



# PORALG Budget Trends and the Realization of Agenda 2030

## Introduction

The Tanzania Development Vision (TDV) 2025 is the fundamental planning document which guides the country's development planning processes since 2000. TDV is a national blueprint for economic transformation to middle-income country status by 2025. In the past, the vision has been reflected in multiple mid-term plans. In 2016 these multiple mid-term plans namely; National Strategy for Growth and Reduction of Poverty, and Five-Year Development Plan were consolidated into a single five-year national development plan known as the Five Year Development Plan-II (2016/17-2020/21) with the main focus of maximizing synergies.<sup>1</sup> The TDV establishes numerous attributes which among others include a well-educated and learning society, high quality livelihood, Competitive economy capable of producing sustainable growth and shared benefits.

The National Five-Year Development Plan-II (2016/17-2020/21), whose theme is "nurturing industrialization for economic transformation and human development" which embraces the TDV attributes through its objectives among others comprise of;

- Build a base for transforming Tanzania into a semi-industrialized nation by 2025;
- Promote availability of requisite industrial skills (production and trade management, operations, quality assurance, etc.) and skills for other production and services delivery;
- Improve quality of life and human wellbeing;

In line with this, FYDP II pledges to ensure global and regional agreements (e.g. Africa

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1 SDGs Report

Agenda 2063 and Sustainable Development Goals 2030 (SDGs)) are adequately mainstreamed into national development planning and implementation frameworks for the benefit of the country. SDGs are a set of seventeen (17) goals with the aim of ending poverty in all its forms, everywhere; promoting economic and social prosperity, fighting inequality and injustice and tackling climate change.<sup>2</sup>

Tanzania has adopted nine (9) goals which aligns well with the FYDP II. The goals includes; 1: Ending Poverty; 2: Agriculture and Food Security; 3: Health; 4: Education; 5: Gender Equity, 6: Water and Sanitation, 7: Energy Supplies 9: Infrastructure and Industrialization as well as 17: Strengthening the means of implementation and revitalize the global partnership for sustainable developments are relevant for realization of FYDP II.<sup>3</sup>

To this end, this policy brief focuses on the Ministry of Regional Administration and Local Government (PO-RALG) budget allocation trends in relation to the implementation progress of SDGs Goal no 3 on health and Goal no.4 on education. The analysis further looks at the budget allocation trends within the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC) and the Ministry of Education, Science and Technology by taking into consideration important aspects within sectors as per SDGs and FYDP II indicators respectively.

*Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all*

The goal addresses issues of education at all levels. It concerns with inclusive, quality as well as access to education by 2030. Tanzania's 2014 Education and Training policy aims to increase access to primary and secondary education and to improve the quality of education. To realize these aspirations, the government must commit to allocate and disburse sufficient budget.

For decades now, the Government's financial disbursement to education development projects has remained below 50%. According to the Ministry of Finance's Sectoral Analysis 2017/18, the parliament approved Tsh. 4,706.4 billion as the total education sector's spending for the Financial Year (FY) 2017/18. This is in fact, 1.3% less than what the parliament had approved for the sector in the FY 2016/17 which amounted to Tsh. 4,770.4 billion. Thus, the education sector budget has dropped by Tsh. 64 billion. The proportion of the education sector budget to the national budget has also fallen from 16% allocated in 2016/17 to 14.9% or approximately 15% in 2017/18.<sup>4</sup>

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<sup>2</sup> FYDP II 2016/17-2020/21

<sup>3</sup> FYDP II

<sup>4</sup> HakiElimu's Pre Budget Statement on the Education Sector Budget Plan for the Financial Year 2018/19

Allocation trend for education sector's budget as a proportion of the National Budget



SOURCE: HakiElimu Pre Budget Statement on Education for FY 2018/19.

Looking at the allocation trends from the above diagram and taking into consideration education sector as one of human development aspect in the FYDP II, the realization of goals as identified above will be a challenge as we see the dropping of the budget allocation for the past three years.

It is important to also note that the implementation of the domesticated SDGs in Tanzania as aligned in the FYDP II started in 2016/17 and it is the same year which we are seeing the dropping of the budget allocations to the sector.

Further to this, the President's Office-Regional Administration and Local Government (PO-RALG) responsible for provision of basic education has been receiving 10% less for its development spending. According to the sectoral budget analysis, in 2016/17 and 2017/18, the government allocated an average of only 6.8% of its total PO-RALG education budget for development expenditure. (Ministry of Finance, Sector Budget Analysis 2017/2018).<sup>5</sup>

The allocation and disbursement trends in the PORALG is also worrying as they have been declining each year. For example, in 2015/16 FY the parliament approved an amount of Tsh 5.42 trillion while the amount disbursed was less than what was approved.

For the year 2016/17, the parliament approved a total budget of Tshs 6.02 trillion and the amount disbursed up to Feb 2017 was 59%. And in 2017/18 the parliament approved the total budget of Tsh 6.57 trillion and the amount disbursed up to February 2018 was Tsh 3.33 trillion equivalent to only 50.68% of the total approved budget.

In line with the current trend of the budget allocation, fundamental progress of realization of the semi-industrialized economy through implementation of the FYDP II and Agenda 2030 is narrowed down as per targets and indicators that have been put in place.

<sup>5</sup> HakiElimu's Pre Budget Statement on the Education Sector Budget Plan for the Financial Year 2018/19



While SDGs call for not leaving anyone behind regarding education provision, 14.4% or 1,333,595 pupils of school age population (7-13) are not at schools. More sensitization to community to enroll pupils to schools is needed. Apart from providing free and compulsory basic education, some interventions such as providing school meals need to be introduced to attract more pupils to schools especially from poor families.

If we look at the Pupil Qualified Teacher Ratio in Pre-primary Education, an indicator that measures the average number of pupils/students per qualified teacher in a given pre-primary education, data indicates that; in 2016, a total 11,920 of teachers which is 79.7% of 14,958 teachers in Government and Non-Government Schools/streams are Qualified Teachers for this level of education giving a Pupil Qualified Teacher Ratio (PQTR) of 1:131 against the standard norm of 1:25.

*Budgeting for Teacher's recruitment and deployment:* In primary schools for example, the number of teachers in the year 2017 has dropped from 191,772 in 2016 to 179,291 in 2017 a decrease of 6.5%, making a ratio be 1:50. In pre-primary schools, the number has decreased by 1,948 teachers. This means the teacher pupil ratio in (TPR) pre- primary has shot up to 1:159 in 2017 from 1:135 in 2016 instead of the standard 1:25. (BEST, 2016 & 2017)

### **Educational infrastructures**

With the evident poor trend of allocation and disbursement of the education sector's development budget pointed above, it is obvious that infrastructure for providing basic education should face serious challenges. Furthermore, primary schools are facing a shortage of 186,008 staff houses (equivalent to 83.1 percent); 10,943 administrative buildings (83.4 percent); 15,342 library rooms (88 percent) and 16,290 first aid rooms (93.9 per cent). According to the World Bank (2016 SDI Report), only 41 per cent of Tanzania's primary and secondary schools have infrastructure that meets the required standards. Also according CAG report 2016/17, primary school are facing a shortage of 20,370 classrooms while the need is 44,000 and available is 23,630 classrooms only.

*Goal 3; Ensure healthy lives and promote well-being for all at all ages*

Sustainable Development Goal (SDG) No. 3 is central to all other SDGs. It's major niche is to attain a healthy world with less morbidity and mortalities especially among women and children Under five. Maternal and child mortalities count to over 62% of all deaths globally population countdown survey, (2015). As such, SDG No. 3 envisages to reducing maternal mortality and ending preventable deaths of newborns, infants and under five children. To achieve its targets, high impact interventions have been prioritized. Across Sub-Saharan Africa and Tanzania in particular; Universal Health Coverage (UHC) has been made core to these initiatives. Current statistics indicates only 32 per cent of Tanzanians have been covered under health insurance schemes. Achieving universal health coverage is one of the key milestones of improved health and wellbeing, whereby social protection

under health insurance coverage is a major driver. The UHC agenda has earned attention from health practitioners, social advocates and political leaders. It is seen as a way to an end since it addresses barriers to access to health care through a guaranteed financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. As a result, people are assured of access to health care of their need, at the time they need it and within their financial capacities. Despite the hindsight of the government and other actors on UHC as key vehicle towards a healthy society, there hasn't been a clearly defined pathway for realizing this target at national level however we commend the current commitment of the Government of Tanzania in driving the agenda of universal health coverage

## PERFORMANCE OF KEY INDICATORS OF THE SGD 3

**Maternal mortality ratio and rate:** Tanzania is among 20 countries with high maternal mortality rates in Africa<sup>6</sup>. Recent findings from the Tanzania Demographic Health Survey (TDHS), (2015-16) indicate that maternal mortality rate has increased from 454 to 556 per 100,000 live births between 2010 and 2015-16 respectively. This is equivalent to 19,071 maternal deaths once expressed in actual numbers. Further breakdown shows that at least two mothers die every hour. This has been largely caused by inadequate performance in other Reproductive Maternal Newborn Adolescent and Child Health (RMNCAH) such as Antenatal care (ANC)-62%, Postnatal care (PNC)-53%, Delivery at health facilities and use of Family Planning (FP) Methods-32%. However, governments has seen a significant improvement in the proportion of births attended by skilled health personnel between 2005 and 2010 with an increase from 46% in 2005 to 51% in 2015 TDHS (2015-16), This is the percentage of deliveries attended by health personnel trained in providing lifesaving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, conducting deliveries on their own, and caring for newborns.

Rank	Country	Maternal mortality rate (deaths/100,000 live births)
1	<a href="#">Sierra Leone</a>	1,360
2	<a href="#">Central African Republic</a>	882
3	<a href="#">Chad</a>	856
4	<a href="#">Nigeria</a>	814
5	<a href="#">South Sudan</a>	789
6	<a href="#">Somalia</a>	732
7	<a href="#">Liberia</a>	725
8	<a href="#">Burundi</a>	712
9	<a href="#">Gambia,</a>	706
10	<a href="#">DRC</a>	693
11	<a href="#">Guinea</a>	679
12	<a href="#">Cote d'Ivoire</a>	645
13	<a href="#">Malawi</a>	634
14	<a href="#">Mauritania</a>	602
15	<a href="#">Cameroon</a>	596
16	<a href="#">Mali</a>	587
17	<a href="#">Tanzania</a>	556

Comparison of maternal mortalities among African countries

<sup>6</sup> Index Mund (<https://www.indexmundi.com/g/r.aspx?v=2223>)

**For neonatal, infant and under-5 mortality rates:** While the momentum for progress and change for women and children has grown steadily in Tanzania, with notable reduction of child mortality from 166 deaths per 1,000 live births in 1990 to 53 deaths per 1,000 live births in 2015, Tanzania has noted slow progress in maternal and newborn mortality as discussed above.

In this regard, Tanzania developed, the National Road Maps Strategic Plan II, 2016-2020 in order to accelerate progress through building on the successes and lessons learned to address the ended Millennium Development Goals' agenda and further pursue our efforts for women, children and adolescents through the sustainable Development Goals. With same political will, the government aligned key health targets in the FYDP II (2016-2021) as below:

S/N	Indicator/Target	2014/15	2020/21	2025/26
2.1.1	Infant Mortality Rate per 1,000 births	45	42	40
2.1.2	Under five Mortality Rate per 1,000 births	81	45	40
2.1.3	Births attended by a skilled health worker (Percentage)	51	75	90
2.1.4	Maternal Mortality Rate per 100,000	432	250	220
2.1.5	Life Expectancy (Years)	62	66	70
2.1.6	National HIV Prevalence rate (Percentage)	5.1	3	1.5
2.1.7	Access to safe water and sanitation in urban areas (% of total)	86	90	95
2.1.8	Access to safe water and sanitation in rural areas (% of total)	67.7	80	90
2.1.9	Health expenditure, public (% of Govt. expenditure)	8.1	15	15
2.1.10	Percentage of people reported to travel a long distance to health services facilities	36	25	15

### Financial Resources for Health Sector

The estimated allocation for the FY 2018/19 has decreased by 20% compared to the previous year's approved allocation. Although the overall amount of funds disbursed for the year 2017/18 is higher than 2016/17, disbursement has always been less than the allocation by almost 50% in the last two years.

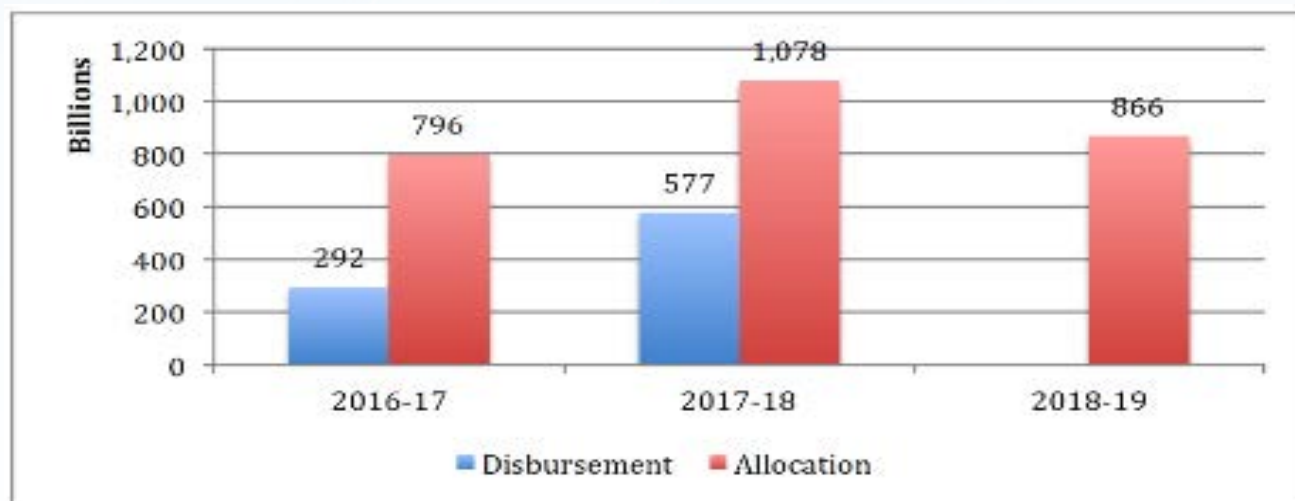


Figure 1: MOH Budget Trend 2016/17 -2018/19

Source: MOHCDGEC budget books and Ministers Speeches

Moreover, a number of challenges has continued to hinder access to health services, including the distance to health facilities, especially in rural areas and corruption. Quality of health services is compromised by a number of challenges, including insufficient budget, shortage of health workforce and shortage of medicines and medical supplies<sup>7</sup>. One of the factors that affect delivery of quality health services is insufficient budget. In 2016/17 an amount of 1,988.2 billion Tshs. had been budgeted for health sector equivalent to 9.2 % of the total budget an increase of 1.1% compared to the budget allocated in 2015/16. Despite this improvement, it has not met the 15% target required under the Abuja Declaration<sup>8</sup>

### **Medical facilities**

Budget allocations for essential medicines, medical supplies and equipment have been increasing since the past two financial years. Despite of the increased allocation, the disbursement has been low. For instance in the year 2017/18 disbursement was only 23% of the allocation up to February 2018, this is lower than the previous year 54% disbursement.

### **Human Resources for Health**

Human Resource for Health (HRH) gap remains significant across the country. In the financial year 2016/17, the budget implementation report notes a HRH deficit of about 50% in all cadres. In the financial years 2017/18 and 2018/19 budget allocation was only for strengthening health institutions and no allocation for training of HRH. However, we commend the government for its commitment to improve the HRH by employing more than 700 staffs for the 2018/19 financial year.

Over the years, the government has taken several initiatives to improve **access to health service**, including construction of new hospitals and health centres as well as renovation of old ones. In the financial year 2016/17, the Government indicated that there would be renovation of health facilities in 5 new district hospitals. In June, the Government indicated that it was planning to construct 100 health centres across the country<sup>9</sup>.

However the shortage of the health facilities in the country has remained to be a challenge which hinders the attainment of the universal health provisions that leaves no one behind as per the call of the SDGs goal as shown in the diagram below;

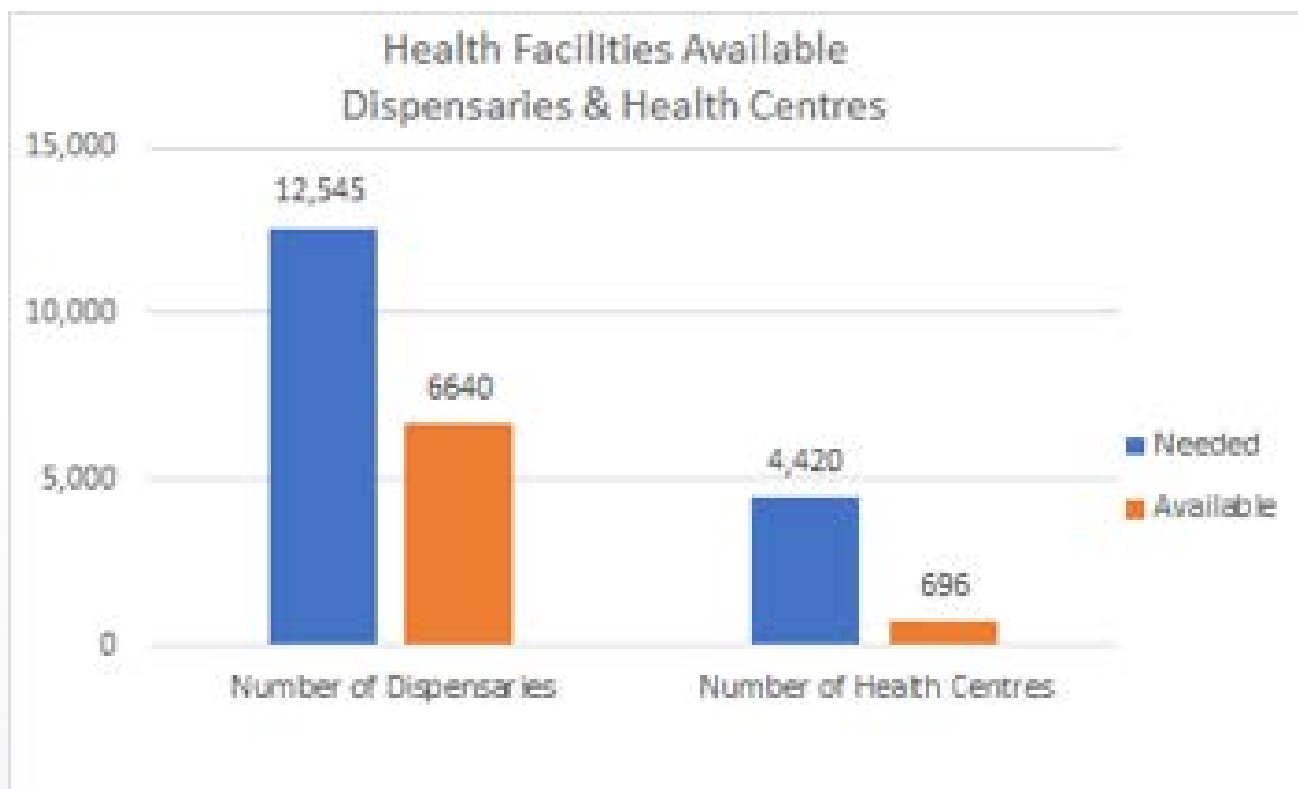
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<sup>7</sup> Tanzania Human Rights Report – 2017, LHRC

<sup>8</sup> Ibid

<sup>9</sup> Ibid





Source; PORALG Budget Speech 2018/19

### Recommendations

- Budget allocation should explicitly be aligned to achieving SDGs and FYDP II targets, for this case Education and Health sectors
- PO-RALG should guide LGAs to align their plans with the FYDP II to progressively enhance the implementation of the SDGs targets.
- PORALG Ministry to strengthened M&E framework that obligates LGAs to periodically report on the progress of the implementation of the FYDP II and SDGs target.
- PORALG should strengthen administrative data collection systems and mechanisms in LGAs to enhance effective implementation, monitoring and reporting of SDGs and FYDP II targets.
- PORALG Ministry to create more strategic partnerships with local and international development partners from Local CSOs, Private firms and the international community so as to realize goal 17



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