

Domestic Resource Flows

Report of a Case Study in Tanzania

The views expressed in this report are those of the mission and not necessarily those of the United Nations Population Fund.

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Preface

The United Nations Population Fund (UNFPA) has regularly collected data on flows of international assistance for population activities in support of sustainable development policies and programmes for the people and countries in the world. UNFPA periodically publishes the Global Population Assistance Report (GPAR) based on these annually collected data. In May 1996, UNFPA invited international NGOs to submit tender proposals for the collection, editing and storage of data on financial flows for population activities, both domestic and international. NIDI was selected to carry out this project and began project activities in January 1997. Through a mail enquiry data were collected and processed on financial flows for population activities for 1996.

In addition to the mail enquiry, the RF team will carry out case studies in seven countries in 1997 and 1998: Indonesia, Egypt, Senegal, Tanzania, India, Ethiopia and Mexico. These in-depth studies are important for several reasons:

- they help fine-tune and refine data collection procedures;
- they provide more detailed information on how resource flows are directed towards population activities and how the ICPD Programme of Action is implemented;
- they serve as benchmarks for studying the quality of data gathered through the mail enquiry.

Tanzania was the fourth case study. Earlier, Indonesia, Egypt and Senegal were visited and reported on. Field work for the case study on Tanzania was carried out in January 1998. The author (Frank Eelens) was assisted by S. Chambua, from the University of Dar Es Salaam. The UNFPA representative, Mr. Teferi Seyoum, and his excellent staff provided logistic support and valuable information. A large group of respondents were visited, all of which made a special effort to provide us with the necessary information. This report would never have been completed without their assistance. For this we express our sincere gratitude.

Finally, an interesting observation was made by one of the local experts. He mentioned that in our work on financial resource flows for population we should in fact also quantify the time that dedicated members of society invest in population programmes without any enumeration. Unfortunately, this is an impossible task, but the effort of these wonderful people is no less appreciated.

Frank Eelens
January 1998

1. Basic Indicators

Tanzania has a land area of 973,000 square kilometres, which makes it the largest country in East Africa. In 1996, the population was estimated at 29.7 million with an annual growth rate of 2.8 per cent. This implies that at the current rate of increase, the population would double in about 25 years. About 24 per cent of the population lives in urban areas. Currently, 47 per cent of the populace is below 14 years and 4.0 per cent are 65 years old or above.

Fertility remains high in Tanzania, although some decline was observed in recent years. The total fertility rate was 6.9 in 1978 and had declined to a level of 6.3 in 1992 and to 5.8 children per woman in 1996. Infant and child mortality have dropped considerably in the last decades, but remain high. Under-five mortality is estimated at 141 per 1000, with infant mortality at 92 per thousand. This high mortality at younger ages results in a low life expectancy of 49 years. Although estimates vary considerably, maternal mortality is high and remains a serious health concern. Estimates range between 200 and 961 per 100,000 live births.

HIV/AIDS forms a very serious public health problem in Tanzania. Estimates are that 1.2 million people are infected by the HIV-virus. This group is expected to have doubled by the year 2000. The epidemic is more pronounced in some regions than in others. For instance, in some localities in Western Tanzania, sero-prevalence among blood donors was found to be as high as 30 per cent. Although very little information exists, it is likely that the sero-prevalence among women is somewhat higher than among men. It was found that seven per cent of female blood-donors are sero-positive against five per cent of male donors. Despite these dramatic developments, preventive practices among the general population remain limited (Tanzania Aids Project, 1996, p. 1).

Although rich in natural resources, Tanzania's per capita income is one of the lowest in the world. Financial support to development in general and to population and health activities in particular has to be seen against the background of this poverty and against other recent economic developments. After years of a centrally planned economy, Tanzania has now shifted to a market economy. To accomplish this economic transformation, the government of Tanzania works closely together with the IMF and the World Bank. The main objectives of this partnership have been to bring the government budget under control and to reduce internal and

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foreign debt. Economic liberalisation has resulted in growth of per capita income in the period 1984 through 1990. Rural poverty declined from 65 per cent to 51 per cent. The re-emergence of significant fiscal deficits in the early 1990s, coupled with periods of drought, have however hampered further reductions in poverty (IMF, 1997). Recent flooding has also caused serious damage to the country's infrastructure and agricultural output. Despite these drawbacks, the government remains committed to its objective to combat widespread poverty.

The economic reform has important consequences for the social sectors. The government's policy is focused on greater liberalisation of the social sector coupled with increased support for basic education and health services, decentralisation of government operations, and non-government sources for funding. For instance, non-government educational institutions have been legalised, new private schools begin to open, hospitals are returned to NGO management, and cost sharing is introduced in the health sector (IMF, 1997, p. 4). The danger exists that at the macro-level these actions will improve the country's performance, but that at the micro-level some facilities will become too expensive to benefit persons in the poorest strata of society.

Tanzania is situated in a region troubled by political unrest and extreme ethnic violence. It has been a major accomplishment of the government and the people of Tanzania that they remained a country of peace and tranquillity. Because of its political stability, Tanzania has become a safe haven for refugees from various surrounding countries. In 1996, it hosted at least 800,000 refugees, principally from Rwanda and Burundi. This has placed an important economic, social and environmental burden on the country's development, especially in the Kagera and Kigoma regions.

Table 1. Basic indicators for the Republic of Tanzania

Population	29.7 million
Area	973,000 km ²
Population growth rate	2.8%
Total fertility rate	5.8
Life expectancy	49
Infant mortality rate	92
Under five mortality	141
HIV/AIDS sero-positive cases	1.2 million
% of GDP spent on health	2.4
% of population below poverty line	50.5

2. Population Policies and Programmes

During the seventies and eighties Tanzania was executing population programmes without a clear population policy. The process of formulating an official population policy started around 1986. This effort culminated in the adoption of the National Population Policy (NPP) in 1992. It took another three years before this policy took effect, when the National Programme for the Implementation of the Population Policy was adopted (UNFPA, 1996, p. 2). The main goal of the NPP is to improve the quality of life of all the people of Tanzania. Its predominant objective is to integrate population concerns in the development planning process. Another explicit objective was to reduce fertility and the population growth rate.

The government has set clear population goals for the coming years. It aims to reduce the total fertility rate from 6.3 in 1988-1992 to a level of 5.0 by the year 2000 and 3.5 by 2018. Also, the government plans to decrease population growth to 2.5 per cent by 2001, and reduce the maternal mortality, HIV transmission rate and adolescent pregnancies by half. In addition, the aim is to bring down infant mortality to 80 per thousand. The Population Planning Unit within the National Planning Commission is responsible for the co-ordination of population activities in the country. Active co-ordination of external sources by the government has been limited. The government has established an inter-agency and inter-ministerial committee to improve this situation. International donors can join this committee to keep track of recent developments.

The priorities of the population policy were identified within seven key programme objectives:

- the need to enhance institutional capacities and improve management;
- to continue and increase the participation of NGOs in the national population programme and the need for the government to facilitate their efforts, especially in the social sector;
- to create awareness, acceptance and generate service demand in all sectors;

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- to base actions on empirical information. Data collection and co-ordinated research should meet the information needs of planners, managers, service providers and the general public;
- to have a cadre of individuals possessing the necessary specialised skills for population activities, and the management of finances, materials, data and personnel (human resource development);
- to stress the role of the Government and the community in sustaining operating costs. In this respect some form of cost sharing by the general public is considered necessary;
- to take into account and/or address the distinct administrative structures and socio-economic characteristics of Zanzibar.

Although progress has been made in the implementation of the 1992 population policy, the achievements have been hampered by the lack of institutional development of some organisations which were supposed to execute the policy. For instance, the Tanzania Council for Population and Development (TCPD), National Steering Committee (NSC) and the Population and Development Planning Policy Department (PPPD) which were planned to play a pivotal role in the implementation of the population policy, have not yet been installed.

In the meantime, because of new insights and processes following the Cairo and Beijing conferences, the National Population Policy (NPP) has become somewhat outdated. New themes have emerged in development paradigms including: reproductive and sexual health, women's empowerment, integration of gender in development plans, elimination of discrimination against girls, and involvement of men in family planning activities. The NPP is now being revised to take these new developments into consideration.

Soon after independence Tanzania was in the forefront among developing nations in promoting 'Health for All' and 'Primary Health Care'. During those years a considerable amount of the national budget was dedicated to public health. The Government, unfortunately, has not been in a position to continue its original health strategy, due to the economic difficulties which started in the 1970's. As a result, the early achievements could not be continued up to the present. Per capita spending on public health in 1992 was US\$ 3.5. To achieve the goal of health for all, US\$ 12 is considered necessary (UNFPA-2, 1996, p. 4). A number of problems have constrained the success of population programmes in the past.

Among others, these include: inadequate use of national expertise, economic and political conditions, over-reliance on government institutions and a lack

Case study Tanzania, January 1998

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of financial and human resources.

3. Methodological Issues

We used three sources to collect data for this study. Firstly, we used data from the UNFPA/NIDI database of international donors for population activities from the 'Resource Flows for Population' project. Data contained in this database were gathered from international official and private agencies, involved in sponsoring population activities in developing countries. Secondly, we used data on Tanzania from the UNFPA/NIDI database on domestic financial expenditures. S. Chambua of the University of Dar Es Salaam, who acted as UNFPA consultant, collected these data in the second half of 1997. Thirdly, F. Eelens of the Resource Flow Team carried out a mission of three weeks (3-23 January, 1998). During his stay in Tanzania, he was assisted by S. Chambua and given logistic and substantive support by the UNFPA representative, T. Seyoum and his staff. F. Eelens visited a large number of donor organisations, government departments, and national and international NGOs in Tanzania (see Annex 2). Data from the three sources were checked for completeness, quality and consistency.

Concepts and definitions used in this report are identical to those used in the 'Global Population Assistance Report' published by the UNFPA. For a discussion of these concepts the reader is referred to this publication (UNFPA, 1997, p. 4).

Drawing a picture of financial resource flows within a country is not an easy matter and can be compared to putting together a very complicated jigsaw puzzle. Although we have striven for completeness, a study as reported here will always be subject to errors of coverage, completeness and accuracy. In the case of Tanzania, we had to deal with the following problems:

- population activities cover a broad range of actions including education for girls, empowerment for women, vaccination and other health programmes et cetera. In this report we only deal with population activities related to family planning, reproductive health, HIV/AIDS and other STDs prevention and population policy support. Whenever in the text 'population activities' is mentioned, it refers to this group of activities.
- primary donors (e.g. USAID) disburse their bilateral funds to a developing country through two channels: a) directly to government institutes and b) to international NGOs or multilateral organisations that in turn disburse the money to projects in the developing country

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(multi/bi). The first type of disbursements is typically channelled through the embassy. The second type of funds goes immediately from the donor's headquarters to the intermediate donor, without financial interference from the embassy. During the collection of data for the case studies, this sometimes caused problems. For instance, the US embassy did not have detailed information about the amounts of funds disbursed to the international NGOs.

- many players in the field of population use different fiscal years. For instance, the government of Tanzania uses the period July-June as fiscal year; USAID uses October-September; others such as the Netherlands operate with calendar year. This obviously complicates matters when we want to combine information from different sources and when we want to compare data. There is no easy solution to this problem. In our study we have taken expenditure data from the fiscal year used by the respondent and used this as an estimate for the calendar year.
- data provided by the respondents are in many currencies. The fluctuations in exchange rates can have important consequences for the outcome of the study. Throughout this report we have used an exchange rate of 569 Tanzanian Shillings per US\$, being the average of the UNDP rate for 1995 and 1996. We did this because most of the data given in Shilling were provided by the Government, which uses July-June as its fiscal year.
- Tanganyika and Zanzibar united in 1964 to form the Republic of Tanzania. Both have maintained their own government and administrative system. Because of the limited time in which the data for this study were collected, no information could be gathered about financial flows for population activities in Zanzibar. All data on government expenditures in this report refer solely to the mainland of Tanzania. Data on international flows cover both the mainland and Zanzibar however.
- we have made estimates of expenditures by the private sector for family planning in other case studies in the project. In the case of Tanzania, we also initially made an attempt to come up with such an estimate. The available information on the number of persons paying for facilities and the price of contraception in urban and rural areas, however, was too sketchy to make an acceptable estimate.

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- the government disburses its funds centrally to the ministries for the execution of activities, but also directly to the districts for recurrent costs of running operations in the field without interference from the ministries. For instance, preventive and curative services for HIV/AIDS can be hidden in the budget of the central government under the Ministry of Health, but also in the budget of each of the 19 districts.
- several respondents noted that the categorisation used (FP, RH, HIV/AIDS, Policy support) is quite artificial. In their view, reproductive health encompasses family planning and prevention of HIV/AIDS and other STDs. In many cases we found it very difficult, if not impossible, to disentangle project activities between these three fields.
- in the case of Tanzania it was impossible to make an historical overview of financial flows for population. In other case studies (e.g. Indonesia), data were extracted from the UNDP's yearly country development reports. Unfortunately, in Tanzania the UNDP-data did not provide adequate detail to make such an historical overview possible.

4. Financial Resource Flows

In this section we will discuss the contribution made by each of the important contributors to population programmes in Tanzania. In Section five we will bring this information together and discuss the overall levels and trends of financial flows for population activities in Tanzania.

4.1 | Government of Tanzania

When we consider the expenditures for population activities made by the government of Tanzania, we have to examine government expenditures at three levels:

- project development costs;
- recurrent costs at the regional level;
- recurrent costs at the central level.

Data on actual expenditures for fiscal year 1995/1996 are included in the Estimates for Public Expenditures for fiscal year 1997/1998. For each level of expenditure a separate publication is issued (URT, 1997-5; URT, 1997-6; URT, 1997-7).

In many cases, recurrent costs made by an administrative unit for population activities were not readily available, but were incorporated in the costs of the department to which the unit belonged. In these cases, we have attempted to make an estimate, taking into account the percentage of all manpower activities of the department that went into population activities. Together with the officials in charge, this was expressed in a percentage of total person months of that department which were dedicated to population. We used these percentages to make an estimate of the recurrent costs for population. Expenditures for project development are found in the publication 'The United Republic of Tanzania (1997-7), *Volume IV. Estimates of Public Expenditures. Development Plans/Programmes of Ministries and Regions for the year from 1st July, 1997 to 30th June, 1998. As submitted to the National Assembly.*'

Hereunder we will go into the activities executed by various government organisations for population activities. For each of these organisations, we

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will provide an estimate of actual expenditures by the government of Tanzania for the implementation of population programmes. In Tanzania, the following government organisations are active in the field of population: Ministry of Health (The National Family Planning Programme-NFPP and The National AIDS Control Programme-NACP), the Population Planning Unit (PPU) (as part of the Planning Commission), the Ministry of Community Development, Women Affairs and Children, Ministry of Labour and Youth Development, the Bureau of Statistics (within the Ministry of Planning), the Demographic Training and Research Unit at the University of Dar Es Salaam and the Ministry of Education.

Ministry of Health

The Government of Tanzania is in the process of reforming its health sector. The objective of this reform is to rationalise the sector to make it more effective and productive. Emphasis will be laid on decentralisation, integration and the creation of an environment for greater private sector participation in the provision of health services. It is expected that the Ministry of Health will have a smaller structure in the future, with its main role limited to policy formulation and regulation.

Following the Programme of Action of the International Conference for Population and Development, Tanzania has embarked on the setting up of a comprehensive Reproductive Health Programme. The formulation of this programme was funded and supported by UNFPA. The principles of this programme have been laid down in the report '*Strategy for Reproductive Health and Child Survival 1997 -2001*'. As a result of the health reform, activities on the field of reproductive health become more integrated.

Two units within the Ministry of Health play a prime role in the implementation of population programmes: a) The National Family Planning Programme and b) The National AIDS Control Programme. Both programmes are supported by external donors. We elaborate further on both important programmes and will try to make an estimate of the financial aspects of their activities in 1996.

4.1.1. The National Family Planning Programme (NFPP)

The National Family Planning Programme forms part of the Preventive Services Department within the Ministry of Health. This department focuses on maternal and child health, disease control, environmental health

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and sanitation, and public health. Through its health sector reform (1996-1999) the Government has chosen for a more holistic approach in which the activities of the Central Government, the Local Government, donors, the NGOs and the private practitioners are involved (URT, 1996, p. 11). Family planning will no longer be an activity on its own, but will be integrated in a comprehensive package of reproductive health care.

The main tasks of the NFPP are stipulated in the 'Strategy for Reproductive Health' (URT, 1997-4, p. 6) as follows:

- co-ordinate all FP-activities in the country;
- provide policy guidelines and quality standards;
- support training activities;
- procure and distribute contraceptives;
- support service provision;
- produce and distribute IEC material;
- co-ordinate research activities.

The NFPP has achieved some important results in recent years. For instance, there has been a rise in the use of modern contraceptives from 5.9 per cent in 1992 to 11.3 per cent in 1994; the awareness of contraception has increased significantly; training of service providers has been carried out and 50 per cent of dispensaries and 80 per cent of health clinics have been provided with family planning equipment.

To estimate the expenditures made by the government we have to consider three levels of expenditures, namely project development, regional recurrent costs and central recurrent costs. No expenditures in 1996 for project development of family planning or reproductive health were mentioned in the official document (URT, 1997-7). However, according to the head of the NFPP, an amount of 2.9 million Shs. (US\$ 5,100) was spent on family planning project development. Many of the services delivered to the general public are provided at the regional level through clinics, health centres and dispensaries. It was estimated by NFPP officials that two thirds of all preventive services at the regional level are related to family planning and reproductive health. On the basis of this information we have estimated that the total amount of recurrent costs at the regional level amounted to 93.8 million Shs. (US\$ 164,820). At the Central level the NFPP officials estimated that an amount of 12,056,145 Shs. (US\$ 21,185) was spent in 1996 for recurrent costs.

4.1.2. The National AIDS Control Programme (NACP)

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To combat the AIDS epidemic the Government of Tanzania co-ordinates its activities through the National AIDS Control Programme (NACP). In the past the NACP activities were guided by two consecutive Medium Term Plans (MTP). MTP-I operated from 1987 until 1992; MTP-II was in effect from 1992 until 1995. A biennial plan was drawn up for the years 1996-1997. The general aim of the programme is to reduce the transmission of HIV and to minimise or mitigate the personal and social impacts of HIV/AIDS.

In its biennial plan the Government has budgeted the overall costs to combat HIV/AIDS at 12.6 million US\$, equally divided between 1996 and 1997. During the MTP-II the government had budgeted a total amount of 35.5 million US\$ for the period 1992-1994. Over the years there has been an important shortfall in the funds made available to combat HIV/AIDS. During the period 1992-1994 only 7.47 million US\$ was made available to the programme. Of this amount only 6 million were actually used. Moreover, during this crucial period in the fight against AIDS one actually observes a serious drop in resources being disbursed: in 1992 an amount of 2.999 million US\$ was disbursed, in 1993 half a million less was spent (2.488 million US\$) and again half a million less in 1994 (1.978 million US\$).

Despite the seriousness of the epidemic, the contribution of the government to the NACP has been rather limited. In 1996, the only government expenditure for preventive measures was on blood screening. The project manager of the NACP estimated these costs at around US\$ 55,000. Recurrent costs for salaries and other commodities to prevent AIDS were estimated by him to be around US\$ 100,000. In the budget of fiscal year 1997-1998 an amount of 20 million Shs. (around US\$ 30,000) is earmarked for project development in the area of AIDS.

Population Planning Unit (PPU)

The Planning Commission falls under the Office of the President. Within the Planning Commission, the Population Planning Unit forms part of the 'Social Services and Human Resource Development Division'.

The activities of the PPU consist of:

- overseeing the implementation and review of population policy;
- analysis and dissemination of population and development data;

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- co-ordination of population and development research;
- co-ordination of IEC activities for population;
- co-ordinating of training in population and development;
- co-ordinating the integration of population and development planning;
- dealing with gender issues in relation to population and development;
- analysis of and advise on human migration settlement and environment (United Republic of Tanzania, 1997, p. 10).

For fiscal year 1995-1996, the government allocated an amount of Shs. 45,928,000 (US\$ 69,670) for the execution of the Population Planning Project (Tanzania Mainland). From this allocation 6,236,000 Shs. (US\$ 11,000) was actually spent. These expenditures are solely for project development and do not include salary costs and other recurrent costs. An estimate of the recurrent costs was made in the following way. Through discussions with the PPU it was established that about 50 per cent of all the activities of the 'Social Services and Human Resource Development Division' were related to population. Therefore, half of the recurrent costs of the division (i.e. 19,385,415 Shs or US\$ 34,065) was taken as a rough estimate for recurrent costs of the PPU (Republic of Tanzania, 1997, p. 21). This amounted to a total of about 9.7 million Shs., or an equivalent of US\$ 17,000. As such, the total government contribution can be estimated as US\$ 28,000.

UNFPA contributed to the Population Planning Project for an amount of US\$ 407,693 (UNFPA projects: URT95P103374 and URT95P023374). Of this amount US\$ 374,359 was used to support the PPU in Tanzania Mainland and US\$ 33,334 for the establishment of a PPU in Zanzibar.

Ministry of Community Development, Women Affairs and Children

During the years 1991-1997 the Ministry of Community Development, Women Affairs and Children was the executing agency of the 'Population and Family Life Education Programme' (POFLEP). This programme aimed to increase the local pool of expertise in the field of population Information Education and Communication (IEC). In 1997, this programme was abandoned. It was considered that, because of a shortage of local expertise, the programme was not able to produce appropriate IEC material for nationwide use and lacked the capacity to monitor and evaluate IEC activities in the country.

In 1996, UNFPA sponsored this POFLEP for an amount of US\$ 436,422. During the period September 1995 to April 1997 the government of Tanzania made a contribution of 28,444,000 Shs. (US\$ 49,980) to this project: 27,940,000 Shs. (US\$ 49,095) in salaries and other recurrent costs

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and 500,000 Shs. (US\$ 880) for project development. When we bring these expenditures back from a period of 20 months to 12 months (assuming equal distribution of expenditures), we find that the expenditures made by the government for the Population and Family Life Education Programme was around US\$ 30,000.

Ministry of Labour

Within the Department of Youth Development of the Ministry of Labour, the Section Training, Counselling and Guidance of the Department of Youth is involved in labour oriented training. During the fiscal year 1995-1996, the department executed two activities related to HIV/AIDS prevention. No activities were related to family planning or reproductive health.

The first project was funded by WHO and involved training of adolescent mothers. These funds were not directly remitted from WHO to the Ministry of Labour and Youth Development but came through the National Aids Control Programme within the Ministry of Health, which acts as co-ordinating ministry for HIV/AIDS interventions. The second project was supported by UNDP and was part of their multisectoral IEC activities on AIDS prevention. Also these funds were disbursed through the Ministry of Health. Project activities concentrated on training of trainers in the field of AIDS awareness and prevention. It is not easy to make an estimate of the contribution of the Tanzanian government to these projects. According to the experts from the Ministry of Labour and Youth Development, about ten person years of activities went into both projects out of a total of 60 person years for the whole Department of Youth Development. It was agreed that a good estimate of the total contribution of the government would be to take 1/6 of the total actual expenditures of the Department. This led to an estimate of US\$ 10,250.

Bureau of Statistics

The Bureau of Statistics forms part of the Ministry of Planning. During fiscal year 1996, the Bureau of Statistic was involved in three projects which were related to population activities:

- DHS: the Bureau of Statistics had the overall responsibility of running the survey and data processing. Financial support for the project was provided by USAID and administered by Macro International Inc., which also rendered technical assistance. The Government provided local staff, accommodation, transport and other field logistics;
- Census 1998: in 1996 the Bureau of Statistics started its first preparations for the 1998 Census. However, no funds for project development were budgeted for 1996 and only preparatory activities which did not require any project funds were executed. Because of the precarious financial

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situation it is uncertain at the moment whether the 1998 census will take place in August as was planned;

- Mid-decade goals for Women and Children- UNICEF: a small study to support the planning work of UNICEF was executed by the Bureau of Statistics. The Government provided support through personnel input and other commodities.

Together with the Government Statistician it was estimated that about ten per cent of all personnel input in 1996 was dedicated to population activities. As actual expenditures for the Bureau of Statistics as a whole amounted to 132.8 million Shs. (US\$ 233,350), total expenditures to population activities were estimated to be around 13.5 million Shs (US\$ 23,700).

Demographic Training and Research Unit (DTRU)

The MA-programme in Demography at the DTRU (University of Dar Es Salaam) started in 1985. Throughout the years the DTRU received financial support from the UNFPA. In the past, the Rockefeller Foundation has also made financial contributions to the programme. The University of Dar Es Salaam is committed to the continuation of the DTRU. Plans exist to elevate the Unit to an 'Institute of Population and Development Studies' within a to be formed School of Social Sciences.

Staff members of DTRU are involved in the training programme and undertake research in areas of national priority to assist the government in the formulation and implementation of population policies.

The UNFPA support to the DTRU was terminated at the end of 1997. DTRU is currently looking for external funds to continue its activities in a similar way. In 1996, UNFPA disbursed US\$ 128,252 to support the DTRU. According to the co-ordinator of the DTRU, the government contributed an amount of 43 million Shs. (US\$ 75,500) for salaries and other recurrent costs to the centre.

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Ministry of Education

Within the Institute of Curriculum Development, the Family Life Educational Unit is responsible for the integration of elements of family life education in the school programme. This involves sex education and awareness of HIV/AIDS. This programme has been developed and is now being tested in schools. The Unit works closely together with the Ministry of Education. UNFPA has sponsored the activities for an amount of US\$ 131,359. The government contribution included the salary and office costs for those involved in the project. These costs were estimated by the Ministry of Education as 3.2 million Shs. (US\$ 5,625).

Overview

Table 2 gives an overview of all expenditures for population activities made by the Government of Tanzania in 1996. These figures are estimates of total expenditures and include costs made both at the central and regional level and for project development. As can be seen, the total amount of expenditures (US\$ 519,275) is quite limited. Per 54 citizens the government is only able to spend 1 US\$ for services in the field of family planning, reproductive health, HIV/AIDS and STD prevention and policy support.

*4.1.3. Multilateral organisations***UNFPA**

Our task to make an overview of current activities of UNFPA in Tanzania was facilitated by the fact that in June 1996 a 'Programme Review and Strategy Development Report' was produced. As our study deals with activities in 1996, many projects described in the PRSD-report were reported (UNFPA, 1996). It lays outside the scope of this report to give a full description of all population projects executed by UNFPA in Tanzania in 1996. The interested reader is referred to the PRSD-report. Hereunder, we will give a brief overview of the costing factor of UNFPA's programme during 1996.

Table 2. Expenditures made by the government of Tanzania for Population Activities (Fiscal Year 1996)

Government organisation	Amount US\$
NFPP & regional FP activities	191,105

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NACP	155,000
PPU	28,000
Bureau of Statistics	23,700
Ministry of Community Development, Women Affairs and Children	30,000
Ministry of Labour and Youth Development	10,250
Demographic Training and Research Unit (Univ. Dar Es Salaam)	75,500
Ministry of Education	5,625
Total government expenditures	519,275

The year 1996 was the last year of UNFPA's Third Country Programme. During this Programme emphasis was placed on promoting awareness for the benefits of family planning. An example of such activity was the development of a socially responsible radio soap opera called *'Twende Na Wakati'* (Let's go with the times). This programme has become a local favourite and its subject matter is discussed among all social groups. An important aspect of the Programme involved the assistance to the Government to formulate several important policy documents, including the National Population Policy (1992). Other achievements of the Programme are the completion of the 1988 census, training on reproductive health for implementers and managers, improvement of the family planning logistics management system, and improved access to family planning facilities. Total expenditures of UNFPA for its Tanzania programme amounted to US\$ 4,397,759 in 1996.

Annex 1.a. presents an overview of UNFPA population project expenditures in Tanzania for 1996. This information was provided by the UNFPA headquarters. Annex 1.b. gives projects together with their expenditures grouped by category of population activity. The division of project costs in type of activity was not a straightforward matter. Some projects involved more than one type of activity. With the help of a program officer at the UNFPA Tanzania office, estimates were made of the expenditures for the four population categories: family planning, reproductive health, STD/HIV/AIDS prevention and population policy support. The UNFPA umbrella project was subdivided into its activities and cost components. UNFPA spent, respectively, US\$ 1.231 million for family planning, US\$ 2.383 million for reproductive health and US\$ 782 thousand for population policy support.

In 1997 UNFPA started its Fourth Population Programme (1997-2001). The main goal of this programme is described in the UNFPA-document *'Assistance to the Government of the United Republic of Tanzania'* (UNFPA, 1996 - DP/FPA/CP/164):

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“The main goal of the proposed programme is to help the government realise the objectives of the National Population Policy. To do so, UNFPA will help the Government in human resource training and institution building as ways of increasing the national capacity for carrying out population and reproductive health, including family planning and sexual health programmes. The Fund will help in integrating reproductive health services in the quarter of the country’s 4,000 primary health care facilities that currently lack them and in making the network accessible to adolescents requiring such services.”

To achieve these objectives, UNFPA will assist the Government of Tanzania for an amount of US\$ 25 million during the period 1997-2001. UNFPA’s regular funds will provide US\$ 21 million for the implementation of the Programme, while US\$ 4 million will be sought from other multi-bilateral sources and/or regular sources.

UNDP

UNDP’s activities in Tanzania cover six areas: poverty eradication and sustainable livelihoods, prevention of HIV/AIDS, governance programme, environment and natural resources management, assistance to capacity building in economic management and the private sector, and gender/women advancement. UNDP is currently implementing its sixth national programme (1997-2001). The amount allocated for this five year programme totals US\$ 81,039,000; US\$ 58,012,000 will come from core funding and US\$ 23,027,000 from other sources (including cost sharing, trust funds and carry over from the previous programme).

In terms of population activities, the programme on HIV/AIDS prevention is important. The focus of this multisectoral programme is on capacity-building and co-ordination of the National HIV/AIDS Programme in concordance with UNAIDS and national ministries. Emphasis is placed on advocacy, policy formulation and training of key actors. Two projects are currently executed within the context of UNDP’s HIV/AIDS Programme: a) Multisectoral Support to the National Response against AIDS (July 1997-June 2002) and b) Capacity Building for Developing a Multisectoral Response to the HIV/AIDS epidemic in Zanzibar (May 1997-April 2000).

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The projects are budgeted for US\$ 6 million and US\$ 1 million respectively. Within the current five year programme US\$ 5.681 million is allocated for both projects.

In 1996, HIV/AIDS - or any other population activity - did not occupy an important position on UNDP's agenda. However, two projects which were executed during 1996-1997 are worth noting.

- Decentralised IEC Intervention on AIDS control (1991-1997; URT91014) was budgeted for an amount of US\$ 1,161,418. In 1996, only US\$ 8,588 was disbursed for activities, for 1997 it is estimated that US\$ 46,730 has been spent;
- Formulation of the current HIV/AIDS programme (1996-1997; URT 96003). In 1996 an amount of US\$ 51,981 was disbursed, for 1997 it is expected that US\$ 344,239 has been spent.

FAO

The Tanzania FAO-country office is not currently executing any projects in the field of population. However, through FAO headquarters some projects dealing with Tanzania were funded which involved some population activities. For instance, a UNFPA funded interregional project is carried out in Tanzania, Senegal, India, Bangladesh, Malaysia and the Philippines by FAO on population and development dynamics in fishing communities. In the past, FAO has also looked into the effect of the AIDS-epidemic on food production and consumption in the Tabora region in Tanzania (FAO, 1997). No information is available about financial inputs for activities in Tanzania for these projects.

UNICEF

UNICEF follows the same five year programme cycle as UNFPA. In the beginning of 1997, UNICEF initiated its new country programme. The previous country programme consisted of a 'Community Based Child Survival, Protection and Development Programme' (CSPD) in 60 districts of the mainland and ten districts in Zanzibar. In addition, policy, advocacy and technical support activities were undertaken. Also, during the crisis in Rwanda and Burundi, UNICEF played an important role in relief work among refugee women and children.

The total expenditures under the previous five year co-operation programme amounted to US\$ 55.058 million; US\$ 35.320 million was provided through general resources and US\$ 19.738 million through supplementary funding. A fair number of activities undertaken by UNICEF deal with population activities in the area of reproductive health and HIV/AIDS. However,

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financially most of these categories are hidden within the CSPD-projects. By disentangling financial reports of these projects UNICEF officers of the Dar Es Salaam office have been able to provide us with an estimate of what was actually spent on RH and HIV/AIDS prevention. They estimated that of the total expenditure (US\$ 13,935,500) in 1996, 12 per cent (US\$ 1,672,260) was spent on population activities. In 1997, UNICEF's expenditures for population activities were estimated as 14 per cent of the total expenditures (US\$ 14,794,800) was spent on population. Expenditures in 1997 (US\$ 2,071,272) were about 23 per cent higher than in 1996.

In its Country Programme 1997-2001, UNICEF will gradually reduce the number of districts covered by the CSPD-programme. Some other important changes will also take effect. For instance, the financial support for education activities will be doubled; urban areas will receive more attention than in the past and more support will be given to HIV/AIDS prevention and care. The reduction of maternal mortality will become an important focal point in the programme. A shift can also be seen from the target group which mainly consisted of mothers and children to a broader group of women and youth. UNICEF expects that during the current Country Programme more resources will be dedicated to reproductive health and HIV/AIDS than during the previous programme. The total planned expenditures for the 1997-2001 period amounts to US\$ 71.720 million. UNICEF has dedicated US\$ 31.720 million of its general resources to the programme, another US\$ 40 million will be sought from other sources. At this stage it is impossible to estimate how much of these funds will be spent on population activities as defined in this study.

WFP

Although the World Food Programme is normally not involved in population activities, the WFP office in Tanzania was involved in an AIDS project. In collaboration with some other donor agencies (Terre des Hommes, HIVOS, DETAF, DANIDA) and the Muleha District Council, the WFP has supplied food aid to families directly affected by the AIDS epidemic in Rubya district. Transport, computers and other equipment were provided to the project. Wamata was the local NGO implementing the project. The project was started in 1992 and distribution of the last commodities took place in October 1996, after which the WFP-project was ended. A total of 5,564 Mts. of maize, 556 Mts. of beans, 189 Mts. of vegetable oil and 227 Mts. of sugar was distributed during the project period. The WFP office estimates that a total US\$ 193,728 was spent in 1995 and 1996.

WHO

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WHO has not been actively involved in FP activities in 1996. Within its integrated management of childhood illnesses, attention is being paid to maternal health. However, in terms of activities, more is being done on child health than on maternal health. Actions were taken against female genital mutilation and for the reduction of maternal mortality in Kigoma region. Due to these efforts, maternal mortality dropped sharply in the region. Activities which were directly oriented towards reproductive health included: workshops, Traditional Birth Attendant Training and support to annual MCH/FP meeting. Funds to support these activities were disbursed to the Ministry of Health. The total amount spent by WHO for these activities was estimated as 8,750,730 Shs. (US\$ 15,375).

WHO has an important involvement in HIV/AIDS programmes in Tanzania. Until 1995, WHO was the UN-agency responsible for the co-ordination of HIV/AIDS prevention activities. UNAIDS has now taken over this task. WHO is part of the group of multilateral donors which combine their activities with UNAIDS. The other members are: UNDP, UNFPA, UNICEF, UNESCO and the World Bank. WHO's involvement in combating the AIDS epidemic in the country is twofold: a) internationally, as a main sponsor of the global programme of UNAIDS and b) nationally, through its direct sponsoring of the National Aids Control Programme (NACP). WHO has supported the following activities of the NACP:

- sponsoring of studies on HIV/AIDS;
- provision of drugs;
- test kits;
- technical support to the Ministry of Health;
- direct financial aid to the NACP;
- equipment and materials (vehicles, PC's...);
- human resource development (fellowships, workshops).

In 1996, WHO supported the NACP for a total amount of US\$ 370,695. Besides the support for project development also some of the recurrent costs (telephone bills, fuel, repair) of the programme were paid from this amount.

UNAIDS

UNAIDS is co-sponsored by six multi-lateral organisations: UNICEF, WHO, UNESCO, UNFPA, the World Bank and UNDP. In Tanzania these organisations form the UN AIDS Theme Group, together with two government representatives, namely the Programme Managers from the Mainland AIDS Control Programme (NACP) and the Zanzibar AIDS Control Programme (ZACP). Funds for HIV/AIDS are channelled through UNDP. All activities on the mainland are implemented through the NACP.

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The activities of UNAIDS in concordance with its partners in the theme group, are centred on capacity building for the national programme; community based initiatives at the district level for prevention and assistance to people affected by HIV/AIDS; support to NGOs; information exchange; advocacy and promotion; partnerships; and joint action and co-ordination. UNAIDS has played a supportive role in the formulation and implementation of the biennial AIDS control programme (1996-1997) and supports the preparation of the third Medium Term Planning (MTP-III).

Information on actual expenditures by UNAIDS were provided for the period 1996-1997. To estimate expenditure for 1996, half of the total amount was taken. Table 3 shows the organisations supported by UNAIDS and the amounts they received.

UNHCR

Currently, Tanzania accommodates refugees from Burundi (260,000) and the Democratic Republic of Congo (75,000). UNHCR manages ten refugee camps in Northern Tanzania and provides the infrastructure which allows other agencies and NGOs to render services. Reproductive health forms part of the general health services provided in the camps.

UNHCR-Tanzania does not support reproductive health activities from its proper funds, but acts as a facilitator for other agencies to deliver their support. UNFPA has been very active in supplying financial support to the refugee camps. In 1996, UNFPA disbursed a total of US\$ 82,029 for reproductive health assistance in the refugee camps. UNHCR general office supports some activities in Tanzania. For instance, UMATI received a grant from UNHCR of US\$ 479,696 for providing reproductive health services in Kagera region. Also, AMREF received US\$ 239,361 for a project on sexual and reproductive health services for Rwandan refugees.

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Table 3. Expenditures made by UNAIDS for projects in Tanzania 1996

Expenditure item	Amount US\$
NACP	223,350
Zanzibar Aids Control Programme	59,006
AMREF	187,363
Ministry of Education	10,078
World Vision	77,488
German Development Services	36,843
Case Study Tanzania	3,055
Research & salaries	2,350
Total	599,533

World Bank

Assistance from the World Bank to population activities in Tanzania has been primarily in the field of HIV/AIDS prevention and policy support. No support is given to family planning and reproductive health activities. The World Bank is a member of the theme group on AIDS. Although no projects were financed that were solely oriented towards HIV/AIDS prevention, it plays an important role in the execution of the district health plans. District health plans are financed by World Bank credit loans. It was roughly estimated by the experts of the World Bank that in 1996, some US\$ 35,000 from this loan was spent on HIV/AIDS prevention and treatment.

The development of the population policy by the Population Planning Unit (Ministry of Planning) was supported by a grant from the World Bank. The allocation for this project was US\$ 200,000. Expenditures for 1996 were estimated around US\$ 20,000.

4.1.4. Bilateral assistance

USAID

An important objective in USAID's current five-year (1997-2001) Country Strategic Plan is aimed at increasing the knowledge of and the availability of Family Planning and Maternal and Child Health services and to expand the knowledge and the availability of HIV/AIDS information and services. In order to achieve these objectives USAID supports two government bilateral programmes: the Family Planning Support Project (FPSS) which began in 1990 and runs through December 1999, and the Tanzania AIDS Programme (TAP), a five year project which started in 1993. During its current five-year programme, USAID supports these activities to an average annual amount of 11 million US\$.

The FPSS programme is partly implemented by the Family Planning Unit (FPU) of the Ministry of Health. The TAP programme works locally through the National AIDS Control Program (NACP). A large proportion of

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funds for the FPPS and TAP projects are channelled through international NGOs. These agencies include, among others: Pathfinder, AVSC, Family Health International (FHI), Contraceptive Logistics Management (CLM), Johns Hopkins University/Population Communications Services (JHU/PCS), INTRAH/PRIME, Macro International, the Futures Group, the Population Council, Population Services International (PSI), the University of North Carolina and the Regional Economic Development Services Office.

During 1996, US\$ 7.895 million was spent on projects in the FPSS programme. Exact expenditure figures for the TAP programme are not readily available. From the onset of the programme up to September 1996 somewhat less than 17 million US\$ was spent in the TAP-programme. The health and population officer at the USAID mission in Dar Es Salaam estimates that of this amount around US\$ 4 million was disbursed for HIV/AIDS activities in 1996.

United Kingdom

Tanzania is a 'core' country for British development support. Tanzania is the second biggest receiver of British development aid after India. During the fiscal year 1996-1997 Tanzania received 55.218 million pound (US\$ 86,233,950) in development aid; 47.966 million pound (US\$ 74,908,502) was channelled through the Department for International Development (DFID). Of this amount 29.217 million pound (US\$ 45,628,189) was spent as Programme Aid. In 1994, DFID suspended its programme aid disbursement due to the unfavourable economic conditions in the country, as many other donors did. During 1994/1996 only 30 thousand pound (US\$ 46,851) was disbursed in 1994/1995 and 4.249 million pound (US\$ 6,635,663) in 1995/1996 (DFID, British Aid Statistics, p. 42).

Support for population activities has been a key area for DFID's development support to Tanzania in the recent past. Over the years, this support has concentrated mainly on the improvement of reproductive health care and actions against the spread of the HIV/AIDS epidemic. In recent years, DFID has been involved in several important programmes. In 1994 the Family Health Project was started. This project focuses on the improvement of family planning and rural health services, and the prevention of sexually transmitted diseases in four districts in the Mbeya region. A total of 8.5 million pound (US\$ 13,274,450) was committed to this programme. Within this project in 1996 US\$ 902,733 was spent on reproductive health, HIV/AIDS and Family Planning. During the last three years DFID has committed 3 million pound (US\$ 4,685,100) to the Tanzanian National AIDS Control Programme. In 1996, US\$ 1,038,531 was disbursed for the execution of this project. Currently, a second phase is being considered.

In the field of family planning, DFID has disbursed US\$ 766,062 for family planning service support and US\$ 170,066 for a community based family planning project. In the field of reproductive health, DIFD has contributed to the development of private practices for midwives to an amount of US\$ 33,684 and US\$ 9,886 to a project on mother and child health, executed by Save the Children Fund.

Japan

The Japanese International Co-operation Agency (JICA) is an important donor to Tanzania's development programme. In the field of population JICA has also made some major contributions. In 1996, JICA was involved in two population projects. In the Population and Maternal/Child Health Care Project, JICA donated equipment and medicine for a total value of US\$100,000. The Maternal/Child Health Care Project at the Muhimbili Medical Centre and at Pongoe Health Centre in Tanga received equipment and technical assistance for a total value of US\$ 680,000.

In January 1998 JICA started a Family Planning Project together with UMATI and JOICEP. JICA will supply equipment for family planning and medicine for a total amount of US\$ 150,000. Plans also exist to start an HIV/AIDS project with UNAIDS. Among other things, JICA would supply HIV Test Kits to the programme (total value: US\$ 300,000).

Canada

In 1996 Canada's development assistance to Tanzania was Cdn\$ 22.8 million (US\$ 16,721,670), of which Cdn\$ 10 million (US\$ 7,334,066) was disbursed bilaterally. Canada's key areas of assistance are basic education and the support to small enterprise development. In the coming years support to these areas will be about 80 per cent of the total funding.

In recent years, the Canadian International Development Agency has made a contribution to population activities in Tanzania by supporting several projects:

- Family Planning Services: (1995-2000): this project is implemented by the IPPF and intends to improve the local capacity for the delivery of quality FP-services. The total project amounts to Cdn\$ 1.9 million (US\$ 1,393,473); of this amount US\$ 283,194 was disbursed in 1996;
- Training Fund for Tanzanian Women (1997-2001): the general aim of this project is to increase the impact women have on the development process. The total support to this project is budgeted at Cdn\$ 4.3 million (US\$ 3,153,648). In 1996, Cdn\$ 600,000 (US\$ 440,044) was spent of

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which about 15 per cent - or about Cdn\$ 90,000 (US\$ 66,007) - was directed to reproductive health;

- A project in the field of HIV/AIDS support involves home based AIDS care for victims of the epidemic. In this project an amount of US\$ 22,002 was spent in 1996;
- Canada Fund: the local embassy has a fund through which small projects are financed for NGOs and community groups. The total budget per year amounts to Cdn\$ 400,000, about 15 per cent of funds (or about US\$ 293,363) were dedicated to population activities in 1996.

This year, CIDA will probably start a new project together with Marie Stopes Tanzania to open seven new FP-RH clinics in the Arusha-Kilimanjaro region. Total project costs for a three and a half year period is budgeted for Cdn\$ 3.5 million (US\$ 2,566,923).

Finland

FINNIDA is only marginally involved in population activities in Tanzania. Key areas of their development programme are support in the field of environment, energy and rural development. Currently, they are also moving into new sectors such as education, civil service and local government reform and good governance. Bilaterally, FINNIDA does not have activities related to population. However, during 1996, FINNIDA supported three projects in the field of Reproductive Health and HIV/AIDS through three Finnish NGOs for an amount of US\$ 119,949. The largest of these projects was to support AIDS orphans by the Finnish Red Cross.

Germany

The development programme in Tanzania for the years 1996 and 1997 amounts to 30 million DM. Priority areas for German development in Tanzania are the health sector, poverty alleviation, infrastructural development and education. In recent years, the contribution of GTZ to development activities in Tanzania has been reduced. Some years ago, the budget for the two year programmes was around 40 million DM. The reduction in development funds is caused by a redistribution of assistance to Eastern Europe.

In 1996, GTZ supported two large projects through the Ministry of Health. Through the Family Health project, US\$ 866,312 was disbursed to family planning activities. HIV/AIDS prevention was supported for an amount of US\$ 382,019.

This year, GTZ will start two other population projects. The first project involves assistance to the Medical Office at the University of Dar Es Salaam for the support of an MA-programme in Public Health. For the first phase of the project (two-three years) an amount of DM 1.2 million (US\$ 797,448) is

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allocated. The second programme will support reproductive health activities of the Ministry of Health. For the first three years of activities within this project, GTZ has made DM 6 million (US\$ 3,987,241) available.

The Netherlands

Over the years the Ministry of Foreign Affairs of the Netherlands has become one of the major donors in the field of population. In Tanzania the Netherlands also plays an important role in the field of population. The total amount disbursed by the Netherlands to population activities in Tanzania amounted to US\$ 1,907,290 in 1996. In particular, activities to prevent the further spread of the HIV/AIDS epidemic received much attention from the Netherlands.

In the field of HIV/AIDS, the Netherlands supports the 'Tanzania/Netherlands Project to Support AIDS control in Mwanza Region'. This project is implemented by the Royal Tropical Institute of Amsterdam in collaboration with the National Institute for Medical Research, the Mwanza Medical Research Centre and the Mwanza Medical authorities. This project was implemented in 1990. The second phase of the project will come to an end in 1998. In 1996, US\$ 564,684 was disbursed to this project. Recognising the success of the social marketing of condoms (Salama), the Netherlands together with other donors, supports the project implemented by Population Services International. A total of US\$ 983,451 was spent in 1996.

Other activities in the field of population totalled US\$ 359,155 and concentrate on reproductive health.

Sweden

The importance of sexual and reproductive health is recognised by the Sweden International Development Agency in its 'Policy for Development Co-operation. Health Sector' document (SIDA, 1997, p. 20). The SIDA assistance focuses on improving sexual and reproductive rights for adults and adolescents and addresses key issues such as abortion, fertility regulation, the prevention and control of STDs, including HIV and maternal health care. Special attention is paid to adolescents because of their specific risks due to the rapid pace of social change in many developing countries.

Despite its emphasis on reproductive health, SIDA plans to diminish its activities in coming years in this area in Tanzania. The reason is that many other donors in Tanzania are now moving into reproductive health, but that education activities get too little funding. SIDA wants to avoid that education will be neglected and has therefore moved more into this direction. For the moment SIDA is still sponsoring a project on 'Nutrition

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and Breast Feeding ' at the Tanzania Food and Nutrition Centre (TFNC), but in 1999 it will phase out of this project.

In 1996, the total amount spent by SIDA on population activities in Tanzania amounted to 16 million Swedish Kronen (US\$ 2,385,922). An amount of SK 6.3 million (US\$ 939,457) was disbursed to the 'Nutrition and Breast feeding' project at the TFNC and SK 1.2 million (US\$ 178,944) were spent on the UMATI programme on Adolescent Health.

Another important project of SIDA involves a collaborative study between the Department of Immunology of the Swedish Institute for Infectious Disease Control (Stockholm University) and the Department of Microbiology and Immunology (Muhimbili Medical Centre, Dar Es Salaam). This research project was initiated in 1986 and acquires scientific facts on the epidemiology of HIV infections in Tanzania and looks into behavioural factors related to the epidemic. This research will continue for some years. In 1996, SK 8.5 million (US\$ 1,267,521) was disbursed for this project.

Denmark

Tanzania is one of twenty programme countries of DANIDA. In 1996, DANIDA's support to Tanzania amounted about US\$ 50 million. In 1997, were higher (US\$ 70 million), but from 1998 onwards it is planned to make an annual support of around US\$ 50 million per year. About a third of this amount is earmarked for the development of the health sector. DANIDA is a strong supporter of the current health reform. Population is not a key area for DANIDA, but is considered as part of the support to the health sector. The Danish government disburses 50 per cent of its development aid multilaterally. Much of DANIDA's financial support to population activities is therefore channelled through their multilateral link with UNFPA.

Bilaterally DANIDA supports the National Aids Control Programme. The general support for this project amounted to about US\$ 1 million in 1996. DANIDA does not have specific projects in the area of reproductive health or family planning. In the future an evaluation will be made of the programme to assess whether activities in this area should not be given more attention. DANIDA is also concerned about female genital mutilation in Tanzania. Although this is a sensitive cultural topic, DANIDA plans to pay proper attention to this in the future.

Norway

Norway has for many years been active in population activities. Tanzania does not form an exception to this. Desk officers at the Norwegian embassy

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informed us that the year 1996 was somewhat atypical for expenditures in this field. More activities were sponsored in 1995 and 1997 than in 1996.

In 1995, NORAD paid for the NFPP building at the Muhimbili hospital premises. A total of 5.5 million Norwegian Kroner (about US\$ 853,000) was spent for this building from 1992 to 1995. Support in 1997 for NFPP amounted to US\$ 747,307.

In 1996, NORAD financed four NGOs in the field of HIV/AIDS:

- WAMATA: which acts as an interest group for AIDS-victims was supported for an amount of US\$ 82,012;
- SWAAT: the country associate for the Society for Women and AIDS in Africa, received a grant of US\$ 42,424 to support its activities;
- The Red Cross Tanzania was supported for an amount of US\$ 52,909, for HIV/AIDS activities in Rukwa region;
- AMREF received aid for a project on information and counselling for an HIV/AIDS prevention project among commercial sex workers and truck drivers (total US\$ 212,925);

European Union

The involvement of the European Union in the population and health sector is far less extended than in infra-structural development or education. The EU, however, provides important support to the NACP. In mid-1996, a three year programme was started to support the activities of NACP and to strengthen the STD-component of the prevention programme. A total of 4 million ECU (US\$ 5,008,000) is allocated for this project. At the central level, the EU-project finances the purchase of equipment and office costs, the development of treatment guidelines and IEC material, monitoring, epidemiological research and training. The programme is implemented in five regions by NGOs. At the moment two NGOs have been contracted: AMREF and CUAMM (Italy). At the regional level, drugs are supplied, staff are trained and awareness campaigns are organised. In 1996, the EU-office in Tanzania disbursed around US\$ 350,000 for this project.

Two population activities were supported directly from the EU in Brussels: the German Population Foundation received support for their support to AMREF (total project allocation: 300,000 ECU) and Medecins du Monde for support to seropositive persons (total project allocation: ECU 230,000 or US\$ 287,960).

4.1.5. International and national NGOs

AMREF

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The African Medical and Research Foundation is an international NGO which is involved in the implementation of health projects in Eastern-Africa. Internationally, AMREF is well known for its famous flying doctors programme. AMREF is currently in the third year of its Five-Year Programme Plan for the period 1996-2000. In this plan, reproductive health takes a central role. Other priority areas of AMREF's programme are Child and Adolescent Health and Development, Environmental Health, Health Policies and Systems Reform and Clinical Services and Emergency Response.

In the programme of AMREF, a very broad definition of reproductive health is used. For instance, it also includes STDs including HIV/AIDS and even TB which in many cases is associated with AIDS.

AMREF is currently very active in the field of HIV/AIDS. At the moment, seven different HIV/AIDS interventions and research projects are implemented by AMREF. These include: the High Transmission Areas (HTA) Kibiti-Dar Es Salaam- Songea STD/HIV Community Intervention Project, Lake Zone and Kigoma HTA Intervention Project, Services for High Frequency Transmitters of HIV Project, Workplace STD/HIV Intervention Project, Piot's Model Research Study in Mwanza, STD Services at HTA in the Lake Zone and Kigoma and the Umbrella Co-ordinating Function of the HTA projects. Different donors contributed to the HIV/AIDS/STDs projects of AMREF in 1996 a.o.: the European Union, Family Health International, WHO, the German Foundation for World Population, NORAD, UNHCR, DANIDA. These projects also include funds for non-HIV/AIDS/STDs related activities. However, the total amount of donor contribution to AIDS activities of AMREF totals US\$ 641,735.

Other projects executed by AMREF in the area of reproductive health include a.o. the 'Jijenge' Women's Centre for Sexual Health in Mwanza and the Safe Motherhood Community Education Project. Also, in many of the other projects some sexual/reproductive health component are present. Total expenditures in 1996 for reproductive health amounted to US\$ 314,818. Activities in the field of family planning and policy support/research are less important, US\$ 43,403 and US\$ 104,405, was spent respectively on activities in these fields.

PATHFINDER

Pathfinder-Tanzania is funded by USAID and Pathfinder International. Funds for Pathfinder are centrally disbursed by USAID to Pathfinder International and further channelled to the local office in Tanzania. The organisation provides grants to local NGOs in the field of family planning and HIV/AIDS awareness and prevention. Support is normally given for a

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period from one to three years. Assistance is provided in the following fields:

- the promotion of service delivery of family planning and reproductive health;
- the development of the management capability of local NGOs;
- assistance to develop Management Information Systems;
- to assist the NGOs to enable them to sustain themselves technically and financially;
- technical assistance in the field of IEC.

The following NGOs received support from Pathfinder in 1996: UMATI, Seventh Day Adventist Church, Tanzanian Occupational Health Services, Trade Union Organisation of Tanzania, Marie Stopes and the Tanzanian Media Women Association. By now, support was ended to UMATI, Marie Stopes and the Tanzanian Media Women Association. At the moment DTRU at the University of Dar Es Salaam and SOWATA are organisations which have been added to the support list of Pathfinder. Pathfinder International informed us that in 1996 an amount of US\$ 898,960 was disbursed for the Tanzania programme.

UMATI

The Family Planning Association of Tanzania, commonly known by its acronym UMATI, is an associate of the International Planned Parenthood Federation (IPPF). UMATI is the oldest NGO in Tanzania in the field of family planning. It was founded in 1959. UMATI states its mission as follows: ...'to promote and provide high quality family planning services to eligible couples and individuals in order to improve the general health and well being of mothers, children and families.' UMATI works on a non-profit basis and is supported by a group of volunteers and professional staff.

Currently, UMATI is in its second year of its strategic plan 1997-2001. In this plan UMATI is incorporating reproductive health rights and services into its activities. The organisation is taking steps to make its programmes more sustainable. In 1996, UMATI operated 12 FP/SRH clinics. A total of about 96,000 clients obtained services between 1992 and 1996. UMATI also operates nine Community Based Services around the country. Through these outlets, 1.2 million people received information and services in the period 1992-1996. Two centres are in operation which directly cater the needs of young mothers. Among other things, these centres advocate for continued education for girls expelled from school due to pregnancy.

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In 1996, UMATI received financial support from many sources, totalling US\$ 2,317,617. The following donors supported the work of the organisation, between brackets we have placed the donor expenditure: IPPF (US\$ 1,003,887), JOICFP (US\$ 57,192), POSIVA (US\$ 65,865), USAID (through AVSC, US\$ 395,564), JVF (US\$ 25,348), UNHCR (US\$ 479,696), CAFS (US\$ 3,221), PPNNE (US\$ 11,292), Pathfinder (US\$ 42,021), Population Concern (US\$ 108,164) and INTRAH (US\$ 125,367).

Total expenditures for population activities were estimated as US\$ 2,273,742.

Marie Stopes Tanzania

Marie Stopes Tanzania started its operation in 1989 and the year after the first clinic service in Mwenge was opened. Currently, the organisations' family planning and reproductive health services are provided in seven clinics. In all clinics a successful cost recovery system has been established. The Mwenge clinic has attained self sufficiency and efforts are underway to increase the income to cost ratio in the other clinics. In some of the poorer areas this is very hard to do. Many clients are not able to make a contribution but for humanitarian reasons cannot be denied services. Contraception is received free of charge from the government and distributed through the clinics. By charging a small fee to the clients, Marie Stopes is able to recover some of its costs.

Marie Stopes is financially supported by the following donors, the figures between brackets indicate how much they contributed in 1996: Pathfinder (US\$ 10,748), AVSC (US\$ 59,735), GASTBY (US\$ 228,411), DFID (US\$ 54,615), TYAGI (US\$ 14,463), EU & Marie Stopes International (US\$ 84,325) and USAID (US\$ 33,046). The total support of these donors amounted to US\$ 485,343. In coming years, Marie Stopes Tanzania plans to increase the number of its service clinics. It is envisaged to operate a total of 29 clinics in the year 2000, 26 on the mainland and three in Zanzibar. This endeavour will most possibly be co-financed by CIDA which is planning to start a project with Marie Stopes for a period of four year, to establish seven new FP-RH clinics in the Arusha-Kilimandjaro area. The total budget for this project is around 3.5 million Cnd\$.

Family Health International

Family Health International (FHI) develops activities which are complementary to the condom distribution activities of PSI (see hereunder). In fact, the operations of PSI and FHI form part of a large bilateral agreement (TAP: Tanzania Aids Programme) between the government of Tanzania and the United States. The programme started in 1993 and will run

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for five years. An amount of 20 million US\$ is allocated by USAID for the whole project.

TAP's primary strategy is to develop co-ordinating networks of NGOs (called NGO-clusters) in each region to provide HIV/AIDS prevention services to communities and work sites by 1998. The clusters form an entry point for the programme to introduce the project's service package which includes STD control and prevention, condom social marketing, orphan support, policy and research, and HIV/AIDS intervention at work sites. Much attention is being paid to training and capacity building of the NGOs in terms of finances and management and service delivery. At the moment clusters exist in nine regions. A NGO-cluster operates with 6 to 18 NGO members per cluster in each region.

Within the TAP project, PSI concentrates on the social marketing of condoms. FHI provides field support to the clusters, co-ordinates cluster activities, provides training and financial support to the clusters and NGOs. In 1996, total expenditures for FHI activities amounted to US\$ 3.165 million. Funds are directly disbursed from USAID to FHI-head office in Washington, which provides funding for the Tanzanian Office. Technical support is provided by the FHI-regional office in Nairobi. A small grant of about US\$ 10,000 was provided by the Dutch Embassy to produce a youth magazine in which topics on sexual health are discussed. The magazine was produced on a quarterly basis and distributed in about 150 secondary schools. According to FHI, the absorption capacity of the local NGOs is higher than can be covered by the project and if more funds would be made available, more activities could be developed.

Population Services International

Population Service International (PSI) is involved in a nation-wide condom social marketing campaign. To date over 28 million condoms have been sold. In 1996 alone, 11.54 million condoms were distributed. The suggested retail sale price is 50 Tsh. (US\$ 0.09) for a packet of three. On average condoms are sold at about 70 Shs. (US\$ 0.12).

Since 1993, all PSI Social Marketing activities have been supported by an AIDSCAP Task Order. This Task Order will expire at the end of April 1997. Starting in May, PSI will separate operations from the Tanzania AIDS Project (soon to be a FHI contract) and receive direct mission support. Currently, condom procurement is supported by a grant from the Royal Netherlands Embassy. An extension of this contract is under negotiation. PSI Tanzania received support from the Japanese Embassy "Grass Roots" grant program. The US\$ 100,000 grant allowed the purchase of two Toyota Land Cruisers and two sets of MVU equipment.

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Along with the new tabloid “Sema Wazi Wazi”, PSI Tanzania is widening its approach to social marketing. In the future, it plans to organise a wide scale female condom campaign as well as spearheading a ground breaking anti-malaria program.

5. Discussion of financial resource flows for population

Table 4 summarises final expenditures for population activities in Tanzania. Figure 1 depicts the final expenditures by channel. Annex 1.c. gives a more detailed picture of final expenditures for population activities by type of funding organisation and type of activity.

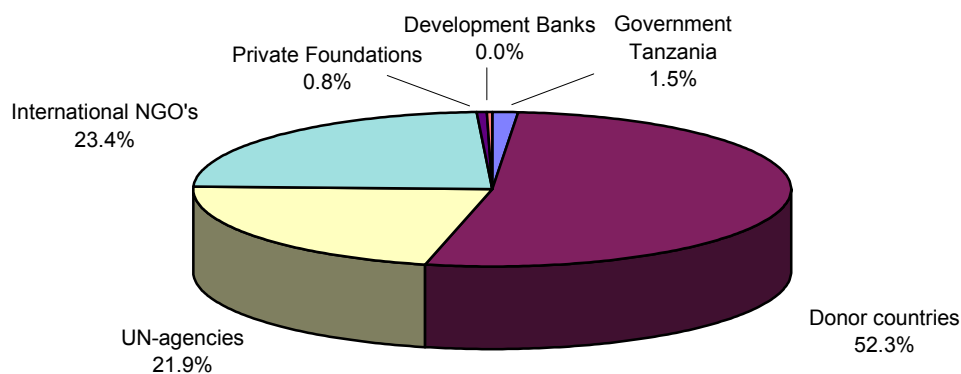
Total expenditures for population activities in Tanzania in 1996 was found to be US\$ 35.276 million. The UNFPA's Programme Review and Strategy Development Report (UNFPA, 1996, p. 5) describes some significant constraints encountered by the implementation of population programmes in Tanzania. Among others, these include: inadequate use of national expertise, economic and political conditions, over-reliance on government institutions and lack of financial and human resources. The population programme has heavily relied on outside financial support. Donor co-ordination, self-reliance and sustainability have often lacked in the design and implementation of programmes. Our study clearly shows that in the field of population activities, the programme is indeed largely donor driven. Only 1.5 per cent of all activities in the field of family planning, reproductive health, HIV/AIDS and policy support are provided by the government of Tanzania.

Table 4. Final expenditures for population activities by type and channel

	FP	RH	HIV/AIDS	Policy Support	Total
Government Tanzania	191,200	32,813	168,063	127,200	519,275
Donor countries	6,924,441	3,627,895	7,266,179	867,730	18,686,245
UN-agencies	2,535,525	3,410,901	1,122,666	772,442	7,368,797
International NGOs	3,286,300	350,330	4,080,846	664,236	8,381,713
Private Foundations	7,144	259,503	3,572	0	270,219
Development Banks	0	0	30,000	20,000	50,000
Total	12,944,610	7,681,443	12,671,325	2,451,607	35,276,249

Figure 1. Final Expenditures for Population Activities in Tanzania by Channel, 1996

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UN-agencies and International NGOs act as important intermediate donors to the population programme in Tanzania: respectively 7.37 and 8.38 million US\$ is provided through these channels. As could be expected, UNFPA is the most important intermediate donor (US\$ 4,397,759), followed by UNICEF (US\$ 1,672,260).

The amount channeled through international NGOs is probably somewhat underestimated for some donor countries. Sometimes it was not completely clear through which channels they had disbursed their funds. As some international NGOs did not have offices in Dar Es Salaam, it was very difficult to trace these financial flows. Especially in the case of USAID, we suspect that some more money was channeled through international NGOs (and less through bilateral channels) than our data would suggest.

The most important international NGO in Tanzania in 1996 was Family Health International with a total expenditure of US\$ 3,165,305. Other important international NGOs which each had expenditures exceeding half a million US\$ in 1996 were: IPPF (US\$ 1,003,887), Pathfinder International (US\$ 898,960), AVSC (US\$ 741,610), PSI (US\$ 677,011) and Macro International (US\$ 627,805). When looking at the figures one has to keep in mind that the amounts mentioned in Annex 1.c. relate to Tanzania but were not necessary spent in Tanzania. For instance, the amount mentioned for Macro International was disbursed for the DHS (and the Tanzania in Depth-Survey), and did not only include expenditures made in Tanzania, but also office and other costs for developing the study overseas.

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Financial support by donor countries, not being channeled through international NGOs or multilateral organizations, covers more than 50 per cent of all financial means for population activities. In 1996, this amounted to US\$ 18,686,245. Despite the fact that the US disburses much of its funds through international NGOs, it is still the most important donor for population activities in Tanzania. Although USAID is very active in the field of HIV/AIDS prevention, all its financial resources for these activities go through international NGOs. Other important donors whose contributions exceeded one million US\$ in 1996 were the United Kingdom (US\$ 2,920,962), the Netherlands (US\$ 2,471,973), Sweden (US\$ 2,385,920), Germany (US\$ 1,248,331) and Denmark (US\$ 1,099,889).

Figure 2 shows the relative distributions of final expenditures for population by type of activity. During the data collection in Tanzania, many respondents noted how difficult it was to make a clear distinction between expenditures for each of the activities. Moreover, organisations often fund more than one of these activities within the same project. The distribution presented above should therefore be seen more as a broad indication, rather than as a clear cut division. Funding of family planning and HIV/AIDS prevention each take roughly about 35 per cent of all expenditures, while spending for reproductive health is about 20 per cent. The smallest share is taken by policy support, research, advocacy et cetera; only seven per cent of all expenditures for population were dedicated to these activities.

Figure 3 shows that the proportion of final expenditures for family planning is about the same between UN-agencies, International NGOs, donor countries and the government of Tanzania. The emphasis UNFPA and UNICEF put on reproductive health is clearly reflected in the much bigger proportion of expenditures which is being dedicated to this activity. About 40 per cent of all support of the UN-agencies is in the field of reproductive health. The graph also shows the rather limited activities of the government and the international NGOs in this field. The large proportion of funds used for HIV/AIDS prevention by international NGOs (which are mainly funded by donor countries) and by direct spending by donor countries illustrate the importance which is being given within the donor community to the AIDS epidemic in Tanzania.

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Figure 2. Financial support for Population Activities in Tanzania by type, 1996

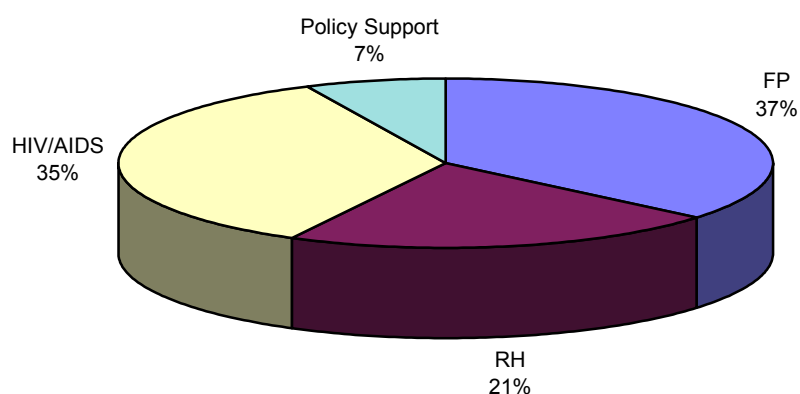


Figure 3. Relative Final Expenditures for Population Activities by type of activity and channel

Table 5 and sheds some light on the primary funds made available by donor countries, either bilaterally or through international or national NGOs. The United States of America is by far the largest donor, providing almost 50 per cent of all primary funds. The Netherlands, Sweden and the United Kingdom together provide about 30 per cent of all funds from donor countries for population activities. For the sake of simplicity, the European Union is considered here as a donor country. In fact, one could also consider the European Union to be an intermediate donor, because it receives contributions from the member countries and then further distributes these funds to final recipients.

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Table 5. Primary funds of donor countries for population

Donor Country	Amount US\$	Percentage
Australia	403,103	1.6
Canada	305,196	1.2
Denmark	1,099,889	4.4
European Union	620,647	2.5
Finland	119,949	0.5
Germany	1,248,331	5.0
Ireland	16,006	0.1
Japan	780,000	3.1
Netherlands	2,471,973	10.0
Norway	390,269	1.6
Sweden	2,385,920	9.6
United Kingdom	2,920,962	11.8
United States	12,034,691	48.5
Total	24,796,936	100.0

Although our information is quite sketchy, there is some evidence that funds which were allocated by donors to population activities have not always been completely used up. It is quite normal that not all the allocated funds are used in a project or programme. However, if the difference between allocations and final expenditures is big, it can be an indication that the absorbing capacity of the recipient is not sufficient in order to fully execute all the objectives of the project. For instance, for the execution of its Tanzanian programme UNFPA allocated US\$ 5,634,998 for 1996, while US\$ 4,397,759 was actually disbursed. This means an underspending of 22 per cent.

5.1 |Some final remarks

Tanzania has been a stabilizing factor in a region pestered by political unrest and ethnic violence. The country has made a serious effort in the formulation of a population policy, which is currently being updated to incorporate the principles agreed on in the ICPD-Programme of Action.

Although some important progress has been made, the realization of its original social and economic development plans has been hampered by unfavorable economic conditions. Currently, the financial situation of the public finances is precarious. Our study shows that in the field of population, Tanzania remains highly dependent on external donors to execute its population policy.

Our study revealed that of all population activities taken place in the country only around 1.5 per cent are sponsored by the government of Tanzania. This

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almost total dependency on foreign development aid for the execution of population activities should be a cause of concern. Especially with the current HIV/AIDS situation in the country a reduction in foreign assistance could have serious consequences for the implementation of the country's population policy. Currently, a number of donor countries are reviewing their overseas development assistance. In some cases this could easily result in the reduction of overall assistance to Tanzania, and/or a shift to other concentration areas. This could have serious consequences for public reproductive health care and family planning.

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Annex 1. Tables

Annex 1.a. UNFPA expenditures in Tanzania by project and year project was started.	Starting year	Amount US\$
Promotion of family health through the provision of improved mch/fp services in the Shinyanga region	1985	-4.776
Assistance to institute of development management (idm) for integration of population into development planning	1988	24.535
Education for responsible parenthood	1989	-33
Continuation and strengthening of the national family planning programme	1989	-59287
Continuation and strengthening of the zanzibar family planning programme	1990	-12999
Strengthening of the population policy and development planning unit	1990	-8192
Fle in Zanzibar	1991	96
Family welfare education by radio	1992	4.871
Continuation of the population and family life education programme	1992	-70
Family life education in zanzibar	1992	41.115
Establishment of national family planning centre (nfpa) at the nat. Referral and teaching hospital Muhimbilimed	1993	347156
Male motivation and education at the workplace	1994	98.736
Assessment of the family welfare education project	1994	20.605
Family planning logistics management and information systems training	1994	110.959
Wid/gender training	1994	98783
Strengthening family life education in Tanzania schools and teachers colleges	1995	131359
Strengthening the integration of population and development planning: establishment of a ppu in Zanzibar	1995	33.334
Support to integrated mch/fp safe motherhood in Zanzibar	1995	433393
National family planning programme - pre-project	1995	1298873
Strengthening the population life education programme	1995	436.422
Demographic and population studies, univ of Dar Es Salaam	1995	128252
Strengthening family life/health educ in Shinyanga	1995	421819
Moral, ethics and environemnt studies with pop/fle in schools and teachers colleges	1995	125017
Population planning unit - Tanzania	1995	374359
East African panel	1995	10.638
Family welfare education by radio - extension	1995	68851
The pilot help line	1996	21
Project review and strategy development	1996	58.743
Strengthening the integration of population and development planning: establishment of a ppu in Zanzibar		117.339
Umbrella project		97.840

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Total UNFPA expenditure 1996

4.397.759

Annex 1.b UNFPA expenditures in Tanzania by project and category.	FP	RH	HIV/ AIDS	POLICY SUPPORT
Promotion of family health through the provision of improved mch/fp services in the Shinyanga region	0	-4.776	0	0
Assistance to institute of development management (idm) for integration of population into development planning	0	0	0	24.535
Education for responsible parenthood	0	-33	0	0
Continuation and strengthening of the national family planning programme	-59.287	0	0	0
Continuation and strengthening of the Zanzibar family planning programme	-12.999	0	0	0
Strengthening of the population policy and development planning unit	0	0	0	-8.192
Fle in Zanzibar	0	96	0	0
Family welfare education by radio	0	4.871	0	0
Continuation of the population and family life education programme	0	-70	0	0
Family life education in Zanzibar	0	41.115	0	0
Establishment of national family planning centre (nfpa) at the nat. referral and teaching hospital Muhimbilimed	347.156	0	0	0
Male motivation and education at the workplace	39.494	59.242	0	0
Assessment of the family welfare education project	0	20.605	0	0
Family planning logistics management and information systems training	0	110.959	0	0
Wid/gender training	0	39.513	0	59.270
Strengthening family life education in tanzania schools and teachers colleges	0	131.359	0	0
Strengthening the integration of population and development planning: establishment of a ppu in Zanzibar	0	13.334	0	20.000
Support to integrated mch/fp safe motherhood in Zanzibar	216.697	216.697	0	0
National family planning programme - pre-project	649.437	649.437	0	0
Strengthening the population life education programme	0	436.422	0	0
Demographic and population studies, univ of Dar Es Salaam	51.301	0	0	76.951
Strengthening family life/health educ in Shinyanga	0	421.819	0	0
Moral, ethics and environemnt studies with pop/fle in schools and teachers colleges	0	50.007	0	75.010
Population planning unit - Tanzania	0	149.744	0	224.615
East African panel	0	0	0	10.638
Family welfare education by radio - extension	0	41.311	0	27.540
The pilot help line	0	21	0	0
Project review and strategy development	0	0	0	58.743
Strengthening the integration of population and development planning: establishment of a ppu in Zanzibar	0	0	0	117.339
Umbrella project	0	1.915	0	95.925
Total UNFPA expenditure 1996	1.231.798	2.383.585	0	782.376

Table 1.c. Final expenditures for population by type of funding organisation and activity

	FP	RH	HIV/AIDS	Policy	Total
Government of Tanzania					
DTRU, University of Dar Es Salaam	0	0	0	75,500	75,500
Min. of Community Developmen	0	30,000	0	0	30,000
Min. of Labour	0	0	10,250	0	10,250
Ministry of Education	0	2,813	2,813	0	5,625
Ministry of Planning, Bur.Stat.	0	0	0	23,700	23,700
Ministry of Health, NACP	0	0	155,000	0	155,000
Ministry of Health, NFPP	191,200	0	0	0	191,200
Ministry of Planning, PPU	0	0	0	28,000	28,000
Government of Tanzania	191,200	32,813	168,063	127,200	519,275
Donor countries					
Australia	50,791	49,445	302,867	0	403,103
Canada	283,194	0	22,002	0	305,196
Denmark	0	0	1,099,889	0	1,099,889
European Union	21,081	33,730	553,187	12,649	620,647
Finland	0	10,885	109,065	0	119,949
Germany	866,312	0	382,019	0	1,248,331
Ireland	0	16,006	0	0	16,006
Japan	50,000	730,000	0	0	780,000
Netherlands	0	23,874	2,112,818	335,281	2,471,973
Norway	0	42,585	347,684	0	390,269
Sweden	0	1,118,400	1,267,520	0	2,385,920
United Kingdom	1,808,264	43,570	1,069,128	0	2,920,962
United States	3,844,800	1,559,400	0	519,800	5,924,000
Donor countries	6,924,441	3,627,895	7,266,179	867,730	18,686,245
UN-agencies					
UNFPA	2,031,893	1,579,726	13,698	772,442	4,397,759
UNAIDS	0	0	412,168	0	412,168
UNDP	0	0	60,569	0	60,569
UNHCR	503,632	143,617	71,808	0	719,057
UNICEF	0	1,672,260	0	0	1,672,260
WFP	0	0	193,728	0	193,728
WHO	0	15,298	370,695	0	385,993
UN-agencies	2,535,525	3,410,901	1,122,666	772,442	7,841,534

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Table 1.c. Final expenditures for population by type of funding organisation and activity

	FP	RH	HIV/AIDS	Policy	Total
International NGOs					
AVSC International (USA)	741,610	0	0	0	741,610
CAFS (Kenya)	3,221	0	0	0	3,221
Family Health International (USA)	0	0	3,165,305	0	3,165,305
GASTBY (UK)	57,103	91,364	45,682	34,262	228,411
German Foundation for World Population	0	23,223	92,893	0	116,116
HIVOS (the Netherlands)	14,333	50,166	7,167	0	71,665
INTRAH (USA)	125,367	0	0	0	125,367
IPPF (UK)	1,003,887	0	0	0	1,003,887
JOICFP (Japan)	57,192	0	0	0	57,192
JVF (Japan)	25,348	0	0	0	25,348
Macro International (USA)	0	0	0	627,805	627,805
Margaret Sanger Center International	15,846	0	0	0	15,846
Marie Stopes International (UK)	470,072	0	0	0	470,072
Various UMATI donors	62,277	0	0	0	62,277
Pathfinder International (USA)	629,272	179,792	89,896	0	898,960
PESIVA (Japan)	65,865	0	0	0	65,865
Population Services International (USA)	0	0	677,011	0	677,011
PPNNE (USA)	11,292	0	0	0	11,292
TYAGI	3,616	5,785	2,893	2,169	14,463
International NGOs	3,286,300	350,330	4,080,846	664,236	8,381,713
Private Foundations					
Ford Foundation	0	234,500	0	0	234,500
Tanzania Swiss Trust Fund	7,144	25,003	3,572	0	35,719
Private Foundations	7,144	259,503	3,572	0	270,219
Development Banks					
World Bank	0	0	30,000	20,000	50,000
Development Banks	0	0	30000	20000	50000
Grand Total	12,944,610	7,681,443	12,671,325	2,451,607	35,748,986

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Annex 2. Persons contacted**Multilateral Organisations**

Mr. Teferi Seyoum	UNFPA Representative
Mr. Christopher I. Mwanijonga	NFPA Programme Officer
Mr. Sulayman S. M'Boob	FAO Representative
Mr. David Munga	UNDP Auditor Advisor
Mr. Jesper Morch	UNICEF Senior Programme Officer, Deputy Representative
Mr. Isiye Ndombi	UNICEF Head, Health, & Nutrition Cluster
Mrs. Flora Lugangira	UNICEF Analysis Monitoring & Evaluation prog.
Mr. B.A. Fultang	WFP Adviser
Mr. Mohamed Amri	Disease Prevention and Control Officer WHO
Mr. F.L.Osunsade	Senior Resident Representative, IMF
Mr. L.Kotsalainen	Deputy Representative, UNHCR
Mrs. M. Tennagashaw	Country Programme Advisor, UNAIDS Tanzania
Mr. Chiyo Kanda	Economist, Human Development, The World Bank

Government of Tanzania

Mr. C.K. Mutelemwa	Deputy Secretary planning Commission
Mr. U.P.K. Tenende former head of Population	Assistant Director Macro-Economic Planning, Planning Unit
Mr. A.S. Ndeki	Director Secondary Education
Mr. B. Kaunga	Acting Director, Dept. of Business Co-ordination, Office of the Prime Minister
Mr.M.K. Misanga	Assistant Director Social Services and Human Resource Development Division, head Population Planning Unit
Mr. Abubakar R.M.S. Rajabu	Principal Secretary, Min. of Labour and Youth Development
Mrs. E. Mwakalasi	Act. director Dept. Youth Development, Min. of Labour and Youth Development
Mr. G.L. Upunda	Chief Medical Officer, Dept. of Health
Mr. P. Kilima	Director Preventive Services, Min. of Health
Mrs.M. Malale	Principal Secretary, Min. of Community Development, Women Affairs and Children
Mr. T.P. Madulu	Dir. of Planning, Min. of Community Development, Women Affairs and Children
Mr. L. Msimbe	Dir. of Technical Services, Min. of Community Development, Women Affairs and Children
Mr. P.V. Chiwila	Dir. of Training, Min. of Community Development, Women Affairs and Children
Mr. Basil Kaunga	Asst. Dir. Dept. of Co-ordination of Government Budget, Prime Minister's Office

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Mr. M. Lyimo	Budget Dir., Min. of Finance-Treasury
Mr. R. Mollel	Principal Secretary, Min. of Finance-Treasury
Mr. R.O. Swai	Project Manager, National Aids Programme
Ms. A.L. Nswilla	Health Administrator, Preventive Dept., Ministry of Health
Mr. M.C.Y. Mbago	Co-ordinator Demographic Training and Research Unit, Univ. of Dar Es Salaam
Mr. N.K. Mbalilaki	Government Statistician, Bureau of Statistics, Min. of Planning

Donor countries and Organisations

Mr. Ger J. Steenbergen	Dutch Embassy First Secretary
Mr. W. Mitchell	Director- Development Cooperation, Canadian High Commission
Mrs. Mjema Rose	Programme Officer, Gender and Development Advisor, DANIDA
Mr. Johan Graux	Consul, Embassy of Belgium
Mr. Robert F. Cunnane	USAID, Health and Population Officer
Mr. F.M. Mburu	USAID, Senior Pop. Prog. Specialist
Mrs. Lesley Saunderson	British High Commission, Third Secr.
Mr. Takashi Mizuno	Deputy Resident Representative JICA
Mr. Shinya Nakai	Resident Representative JICA
Mrs. Christel Kullaya	Deputy Director, GTZ Office
Mrs. Riika Laatu	Councillor Embassy of Finland
Mr. Jan Lindstrom	First Secretary, Embassy of Sweden
Mrs. K. Massawe	Administrative Officer Royal Norwegian Embassy
Mr. L.S. Valvatne	Counsellor, Royal Norwegian Embassy
Mr. C. Woollen	Counsellor, Royal Danish Embassy

International and National NGOs

Mr. J.B. Male-Mukasa	Country Director AMREF.
Mr. W.M. Mbunda	Executive Director ³ UMATI
Mrs. M.G.K. Mgaya	Director Programmes, UMATI
Mrs. Naomi Achimpota	Marie Stopes Tanzania, Senior Cluster Manager
Mrs. G.J. Lusiola	Executive Director, Marie Stopes Tanzania
Mr. C. Tube	Country Repr. Pathfinder International, Dar Es Salaam