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**COMMON COUNTRY ASSESSMENT**

**For ZANZIBAR**

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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANGOZA	Association of Non-Government Organization in Zanzibar
ARI	Acute Respiratory Illness
CCA	Common Country Assessment
CWDS	Children with Disabilities
CNSPM	Children in Need of Special Protection Measures
DHS	Demographic Health Survey
EFA	Education For All
EPZ	Export Processing Zone
ERP	Economic Recovery Programme
FYM	Farm Yard Manure
GER	Gross Enrolment Rate
GNP	Gross National Product
GoZ	Government of Zanzibar
ICRISSAT	International Centre for Agricultural Research in Dry-land Areas
ILO	International Labour Organization
IMR	Infant Mortality Rate
IMS	Institute of Marine Science
JCBCA	Jozani Chwaka-Bay Conservation Area
JCGP	Joint Consultative Group on Policy
NAFICO	Norwegian-Africa Fishing Company
NCDP	National Coconut Development Programme
NER	Net Enrolment Rate
NGOs	Non-Governmental Organisations
NORAD	Norwegian Agency for Development
PEM	Protein Energy Malnutrition
PHCU	Primary Health Centre Units
PRSP	Poverty Reduction Strategy Paper
SME	Small and Medium Enterprises
TAS	Tanzania Assistance Strategy
TFA	Tanzania Farmers Association
TFR	Total Fertility Rate
TRA	Tanzania Revenue Authority

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## I. EXECUTIVE SUMMARY

1. The Common Country Assistance (CCA) for Zanzibar is intended to provide information on the development issues and poverty concerns facing the Isles. Such information is necessary for the UN system's new programming cycle and for guiding interventions from other development partners. While for Mainland Tanzania such information is adequately provided in the Tanzania Assistance Strategy (TAS) and the Poverty Reduction Strategy documents, and hence there is no need for preparing a separate situation analysis for the Mainland, for Zanzibar such an analysis, focusing on poverty and its related concerns is required.

2. In principle, the CCA is undertaken by the United Nations System with key partners. In particular, the CCA is undertaken with close involvement of the government. The Zanzibar government officials have been involved through meetings and discussions of the draft material. The participation of the "poor" at grassroots level was solicited through consultative meetings, which were conducted throughout the country on 19<sup>th</sup> December 2000.

3. The CCA is a country-based process for reviewing and analysing the national development situation and identifying key issues as basis for advocacy, policy dialogue and preparation of the United Nations Development Assistance Framework (UNDAF). By undertaking this, the UN system also hopes to make a contribution to the development of a Poverty Reduction Plan (PRP) by the Government of Zanzibar.

4. The CCA also addresses:

- a) National priorities and needs
- b) Follow – up to UN Conferences and the status of implementation of UN Conventions and declarations.

5. The main findings are:

(i) The growth rate of GDP at 4.3% (1995-1999), on average, is inadequate to have a meaningful impact on poverty reduction because population growth of 3% requires a sustainable GDP growth of not less than 9% to have a significant impact on poverty reduction. In this regard, only broad-based pro-poor growth strategies will enable the majority to benefit from growth. As regards the productive sectors, the strategy should focus on agriculture, rural roads and service. In addition, high quality tourism and delivery of essential basic services needs to be improved.

(ii) The impact of the "aid-boycott" by many bilateral agencies from 1995 to 2000 is not obviously seen at the macro level. Indeed, Zanzibar continued to get aid from the Gulf states, BADEA, ADB and UN agencies including the World Bank. To this effect, for the period 1995 – 1999 the economy performed better compared to the period between 1990 and 1995. However, at the level of project implementation (grassroots), activities that were halted by bilateral donors included those in health, water and education, malaria control, sanitation of Stone Town, etc – affecting negatively the delivery of services which are beneficial to the majority poor.

(iii) Gender imbalances in education, employment and access to land are notable. Regional imbalance (Unguja vis-à-vis Pemba) is also significant. For example, roads in Pemba are in bad condition compared with those in Unguja.

(iv) Reproductive and Child Health and education indicators for 1999 show a better health status for Unguja than Pemba. This implies that poverty is deeper in Pemba than Unguja.

(v) There is scanty information about HIV/AIDS, which suggests a low current level of infection, but worrisome indications of pending fast increases.

(vi) Malaria is by far the most common diagnosed disease and has remained the most significant public health problem in Zanzibar.

(vii) Governance issues (both economic and political) need close attention. Some of the issues on governance, which require immediate actions are: fighting corruption, strengthening financial management, restoration of political harmony and strengthening of democratization process, enhancement of transparency and accountability (consultative meetings report, December 2000).

(viii) The land ownership situation is clearly stated, but the actual practice does not correspond to existing laws. There is inequitable ownership, distribution and access to land - women are highly disadvantaged.

6. The list of priority areas identified in consultative meetings in communities is quite long. It is recommended that priority areas that were identified in the grassroots consultation meetings, and cross-cutting issues indicated in the analysis should be taken on board during the first implementation cycle. The following are the recommended priority areas for the UN system:

- Primary education
- Basic health
- Rural water supply
- Employment (especially of the youth and women)
- Rural roads
- Agriculture
- Governance issues (enhanced good governance and macroeconomic management including financial management and the fight against corruption)
- Gender equity and reduced regional imbalances e.g. special efforts needed to address poverty in the isolated areas and especially Pemba.
- HIV/AIDS
- Data and information system (including establishment of a system for monitoring performance in poverty reduction. That is, poverty analysis and monitoring framework for Zanzibar)

7. The Government needs are basically “capacity building” both human and institutional within these indicated priority areas, as well as support for social services delivery and operational costs.

## II. INTRODUCTION

### 2.0 Background

9. The CCA for Zanzibar is intended to provide information on the development issues and poverty concerns facing the Isles, necessary for the UN system's new programming cycle. The CCA could also fulfil the role of informing government's planning process and guiding interventions from other development partners. While for Mainland Tanzania such information is adequately provided in the Tanzania Assistance Strategy (TAS) and the Poverty Reduction Strategy documents - and hence there is no need for preparing a separate situation analysis for the Mainland, for Zanzibar such an analysis focusing on poverty and its related concerns, is required.

10. The CCA for Zanzibar is prepared in the spirit of enhancing collaboration and integration of the UN system activities in Zanzibar. The process of preparation has drawn on existing government policy and strategy documents, sectoral and sub-sector programmes, the work of UN agencies and Zanzibar stakeholders (civil society, private sector, grassroots level) through various consultative processes (focused group discussions, workshops, etc). Participation in the process of preparing the CCA has been both broad and **active** from Zanzibar stakeholders. 800 people participated in 160 groups to discuss poverty issues in Zanzibar. This is a healthy situation for follow up actions.

11. Zanzibar, comprising two main islands Unguja and Pemba and a few sparsely populated smaller islands such as Tumbatu and Uzi (Unguja), Kojani and Fundo (Pemba), attained political independence in January 1964 in a revolution that ousted the Sultanate of Oman. Zanzibar is divided into ten districts. The districts are further subdivided into constituencies that preside over *Shehias* (villages). The Isles occupy a total area of 2,643 square kilometres (Unguja 1,658 square kilometres; Pemba 985 square kilometres) and lies off the east - coast of Mainland Tanzania (Unguja about 40 km and Pemba about 60 km).

12. According to recent estimates (1999) Zanzibar has 886,700 inhabitants of which 51% are female and 49% male; 57% rural, 43% urban; about 60% live in Unguja and 40% in Pemba. The average household size is 5 members [22]. The population dynamics include a growth rate of 3.0%. Density is estimated at 257 persons per square kilometre for Unguja and 305 persons per square kilometre for Pemba [25].

### 2.1 Macro-economic development

13. Improvements in macro-economic aggregates were realised during the second half of the 1990s. For example, inflation declined to 5.5% in 1999 from 28.9% in 1995. Real GDP growth rates increased from as low as -5.2% in 1990 to 5.2% in 1995 and the economy grew at 4.5% in 1999 as shown in Table I below.

**Table I. Trends in Selected Macro-economic Aggregates in Zanzibar 1980-1999  
(Selected Years)**

	1990	1995	1999
Real GDP growth	-5.2	5.2	4.5
Per capita real GDP growth	-8.8	2.2	1.5

**Source:** [6]

14. The sharp decline in per capita income between 1980 and 1990 was due to a negative growth in GDP at a time when population was growing fast at an average of 3 %. Real GDP per capita improved from 1995 to 1999.

15. Between 1995 and 1999 real GDP grew at an annual average of 4.3 % at constant 1985 prices. The growth rate has been erratic for some specific years reaching 7.2 % in 1996 and 0.5% in 1998. One of the reasons for erratic growth was the drop in cloves production from as high as 10,339 tonnes in 1996 to a low 204 tonnes in 1998. The moderate growth achieved during the period under review is attributed to growth in 5 sectors i.e. agriculture, electricity, trade (including tourism), transport and finance. In 1998 for example, growth in agriculture was 7%, electricity 9.7%, trade 5.5%, transport 7.4% and finance 37% [11]. The 1995-99 average growth rate was high compared with previous period - 3.6% during 1985-94.

16. The performance of GDP in Zanzibar is very much dependent on the performance of the agricultural, trade (including tourism) and financial sectors. There has been a decline in the contribution of agriculture to GDP from as high as 53% between 1984/88 to a low 38% in 1999. Crop production contributed an average of 25% between 1995 and 1999, and livestock and fishing contributed an average of 13.8%. The decline in the performance of agriculture was due to low level of technology, pests and diseases, lack of credit facilities, smuggling of cloves and problems related to the land tenure system. As a result of the decline in agriculture the comparative share of trade (including tourism), finance and administration has been increasing. The decline in the performance of agriculture hits hard the poor especially those who live in Pemba when compared with Unguja. The population in Pemba depends almost entirely on agriculture for their livelihoods. About 74% of Pemba's land area is under cultivation compared with 42% Unguja. There are few non-farm activities for Pemba residents.

17. There has also been a decline in the contribution of construction in GDP. The sector's share was 8.4% during the 1984/94 period, but dropped to 3.2% by 1999. The construction of roads, bridges and land improvements declined between 1997 and 1999 because of reduced Government development expenditure and private sector investments. The public works sector was the most hit, experiencing a 25% decline in construction activities.

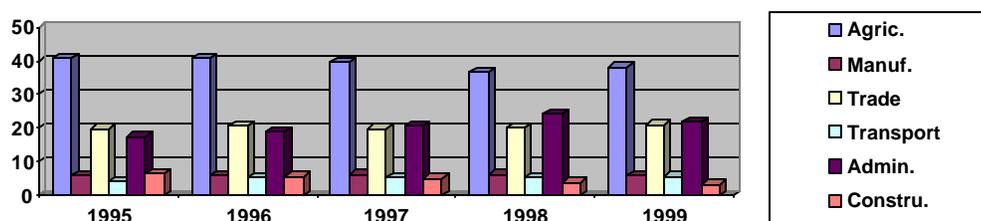
18. The share of the manufacturing sector in GDP has ranged between 5.7% and 6.1% during the period under review. There was a marginal decline in the sector's share from 6.1% in 1998 to 5.9% in 1999. Trade and administration have claimed the highest shares in GDP during 1995-1999. The contribution of these sectors averaged 20.4% and 21.4% respectively. It should be noted that growth has been geographically biased and concentrated in few sectors (trade/tourism, finance, administration and construction), which are highly urban biased and in Unguja. Only the re-distribution of wealth in favour of Pemba and/or the pro-poor growth (agriculture, fishing and rural roads) will rectify the situation.

**Table II. Zanzibar GDP Sectoral Contribution 1984-1999 (%)**

	<b>1984/88</b>	<b>1989/94</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>
<b>Agriculture</b>	53.2	44.7	40.9	40.7	39.7	36.8	38.1
<b>Manufacturing</b>	3.2	2.3	5.9	5.7	6.0	6.1	5.9
<b>Trade (tourism)</b>	19.1	26.5	19.8	20.7	19.8	20.0	21.1
<b>Transport</b>	-	-	3.9	5.3	5.3	5.1	5.5
<b>Administration</b>	12.4	23.5	17.5	18.8	20.8	24.4	21.9
<b>Construction</b>		8.4	6.5	5.4	4.9	3.7	3.2

Source: [6]

**Fig 1. Zanzibar GDP Sectoral Contribution 1984-1999 (%)**



19. From Table II and Figure 1 above one discerns that the economy is predominantly agricultural with a sectoral contribution of 25.9% in constant 1985 prices (or 38% current prices) in 1999, followed by trade (22.7%).

#### *Trade Balance*

20. During the second quarter of 2000, the deficit on the Zanzibar goods account declined by 13.5 percent, to a deficit of US\$ 22.2 million from a deficit of US\$ 25.7 million recorded during the corresponding period in 1999. The improvement was attributable to increases in exports coupled with decline in imports. Exports trebled to US\$ 2.4 million from US\$ 0.8 million recorded during the corresponding period in 1999, while imports declined by 7.1 percent to US\$ 24.6 million, from US\$ 26.5 million recorded during the corresponding period in 1999.

21. Clove exports increased from US\$ 0.03 million recorded during the first half of 1999 to US\$ 1.0 million during the review period. The increase is attributed to good harvest and increase in export unit price of the commodity. On contrary, seaweed exports value declined by 8.2 percent mainly due to the fall in export unit price.

## **2.2 Government Financing**

### **2.2.1 Revenue**

22. Public revenue in Zanzibar is generated from various local and external sources. Local sources include import and export duties, sales tax (currently: Value Added Tax), excise tax, hotels, restaurants and guest house levy; transport levy; stamp duty; income tax; petroleum levy and road toll.

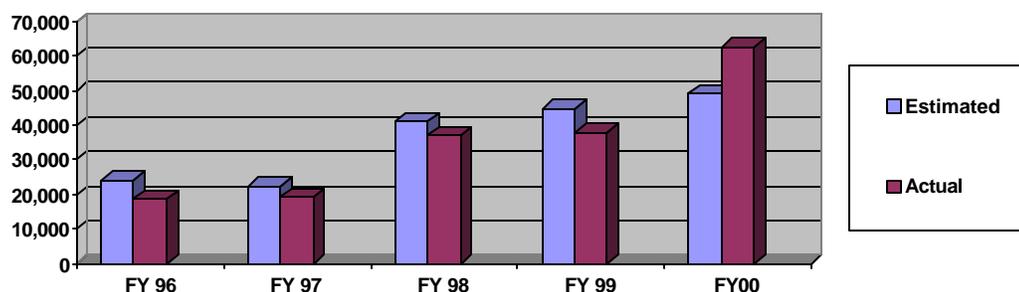
23. Realisation of revenue collection for the period 1995/96 to 1999/2000 shows a rising trend - see Table III & Fig. 2. In 1999/2000, revenue collection was Tshs. 62,720 which is 27% more than the estimated amount of Tshs. 49,386 Million. The good performance for the period was due to establishment of Tanzania Revenue Authority (TRA), which improved collection efficiency.

**Table III. Zanzibar Government Revenue (T.Shs. Mill.)**

	1995/96	1996/97	1997/98	1998/99	1999/00
Estimated	24,186.4	22,400.9	41,113.7	44,879.6	49,386
Actual	19,146	19,808	37,285	37,690	62,632
Realization %	77.32	85.44	90.6	84.55	127

Source: [25]

**Fig. 2 Zanzibar Government Revenue (T.Shs. Mill.)**



24. Despite the good performance in revenue collection, the bulk of revenue accrues from volatile sources: trade taxes on imports and export of primary products, mainly cloves. Government coffers are likely to experience shocks due to the cyclical nature of clove production or volatility of the imports. The main imports which are consumer goods and import duties are likely to be subjected to a number of shocks like: harmonisation of tax rates as a result of East African Community and SADC members states agreements, rent-seeking among customs officials and unfaithful businessmen – tax evasion.

**Table IV: Sources of Revenue and Trends FY 1995-2001**

Source	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01 Estimates
Import duty/Sales tax – VAT	14,965	12,431	22,733	22,687	37,425	30,000
Sales tax –VAT/Excise	2,157	1,182	2,339	3,202	5,589	6,100
Income Tax	821	802	1,524	1,847	2,218	2,500
Other Taxes	282	2,720	7,940	8,280	14,704	14,902
Non-Tax Revenue	901	2,653	2,729	1,654	2,696	1,863
<b>Total</b>	<b>19,146</b>	<b>19,808</b>	<b>37,285</b>	<b>37,690</b>	<b>62,632</b>	<b>57,365</b>

Source: Serikali ya Mapinduzi Zanzibar 2000/2001

25. Revenue from income tax is small and increasing slowly - see Table IV. In 1997/98 revenue from other taxes increased three folds compared with 1996/97, it further increased by two folds in 1999/2000 compared with 1997/98. The major items under other taxes category are levies on petroleum products, which accounted for about 60 percent of the revenue for the period under review. The second item is sale of services, products and securities. This accounted for about 25 percent of revenue in the same category.

26. The Zanzibar budgetary performance for the fourth quarter of 1999/2000 was encouraging. The budget recorded an overall surplus of Tshs. 2.7 billion compared with a deficit of Tshs. 0.5 billion in the previous quarter. During the quarter under review, revenue collection reached Tshs. 17.9 billion, surpassing previous quarter collection by Tshs. 2.4 billion. The collection, which is equivalent to 12.7 percent of the estimated GDP (Tshs. 141,250 Million) for 1999/2000, is also Tshs. 5.5 billion higher than estimated collection of Tshs. 12.4 billion. The impressive performance is mainly on account of improved tax administration.

### **2.2.2 Expenditure**

27. Government expenditure has two main categories namely recurrent and development expenditure. In recent years, recurrent expenditure has taken not less than 95% of the total budget. Most of the recurrent expenditure goes to salaries, allowances and administrative expenses. The balance is allocated to social sectors and to servicing of the public debt. Development expenditure as a whole is financed by loans and grants. They are sourced from foreign banks, governments and agencies. After the "aid-boycott" in 1995 development expenditure has declined significantly from Tshs. 12,501 million in 1994/95 to a mere Tshs. 598 million in 1999/2000- see annex Table 8 on page 40.

28. The Government has little capacity to service debt, which has accumulated as a result of failure to pay interest. For example, during 1998/99 and 1999/2000, the budget commitment for public debt servicing was Tshs. 8,250 million and Tshs. 10,405 million respectively, but only Tshs.175 million and Tshs.1,317 million were disbursed. Another category that received less than planned allocations was salaries and allowances, which received 83% of its budgeted amount. The "other charges" category received as much as 167% of the estimated budget. Others received less than 40% of their estimates. Generally, this highlights problems of resource constraints, lack of transparency and accountability in the budget process.

### **2.2.3 Sectoral Expenditure**

29. The evolution of public expenditure compared to revenue indicates persistence of fiscal deficits since 1995/96. The deficit was Tshs. 1.082 billion in 1995/96 and increased to Tshs. 1.668 billion in 1997/98 [25]. For the years after 1997/98, it is difficult to know what was the deficit trend because only estimates are available, which indicate that the Government was able to control its recurrent expenditure. To the contrary, the main factor responsible for the deficits has been rapid and uncontrolled growth of recurrent expenditure, as well as an impasse in bilateral aid after 1995. However, it is difficult to analyse the deficit figures in a consistent manner because of lack of transparency in expenditure allocation and recording for the period of 1995/96 – 1999/2000.

30. Resource constraints have impeded expenditure on sectors that have a bearing on human welfare. From 1990/91 to 1998/99, for example, the education sector consumed between 8.4% and 11% of the total public expenditure. The expenditure per level of education is, however, in favour of the basic education sub-sector whose share in total expenditure on education increased from 39.3% in 1991/92 to 86.0% in 1998/99. Despite the increase in the financial resources allocated to education sector, salaries take a lions' share. In 1999/2000 budget, for example, salaries consumed 65% of the education budget. In 1999/2000, both health and education sectors received less resources than previous years despite a big jump in recurrent expenditure - see Table V below. Allocation to health sector remained around 7% in 1997-99 but went down to 6% in 1999/2000.

**Table V. Education and Health Expenditure in Zanzibar 1997/98-2000/01 (Tshs. Mill)**

	1997/98	1998/99	1999/00	2000/01 Estimates
Education	4,279	4,370	5,523	6,399
Health	2,627	2,764	3,747	4,121
As % of Recurrent Expenditure				
Education	11	12	9	12
Health	7	7	6	8
Recurrent Expenditure	37,394	37,846	62,466	53,671
As % of Total Expenditure				
Education	11	11	9	8
Health	7	7	6	5
Total Expenditure	38,394	38,206	63,064	75, 656

Source: Zanzibar Government Budget 2000/01

31. The Health and education sectors are currently very dependent on one major source of funding, the central government. The health sector is always facing financial constraints like others. This is happening when the demand for services by the growing population and the elderly continues to increase. The development budget of the Ministry of Health has been inadequately funded as disbursements have always fallen below approved estimates. This meant less expenditure on major aspects of human welfare like family planning, HIV/AIDS, water and sanitation, housing, etc. This experience is also shared by many other sectors. There is urgent need to review and restructure the Government budget with a view to making it pro-poor. The current expenditure pattern hardly can address the needs of the poor and of the future generation – the children.

### **III: MANIFESTATIONS, CAUSES OF POVERTY, CHALLENGES AND PRIORITIES IN ZANZIBAR**

#### **3.0 The Conceptual Framework**

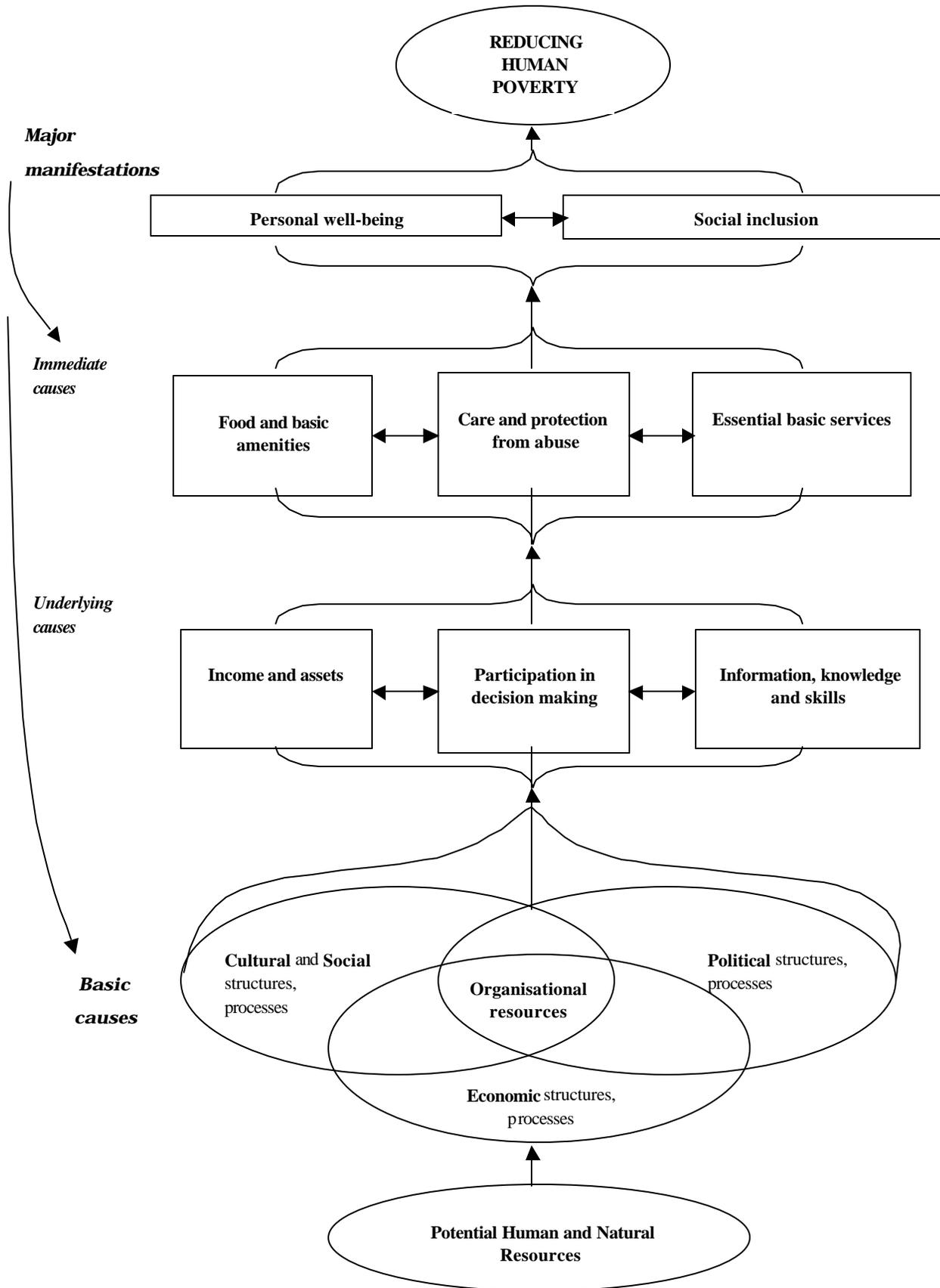
32. The conceptual framework that has guided the analysis of the development challenges in Zanzibar and Mainland is presented below. The conceptual framework shows clearly that the analysis must link causal factors to the reduction of poverty. That is, the ultimate objective is to reduce poverty in its broadest social as well as economic sense. It also clearly illustrates the importance of the basic causes of poverty and that targeting intervention at immediate or underlying causes will not generate lasting reductions in poverty.

33. It shows that reducing human poverty requires that people are well - physically, psychologically and in other ways - and live in an accepting society. These conditions are predicated immediately on access to food and other basic amenities, access to essential services such as basic health and education, and care and protection from abuse, especially for young people and others who are particularly vulnerable. Underlying these are access to income and assets, access to information, knowledge and development of skills, and participation in decision making. At a basic level, social, cultural and political structures and processes are themselves based on the economic structure of society and are mediated by organisations which provide the necessary resources for poverty reduction. The nation's natural resource endowment plays a fundamental role in shaping the way in which these structures and processes have been and are being formed. The exploitation of these potentials of natural resources and mobilisation of the nation's population are the most basic determinants of a country's development.

34. Early on in the development of the CCA/UNDAF for Mainland Tanzania, four major thematic areas were identified, which reflect important clusters of issues in collaborative work of the UN in Tanzania (Mainland and Zanzibar):

- Survival and development
- Sustainable livelihoods
- Environment and natural resources
- Governance

Conceptual framework



### 3.1 Major manifestations

35. Poverty in Zanzibar is manifested by low incomes, incidence of diseases, malnutrition especially of children, low quality of education and low achievement, vulnerability to shocks such as drought and low participation of the poor (women and children) in political, social and economic decision making process.

36. The Zanzibar situation is thus one of many households living below the food poverty line. It is indicated in the 1991 HBS that food poverty line for rural areas in Tanzania was Tshs. 5,073 monthly expenditure per household, while per capita monthly income for Zanzibar was T.Shs. 1,322 (US\$5.6). The majority of the households are mainly subsistence farmers (47.3%). According to the year 2000 HBS (preliminary results) an adult person appears to require shillings 7,933/=, 7,454/= and 7,118/= in Dar es Salaam, other urban areas and rural areas respectively for his/her minimum food requirements for 28 days. The figures for Mainland may not provide a good comparison, however, figures for rural areas may provide proxy indicator of income poverty in Zanzibar.

37. The literacy rate is about 60 per cent [illiteracy rate (40%)] for Zanzibar. According to the 1999 TRCHS about 29 and 38 percent of men and women respectively, have no formal education. About 35 and 24 percent of **men** in Pemba and Unguja respectively, have no formal education 24. For **women**, about 45 and 32 percent in Pemba and Unguja respectively, have no formal education. The data above indicates that Pemba scores low in education compared with Unguja.

38. Malnutrition among under fives is a problem. In 1990 the level of moderate malnutrition was 43% and severe malnutrition was 8%. The height-for-age results in the 1999 TRCHS indicates that 44% of children under five are stunted, with 17% being severely stunted. Stunting increases from 9% among children less than six months old to more than half of the children 12-59 months old. There is higher prevalence of stunting in rural areas (48%) than urban areas (16%). There is more stunting in the Mainland (17.2%) than Zanzibar (12.2%). Within Zanzibar there is a high disparity between Pemba (18.3%) and Unguja (7%). The weight -for-height results show that 5% of children under five are wasted, with less than 1% being severely wasted in Zanzibar.

39. It is estimated that life expectancy at birth is 48 years of age (1999) [15]. Despite this low level being an improvement over the 1970 level of 45.3, it shows a decline from the 1990 level of 52 years. Generally, the national health situation for Zanzibar is far from being satisfactory in terms of service delivery. A current infant mortality rate (IMR) of 83 per 1000 and maternal mortality rate of 377 per 100,000 remain unacceptably high. However, in Zanzibar, child mortality levels are lower than in Mainland Tanzania. There is no evidence of any further decline during the nineties. Most of the main causes of mortality are preventable, e.g. poorly spaced pregnancies, malaria and pneumonia.

40. Disabled and handicapped children and others: a 1998 survey conducted by the Zanzibar Association of the Disabled [11] revealed a number of types of child disabilities, as physical, visual, deaf, mental, albino, epilepsy. Prevalence of disabled children was 4% with the highest proportion (52%) being physical disability. For example, in Chakechake district 5% of the under-18 were disabled, out of whom 61% were females and 39% male. The CNSPM category includes children in institutions, orphans, street children, abused and neglected children, and child workers (including early married) and with disabilities.

41. The main development challenge, which all development efforts in Zanzibar eventually aim at addressing, is that of widespread and persistent poverty in all its dimensions. Poverty is particularly widespread in the rural areas, but is not insignificant in urban areas. There are, however, significant regional differences in levels of poverty and in the relative importance of different aspects of poverty. Those particularly at risk of poverty in many of its dimensions are the children and youths, the very old, women, those in large households and those involved in subsistence agriculture. The best way of ranking districts/regions is through constructing a deprivation index. This takes into account a number of income and non-income poverty indicators.

Table VI indicates district disparities for most of the indicators (Regional Poverty and Welfare Ranking).

**Table VI. Regional and District Variation in Poverty, in Zanzibar 1999**

<i>Indicator</i>	<i>Zanzibar Average</i>	<i>Most deprived District</i>	<i>Most deprived districts</i>
<i>Gross primary school enrolment</i>	85.4	61.1	
<i>Boys</i>	87.1	64.8	<i>Micheweni, North 'B'</i>
<i>Girls</i>	83.6	57.3	<i>Mkoani</i>

<i>Infant Mortality (per 1000)</i>	112*	142*	North 'A' South 'U'
<i>Under-five-Mortality (per 1,000)</i>	186*	240*	North 'A' Micheweni, South 'U' Chake
<i>Low birth weight (%)</i>	17.7	25.5	..Pemba

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**\*1998 figures;**

42. Table VI above shows the most deprived district (e.g. Micheweni in Pemba), which requires special attention by the Government and other development partners in terms of interventions.

43. While some progress has been made in the fight against poverty since independence, poverty in Zanzibar is a persistent phenomenon. Low salaries (minimum wage about \$30 per month, FY 2000) and the resulting low morale in the civil service have contributed to poor quality of the services. In addition, successful local initiatives have been frustrated by a top-down, directive approach. While data are not abundant, the available sources suggest that over the 1990s most poverty indicators have been stagnant or slightly improved. Nonetheless, deterioration is to be expected in many poverty indicators, as the impact of HIV/AIDS becomes more evident.

## **3.2 Thematic Issues**

### **3.2.1 Survival and development**

44. The analysis of survival and development concentrates on the **immediate causes** in the conceptual framework: access to food and basic amenities such as shelter, access to essential basic services – education, health and water - care and protection from abuse.

#### *Food Security and Nutrition*

45. Non-income aspects of poverty usually take into consideration human development aspects (food and basic amenities, care and protection from abuse and essential basic services). The poor are more easily affected by unforeseen events than the well off. Events like drought, floods and other adverse weather conditions affect the poor in terms of their food security. Other causes of food insecurity are inability to produce enough food crops for subsistence and surplus due to use of low level technology, dependency on rain-fed agriculture and **inappropriate land tenure** system where few people own land. Women do experience more problems of food insecurity than other social groups because the land tenure system favours men. Also, most of Zanzibaris eat only twice a day. It is possible that such an eating behaviour may have negative impact on their health, especially on children.

46. A survey conducted in 1996 [11] found that rural households in Pemba were in a situation of food sufficiency, but with more precarious situations for the population using the farming-based production system. No observation was made in Unguja rural areas of any significant chronic poverty. It is estimated that at most only 10% of the rural population may be in a situation of food shortage, with 7% in the coastal areas, 25% in the coral areas, 8% in the plain areas, 15% in the fertile areas and 11% in the semi forested areas [11].

47. The observed major causes of malnutrition as are low food intake, diseases and lack of necessary care to pregnant women and children. Nutritional problems include protein energy malnutrition (PEM), iodine deficiency disorders (IDD) and vitamin A deficiency (VAD). Controlled studies in rural communities on Pemba have shown that there is severe iron deficiency anaemia particularly among children under 24 months. No specific nutrition policy is in existence. Nutrition activities are incorporated in other programmes. For example, the Priority Plan for Health Services (1991/92 - 1995/96) emphasised that the Nutrition unit of the Ministry of Health would work collaboratively with the Zanzibar Joint WHO/UNICEF Nutrition Programme (ZJNSP) to improve nutrition in order to reduce child mortality and morbidity.

48. Twenty nine percent of the children are under weight. Children older than six months of age are much more likely to be underweight than very young infants. Under weight is more prevalent in rural areas (31%) compared to urban areas (21%).

49. Trends in malnutrition do not indicate substantial changes during the past decade. The 1991-92 TDHS, the 1996 TDHS, and the 1999 TRCHS show that prevalence of stunting has remained at around 43%-44% of children under 5. There has been a constant proportion of children who are underweight at around 29%-31%.

50. The **Challenges** are to reduce severe malnutrition and proportion of children who are underweight. Also, to address issues of food security.

Priority actions
■ increase food security by enhancing agricultural productivity (including fruit and vegetables)
■ extend coverage of clinic-based and community-based growth monitoring and promotion (GMP) – provide vitamin A supplements
■ Provide nutritional education to females and increase awareness especially in rural areas

### Education

51. Education has long been an important element in strengthening human capability. The Revolutionary Government of Zanzibar has long given the sector a priority in the socio-economic policies and development strategies. Overall, the quality of education facilities is unsatisfactory (EFA Assessment 2000) caused by factors like shortage of schools and classrooms, insufficient teachers and administrators, unqualified and poorly motivated teachers, poor quality of school buildings, etc. Concerns for education system delivery include gender imbalance at higher levels, geographical imbalance and inefficiency (both internal and external), poor state of physical facilities and insufficient teaching materials.

52. In Zanzibar, a higher proportion of those with no education are in Pemba (34.9%) compared to Unguja (23.8%). Further, a lesser proportion has completed primary education in Pemba (7.7%) than Unguja (14.8%). Furthermore, Pemba has a lower percentage of population with secondary and higher education (14.0%) than Unguja (21.7%).

53. Inadequate income and assets is the underlying cause for failing to attain acceptable levels of education. Among the constraints to educational development is inadequate provision of funds for education. Another underlying cause for poor educational status is low participation (voicelessness and powerlessness) in decision making. Community and parent involvement in the education process is still limited. Inversely, poor educational status in turn contributes to poverty.

54. The net enrolment is low and delayed for both primary and basic education. NER for basic education was 59.6 in 1990, improving to 75.7 by 1999. In 1990 NER for primary was 50.9 (51.9 for males and 50.0 for females) increasing to 67.0 by 1997 (67.3 for males and 66.7 for females). This is indicative that the probability of being enrolled at the right age is higher for boys than it is for girls.

**Table VII. GER by level and Gender in Zanzibar 1990-1999**

Year	Pre-School		Primary*	
	Male	Female	Male	Female
1990	3.0	3.1	67.4	63.9
1995	6.1	6.3	82.1	78.9
1999	11.4	11.5	87.1	83.6

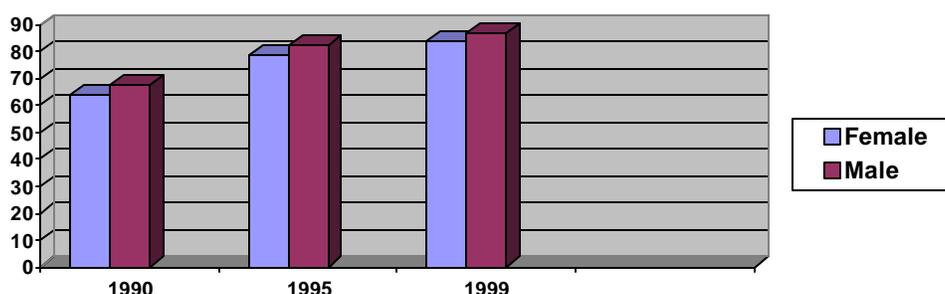
\* includes secondary up to form II.

Source: [4]

The gender parity index (F/M) at primary level shows a consistent gender gap in favour of boys (See Annex Tables 6-7).

**Figure 3. Primary GER by Gender in Zanzibar 1990-1999**

Figure 3 shows that although GER increased for both female and male over the period, the number of female was lower than



male.

55. Micheweni district in Pemba has been the worst performer in both GER and NER. In 1990, GER was 30.9 (36.6 for males and 25.1 for females) compared to the national average of 59.6. There was improved to 53.6 by 1999) 56.9 for males and 50.0 for females) but these levels were far below the national average. The same trends are evident for NER. While the national NER for basic education in 1990 was 43.4 that of Micheweni was 23.5 (27.4 for males and 19.4 females). The national NER increased to 54.7 by 1997 but that of Micheweni was 38.8. Micheweni district needs special attention in addressing the issue of access to education, as it has for a long time remained the most deprived.

56. The Urban District has been experiencing a decline in GER (78.4 in 1990 to 72.2 in 1999 for males and 75.1 to 70.4 for females) during the same period (Annex Table 7). These observations point to the urgent need to accelerate girls' admission at STD 1 in order to narrow the gender gap. The comparison of drop out rates by gender shows that the rate is nearly the same for both boys and girls.

57. School attendance: Less than 3% of children aged 36-59 months were reported to be attending some sort of pre-schooling (nursery, kindergarten). Pre-school education coverage is higher among urban children of age 4 and among children whose mothers have some secondary education.

58. The proportion of the primary-school-age population attending school is slightly more than half for the whole of Tanzania. Fifty six per cent of the school-age girls attend school while 51% of boys do. Attendance is higher for children in Zanzibar than those in the Mainland (67% versus 53%). Higher proportions are reported for urban areas compared to rural areas. Attendance is higher in Unguja (68.5%) than in Pemba (63.2%).

59. A common problem with the **education** system is high drop out, low transition rates, and repetitions. Drop out rates are highest for Grade 7 at 13.2% followed by STD 6 (6.9%), STD 8 (10.7%) and Form I (9.9%). The rate for boys and girls are nearly the same. The average drop out rate at STD 5 has been between 12% and 31.9% in the 1990s mainly attributed to increased economic and baby care chores for young girls, truancy especially for boys, poverty and engagement in petty trade to augment family incomes at the encouragement of parents.

60. Secondary education: GER in 1999 was 49.9 increasing to 53 by February 2000. Three cycles of secondary education are operating: the first cycle covers the orientation year, Form 1 and Form 2. This is part of compulsory basic education. At the end of Form 2 students sit for national exams to qualify for Form 3. The second cycle covers Forms 3 and 4. The third cycle, the advanced level covers Forms 5 and 6.

61. GER at compulsory level is 48.8%, with 50.8% for males and 46.8% for females; for the second cycle it is 12.7%. Girls constitute 44% of students in second cycle and 28% at advanced level secondary school. The survival rate at Grade 10 ranges between 20.8% and 59.7% indicating a drop out rate of between 79.2% and 40.3%. Girls are worse off at a retention rate of 59.2% compared to 90.7% for boys. This indicates inequality in education between girls and boys at advanced secondary schooling.

62. The National Education Policy was formulated in 1991 and updated in 1995. The policy did not provide a detailed structure and curriculum of vocational education, and did not link well with other sectors. In light of this, in 1996 the Zanzibar Education Master Plan (ZEMAP) was launched to cover 1996-2006 with the following targets:

- GER of 100% for pre-school by 2006
- to increase access to primary education and attain a GER of 100%; for basic education (primary and lower secondary) a GER of 100% by 2006. Intermediate targets of GER 100% for primary and 80% for basic education were set for year 2001.
- increase secondary GER by 50% by 2001
- increase transition rate at ordinary level secondary to at least 40% by 2001 and 50% by year 2006.
- increase literacy to 85% by 2006.

63. The **challenges** in the education system include upgrading facilities, improving availability of teaching materials, improving curriculum relevance, reducing gender and regional imbalances and up grading teachers.

**Priority actions**

- provide support for improved performance of girls in schools

- provide adequate text books and teaching materials
- improve access/enrolment through increased classrooms
- improving quality through up grading teacher skills
- encourage more private sector participation in investments.
- increase girls access at higher levels e.g. girls education programmes
- encourage vocational training relevant to market demands
- strengthen the capacity of education management systems

### *Health and Reproductive Services*

64. In the isles, the doctor-<sup>1</sup>population ratio is currently 1: 13,115. Physical infrastructure has increased markedly and 90% of the population is within 5 km to the nearest health care facility. However, the road network in Zanzibar needs a lot of improvement especially in rural roads and mainly so for Pemba rural roads. Access to facility can also be improved. It is observed that women on reaching the clinics with their children, very often drugs are not available or prices are high and unaffordable.

65. Among the immediate causes of poor survival and health status is the lack of access to good quality health services. Access to good quality reproductive health services is particularly problematic. This is reflected in high fertility rates and high maternal mortality and morbidity. While Zanzibar (as well as Mainland) has a good network of health facilities, these facilities in most cases are poorly maintained, equipped and staffed. There are problems both with the quantity and the quality of staff. Efficiency and effectiveness in health service delivery leaves much to be desired. This in turn is related to poor planning and management systems in the health sector. Another issue is that the involvement of the non-governmental actors in health service delivery has not been adequately facilitated. There is a need for a strategic approach on the role of the private sector in health service delivery, by stressing more clearly how private and public sector should target different segments of the population.

66. Other immediate causes of poor survival and health status include lack of food and basic amenities, in particular clean water and adequate sanitation, but also energy (fuel) and a safe, clean place to live. Malnutrition is a major contributing factor to the high levels of mortality and morbidity in Zanzibar and Mainland, with significant impact on the very youngest children and pregnant and lactating mothers. General malnutrition, protein-energy malnutrition, as well as various micronutrient deficiencies are important public health problems in Zanzibar.

67. At the level of underlying causes, the survival and health of the population is hampered by insufficient knowledge and awareness of health-related matters. Income is also a constraint in seeking and accessing health related information. The limited participation of communities in designing appropriate health care systems and health interventions is another underlying cause. Among the basic causes determining health and survival are cultural practices, corrupt practices in delivery of services and the limited scope for public expenditure on health. Similar to HIV/AIDS, but in a less dramatic manner, poor health also acts as a cause of poverty at different levels of the conceptual framework.

68. **Malaria:** According to the Zanzibar Malaria Control Programme [21] malaria is by far the most common diagnosed disease and has remained as the most significant public health problem in Zanzibar. It affects the majority of the population, particularly pregnant mothers and children under five years of age. Statistics from the Ministry of Health indicate that malaria is responsible for 40% of all outpatient attendance, 33% of all admissions and 28% of the hospital deaths of children below 15 years of age. Malaria is an underlying cause of anaemia and results in reduced mental and physical capacity.

69. Disease prevention is undermined by lack of safe water and adequate sanitation facilities and by limited use of treated bed net. Knowledge on the prevention of malaria is also limited. Fever affects more than one third of the children under five and is more prevalent among children aged 6-23 months and among children who live in Pemba (49%) compared to Unguja (29%) [22].

70. **Pneumonia and respiratory illness:** Pneumonia and Acute Respiratory Illness (ARI) are the second major source of morbidity and mortality in Zanzibar. Based on 1997 data it is shown that pneumonia and bronchitis account for 10% of all the morbidity in Zanzibar. If cases of asthma are considered the percentage rises to approximately 13%. Under-

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<sup>1</sup> Includes foreign doctors and medical assistants.

five morbidity is 12.4% and under-one 15.1%. Compared to the Mainland, Zanzibar has a higher prevalence of children with ARI symptoms of 18% against 14%. Pemba has a higher proportion (23%) than Unguja (14%).

71. **Diarrhoea and intestinal parasites:** The current position concerning water and sanitation-related diseases causing morbidity and mortality especially in young children shows that a child in Zanzibar averages three attacks of diarrhoea per annum. Diarrhoea and resulting dehydration was responsible for 3.1% of all hospital deaths in 1991. Nonetheless, the rate is on the decline in comparison to malaria. The 1999 TRCHS shows that 16.3% of the children under five years in Pemba had diarrhoea. Only 7.2% of the children in Unguja had the disease. Country-wise Zanzibar has a slightly lower prevalence of the disease (12%) compared to the Mainland (12.4%) [22].

72. Outbreaks of cholera have been few, the last one was experienced in 1997. Intestinal worms are also a common cause of illness, which leads to low productivity among the people.

73. **Vaccination of children:** According to the 1999 TRCHS, 70% of children in Zanzibar aged 12-23 months were considered to be fully immunised by the date of interview. There are differences in the level of coverage among different vaccines. While the coverage of BCG and the first dose of DPT and polio were 92%-93%, the proportion continuing to receive the third dose fell to 81%-82%. About 78% of children age 12-23 months received the measles vaccine. When vaccinations received at the "critical period" i.e. before a child reaches 12 months of age are considered, only 60% of children can be considered to be fully vaccinated.

74. There has been no significant change in vaccination coverage between 1996 and 1999. The proportion of fully immunised among age 12-23 months has declined very slightly from 71% in 1996 to 70% in 1999. Vaccinations (BCG, DPT, Polio, and Measles) coverage in Pemba is lower (51.8) than in Unguja (89.4). Almost all selected Reproductive and Child Health Indicators [ref. TRCHS 1999] are less in Pemba than the Zanzibar average (see Table VIII).

75. The 1999 TRCHS also indicates that boys are more likely to receive the basic childhood immunisations than girls. Despite the fact that the male - female disparity in immunisation is only 5% (72% Vs 67%). There has been a slight narrowing of the disparity from 1996 when 72% of boys against 69% of girls (3% discrepancy) were immunised. A location disparity is also observed where urban children are more likely to be immunised than their rural counterparts. A child born by educated mother is also likely to be fully immunised than that child of less educated mother.

#### *Reproductive Services*

76. Formal and organised family planning services were introduced in Zanzibar in 1985. Contraceptive prevalence has been raised from practically none to 14% by 1995 and 26.2% by 2000. A family planning information system programme has also been established.

77. According to the 1999 Reproductive and Child Health Survey (TRCHS) fertility has declined from 6.3 births per woman during the period 1989-91 to 5.8 births per women five years later (1994-96) and 5.6 in 1997-99.

78. Currently, some knowledge of family planning is nearly common among women, 92% of whom have heard of at least one method. There is also wide spread knowledge of specific methods. 87% of women have heard of the pill, 83% know of male condoms, and 82% know of injectables. Female sterilisation (63%) and the IUD (53%) are less well known, but are still recognised by more than half of all women. Contraceptive use has more than doubled since 1991/92, from 10% to 22% of all women using a method. Use of modern methods (including contraceptives) has increased, rising from 6% of all women in 1991/92 to 15% in 1999.

79. It is further reported in the 1999 TRCHS that the level of current contraceptive use is twice as high in urban areas (35%) than in rural areas (17%). Zanzibar women use less of family planning methods compared to women who live in the Mainland (22%). Within Zanzibar, contraceptive use is low in Pemba (7%) compared to Unguja (19%).

80. Contraceptive use is lowest among teenagers and women in their late 40s, while at all other age groups use is at 25%-30% of women. Contraceptive use differs by education level, whereby 13% of women with no formal education are currently using a method compared to 18% of women with incomplete primary school, 26% of those who completed primary school and 41% of those with at least some secondary education or higher.

**Table VIII. Selected Reproductive and Child Health Indicators: Zanzibar, 1999:**

		<b>Unguja</b>	<b>Pemba</b>	<b>Zanzibar</b>
1	Knowledge of HIV/AIDS	99.1	98.7	98.9
2	Current use of Family Planning: Any method	18.9	6.8	13.6
3	<b>Maternal Health Care</b>			
	Tetanus toxoid	83.4	78.6	82.2
	<b>Antenatal care</b>			
	From Doctor	11.2	2.2	7.1
	From nurse	20.1	7.4	14.2
	<b>Assistant at delivery</b>			
	From doctor	2.0	0.8	1.5
	From nurse	45.4	24.5	35.3
4	<b>Vaccinations</b>			
	BCG	100	95.8	97.8
	DPT	95.8	71.6	83.3
	Polio	95.8	70.6	82.8
	Measles	89.4	61.5	75.0
	All	89.4	51.8	70.0
	Low birth weight	17.2	36.0	25.5
5	Prevalence of Diarrhoea % of children with diarrhoea	7.2	16.3	12.0

**Source:** [22]

Table VIII above show that Reproductive and Child Health indicators are better in Unguja than in Pemba. This implies that this dimension of poverty is deeper in Pemba than Unguja.

#### *Mortality trends*

81. Under-five mortality is estimated at 147 per 1,000 live births, and infant mortality at 99 per 1,000 live births. This shows that one in seven children born dies before reaching the fifth birthday. It is further shown that 28% of deaths under five occur during the post neonatal period and 36% of deaths occur at ages 1-4 years [22, Table IX].

82. Trends in mortality indicate that under-five mortality has declined substantially from 178 deaths per 1,000 births in the period 1990-94 to 147 for the period 1994-99.

83. In Tanzania mortality levels and trends are largely determined by what happens in the rural areas, where the majority of the population lives. In Zanzibar, child mortality levels are lower than in Mainland Tanzania. Urban mortality rates are generally lower than in rural areas. Whereas the urban under-five-mortality rate is 145 per 1,000, that of rural areas is 167 per 1,000 [22, Table IX].

**Table IX. Infant and child mortality Mainland/Zanzibar Comparison, 1999**

	<b>Neonatal Mortality</b>	<b>Post-Neonatal</b>	<b>Infant Mortality</b>	<b>Child Mortality</b>	<b>U-5 Mortality</b>
Mainland	45.4	63.0	108.5	60.5	162.2
Urban	53.2	35.6	88.8	61.4	144.7
Rural	43.5	69.9	113.4	60.2	166.8
Zanzibar	35.2	47.9	83.0	34.1	114.3

**Source:** [22]

84. A comparison of the Mainland and Zanzibar shows that mortality rates in Zanzibar are lower. The 1999 TCHS shows that infant mortality in Zanzibar is 24% lower than in the Mainland, while under-five mortality is 30% lower in Zanzibar than in the Mainland [22].

85. The universal observation that children of educated mothers have lower mortality rates is evidenced by the 1999 TRCHS. It is revealed that mortality rates for children born to mothers with no education are higher than those whose mothers who have completed primary school.

86. The main **challenges** facing the delivery of health services include upgrading the quality of medical personnel, upgrading facilities, strengthening management and encouraging greater private sector participation – with a focus on the leading causes of morbidity and mortality. The main constraints facing Zanzibar with regard to provision of health services are the long legacy of government provision (freely) and inadequate funding, a weak referral system and shortage of qualified medical personnel especially in rural areas.

**Priority actions**

- Focus on Maternal and Child health services and reproductive health in rural areas
- combat diseases that are major causes of morbidity especially malaria, diarrhoea, pneumonia and respiratory illness
- upgrade facilities especially for Pemba and rural areas in Unguja, and enhance remuneration of medical staff
- capacity building in skills for district health management and planning
- increase vaccination coverage and provide adequate medicine at affordable price
- fight corruption in service delivery
- involve the private sector more (including NGOs)
- increase outreach of family planning advocacy

*Water and Sanitation*

87. **Water:** The Zanzibar government had targeted provision of piped water for all by the year 2000. At present 90% of Zanzibar town residents have access to piped water, compared to only 46% of rural residents. However, most of pipes don't have water for the time being. For the islands, access is 63.6% for Unguja and 14.8% for Pemba. Among the districts, access is lowest in Micheweni (Pemba), only 2%.

88. Increased demand (and hence conflicts) for water in the rural areas has not been entirely caused by an increase in population, but also due to the growth of tourism, as evidenced by the construction of many tourist hotels along beaches in rural areas. Supply is short of demand in all areas. Supply only meets 51.1% of domestic demand in Unguja urban, 67% in Pemba urban, 49% in Unguja rural and 23% in Pemba rural.

89. The state of water facilities is unsatisfactory with problems of dilapidated water pipes, non-functioning pumping facilities, drying up of wells during the dry season, and high salt content in some areas. Women have to walk long distance to collect water, when wells close to their residential areas dry up. Lack of access to safe water causes water borne disease, which in turn aggravates poverty situation. As indicated above, rural areas in Unguja and Pemba are the mostly affected by water problems.

90. The **challenges** carry-out maintenance of facilities, diversify the sources of water supply and enhance involvement of communities in planning, financing and management of schemes. Financing has been the critical constraint to expanding, rehabilitating and maintaining rural water supply projects.

91. **Sanitation:** Urban sanitation in Zanzibar town suffers from lack of a centralized sewerage system. The existing sanitary system is close to sixty years old and serves only 30% of residents. Recent rehabilitation has only covered the old stone town. A survey conducted recently in rural areas showed that only 49% of households had latrines. Island households with toilets constituted 65.7% for Unguja and only 20.2% for Pemba. Existing sanitary network systems are inadequate or not operating. Approved policy guidelines for sanitation are absent.

92. Government actions have included a Master Plan for Water and vigorous sanitation/health education campaigns in the rural areas. Policy emphasis has recently shifted to community/private sector participation.

93. **Challenges** in sanitation provision include rehabilitation of existing systems, extending rural coverage, empowering stakeholders other than the government (communities, private sector, local institutions, NGOs, CBOs etc) in the development, operation and maintenance of facilities, and integrating all stakeholders (domestic users, irrigation, hotels, etc).

**Priority actions**

- empower other stakeholders and involve them in planning, operation and maintenance of facilities (by developing water policy - design appropriate cost sharing schemes, improve protection of main sources of water)
- rehabilitate existing systems and involve communities
- extend rural coverage
- expand coverage of sanitation (collective sanitation)

**3.2.2 Care and Protection from abuse**

94. There are a number of groups that require special care and protection from abuse. Children fall into this category. The HIV/AIDS pandemic and its economic and social (victims and orphans) consequences are particularly critical. However, all people may need care and protection during illness, old age and under other hazardous conditions. Floods and droughts, epidemics and crop pests, environmental damage, economic instabilities, all have their effects on people's capacity to meet their basic needs and subsequently their ability to survive and pursue their development ambitions and potential.

95. Children with disabilities, accounting for 3% of the population, have limited access to education. These children are usually not enrolled when they should, because special education for children with disabilities is not incorporated in the mainstream education system. At basic education level only 88 disabled children were in school [4]. Two main causes are responsible for the poor access for children with disabilities. First, lack of awareness of the rights of children by parents and second, lack of family property to cater for the special provisions needed by CWDs.

96. Children in Need of Special Protection Measures (CNSPM): Children facing specific difficulties (child labour, juvenile injustice, truancy and dropout rates from school) need, requisite protection measures. CNSPM groups include situations such as drug abuse and rehabilitation; sexual exploitation, economic exploitation, teenage pregnancies, orphans etc. Another emerging group requiring increased attention is the elderly.

97. The Zanzibar Revolutionary Government has not put in place a safety net system to take care of the vulnerable groups. For example, health facilities for people with special needs, like the disabled in the rural areas, is non-existent. In the urban areas, there are more facilities (operated by NGOs) for the disabled. However, in most cases the existence of these facilities is not a product of a coherent planning process but more of an afterthought.

98. Women and girls, besides suffering racial, economic, and other forms of discrimination, experience specific forms of discrimination and human rights violation just because they are females. Inequalities at different levels and in all walks of life affect women and girls all over the World. In Zanzibar, article 11(1) and (2) of the Constitution clearly establishes the principle of equality. It states that "All people are born free and equal" and "Every person is entitled to respect and human dignity". Recently, cases of child abuse (sexual abuse is even more private and difficult to quantify), rape and gender violence have been reported in media and courts. However, due to existing social and cultural structures and process, abuses like rape are rarely reported. In addition, judicial remedies like legal aid, procedure and practice are normally not readily available.

### 3.2.3 Sustainable livelihoods

99. This cluster of concerns focuses on underlying determinants of poverty, especially income and assets, information and skills development. There is also reference to basic causes, especially to economic structures and processes and organizational resources. The issue of safety nets is also covered here, from the context of income and access to food.

#### *Income poverty*

100. In determining the level of income poverty, data on household income and expenditure should be analysed in order to identify who are the poor, where they are located and what their main characteristics are. In practice, in countries like Zanzibar, experience indicates that the accurate measurement of household income, especially for the poor and the very rich is very difficult. Causes of income poverty in Zanzibar are: inadequate employment opportunities especially for women and the youth, use of low level technology in agriculture (including traditional agricultural practices), limited irrigation in agriculture sector, low productivity in fishing and livestock keeping. Other causes are: inability to market agricultural produce and non-availability of inputs, lacklustre attitudes, migration of youth from rural areas into towns, limited access to land (land being owned by few), sickness, old age, alcoholism, divorce and environmental degradation. All these causes have negative implications on income.

101. Expenditure per adult is lower in Zanzibar than in Mainland - see the findings of the last Household Budget Survey 1991/92. It displays poverty lines expressed in expenditure per adult (in 1994 prices). The food poverty line is T.Shs. 5113 (Dar es Salaam, T.Shs. 5711; other urban areas, T.Shs. 5940 and rural T.Shs. 5073) for 28 days; while the basic needs poverty line is T.Shs. 7453 (Dar es Salaam, T.Shs. 8325; other urban T.Shs. 8659, rural, T.Shs. 7398). A comparison between Pemba and Unguja shows that there is more dependence on subsistence farming in Pemba. Rural non-coral dwellers depend on farming as a major source of income. A rural-urban analysis shows that most urban households depend on business and wages and salaries as a source of income.

102. Poverty is not uniformly distributed geographically or within the population. Poverty varies by location (rural and urban), production systems, agro-ecological zones, household structure and gender. Using the "production system" criterion it was possible to evaluate and to compare the level and distribution of poverty in Zanzibar. Through qualitative and quantitative poverty measures, four different socio-economic groups were identified [11]. Those who cannot ensure their subsistence (structural/chronic poverty; 10% in Unguja and 15% in Pemba), those who can just ensure their subsistence at current socio-economic level (60%); those who can ensure their subsistence and have enough income to improve the living conditions and have savings, (25%).

103. *Rural-urban poverty comparison:* Urban areas may offer better urban employment opportunities with higher wages compared to rural ones. However, the "working poor" are increasingly emerging due to wages which have, in the past, been eroded by higher inflation rates. By comparison expenditures are lower in rural than in urban areas. For example, the average monthly cash consumption expenditure was T.Shs. 560 (US\$ 2.3) for rural and T.Shs. 981 (US\$4.0) for urban areas. This is indicative of a higher poverty incidence in rural compared to urban areas, probably a cause for rural – urban migration.

104. *Incidence of poverty:* The poorest households are those that are foremost affected by a weak labour force ratio. This category of households comprise: the old, the disabled and ill adults without relatives and support; widowed and divorced women with no relative to support them; alcoholics and impaired mental cases, as well as young families without employment of either of the spouses .

105. Incidence of poverty is also higher among households whose production systems are based on shifting cultivation in the remote coral areas, and those who are engaged in permanent subsistence farming on borrowed land in the semi-fertile areas where productivity is low. In these production systems, permanent secondary activities such as firewood cutting, charcoal and *makuti* (palms) production, stone collection, petty activities are necessary to complement the basic incomes.

106. *Poverty level by head of household:* Women constitute 51% of the population of Zanzibar, and account for 60% of the illiterate. According to the 1991 women headed HBS 27% of households, a proportion that declined to 23% by 1999 [22]. A 1995 survey [26] indicated that a large proportion of the female-headed households regarded themselves as poor and about 29% perceived themselves as very poor. There are differences in terms of socio-economic well being among them. Women heads of households in urban areas have more access to jobs and other income generating activities than their rural counterparts. Generally, most of the women are employed in unskilled or semi-skilled manual jobs with little chance for functional training, upgrading or better pay or benefit.

#### *Access to assets (Land)*

107. In 1964 land was declared state property and by 1974 the government had distributed 66,000 acres to 13,364 inhabitants in Unguja and 8,898 in Pemba under temporary rights of occupancy. Between 1989 and 1994 six Land Acts had been enacted (3 in 1989, 1 in 1992 and 2 in 1994) in response to various conflicts. A land policy was established in 1983. The Land Act of 1992 provides legal basis for land tenure in respect of public lands, private lands, right to occupancy and traditional tenure systems common in coral areas. In spite of the Acts, coupled with a complicated land tenure system, the land problem persists.

108. The 1992 Land Act provides the officially recognised legal basis for all tenure systems. However, traditions and community rules still play an important role. The land ownership situation is clearly stated but the actual practice does not correspond to existing laws [11].

109. For the easily accessible and fertile areas ownership reflects historical and traditional family land rights. Increasingly coral and semi-coral lands occupation is currently visible for business purposes mainly, cash tree plantations (businessmen, authorities, group of farmers) and for new settlement of individuals and families from the plantations.

110. Insecurity of land tenure and land use conflicts also contribute to poor productivity. Access to land is particularly problematic for women because of discriminatory traditions and community rules. Women are the most deprived in terms of land ownership. They own less than 20% of the privately owned land, despite the fact that they provide more than 60% of the labour force in the agricultural sector.

111. Two main **challenge** remains: one of ensuring that women have access and they own land without discrimination; second, ensuring that practices comply with existing land legislation, improving efficiency in the delivery of land services and increasing public awareness of laws, rights and obligations of all concerned.

#### **Priority actions**

- protect the rights of women
- enforce existing legislation and re-examine tenure system
- improve efficiency in the delivery of land services
- resolve potential land conflicts through involving all stakeholders in the planning process

#### *Employment*

112. High levels of unemployment and underemployment, which limit people's ability to gain an adequate income, also cause poverty. The immediate causes of unemployment in Zanzibar are: the down sizing of the public sector – retrenchment of employees in parastatals, closing or collapse of loss making (the government can not afford providing subsidies any more) public owned manufacturing enterprises, budgetary constraint and a sluggish of employment-creating investments. For example, agriculture sector employment creation potential is not being realized. The youth are particularly at risk of unemployment and they migrate from Pemba to Unguja and from other rural areas to Zanzibar town in search of non-farming employment opportunities.

113. An underlying cause for unemployment is that the formal education system does not sufficiently equip young people with skills that respond to market requirements and does not prepare them for self-employment. Their low levels of education and skills limit their income generation potential. Access to micro-credit is limited and thus becomes an obstacle. In addition, the growth of employment-creating investments is slow and limited in scope. The economic growth is from sectors which are urban biased like trade (including tourism), finance, administration and construction. This biased growth has led to migration of youth from rural to urban and from Pemba to Unguja hence compounding unemployment problem. Further, there is inadequate enabling environment for growth of micro and small enterprises. Furthermore, there is no institutional framework in place for the design and implementation of policies and initiatives for employment generation efforts. A specific concern in the area of employment is that of child labour, a product of poverty and a major threat to the health and development of the children involved.

114. Current unemployment rate (1999 estimates) stands at between 17%-25%. However, unemployment among the young population of 30 years and below was higher (1992 labour force survey). The proportion of population economically active is 54%. Sources of employment are informal sector (61%), and private and public sectors (39%). From 1995 to 2000 the employment in Government ministries has increased from 23,041 to 25,138 of which 15,311 are men and 9,827 women. This represents an increase of only 2,097 jobs for a period of 5 years.

115. Women unemployment is high. Age-wise, the proportion not working is higher among younger women and those residing in urban areas. Zanzibar has a higher proportion of unemployed women (19.3% against 30.4%) when compared with the Mainland. In Zanzibar seasonal unemployment is high, with only 23% working throughout the year. Women who are employed all year in Pemba are only 9.6 percent compared to 33.7 percent in Unguja. There are less formal employment opportunities for women in Pemba than Unguja. This shows that, women and youth are disadvantaged on the labour market.

116. **Child Labour:** Children cannot develop fully if they are occupied in work to the extent that it threatens their health, education or development. Less than 2% of Tanzanian children aged 5-14 are working for pay. However, about 22% are doing unpaid work in family businesses, and 78.3% regularly help out with domestic chores. Twenty five percent of children spend four or more hours a day in domestic chores. In Tanzania 42.6% of male and 38.4% of female children are likely to be working [TRCHS 1999]. Causes of child labour are poverty (children assisting the parents to make ends meet) and lack or inadequate enforcement of legislation prohibiting or limiting the employment of children.

117. A high proportion (about 40%) of private clove plantation owners employ children aged 7-15 years. In Unguja and Pemba 2.6 and 5.0 percent of children, respectively, are working for pay. However, about 4% (Unguja) and 2.8% (Pemba) of children are doing unpaid work in a family business. In Pemba and Unguja 15.4% and 11.3% of children, respectively, are more likely to be working [TRCHS 1999].

118. Since the inception of Zanzibar Investment Promotion Agency (ZIPA), several projects have been approved in various sectors – see Table X below. ZIPA has achieved 57 percent of the expected employment. The analysis of the data shows that 65 percent of the actual employment was created in hotel and tourism sector. However, a recent study in hotels business has shown that majority of employees in hotel sub-sector are from Tanzania Mainland and Kenya. Many young Zanzibarians are either not qualified for the jobs or do not seek jobs in hotels because of cultural reasons (memories of slave - mtumwa, clothing habits and behaviours, and absenteeism). Also, there are complains about long hours of working and intensity of work requirements set by employers.

**Table X: Employment in the approved projects by ZIPA**

Sector	Approved Projects 1995-2000	Expected Employment	Actual Employment	Actual as % of Expected
Agriculture and fishing	9	959	260	27.11
Business and services	21	717	282	39.33
Hotel and tourism	52	6006	3749	62.42
Industries	22	1303	686	52.65
Tour operation	13	350	172	49.14
Air transport	4	101	76	75.25
Sea transport	5	832	586	70.43
<b>Total</b>	<b>121</b>	<b>10,268</b>	<b>5,811</b>	<b>56.59</b>

Source: Zanzibar Investment Promotion Agency

119. According to ZIPA, the major constraints to promotion of investment are excessive bureaucracy on processing exemptions for capital goods for entitled investors. Indeed, it takes longer time than expected to resolve issues of exemption among Zanzibar Revenue Authority, Tanzania Revenue Authority and ZIPA. Also, poor infrastructure is on top of the list as a constraint to investment promotion. Examples cited are the lack of airport and trunk roads in Pemba and poor feeder roads and sewage system in Unguja.

120. The **Challenges** are to reduce general unemployment with focus on youth and women, to remove gender imbalance in employment and stop child labour.

**Priority actions**

- enhance training and employment of the youth with a gender focus – young women, which is relevant to the demand of labour market
- enforce legislation that limits employment of children
- increase employment in rural areas
- stimulate employment-creating investment
- address cultural issues that hinder accessibility to certain types of employment

### *Agriculture*

121. Two economic zones can be distinguished: plantations on fertile upland areas and marginal coastal rag. About 40% of the total cultivated land is under export crops, mainly cloves followed by coconut, fruits and spices. Food crops occupy the remaining 60% being mainly cassava, bananas, sweet potatoes, legume, maize and rice. Land use is mainly smallholder mixed farming. About 5.4% of rural households own no land. Off farm employment opportunities in rural areas are very rare.

122. About 50% of households own livestock of which 23% own indigenous cattle. Livestock constitutes about 12% of GDP. Climatic and ecological conditions limit horizontal expansion of livestock keeping. Fishing is an important activity contributing 2.5% to GDP and 6.3% to agricultural GDP. About 99% of the catch is consumed locally. In the case of lower income families, fish make up 100% of protein supplies and forms 22% of average family expenditure on food. The full potential of the fisheries sub-sector has not been realised mainly due to high dependence on artisan fishing.

123. Poverty is particularly widespread in rural areas, especially for those involved in small-holder agriculture and small-scale fishing. Their income and expenditure levels are often extremely low and their food security is limited. At the level of immediate cause of this situation is the low productivity which in turn is associated with the low levels of soil fertility. In addition, post-harvest losses are considerable. At the level of underlying causes the inadequate access to inputs is paramount. The level of technology used is low, with most farmers relying on hand hoe cultivation. Access to both production and marketing credit for small-holders and small-scale fishermen is very limited. Another underlying cause of importance is the poor transfer of knowledge due to collapse of basic extension services. The poor road infrastructure is also a major obstacle to agricultural growth. It limits the access of farmers and fishermen to markets and therefore acts as a disincentive for investment and productivity improvement. Another basic factor is that agriculture is mostly dependent on rains, which are unpredictable. However, the irrigation sub-sector has not been given prominence because of cost implications.

124. The **challenges** in agricultural sector can be summed up in one task: that of increasing productivity. The issues that need to be looked into are improvements in technology and use of high yield technologies, expanding off-farm income generating activities in rural areas, addressing the issue of land tenure and supporting small scale coastal fisheries with modern fishing gear which can exploit off shore fisheries. Diversification of agricultural activities is also crucial.

#### **Priority actions**

- facilitating access to inputs, markets and extension services by small scale farmers, paying special attention to women in agriculture
- supporting artisan fishermen through accessing modern fishing gear
- assisting smallholder farmers with improved technology
- promote diversification, e.g. seaweed farming
- providing more support to agricultural research, extension and rice irrigation
- staying the course of reforms in agriculture and support Livestock development
- overseeing smooth implementation of the Land Act

### *Manufacturing*

125. A new policy, the “Industrial Development Policy of Zanzibar 1998-2008”, aimed at fostering industrial development, is in place. It focuses on selected sub-sectors and priorities, and assigns greater role to the private sector.

126. Priority areas are: spelt out as private sector promotion including privatization, export processing and the establishment of export processing zones, small scale industrial establishments especially cottage industries and industries developed by women, development of the informal sector, rehabilitation, entrepreneurship development and village industries. SMEs have been given special emphasis.

127. As a result of these new policies, investments in manufacturing have surged. Production has improved but the share of manufacturing in GDP has remained almost the same for the past five years (5.8 in 1993, 5.7 in 1996, 97 and 98 and 5.6% in 1999). A major constraint remains that of an inadequate enabling environment for foreign investments.

128. The **challenges** that face the industrial sector include: a small domestic market (size and low per capita incomes), poor infrastructure, weak institutional capacity, low levels of industrial skills and weak linkages with available national resources, especially agriculture.

**Priority actions**

- strengthen linkages with the agriculture sector
- improve supply of power and water for industrial use
- enhance human resources development for industrial needs
- improve incentives for production of goods for the export market
- enhance availability of capital among investors
- encourage Foreign Direct Investments through improvement of the investment climate

*Infrastructure**(a) Transport*

129. Zanzibar is served with three modes of transport: air, sea and land. Four trunk roads serve Unguja and one serves Pemba. In both islands a number of rural feeder roads exist. Port and marine infrastructure has improved in recent years. The airport in Unguja connects Zanzibar with the rest of the world and provides domestic services together with Karume airport in Pemba.

130. Poor state of roads especially in rural areas and Pemba, poor services and /or absence of ports facilities and lack of marine vessel in Wete (Pemba) are major concern hindering poverty reduction efforts. Also, one trunk road for Pemba is inadequate. Moreover, rural roads in Unguja need improvement. The poor state of infrastructure is a result of neglect of the infrastructure in Pemba and inadequate provision of funding.

131. The **challenges** in the transport sub-sector are: upgrading rural feeder roads to all-weather standard and more effective utilization of the seaports of Unguja and Pemba.

**Priority actions**

- emphasize rehabilitation and upgrading of rural roads and involve local communities in maintenance – using Labour Based Technology
- enhance efficient utilization of ports and airports
- involve local communities and private sector in the management of key roads
- encourage private initiatives in marine and air services

*(b) Telecommunications*

132. Private sector investment in telecommunication has been rapid in recent years. Currently, Zanzibar is served by four wireless mobile telephone systems, one being locally owned. A number of “Internet cafes” have sprung up, especially in Zanzibar town. However, telecommunication facilities are still insufficient and inefficient. Landline facilities are also available in the two islands.

133. The main **challenge** remains that of improving landline facilities and extending them to villages by using modern technology (e.g. satellite systems).

**Priority actions**

- improve land line and satellite facilities
- improvement of the investment climate (provide more incentives for private sector participation)

*Tourism*

134. The main policy issues in tourism, especially in developing economies like Zanzibar, revolve around how to make tourism pro-poor, i.e. how the livelihoods of the poor are affected, how to consolidate positive impacts and how to promote economic participation of the poor in the industry. Tourism development has not to date, incorporated poverty elimination objectives [16], [24]. Critical factors like the type of tourism, planning regulations, land tenure, market context, access to capital and training have not been adequately addressed in Zanzibar. Leakage in revenue is high in developing countries (between 55% and 75%) [24] and Zanzibar is no exception. Casual observations point to the likely avenues for such leakages. For example, use of imported skilled labour and luxury products, repatriation of profits by owners, countries of origin playing the role of marketing, transport and other services, etc.

135. The main **challenge** is to ensure that the benefits from tourism trickle down to the poorer segments of society. This can be realized through linking the sector with the opportunities in agriculture, employing more locals and proper monitoring of proceeds. Participation of stakeholders in planning and decision-making, and resolution of conflicts at an early stage are important. This can be done through strengthening rights at local level, developing participatory planning and other incentives to encourage private investors to enhance local benefits. A holistic livelihoods approach needs to be recognised (economic, social and environmental; short term and long term)[24].

**Priority actions**

- promote linkages with local communities especially in rural areas, employment and supplies (agricultural produce)
- review training to link up with tourism market (demand) trends
- ensure environmental conservation
- monitor proceeds and revenue collection

### 3.2.4 *Environment and natural resources management*

136. This cluster of concerns focuses on the sustainable use of natural resources to generate income - especially through agriculture, the mainstay of the majority of Zanzibaris - and to generate access to amenities - water and energy. It deals mainly with the level of basic causes. Major causes of environmental degradation are population growth and poverty. The relationship between population growth and environmental degradation is complex. Initially, degradation may occur as population increases. But what happens next is context-specific. In Zanzibar, population densities have been increasing steadily in the last three decades. An obvious implication of this is an increase in human settlement and increase in demand for food and cooking fuel (which is firewood in this case). These have resulted in an increase in the total cultivated area and decrease in forest and woodland respectively. Whereas in the late sixties area under forest was estimated at about 100,000 hectares, in 1989 the area under forest was estimated at 42, 549. This implies that within 20 years about half of the forest has gone because of firewood (about 90% of all household use firewood for cooking), cultivation expansion and other human activities.

137. Where people are too poor to invest now, or too poor to wait for the fruits of their investment, further degradation can occur. The linkages between poverty and the environment are complex and require locally specific analysis to be properly understood – there is no simple causal link. In many areas, the poor, the non-poor, commercial companies, and state agencies actually cause the majority of environmental damage through land-clearing, agro-chemical use, water appropriation and pollution. In Zanzibar, for example, firewood is also extensively used by industries in bakeries and other small-scale factories. Lime burning, which is extensively used in construction in the isles, consumes 45 Cu. Ft of wood to produce a standard heap of lime. This is believed to be one of the causes that led to the depletion of the forest in Nungwi. There is a rapid depletion of energy sources, stressing the need for the development of alternative energy sources.

#### *Energy balances*

138. Supply of electricity in terms of coverage is 24% for Unguja and only 6.2% for Pemba. This is an average of 15.1% for Zanzibar. Zanzibar has no potential for developing hydroelectric power due to lack of large perennial rivers or streams. Likewise, there are no proven oil or gas reserves. Electricity (supplied from the Mainland), fuel-wood and kerosene are the main sources of energy, followed by charcoal. There is an over-dependence on forests as a source of fuel especially in rural areas due to lack of electricity and other alternative sources.

139. The main **challenge** in energy is to diversify into other sources of renewable energy, which include solar and wind energy, as well as extending electrification to rural areas.

**Priority actions**

- support research on alternative sources of energy
- promote use of energy/fuel-saving stoves and appliances
- extend electrification to rural areas
- Put into place an energy policy

140. Some privileged groups force the poor onto marginal lands. To the effect that they are unable to afford conservation and regeneration measures, their land-use practices further damage an already degraded environment. But there are also many

examples in which very poor people take care of the environment and invest in improving it. Thus, poverty can be sometimes associated with environmental degradation, but there is not necessarily a direct causal relationship. The impacts include land degradation, river diversion, and vegetation disturbance as well as air and water pollution. Activities such as deforestation and extensive agricultural practices reduce the vegetation capital stock, the water retention capacity of land and increase erosion. Protected areas have recently been encroached upon for farming activities and settlement.

141. **Forests** are important as a main source of rain, conservation and livelihoods (income). The communities are the main users and beneficiaries of the forest products. In order that environmental protection is attained community participation is vital.

142. The main **challenge** is to protect and develop natural forests for future generations. Other challenges are to stop deforestation of natural forest through afforestation, provision of alternative power sources, control of livestock keeping, improvement of farming systems.

**Priority actions**

- Maintaining a balanced allocation of land for agriculture, forestry, nature conservation and other uses.
- Attaining improved farming systems in order to reverse the current decline in soil fertility.
- Controlling deforestation caused by indiscriminate fuel-wood, charcoal and poles cutting.
- Preventing degradation caused by excessive use of fire and careless quarrying is also a priority.
- In areas where livestock keeping is a major activity measures are needed to reduce livestock densities and increase productivity in overstocked areas.

143. Bad fishing practices destroy the aquatic life cycle and fish stock. In Zanzibar, fishery is exclusively marine and almost the fish catch is from the artisanal fisherman. However, in recent years there has been an increased use of modern fishing techniques. A decline in fish catches has also been observed recently. However, it is not well established whether the decline is caused either by overexploitation or low productivity or by the shortage of fishing gear.

144. The challenge is to contain bad fishing practices like use of dynamite, chemical poisons, small nets and spear fishing. Also, to control and reduce pollution of coastal waters.

**Priority actions**

- ban the use of small nets
- enforce existing ban on dynamite and chemical use
- improve productivity by making available new fishing techniques
- enforce coral reef protection legislation

145. In urban areas, environmental problems are serious in the unplanned, usually congested settlements, where the majority of the urban population lives. These settlements are poorly supplied with sewerage disposal infrastructure and water. There is lack of waste separation between hazardous and non-hazardous, industrial, domestic and hospital waste and poor management of landfills. Industrial effluent, noxious gases, vehicle exhausts pollute water (rivers and ocean) and air mainly in urban centers. In Zanzibar, coastal resources such as water, species, and fisheries, have been affected by pollution as a result of high population density, and rapid growth of tourism industry, and growth of commercial and industrial activities.

146. Poverty is also a set of relationships and interactions. The poor compete with each other and with the non-poor for control over assets. Poverty can also differ within households. Women and children, especially girls, often have the least access to productive assets and are usually the most affected by pollution and degradation. Efforts to reduce poverty must also recognize this competition for resources and the differential impact of environmental degradation among and within households. For example, women and girls undertake the role of collecting firewood, water and cooking. Their workload increases because there are no trees or water in the neighbourhood as a result of environmental degradation.

147. Constraints: The government's capacity for analysis and policy development on the environment, as well as for environmental management, is limited. Local authorities and communities are insufficiently involved in environmental management and conservation.

### 3.2.5 Governance

148. The analysis of governance focuses on the central boxes of the conceptual framework: participation in decision making, organizational resources and political, social and economic structures and processes.

149. *Political structures and processes.* During the consultation meetings on poverty, which took place on 19 December 2000, the participants expressed their concern on bad governance in the Isles. Issues related to bad governance were singled out to be predominance of corruption by Government officials and businessmen; poor economic and financial management (embezzlement of public funds and poor monitoring of Government revenue and expenditure). Also, political disharmony and insecurity were mentioned as major problems caused by bad governance. In addition, poor administration machinery, government not closely working/involving people in development planning and management processes and excessive bureaucracy were pointed out to be a product of bad governance.

150. While Mainland Tanzania continues to be politically stable, the Zanzibar political situation continues to cause concern. The CCM candidate, Amani Abeid Karume won the election. He released 18 opposition CUF members who were detained on treason charges by the former regime. The opposition parties and international observers, who called for a re-run of the entire poll, condemned the Zanzibar election. The Zanzibar Electoral Commission (ZEC) held a partial re-run in the 16 affected constituencies one-week after the original polling day. Opposition parties have refused to recognize Mr. Karume as the new president, heightening the prospects for further political unrest. Bilateral donors have continued withholding development aid because of political concerns. However, the UN system and other multilateral agencies continue to provide assistance to the islands.

151. Political parties and other observers have clearly indicated that the Zanzibar Electoral Commission is weak and manned by incompetent staff. The opposition has demanded for a new electoral commission manned by staff who are not affiliated to any political party. A series of clashes between security forces and Civic United Forum (CUF) demonstrators occurred in Zanzibar 27 January 2001, when government forces broke up banned opposition party demonstrations, resulting in at least 23 deaths. This also triggered the exodus of about 2000 people claiming refugee status in Kenya. The international community has expressed grave concern over what appears to be excessive use of force by security forces. This renders an early resumption of bilateral aid for Zanzibar unlikely.

152. The main **challenge** is to restore political stability and peace. Also, democratization and public participation remain areas for concern. There is still inadequate effective participation within the democratization processes. Although the opposition is strong, other players such as the private sector and civil society are still not quite clear of their roles in the changing political set up. The capacity of civil society organizations is still limited although a number of NGOs are trying to establish themselves. While a great number of CSOs has sprung up, many are not operational; others are very small and lack human and financial resources. Cooperation among civil society organizations is still very weak.

153. The current government recognises the importance of creating an enabling environment for citizens to participate effectively in national development activities. The empowerment of grassroots institutions and communities are important elements of promoting democratic systems and improving accountability. The government has to take necessary measures to lay the foundation for building a democratic system (for example, a strong and professional Electoral Commission) and good governance.

154. *Economic structures and processes.* The first concern related to governance and which constitutes a major constraint in achieving economic development is weaknesses in economic and financial management. Underlying these are interests and structures which are resistant to change and thus create loopholes for few individuals to swindle public resources for their personal benefits. Public administration needs strengthening and streamlining in order to address the weaknesses and build the trust of the general public in the administration.

155. The budget process is well elaborated, but in practice it is not transparent and there is no strong mechanism to enforce it. The revenue collection and reporting system is weak such that it creates loopholes for revenue leakages in various ways, including under reporting. On the expenditure part, whereas procedures require that allocation to expenditure units should be supported by warrants of funds and other documents, this is not being adhered to. In addition, regulations and procedure demand that an Inter-ministerial committee should be established and be responsible for allocation of funds to spending units. This is not being adhered to either, and in many cases the committee did not meet to discharge its responsibility. The allocation of public funds was done by individuals and without following established financial regulations. However, this situation is slowly changing and improving under the current regime. See Box 1.

### **Box 1: Budget Process and Transparent**

*In previous years, the budget process for allocating resources - expenditure - as per approved budget estimates was not followed or adhered to. Despite that revenue collection was improving, on average of about 85% of the annual estimates (See Table III - in some years 90% to 127%), most of the expenditure units (including social services) received less than 50% of their approved estimates. The situation is slowly improving now. At least there is a committee, which allocates resources on daily basis and sometimes on weekly basis.*

*-from various discussions*

156. A number of broad areas need to be addressed to further improve this situation: *strengthening of institutions* – which entail professionalism, improve financial regulations and management, and procurement procedures. Also, strengthening of auditing functions etc. *Enforcement*: prosecute those who are involved.

157. Strengthening adherence to the rule of law and transparent governance systems will also address some of the constraints to economic growth. Investors, small as well as large-scale, face numerous administrative hurdles in developing their enterprises. The multiplicity of regulations, cumbersome bureaucratic procedures, local taxes and administrative fiats, as well as corruption, constrain the development of local businesses mainly agro-processing industries and other industries.

158. *Judiciary, Cultural and Social processes.* The “poor” indicated during the consultation meetings that they have very limited knowledge of their legal obligations, rights and privileges. The judicial system is suffering for many years from under-funding and law enforcement is frequently accused of human rights abuses. There is discrimination against women and the system does not provide adequate protection for children. Immediate causes that are responsible for this situation are: the capacity constraints of the public legal sector and law enforcement institutions, low awareness of human rights, ambiguity of the law and limited options for redress. Underlying these causes is lack of information and awareness about rights and laws, due to inadequate civic education. Cultural, religious, economic and political factors also do incapacitate the judicial systems. For example, on land issues, various researchers have revealed that majority of women in Zanzibar experience land inheritance problems despite that they are the tillers of land. Major causes for inheritance problems are lack of awareness of their rights and privileges, powerlessness, voicelessness and fear of witchcraft.

159. For example, incomplete Zanzibar statistics on violence against women for the first half of 2000 show that there have been 9 reported cases of battery, 5 deprivation of property and 4 cases of forceful neglect by husband. There have been reports of rape cases although rape is not often reported for social and cultural reasons. The situation may get worse, if law-makers and enforcers leave it unchecked. The solution to these problems are capacity development for the public legal sector and law enforcement institutions, awareness building on human rights, removal of ambiguity of the law and increase options for redress.

160. *Decision making and empowerment:* The ability of communities and individual families to effectively participate in the development process is linked to the structure of government, from the Shehia level through the district, region and finally to the central government. The structure is still very centralised in spite of attempts to reform the system and provide greater autonomy at lower levels. An essential condition for decentralisation is control over finances. Currently, this is limited because it is principally retained by central government. Local governments are at best acting as agents for central government with limited opportunities to respond directly to the needs and wishes of their localities.

161. The decentralisation process in Zanzibar is not yet completed. In fact the administrative and financial systems are still to a large extent highly centralised. The policy formulation process, budget development, priority setting process, implementation of various strategies and financing are still based on top-down approach and these processes are not adequately participatory. This makes it difficult to mobilise poor women and men to make joint decisions at household level, local government, districts committees and at parliament level. Such as participatory process would have facilitated in addressing the structural constraints – economic, cultural and ideological – which continue to deny women and other vulnerable groups active participation in politics and decision making process.

162. Women’s participation in high decision making positions is low. Women occupy the following positions: 13 out of 75 members of the House of Representatives, 2 out of 14 Ministers; no deputy Minister; 1 out of 13 Permanent Secretaries

and same proportion for deputy Permanent Secretaries and 7 out of 70 directors. There was no woman Sheha, District Commissioner or Regional Commissioner (as of 2000, before the elections).

163. **The challenge:** Change the role of the state from being the main engine of growth and the provider of most services to a facilitator of growth, a standard setter, and a service provider of public goods. The state should promote democracy, ensure respect of human rights and encourage social inclusion of the poor, especially women and children in development processes.

#### **Priority actions**

- strengthen economic and financial management (accountability, policy analysis, information)
- give greater autonomy to local authority organs with special emphasis on women participation
- increase allocation of funds to local authorities including decentralising the financial system,
- employ qualified staff and fight corruption
- increase transparency
- promote participation of special groups e.g. children with special needs,
- strengthen information management system
- review laws and legislation in order to promote democracy and good governance

### **3.3 Key cross-cutting issues**

#### **3.3.1 HIV/AIDS**

164. HIV/AIDS is not only a threat to Zanzibar's security and socio-economic development, but also to people's individual survival and well-being. As elsewhere in the world, AIDS is closely linked to the lack of protection of some basic human rights, such as the persistent inequality and inequity between the sexes and children as evidenced by violence, particularly against women and children, legal discrimination and social exclusion. Despite high levels of awareness about HIV/AIDS some people do not know that they are HIV infected and exercise sexual life style, which put others at risk.

165. The epidemic is characterised by continuing stigma and denial as well as lack of access to critical information and means of protection. A national multi-sectoral strategy on HIV/AIDS has been developed and launched by the Government in 1999. HIV/AIDS is spreading fast in Zanzibar (from 3 HIV positive in 1983 to 1,803 in 1999) with age group 15-49 years being hard hit. 85% of all reported cases belong to this group - the most active group both economically and sexually. Most new HIV infections occur among young people, 15-24 years of age, while the number of newborn children becoming infected through their sero-positive mothers is steadily increasing. Such a situation threatens both the social and economic situation. A 1997 survey revealed that groups most at risk of infection were unemployed youth, migrant fishermen, single parent women, long distance traders, sex workers and adolescents. In 1999, the percentage of HIV positive among blood donors was 1.4% and 0.7% of women attending clinics. In the general population about 1% are HIV positive.

166. Factors that contribute to the rapid spread of HIV/AIDS include the lack of access to youth-friendly reproductive health services, including STD case management and the limited access to condoms. An underlying cause is the lack of knowledge and awareness about HIV/AIDS and how to prevent its spread. The lack of life skills that empower young people to avoid risky sexual practices are also of importance at the level of underlying causes. Gender-inequalities in the power to decide about sexual choices is another underlying cause of the epidemic, as well as lack of income and assets, which can encourage risky sexual encounters.

167. At the level of basic causes, a number of cultural beliefs and practices contribute to the spread of HIV/AIDS. In turn, the HIV/AIDS pandemic acts as a cause of poverty at all levels of the conceptual framework. It has a severe impact on available human resources and on the economic process. At the level of underlying causes, it affects household incomes and assets. At the level of immediate causes, the impact of HIV/AIDS is pervasive: it threatens food security by eliminating part of the most economically active population, it creates new groups in need of special care and protection (in particular AIDS orphans and AIDS victims) and it has a devastating effect on basic services (by decimating staff in these services and by the extra burden it places on the health system).

168. The **challenges** that Zanzibar faces are first, minimizing the rate of HIV transmission, and second, reducing the negative effects HIV/AIDS has on families in particular and on the economy in general. Other challenges are: increase awareness, encourage openness, compassion and change of behaviour.

**Priority actions**

- target interventions especially on youth and females
- review /develop a comprehensive multi-sectoral programme to combat HIV/AIDS – (strengthen co-ordination and management of ZAP) and involve more participation of top leadership in campaigns
- increase awareness campaigns for people to change their risky behaviour by involving all actors (NGOs, CBOs etc) in the ‘war’ against AIDS, encourage parents to openly discuss AIDS with their children
- promote peer groups learning, especially for youth

### 3.3.2 *Population*

169. The concern in Zanzibar is that population growth of 3.0% is unsustainable because the economic growth of 4.3% is inadequate to significantly reduce poverty and capacity for the Government to provide required basic services is also severely inadequate. It is estimated that by year 2003, the population will reach 1 million inhabitants and is expected to be double the 1988 figure in year 2011. Zanzibar has a high proportion of young population with 48% being below 16 years. The elderly (65 years and above) constitute 3.6%.

170. Among the immediate causes of rapid population growth is high fertility rate estimated at 5.6 (but dropping), mainly attributed to low age at first marriage (16 years for rural and 18 years for urban Zanzibar). Other causes as are: limited access to family planning services, low educational attainment among women at the reproductive age as well as low acceptance rates and readiness to use modern family planning methods such as contraceptives. On average only 25.3% of women in the reproductive age. Acceptance rates as low as 4.5% have been found in Micheweni (Pemba).

171. The main **challenge** is one of ensuring that resources are able to sustain the population in the long-term, and that the welfare of the population is improved over time.

**Priority actions**

- Reduce population growth through education
- increase and improve delivery of family planning services

### 3.3.3 *Gender equity*

172. The basic causes of gender inequality are strongly rooted in political, economic and social structures and processes. For example, there are laws which discriminate women, political processes that exclude women from participation, economic policies and plans which are gender blind and social beliefs which hinder women rights. Constraints that hinder full integration of women include: their weak position socially, economically and politically, socio-cultural and religious issues and absence of gender-disaggregated data in much of the available official statistics and information.

173. Zanzibar (as part of the United Republic of Tanzania) has ratified the Convention on the elimination of All Forms of Discrimination against women (CEDAW), and has also adopted the Platform of Action after the Beijing Conference on Women (1995). In addition, the Constitution of the United Republic of Tanzania recognises equal status of men and women. Women account for the majority of the population (51%) and provide 70% of the agricultural labour in food crops production.

174. In Zanzibar, lack of political will to uplift the women have been indicated in many cases as a basic cause for social and economic exclusion of women. For example, the President under powers conferred to him under the Constitution is to elect 10 people to join the Zanzibar House of Representatives. In 1990-95, the President then appointed 9 men and only 1 woman. In 1995-2000, under the same powers, the President appointed 10 men out of 10.

175. Conditions of women have largely remained unchanged. Women are disadvantaged in education (post primary level); only 20% own land, they lack access to credit (especially those in agriculture); lack access to information and extension services, apply crude farming methods; girls and young women are hard hit by HIV/AIDS compared to their male counterparts; and have a heavier workload.

176. The **challenges** that remain include revisiting discriminatory laws and practices (modern and traditional), improving female access to education and performance at higher levels, providing easier access to basic social services, employment and increasing women empowerment both economically and politically.

**Priority actions**

- improve female access to education and their performance in schools
- revisit laws and regulations that discriminate against women to increase their access to assets and employment
- ensure easy access of women to basic social services
- increase women participation in key posts in the administration and in political representation
- increase sensitization against traditions that perpetuate female discrimination
- design special programmes targeting women economic empowerment, especially in rural areas
- institute gender disaggregated data for all official statistics

### 3.3.4 Data, Information and Communication

177. Poverty reduction relies heavily on the timely availability of accurate data and information to facilitate the process of decision making. There is a lot of efforts being made by Government, NGOs, the private sector and the donor community in producing and analysing data and information. However, these efforts are not being coordinated. This leads to data inconsistencies, irrelevancy and unreliability. Such data cannot be used for management and policy-making purposes.

178. Causes of problems in data, information and communication related areas are: lack of a recognised institutional set-up, inadequate funding and weak capacity in analysis.

179. The **challenge** is to put in place a good management information system.

**Priority actions**

- Give more support to the Statistics Department
- Mainstream gender in data collection and analysis process
- Support other institutions that translate the analysis into policy action
- Identify capacity building requirements

## IV: CONCLUSIONS AND RECOMMENDATIONS

180. The most common problem encountered in the assessment was a poor information management system (conflicting, contradictory, outdated data). It took quite some efforts to reach a consensus on official data. The Household Budget Survey, one of the most reliable sources of data on poverty status is outdated, the last one having been conducted in 1991, which some of the assessments in this report relied upon. An improvement in the information management system for Zanzibar is an urgent need (i.e. collection, processing, analysis, dissemination, timeliness and required infrastructure e.g. computers). In addition to data inadequacies, monitoring and evaluation mechanisms do not seem to be in place. This makes it even more difficult to track changes in poverty conditions.

181. The main findings are:

- The current growth rate of GDP at 4.3% - on average - is inadequate to have a meaningful impact on poverty reduction because population growth is high at a rate of 3% and the depth of poverty is significant.
- Only a broad based/pro-poor growth strategy will enable the majority to benefit from growth. The strategy should focus on agriculture, tourism and rural roads. The delivery of the essential basic services should be improved.
- Gender imbalances in education and employment are quite notable.
- Education for children, and protection of children and women against abuse needs a close attention – as part of follow up on UN Conventions.
- There is scant information about HIV/AIDS

- Regional imbalance (Unguja and Pemba) is significant – see social indicators and infrastructure development.
- Governance issues (both economic and political) need close attention.

182. The discussion on the challenges facing Zanzibar indicated the need for increasing and sustaining economic growth as the main challenge. In that process a number of issues need to be addressed: gender, access to basic social services and the threats HIV/AIDS pandemic. Such a challenge demands good governance, innovativeness, and a strong national policy framework to achieve macro economic stability and strong partnerships. It is only by addressing these basic issues that poverty can be effectively combated.

183. Special attention is needed for children and the youth. Opportunities for these two groups to play a constructive role in the future should be explored now while their vulnerability is contained (HIV/AIDS, malnourishment, illiteracy etc). Children with special needs, especially females, should be cared for.

184. The list of identified priority areas in chapter four is too long. It is recommended that priority areas that are indicated in the preliminary report on consultation meetings, and cross-cutting issues indicated in the analysis should be taken on board during the first implementation cycle. The UN system in Zanzibar will put priority on:

- Primary Education
- Basic Health
- Rural Water
- Employment (Youth and Women)
- Rural roads and
- Agriculture

In addition, the UN system may focus on:

- Governance issues (enhance good governance, democratization, participatory planning and development management including financial management and fight against corruption)
- Gender equality and reduced regional imbalance e.g. special efforts are needed to address poverty in the remote areas and especially Pemba.
- HIV/AIDS
- Data and Information System

185. For the purpose of monitoring performance in poverty reduction a poverty analysis and monitoring framework for Zanzibar is required.

186. A participatory planning process at community level is important in order to enhance social inclusion, empowerment and reduce vulnerability. The need to improve the investment climate in order to promote private sector participation in the development process is important too.

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**Annex Table 1**  
**Zanzibar Economy and Employment**

<b>Indicator</b>	<b>Date</b>	<b>Value</b>	<b>Source</b>
<i>GDP Growth</i>	1999	4.5	<i>Economic Survey</i>
<i>Inflation rate</i>	1999	5.5	<i>Economic Survey</i>
<i>Trade balance US\$ mill.</i>	1999	41	<i>Economic Survey</i>
<i>Unemployment rate</i>	1999	17% - 25%	<i>GOZ</i>
<i>Unemployment by sex</i>		24% female	<i>GOZ</i>
<i>Persons employed in informal sector</i>	1998	61%	<i>GOZ</i>

**Annex Table 2**  
**Equity, Poverty and Social Welfare in Zanzibar**

<b>Indicator</b>	<b>Date</b>	<b>Value</b>	<b>Source</b>
<i>% population poor or very poor</i>	1999	51%	<i>GOZ</i>
<i>Incidence of poverty by sex of household head</i>		29 female	<i>GOZ</i>

**Annex Table 3**  
**Children and the Youth in Zanzibar**

<b>Indicator</b>	<b>Date</b>	<b>Value</b>	<b>Source</b>
<i>Infant mortality rate per 1000 live births</i>	1999	83	<i>TRCHS</i>
<i>Children 12-23 months who have received all immunisations</i>	1999	70%	<i>TRCHS</i>
<i>Disabled children</i>	1999	5%	<i>ZAD</i>
<i>Primary school completion rates</i>	1998	35.4	<i>MOE</i>
<i>Schools which refuse pupils admission</i>	1998	35.4	<i>MoE</i>

**Annex Table 4**  
**HIV/AIDS situation in Zanzibar**

<b>Indicator</b>	<b>Date</b>	<b>Value</b>	<b>Source</b>
<i>Estimated HIV/AIDS cases</i>	1999	1,806	<i>MOH</i>
<i>HIV infection among 15-49 year olds(% of total)</i>	1998	54%	<i>ZACP</i>
<i>Adult knowledge of HIV prevention</i>	1999	98.0	<i>TRCHS</i>
<i>Reported condom use with non-regular partner</i>	1999	56% women 71% men	<i>TRCHS</i> <i>TRCHS</i>

**Annex Table 5**  
**Education situation in Zanzibar**

<b>Indicator</b>	<b>Date</b>	<b>Value</b>	<b>Source</b>
<i>Gross enrolment ratio(Primary)</i>	1999	75.7	<i>MoE</i>
<i>Net enrolment ratio(Primary)</i>	1997	66.7	<i>MoE</i>
<i>Untrained teachers (%) (Primary)</i>	1998	21.6	<i>MoE</i>
<i>% female secondary school students</i>	1999/2000	45.3	
<i>% female form 6 students</i>	1999/2000	42.2	<i>MoE</i>
<i>% women primary and secondary school teachers</i>	2000	51.3	<i>MoE</i>
<i>Expenditure per pupil</i>	1999	33.3US\$	<i>MoE</i>
<i>% of GDP on education</i>	1998/99	3.5	<i>MoE</i>

**Annex Table 6**

Evolution of Basic Education GER by Gender 1990-1999 in Zanzibar										
Year/	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
<b>Sex</b>										
MF	59.6	59.5	57.9	63.2	67.7	68.8	69.3	71.4	73.2	75.7
M	60.9	60.7	59.0	64.7	69.7	70.2	70.2	72.3	74.8	77.3
F	58.3	58.2	56.8	61.7	65.7	67.4	68.4	70.6	71.6	74.2
F/M	0.96	0.96	0.96	0.95	0.94	0.96	0.97	0.98	0.96	0.96

Source: Ministry of Education, Zanzibar.

Annex Table 7  
Zanzibar: Primary GER by District and Gender: 1990, 1999

Year/ District	1990 GER		Parity Index	1999 GER		Parity Index
	M	F		M	F	
Urban	78.4	75.1	0.96	72.2	70.4	0.98
West	151.0	153.7	1.02	183.6	190.4	1.04
North 'A'	52.4	41.1	0.78	94.5	81.3	0.86
North 'B'	57.6	53.2	0.92	72.7	72.5	0.99
Central	85.7	90.5	1.06	98.1	97.2	0.99
South	68.9	69.4	1.01	92.7	86.4	0.93
Micheweni	41.1	28.4	0.69	64.8	57.3	0.88
Wete	59.2	51.3	0.87	74.3	74.3	1.00
Chake	55.1	54.8	0.99	86.6	80.6	0.93
Mkoani	59.5	55.6	0.93	80.9	75.8	0.94
National Average	67.4	63.9	0.95	87.1	83.6	0.96

Source: GOZ (1999) EFA 2000 Assessment Ratio (NER).



**Annex Table 8**  
**Zanzibar Central Government Operations: 1993-2000**

Item	1993/94 Actual	1994/95 Actual	1995/96 Actual	1996/97 Actual	1997/98 Actual	1998/99 Actual	1999/2000 Estimate	1999/2000 Actual
<b>Total Revenue</b>	<b>12,534</b>	<b>13,618</b>	<b>19,146</b>	<b>19,808</b>	<b>37,285.7</b>	<b>37,690.9</b>	<b>49386</b>	<b>62,632.5</b>
<b>Total Expenditure</b>	<b>21,312</b>	<b>27,268</b>	<b>13,893</b>	<b>19,833</b>	<b>38,393.8</b>	<b>38,205.8</b>	<b>62,764.2</b>	<b>63,064.3</b>
Recurrent expenditure	7,978.2	14,767	13,004	19,073	37,758.6	37,845.5	47,540.4	62,465.7
Wages and salaries	3,940.5	4,589	6,000	10,493	17,847.9	20,031.1	24,872.5	23,590
Interest payment	31.6	3,510	0.0	0.0	0.0	217	10,405.8	1,317
Foreign	-	-	0.0	-	-	1.0	-	0
Local	-	-	0.0	-	-	216	-	1,317
Other expenditure	4,006.1	6,668	7,004	8,580	19,910.7	17,597.4	12262.1	37,558.7
<b>Recurrent Deficit</b>	<b>398.7</b>	<b>-1,665</b>	<b>6,062</b>	<b>735</b>	<b>-472.9</b>	<b>-154.6</b>	<b>1845.6</b>	<b>1,61.8</b>
Development expenditure	13,333.8	12,501	889	760	635.2	360.3	15,223.8	598.6
<b>Overall deficit before grants</b>	<b>-12,935.1</b>	<b>-14,166</b>	<b>5,173</b>	<b>-25</b>	<b>-1,108.1</b>	<b>-515</b>	<b>-13,378.2</b>	<b>-4,36.8</b>
Grants (cash)	4,158	516	80	0.0	0.0	0.0	0.0	5.0
<b>Overall deficit after grants</b>	<b>-8,777.1</b>	<b>-13,650</b>	<b>5,253</b>	<b>-25</b>	<b>-1,108.1</b>	<b>-515</b>	<b>-1,370</b>	<b>-4,31.8</b>
Adjustment to cash and other items	-3,67.3	-1,312	-29937	-8,076	8,104.1	-609	-15,595	-6,733.8
<b>Overall deficit cheques issued</b>	<b>-9,144.4</b>	<b>-14,962</b>	<b>-24684</b>	<b>-8,101</b>	<b>6,996</b>	<b>-1,123</b>	<b>-14,225</b>	<b>-6,302</b>
<b>Financing</b>	<b>9,144.4</b>	<b>14,962</b>	<b>24,684</b>	<b>8,101</b>	<b>-6,996</b>	<b>1,123</b>	<b>14,225</b>	<b>6,302</b>
Foreign (net)	113	3,753	968	0.0	0.0	0.0	14,225	0.0
Import support	-	-	-	-	0.0	0.0	-	0.0
Program loans	-	-	-	-	0.0	0.0	-	0.0
Amortisation (foreign)	0.0	0.0	0.0	0.0	0.0	0.0	-	0.0
Domestic (net)	9,031.4	11,209	23,716	8,101	-6,996	1,123	0.0	6,302
Bank	4405	4,460	3,465	387	1,823	4,498	0.0	6,302.0
Non-Bank	4,626.4	6,749	20,251	7,714	-8,819	-3,375	0.0	0.0
Amortisation (local)	-	-	-	-	0.0	0.0	0.0	0.0

Source: Ministry of Finance, SMZ, BoT, PBZ