

**IMPLEMENTING THE INTERNATIONALLY AGREED
DEVELOPMENT GOALS: NATIONAL PERSPECTIVES
AND STRATEGIES**

VIEWS FROM THE CSOs

BY

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1.0. INTRODUCTION

Civil Society organizations in Tanzania have been engaged in various policy processes at various levels in recent years soon after the introduction of multiparty democracy in 1992.

Furthermore, since 1998 to date more significant achievements in policy engagement have been realized. Notable policy engagement ranges from the PRSP Process. In 1998 when the Jubilee 2000 was proclaimed, Tanzanian CSOs joined hands to campaign for debt cancellation. In so doing they formed a coalition on debt which could facilitate in coordinating their efforts in that endeavor.

In January, 2000, Tanzanian CSOs played a substantive role when they engaged in the formulation of the PRSP on two fronts namely; the CSO framework, and the Government led framework. The end result was the inclusions in the final PRSP document the views from the CSOs thus, making the PRSP country- owned and participatory as was originally expected. Soon after it was endorsed by the Breton woods institutions, CSOs were not only co-opted as members to various PRS-Technical Working Groups but also got actively involved in monitoring its (PRS) implementation.

In 2004, when the PRS (I) was being reviewed to inform the formulation of PRS (II) CSOs did a massive work around conducting consultative meetings in various areas throughout the country to solicit views from the poor on how they viewed the PRS I and what they thought could be included in the PRS II to better their well-being. Findings gathered were incorporated into the PRS II which later on became known as the National Strategy For Growth and Reduction of Poverty –NSGRP, OR commonly referred to in Kiswahili language as MKUKUTA.

Another notable engagement has been with the MDGs where Awareness Raising and Campaigns for the implementation has taken course. Since 2002, CSOs have conducted various workshops and seminars to get themselves familiarize with the MDGs and also monitor its implementation inline with PRS targets.

MDGs Campaign strategies are being worked out from community, district, national to international level, to rekindle enthusiasm of the government machinery at all levels to seriously implement the MDGs.

CSO view the MDGs as both an opportunity and challenge. It is an opportunity for opening new avenue for engaging in policy process and holding the government accountable. It is a challenge as new skills and knowledge is needed in monitoring its implementation and advocacy for resource mobilization to attain the targets set. It brings with it, new working relations between CSOs, government and Development Partners. They Furthermore, CSOs view MDGs targets as complementing nationally existing policy frameworks, such as the PRS(P), TAS, vision 2025 and of recent, MKUKUTA (NSGRP).

Concurrently CSO in Tanzania, enjoy greater access to policy- making circles due to growing emphasis and importance by the UN system on its relationship with CSO in Tanzania. For example, currently, the UNDP office is facilitation CSOS to engage more effectively in the MDGs campaign.

2:0. IMPLEMENTATION OF THE MDGS IN TANZANIA

The 2002 Monterrey International conference on financing for Development marked a significant step in translating the MDGs into action. The Monterrey consensus was a strong expression of political will to mobilize and deploy financial resources for sustainable development and poverty eradication.

Furthermore, at the 2002 world summit on sustainable Development in Johannesburg a common framework for partnership on how to achieve some of these goals through concrete strategies was further consolidated. The implementation plan adopted at the Johannesburg also stressed the primary responsibly of each country for its own sustainable development and the importance of sound national policies and strategies

In Tanzania the national policy framework for poverty reduction come into being as early as 2001, implying that, the Monterrey consensus and the Johannesburg Summit, reinforced the implementation of the MDGs in context of the PRS.

Over the past three to four years, Tanzania has made progress in achieving MDGs in terms of the goals on income poverty- reduction, UPE, gender parity in primary education, HIV/AIDS and increasing access to safe water

however, substantial challenges remain in ensuring gender parity in secondary education, combating infant, under –five and maternal mortality, reducing malaria and improving environmental sanitation.

2.1. On poverty Eradication

Although the government has made progress on GDP growth rate, little impact has trickled down to the poor. Economic growth which does not have on board the betterment of the lives of poor people is not pro-poor and it may take time for these gains to be translated as poverty reduction,

The progress in reducing poverty resulting due to high economic growth achieved because of good economic policy need to reflect the real situation at the local level.

2.2. UPE

Education sector has strong and unique commitment to the MDGs and to the more ambitions Education for all (EFA) initiatives. The later emphasis progress in completion rates and learning rather than enrolment per se. Based on available data, net enrolment of 95% can be achieved but due to mounting concern on the quality provision, survival rates of 100% for standard VII remain unrealistic. There is still well – known causes of drop-out such as poor quality. Distance from school, involvement in economic activities and lack of appropriate facilities in schools ; which the government need to address.

2.3. Gender Equality.

Gender parity in Primary and secondary education has increased enrollment of children from poor households and significantly reduced the gap in terms of access to primary education. More girls has been enrolled However, to sustain gender parity in primary education, it important to maintain enrolment of children through the improvement of school sanitation facilities, ie building latrines segregated by sex and paying special attention to locations and school specific gender differences, particularly on how girls are treated.

The PRS/MDG target is attainable for primary education, and remains possible for secondary education.

There are also concerns that PRS and MDG targets for parity in over all enrolment of girls and boys by 2005 may be adverse affected by

over age girls facing more difficulties to start school than their male counterparts.

2.4. Reducing Child mortality and Improving Maternal Health.

The goal might not be achieved at all as reports suggest that there have been slight changes in infant mortality ranging from 142 per 1,000 in 1999 to 112 per 1,000 in 2004, while maternal mortality fell only marginally. In addition to their negative impact on the quality of life, high mortality contributes to perpetuation of poverty, and hinders economic development.

2.5. Combating Malaria, HIV/AIDS AND OTHER DISEASES

Malaria is the leading cause of morbidity and mortality in Tanzania. Government response in recent years has been promising in at least two different aspects. First, the abolition of taxes and tariff on mosquito bed nets, thereby making malaria protection of the use of insecticides treated nets second by subsidizing mosquito bed nets. We believe that malaria can be reduced if bed nets use is encouraged.

HIV/AIDS

More efforts need to be done as report suggest that there is no significant improvement in the control of the spread of HIV/AIDS. In general prevalence is higher in women than in men and the gap between male and female infection rates has increased. Government has decided to provide free treatment for HIV/AIDS. This is a dynamic and critical time in Tanzania as HIV/AIDS treatment is expanding. Question remains as to how to ensure sustainability and equality in distribution throughout the country as treatment for rolling out. With the vast majority of Tanzania living in rural settings it is critical that they too have equal opportunity to access those life prolonging medications.

2.5. Sanitation, Access to Safe and Clean Water

Over the last decades substantial progress has been made in terms of increasing access to safe drinking water. Notably, the MDG target for Tanzania is unlikely to be achieved as the water access situation is worsening in urban areas.

3.0 CHALLENGES AND OPPORTUNITIES

3.1 Lack of Ownership

The introduction of MDGs in Tanzania was generally limited to government circles with very little inclusion of CSO and Private sector. This has led to little knowledge and understanding of the MDGs by most CSO.

3.2 Poor awareness Raising

The government took little effort in ensuring that MDGs are disseminated to a wide populace. Implementation is done in context of mainstreaming goals into the PRS. The media was never brought to the attention of the MDGs leading to very minimal coverage at all times. On the other hand, the government popularized the PRS as a CCM Manifesto.

3.3 Lack Of Resources

Attaining the MDGs requires resources flow from within and outside Tanzania. Within Tanzania the government have failed to raise enough resources due to poor performance of the economy. On the other hand the donor community are reluctant to honor the three pledge, and promises made at the Monterrey and Johannesburg Summits while understanding clearly that HIPC resources are absorbed by debt service burden.

Opportunities

Mainstreaming MDGs into NSGRP/MKUKUTA

The move to marry the MDGs into MkUKUTA brings hope and access to resources critical for financing implementation of MDGs.

Government Political Will The commitment of the government to ensure economic growth and equitable resource utilization can enable some MDGs target attainable on time. The Tanzania government is committed to poverty eradication and improved social well being. As such there is no doubt that it will leave to her promises

3. Resource Flow Given the recent more to cancel debt, it is expected that aid in terms of grants will also be increased.

4.0 THE ROLE OF THE UNITED NATIONS

4.1 Capacity Building on Monitoring MKUKUTA/MDGs, advocacy, lobbying and networking among CSOs and with government, and development partners.

4.2 Financing CSOs to participate in policy dialogue, undertake monitoring implementation of MUKUTA, MDGs, and conducting budget tracking and public expenditure so as to use information and data obtained as lobbying and advocacy tool.

4.3 Acting as a bridge between CSOs, Government and development partners.

5.0 CONCLUSION

In spite of the predominance of the PRS/MKUKUTA targets, MDGs can play several roles in Tanzania (i) MDG targets have already been fully embraced in the PRS/MKUKUTA (II) MDG targets have been used to enrich existing list of poverty monitoring indicators; (iii)MDG targets are important for international comparison. Moreover, MKUKUTA and MDGs share the common objective to hold Government and development partners accountable for development progress.