

IDRC in Tanzania

IDRC has supported research in Tanzania for more than 30 years. From an initial emphasis on agricultural research in the 1970s, IDRC's programming evolved to include the development of appropriate sanitation and energy-generating technologies in the 1980s. Poverty-reduction policies and improving health care systems have become the current focus of IDRC-supported research leading to promising results especially in the fight against disease.

Although Tanzania remains one of Africa's poorest countries, it enjoys political stability and has been holding multiparty elections since 1995. Its growing economy has allowed government spending in social and other priority sectors, such as rural infrastructure, the judiciary, and HIV/AIDS-related activities and led to visible improvements in public service delivery, in particular in education and health.

IDRC has responded to the Government of Tanzania's focus on improving health care by supporting research to strengthen health systems through the Tanzania Essential Health Interventions Project (TEHIP). Launched in 1997, this partnership between Tanzania's Ministry of Health, the Canadian International Development Agency (CIDA), and IDRC has enabled health-planning teams to target the main causes of death and illness and increase the

efficiency of health care delivery. By the project's close in early 2006, it had led to a 40% reduction in child mortality in the rural districts of Morogoro and Rufiji, where the project was piloted, as well as a drop in adult mortality of close to 20%. These results were achieved at a remarkably low cost: an additional US\$1 a year added to the US\$12 per capita that Tanzania was spending annually on health care.

Building on TEHIP's results, in 2005 the Government of Tanzania allocated US\$7 million over three years to expand this evidence-based approach to health care management across the country. CIDA provided an additional US\$7 million toward this goal. TEHIP shows that better results are achieved when policies are based on research evidence.

Bridging the research-to-policy gap is also crucial in other areas, such as poverty reduction. IDRC is supporting a series of training programs on poverty measurement and analysis for young researchers from a number of Eastern and Southern African countries. The training enables the researchers to contribute to policies and programs to meet their countries' economic stabilization targets while alleviating poverty. Ways to reduce poverty and foster growth through foreign direct investment are also under study in Tanzania and a number of other countries.

Work supported by IDRC also focuses on innovative uses of information and communication

IDRC in Tanzania

technologies (ICTs). For example, the TEHIP project introduced the use of personal digital assistants (PDAs) to collect and transmit research data. This work is continuing in collaboration with the Ifakara Health Research and Development Centre, a trust operating under the leadership of the Tanzanian Ministry of Health. IDRC is also supporting research to assess how ICTs can be used to prevent and mitigate HIV/AIDS in five countries, including Tanzania.

IDRC has also encouraged the use of ICTs in Tanzania through the establishment of community telecentres and the development of free and open-source software for use in higher education. Currently, researchers are examining the social and economic impact of ICT use on households.

To date, IDRC has supported 140 research activities in Tanzania, including multicountry projects. These represent an allocation of almost CA\$45 million. Nine activities, with allocations totalling CA\$5.3 million, are currently underway.

RESEARCH HIGHLIGHTS

Digital Data Collection for Better Health

TEHIP showed how decentralized health planning could help focus resources on diseases that impose the highest burden on society and for which cost-effective treatments are available. An essential component of the research was the collection of previously unavailable information on such demographic variables as births, illnesses, deaths, pregnancies, and migration in villages. However, TEHIP's household surveys required researchers to record the information on paper forms, input the data manually, then print and distribute the results — a time-consuming and expensive process.

Researchers from the Ifakara Health Research and Development Centre are now comparing traditional data collection methods with the use of PDAs, low-cost, hand-held computers that

can transmit data wirelessly to a central database. This pilot project is evaluating the speed, accuracy, and cost of using PDAs for data collection and analysis, as well as acceptance of this method by both survey respondents and researchers. In Uganda, PDAs have already proven to cost 24% less than paper-based methods. Determining the effectiveness of PDAs could facilitate data collection and analysis and ensure better use of resources for health and other purposes in Tanzania and elsewhere.

(Project # 102240, Development of Personal Data Assistant (PDA) for Household Surveys in Demographic Surveillance Systems; Duration: 2004–2006; IDRC allocation: CA\$70 140; IDRC contact: Heloise Emdon; Research partners: Oscar Mukasa, Ifakara Health Research and Development Centre, PO Box 53, Ifakara, Tanzania; Tel./Fax: 255 23 26252; Email: omukasa@ifakara.mimcom.net; Website: www.ihrdc.org)

Closing the Gap Between Research and Policy

In Kenya, Uganda, and Tanzania, the high burden of disease could be drastically reduced if existing knowledge and research findings could be translated into policy and action, rapidly and efficiently. The gap between researchers and policymakers is a critical barrier to timely, evidence-based policy development.

Through TEHIP, IDRC demonstrated that better “packaging” of research results and other evidence for decision-makers can improve the influence of research on policy. Makerere University in Uganda is building on this experience. Supported by IDRC and Tanzania's Ministry of Health, it facilitated a series of research-to-policy case studies, as well as national and regional consultations and workshops to develop a proposal to translate research knowledge into information for policymakers and foster evidence-based health policy in East Africa.

In June 2006, Kenya, Uganda, and Tanzania endorsed the establishment of the Regional East African Community Health-Policy Initiative (REACH-Policy Initiative). It is to be part of the

newly formed East African Health Research Council and act as an independent knowledge broker between researchers and policymakers.

(Project # 102750, REACH: Regional Capacity for Evidence-based Health Policy in East Africa; Duration: 2004–2006; IDRC allocation: CA\$178 360; IDRC contact: Christina Zarowsky; Research partner: Nelson Sewankambo, Faculty of Medicine, Makerere University, PO Box 7062, Kampala, Uganda; Tel: 256-41-530020; Fax: 256-41-530021; Email: sewankam@infocom.co.ug; Website: www.makerere.ac.ug)

Learning to Measure and Analyze Poverty

The implementation and monitoring of poverty-reduction policies and programs require a body of researchers trained to assess how poverty affects peoples' lives and changes over time. This training has been in short supply in many African countries.

The Research on Poverty Alleviation Programme, based in Tanzania, launched three workshops for young Eastern and Southern African researchers on various aspects of poverty diagnosis and monitoring, including poverty and gender issues and community-based monitoring systems. Some 40 researchers from 13 countries participated in the practical sessions, gaining experience and confidence in the development of poverty profiles, as well as in the use of specialized software such as the free Distributive Analysis, developed, with IDRC support, by researchers at Laval University. The training contributes to real progress toward the Millennium Development Goals.

(Project # 103322, Courses on Poverty Analysis in Eastern and Southern Africa; Duration 2005–2006; IDRC allocation: CA\$350 000; IDRC contact: Basil Jones; Research partner: Joseph Semboja, Research on Poverty Alleviation Programme, Plot No. 157, Mgombani Street, Regent Estate, Kinondoni District, Dar es Salaam, Tanzania; Tel.: 255-22-270-0083; Fax: 255-22-277-5738; Email: repoa@repa.or.ez; Website: www.repa.or.tz)

What Does Foreign Direct Investment Contribute?

Foreign direct investment (FDI) is widely considered to be a prime engine of economic growth and development. Over the last decade, FDI in developing countries has been increasing rapidly, and Tanzania is fast becoming an FDI front-runner in Africa. As market reforms reached critical mass, Tanzania received US\$1 billion in investment inflows in 1995–2000 compared with only US\$90 million during the preceding six years. Investors favoured the mining, petroleum and gas, tourism, and infrastructure sectors.

As developing countries continue to look to FDI to stimulate their economies and alleviate poverty, a number of important questions are being asked, notably concerning the benefits and development impacts of FDI on both the host and home countries. With IDRC support, researchers from The EDGE Institute, an economic policy centre in Johannesburg, South Africa, are assessing the contribution of FDI to technological change and innovation, labour-force skills upgrading, and competition in domestic markets. Using case studies from India, Kenya, Tanzania, South Africa, and Uganda, they are comparing South–South and North–South FDI. The resulting reports will inform policymakers' decisions on FDI in poor and middle-income countries.

(Project # 103254, South–South Links, Third World Multinationals and Development (South Africa, East Africa, and India); Duration: 2005–2007; IDRC allocation: CA\$475 000; IDRC contact: Martha Melesse; Research partner: Stephen Gelb, The EDGE Institute, Braamfontein Centre, 11th floor, 23 Jorissen Street, Braamfontein, Johannesburg, South Africa 2017; Tel: 27-11-339-1757, Fax: 27-11-403-2794, Email: sgelb@the-edge.org.za; Website: www.the-edge.org.za)

IDRC in Tanzania

Equity through Health Insurance

Over the past two decades, African governments have promoted private health care as a key element of health-sector reform. This has contributed to inequitable access to health care and exacerbated the plight of the poor. As health professionals move to the private sector, the public sector is less able to meet the needs of the population. This leads to a decline in the quality of care offered by public facilities, so that even the poorest people turn to private, for-profit providers, depleting their scarce household resources.

Supported by IDRC, researchers from the University of Cape Town, South Africa, the Ghana Health Service, and the Ifakara Health Research and Development Centre in Tanzania are examining inequities in the three countries' health systems and factors that contribute to this inequity. Their results will help policymakers develop health insurance policies.

(Project # 103457, Health Insurance to Address Health Inequities in Ghana, South Africa, and Tanzania; Duration: 2006–2007; IDRC allocation: CA\$334 800; IDRC contact: Marie-Claude Martin; Research partner in Tanzania: Hassan Mshinda, Ifakara Health Research and Development Centre, PO Box 53, Ifakara, Tanzania; Tel./Fax: 255 23 2625; Email: mshinda_hassan@yahoo.co.uk; Website: www.ihrdc.org)

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