

MESSAGES AND SUPPORTING EVIDENCE TO MAKE THE CASE FOR FAMILY PLANNING IN TANZANIA

A Resource for Advocates

(SA)



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This resource was developed with input from: Kaja Jurczynska, Victoria Lihiru, Suzy Sacher, Sammy Musunga, Christine Lasway, Stella Mujaya, and Anna Lisi.

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Abbreviations

CCM	Chama Cha Mapinduzi
FYDP	Five-Year Development Plan
GDP	Gross Domestic Product
HP+	Health Policy Plus
MOEST	Ministry of Education, Science and Technology
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NBS	National Bureau of Statistics, Tanzania
SRH	sexual and reproductive health
TFR	total fertility rate
TZS	Tanzanian shilling
USD	U.S. dollar

Introduction

Tanzania has strengthened its commitment to the health and wellbeing of its population over the last two decades, including through expanding its voluntary family planning program. Since 2012, modern contraceptive use among married women has increased from 29.3% to 37.4% (Track20, 2020). This has been accompanied by a series of important policy- and program-**level shifts, such as Tanzania's commitment to the FP2020 initiative and** the development of two ambitious costed implementation plans for family planning. This progress is notable given the well-documented benefits of contraceptive use for health, education, economic, environmental, and many other individual and societal outcomes. These benefits are accrued directly through family planning as well through the impact of contraception on desired family size, fertility levels, and subsequently population dynamics. (See the Overview: The relationship between family planning, population, and development section for more on the relationship between family planning, population, and development).

Despite these achievements and documented benefits, a significant share of decisionmakers and influencers in Tanzania remain ambivalent, directly oppose, or vacillate in their support for family planning. While some decisionmakers may never be persuaded by advocates to support family planning, studies offer insights into some of the most important messagingrelated factors for successfully building buy-in. Among these, it is essential to adequately curate messages based on (1) **one's** understanding of the context in which decision-making takes place and (2) the drivers and motivators of specific decisionmakers/advocacy targets. Moreover, advocacy messages should be culturally appropriate and evidence-based, ideally leveraging local information and communicated using simple and clear language.

In recognition of these decision-making dynamics, the Health Policy Plus (HP+) project in Tanzania, funded by the U.S. Agency for International Development, sought to support local advocacy efforts and increase the acceptability of family planning investments by curating messages and accompanying evidence to the interests, concerns, and needs of decisionmakers. For this, HP+:

- Identified the most prominent development priorities and interests in Tanzania
- Documented reasons for existing support and opposition to family planning
- Collated existing evidence and/or developed new arguments in support of family planning

The content that follows is intended as a resource for advocates working to advance family planning in Tanzania. The data/evidence in this resource is current up to May 2021. Updated or new information supporting investments in family planning and population programming released after this date—such as the Health Sector Strategic Plan (HSSP V) July 2021–June 2026 and National Five Year Development Plan 2021/22–2025/26—should be used as a complement or replacement if appropriate. It features ready-to-use messages and evidence on family planning along five common opposition themes identified through **HP+'s research**.

Methodology and Limitations

To collate the most compelling advocacy messages and evidence in support of family planning, HP+ conducted research to better unpack and understand decisionmaker priorities, interests, and needs. For this, HP+ first conducted an initial policy scan/review to understand the dominant development priorities for the country. Next, HP+ held a series of discussions with government actors across sectors to understand current perspectives on population and family planning, as well as opportunities for building broader support. Tanzanian advocates provided further insight, gained during a series of group discussions. Next, HP+ conducted a detailed review of key Tanzanian policies across sectors, documenting supportive language/content on family planning and population, which highlights the precedent of these interventions and historical political will.

HP+'s research pointed to five common themes of opposition to family planning and population investments:

- 1. A large population is needed to accelerate Tanzania's industrialization
- 2. The country is already investing sufficiently in its people
- 3. A large population is needed to take advantage of Tanzania's resources
- 4. Tanzania is already doing enough to support individuals and couples to make informed decisions about their families
- 5. Family planning is a foreign agenda

After deriving these themes, HP+ collated existing evidence to counter potential opposition. HP+ leveraged local, Tanzania-produced evidence whenever possible and sought to find the most up-to-date data. In many cases, however, data collected within the last 2–5 years was not available; in those cases, the most recent source was used (e.g., 2016/17 or earlier).

HP+ distilled evidence across each theme, producing additional analysis as needed. Sources of information included:

- Primary data and statistical reports produced by Tanzania's National Bureau of Statistics (NBS)
- Government documents, such as those produced by the Ministry of Finance and Planning, the Ministry of Education, Science and Technology (MOEST), the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), and the **Vice President's Office**
- Peer-reviewed literature
- Reports and analyses relevant for Tanzania produced by international organizations

Among its limitations, this document does not address the full range of possible opposition to family planning investments and population programming across decisionmakers. This opposition may evolve over time, particularly with change in administrations and political parties.¹ Likewise, this document does not feature all possible evidence in support of family planning; instead, HP+ has only collated evidence that is most relevant for each theme.

¹ While this guide was developed during the Magufuli administration, the themes, messages, and evidence captured remain relevant today.

How to Use this Guide

This document is intended as a resource for advocates working to advance family planning with decisionmakers in Tanzania. To counter possible opposition to family planning, navigate through the key themes featured in this document. Each theme features the following content:

- An illustrative statement against investing in family planning and population programming that advocates may hear when liaising with decisionmakers.
- An illustrative counterargument for advocates to use in response. The counterargument is not evidence-dense; instead, supporting evidence of the main message can be found in the section that follows each counterargument.
- Evidence in support of the counterargument. Each theme includes supporting evidence that falls under two or more topic areas, which provides advocates with a broad range of information to suit unique and evolving advocacy needs.

Advocates should utilize the messages and supporting evidence that are most likely to respond to the interests, concerns, and needs of the decisionmaker. There is no need to use all of the evidence provided—rather, select the points that are most useful. Additional tips for advocacy can be found in Annex 1: Tips for Effectively Championing Population and Family Planning Investment. Importantly, ensure that the language you use to champion family planning is culturally acceptable to the decisionmaker. Consider using terms like "child birth spacing" or "health timing and spacing of pregnancy" as synonyms for decisionmakers with whom "family planning" is not an acceptable phrase.

Overview: The relationship between family planning, population, and development

Considered one of the most cost-effective Sustainable Development Goal targets, family planning offers many direct and indirect benefits to individuals, families, communities, and countries (Copenhagen Consensus Center, 2016).

Directly, contraceptive use reduces the risk of maternal and newborn mortality by decreasing exposure to pregnancy outright as well as pregnancies that are high-risk (Cleland et al., 2012; Ahmed et al., 2012). Family planning information and services likewise impact the number of children women want and enable women to realize those smaller family sizes (Bongaarts 2011). Decreased fertility can favorably shape population dynamics (Bongaarts, 1978). Population dynamics—such as the total number of people, where they live, and their age—influence the amount of resources that are needed to support the population and an **individual's** contribution. These factors, in turn, impact individual and collective wellbeing in communities and across the nation.

Societies that have successfully transitioned from high to low fertility and from rapid to decreased population growth have experienced a range of well-documented benefits. These benefits include increased economic growth and prosperity, higher human capital, better health and improved survival, reduced food insecurity, lower political instability, improved resilience to climate change impacts, and much more (Ashraf et al., 2013; Bloom et al., 2003; Cincotta and Leahy Madsen, 2017; Jurczynska et al., 2018).

Opposition Theme 1: A large population is needed to accelerate Tanzania's industrialization

Possible reasoning for opposition to family planning and populationfocused investments

We need large numbers of people—an abundant labor force—to support growth in new industries. A large population is essential for our evolving economy.

Advocate counterargument

Tanzania possesses a sufficient labor force to industrialize. The challenge, however, is the low level of human capital—the health, knowledge, and skills of the labor force. This low level of human capital will compromise **Tanzania's industrialization** progress. There is a tradeoff **between the size of Tanzania's population and the quality of human capital.** Family planning is one of the key investments that can boost human capital outcomes.

Supporting evidence

Improvements to human capital—the health, education, and skills of the workforce—are essential for realizing Tanzania's industrialization goals.

Industrialization is one of Tanzania's three pillars of transformation, followed by human development and implementation effectiveness. The Ministry of Finance and Planning's National Five-Year Development Plan 2016/17-2020/21 reflects the country's aspiration to be a semi-industrialized nation by 2025, moving away from the production of low value, labor-intensive commodities toward the production of manufactured goods. To realize this goal, the government is pursuing many strategic initiatives, including (1) creating an enabling regulatory environment for foreign and domestic investment, (2) strengthening the manufacturing of intermediate and final consumer products, (3) bolstering agricultural productivity, and (4) investing in infrastructure development, a key building block for strong and efficient manufacturing activity (Ministry of Finance and Planning, 2016). However, improvements in human capital are needed.

One factor that continues to undermine

Box 1. What is human capital?

"Human capital consists of the knowledge, skills, and health that people accumulate over their lives. People's health and education have undeniable intrinsic value, and human capital also enables people to realize their potential as productive members of society. More human capital is associated with higher earnings for people, higher income for countries, and stronger cohesion in societies. It is a central driver of sustainable growth and poverty reduction." (World Bank, 2020a, p. 1).

- the development of a strong industrial base in Tanzania is the quality of human capital, including the skills of the labor force. An un- or under-skilled labor force compromises productivity and the competitiveness of firms (Kweka, 2018). While the *National Five-Year Development Plan* recognizes the importance of human development, more could be done to realize this goal.
- A child born in Tanzania today will only be 39% as productive when they grow up as they could be if they enjoyed complete education and full health.

Stated differently, their earnings would only be 39% of what could be earned with full health and education.² This is lower than the average for the sub-Saharan Africa region (58%) and the average for lower-middle-income countries (48%), which Tanzania was classified as in 2020. The worldwide average is 56%, making Tanzania one of the 23 worst-off countries in the world for human capital (World Bank, 2020a).

• The demand for skilled labor in Tanzania is greater than supply. At the start of the *National Five-Year Development Plan* period (2016), the proportion of the working population with high-level skills was only 12.1%. Just one-third of the working population (33.7%) had mid-level skills. About 80% of the occupations available are related to science and mathematics. However, pass rates in Form IV and VI were lowest in mathematics- and science-related subjects, challenging the ability to fill the demand (Ministry of Finance and Planning, 2016).

Empowering women and couples with contraception boosts human capital development and worker productivity, fostering enduring economic growth. These are essential ingredients for achieving Tanzania's industrialization agenda.

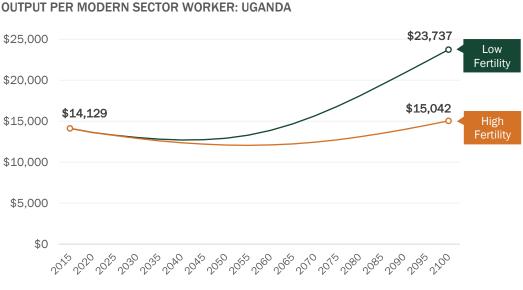
When women and couples have access to voluntary family planning, they are enabled to choose the number, timing, and spacing of births. As a result, many couples will practice healthy fertility, such as spacing a pregnancy two years after a birth. Healthy timing and spacing of pregnancies through contraception offers human capital benefits.

- When parents have smaller families, they are better able to invest in the health, nutrition, and education of each child. This has been referred to as the quality-quantity tradeoff. With fewer children, parents have more resources and time to invest in the children they do have (Becker and Nigel, 1973).
- Access to contraception and practicing healthy birth spacing has been shown globally to significantly improve child health and nutrition outcomes. This is especially true for survival, with the length of the preceding birth interval exerting an important effect on the survival chances of a child through the neonatal and infant stages and up to five years of age. Numerous studies have confirmed this relationship in Tanzania, finding that short birth interval is among the top causes of increased risk of death in infants and children (Mturi and Curtis, 1995; Rutstein, 2005; Klerman et al., 1998).
- The childhood benefits mentioned above carry into adulthood. As better educated and healthier individuals reach working age, they offer greater productivity through reduced disability and death, absenteeism, and low effectiveness due to poor health, thereby boosting economic performance (Lee et al., 2020).
- Research shows that countries with faster fertility decline will see the earliest and largest increase in labor productivity compared to countries experiencing slower fertility decline (Lee et al., 2020).
- While data is not available for Tanzania, Figure 1 shows that under a scenario of lower fertility in Uganda, the output per modern sector worker rises substantially. Tanzania could achieve similar increases if it were to prioritize its voluntary family planning programming.

² Full health and education are measured by the Human Capital Index as no childhood stunting, adult survival to age 60, and 14 years of high-quality school by the age of 18 (World Bank, 2020a).

Research also shows that investments in health and education will have a smaller effect if fertility remains high. "High fertility rates inhibit improvements in labor productivity by both maintaining or increasing the number of workers available at low wages and by depressing gains in health and education" (Lee et al., 2020, p. 6).

> Figure 1: Research shows that faster fertility decline is associated with larger increases in labor productivity



OUTPUT PER MODERN SECTOR WORKER: UGANDA

One key barrier to improving labor productivity in Tanzania is the discontinuation of formal schooling for girls, including for those who become pregnant.

There has been sizeable improvement in educational enrollment for girls and young women partly due to Tanzania's fee-free education, introduced in 2014. However, large numbers of girls drop out of school every year or become pregnant and are expelled.

- According to the most recent data, it is estimated that 60,000 students drop out of school every year in Tanzania-5,500 are related to pregnancy and include expulsions (see bullet below) (World Bank, 2020b). While alternative education pathways and development colleges exist in Tanzania for those who have dropped out, the quality of education is low, thereby curtailing opportunities to re-enter the school system in upper secondary or post-secondary schooling. This further effects individual knowledge and skills, essential components of human capital and labor productivity.
- In the recent past, expulsions or forbidden re-entry has been the result of Tanzania's policy toward expectant students, removing their right to study in formal primary and secondary schools. This practice dates to the 1960s and was endorsed under the Magufuli administration in 2017. Between 2003 and 2011, more than 55,000 pregnant students were expelled or forced to drop out of primary or secondary school (Center for Reproductive Rights, 2013). Others estimate that anywhere from 5,500 to 8,000 pregnant students are forced to drop out of school in Tanzania per year on average (World Bank, 2020b). As of 2020, this ban may be partially lifted or eased following the start-up of the World Bank's Tanzania Secondary Education Quality Improvement Program, which aims to keep children in school and help all secondary school dropouts, including pregnant girls, pursue their secondary education. This project is in dialogue with the government to halt the practice of expulsions.

Source: Lee et al., 2020, p. 5

In addition to the benefits to human capital and industrialization, decreased family sizes—accompanied by appropriate reforms and investments—boost income per person and economic growth broadly. This is known as the demographic dividend.

There is a well-established and strong relationship between increased family planning use, smaller family sizes, and rapid economic growth called the demographic dividend (Bloom et al., 2003). The demographic dividend is a temporary opportunity for faster economic growth that begins when the fertility rate falls, leading to a larger proportion of working-age adults and fewer young dependents. While decreased fertility is an important first step for the dividend, additional reforms and investments—such as those in education, economic policies, and governance—are also required.

How does family planning impact age structure? With increased contraceptive use, the total number of births declines. This results in the young dependent population growing smaller in relation to the working-age population, which expands. With more workers and fewer people for each of them to support, under the right policy conditions family incomes and savings grow, as do government investments. This results in accelerated economic growth (see Figure 2).

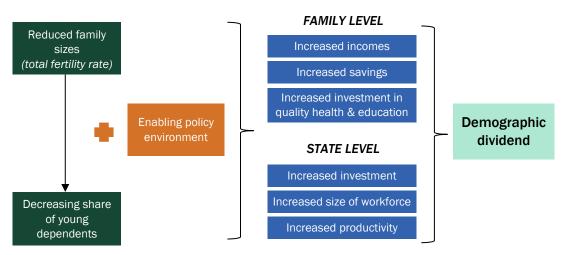


Figure 2: Explaining the demographic dividend

Source: Palladium, unpublished presentation, based on evidence from Ashraf et al., 2013; Karra et al., 2017; Bloom et al., 2003

The relationship between family planning, family size, and economic growth for Tanzania is further demonstrated in Figure 3. Over time, as **Tanzania's youth dependency ratio** has declined, its income per person has increased. Based on modeling evidence, Tanzania could realize a demographic dividend and experience a 25% boost in the growth rate of individual incomes if it achieves the goals set out in its *National Family Planning Costed Implementation Plan 2019–2023* and continues on such a trajectory through 2030 (Jurczynska and Mujaya, 2020). The plan, which was launched in July 2019, aims to increase uptake of modern methods of family planning from 30% in 2019 to 40% by 2023 among all women (MOHCDGEC, 2019). The 25% boost in income growth requires investment in socioeconomic sectors as well as in health and family planning.

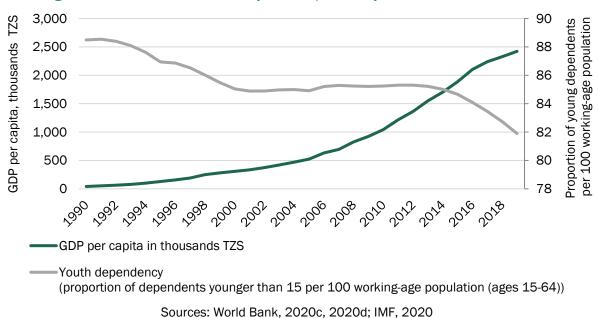


Figure 3: Increased incomes as youth dependency has declined in Tanzania

By increasing investment in family planning—in alignment with the goals and strategies outlined in the *National Family Planning Costed Implementation Plan 2019–2023*—Tanzania could achieve the following (Jurczynska and Mujaya, 2018):

- Help an additional 4.3 million people escape poverty (13% reduction in poverty rate) by 2030.
- Reduce food insecurity by an additional 38% by 2030. Fourteen million fewer people could be food insecure than if Tanzania invests in socioeconomic sectors only.
- Experience a 15% decrease in the prevalence of stunting among children under 5 years of age.
- See a 20% increase in the proportion of the population using safely managed drinking water services.

Several studies have found that **Tanzania's** growth in gross domestic product (GDP) is actually much lower when accounting for population growth. Moreover, poverty reduction efforts are being challenged by the rapid growth of the population.

- One study found that Tanzania's GDP has been increasing by about 5–7% annually over the past decade, making it one of the fastest growing economies in Africa. However, after adjusting for population growth over this period, per capita GDP growth has averaged only 2.5–3.5% annually (Sheikheldin et al., 2018).
- A 2019 World Bank report, *Tanzania Economic Update: Human Capital the Real Wealth of Nations*, finds that population growth continues to undermine efforts to reduce poverty in Tanzania. It finds that poverty has declined more slowly than the population has grown, noting that the absolute number of poor people has remained stagnant (Wodon et al., 2019a).
- It is important to recognize Tanzania's July 2020 transition from low-income to lowermiddle-income country status. Since then, the country—like the rest of the world—has experienced economic recession due to the COVID-19 pandemic. While Tanzania has fared relatively well compared to regional peers, the GDP growth rate decreased from

5.8% in 2019 to 2% in 2020. Notably, per capita GDP growth was negative in 2020 for the first time in over 25 years (Akeel et al., 2021).

• Continued rapid population growth in Tanzania challenges COVID-19 economic recovery, including poverty reduction efforts. According to a recent World Bank report, the national poverty rate is projected to fall to 27% in 2021. While this is a slight decrease from 2020 levels (27.2%), it represents an increase from 2019 (26.1%). Furthermore, due to rapid population growth, the number of people living below the national poverty line is projected to increase by 320,000 in 2021 (Akeel et al., 2021). Unless Tanzania remains vigilant and supports the right investments, it could lose its lower-middle-income country status.

The recent industrialization of the Asian Tigers was facilitated by fertility decline.

The late twentieth century was noteworthy for rapid industrialization in other parts of the world, particularly East Asia. The Asian Tigers of Hong Kong, Singapore, South Korea, and Taiwan are well known for their rapid economic growth. Between the early 1960s and 1990s, they underwent rapid industrialization and maintained exceptionally high growth rates. For each of these countries, a sizeable fertility decline was present during the industrialization period. Up to 20% of the economic growth was attributed to changes in family sizes and age structure (Bloom et al., 2003).

- Singapore, for example, was able to raise the quality of human capital thanks to fertility decline and investments in family planning services (Ministry of Finance and Planning, 2016). As a result of smaller family sizes, not only were parents able to invest more in the education of their children, but so was the government.
- Unlike the Asian Tigers, Tanzania's fertility rate has decreased slowly over time (see Figure 4). This greatly challenges Tanzania's ability to reap the demographic dividend (summarized previously in Figure 2).

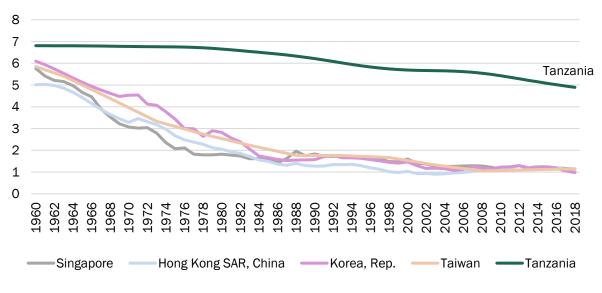


Figure 4: Trends in the total fertility rate of Tanzania compared to the Asian Tigers

Source: Macrotrends, 2021 (Taiwan data) and World Bank, n.d. (all other data)

Opposition Theme 2: The country is already investing sufficiently in its people

Possible reasoning for opposition to family planning and populationfocused investments

The government is investing adequately in Tanzania's people, including by making education free for most. This is helping improve livelihoods across the country. As a result of these investments, children are no longer a financial burden for parents, who should have as many children as possible. This investment also helps keep girls in school. We are doing enough.

Advocate counterargument

While the government of Tanzania has made significant and impressive investments, particularly by making education free for many, this is not keeping pace with the large and growing needs of the population. The resources needed to keep pace with this growth are immense—more than Tanzania has allocated to date.

The quality of education is deteriorating at primary levels. By increasing investments in family planning and promoting healthy fertility, education costs would decrease and enable the government to expand the quality of schools and education, particularly at tertiary levels for a better-educated and industrialization-friendly labor force. Additionally, the "cost" of raising children for parents is not limited to education; it includes things like food and clothing, as well as intangibles such as the **parents' time**.

Supporting evidence

While Tanzania is investing in its population, the rapid pace of need continues to pose challenges and outpace the supply of quality education.

In 2014, the government of Tanzania introduced a fee-free education policy, committing to providing 12 years of free and compulsory basic education to the entire population. This significant investment has reversed unfavorable trends, including the downward trend in primary school enrollment between 2009 and 2014. Since then, the country registered impressive improvements in key education metrics, such as gross and net enrollment (pre-primary, primary, and lower secondary), the number of dropouts, pass rates, and more (MOEST, 2019). However, there have been unintended consequences. Exponential enrollment is outpacing the number of teachers and classrooms available, which can compromise learning quality and progression.

 In terms of progression, primary school survival rates dipped in 2019 (81%) after steady increases between 2016 (49%) and 2018 (88%).³ This was likewise the case for secondary education, with the survival rate decreasing from 76% in 2018 to 74% in 2019 (MOEST, 2019).

³ The survival rate refers to the percentage of pupils enrolled in the first grade of a given cycle or level in a given school year who are expected to reach successive grades.

- The basic education survival rate is made up of three factors: the primary survival rate, the transition rate from primary to secondary school, and the lower secondary survival rate. This is one of the key performance indicators **in Tanzania's** *Education Sector Development Plan 2016/17–2020/21*. According to the most recently available trend data, the basic education survival rate for Tanzania decreased from a peak of 48% in 2018 to 43% in 2019 (MOEST, 2019).
- Enrollment at the university level—including technical tertiary school, which is critical for building human capital and industrialization—remains in the single digits (6.1% in 2019) (MOEST, 2019).
- In terms of the quality of schooling, Tanzania is performing far below the expected standard across many key metrics and is worsening over time. Children are educated in over-crowded classrooms and are forced to share textbooks (see Figure 5). In addition, there are limited numbers of pit latrines and inadequate electricity. This is especially true in the early grades (MOEST, 2018):
 - In government primary schools, the average male pit latrine ratio was 1:58 compared to the standard of 1:25; the ratio for female pit latrines was 1:55 compared to the standard of 1:20.
 - In government secondary schools, average male pit latrine ratio was 1:32 compared to the standard of 1:25; the ratio for female pit latrines was 1:29 compared to the standard of 1:20.
 - The number of government pre-primary schools with no source of electricity was 10,255, equal to 63.9% of all government pre-primary schools.
 - Out of 16,149 government primary schools, only 5,998 (37.1%) had been connected to at least one source of electric power, while 10,151 (62.9%) were not connected to any source.

Government Schools	Standard	2016	2019
Pre-primary pupil-teacher ratio	1:25	1:135	1:185
Pre-primary pupil-textbook ratio	1:1	-	1:77
Primary pupil-teacher ratio	1:35-53	1:44	1:58
Primary pupil-textbook ratio	1:1	-	1:4
Secondary pupil-textbook ratio	1:1	-	1:2
Number of government primary schools	N/A	15,802	16,212
Number of government secondary schools	N/A	3,601	3,742
Transition rate from lower to upper secondary	N/A	15.4%	14.9% (2018)

Figure 5: Select education indicators for Tanzania, 2016 and 2019

Source: MOEST, 2019

In education, the financial investment necessary to fully meet the exponential demand for education is significant. Enabling individuals to make free and informed decisions about their families is necessary for slowing demand and decreasing pressure on the education system.

• While the government prioritizes the education sector, the **government's** budget allocation to the sector as a percentage of the total government budget has decreased over time, from 22.7% in 2014/15 to 22.2% in 2016/17 and subsequently 20.9% in 2018/2019 (see Figure 6) (MOEST, 2019).

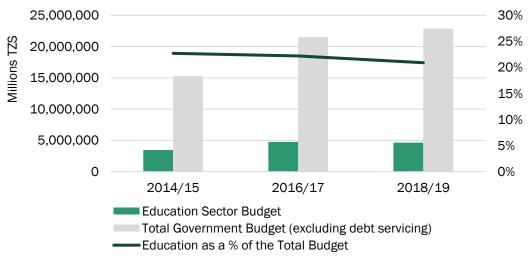


Figure 6: Education sector budget allocation as a share of the total government budget



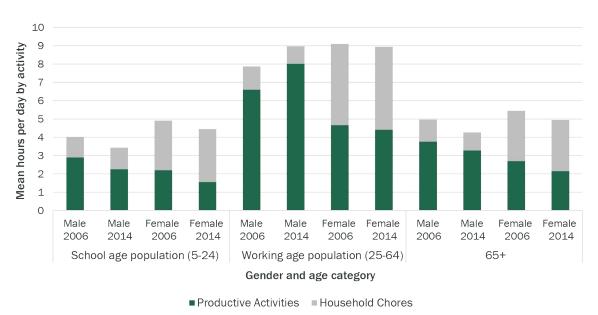
- Costs to the education sector will continue to grow for the coming decades as a result of the young population age structure and continued large families. According to **Tanzania's latest population projections** (NBS, 2018):
 - The population growth rate is expected to decrease very minimally, from 3.1% per year in 2013 to 2.8% by 2035. Population growth is driven by low use of contraception and resulting large family sizes.
 - As a result, the country will continue to be very young, with a median age of 19 by 2035, compared to 18 today. A very large share of the population will continue to be young dependents (under age 15)—43% today, 41% by 2035.
 - Notably, the school system will need to accommodate 11 million more students in 2035 than in 2021 (25 million under the age of 15 compared to 36 million in 2035).
- These costs could decrease if more families had access to family planning information and services. This would enable families to make informed decisions about their family sizes and realize those desires, reducing the population growth rate faster than is currently projected. This would substantially lessen the burden on public sector finances. It is currently estimated that the government spends TZS 22 billion per month to supply fee-free education (President's Speech, Winding up of 11th Parliament, June 2020). These costs will continue to increase as long as family sizes remain high.

Despite the government's investments in education, many costs associated with having and raising children remain high in Tanzania.

- There are some costs not covered by the fee-free education policy, such as for uniforms and stationary costs, which fall on parents. Furthermore, free education does not mean a parent is relieved of all costs of raising a child. Parents face costs related to pregnancy care, childhood care, transportation, meals, health-related costs, accommodation, shelter, university fee if no loan is obtained, and other related costs of living.
- While data from Tanzania are not available, according to studies of European countries, there are two types of costs associated with having and raising children: direct costs (e.g., housing, clothing, feeding, healthcare, education, and childcare) and indirect costs (e.g., lost income and lost career prospects). The latter, while real, are difficult to quantify. While costs incurred by parents vary based on the support provided by governments, families across 30 European countries spent, on average, 15% of net income on direct childcare costs alone (OECD, 2016).

In addition to straining existing resources, large family sizes also make it difficult for women to engage actively in the labor force.

- Holding primary responsibility for childcare, women in Tanzania who have many children have a greater burden when it comes to household chores, limiting their opportunities to undertake productive work. This could **slow Tanzania's envisioned** economic transformation and compromise the **inclusiveness of Tanzania's** growth. For instance, as the demand for skilled labor grows, women who have not been able to participate in adequate education and training will be excluded from those opportunities.
- At the time of Tanzania's last Integrated Labor Force Survey (2014), women made up 62% of people not in the labor force (2.1 million out of 3.4 million people). While the reason for being economically inactive cited by over half of men (55.7%) was schooling, just 28.7% of females gave that reason. One in five women (20.3%) cited household chores/taking care of those in need as the reason for being economically inactive, compared to just 5% of men (Idris, 2018).
- As shown in Figure 7, the burden of household chores has not diminished for women over time, pointing to a high degree of "time poverty." Time poverty may be leading women to choose subsistence agriculture or running a home-based, informal business as productive activities, as opposed to advanced agriculture, formal business, or other forms of wage employment. This means women have fewer opportunities to **contribute to and benefit from Tanzania's** industrial transformation (Fox, 2016).
- As of 2018, agriculture accounted for the largest share of employment in Tanzania, with a greater share of women than men employed in agriculture (70% versus 64%). Most work in subsistence agriculture, however. Moreover, unpaid family helpers constitute 34.5% of those employed in agriculture—there are more than twice as many females as males in this domain (Idris, 2018).
- "Unemployment rates among females are higher than those of males in all areas, but particularly in **the capital Dar es Salaam**" (Idris, 2018, p. 3).





Source: Fox, 2016, p. 8

Opposition Theme 3: A large population is needed to take advantage of Tanzania's resources

Possible reasoning for opposition to family planning and populationfocused investments

Tanzania has an abundance of resources to sustain its population numbers now and into the future. We need more people to adequately take advantage of the resources bestowed on Tanzania.

Advocate counterargument

While Tanzania has been blessed with natural resources, the demand for arable land, water, food, and energy has been increasing exponentially. This has led to serious environmental degradation and has placed more people at risk of climate change impacts. Investing in family planning is one important way of enabling Tanzania to harness its natural resources in a sustainable way.

Supporting evidence

Tanzania's rapid population growth has already contributed to environmental degradation, depleting a significant share of its natural capital. Combined with climate change impacts, this threatens people's livelihoods and Tanzania's future economic growth.

- Tanzania's natural resources form a core pillar of its economy. For example:
 - Agriculture, forestry, and fisheries represent 30% of GDP (World Bank, 2019; NBS, 2018).
 - The travel and tourism sector, which is largely based on biodiversity and wildlife, contributed about 13% to GDP in 2016 and is expected to expand considerably— estimated at about 7% per year (World Bank, 2019).
 - Natural resource-based exports—including tobacco, cashew nuts, coffee, gold, metals, and other minerals—constituted more than 40% of all exports in Tanzania in 2017 (World Bank, 2019; NBS, 2018).
- **Tanzania's natural resources sustain the livelihoods of its population.** Despite the goal to industrialize, most of Tanzania's population today is dependent on the natural resource base for their livelihoods. The majority of rural residents (70% of the population) are dependent on rain-fed agriculture (NBS, 2020a).
- There are clear indications that **Tanzania's natural resource base i**s at risk, with visible loss of ecosystems and degradation:
 - According to a recent report, "Tanzania's total wealth per capita—that is, the sum of all types of physical, human, and natural capital—has declined between 1995 and 2014" (World Bank, 2019, p. 16).
 - The total renewable natural capital per capita has fallen by 35% over the past 20 years, whereas the non-land renewable natural capital (e.g., forests, forest products, and protected areas) per capita has nearly halved (47%) in 20 years (World Bank, 2019).

- Highly degraded land area in Tanzania has increased from 13.5% in 1980 to 16% in 2012. During that same period, moderate degraded areas have increased from 30.9% to 33.5% (NBS, 2020a).
- At the individual level, these types of losses threaten the production of important food crops including maize, beans, sorghum, and rice. This is likely to endanger livelihoods and compromise food security (NBS, 2020a). Diminished resources **threaten Tanzania's economy**.
- Four key drivers have been identified as underlying causes of this degradation: (1) rapid population growth, (2) economic growth, (3) increasing urbanization, and (4) climate variability and change. Based on current trends, the population growth rate is expected to decrease very minimally, from 3.1% per year in 2013 to 2.8% by 2035—that remains a rapid rate of growth (NBS and the Office of the Chief Government Statistician, 2018). A continuation of this growth pattern means:
 - Mounting demand and competition for resources, including water for domestic, agricultural, and industrial purposes.
 - Growing demand for food, contributing to deforestation and land conversion as forests and arable land are converted and used for settlement and food production (PAI, 2011).
 - Growing energy needs that likewise cause deforestation and environmental degradation.
- Studies show that Tanzania cannot afford 10 more years of this level of degradation (World Bank, 2019). In addition to the effective implementation of development and resource management policies and programs, slowing population growth through increased access to voluntary family planning methods is an important **complementary approach for preserving Tanzania's reso**urce base.

A rapidly growing population exposes growing numbers of people to dangerous climate change impacts.

- Tanzania is highly vulnerable to climate change impacts due to its reliance on natural resources, including rain-fed agriculture as well as coastal and inland fisheries. Tanzania has already registered climate change impacts, including droughts, floods, and increasing ocean and freshwater temperatures and sedimentation after heavy rainfalls. The frequency of climate-related extreme events (e.g., droughts, heavy precipitation, and associated floods) has been increasing in recent years (NBS, 2020a). For example:
 - Since 2008, Tanzania has experienced severe floods and droughts in different parts of the country, including Dar es Salaam, Kilombero, Kilosa, and Mpwapwa. These have resulted in severe infrastructure and home destruction, as well as the displacement of local populations (NBS, 2020a).
 - 2015 through 2018 have been characterized by record breaking extreme events. For example, on November 4, 2015, Tukuyu Meteorological Station recorded 327.8 mm of rainfall in 24 hours, the highest-ever recorded 24 hours of rainfall since the establishment of the station in 1928 (NBS, 2020a).
 - Sea level rise is putting coastal infrastructure, populations (about 25% of the total population), and ecosystems at risk of inundation, salinization, and storm surge. Between 2000 and 2019, the sea levels rose from 1,992 mm to 2,115 mm (NBS, 2020a).

- Droughts in the central corridor regions of Dodoma, Shinyanga, Singida, and Tabora have curtailed the regeneration of vegetation, thus leaving the land bare and making it susceptible to soil erosion (NBS, 2020a).
- According to Tanzania's National Climate Change Statistics Report, 2019, these impacts have already had major economic costs and contributed to loss of life—these are expected to continue.
 - "According to the State of Environment Report, 3 of 2019 [VPO, 2019], the agriculture sector in Tanzania is particularly vulnerable to climatic change because it is customarily dependent on rainfall ... more than 60 percent of [the] Tanzanian population directly rely on agriculture for their livelihoods; thus, [a] 10 percent decrease in rainfall would make most of areas unsuitable for cultivation" (NBS, 2020a, p. 25).
 - **"In Tanzania, increased temperatures and changes in rainfall patterns as a result of** climate change are widely recognized to entail potentially serious consequences for human health. For instance, studies show significant relationship between temperature and the incidence of cholera in the country whereby for a one degree Celsius temperature increase, the initial relative risk of cholera increases by 15 to 29 percent (VPO, 2019)" (NBS, 2020a, p. 27).
- In addition to suffering the impacts of climate change, Tanzania's rapid population growth is contributing to the increase in greenhouse gas emissions. Tanzania's greenhouse gas emissions are primarily from land use, land use change, and forestry, as well as agriculture—each of which is impacted by population size and growth (NBS, 2020a).
- Family planning is among the key strategies for mitigating and adapting to climate change. Specifically, family planning and healthy fertility offer multiple benefits (Mogelgaard, 2018, p. 4):
 - "Women and their children are healthier—a fundamental building block of resilience.
 - Smaller families result in reduced household demand on climate-sensitive resources like food and water, and **can result in increased time for women's engagement in** adaptation-related activities [i.e., activities that adjust ecological, social, or economic systems in response to climate change].
 - Slower population growth reduces both pressure on the local natural resource base and the sheer scale of human vulnerability to climate change impacts."

Opposition Theme 4: Tanzania is already doing enough to support individuals and couples to make informed decisions about their families

Possible reasoning for opposition to family planning and populationfocused investments

Tanzania is already sufficiently supporting the needs of women and families. Our government invests substantially in health, including in family planning services across the country.

Advocate counterargument

While the efforts of the government of Tanzania to increase funding for health and family planning are appreciated, thousands of girls and women still do not have access to the family planning services they need. Additional women- and girl-friendly investments, particularly for family planning, are required to end preventable morbidity and mortality, end early childbearing, and eliminate unmet need for family planning.

Supporting evidence

Thousands of Tanzania's newborns and mothers continue to die from preventable, pregnancy-related causes.

- It is estimated that over 500 maternal deaths occur per 100,000 live births in Tanzania (MOHCDGEC et al., 2016; WHO et al., 2019). In 2017, an estimated 11,000 maternal deaths occurred in Tanzania, placing it among the top five countries with the highest number of maternal deaths that year (WHO et al., 2019).
- Family planning plays a critical role in saving the lives of newborns and mothers. Specifically, contraception results in fewer and less risky pregnancies. Risky pregnancies are characterized as (Cleland et al., 2012):
 - Too early—girls under 18 years of age face a higher than normal risk of death or disability from pregnancy, and their babies have more health risks.
 - Too many—women who have many births are more likely to have problems with their later pregnancies and face increased risk of death or disability, as do their newborns.
 - Too late—mothers over the age of 35 have a higher than normal risk of death and disability associated with pregnancy, and their babies have more problems than is normal.
 - Too soon—children spaced too closely have a higher risk of illness and death.
- For many women, birth intervals in Tanzania are still suboptimal and too short. While women should wait at least two years after giving birth before trying to become pregnant again for optimal health outcomes, one in five births in Tanzania occurs within two years of the previous and are therefore at heightened risk (MOHCDGEC et al., 2016).
- Each birth carries costs to both the family and government. Family planning—through its impact on saving the lives of newborns and mothers—plays an important additional role

in decreasing costs to the healthcare system. For example, Tanzania could save USD 4.09 in near-term direct healthcare costs for every 1 dollar spent on family planning if it achieves the goals outlined in its *National Family Planning Costed Implementation Plan 2019–2023* (ImpactNow model application for Tanzania conducted in 2020).

One of the reasons that family sizes are large in Tanzania is because young women have children before they are ready. There are limited protections for young girls and limited opportunities for them to make informed choices.

- Tanzania's Law of Marriage Act, 1971, allows girls to be married at 15 years of age and boys at 18 years. A legal challenge led Tanzania's high court to strike down two sections of the country's marriage law in 2016, which effectively raised the minimum marriage age to 18 for both girls and boys. However, the law has yet to be formally changed.
- More than one in three girls in Tanzania are married by the age of 18 (MOHCDGEC et al., 2016). The earlier women in Tanzania and elsewhere marry, the more likely they are to bear children earlier and ultimately to have a larger number of children, often becoming mothers before they are ready.
- Nearly 40% of girls in Tanzania have begun childbearing by the age of 18, meaning they have had a live birth or are pregnant with their first child (MOHCDGEC et al., 2016). Depending on the age of marriage, child marriage increases the average number of children per woman by 11–24% in Tanzania (Onagoruwa and Wodon, 2018; Wodon et al., 2019b).
- The elimination of child marriage and early childbearing in Tanzania could reduce the annual rate of population growth by .17 percentage points. Even greater reductions could be achieved if all girls completed secondary school. The economic benefit of ending child marriage in terms of welfare gains from lower population growth is large: by 2030 GDP (in purchasing power parity) could reach USD 5 billion (Wodon et al., 2019b).
- Women who married as a child are less likely to have a professional or skilled job. Among women who married as a child, 6 out of 10 work in agriculture compared to 4 out of 10 of those who married at the age of 20 or higher. Conversely, women who married at an older age are more likely to work in a professional, clerical, or skilled job, which is **important for achieving Tanzania's industrialization agenda (**Wodon et al., 2019b).

Large shares of women in Tanzania still need and want family planning. Many women and families still aren't given the information and services to make informed and free decisions about their families.

- Nearly 1 in 4 women in Tanzania have an unmet need for family planning, meaning that they want to space or limit a future pregnancy, but are not using contraception. The poorest women, the least educated, and rural residents have the highest unmet need (MOHCDGEC et al., 2016).
- Tanzania is missing opportunities to reach girls and women with family planning information and services. Of all women of reproductive age, one third of women have not seen or heard a family planning message on radio, television, in a newspaper or magazine, or on a mobile phone. Moreover, 80% of women who visited a health facility or were visited by a community health worker did not discuss family planning. This represents a huge missed opportunity to expand access to information and services (MOHCDGEC et al., 2016).

Based on recent trends in contraceptive use, Tanzania is not on track to reach its family planning goals.

• Tanzania's National Family Planning Costed Implementation Plan 2019–2023 aims to increase uptake of modern methods of family planning from 30% in 2019 to 40% by 2023 among all women (MOHCDGEC, 2019). However, based on current trends—by extrapolating the 2017–2019 growth rate of 1.7 percentage points every two years— Tanzania is not expected to reach its goal of 40% by 2023, instead reaching 34.1% (see Figure 8). Additional efforts to reach this goal is required.

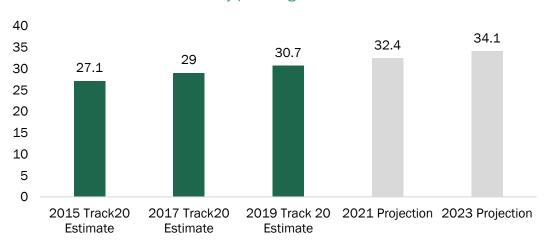


Figure 8: Percentage of all women using modern methods of family planning over time

Source: Track20, 2020 and author's projections

Opposition Theme 5: Family planning is a foreign agenda

Possible reasoning for opposition to family planning and populationfocused investments

Family planning is not a local agenda—it is being propagated by the West.

Advocate counterargument

Family planning and healthy fertility have featured prominently on Tanzania's own policy agenda for decades. In these policies, the government has recognized that Tanzania's population is increasing rapidly and that this poses severe challenges for the country's development. Moreover, Tanzania was an early supporter of family planning, becoming one of the first countries to promote contraception and establish a national nongovernmental organization (not-for-profit and non-political) providing sexual and reproductive health information and services. This organization—Chama cha Uzazi na Malezi Bora Tanzania (or UMATI)—was founded in 1959 and became an International Planned Parenthood Foundation affiliate in 1973.

Supporting evidence

Policy document	Key references to family planning/population and development
Chama Cha Mapinduzi (CCM) Manifesto	• While the 2015 CCM Manifesto contained direct language on family planning, there are few provisions in the 2020 Manifesto. See Annex 2 for a summary of the manifesto.
Tanzania Development Vision 2025	• "The Tanzania Vision 2025 aims at achieving a high-quality livelihood for its people, attain good governance through the rule of law and develop a strong and competitive economy. It is envisioned that the following specific achievements would be attainable by the year 2025 High quality livelihood, including "access to quality reproductive health services for all individuals of appropriate ages."
Five-Year Development Plan, 2016/17– 2020/21	 "The Five-Year Development Plan addresses among other things, critical implications of rapid urban population growth on settlements." "The relatively high TFR [total fertility rate] is a major trigger for high population growth rate. Persistent high birth rate poses a risk for Tanzania to fall into a demographic trap and fail to reap the demographic dividend."
	• "Squatters dominate Dar es Salaam city. Urbanization is already putting intense pressure on basic services and urban infrastructure at a time when emerging cities still lack the resources and institutions to provide citizens with access to productive jobs, decent housing, and basic services."

Illustrative policies and key stances are summarized in the following table.

Policy document	Key references to family planning/population and development
(continued)	 "Population pressure, weak fiscal policy, and rapid urbanization risk derailing some of the [development] gains. In the backdrop of huge demand for prioritizing quality delivery of education and health services, the country's rapid population growth demands that further investments be made in social infrastructure including classrooms, health centres, and facilities" "Rapid population growth has also resulted in poor management of urbanization and this has implications on the environment in terms of increasing stress."
	• "The relatively high TFR is mainly due, in part, to low usage of modern family planning methods. Family planning is one of the programmes that improves public access to health, water, and sanitation."
Agricultural Sector Development Strategy II, 2015/2016– 2024/2025	• "The continued shrinking of land for grazing due to population pressure and conversion of traditional grazing areas to other land uses greatly constrain the sustainability of extensive livestock production system."
	 "Increasing human and livestock populations are putting pressure on land use. Increasing conflicts between farmers and livestock keepers is a hindrance to the sector development."
Education Sector Development Plan, 2016/17- 2020/21	• "Almost two-thirds (63.8%) of this population are below the age of 25, with a mean age of 17.6. This population structure places a premium on the cost of education and other social services. Tanzania, therefore, needs to invest substantially in education in order to attain her long-term development goals."
	 "In addition to the need for rapidly expanded secondary school infrastructure, there is a simultaneous need to increase the number of primary school classrooms by at least 45,000 in order to accommodate Tanzania's rapidly growing population of children as well as increasing enrolment rates in order to reduce significantly the numbers of school- aged children who are not in school."
	• Among the "key messages" for strategic interventions to which the Five- Year Development Plan responds is that "commendable achievements have been made in the areas of social service delivery but population pressure , weak fiscal policy and rapid urbanization have undermined these gains."
National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing, 2020/21– 2023/24	 "Tanzania aims to be a middle-income country by 2025 through industrialization; given that 70% of the population is 25 or younger (and 23% aged 10–19 years), this goal will be driven by the youth. To achieve this goal and drive economic transformation, Tanzania needs to take advantage of its demographic by investing now in improving adolescent health and productivity."
	• "Access to comprehensive SRH [sexual and reproductive health] information gives adolescents the information they need to make responsible SRH decisions, including delaying sexual debut and postponing age at first pregnancy as measures to prevent teenage pregnancies."

Policy document	Key references to family planning/population and development
(continued)	• "Urbanization and the size of the adolescent population are the primary drivers of both high and low unemployment . Larger cities tend to have higher rates of unemployment because they tend to attract the youth population; however, the supply of jobs is limited and cannot absorb this growing population in urban areas."
	• "The high dropout rates in the country lead to an uneducated population who do not seek healthcare services."
	 "Cultural practices—such as early marriage of girl children, and gender- based discrimination and violence—hinder adolescents' demand of health services and perpetuate gender disparities. Such norms prohibit frank parent-child discussions about SRH, and this lack of appropriate information results in adverse sexual behaviors and health outcomes."
	 "To leverage [the] demographic dividend, Tanzania needs to keep its adolescent population healthy, support their education, and empower them to develop successfully into adulthood."
	 "A combined investment approach in the economy, education, and family planning will have a potential demographic dividend of USD 3,877 per capita, more than triple the current GDP per capita."
	• As part of Pillar no. 2 on preventing teenage pregnancy, there are plans "to support increase[d] community-based advocacy against social norms to counter stigma against the use of family planning methods for adolescent girls."

Annex 1: Tips for Effectively Championing Population and Family Planning Investment

While this resource provides sample messages and evidence, there is more to the advocacy process. Remember to put into practice well-known advocacy win factors, such as:

- Devote time to understanding the context in which decision making takes place, like the political environment, changes to ruling parties and implications, etc. These insights are essential for curating the right message and using the most effective evidence.
 - For example, during the 2020 campaign in October, then-President Magufuli reiterated his stance that women should not worry about having too many children as the government has better plans to improve livelihoods. But, in subsequent speeches since he was sworn in for the second term, the president has not spoken against family planning.
- Work in partnership with other strategic advocates.
- Develop a well thought out advocacy strategy, including a costed workplan, monitoring and evaluation plan, etc.
- Identify the right decisionmakers as well as a messenger that is best positioned to liaise with that decisionmaker.
- Be flexible in your advocacy and adapt to changing circumstances.
- Adequately time your advocacy.

Adapt your advocacy messages so that they are responsive to and aligned with the **ruling party's manifesto**. In November 2020, then-President Magufuli inaugurated the 12th Parliament and called upon actors to develop the 2020 Manifesto. Read an analysis of the CCM Manifesto in Annex 2.

Although manifestos for other political parties contain provisions with some level of implication on family planning, the operating political context does not allow civil society organizations effective engagement with opposition political parties without being perceived as pro-opposition by the government.

Always bring the message home; advocacy messages should always be localized as much as possible. Refer to what national policies are saying about population and family planning. However, beware that although certain policies may sound progressive, they may have been passed during previous administrations and thus may not reflect the true stance of the government on population issues today.

It is important to monitor current policies that are under review and activities to make the case for the use of progressive language. Currently the following activities and policies are under review, providing opportunities for advocates to engage:

- Five-Year Development Plan
- Population Policy
- Land Policy
- Investment Policy and Investment Act

- Human Settlement Policy
- Youth Policy
- Employment Policy
- Development Vision 2050 (to replace the outgoing Development Vision 2025)
- One-Year Development Plan and National Budget (updated annually)
- National Census (taking place in 2022)

When engaging in advocacy activities with the objective of revising policy:

- Be proactive in knowing where the process is and who is behind it, i.e., the drafting committee
- Analyze the existing content and design recommendations based on the facts presented in this guide as well as best practices from other countries
- Find internal allies within government; influence the content through internal allies and during official stakeholder meetings
- Timing is key

Recognize and applaud effective government efforts in sectors that are key to harnessing the demographic dividend, such as investment in education, health, jobs, and livelihoods. Using facts presented in this resource, show how investments in population and family planning will boost the realization of government plans as stated in different documents.

Be cognizant of potential sensitivities related to language, for instance, opposition to the use of "family planning." In situations where alternative language—such as "child birth spacing" or "healthy timing and spacing of pregnancy"—are likewise not acceptable, state the facts on the state of the country in different sectors and allow the facts to speak for themself. Allow your audience the opportunity to draw conclusions from the presented facts and devise potential solutions.

Don't worry about the composition of parliament. Remember to work with government institutions irrespective of who/which political party is overly or lowly represented. There are other actors with a more specific mandate to work on fairness of the elections.

Explore and work closely with relevant sector-based parliamentary committees. Be sure to look out for self-identified champions:

- Work closely with the Tanzania Parliamentary Association on Population and Development (TPAPD) to bring new parliamentarians (61%) to support the population, family planning, and demographic dividend agenda. When marking the end **of the country's five**-year parliamentary term on June 11, 2020, the association said it laid the foundation for incoming parliamentarians to strengthen family planning services over the next five years.
- Embrace an inter-ministerial and multi-sectoral approach. Population issues fall within the mandate of the Ministry of Health, the Prime Minister's Office, and the Ministry of Finance and Planning. Other sectoral ministries such as for education, agriculture, trade and industry, investment, etc., should be strategically targeted. Voices should be coming not only from nongovernmental organizations but also from academia,

religious institutions, the private sector, political parties, trade unions, and other influential figures.

When faced with significant opposition to family planning and population (for example, under the Magufuli Administration), consider expanding your advocacy to topics **that are important for the health and wellbeing of Tanzania's people**, and that impact population dynamics. For example:

- Continue to support the campaign on appropriate age to start bearing children, the importance of child spacing, breastfeeding and when to stop bearing kids, and why it matters.
- Push for comprehensive sexuality education in school and learning institutions.
- Encourage the use of technology in agriculture and industries so people change their mindset on giving birth to many children as a source of laborers.

Annex 2: Analysis of the Chama Cha Mapinduzi Manifesto 2020

Overview

Since 2015, it is increasingly observed that a ruling party's manifesto is an important guide in the delivery of work by all government officials in all sectors. For this reason, civil society organizations working on advocacy need to orient and navigate their message around the manifesto—success of their engagement is dependent on the priorities stipulated in this document. In November 2020, then-President Magufuli inaugurated the 12th Parliament and called upon the members of parliament and government officials to make the 2020 Manifesto. The following is an analysis of the Chama Cha Mapinduzi (CCM) Manifesto—the lead ruling party now headed by President Samia Suluhi Hassan—for 2020 and what it says about the linkage between population and development.

Key Findings

- 1. The CCM Manifesto has moved from containing direct language on family planning (2015 manifesto) to fewer provisions with little implication on family planning (2020).
- 2. Although manifestos for other political parties contain provisions with some level of implication on family planning, the operating political context does not allow civil society organizations effective engagement with opposition political parties without being perceived as pro-opposition by the government. Consequences are dire.
- 3. There are few advocacy opportunities presented by the manifesto as described next.

Review of the 2020 CCM Manifesto

The 2015 CCM Manifesto contained specific stipulations on family planning—Section 50(b)(q)(ii) provided that family planning services will be given a priority. However, in the 2020 manifesto, family planning is mentioned only once. Section 215 (e) contains a promise to undertake an analysis on youth with disabilities on sexual reproductive rights and family planning. A thorough reading of the manifesto leads to the following conclusions regarding the manifesto's coverage of issues pertaining family planning and the linkages between population and development.

- There is no direct language on population or the linkage between population and development. However, a few provisions have an implication on family planning:
 - Section 81 talks about constructing and or repairing mother and child stations in hospitals in Mbeya.
 - Section 83(u) is geared to promote health services for mothers and their children in all health centres, and make them friendly for women, men, and young people. Emergency services for reproductive health and children will also be included.
 - Section 183 (b) states the desire to constitute 98 reproductive health committees in village areas to promote pregnant women to utilize reproductive health services and give birth at health centres, and to ensure children below five years attend clinics.
 - Section 83 outlines the construction and improvement of health centres to provide better services to the people. The section also talks about the need to improve national health insurance schemes to reach government targets to ensure all people have health insurance.

• The narrative that Tanzania is endowed with natural resources is also covered in the CCM Manifesto. Section 209 (5) states the belief that the country is endowed with land, minerals, natural gas, forest, animals, *mali kale*, ocean, lakes, and rivers. The manifesto notes that if resources are utilized properly (in the absence of corruption) they can bring development to the nation, as proved by the implementation of the 2015 CCM Manifesto. From this context, CCM believe that the country is rich.

This narrative could be used to justify that Tanzania need not worry about its growing population but rather how to effectively utilize the available resources for the betterment of **people's** lives. The fact that the narrative is repeated in the manifesto, increases the probability that the narrative will continue to be used by policymakers whenever the issue of the linkage between population and development comes to the fore.

• The narrative on what CCM has achieved in the period of 2015–2020, including the provision of free education, is used to cement the claim that the government is doing enough for the people, and that the economy is growing at speed to meet people's service demands. Section 17 of the manifesto lists successes that the party has achieved to build a stable economy and reduce dependence in the last five years (2015–2020) (translated from Swahili):

(a) Enabling national resources to be used strategically to build the foundation of the industrial economy and social welfare by preparing and implementing a FYDP [Five-Year Development Plan] 2016/17–2020/21.

(b) Growth of GDP at the rate of 6.9% for 2016–2019.

(c) Average income per person increased from TZS 1,086,965 (USD 992) in 2015 to TZS 2,458,496 (USD 1,086) in 2018.

(d) Some indicators show that there was poverty reduction and social welfare stabilized. Some of those indicators include:

(*i*) Average life expectancy for Tanzanians increased from 61 years in 2015 to approximately 65 years in 2020.

(ii) Distribution of electricity in villages increased from 16.4% in 2015 to 67.1% in 2019.

(iii) Poverty from basic needs reduced from 28.2% in 2011/12 to 26.4% in 2017/2018.

(ii) Stability of the Tanzania shilling against other currencies for four consecutive years.

(iii) Increased foreign sales by increasing production of local products from 5.33 billion USD in 2015 to 5.57 in 2019.

(iv) Stabilized foreign reserves, until April 2020 such reserves reached USD 5.3 billion, an amount sufficient to order products and obtain foreign services for approximately 6.2 months. This rate surpasses the plan to have enough reserves to order products from outside the country for a period of no less than 4 months.

(v) Reduction of budget deficit from 3.5% in 2015/16 to 3.1% of national income in 2018/2019.

(vi) Increase in income collection from an average of 850 billion per month year in 2015 to 1.3 trillion per month year in 2019, thereby increasing the ability of the nation to conduct national development endeavors.

(vii) Stabilizing of social services, particularly health, free education at the primary level, purchase of aircraft, and building of various infrastructure for

transportation, as a result of an increase in the government budget from 25.7 million in 2015/16 to 33.1 trillion in 2019/20.

(viii) Reduction in the dependence on budget as a result of steps taken to improve tax collection and, therefore, reducing dependence on donor grants from development partners from 10.3% in 2015/16 to 8% in 2018/19.

(ix) Ensuring the national debt remains payable (himilivu) and loans are used for productive activities.

(x) Improving the business environment and investment in the country by implementing the Blueprint for Regulatory Reforms to Improve Business Environment.

(xi) Provision of interest-free loans or loans with affordable rates to women, youth, and people with disabilities in all municipalities.

- The narrative on what CCM is set or planning to achieve in the 2020–2025 period may be used to cement the claim that more people are needed for the industrialization agenda and that the government has good plans to provide better services for the people. Section 8, 9, and 18 state that in the coming five years CCM will work to improve the life of every Tanzanian, reduce poverty levels, and ensure the nation reaches middle-income status. In doing so CCM shall (translated from Swahili):
 - a) Grow an inclusive and competitive economy built on industrialization, economic services, and enabling infrastructure by preparing and implementing FYDP 2021/22–2025/26.
 - b) Provide easy access to health services, education, water, electricity, and settlements in villages and townships.
 - c) Use research, science, technology, and creativity as quick means to bring quick development socially and economically.
 - d) Create 8,000,000 employment opportunities.
 - e) Improve services for women, youth, elderly, children, and people with disabilities.
 - f) Ensure each secondary school has computers and internet.
 - g) Make Tanzania a country that depends on itself economically; initiative will be taken to ensure that land, minerals, natural gas, oil, water, and forest benefit women and the nation at large.
 - *h)* Increase value, creativity, and product quality and services to be competitive in the market internally and externally and therefore increase growth of the national income.
 - *i)* Strengthen the economic and business environment by carrying on legal reforms and improve the public sector performance as per the Blueprint for Regulatory Reforms to Improve the Business Environment.
 - *j)* Increase the pace of improving the business environment and investment in the country by building and improving the enabling infrastructure and important services including water and electricity.
 - *k)* Increase the contribution of the blue economy as part of stimulating the rate of growth of the economy, creating employment opportunities, and reducing income poverty.

- *I)* Develop natural national resources so that they can contribute adequately to the national economy and the development of the people.
- m) Strengthen public institutions to enable them to contribute to national development.
- n) Develop the digital economy to enable stimulation of economic and social sectors in the country.
- *o)* Strengthen the use of science and technology to bring development; and enhance research, innovation, and creativity as a hub and engine of the economy.

Opportunities for Advocacy

• Sections 8 and 9 indicate that CCM is aware that the Development Vision 2025 is coming to an end. CCM will therefore supervise the government to prepare the Development Vision 2050.

Action: In addition to influencing the 2020–2025 Five-Year Development Plan, it is key to influence the next Development Vision 2050 so that there is supportive language for family planning.

• Section 8 promises to promote the use of research, science, technology, and creativity as a tool for economic and social development.

Action: Leverage this commitment in Section 8 and hold CCM to account for basing policies and programs on the latest evidence, including on population and family planning.

References

Ahmed, S., Q. Li, L. Liu, and A. Tsui. 2012. "Maternal Deaths Averted by Contraceptive Use: An Analysis of 172 Countries." *The Lancet* 380(9837): 111–125.

Akeel, R., M. Bakanova, E.A. Mungunasi, C.I.F. Okou, M.A. Saldarriaga Noel, et al. 2021. *Tanzania Economic Update: Raising the Bar - Achieving Tanzania's Development Vision.* Tanzania Economic Update, No. 15. Washington, DC: World Bank Group.

Ashraf, Q.H., D.N. Weil, and J. Wilde. 2013. "The Effect of Fertility Reduction on Economic Growth." *Population and Development Review* 39(1): 97–130.

Becker, G.S. and T. Nigel. 1973. "On the Interaction between the Quantity and Quality of Children." *Journal of Political Economy* 81(2): 279–288.

Bloom, D.E., D. Canning, and J. Sevilla. 2003. *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change*. Santa Monica, CA: RAND.

Bongaarts, J. 1978. "A Framework for Analyzing the Proximate Determinants of Fertility." *Population and Development Review* 4(1): 105–132.

Bongaarts, J. 2011. "Can Family Planning Programs Reduce High Desired Family Size in Sub-Saharan Africa?" International Perspectives on Sexual and Reproductive Health 37(4): 209–216.

Chama Cha Mapinduzi. 2020. *Ilani ya Chama Cha Mapinduzi kwa ajili ya uchaguzi mkuu wa mwaka 2020*. Available at: <u>https://www.ccm.or.tz/website/nyaraka/nyaraka_file/2020-12-11%2013:18:22_ILANI%20YA%20CCM%202020.pdf</u>.

Center for Reproductive Rights. 2013. *Forced Out: Mandatory Pregnancy Testing and the Expulsion of Pregnant Students in Tanzanian Schools*. New York: Center for Reproductive Rights.

Cincotta, R., and E. Leahy Madsen. 2017. "The Four Dividends: The Age-Structural Timing of **Transitions in Child Survival, Educational Attainment, and Political Stability." Paper** presented at the International Union for the Scientific Study of Population, International Population Conference, Cape Town South Africa.

Cleland, J., A. Conde-Agudelo, H. Peterson, J. Ross, and A. **Tsui. 2012. "Contraception and** Health**.**" *The Lancet* 380: 149–156.

Copenhagen Consensus Center. 2016. "Smart Development Goals." Available at: <u>http://www.copenhagenconsensus.com/sites/default/files/outcomedocument_bw.pdf</u>.

Fox, L. 2016. *Gender, Economic Transformation and Women's Economic Empowerment in Tanzania.* Supporting Economic Transformation Report.

Idris I. 2018. *Mapping Women's Economic Exclusion in Tanzania.* K4D Helpdesk Report. Brighton, UK: Institute of Development Studies.

International Monetary Fund (IMF). 2020. "IMF Data Mapper." Data downloaded on implied PPP conversion rate (national currency per international dollar). Available at:

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https://www.imf.org/external/datamapper/PPPEX@WEO/OEMDC/ADVEC/WEOWORLD/DA/.

Jurczynska, K., S. Moreland, S., Sacher, S., Bispo, and K. Corpuz. 2018. *Modeling the Effects of Family Planning on the Sustainable Development Goals: Family Planning-Sustainable Development Goals Model Methodology and User's Guide.* Washington, DC: Palladium, Health Policy Plus.

Jurczynska, K. and S. Mujaya. 2020. *Accelerating Progress Toward the Sustainable Development Goals in Tanzania: Invest in Family Planning.* Washington, DC: Palladium, Health Policy Plus.

Karra, M., D. Canning, and J. Wilde. 2017. "The Effects of Fertility Decline on Economic Growth in Africa: A Macrosimulation Model." *Population and Development Review* 43(1): 237–263.

Klerman, L.V., S.P. Cliver, and R.L. **Goldenberg. 1998. "The** Impact of Short Interpregnancy Intervals on Pregnancy Outcomes in Low-Income Population." *American Journal of Public Health* 88: 1182–1185.

Kweka, J. 2018. *Monitoring Policies to Support Industrialisation in Tanzania: An Update and Policy Recommendations.* Supporting Economic Transformation.

Lee, M., K. Patierno, and E. Leahy Madsen. 2020. *Investments in Family Planning and Education Drive Labor Productivity*. Research Brief. Washington, DC: Population Reference Bureau.

Macrotrends. 2021. "Taiwan Fertility Rate 1950-**2021."** Available at: <u>https://www.macrotrends.net/countries/TWN/taiwan/fertility-rate</u>.

Ministry of Agriculture, the United Republic of Tanzania. 2015. *Agricultural Sector Development Strategy – 11 2015/16 – 2024-2025*. Available at: <u>http://extwprlegs1.fao.org/docs/pdf/tan160643.pdf</u>.

Ministry of Education, Science and Technology (MOEST), the United Republic of Tanzania. 2018. *Education Sector Development Plan 2016/17–2020/21, Tanzania Mainland.* Available at: <u>https://www.globalpartnership.org/sites/default/files/2019-04-gpe-tanzania-esp.pdf</u>.

Ministry of Education, Science and Technology (MOEST), the United Republic of Tanzania. 2019. *Education Sector Performance Report, Tanzania Mainland*. Draft for circulation. Available at: <u>https://www.globalpartnership.org/sites/default/files/document/file/2020-05-Tanzania%20Mainland-ESP-IR_0.pdf</u>.

Ministry of Finance and Planning, the United Republic of Tanzania. 2016. *National Five-Year Development Plan 2016/17–2020/21*. Available at: https://mof.go.tz/mofdocs/msemaji/Five%202016_17_2020_21.pdf.

Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC). 2019. *Tanzania National Family Planning Costed Implementation Plan 2019–2023*. Advancing Partners & Communities. Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC). 2020. *National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing*. MOHCDGEC.

Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) [Tanzania Mainland], Ministry of Health (MOH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. 2016. *Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16*. Dar es Salaam and Rockville, MD: MOHCDGEC, MOH, NBS, OCGS, and ICF.

Mogelgaard, K. 2018. *Challenges and Opportunities for Integrating Family Planning into Adaptation Finance.* Washington, DC: PRB.

Mturi, A.J. and S. **Curtis. 1995. "The** Determinants of Infant and Child Mortality in **Tanzania."** *Health Policy and Planning* 10(4): 384–394.

National Bureau of Statistics (NBS), Tanzania. 2018. *National Environmental Statistics Report 2017, Tanzania Mainland.* Dar es Salaam: NBS.

National Bureau of Statistics (NBS), Tanzania. 2020a. *National Climate Change Statistics Report, 2019, Tanzania Mainland*. Dodoma: NBS.

National Bureau of Statistics (NBS), Tanzania. 2020b. *Tanzania in Figures 2019*. Dodoma: NBS.

National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician. 2018. *National Population Projections*. Dar es Salaam and Zanzibar: Ministry of Finance and Planning.

Onagoruwa, A. and Q. Wodon. 2018. "Measuring the Impact of Child Marriage on Total Fertility: Study for Fifteen Countries." *Journal of Biosocial Science* 50(5): 626–39.

Organisation for Economic Cooperation and Development (OECD). 2016. "Society at a Glance 2016: OECD Social Indicators." Available at: <u>http://dx.doi.org/10.1787/9789264261488-en</u>.

Population Action International (PAI). 2011. *Why Population Matters.* Washington, DC: PAI.

Rutstein, S.**O. 2005. "Effects of** Preceding Birth Intervals on Neonatal, Infant and Under-Five Years Mortality and Nutritional Status in Developing Countries: Evidence from the Demographic and Health Surveys**.**" *International Journal of Gynecology and Obstetrics* 89: S7–S24.

Sheikheldin, G., B. Diyamett, and H. Makundi. **2018.** "Energy Policy for Industrialization: **Tanzania's Big Development** Challenge." *GlobalDev blog.* Available at: <u>https://globaldev.blog/blog/energy-policy-industrialization-tanzania%E2%80%99s-big-development-challenge</u>.

Track20. 2020. "Projected Trends in mCPR." Available at: <u>http://www.track20.org/Tanzania</u>.

Vice President's Office (VPO), Tanzania. 2019. *State of the Environment Report 3*. Dodoma: VPO.

Wodon, Q.T., N.B.H. Belghith, P.K. Mayengo, and E.A. Mungunasi. 2019a. *Tanzania Economic Update: Human Capital - The Real Wealth of Nations*. Tanzania Economic Update, No. 12. Washington, DC: World Bank Group.

Wodon, Q.T., C. Jesse, N. Belhaj, P.K. Mayengo, Y. Yoshino, and E.A. Mungunasi. 2019b. *Tanzania Economic Update: The Power of Investing in Girls - Educating Girls and Ending Child Marriage in Tanzania.* Tanzania Economic Update, No. 11. Washington, DC: World Bank Group.

World Bank. n.d. **"Data: Fertility rate, total (births per woman)** - Korea, Rep., Singapore, **Hong Kong SAR, China, Tanzania." Available at:**

https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=KR-SG-HK-TZ&view=chart.

World Bank. 2019. *Tanzania: Country Environmental Analysis – Environmental Trends and Threats, and Pathways to Improved Sustainability*. Washington, DC: World Bank Group.

World Bank. 2020a. *The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19*. Washington, DC: World Bank.

World Bank. 2020b. "Tanzania Secondary Education Quality Improvement Program (SEQUIP): Factsheet." Available at:

https://www.worldbank.org/en/news/factsheet/2020/03/31/tanzania-secondaryeducation-quality-improvement-program-sequip.

World Bank. 2020c. "World Development Indicators." Data downloaded on age dependency ratio, young (% of working-age population) (indicator SP.POP.DPND.YG). Available at: <u>https://datacatalog.worldbank.org/dataset/world-development-indicators</u>.

World Bank. 2020d. "World Development Indicators." Data downloaded on GDP per capita, PPP (current international \$) (indicator NY.GDP.PCAP.PP.CD). Available at: <u>https://datacatalog.worldbank.org/dataset/world-development-indicators</u>.

World Health Organization (WHO), UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. 2019. *Trends in Maternal Mortality 2000 to 2017.* Geneva: WHO.

For more information, contact:

Health Policy Plus Palladium 1331 Pennsylvania Ave NW, Suite 600 Washington, DC 20004 Tel: (202) 775-9680 Fax: (202) 775-9694 Email: policyinfo@thepalladiumgroup.com www.healthpolicyplus.com

