rural people to migrate to urban areas instead of remaining on the farms. The latter development would seriously thwart Ujamaa and GOT's commitment to an agribased economy.
15. Less than 10% of the national budget goes to the Ministry of Agriculture to develop innovative approaches to increasing agricultural production and practices. Research is urgently required to convince policymakers in the Ministry of Finance and Planning that increased allocations to the MOA are justified.
16. Only 40% of the population currently has access to clean, safe water. As the population increases, providing clean water throughout the entire country by 1990 will be a difficult target for the GOT to reach, due in part to fiscal limitations.
17. According to one official, in particular, the rapid influx of migrants into Dar es Salaam is having a marked effect on housing, availability of food supplies and employment practices.
18. In January, the Labor and Social Ministry organized a workshop in Tanga on Migration and Labor for directors of urban authorities, regional development directors, CCM party representatives, university officials, union workers, etc. This is indicative of the ministry's concern with the impact of migration on employment, especially in urban areas. The final report is being processed and will be available through the Permanent Secretary's office.
19. The GOT's highly successful Universal Primary Education (UPE) program - instituted in 1977 and designed to wipe out illiteracy in the country - has precipitated a shortage of supplies, educational materials, teaching facilities and teachers because of the total numbers of children enrolled in schools. In turn, this has placed a severe financial burden on the government's capacity to provide secondary education for those who qualify.
20. There is an acute lack of definitive data in practically every key development sector, e.g. agriculture, health, education, etc. The problem appears to be tied to inadequate numbers of skilled and trained demographers, statisticians, data processors and analysts. Training of skilled technicians in every major development sector is urgently required and actively pursued by GOT ministries. To the extent feasible, they prefer such training be in-country.

21. There is a great need for social science research - small scale, but to the point. Namely, the impact of population growth on development sectors; the consequences of rapid urbanization on employment and municipal services; rural to rural and rural to urban migration and its impact on food production, to mention a few.
22. A universal belief is that improving the quality of life for all is the key to development and to the eventual adoption of smaller family size norms.

B. Implications for USAID Population Assistance

Assistance in the broad area of population could be beneficial and appreciated in Tanzania, so long as it meets the expressed needs of Tanzanians and is not tied to specific family planning requirements dictated from AID. Various types of training could meet some of these needs. Any assistance - whether of short or long term duration - should use Tanzanian institutions and personnel. In-country training of trainers should be stressed as a priority, as they perceive, whether realistically or not, that they possess the capability to manage programs themselves with a minimum of outside, expert involvement/participation.

Key Areas For Population Assistance Consideration Are:

- Training of technicians to compensate for a paucity of skilled manpower. Everywhere I went and everyone I talked to spoke candidly of Tanzania's acute lack of skilled technicians: demographers, statisticians, data analysts, record keepers and especially rural extension workers of all types. The 1978 Census generated a great deal of data which, like other forms of important data, lies unprocessed and under reported because there aren't enough data processors to quickly clean, analyze and interpret the data tapes.

Training is needed to upgrade the skills of certain employed professionals, and appropriate educational inputs are required to add to Tanzania's cadres of:

Demographers
Statisticians
Data processors and analysts

In addition, extension workers and UJAMAA advisors can be trained in basic data collection and reporting techniques.

Training is also required to expand MCH/FP into the rural areas where reliable and accessible services are lacking. Training in vehicle maintenance is important as well, so that field work gets done and MCH/contraceptive commodities get delivered on a consistent, scheduled basis. Specific categories for training are:

Physicians
Nurses and Nurses' Aides
Clinic administrators/supervisors
Field educators
Auto Mechanics

The Permanent Secretary in the Ministry of Labor and Social Welfare is very concerned about the lack of vocational skills of young people coming into Dar es Salaam and other urban areas from rural communities. Vocational and technical training skills of the type offered by Opportunities Industrial Cooperation (OIC) out of Philadelphia - similar to the large and successful program run in Ghana in the 1970's - would offer AID an excellent opportunity in Tanzania. Kolimba is very interested in this and has been put in touch with Ron Harvey of USAID/Tanzania, who headed the OIC project in Togo.

- Information - Education - Communication: Many types of IEC activities would be well received, among these are:

- (1) Seminars and workshops for : politicians, religious leaders, planners, policymakers, MOH field workers and administrative/supervisory personnel.
- (2) Use of radio, newspapers and materials to disseminate IEC on MCH/FP through UMATI.
- (3) Special orientation workshops on MCH/FP as well as population and development training for members of the press, since they have been periodically critical of UMATI and family planning in general.
- (4) Village level IEC specifically directed towards men since male attitudes are very influential in determining the size of families, here and throughout Africa. The approach should be through UJAMAA village councils wherever UMATI has entrees into these village based systems of communications.

- Policy and Social Science Research

Action oriented research useful for policy planning is desperately required. Planners and policymakers are frustrated at being able to perceive problem areas but not having concrete solutions to solve the various problems with which they are confronted. The complexity and magnitude of such socioeconomic problems is not fully understood because either the research has not been completed or it has not been properly interpreted, reported and disseminated to policymakers and district and regional officials.

Research on how population dynamics affect/impact on every major development sector - agriculture, education, employment, migration, etc. - is required. Household surveys are needed to determine the characteristics of village/rural people: patterns of consumption,

attitudes toward family size and family planning, income generation, etc. Some population research has been conducted in previous years, but not presented in a form readily understood and appreciated by policy makers.

- MCH/FP

Service delivery can best be expanded by working through UMATI, possibly with a CBD condom project. Since the MOH stresses preventive as opposed to curative care, the expansion of MCH/FP directly through the MOH is possible, but in the shortrun may not be as effective. Family planning still has political overtones and since the government has already been pushed by USAID/Tanzania on family planning without significant results, the mission should proceed with caution in planning and designing new initiatives. A close, collaborative relationship with the MOH's MCH department is especially advised.

UMATI should not be overwhelmed with more than they can absorb, as this could backfire as well. MCH/FP should focus on rural areas because this is where traditions toward large families are strongest, and where services are currently inadequate. Commodities are definitely required as the IPPF has significantly reduced its input and UNFPA has not responded to UMATI's latest request. I suggest keeping a year's supply of commodities in UMATI - more than a year's supply will be too visible and may invite criticism as has happened in the past. If UMATI is unwilling to allow USAID to supply commodities directly, I suggest working through FPIA.

Noriday is a serious problem and may not be the contraceptive of choice for Tanzanian women. Breakthrough bleeding and headaches are often cited as complaints. Norinyl was used prior to Noriday with apparently few complaints. The change has precipitated the problem although the two brands are virtually the same. UMATI's supplies were scheduled to run out at the end of May, and unless immediate action is taken, the supply channel will break down.

Major Areas of Concern for AID

- (1) Family Planning is still automatically translated into population control here - the latter is vigorously opposed as it is perceived as a western plot to hold down numbers.
- (2) Rapid population growth is not viewed as a serious deterrent to development - even by Tanzania's respected scholars.
- (3) Several high ranking GOT officials contended that the U.S. and other developed nations "dump" (their term) pharmaceuticals, often banned or not sold to their inhabitants, in Tanzania and other African countries. Depo Povera was often cited as the major example of this charge, probably because of the widespread (worldwide) press coverage the Depo Povera controversy generated 2-3 years ago.

The fact that the Federal Drug Administration banned the use of Depo Povera for American women bothers many Tanzanians, not an uncommon opinion throughout Africa because of the FDA's "defacto" status as the regulatory agent for all pharmaceuticals - regardless of country of origin/manufacture. As previously stated, MOH and UMATI officials do administer Depo Povera upon request, but they are up against the political tide as it relates to the issue of "dumping" and referred to "other examples" to side with the broad contention leveled by other officials.

- (4) There is a feeling that USAID's development assistance has "strings" attached which mandate that family planning service delivery be part and parcel of any assistance package. This is especially so in the Ministry of Health.

III. PROCEDURES

A. Project Methodology

Battelle HARC/IDSC spent a number of hours developing and testing the interview protocol designed to elicit maximum responses and information possible regarding population trends and related issues. Prior to a Nairobi-based planning session held for the project's African advisors (March 13-15, 1981), an interview protocol (see Appendix B) was developed and tested with the assistance of three African officials based in Washington, D.C. - citizens of Ethiopia, Ghana and Tanzania. The protocol proved to be too long and tedious. Therefore, during the Nairobi planning session, the African advisors influenced a simplification of the protocol (see Appendix B¹) and the decision was made to distribute the questions in advance to all scheduled respondents. This latter step was introduced to increase the potential for productive discussions/interviews.

The amount of time available to conduct interviews among busy government officials was the subject of some discussions during the Nairobi planning session. In the final analysis, it was agreed not to interrupt a respondent answering a question at length, but to request additional time if required to complete the interview protocol.

B. The Interview Process

In Tanzania twenty formal and informal interviews were conducted, each lasting an average of seventy minutes. Multiple sessions were held with six of the twenty respondents. A wider sampling size was desirable, but five officials could not be scheduled because they were out of the country or on "safari" (tour) inside Tanzania. These officials were the Honorable Mungai, Minister of Agriculture, Honorable Alfred Tandau, Minister of Labor and Social Welfare (also Chairman of UMATI), Dr. Male Ntlema, Director, Food and Nutrition Center, Mr. Shauri, Executive Secretary, Christian Council of Tanzania, and Professor Shija of the Muhimbili Medical Center.

Several months prior to the Tanzania assessment, Robinson met frequently with Mr. Peter Mwombella of the Embassy of Tanzania to identify appropriate government and civic officials to be interviewed. A final session was held with Ambassador Paul Bomani to explain the purpose of the study. Subsequently, the Embassy of Tanzania dispatched an official request to the Ministry of Foreign Affairs in Dar es Salaam to arrange the necessary appointments.

Upon arrival, Robinson contacted Mrs. Bantu, Principal Foreign Service Secretary and Director of the American Desk (MOFA) who promptly initiated steps to finalize appointments with the assistance of the Counsellor and Third Secretary. A thorough briefing session was also held with Mr. John Burdick, health and population officer with USAID/Tanzania, prior to interviews with Tanzanian officials.

Tanzania has a short work day (7 a.m. - 2 p.m.), so an average of 2.5 interviews were conducted each day. Copies of the interview protocol were distributed well in advance of each appointment; thus, discussions/interviews were lively and respondents were able to provide information pertinent to each question and issue.

In Lesotho, the assessment team was accompanied to each interview by a ranking official from the Planning Commission. Officials in Tanzania did not feel that their participation in every interview was necessary, so all interviews were conducted privately between the respondent and the Battelle HARC/IDSC representative. The majority of the interview sessions were cordial, relaxed and without interruption. Each session started with an explanation of the purpose of the assessment, with an emphasis on the importance of candid answers and my intent to report their observations and recommendations as accurately and objectively as possible.

All interviews plus a rough preliminary report were completed by May 26th. During the period of assessment, frequent informal meetings were held with John Burdick to keep him fully apprised of progress. Final formal debriefings were held for Mr. Burdick, Mr. Barry Rielly, acting Mission Director, and Charge d'Affairs, Mr. David Fischer on May 27th. A special debriefing was also conducted for David Walker and a Tanzanian official, both of the U.S. Embassy in Dar es Salaam.

C. Persons Interviewed and List of Country Contacts

MINISTRY OF FOREIGN AFFAIRS	Mrs. Bantu - Principal Foreign Service Secretary, Director of American Desk Mr. Raphael Mashabe - Third Secretary (3) Mr. Martin Nkong'wanzoka - Counsellor (2)
MINISTRY OF FINANCE & PLANNING	Mr. N. Mbalilaka - Commissioner, Bureau of Statistics (2)
MINISTRY OF EDUCATION	The Honorable (Mrs.) T. Siwale
MINISTRY OF LABOR AND SOCIAL WELFARE	Mr. Horace Kolimba - Principal Secretary
MINISTRY OF HEALTH	Dr. S.H. Rajab - Director of Maternal and Child Health Mr. A.S. Dhalla - Head of Planning Unit and Senior Statistician Mrs. J.A.S. Mahalu - Principal Nursing Officer, Preventive Medicine Mrs. M.T. Massila - Maternal and Child Health Nursing Officer
MINISTRY OF AGRICULTURE	Dr. Vincent F. Mrisho - Director of Agricultural Planning
PRIME MINISTER'S OFFICE	The Honorable Jackson Mwaketa - Minister of State Mr. Julius Simwaeko - Commissioner for Planning and Control (3) Mr. John Kinyunyu - Assistant Commissioner, Planning and Control

UMATI

Mrs. Monica Sozigwa - Executive Director
Dr. Mwaikambo - Director of Medical
Services (3)
Mrs. Grace Mtawali - Training Director

UNIVERSITY OF DAR ES SALAAM

Dr. Kuhanga - Vice Chancellor (former
Minister of Manpower and Minister of
Education
Professor O. Mascarenhas - Bureau of
Resource Assessment and Land Use Planning (2)

EMBASSY OF TANZANIA
(Washington, D.C.)

Mr. Peter Mwombella - Political Counsellor
(March 2, 1981)

UNDP

Dr. Yemi Fadayomi - Demographer

USAID/TANZANIA

Mr. John Burdick - Health and Population Officer
Mr. Al Henn - Chief, Health, Population,
Nutrition Office
Mr. Barry Rielly - Acting Mission Director
Mr. David Fischer - Charge d'Affairs
Mr. John Anania - Agriculture Officer
Mr. Ron Harvey - Agriculture Officer

() = number of times interviewed, formally and informally.

VI. COUNTRY BACKGROUND

The following information was compiled by IDSC research staff. It is included in this report as essential background information to readers.

A. Country Profile

The United Republic of Tanzania is composed of mainland Tanzania and the islands of Zanzibar and Pemba. Located on the eastern coast of Africa, its total land area of 945,000Km² is characterized by a variety of land forms, ranging from sea level to mountains and from subtropical to tropical climates. Its population of 19.2 million people consists of more than 130 ethnic groups. English is the primary language of commerce, administration, and higher education. With a birth rate of 46 per 1000 and a death rate of 16 per 1000, the Tanzanian population increases 3.0 percent each year. Average life expectancy has risen from 40 years in 1967 to 50 years in 1980. Infant mortality and general morbidity are high. Due to a deliberate government policy, Tanzania is one of the least urbanized countries in Africa, with only 12 percent of the population living in urban areas. The largest single concentration of population is in Dar es Salaam (approximately 500,000); Dodoma is the designated new capital. The economy depends heavily on agriculture which accounts for 40 percent of the GNP and 70 percent of exports. Although Tanzania has undergone some economic recovery since the 1974 oil increases, the United Nations has designated it one of the most seriously affected among the developing countries in Africa.

B. Major Health/Population Issues

The Government has indicated that its population size, the levels and trends of its population growth and its fertility rates are acceptable. Childspacing within the context of improving family health and reducing mortality rates is considered paramount.

Tanzania's main development objectives are presented in its three five-year development plans covering the period from 1964-1981. The earlier policies which concentrated on rapid economic growth and an increase in per capita income, have been modified, and recent plans place more emphasis on the achievement of universal primary education, manpower training, housing sector improvements and the extension of health facilities to rural areas. The Government is particularly concerned with the well-being of the family, especially with improving maternal-child health conditions. Priority has been accorded to preventive health care in order to raise life expectancy and lower infant and maternal mortality rates.

Since 1970, the Ministry of Health has undertaken policies to extend health care facilities to the rural areas. The Government's "villagization policy", which has involved the creation of Ujamaa (self-reliance) villages, has facilitated the provision of maternal and child health services - and family planning, although on a limited basis - throughout these areas. At present, it is estimated that 60 percent of mothers and children have access to

health service (not including family planning). The basic problems of supply and distribution of essential drugs and vaccines, poor communication, and lack of transport have affected the expansion of these services.

C. Official Position on Population Issues

Although the Government of Tanzania has not established an official policy on fertility control, it has made a definite commitment to the provision of maternal and child health services including family planning services (limited) to improve general family well-being. Under a directive issued by the Ministry of Health, all regional medical officers are advised to provide family planning services in their regions, if the need for them is expressed by married women. UMATI, the Family Planning Association of Tanzania, an affiliate of the International Planned Parenthood Federation (IPPF), cooperates with the Ministry of Health by providing contraceptive supplies and by undertaking training in family planning of the medical personnel within the maternal-child health program.

Tax refunds for persons with children, at the rate of 10 shillings per child per month, are only provided up to a maximum of four children.

Control of internal movements is heavily emphasized in the Government's rural development policy by the grouping of residents of scattered hamlets into nucleated villages. Furthermore, in an attempt to stem the rural-urban migratory flow, work permits have been issued in urban areas and unemployed migrants in the cities are encouraged to return to the villages. Although the level of international in-migration is not significant, there is increasing concern over the substantial number of refugees residing in the country.

D. External Health/Population Assistance

Since 1973, the U.S. Agency for International Development has assisted Tanzania in its development of nationwide MCH/FP delivery programs, with emphasis on preventive health services. AID support, totaling \$10.4 million, has paid for training centers, participant training in the U.S., technical specialists, and contraceptive supplies.

The United Nations Fund for Population Activities (UNFPA) has, since 1971, funded: publication of Tanzania's census results, family life education seminars, and population education and communications projects. Total cumulative UNFPA expenditures as of June 1979 totaled \$1.5 million.

Additional donor assistance to Tanzania has come from: the Swedish International Development Authority (SIDA) for the construction of rural health centers; the Norwegian Agency for International Development (NORAD) for the construction of 400 rural dispensaries; the Government of Finland for rural "medical aid schools" and a rural training program; and the Family Planning International Assistance (FPIA) and the International Planned Parenthood Federation (IPPF) for family planning commodities, vehicle and IEC equipment and materials.

E. Demographic Profile: Tanzania

Population Estimate (mid-1980)	19.2 million
Birth Rate	46
Death Rate	16
Annual Rate of Natural Increase	3.0
Number of Years to Double Population	22
Projected Population by 2000	35 million
Projected Ultimate Population Size	93.9 million
Total Fertility Rate	6.5
Infant Mortality Rate	125
Life Expectancy	50 years
Population under Age 15	46%
Population over Age 64	3%
Urban Population	12%
Per Capita Gross National Product	\$270
Female Population	9,388,000
Female Population (15-49)	4,131,000
Female Population in Union (15-49)	3,263,000
Percent Women in Union (20-24)	86
Female Singulate Mean Age at Marriage	18 years

No official fertility control policy; commitment to provide maternal-child health services and family planning services to improve general family well-being.

Sources: Population Reference Bureau, Inc. Family Planning and Marriage. 1970-1980, March 1980.

Population Reference Bureau, Inc. World Population Data Sheet. April 1981.

V. PRINCIPAL FINDINGS

A. Perceptions of Causes of Population Change

A cross section of Tanzanian government officials (especially planners and policymakers) and civic leaders were interviewed. Without exception, all possessed a rudimentary grasp of basic demographic data. We attribute this level of knowledge and awareness to fairly widespread information on the preliminary report on the 1978 Tanzania Census. Although the growth rate was not accurately stated in every case, respondents were within fractional percentage points of the officially published rate. Examples of responses are as follows:

1. The population growth rate was cited as being between 2.7 and 3.4%, with the majority of respondents citing 3.1%. Many characterized this rate of growth as "fast", "rapid" and "alarming" - and expressed concern that this trend was having some discernable impact on educational facilities, health delivery posts, jobs, food supplies and housing. A minority of respondents however, were not alarmed with Tanzania's rate of growth, referring to the size of the country and the fact that large tracts of cultivatable land were still lying fallow throughout rural areas. On an average, Tanzania's population size was pegged at 18 million (1981 estimate: 19.2 million).
2. Those interviewed had a marginal awareness of demographic trends in some neighboring countries. For example, Rwanda's exceedingly high density rate compared to total square miles and population (4.8 million) was common knowledge; also Kenya's high rate of growth is well known, although many expressed great surprise at latest growth rate figures which show Kenya's annual population growth rate at 4.1%. Information on Zaire, Zambia, Uganda and Mozambique was tentative and inconclusive.
3. Rural to urban and rural to rural migration is evident. Dar es Salaam doubled in population between 1957 and 1967 (from an estimated 128,000 to an estimated 350,000 plus and is approximately 500,000 today); Tanga is now the second largest city in Tanzania; Mwanza is experiencing rapid growth and Dodoma, the designated new capital of the country, which was originally designed to accommodate 60,000 inhabitants, has already surpassed that population. Rural to rural movement is associated with need to find new farming areas - as fertile soil becomes depleted from excessive farming and overgrazing.
4. Infant mortality is still quite high in Tanzania, but intensive efforts to extend health care, to rural areas in particular, have been successful; thus, infant/child mortality has been reduced from approximately 160/1000 to 125/1000; life expectancy has also increased significantly.

5. Finally, Tanzanians are acutely aware of their young population - 45-47% of the population is below fifteen years of age. Since these children will not become productive in society for many years, Tanzania, like many developing countries, has a high dependency ratio.

B. Perceptions of Consequences of Population Change

The impact and consequences of demographic variables/trends cited above are particularly appreciated by Tanzanian officials and civic leaders, although there is a definite lack of data to substantiate their impressions/observations and concomitantly, a conspicuous absence of alternatives and/or solutions to problem situations. The impact of rapid population growth was characterized thusly:

1. Urbanization: especially in the Dar es Salaam area - has increased ten fold in recent years. As a result, there are housing shortages; houses are often crowded with relatives and friends from rural areas who have migrated to Dar es Salaam seeking employment; the number of jobless people is rising and, as the Permanent Secretary for Labor and Social Welfare indicated, there are growing problems associated with enforcement of minimum wage standards, precipitated by migrants from rural areas who are often willing to work for much less than their urban competitors. (A three day workshop on "Migration and Employment" was held in Tanga, January 1981 to discuss the issue of urban unemployment. Attended by Ministry of Labor and Social Welfare directors, directors of urban authorities, regional development directors, CCM party representatives, union workers and university representatives, the workshop was designed to focus attention on this growing problem, identify research and data requirements to facilitate improved planning and problem solving, and to formulate interim solutions. The final report is in draft and should be ready for dissemination in August (according to the Permanent Secretary, Ministry of Labor and Social Welfare).

The demand on municipal services is evident - clean, filtered drinking water, health care, educational facilities and again housing are strained. Given Tanzania's current demand for food (long lines are evident throughout stores in Dar es Salaam), gas is rationed and the cost is prohibitive (\$5.25 per gallon). The quality of life in urban areas is, therefore, clearly deteriorating.

2. Education and Educational Facilities: Tanzania ushered in Universal Primary Education (UPE) in 1977. Primary education is compulsory for all children age seven and older. These efforts, plus an adult literacy program have raised literacy levels to 50% and above throughout the country. However, the unanticipated effects of UPE have been revealing to GOT planners and policymakers. For one thing, there are so many children enrolling in primary schools that

sufficient numbers of teachers, textbooks, and school facilities simply aren't available. The pupil/teacher ratio is 1/50 and there is one textbook for every ten students.

800,000 students registered for primary school in 1977. Although this figure dropped to 400,000 in 1981, the GOT is now faced with the awesome task of providing secondary school opportunities for primary school graduates (even though placement is competitive and comparatively few primary school graduates are able/qualified to attend. An average of 200,000 primary school children are finishing each year, placing huge demands on secondary educational facilities - but thus far only 8-9% have progressed to this level because of stiff competition and inadequate facilities. By 1985, one million students are projected to finish primary school; for then the issue will be one of employment and rising expectations, stimulated by exposure to education which will be difficult to fulfill. The Honorable Minister of Education stated that one of her principal objectives is to increase construction of secondary school facilities and to train primary/secondary teachers.

3. Rural to Rural Migration and Environmental Pressures: Some of Tanzania's leaders perceive that rapid population growth has generated pressures on cultivatable land; caused environmental deterioration - especially the overgrazing of livestock and the felling of trees (deforestation) for firewood, charcoal production and other uses; and further hastened rural to rural migration, with the latter negatively affecting agricultural productivity. Several respondents cited the presence of the Tsetse Fly and arid and semi-arid tracts of land as further evidence of limited and dwindling cultivatable land resources. This position was challenged, however, by others who contend that vast areas of fertile land are virtually uninhabited in Tanzania. These areas have the capacity to support additional populations, but they have not been developed due to fiscal constraints.

(According to statistics obtained from the GOT's Ministry of Agriculture - Office of Planning and Marketing, Tanzania has 88.6 million hectares. However, of this total, only 15.3 million hectares (9% of the total land area) are suitable for cultivation - and at present only 4.2 million hectares are being utilized; the balance is undeveloped.

4. Economic Realities: The impact of Tanzania's economic plight has penetrated both the micro and macro levels: fiscal constraints have forced cutbacks in allocations for school construction, especially secondary school facilities; plans to increase the percentage of safe drinking water are affected (GOT's goal is safe drinking water for all by 1990; currently 40% of the population has access to clean water); food is scarce and food prices are soaring, as are consumer prices for commodities; petrol is \$5.25 per

gallon, virtually prohibitive for a large segment of society. The high cost of living is felt in urban as well as rural areas and some contend (though disputed by others) that this is forcing a subtle but discernable re-evaluation of large family norms. Adverse weather conditions (drought and flooding) coupled with low agricultural productivity has forced Tanzania to import emergency food supplies. This puts a strain on limited foreign exchange reserves and forces the GOT into hard decisions regarding the use of additional foreign exchange to import fertilizers and mechanized farm equipment for use on large farming tracts, and other technologies. As mentioned earlier, the largest single drain on Tanzania's economy is the cost of oil - at present it commands 65% of GOT's foreign exchange holdings.

C. Attitudes Regarding Population Policy, Family Planning and Related Matters

"The midden (sumina) was the dumping ground for all the dirt, scraps and peelings produced in running a house. In the past the midden was also used as the burial place for certain classes of people. These were babies and those who died before puberty, those who had shown themselves to be sterile, those slain because they were witches, executed criminals, and those who met inauspicious death. The defining characteristic of all these people is that they were, in some sense, damaged or incomplete beings.

Those who live to be a good age but who had no children were clearly deficient in what made for the most basic of human purposes. Sterile men and women were buried in shallow graves in the midden, sometimes lined with thorny branches, and their corpses mutilated, verbally abused and their spirits told not to return to the world in the same sterile state." (The Asante: M.D. McLeod, British Museum Publications LTD, pp 36-37, 1981).

African society, its mores and folkways, are extremely traditional; Tanzania is no exception. And even though urbanization and the process of modernization have stimulated some changes in life styles, old traditions and customs remain strong and influence people's thinking and habits.

The Tanzania assessment found, based on roughly 35% of those interviewed - that the subject of population policy and family planning created tenseness and frustration. The prevailing attitude among the negative respondents was related to their belief that the western world focuses too narrowly on family planning as the solution to socioeconomic development progress; that

family planning is promoted to the exclusion of more development oriented programs; that development assistance commensurate to the Marshall Plan or South Korea and Taiwan outlays, is what is required; and, that contraceptives which are potentially harmful are "dumped" in Tanzania. On a positive note, the vast majority of respondents support both traditional and modern practices of childspacing and family planning, but they were guarded in their responses to questions concerning the need for an official GOT population policy that would overtly encourage Tanzanians to practice voluntary family planning.

1. Population Policy

As mentioned on page 14 under "Official Position on Population Issues", Tanzania does not have an official population policy. Family planning/childspacing services are, however, provided within the framework of maternal/child health throughout the Ministry of Health's delivery system (149 hospitals, 239 rural health centers, and 2,600 dispensaries). Persons interviewed offered interesting and conflicting impressions concerning the questions: "Does Tanzania have a population policy; if so, how would you describe it?" A composite of their responses:

- a) The existence of UMATI (the Tanzania IPPF affiliate) and its use of MOH facilities and personnel is indicative of GOT's population policy.
- b) There is no population policy but there is awareness of the need to factor demographic variables into the planning process.
- c) Formulation of a population policy will not be difficult if it is related to development - an integrated approach.
- d) There is an implicit population policy: the GOT offers paid maternity leave for up to four children (terms are every 3 years with 84 days leave per pregnancy/live birth regardless of marital status), and certain tax benefits. Both leave and benefits terminate when a couple has more than four children.
- e) No! The mere fact that the GOT provides maternity leave and certain tax breaks for up to four children per couple is neither an implicit or explicit indicator of population policy. Government simply cannot afford (monetarily) to offer more benefits than it already has; if the funds were available, they might consider benefits for five or more.
- f) Tanzania doesn't have a population policy, nor is one necessary. It would be disastrous to have one.

Very few of the respondents were able to equate the articulation of a definitive policy with the objective of factoring demographic data into the GOT's development planning process. Rather, policy was immediately and narrowly associated with family planning and UMATI's role in

delivering services through the MOH auspices. In sum, the importance of a broadly defined population policy is only vaguely understood; policy is misinterpreted as relating to population control measures sanctioned by the GOT, a mandate many feel would be in conflict with Tanzania's traditional values.

(The following hypothetical question was posed to me during a debriefing prior to departure from Dar es Salaam: "If President Nyerere went before the public and announced a new policy of population and family planning, what would the country's reaction be?" There was silence, thought and then no response, for I cannot conceive of Nyerere doing such a thing under the prevailing circumstances.)

2. Family Planning/Childspacing

President Julius Nyerere is often quoted as having once said "We should not be proud of the number of children we have - but how well we raise them." There is no doubt that family planning is being practiced in Tanzania. But records showing contraceptive users, new acceptors and continuing users are not readily available and the data isn't reliable (see Appendix C, FP Clinic Summary Form, UMATI). From discussions with UMATI and MOH representatives, one can estimate that only 3% of the approximately 6 million women at risk are currently using some form of modern contraceptive method - not impressive by any means. Although the MOH does provide services, UMATI is responsible for most of the country's MCH/family planning service delivery, as well as for the training of nurses (all classes) and midwives. To date, rural coverage has been inadequate. The uneven placement of personnel trained in MCH/FP delivery, frequent personnel turnover, and an inadequate logistical supply infrastructure, are partial contributors to inadequate rural coverage.

UMATI has been registered as an association since 1959. Twenty-one years later and with an annual budget (1981) of \$720,000 and 112 staff members operating throughout a network of MOH outlets and its own facilities (3 clinics in Dar es Salaam and 3 regional training centers), UMATI still moves with cautious determination to educate, train and provide services. It has been buffeted through the years by general opposition to large scale, official family planning efforts; by male attitudes which continue to predominate in fertility decisions; by periodic criticisms from GOT officials who view western manufactured and supplied contraceptives as dangerous; and, by the lack of an official position on family planning from the Tanzania Medical Association. Most people interviewed support the practice of family planning on an individual family basis - a decision based on practical considerations (cost of living, female employment/career objectives for urban dwellers, etc.), but they back away from a full endorsement of family planning as a national goal/requirement, at least for the next two-three generations, citing tradition and customs as

obstacles. While acknowledging that both traditional and modern forms of childspacing are practiced, no one really knows to what extent this is happening because it is still somewhat taboo to openly discuss sex-related issues (and as previously stated, UMATI and MOH family planning statistics are probably not reliable).

According to UMATI and Ministry of Health Statistics, oral contraceptives are preferred by the majority of acceptors and continuing users who frequent service delivery points; IUDs rank second in demand (for the first six months in 1980 in Dar es Salaam clinics, 54% of acceptors chose pills and 20% IUDs). There is a demand for Depo Povera as previously mentioned; however, the injection must be administered by an OBGYN only and patients must have four living children and must be between the ages of 25-30. This condition on the use of Depo Povera was issued through official Government of Tanzania circular several years ago. All contraceptive methods, including Depo Povera, are provided free of charge (although there is an annual registration fee of Tanzania Shillings 6 or U.S. \$.72).

According to the Medical Services Director for UMATI, there isn't a significant demand for tubal ligations or laparoscopy. Several physicians have been trained at Hopkins, but laparoscopies are used primarily for diagnostic procedures; in addition, a periodic lack of electricity coupled with maintenance problems, renders the use of the laparoscopic fairly ineffective.

The following statements, however, are illustrative of comments made regarding family planning:

- a) Men feel that family planning is a western intervention.
- b) The economic situation in the country is forcing people to space children and to consider birth limitation.
- c) Continued high infant/child mortality, particularly in the rural areas, is a deterrent to family planning acceptance.
- d) In the old days large families were necessary for food production, old age security, perpetuation of the tribe and clan, and for status within the society. However, now that children must attend primary school, they cease to be productive for many years - and other factors are beginning to influence family size.
- e) There are pockets of resistance to family planning: politicians, men, elder members of extended families and some physicians. The Tanzania Medical Association does not actively promote such services and tends to view family planning in a curative rather than preventive mode.

- f) Botched abortions among young, unmarried women is increasingly viewed as a health problem; yet, contraceptives are only provided to women who have had at least one child. Laws prohibit the sale or supply of contraceptives to unmarried women.
- g) Even though nurses are trained by UMATI and MOH to insert IUDs, they are not certified/authorized to make such insertions by the Tanzania Nursing Council.
- h) UMATI encourages men to use condoms and signs are that acceptance is on the increase.
- i) No formal family planning services are provided in Zanzibar, but UMATI reports a large number of Zanzibari women travel to the "mainland", i.e. Dar es Salaam, for their requirements (probably upper middle class women). The influence of Islam and the Muslim clergy are obstacles to service delivery in Zanzibar.
- j) Traditional methods of spacing, of which there are many, are still practiced but aren't effective.
- k) Education and information on the need for and availability of family planning is urgently required in rural areas to overcome traditional attitudes held by men and to give family planning greater respectability. It is still an embarrassment for a woman to go to a rural clinic, especially if she is suspected of going for family planning purposes. She's often ridiculed and laughed at.
- l) It will take 2-3 generations for adult attitudes to change in rural areas. Birth control is strongly opposed, but spacing of children is acceptable. In the old days, it was considered a "shame" for a man to have a child every year; it was taken as a sign that he couldn't control himself.

The contradictions toward family planning evident in the case of Tanzania are not unique in Africa. In practically every country where there is no official policy and program, one can readily find small scale and usually quality MCH/FP services being offered through IPPF affiliates and private, church related institutions. Typically, these programs utilize hospitals, clinics and health posts administered by the local Ministry of Health, as well as its personnel. Additionally, services are generally concentrated in urban centers where modernization and associated levels of education combine to present an environment conducive to modern family planning programs, but only if integrated with health - especially maternal/child health care. Governments are aware of the existence of such efforts and are usually content to permit their continuation. But they are small, fail to reach the majority of people in need - the rural poor - and because they are not overtly and enthusiastically

supported - or even encouraged by governments, traditional values and customs prevail. Those who oppose family planning for political, religious and other reasons go unchallenged.

Change is a painfully slow process. Family planning is not accepted by Tanzanians as a significant factor in the development process (even though many are "seized" by rapid population growth and related problems). They argue that development must come first; that the quality of life must be improved; and that infant/child mortality must be reduced further. Only then can voluntary family planning be embraced and advanced as a national objective. (We believe there is justification for optimism, but careful planning and the right mix of program initiatives is critical to the process).

The one possible exception to prevailing circumstances and cautious attitudes toward modern family planning in Tanzania, is the Arusha Region. A few Tanzanian and USAID/Tanzania officials believe, based on feedback from urban inhabitants in the region (including district and village level officials), that sufficient interest and demand exist to introduce MCH/family planning on a systematic, large scale basis. In fact, USAID/Tanzania is planning to develop a specific project for the region. Several Tanzanians interviewed in Dar es Salaam and Washington, D.C. expressed skepticism about this view point, citing the significant presence of the Massai (traditional cattle herders and semi-nomads, with little concern for family planning or anything else) in the area, as well as traditional value systems among rural families in the region, as factors contrary to the USAID point of view. Perhaps an in-depth survey and analysis of rural households should be conducted before a MCH/FP program is designed and implemented.

D. International Population and Development Assistance Requirements - The Tanzanian View

In Tanzania there are significant gaps in demographic data, social science research relative to population phenomena, and general information on the advantages of family planning for mothers and children, especially those residing in rural areas. Three quarters of those interviewed expressed a sense of frustration - often bordering on embarrassment - at the lack of adequate data for proper planning and verification of impressions based on observation and intuition. The absence of sufficient numbers of trained and skilled technicians, ill-equipped planning and research departments within ministries, and fiscal constraints were cited frequently as reasons for this state of affairs. One respondent felt that planning decisions were often made with little or no definitive data; another ventured to say that what little data is available isn't regarded seriously.

Recommendations for assistance tended to coincide with the interviewees' professional background and current occupation, i.e. those involved with or close to UMATI offered suggestions for augmenting the dissemination of IEC materials and messages to the public for increasing rural coverage of MCH/FP; other respondents - particularly those in planning departments - favored assistance which would facilitate development planning and execution. A synopsis of responses, by priority category, is offered below.

1. Training

- a) The 1978 census has been reported in "preliminary" form; the full and final report is in process and is likely to be further delayed due to a shortage of data processors and analyzers, demographers and a limited computer processing capacity. Tanzania has been interested in the World Fertility Survey, but for the aforementioned reasons/problems has thus far declined to participate. Several respondents cited the need for trained personnel in several categories. Training of demographers consistently headed everyone's list - those in the Bureau of Statistics, the Ministry of Labor and Social Welfare, the Vice Chancellor (University of Dar es Salaam) and others.

Training of statisticians ranked a close second, to ensure that statistics are reliable and useful. These two technical functions were perceived as essential to GOT's development planning.

The University of Dar es Salaam does not offer courses in demography or statistics. Therefore, the GOT must rely upon foreign-based institutions for proper training in required skills. To offset this situation (which has worsened, i.e. the level of statistical production has fallen since the early 1970's), the Bureau of Statistics has proposed in draft form, a ten year program designed to train - through the Bureau and its officers - 66 statisticians, 258 statistical officers/assistants and 8 programmers (see Appendix D for an introduction to "Development of the Infrastructure - 1981/82 - 1990/91 - Central Bureau of Statistics).

- b) UMATI has trained approximately 7,000 nurses' aides auxiliaries in MCH/FP service delivery during the past ten years. According to UMATI furnished statistics, their training has contributed to the placement of 300-500 nurses and other paraprofessionals throughout health/medical facilities in Tanzania. Considering the total number trained, in addition to MCH/FP nurses' aides trained under the Loma Linda University project (funded by AID in FY'73) one would expect comprehensive coverage in Tanzania's

health delivery infrastructure. However, due to a lack of follow-up and monitoring, frequent transfers and personnel related factors, much of the MOH's health delivery network is void of personnel trained to provide voluntary MCH/FP services. The training of additional nurses and nurses' aides is considered vital if MCH/FP services are to expand to all Tanzanians in need, especially those living in rural locations. Although most respondents did not view MCH/FP as a linchpin in socioeconomic development, most did support the extension of services to rural populations. As an adjunct to this function, training was also recommended for field educators so that they will be better qualified to inform and educate rural populations on the advantages of MCH/FP and to make referrals to accessible facilities.

- c) The training of trainers was constantly emphasized. Tanzanians believe that they have the facilities and capacity to administer their own training programs, but readily acknowledge the need to have a small number of selected candidates in various priority categories trained as trainers in the U.S., etc., then return to the country and run respective in-house training programs on a full time basis.

2. Service/Delivery

- a) As mentioned previously, the extension and expansion of MCH/FP services across the country in general, and in particular, to the rural poor, was supported by a majority of respondents.
- b) The placement of trained nurses and nurses' aides should be accelerated - as soon as qualified trainees successfully complete their training. Efforts should be undertaken to ensure that medical/health supervisors throughout the delivery system's hierarchy and at district and regional levels understand and are supportive of MCH/FP. Otherwise experience dictates that training graduates will encounter difficulty utilizing their newly acquired skills. Periodic monitoring and follow up is also required.
- c) UMATI needs a consistent and reliable source of contraceptive supplies. No longer totally supplied by IPPF, the association would prefer to receive the bulk of its requirements from UNFPA, but UNFPA had not acknowledged UMATI's recent request; thus, it was projected that supplies would be exhausted by the end of May 1981. They would prefer not to receive such commodities directly from USAID.

- d) The chronic shortage of nurses and aides has stimulated some thinking about the feasibility of introducing a pilot effort in Community Based Distribution in rural areas. Considering the ambivalent posture of the Tanzania Medical Association toward family planning, it is not likely that a CBD program will be launched without obtaining their full and active support.

3. Research and Surveys

- a) Most of those interviewed saw the need to analyze existing social science research data and to conduct research focusing on the role of women in Tanzanian society and its influence on fertility. Also, rapid population growth and its social, political and economic consequences for Tanzania today needs to be studied.
- b) Data collection and analysis through the use of national household surveys to determine the characteristics of the population, i.e. consumption patterns, job categories, attitudes viz childspacing and desired family size, income levels and expenditures, etc.
- c) Research should be action oriented and effectively disseminated to command attention and use. Research findings must be prepared so that policymakers and planners can comprehend salient points and subsequently adopt measures to transform recommendations into policy and operational programs.
- d) They would like to see a special focus on agricultural research, specifically how to make rural life/farming attractive. The GOT needs to increase productivity and would welcome recommendations for effective approaches to achieving this objective.

4. Education/Orientation Activities

- a) Efforts are required to educate policymakers, planners, politicians, party leadership, cabinet members and religious leaders on population and development issues in Tanzania. The general public is also seen as a key target group requiring special attention.
- b) Respondents favored special IEC programs for men designed to facilitate changes in their attitudes on family planning and family size.

5. Length of Recommended Assistance and Its Administration

- a) Tanzanians prefer long-term assistance, but short-term assistance is acceptable in situations that require immediate attention, such as training of trainers (requested via INTRAH - University of North Carolina with the University of California at Santa Cruz as subcontractor for MCH/FP training).
- b) Training outside Tanzania, except in special circumstances, is not encouraged. There is a very strong belief that they are capable of administering their own training efforts, again except where short-term U.S. based training will clearly enhance their capacity to work in-country.
- c) UMATI considers itself the most credible indigenous institution for MCH/FP training and IEC activities. This assessment is apparently supported by the GOT Ministry of Health.

VI. RECOMMENDATIONS FOR U.S. POPULATION ASSISTANCE - THE BATTELLE HARC/IDSC PERSPECTIVE

Despite the absence of an official population policy, and an overt, active effort to promote MCH/family planning in Tanzania, Battelle HARC/IDSC believes that there is cause for optimism. This posture is derived from an analysis of feedback received from those interviewed, most of whom contended that family planning, whether modern or traditional is being practiced, but by an undetermined percentage of people in urban areas and probably in rural areas as well (although the latter to a lesser extent); because of the significant impact poor economic conditions are having on the quality of life for individuals and families, regardless of urban/rural location; and finally, due to the tiresome efforts of UMATI, often times under difficult political, religious and cultural circumstances.

The recommendations outlined below represent a multifaceted approach to a complex situation, compounded by official ideology and a current mind set among important, powerful politicians, policymakers and planners that population growth pressures are not central to the advancement of socio-economic development. There is also a lack of appreciation for the role family planning might play in the process. We, therefore, view population and family planning as being necessarily integrated with the broad issues of development and comprehensive health care. For only after these linkages are clearly and actively established in the minds of Tanzanian officials - will MCH/FP have an opportunity to accelerate throughout the country.

A. Information - Education - Communication

1. Decisions are made at the top; it is the leadership which sets the tone for the nation to adhere to. Politicians, policymakers, planners, religious and civic leaders need to be exposed to information which clearly delineates the impact of population pressures on Tanzania's development (through workshops and one day seminars). Some officials suspect that population growth rates and trends are responsible for a number of dynamics, but they have no real documentation to cite which relates to Tanzanian circumstances. Programs to educate leadership cadres is an urgent requirement and must go beyond RAPID type presentations which have had, to date, little effective follow-up activities. The two week seminar on population and development planning conducted under the joint sponsorship of the Research Triangle Institute and the University of North Carolina (September 1980 at Chapel Hill, North Carolina) is a more thorough and sustaining approach. It had a marked affect on the Permanent Secretary, Ministry of Labor and Social Welfare and is the kind of program that could be mounted on an in-country basis, and directed toward larger numbers of planning officials and policymakers.
2. At the village and community level, UMATI trained field educators, extension workers and other district level officers who have contact with Ujamaa villages, should design and conduct appropriate activities to convey the health and microeconomic advantages of MCH/family planning to rural families.

3. A special focus on men and male attitudes is warranted. Until men fully understand and appreciate the advantages of MCH/family planning and their responsibilities as parents who must provide the basic necessities of life to ensure proper growth and development of all offspring, it will be difficult for women to practice birth control without fear of reprisal.
4. Family Life Education (FLEP) for adults and school children should be made accessible to Tanzanians throughout the country. UMATI and the Christian Council of Tanzania have a joint five year program, but additional resources are required to ensure that its impact is felt nationwide. Such programs, especially for primary and secondary school students, introduces the concept of responsible parenthood at an early stage of maturation and can, undoubtedly, have some influence on attitudes towards family size in adulthood and marriage.
5. UMT (Umoja WA WA NA Wakai Wa Tanzania) - the key women's organization in Tanzania (Dr. Msimu Hassain, Executive Secretary) is recognized as a growing influence and force. In addition to their roles as wives and mothers, these women constitute a potential overt voice for the right to practice voluntary MCH/family planning on an open basis. Efforts to educate and inform them on population issues and variables at the macro and micro levels could result in their active support for a population policy and access to nationwide service delivery points.
6. Tanzania is a socialistic country; so is China. With this common thread as a basic foundation, AID should consider an educational tour for several officials to China to observe and study China's population policy and family planning program. We are not suggesting that Tanzania adopt China's approach to family planning, for much of China's incentive and disincentive structure would be antithetical to Tanzanian culture. But since both countries do share some common ideological and philosophical tenets, exposure to China's rationale for its population policy and program might precipitate a reappraisal of Tanzania's official position.

The tour(s) should also include Indonesia, Singapore, Sri Lanka, and perhaps Tunisia (the latter is contingent upon organizing a tight and effective translation system; but Tunisia is important because of its link with Africa and its Islamic heritage viz the religious aspect of Zanzibar).

B. MCH/Family Planning Service Delivery

1. According to the USAID/Health and Population Officer, John Burdick, no AID bilateral assistance for MCH/FP is scheduled for Tanzania until FY'86. This is unfortunate, but the effective and coordinated use of PVO resources should suffice during the interim period. UMATI could absorb some additional resources in order to expand the number of service delivery points, especially to

rural areas, and to train additional nurses, aides (and other paraprofessionals), field educators and extension workers assigned to Ujamaa villages. The relationship between UMATI and the Ministry of Health appears to be close and active - especially between the services component of UMATI and the MOH's Maternal and Child Health Division. Expansion should be coordinated between the two entities so that the MOH will continue to feel that MCH/family planning is being delivered in an acceptable manner.

2. Experimental programs such as Community Based Distribution, Commercial Retail Sales (contraceptives are available in some pharmacies, but are very costly) and condom projects for men should be discussed in a low key style with UMATI and MOH officials, since some thought has already been focused in this direction. However, the issue of the Tanzania Medical Association's having not endorsed family planning, plus cultural sensitivities apropos modern methods of family planning, require that such programs be planned with great skill and with significant Tanzanian input.
3. Care should be taken to ensure that MCH/FP trained personnel be placed in clinics, hospitals and health posts where their skills can be used, where MCH/FP commodities are readily and consistently available, and where periodic follow up technical assistance visits can be made by UMATI personnel. To assist in developing a climate more conducive to and supportive of MCH/FP delivery, we suggest that district and regional medical/health officers as well as clinic/hospital supervisors receive thorough orientation in MCH/FP.
4. Thus far, traditional birth attendants (TBAs) have not been used to facilitate and expand the availability of MCH/FP services. They should be trained and authorized to provide non-prescription contraceptives and to make referrals for other contraceptive modalities. Increasingly, other African nations are beginning to train and integrate TBAs into MCH/FP delivery systems, as people who are intimately connected to rural health care systems and trusted by all inhabitants.
5. UMATI needs a consistent and reliable source of contraceptive supplies. No longer totally supplied by IPPF, the association would prefer to receive the bulk of its requirements from UNFPA, but UNFPA had not acknowledged UMATI's recent request; thus, it was projected that supplies would be exhausted by the end of May, 1981. They would prefer not to receive such commodities directly from USAID; therefore, we would recommend a PVO institution like Pathfinder or FPIA. Once this aspect of the commodities problem is resolved, a failsafe logistical supply system is required to ensure that supplies are distributed on a scheduled basis to service delivery points in rural areas, especially.

6. AID should consider ways to adapt contraceptives to Tanzanian standards. This should include the testing of oral contraceptives, IUDs and condoms, as well as packaging using Tanzanian motifs and advertising messages. This recommendation is focused in two directions: (1) side effects are a problem among pill and IUD users; and, (2) we believe that greater acceptability of methods would be forthcoming if contraceptives were packaged Tanzanian style. PIACT (Program for the Introduction and Adaptation of Contraceptive Technology) and IFRP (International Fertility Research Program) would be the appropriate institutions to undertake the required studies.
7. A special pilot MCH/FP program should be investigated for the Arusha Region. The planning and execution of this effort should involve Tanzanians at every level, with actual services - if any - administered under the auspices of UMATI. Should large scale MCH/FP delivery prove feasible, we further suggest periodic evaluations of project experience, including documentation of progress as well as problems. This process will facilitate the transfer and adaptation of the Arusha MCH/FP experience to other regions.

C. Training

Battelle HARC/IDSC fully ascribes to the various training requirements outlined in other sections of this report. Tanzanians are acutely aware of deficiencies in skilled manpower and urgently require comprehensive assistance.

We emphasize here that UMATI is recognized by the MOH as the principal training institution for MCH/FP nurses, aides and field educators. Therefore, USAID/Tanzania's scheduled evaluation of the Loma Linda University training program for MCH/FP aides should carefully examine mechanisms to factor UMATI into recommended follow up-training activities and requirements.

D. Social Science Research

There are a number of units, divisions and departments within the government and the University of Dar es Salaam which collect and analyze data, as well as conduct social science research including: the National Scientific Research Council, the Economic Unit in the President's office, the Research Studies and Policy Unit in the Prime Minister's office, BRALUP (Bureau of Resource Assessment and Land Use Planning) and the Economic Research Bureau (both at the university). However, there appears to be very little contact and coordination among these research links, and the dissemination and use of research data has been inconsequential.

Special emphasis is needed on population related research so that policymakers and planners can understand the interrelations between socioeconomic development and demographic variables. Data must also

be prepared and presented in a form (policy briefs, working papers) which can be readily comprehended by government officials and which set forth viable recommendations for policy formulation and operational programs. We believe the climate is "ripe" for such interventions in Tanzania, as the majority of officials interviewed expressed a profound desire to have reliable data and statistics to document trends and to assist in systematic development planning.

Research should be small in scale, related to policy initiatives with results being quickly analyzed and disseminated to planning/research units within the various ministries and in particular, to the Ministry of Finance and Planning. Some suggested research topics are: (1) the role of women as an integral part of development; (2) rural/rural and rural/urban migration and its impact on agricultural production and urban employment; (3) the impact of urban congestion on housing, health care and other municipal services; (4) the impact of universal Primary Education on marriage and fertility patterns in rural Tanzania; (5) the impact of Ujamaa on fertility trends; and, (6) the consequences of rapid population growth on the GOT's current Five Year Development Plan.

As stated at the outset of this section, we believe that there are justifiable reasons for being somewhat optimistic about the prospects for movement in the population and family planning arena. There is no clear cut leader or catalyst on the horizon; rather some support and interest in several quarters which requires nurturing, coordination and reliable resources. The USAID Health and Population Officer has a unique opportunity to build upon these various factors - through close ties and working relations with MOH, UMATI and planning officials both at the ministerial and university levels. The process requires great interpersonal skill, understanding and patience, for while there is cause for hope, one should not forget, as we have reported, that there are political and deep rooted cultural forces opposed to family planning to limit the size of families, and to recognize population growth as an important factor in socioeconomic development.

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ECONOMIC survival programme

FOLLOWING the Party National Executive Council (NEC) meeting which ended last week, the Government on Tuesday called for concerted efforts in the implementation of the National Economic Survival Programme (NESP) approved by the Party sitting, in order to ease the current adverse economic conditions.

The plan has been described as a bold onslaught on all factors — internal and external — which have over the years developed into the present economic difficulties.

In an interview with the *Daily News*, the Minister for Planning and Economic Affairs in the Vice-President's Office, Ndugu Kighoma Malima said sound implementation of the programme would earn the country an extra 1.2 billion/- in much needed foreign exchange this year.

The Minister described the current economic situation as "very serious", but said with proper planning, concerted efforts and seriousness, the programme should go a long way towards reversing the country's unfavourable economic trend.

"At the very minimum we gear ourselves fully in implementing the set targets, we will realise 6,000 million/- in foreign exchange — 1.2 billion/- more than previously anticipated," he explained.

He said side by side with efforts to raise foreign exchange earnings, measures will be taken to use foreign exchange only in the productive sectors.

"It is important that we inject a sense of proper utilisation of whatever little available foreign exchange and provide an elaborate and complete investment scheme", he said.

The special sessions of the Party Central Committee resumed in Dar es Salaam on Wednesday to investigate irregularities in government departments and parastatals.

A statement issued by the Party Headquarters in Dar es Salaam on Tuesday said the Central Committee will continue to investigate dubious deals in the coffee industry.

The committee has so far addressed itself to coffee theft on Lake Victoria in 1978, coffee theft in Tanga and swindling of foreign currency earnings from export of coffee, the statement said.

• The African Youth Festival which was scheduled to take place in Tanzania between August and September next year has been postponed, it was announced in Dar es Salaam this week.

A spokesman of the Tanzania Youth Organisation (UYT) which was to play host to the festival, said the post-

ponement has been necessitated by the current adverse economic conditions obtaining in the country.

He said the festival which was anticipated to bring about 5,000 youths from free African countries and liberation movements was expected to cost more than 100 million/-.

The costs included transportation, lodging, some renovation of the National Stadium, and construction of a cultural centre.

The spokesman said the decision to postpone the festival was reached during the Party National Executive Council (NEC) meeting which ended in Dar es Salaam last weekend.

The Dar es Salaam festival was to coincide with the 20th Anniversary of the Pan-African Youth Movement (PAYM) which unites all

youth organisations in free African countries and the liberation movements.

• President Nyerere this week stressed that the Party and government will not tolerate any tribalistic tendencies in the country and added that Tanzanians were one people.

He told Arusha Party and government leaders during a meeting at the Arusha CCM Hall that Tanzanians were free to travel and settle wherever they chose in the country irrespective of ethnic considerations.

Mwalimu was responding to claims by one of the officials that Arusha town had been dominated by the Wachagga, Wapare and Wasambaa. The official further claimed that members of these ethnic groups were in the majority in many offices in Arusha and that they commanded popular businesses like bars, hotels and shops.

The official went on to say that tribalistic ties were used by some aspirants in the last general elections to manipulate votes.

"I don't like to hear this talk about tribalism. It offends me very much. And now you want to introduce it in Arusha," Mwalimu said.

He added: "Tanzania is one and it is for all Tanzanians. Our religion is CCM and Party will not tolerate tribalism."

Mwalimu was in Arusha where he inaugurated the municipality as well as honoured to be made the first Arusha Citizen.

• This year's budget session of the National Assembly will start on June 16, but the Minister for Finance will deliver his budget speech on a date to be set after consultation between the Speaker's Office and the Treasury, it was announced this week.

It is a tradition that before the Minister for finance delivers his budget he announces before the Press a pre-budget statement a week before the detailed budget proposals are presented to the National Assembly.

In his last year's budget the Minister for Finance, Ndugu Amir Jamal, said that the Government had estimated to spend 16,382.8 million shillings, reflecting an increase of 12 per cent over the 1979/80 financial year.

• A paediatrician with the Mubimbili Medical Centre (MMC) this week prescribed

Criminal Investigation Department (CID), Ndugu Menolf Mwingira, has been replaced by Ndugu Joseph M. Lamomo.

Before his appointment, the new CID Chief was doing unspecified duties at the Department's Headquarters as Senior Assistant Commissioner of Police. He has now been promoted to full Commissioner of Police under the changes. The Inspector General of Police, Ndugu Solomoni Liani, said in Dar es Salaam that Mwalimu has also made a major reshuffle of several regional police leaders in the Force.

• Implementation of a number of projects under the Kagera River Basin Development Organisation, including the body's headquarters at Kigali, Rwanda, is to start soon following approval of experts report by the Presidents of the four member countries.

Tanzania's Deputy Commissioner of the Organisation for the Development of the Kagera River Basin, Ndugu D. Bushaijabwe, said on Thursday that the constraint now would be money.

"Since the report has been approved by the Presidents, a number of projects would be implemented as soon as money is available," he said.

The projects for immediate implementation include the Organisation's Headquarters at Kigali, regional offices in Kitega, Burundi, and Bukoba in Tanzania as well as a polytechnic institute in Kitega.

• The Board of Directors of the National Agricultural and Food Corporation (NAFCO) has approved recommendations to award workers of the Mbarali paddy state farm in Mbeya, a bonus amounting to two annual increments because of their good work. It was announced this week.

The Board also resolved to congratulate all state farm workers in the country for their good performance this season. Special tributes went particularly to the wheat farms of Mulbadaw, Sechet, and Basuto in Arusha Region and the maize farm in Mbozi, Mbeya Region.

A statement released by the Ministry of Agriculture on Thursday said the Board's decision was taken on the basis of production reports forwarded to President Nyerere.

Mwalimu directed workers at the Mbarali farm to be commended for their good work and that they be honoured materially. The report said NAFCO expected to harvest a total of 22,293 tons of paddy from its farms at Mbarali and Ruwu, which together cultivated a total of 3,200 hectares.

top of the week
by danford mpumilwa

Africa Population Project

Introduction

We represent the Battelle Human Affairs Research Center in Washington, D.C. As a part of a research project funded by the U.S. Agency for International Development, we are trying to find out the attitudes and opinions of African leaders concerning population phenomena. We want to use this information to help us design population assistance programs. But above all, we want to get your candid and frank views on population and population policy.

Interview Questions

Section I Perceptions of Population Trends

1. How would you describe the population trends in (your country)?

Probe 1.1

How would you characterize the rate of increase?

Probe 1.2

How would you characterize the stability of these trends?

2. What are some of the similarities and differences in the population trends of (your country) as compared to neighboring countries?

Probe 2.1

As compared to other African countries?

Section II Perceptions of the Causes of Population Trends

3. What are some of the factors that contribute to (or affect) the population trends in (your country)?

Probe 3.1

How do cultural factors (e.g., religious beliefs and tribal differences) affect population trends?

Probe 3.2

How do economic factors (e.g., economic growth and inflation) affect population trends?

Probe 3.3

How do political factors (e.g., leadership and consensus) affect population trends?

Probe 3.4

How do social factors (e.g., education and urbanization) affect population trends?

Section III Perceptions of the Effects of Population Trends

4. What effects do the population trends that we've discussed have on (your country)?

Probe 4.1

What impact do population trends have on the following areas:
(hand the respondent the cards)

- a. Overall economic growth?
- b. Agriculture?
- c. Urbanization?
- d. Energy?
- e. Environment?
- f. Health?
- g. Education?
- h. National integration?
- i. Other:

Section IV Perceptions of the Policy Domain

Now, we'd like to shift the discussion to the policy domain.

5. First, we'd like you to group the items listed on the cards with respect to their priority in development planning. Please sort each card into one of three groups--very important, moderately important, or relatively unimportant.
6. There is much discussion these days about population policy. Does (your country) have a population policy? If so, how would you describe it?

(If the respondent says that his or her country has no population policy, then skip to Question 8)

Probe 6.1

How is this population policy formulated?

7. How would you evaluate this population policy?

Probe 7.1

Is it fully formulated?

8. Now that we have discussed policy formulation, let's talk about the implementation, that is, population programs. Within the realm of development planning, what population programs are feasible in (your country)?
9. What are some of the problems that these programs might encounter?

Probe 9.1

Problems of a social or cultural nature?

Probe 9.2

Problems of a political nature?

Probe 9.3

Problems of an economic nature?

Section V Perceptions of International Population Assistance Activities

10. What kinds of international population assistance activities (bilateral and multilateral) would be appropriate for (your country) and what kinds would be inappropriate?

Probe 10.1

How would you assess the appropriateness of these activities:

- a. Rural development?
- b. Migration management?
- c. Collection and analysis of demographic data?
- d. Programs aimed at changing the role and status of women (e.g., female employment)?
- e. Education and information (for men as well as women)?
- f. Family planning?
- g. Maternal and child health care?

11. Within what time frame would you implement international population assistance activities?

Battelle HARC/IDSC Interview ProtocolIntroduction

We represent the Battelle Human Affairs Research Center in Washington, D.C. As a part of a research project funded by the U.S. Agency for International Development, we are trying to find out the attitudes and opinions of African leaders concerning population phenomena. We want to use this information to help us design population assistance programs. But above all, because of the magnitude of concern expressed by African leaders, we want to get your candid and frank views on population and population policy.

Interview QuestionsSection I: Population Trends

1. How would you describe the population trends in Tanzania; how would you characterize the rate of increase, and the stability of these trends?
2. What are some of the similarities and differences in the population trends as compared to neighboring countries; as compared to other African countries?

Section II: Causes of Population Trends

3. What are some of the factors that influence population trends in Tanzania, of a political, cultural, economic or social aspect?

Section III: Effects of Population Trends

4. What effects do the population trends that we've discussed have in Tanzania, on the following areas, in particular?
 - a. overall economic growth
 - b. agriculture
 - c. urbanization
 - d. energy
 - e. environment
 - f. health
 - g. education
 - h. integration of women into overall development
 - i. housing
 - j. employment
 - k. social services
5. How would you rank these issues according to priority?

Section IV: Perception of the Policy Domain

6. There is much discussion these days about population policy. Does Tanzania have a population policy? If so, how would you describe it; how was it formulated; what is your opinion about this policy and its effectiveness?

(If the respondent says that his or her country has no population policy, skip to Question 7.)

7. Within the realm of development planning, what population programs are feasible in Tanzania?
8. What are some of the problems that these programs might encounter, of a cultural, political or economic aspect?

Section V: Perceptions of International Population Assistance Activities

9. What kinds of international population assistance activities (bilateral and multilateral) would be appropriate for Tanzania and what kinds would be inappropriate? Please consider the following as illustrative examples only.
- a. collection and analysis of demographic data
 - b. programs aimed at changing the role and status of women (e.g., female employment)
 - c. education and information (for men as well as women)
 - d. maternal and child health care
 - e. family planning
 - f. training (paramedics, physicians, short/long-term demographers, planners)
10. Within what time frame would you implement international population assistance activities in Tanzania?
11. Who would administer this program?

1. This form is for Head Quarters use only. It is a summary for FP Clinic Services in the whole country for that particular Month/Quarter/Year.

1980

Name of Region.	NEW ACCEPTORS						CONTINUING ACCEPTORS						OTHER VISITS.					
	PILLS	IUD	DEPO PROVERA	DONDOM	OTHER	TOTAL	PILLS	IUD	DEPO PROVERA	DONDOM	OTHER	TOTAL	PILLS	IUD	DEPO PROVERA	DONDOM	OTHER	TOTAL
1. Arusha.	1903	281	41	-	71	2296	2859	207	103	-	140	3109	49	80	17	-	-	146
2. Dodoma.	1699	125	-	-	151	1975	2256	99	-	-	133	2488	-	-	-	-	-	-
3. D'Salaam.	6464	483	100	-	1627	8544	8946	839	977	-	850	10702	-	-	-	-	-	-
4. Bukoba Kagera	1088	23	-	98	8	1217	1989	21	-	63	9	2082	Bukoba & Kagera only.					
5. Kigoma.	307	4	-	-	354	665	724	22	-	-	392	1138	-	-	-	-	-	-
6. K'Manjaru.	1719	371	-	-	231	2321	1503	837	-	-	1087	3427	-	-	-	-	-	-
7. Iringa.	1668	113	-	-	23	1804	2116	50	-	-	40	2206	-	-	-	-	-	-
8. Lindi.	1231	4	-	-	66	1301	3853	4	-	-	37	3896	-	-	-	7	-	7
9. Mara.	957	41	-	-	24	1022	8317	30	-	-	42	2389	-	-	-	-	-	-
10. Mbeya.	2296	208	-	-	90	2594	7181	227	-	-	194	7608	-	-	-	-	-	-
11. Mwanza.	966	79	36	-	98	1199	3860	32	114	-	188	4274	-	-	-	-	-	-
*12. Morogoro.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Mtwara.	3746	29	-	-	89	3864	14,686	96	-	-	221	15,003	-	-	-	-	-	-
14. Pwani CoAST	1588	24	-	-	92	1704	5,157	10	-	-	60	5,226	-	-	-	-	-	-
15. Shinyanga.	775	65	-	-	300	1140	3,619	248	-	-	88	3,955	-	-	-	-	-	-
16. Singida.	764	20	-	-	183	969	2,647	6	-	-	773	3,426	-	-	-	-	-	-
17. Rukwa	273	12	-	-	12	297	676	44	-	-	11	731	-	-	-	-	-	-
18. Ruvuma	1024	40	12	-	73	1149	3978	20	86	-	194	4,280	-	-	-	-	-	-
19. Tabora.	1681	20	-	-	12	1713	5088	23	-	-	15	5,128	-	-	-	-	-	-
20. Tanga.	11,344	600	27	-	124	12085	3748	263	48	-	217	4,276	-	-	-	-	-	-
TOTAL	41,693	2624	136	98	3630	57003	138069	3733	345	63	4627	140794	49	80	17	7	-	153

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CENTRAL BUREAU OF STATISTICSDEVELOPMENT OF THE INFRASTRUCTURE - (1981/82 - 1990/91)PROPOSALSINTRODUCTION

1. The statistical service in Tanzania consists of the Central Bureau of Statistics, at the centre, and several statistics units attached to ministries and other public institutions. Among these other units, all of which deal with sectoral statistics, are: The Research and Statistics Department of the Bank of Tanzania, the statistics units in the ministries of Agriculture, Health and Education, and the statistics unit of the department of Customs and Excise. Statistical data are collected by institutions other than those mentioned above as part of their general administrative functions, but such data are not tabulated and published. [The main duty of the Central Bureau of Statistics is to collect, compile and publish statistical and related information relating to economic, social and cultural activities and conditions of the people.] It is also expected to collaborate with other public institutions in the collecting, compiling and publishing of statistical information. [With increasing economic and social activity the inter-relationships between various sectors become more complex and it becomes necessary for policy makers to have well analysed and presented statistical information at their disposal in order to visualise the implications of various policy options.] The need for statistical information does not go hand in hand with the level of the country's development and a developing country must use relatively more funds in data collection and analysis than a developed country. But the cost involved is unavoidable since decision making is not easy or even possible without adequate and relevant statistical information. [Planning without adequate and relevant statistics is just like guiding a ship without the benefit of a compass; and the consequences are not much different.]

2. [At the present time the Central Bureau of Statistics does not have the capability to collect and compile all the needed statistical information.] The resources (manpower and equipments) available are not adequate. This situation, incidentally, is not new, in fact things have been this way for a number of years. The level of statistical production has fallen over the years since the early seventies and this has given rise to suggestions of establishing and strengthening the statistics units in ministries and other public institutions. However, these days most people feel that the Bureau should be strengthened instead or at least as well.

3. In this paper we are suggesting steps that need to be taken, over a ten year period, to solve at least some of the current problems. This paper is divided into two parts. The first part deals with problems related to the infrastructure of the Bureau (manpower, equipment etc) and the second part

deals with problems connected with the statistical series (adequacy, timeliness and consistency etc). Even though these issues are presented separately, what should be realised is that they are very much related. Improvements in the infrastructure in most cases leads to improvement in the statistical product.

4. The Central Bureau of Statistics consists of the head office and twenty regional offices. It is headed by the Government Statistician assisted by eight Assistant Government Statisticians. At the head office statistical work is organised under eight sections each of which is headed by an Assistant Government Statistician. These sections are: the Population and Tourism Section, Labour and Price Statistics Section, National Accounts, Agricultural Statistics Section, Industrial Statistics Section, Trade and Transport Statistics Section, Sample Surveys Section and Statistical Services (data processing, printing, etc) Section. These sections with the exception of the last two deal with the collection of Statistical data in their respective areas. The main duty of the Regional Statistical Offices is the collection of statistical data which are eventually sent to the head office for analysis.

MANPOWER

5. There is urgent need to at least start improving the infrastructure of the Bureau and thus give the Bureau the necessary capability to carry out its duties. At present the manpower and equipments available to the Bureau are inadequate. The present staff disposition is shown in table I. Of the 19 Statisticians in the Bureau seven of them - The Government Statistician and Assistant Government Statisticians - are partly doing administrative work. So on the average each section has one Statistician. Also the Bureau has a total of 38 Statistical Officers/Assistants. Ten of these are stationed in the Regions and this leaves between three and four statistical officers/assistants per section. In addition to the total number of persons available we have also indicated the number of established posts for each cadre. The Statisticians cadre has 71 established posts which means that there are 52 vacancies. The manpower position of the Bureau is clearly unsatisfactory. It may be noted that according to the "plan for statistical development" prepared by a former Government Statistician - Dr. Jacobson - and covering the years 1969/70 - 1973/74, the Bureau was expected to have 33 Statisticians and 52 Statistical officers/assistants by the end of 1973/74. But now 12 years later the Bureau has not even reached that target. Over the years the economic and social activities in the country have increased greatly and the Bureau needs a bigger team to measure these activities. The best way of rectifying the present situation is to train the required manpower.

..3/

6. The ten-year plan for the training of the required manpower - 66 Statisticians, 258 statistical officers/assistants and 8 programmers is given in table 2. Table 3 gives the tentative allocation of those to be trained. A total of 20 Statisticians and 120 statistical officers/assistants are tentatively allocated to Regional Offices. Since there are twenty regions this means that each Regional Office will have one Statistician, two statistical officers and 4 statistical assistants at the end of the ten year period. The estimated yearly cost and the total cost of providing basic training to 332 persons needed is also given in table 2, and adds up to ^{39.6}58.6 million shillings.
7. Although it is necessary and important to provide basic training in Statistics and other related subjects to all our professional workers it is equally important to realise that this kind of training does not produce persons who are adequately prepared to carry out field operations and to handle the resultant statistical data. The necessary expertise is acquired through on the job training - under the direction of experienced Statisticians - attending specialised courses at various centres, undertaking study tours and through attending relevant seminars and conferences.
8. At the moment the Central Bureau of Statistics has a row team of managers consisting of the Government Statistician and Assistant Government Statisticians. At the time of writing the people concerned have been holding these positions for nearly four months. Although all of them are not new to statistical work their statistical experience is limited, in the sense that they have never had the chance to look at statistical activities in other statistical offices. We feel that there is an urgent need to arrange study tours for these officers and thus enable them to acquire international statistical experience. The countries, to be visited should include developed and developing countries, centrally planned as well as market economies. Where one goes will depend on the section that he heads. The Assistant Government Statistician in charge of agricultural statistics section will benefit greatly by visiting developing statistically developed countries while the Assistant Government Statistician in charge of services (Data processing, Documentations etc) should probably visit developed industrialized countries. There is also a need for the Government Statistician to visit a number of training centres and acquaint himself with the courses offered by various centres. This it is hoped will help him to arrange training for the Bureau's staff.
9. There are quite a number of institutions that offer specialised courses in statistics. Unfortunately no such centre is available in Tanzania. Among the well known are the U.S. Bureau of the Census which conducts

courses in Sampling and Survey methods, agricultural surveys and census, population statistics and demographic analysis, economic surveys and censuses, and computer data systems; the Bureau of Labour Statistics; the Bureau of Economic Analysis; the Munich Centre for Advanced Training in Statistics; the Institute of Social Studies and a number of demographic centres in various countries. Over a ten year period we would like to train about 125 persons at such centres. The cost of training 125 persons at such centres is estimated at 28.0 million shillings and the yearly costs are shown in table 4. Because of the costs involved it is not possible to train all our staff at such centres. Since it will not be possible for us to train every one we want to train at these centres, we have to look for an alternative which is less costly. The alternative itself is that we should set up an Inservice Training Centre. The costs involved are those of building the centre - accommodation costs - and hiring of lecturers. Over a long term we can get more persons trained and at less cost. The cost of running the centre is given in table 4 while the cost of setting up the centre is given under accommodation. The cost of running the centre has been worked out on the assumption that the centre will be ready by the end of 1984/85. In addition to specialised training the centre will be used in the training of field staff for various statistical projects.