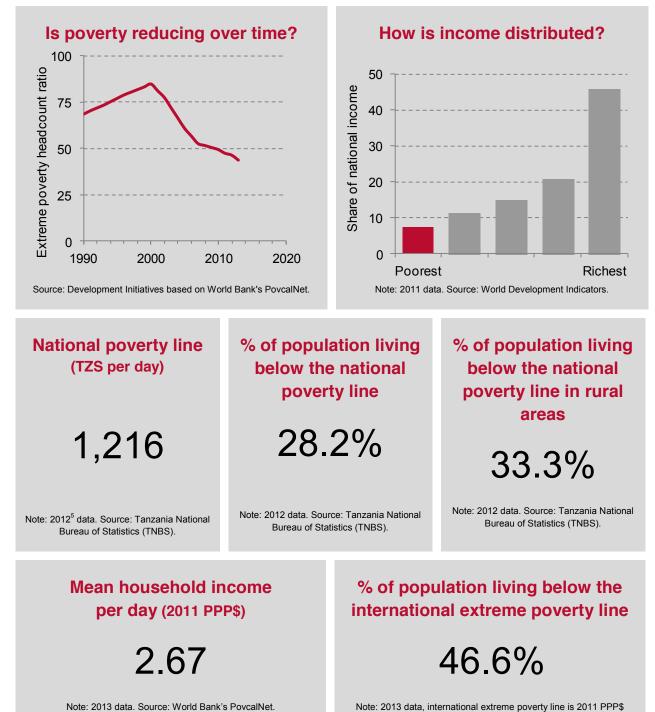


This country profile is produced by Development Initiatives to support the National Dialogue on the 2030 Agenda for Sustainable Development. As one of the founding partners of the Leave No One Behind partnership, established in July 2015, our role is to provide data at a national level to help track progress against the Sustainable Development Goals (SDGs) so we can make sure that no one is left behind.

Poverty profile

- The national poverty line in Tanzania is Tanzanian Shilling (TZS) 1,216 a day. According to the most recently available data (2012), 28.2% of the population live below the poverty line, a decline from 34.4% in 2007.¹ Of people living in poverty, 84.1% live in rural areas and 15.8% in other urban areas.
- In Tanzania, extreme poverty, defined as those living on less than PPP\$1.90 a day, has been rapidly decreasing since 1999, nearly halving from 82.7% in 1999 to 46.6% in 2011.
- Poverty in Tanzania increases with household size: in 2012, the poverty rate in singleperson households was 2.1% compared with 40.8% in those with 10 or more members. Households whose heads had no education had poverty rates of 40.8% compared with 5.4% for those whose heads had secondary education and above.²
- Higher rates of poverty are found in households whose heads are people with disabilities or older people: 43.0% in 2012, compared with the national average of 28.2%.³
- According to 2014 data, 38.0% of people with disabilities earned less than TZS 65,001, compared with the national average of 21.2%. Most people with disabilities (77.3%) work in the agricultural sector.⁴
- As of 2011, the richest 20% of people in Tanzania owned 45.8% of national income, in contrast to the 7.4% shared by the poorest 20%.



1.90/day. Source: World Bank's PovcalNet.

Economic profile

- In 2015, Tanzania's GDP per capita was PPP\$2,510.24, compared with a regional average of PPP\$3,477.29 for sub-Saharan Africa.
- Economic growth has remained stable at 7.0% in 2014 and 2015, with the highest growth since 2010 at 7.9% in 2011 and lowest at 5.1% in 2012.⁶
- The Gini index measures the income distribution of a country's residents where 0 means everyone earns the same, and 100 that where one person earns everything. In Tanzania in

Development Initiatives (DI) is an independent international development organisation working on the use of data to drive poverty eradication and sustainable development.

2011, the Gini index was 37.78, down from 40.2 in 2007, reflecting an increasingly even distribution of income in Tanzania.

- Inequality is lower in rural areas (Gini Index of 29.0 in 2012) than urban areas (Gini Index for Dar es Salaam was 35.0 and for other urban areas was 37.0 in 2012).⁷
- Out of 188 countries, Tanzania is ranked 151 on the United Nations Development Programme (UNDP)'s Human Development Index (2015), with a score of 0.521.



Education outcomes

- In 2014, the Tanzanian government spent PPP\$84.29 per capita on education; this compares with a regional average for sub-Saharan Africa of PPP\$132.65 for 2013.
- In 2012, Tanzania's adult literacy rate stood at 78.1%, up from 69.4% in 2004.
- The proportion of adults with any education is higher for men (87%) than women (76%).
- The secondary school net enrolment ratio for forms one to five increased to 29% in 2012 from 15% in 2007; while the primary school net attendance ratio decreased to 77% in 2012 from 84% in 2007.⁸

Adult literacy rate (%)

78.1%

Note: 2012 data. Source: World Development Indicators.

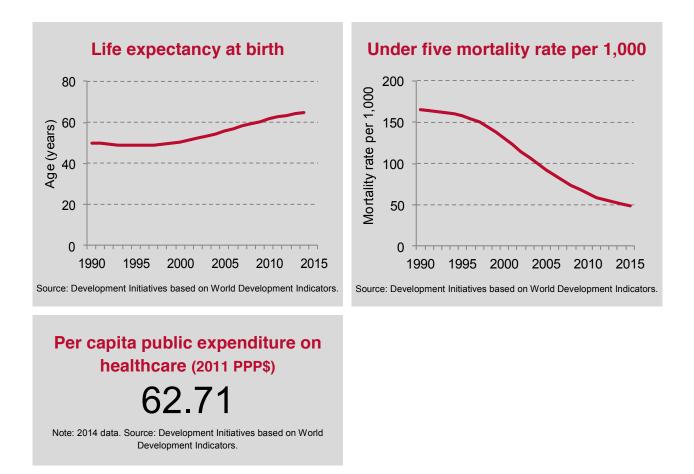
Per capita public expenditure on education (2011 PPP\$)

84.29

Note: 2014 data. Source: Development Initiatives based on World Development Indicators.

Health outcomes

- Life expectancy in Tanzania has steadily increased from 50 in 1990 to 64.9 in 2014.
- Since 1990, the mortality rate of children under 5 has rapidly fallen from 165.2 per 1,000 down to 48.7 per 1,000 in 2015.
- In 2015, HIV prevalence in Tanzania dropped to 4.7%, down from 5.1% in 2011.
- HIV prevalence is higher in women than in men: in 2011, 6.2% of women between ages 14 and 49 years were HIV positive, compared with 3.8% for men. HIV rates are higher for women and men with primary level of education and below. HIV rates are highest in Njombe, Iringa and Mbeya regions (2011 HIV prevalence of 14.8%, 9.1% and 9.0% respectively), while the regions of Kaskazini Unguja, Kusini Unguja, Kaskazini Pemba and Kusini Pemba in Zanzibar have the lowest HIV prevalence rates (less than 1.0% in 2011).⁹



- Malaria prevalence is highest for children under 15 years and those in the poorest 20%. In 2010 37.2% of children under 15 years caught malaria, while 29.0% of adults did.¹⁰
- Kigoma region has the highest proportion of households with at least one insecticide treated mosquito net for every two people (73% of those who stayed in the household the night before the survey in 2015) and Manyara has the lowest (8% in 2015). Universal net coverage increases with wealth, from 27% in the poorest 20% to 43.0% in the highest.¹¹
- The current population growth rate of 2.7% is below Uganda's 3.2% and Burundi's 3.3% in the region, although slightly above Kenya (2.6%) and Rwanda (2.3%). Total fertility rate for Tanzania has been slowly decreasing since 2004 (5.7 per 1,000 women in 2004 to 5.2 per 1,000 women in 2015).¹²
- In 2014, public spending on healthcare in Tanzania was PPP\$65.71 per capita, compared with a regional average for sub-Saharan Africa of PPP\$80.12.

Note: Economic, health and education data in this profile are Development Initiatives' calculations based on the World Bank's World Development Indicators and the UNDP's Human Development Index; please refer to these sources for full definition of public spending. Poverty data are Development Initiatives' calculations based on the World Bank's PovcalNet.

Achieving the SDGs

If global efforts to end poverty and achieve the SDGs are to be reached, it is essential that no one is left behind; the SDGs will not be considered met unless they are met for everyone. Currently available data shows that people who live in rural areas, people with disabilities, women and children are disproportionately disadvantaged with higher rates of poverty and lower income. People in these groups also tend to have less access to education and face higher rates of prevalence of HIV and malaria.

Poverty in Tanzania is a predominantly rural phenomenon, and is manifested with a high burden of disease faced by poor households. Per capita expenditure in the social sectors is low, making it ever more difficult for low income households to cope with the challenges of food security, health and education.

However, current data is still not good enough to tell us exactly who is being left behind, where they live and why. To better target resources and track their progress we need to better understand who they are. To achieve this we need more and better data disaggregated by at least geography, gender, age and disability.

A new project from Development Initiatives, the P20 Initiative, will be doing just this. The P20 Initiative will provide data on whether things are improving for the poorest 20% of people globally. It will do this by gathering and using existing data and promoting better disaggregation of data on people so we can ensure that those furthest behind are reached first and included in progress so the SDGs can be achieved for all.

Contact

If you would like more information on the any of the data provided in this summary or on the P20 Initiative please contact Cat Langdon on <u>cat.langdon@devinit.org</u>

Notes

¹ TNBS, 2014. Household budget survey 2011/12. Available at: <u>http://www.nbs.go.tz/nbstz/index.php/english/statistics-by-</u> subject/household-budget-survey-hbs/367-household-budget-survey-main-report-2011-12 ² See 1

⁴ TNBS, 2016. Integrated Labour Force Survey 2014. Available at: <u>http://www.nbs.go.tz/nbstz/index.php/english/statistics-by-</u> subject/health-statistics/disability-statistics/684-intergrated-labour-force-survey-2014-disability-statistics ⁵ The household budget survey, from which official poverty estimates are made, was carried out between 01 October 2011 and 12

October 2012.

⁶ TNBS, 2015. Statistical Abstract 2014. Available at: <u>http://www.nbs.go.tz/</u>

7 See1

⁸ TNBS, 2016. Tanzania in Figures 2015. Available at: <u>http://www.nbs.go.tz/nbs/takwimu/references/Tanzania_in_Figures_2015.pdf</u> ⁹ See 8

¹⁰ See 1

¹¹ KNBS, 2016. DHS Malaria indicator survey 2015/16. Available at: <u>http://www.nbs.go.tz/nbs/takwimu/dhs/2015-16_TDHS-MIS.pdf</u> ¹² See 9

The Leave No One Behind partnership seeks to drive global momentum to make sure that happens. Made up of three international non-profit organisations (CIVICUS, Development Initiatives, and Project Everyone) with the support of the United Kingdom's Department for International Development we have come together as founding partners to catalyse a global movement to ensure that the pledge to Leave No One Behind turns from words into reality.

For more information on the Leave No One Behind partnership please email info@leavenoonebehind.global_or visit www.leavenoonebehind.global_



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³ See 1