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DEVELOPMENT AID BEYOND 2015?

Aid Effectiveness Evaluated by World Bank Indicators and Millennium Development Goals (MDGS) – A Trend Benchmarking Study in Kenya, Tanzania and Sub-Saharan Africa

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1.   INTRODUCTION

In many academic analyses of foreign aid, the provision of development assistance has been considered to represent an international extension of domestic welfare efforts. Development assistance represents one mechanism for the redistribution of global wealth. Providing development assistance is one tool in fighting against poverty and various development problems like illiteracy, health problems and inequality. In a way development aid is an extension of welfare policy. Especially Nordic countries and the Netherlands have had this kind of approach to the planning of development aid. (Lundsgaarde 2012)

Discussion on development aid has been lively. Many variables impact the effectiveness of development aid. Such things are aid intensity, business cycle fluctuations, macroeconomic shocks, macroeconomic policy, investment volatility, political power structure changes, donor fragmentation and aid tying (O'Connell & Soludo 2001, Knack & Smets 2012, Norris, Minoiu & Zanna 2014, Museru, Toerien & Gossel 2014, Addison & Tarp 2014).

It is very important to understand that development aid (or aid intensity) is not the only variable that has an impact on the effectiveness of development aid.

Many variables influence the impacts of development aid. Things like (1) aid-growth relationship, (2) the supply side of aid, (3) volatility, and (4) coordination of donors are very critical issues for successful development aid policy (Addison & Tarp 2014). In addition, international targets and goals guide development aid flows. One major target setting framework has been the set of United Nations Millennium Development Goals (MDGs). The eight MDGs are well-known everywhere. Today donors also allocate aid in response to democratisation and recipient countries respond to this incentive for democratisation reform (Kersting & Kilby 2014).

Typically inequities and inefficiencies in development aid arise from donor-recipient motivational conflicts, agency problems, and institutional deficiencies. Recent thinking on reforming official aid recommends technocratic solutions including recipient ownership, selectivity, budgetary grants, and multilateralisation of development aid management (Abegaz 2005, 433).

Today many aid recipients will miss the MDGs, notwithstanding rapid progress in historical standards. Especially Africa has said to "miss all the MDGs." However, scientifically objective defining "success" or "failure" is not easy (see Clemens, Kenny & Moss 2007, Easterly 2008). There are many pragmatic needs to make more critical evaluation studies and to analyse trends of development aid in detail. This study serves such pragmatic evaluation and planning needs.

This kind of critical aspect of "success stories" and "failures" should be kept in mind in reading this evaluation study. Throughout history, there have been very big success stories of development aid, as well as development aid failures. Some kind of larger transformation is linked to the post-communist transition. Global development architecture has changed substantially during the last decade. Donor countries outside of the OECD have grown more important. Also non-state actors and philanthropist have proliferated.

Many aid recipients have become donors in their own right (Kharas 2011, Frot & Olofsgård & Berlin 2013, Kersting & Kilby 2014).

A positive aspect of development aid is that some economists have observed positive long-run relation between development aid and economic growth in developing countries. Development aid promotes long-run economic growth. This result is based on a strict methodological separation of development aid and non-developmental financial transfers (Minoiu & Reddy 2010).

This article focuses on Sub-Saharan Africa as well as Kenya and Tanzania. There two research themes.

Firstly, an evaluation of effectiveness of aid allocation for Kenya and Tanzania is presented and these evaluations are compared to general trends of Sub-Saharan Africa (Chapter 2). Official Development Assistance (ODA) by definition refers to financial flows having economic development function and welfare improvement in developing countries as their main objective. In this study ODA transfers are analysed and their effectiveness are evaluated.

Secondly, a benchmarking analysis of Millennium Development Goals and associated World Band indicators are reported (Chapter 3). The European Union accepts the MDGs as a primary reference point, with poverty eradication serving as an overarching goal of development cooperation. Investments in social infrastructure and social services are a large priority area for the EU.

In Chapter 4, three tables of development aid policies in Kenya, in Tanzania and in Sub-Saharan Africa are reported.

Summary is presented in Chapter 5. This e-Book is a product of the FFRC project "Kenya and Tanzania Beyond 2015" and the results of this evaluation report are linked to the project.

2. EVALUATION OF AID EFFECTIVENESS BY KEY WORLD BANK INDICATORS

This chapter evaluates aid effectiveness by the key World Development indicators. Firstly, we report some basic information about demographic trends in Kenya and Tanzania, total population and urbanisation development (Figures 1 and 2). These figures inform us that these large African countries are still rural societies with large agricultural production sectors.
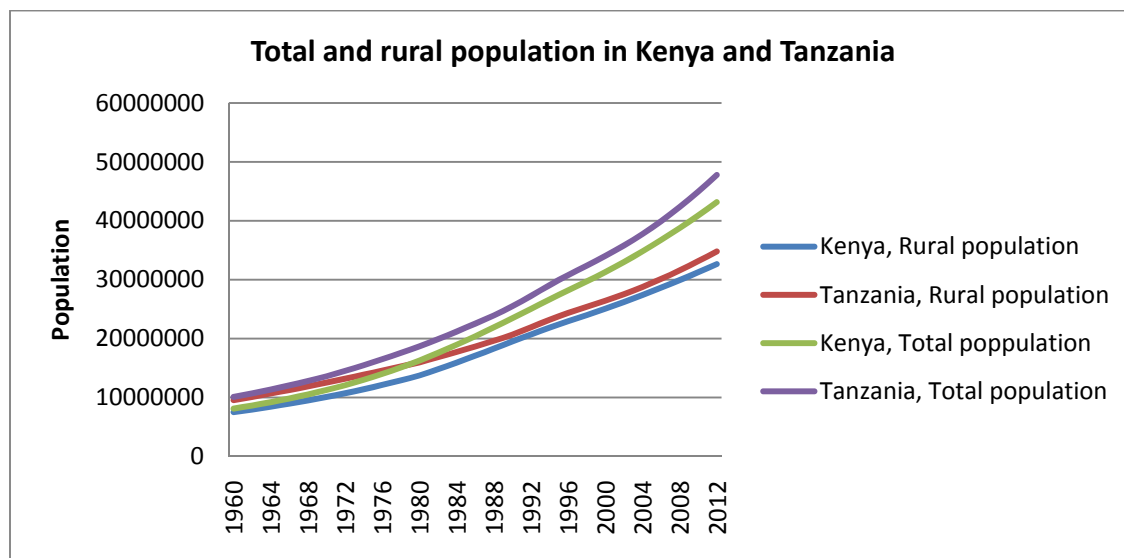

Figure 1. Total and rural population in Kenya and Tanzania.

In 1960 the percentage of rural population was over 90% in Kenya and Tanzania. In the early 2010s both countries were less rural, with a little bit over 70% of rural population.
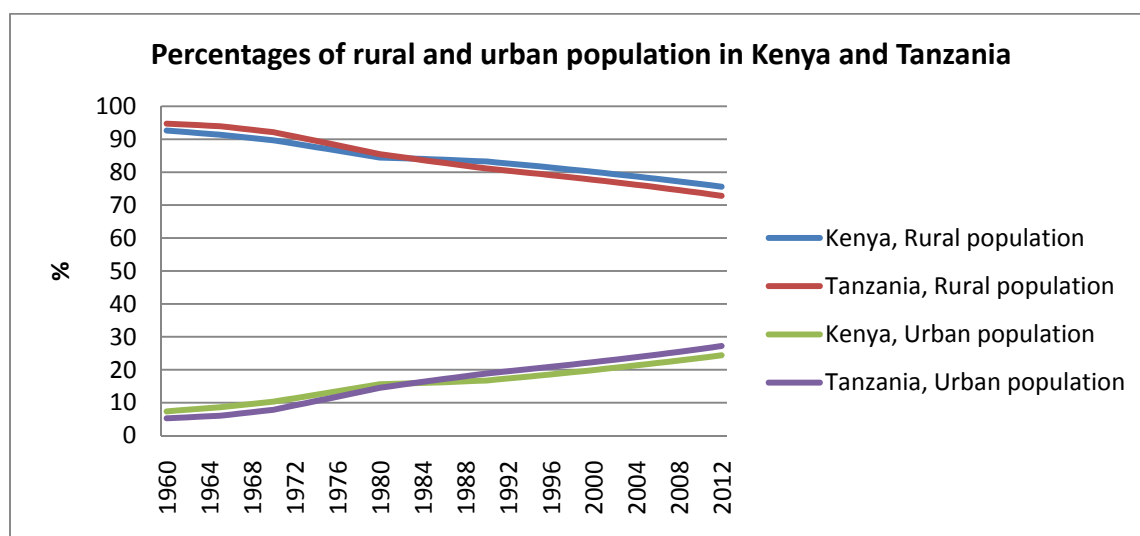

Figure 2. Percentages of rural and urban population in Kenya and Tanzania.

In this chapter we evaluate developments of key indicators, which World Bank uses in evaluations of aid effectiveness. There are 26 World Bank indicators that we use in our evaluation and benchmarking study. The Aid Effectiveness indicators are:

1. CO_2 emissions (metric tons per capita)
2. Contraceptive prevalence (% of women ages 15–49)
3. Improved sanitation facilities (% of population with access)
4. Incidence of tuberculosis (per 100,000 people)
5. Income share held by lowest 20%
6. Life expectancy at birth, female (years)
7. Life expectancy at birth, male (years)
8. Malnutrition prevalence, weight for age (% of children under 5)
9. Maternal mortality ratio (modeled estimate, per 100,000 live births)
10. Mobile cellular subscriptions (per 100 people)
11. Mortality rate, under-5 (per 1,000 live births)
12. Net migration
13. Net ODA received per capita (current US$)
14. Net ODA received (% of GNI)
15. Net official development assistance and official aid received (current US$)
16. Net official development assistance received (current US$)
17. Population, female (% of total)
18. Pregnant women receiving prenatal care (%)
19. Prevalence of HIV, total (% of population ages 15–49)
20. Primary completion rate, total (% of relevant age group)
21. Proportion of seats held by women in national parliaments (%)
22. Ratio of girls to boys in primary and secondary education (%)
23. Share of women employed in the non-agricultural sector (% of total non-agricultural employment)
24. Teenage mothers (% of women ages 15–19 who have had children or are currently pregnant)
25. Vulnerable employment, total (% of total employment).

Thus, our trend evaluation includes 26 relevant variables, which are normally used in the World Bank and in its development evaluations. This set of indicators provides extensive insight to development policy in Kenya and Tanzania. In order to have contextual framework, we have also used indicators of Sub-Saharan Africa. The development indicators are sorted to the following categories: (1) Demographic changes, (2) poverty policy and issues, (3) health and social policy, (4) environmental issues, (5) education policy and gender issues, and (6) infrastructure development. These themes are central for development policy and development aid.

Next, various analyses and trend benchmarking results are presented.

2.1. Trend benchmarking of demographic changes

In this sub-chapter a trend benchmarking of demographic changes is presented. Fig. 3 visualises net migration trends in Kenya, Tanzania and Sub-Saharan Africa (developing only). It shows that net migration flows in Kenya and Tanzania have been quite stable between 1960 and 2011. In the early 1990s there was one out-layer year in Tanzania.

In developing Sub-Saharan Africa, net migration flows have been negative. In Kenya net flows have been zero or positive, but in Tanzania the flows have been either zero or negative. This is a relevant observation for the planners of development aid strategies.
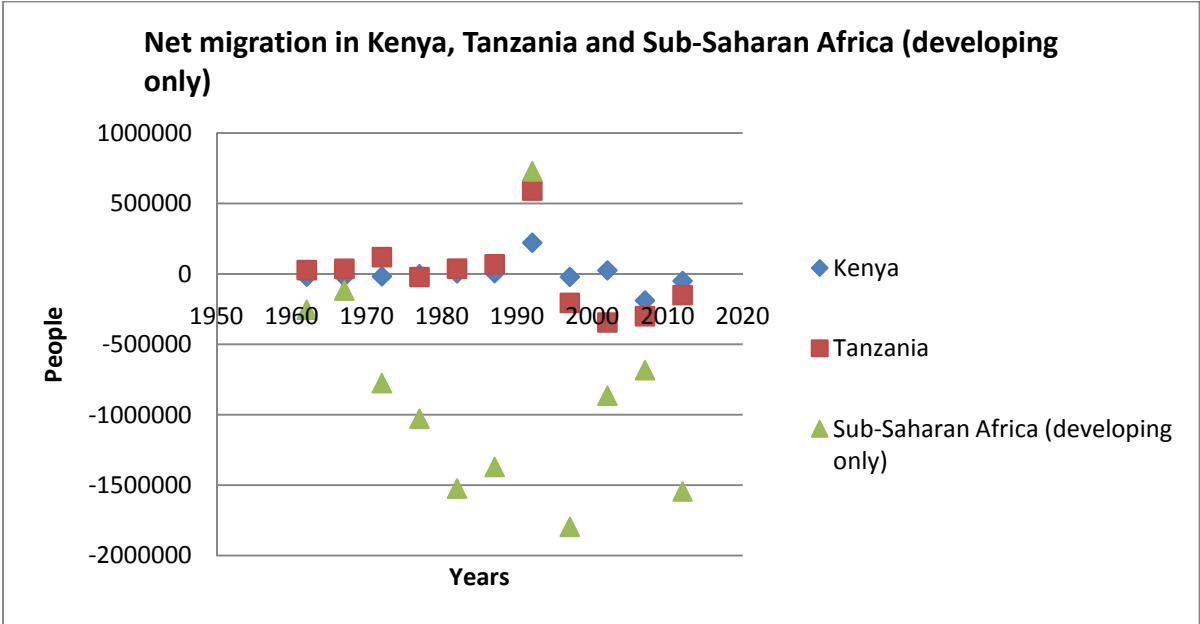

Figure 3. Net migration in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

In Fig. 4 the percentage of female population in Kenya, Tanzania, and Sub-Saharan Africa is figured out. In Tanzania and Kenya female population has decreased in relative terms. The decrease has been more dramatic in Tanzania.
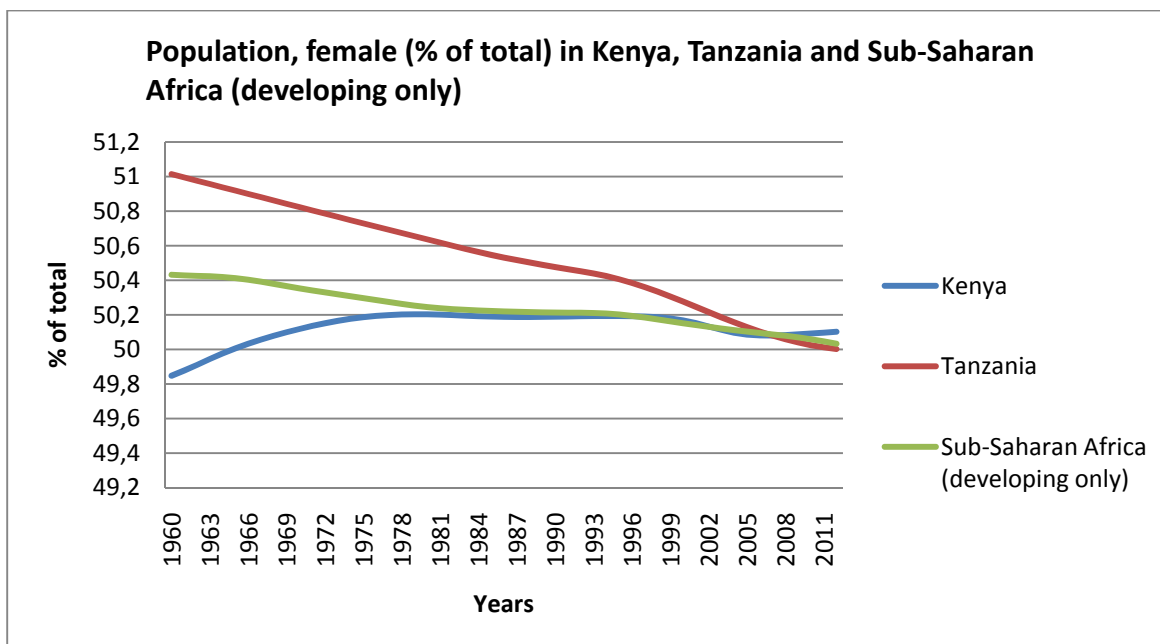
Figure 4. Population, female (% of total) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Female population in Sub-Saharan Africa has been more stable than in Kenya or Tanzania. Thus, these demographic trends need careful attention in Tanzania and Kenya. If these decreasing trends continue it may be an early warning signal of a serious imbalance in population policy.

2.2.   Trend benchmarking of poverty policy and issues

In sub-chapter 2.2, trend benchmarking of poverty policy and issues will be presented. First, net ODA received (% of GNI) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are reported. Fig. 5 informs us that in Tanzania Net ODA percentage of GNI is much higher than in Kenya and Sub-Saharan Africa. Since the 1990s we can observe a decreasing trend in the variable Net ODA of GNI. In 2011 it was about 10 % in Tanzania and 7.5 % in Kenya. In general, the challenges of poverty policy are little bit greater in Tanzania compared to Kenya.
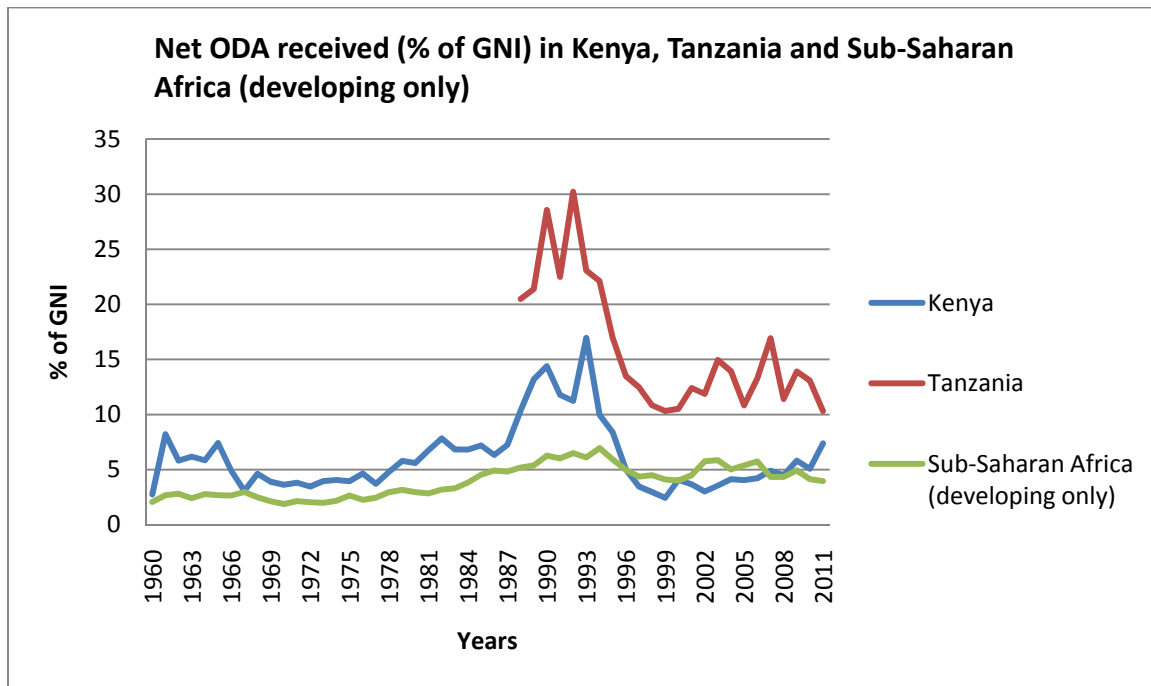
Figure 5. Net ODA received (% of GNI) in Kenya, Tanzania and Sub-Saharan Africa (developing only).

Net official development assistance and official aid received (current US$) in Kenya and Tanzania are figured out in Fig. 6. In both benchmarked countries development assistance has increased since the early 1990s. In Kenya it has been smaller than in Tanzania, but in 2011 this key development indicator was reported to be almost the same in the two countries. This is an interesting signal for the planners of development aid allocations in the region of Sub-Saharan Africa.
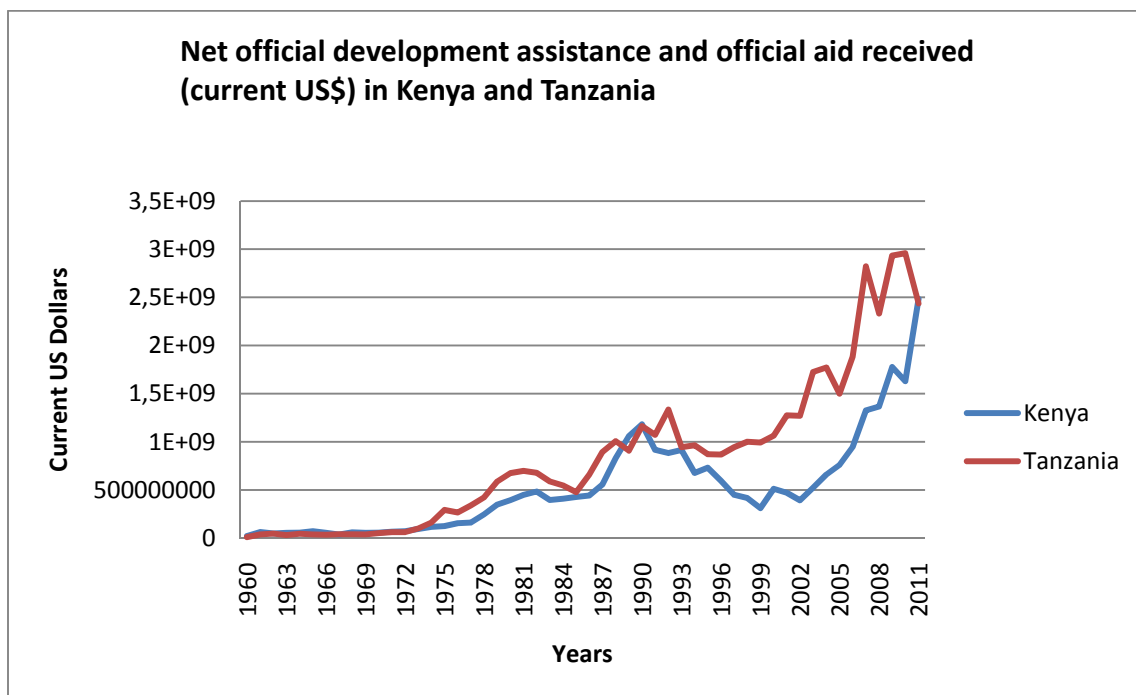

Figure 6. Net official development assistance and official aid received (current US$) in Kenya and Tanzania.

Fig. 7 reports index analysis of net official development assistance and aid received (current US$) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) for years 1960−2011. This analysis reveals that aid flows are much bigger in volumes in Tanzania than in Kenya. Kenya follows keenly the same trajectory with the region of Sub-Saharan Africa.
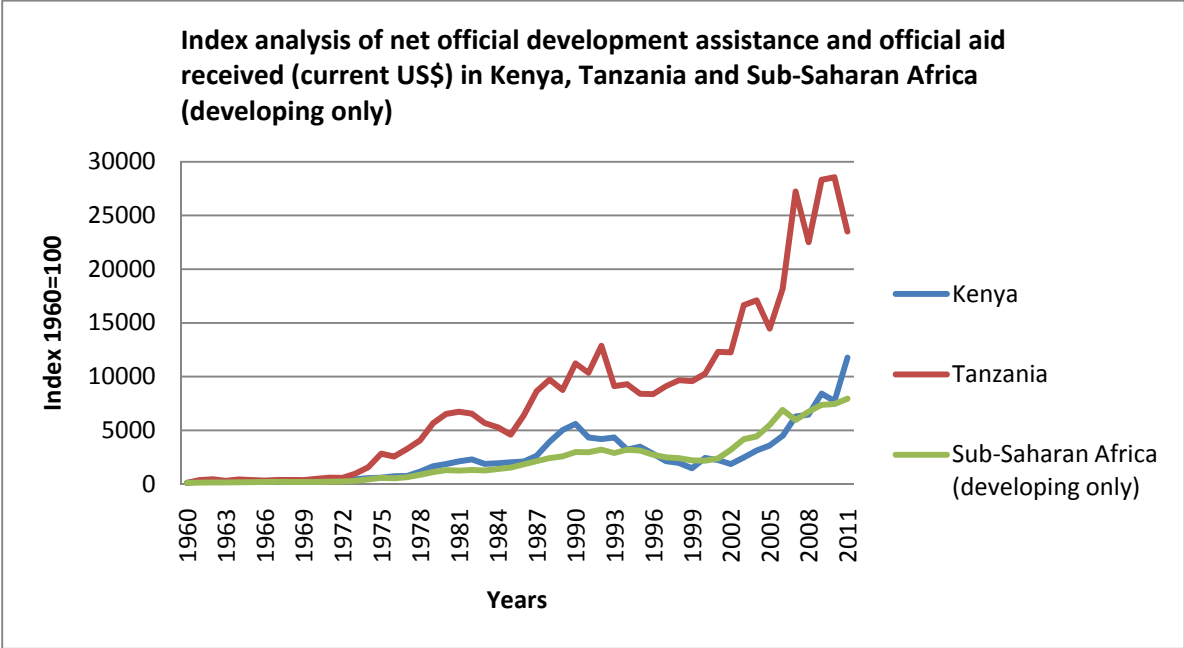
Figure 7. Index analysis of net official development assistance and aid received (current US$) in Kenya, Tanzania, and Sub-Saharan Africa (developing only): 1960=100.

Fig. 8 reports income share held by the lowest 20 % of population in Kenya and Tanzania. This indicator is highly relevant for the evaluation of poverty policy. Unfortunately there are no comprehensive statistics about this issue. However, we can say on the basis of scarce observations that there have not been dramatic changes in this indicator. A higher income share held by lowest 20% is reported in Tanzania than in Kenya.
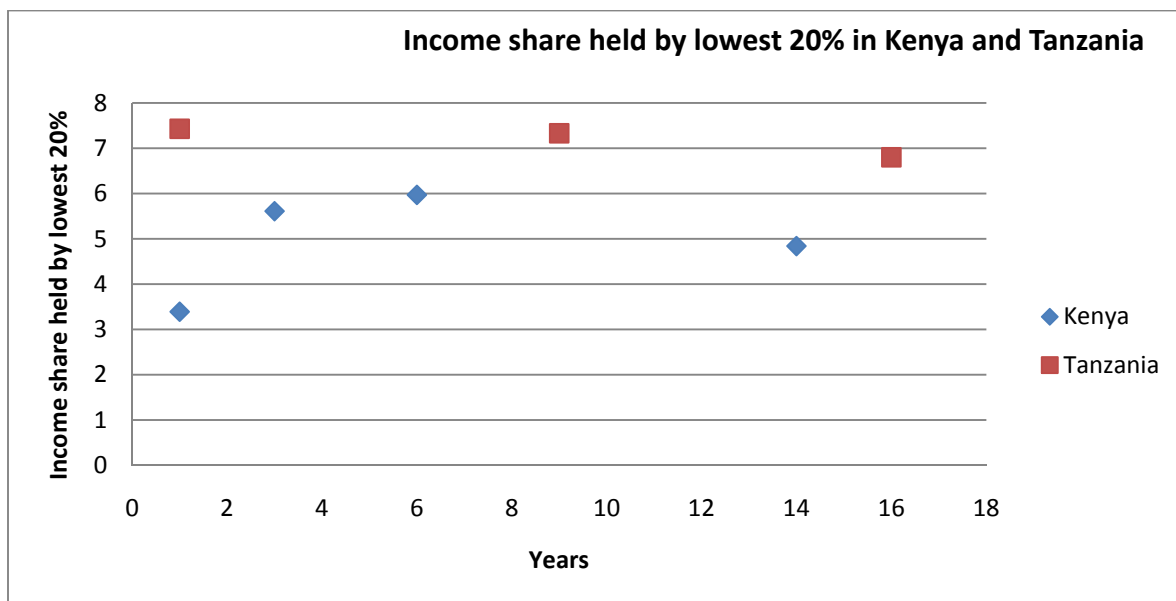
Figure 8. Income share held by lowest 20 % in Kenya and Tanzania.

In Fig. 9 malnutrition prevalence, weight for age (% of children under 5) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) is reported. All analysed regions show decreasing trends of this indicator in recent years. Both Tanzania and Kenya show lower levels than the region of Sub-Saharan Africa. In Kenya and Tanzania malnutrition prevalence is about 15% while in Sub-Saharan Africa it is 20%. This finding is a very positive signal of the results of development aid.
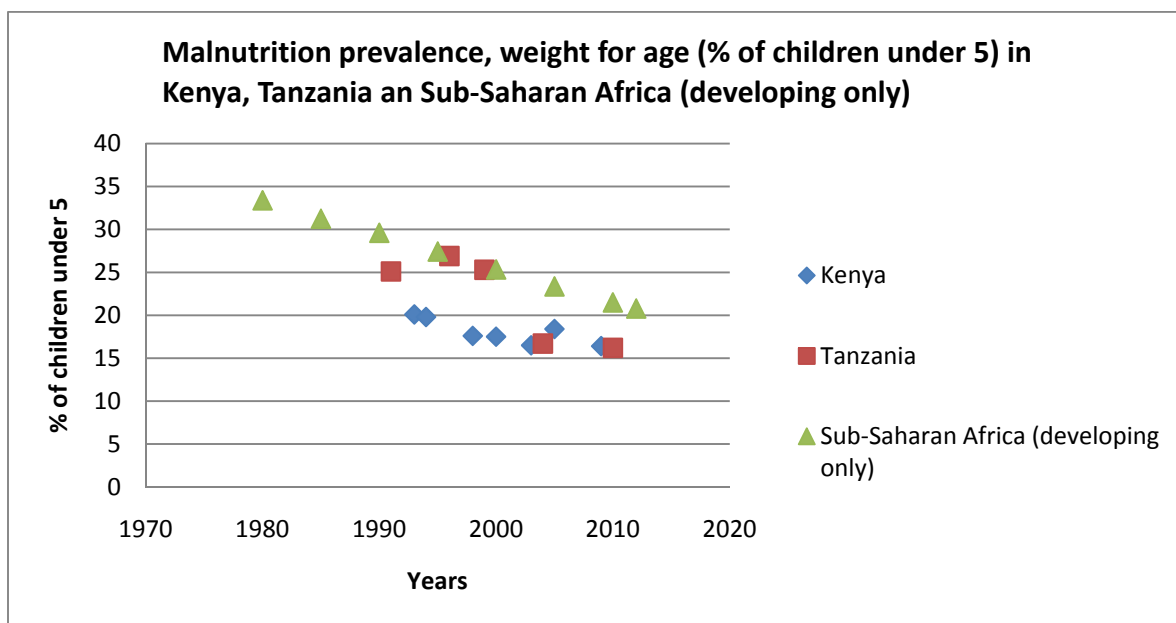

Figure 9. Malnutrition prevalence, weight for age (% of children under 5) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Female life expectancy at birth (years) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) is reported in Fig. 10. Since 1960 this trend was very positive for Tanzania and Kenya (and also for Sub-Saharan Africa), but some kind of negative drawbacks were observed after late 1980s. Recent years show better figures.

Figure 10. Female life expectancy at birth (years) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Male life expectancy at birth (years) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) is reported in Fig. 11. Similarly, since 1960 this trend was very positive for Tanzania and Kenya (and also for Sub-Saharan Africa), but some kind of negative drawbacks were observed after late 1980s. In recent years better figures can be observed.
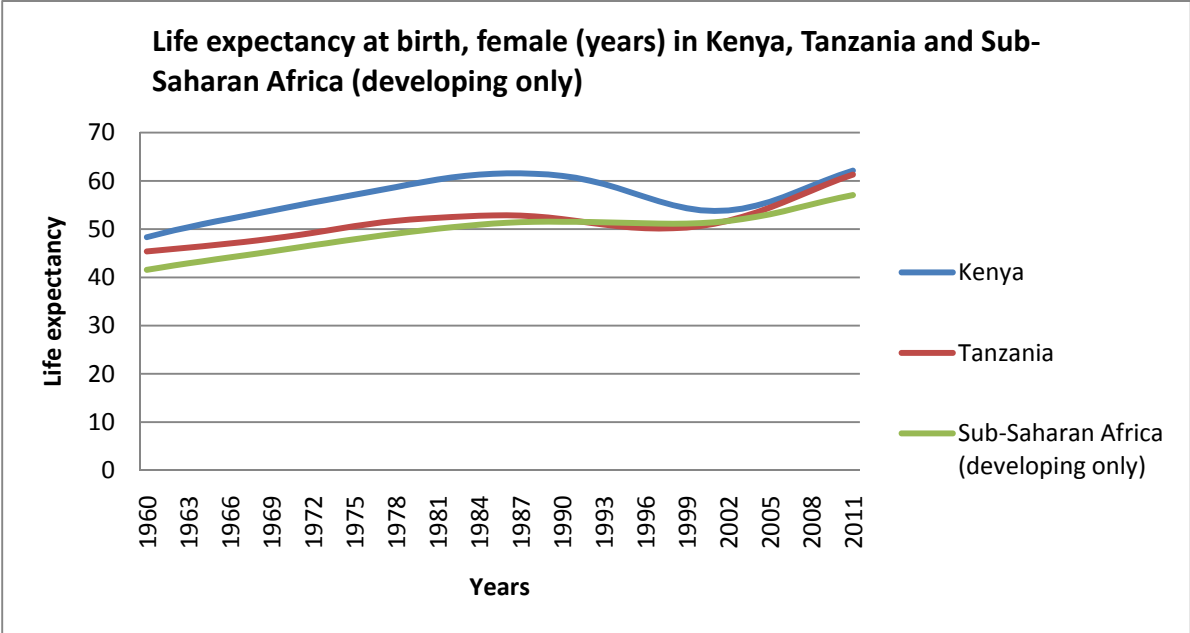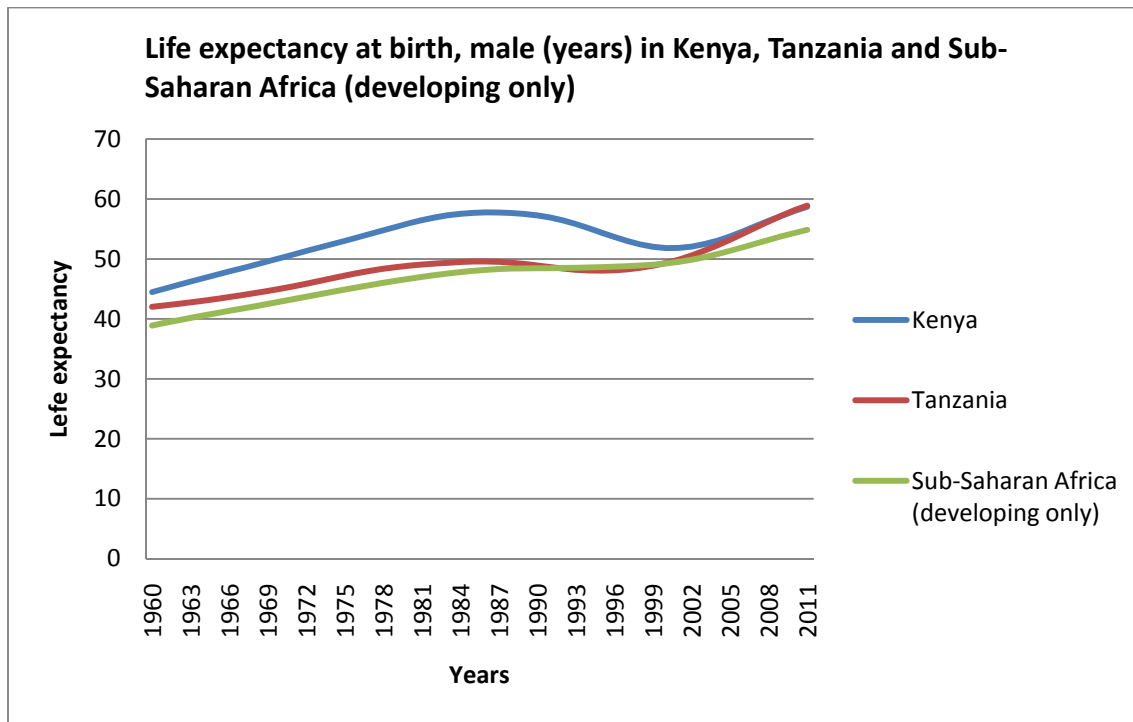
Figure 11. Male life expectancy at birth (years) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

2.3. Trend benchmarking of health and social policy

In this sub-chapter trend benchmarking of health and social policy sector is reported.

One of the indicators of health and social policy is mortality rate, under-5 (per 1,000 live births). Fig. 12 reports these critical trends in Kenya and Tanzania. Fig. 12 reveals that Tanzania and Kenya have been more successful in this field compared to Sub-Saharan Africa in general. In recent years Tanzania's performance has been amazing compared to Kenya.
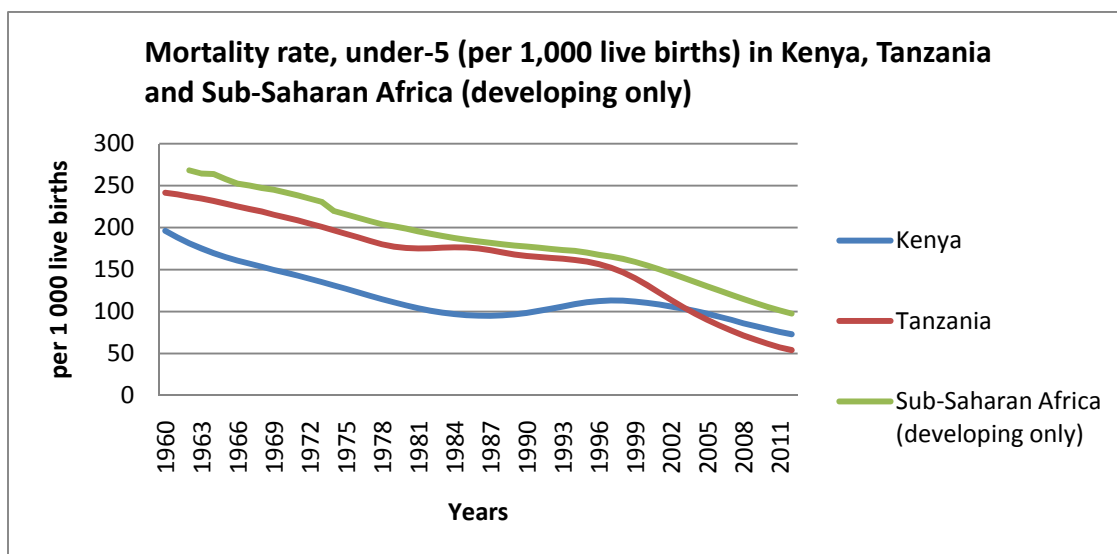
Figure 12. Mortality rate, under-5 (per 1,000 live births) in Kenya, Tanzania, and Sub-Sahara Africa (developing only).

In Long-run developments of maternal mortality ratio (modelled estimate, per 100,000 live births) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are reported in Fig. 13. This figure shows very positive development in Sub-Saharan Africa and also in Tanzania. This is one field where development aid has had very positive impacts.

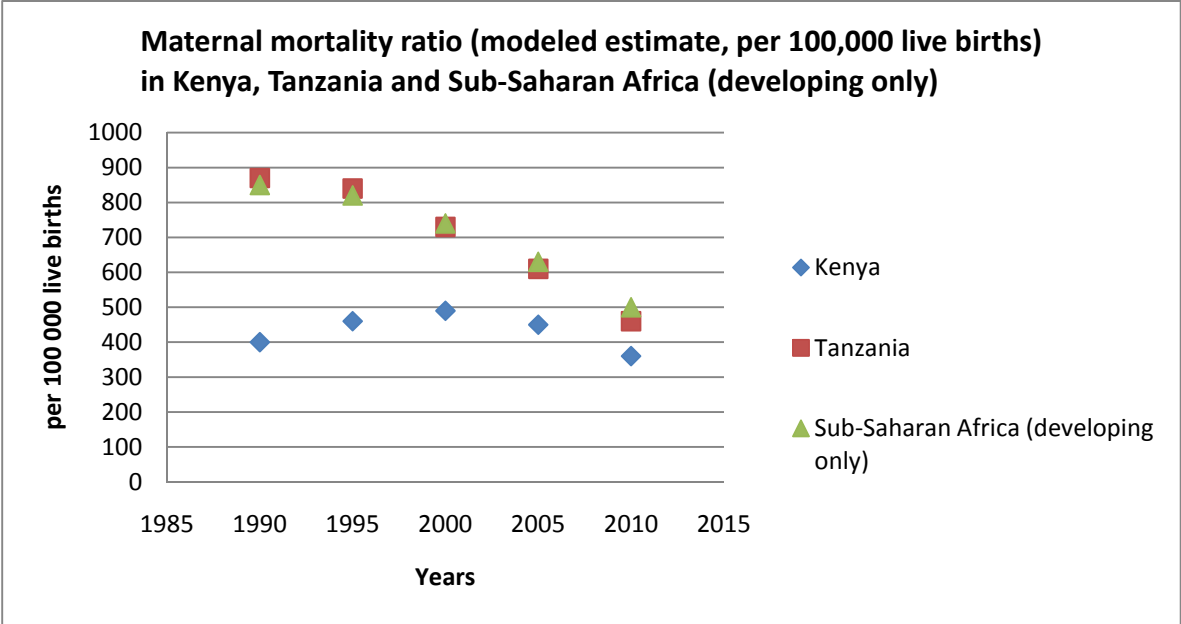*Figure 13. Maternal mortality ratio (modelled estimate, per 100,000 live births) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).*

In Fig. 14 percentage levels of pregnant women receiving prenatal care in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are reported. This figure shows how positive results have been reached in Tanzania in this critical field of health care.
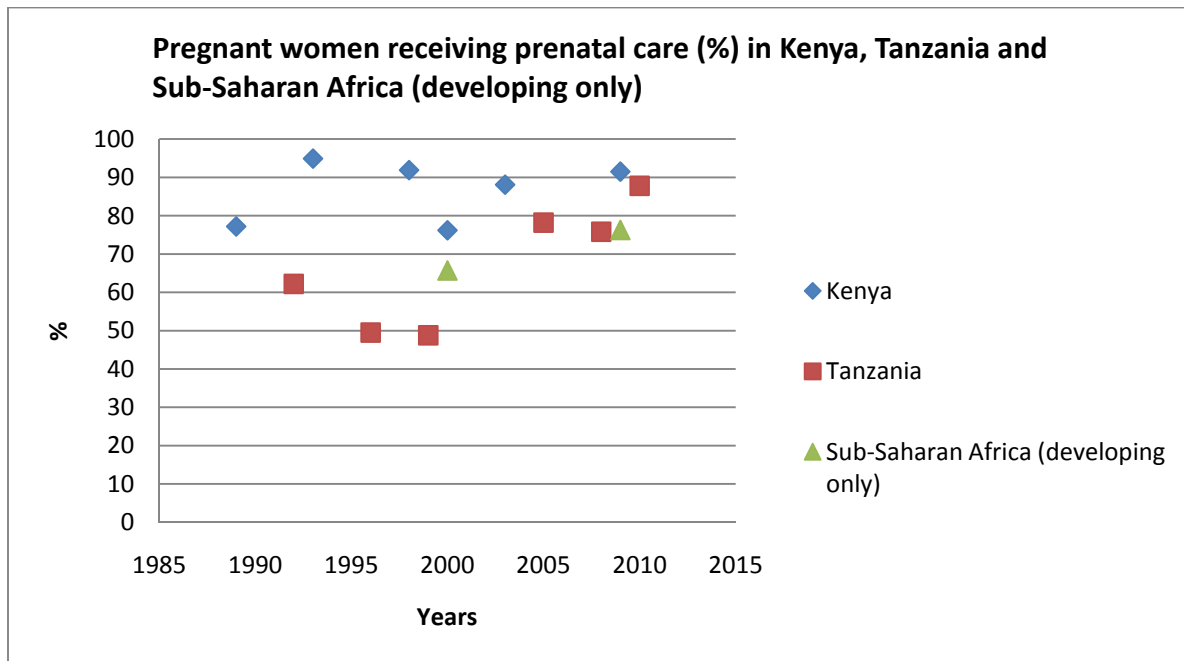
Figure 14. Pregnant women receiving prenatal care (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

In Fig. 15 prevalence of HIV, total (% of population ages 15–49) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) is reported. A very big success story of development aid can be seen since the late 1990s. The prevalence of HIV is on a higher level in Kenya compared to Tanzania and Sub-Saharan Africa. In Tanzania, the peak level of prevalence of HIV was about 8% (1997). In Kenya it was 10% (1997). In Sub-Saharan Africa the peak level was about 6% (in 2001).
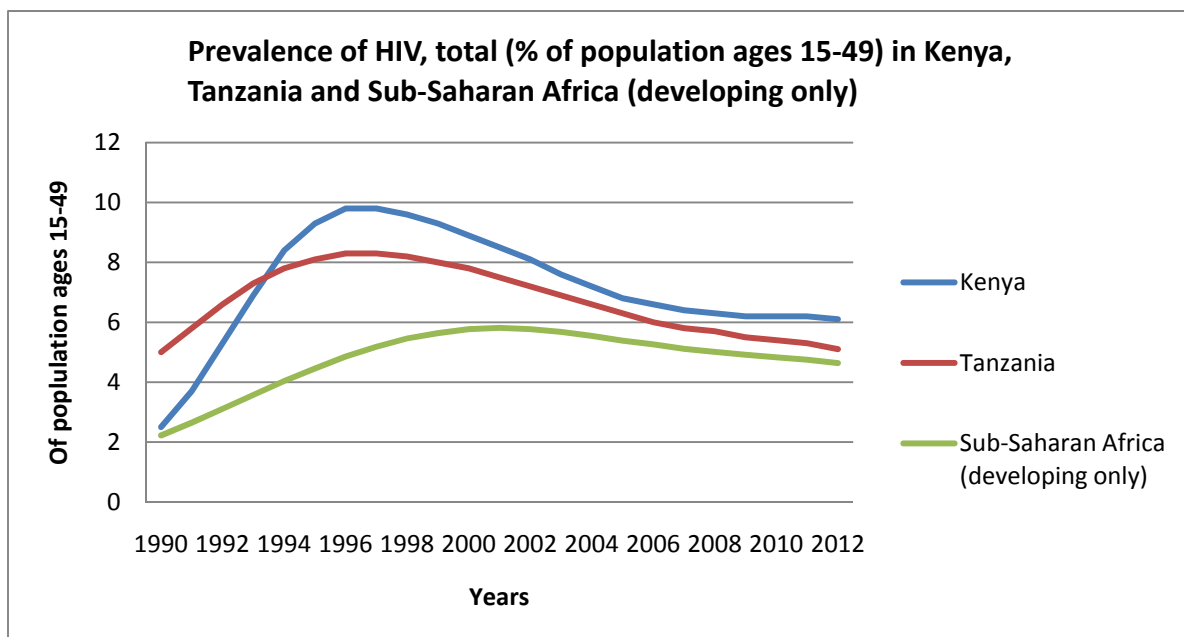
Figure 15. Prevalence of HIV, total (% of population ages 15-49) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

In Fig. 16 incidence of tuberculosis in Kenya, Tanzania, and Sub-Saharan Africa is figured out. Especially in Kenya tuberculosis has been a serious health problem. In Tanzania tuberculosis is managed better. Fortunately, in all analysed regions turning points to a better direction have been reached. However, the situation in Kenya requires special attention.
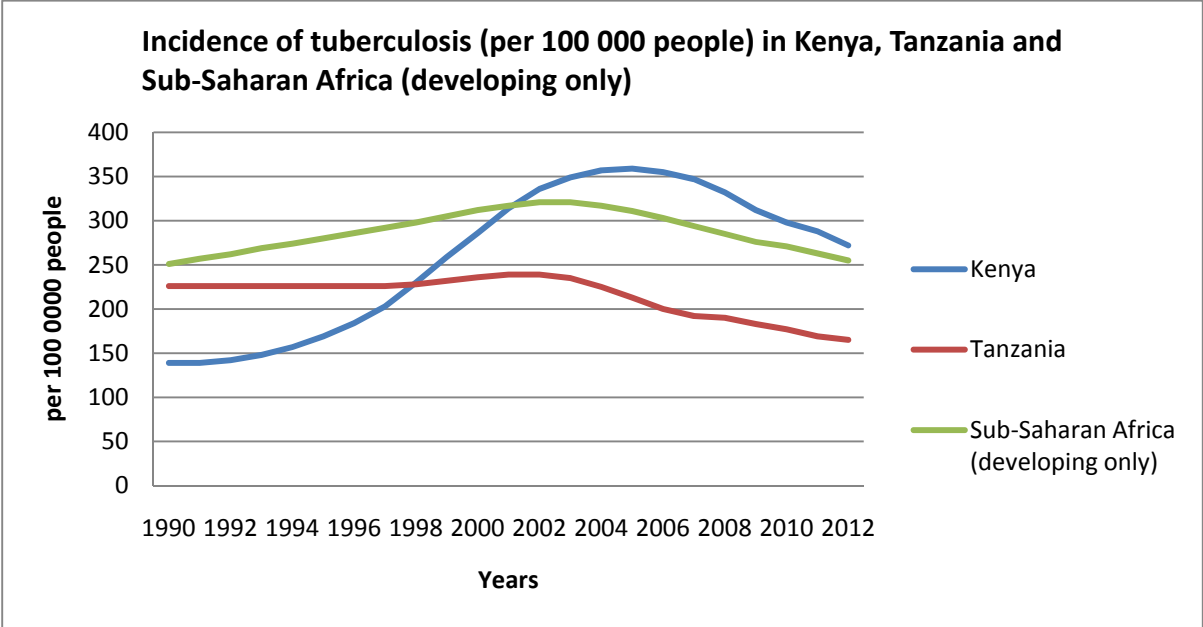
Figure 16. Incidence of tuberculosis (per 100 000 people) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

In Fig. 17 the levels of contraceptive prevalence (% of women ages 15–49) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are reported. Kenya shows highest percentages while Tanzania and Sub-Saharan Africa show lower percentages in the long-run trend analysis. In 2012 contraceptive prevalence in Sub-Saharan Africa was almost 25%, in Tanzania 35% and in Kenya about 45%.
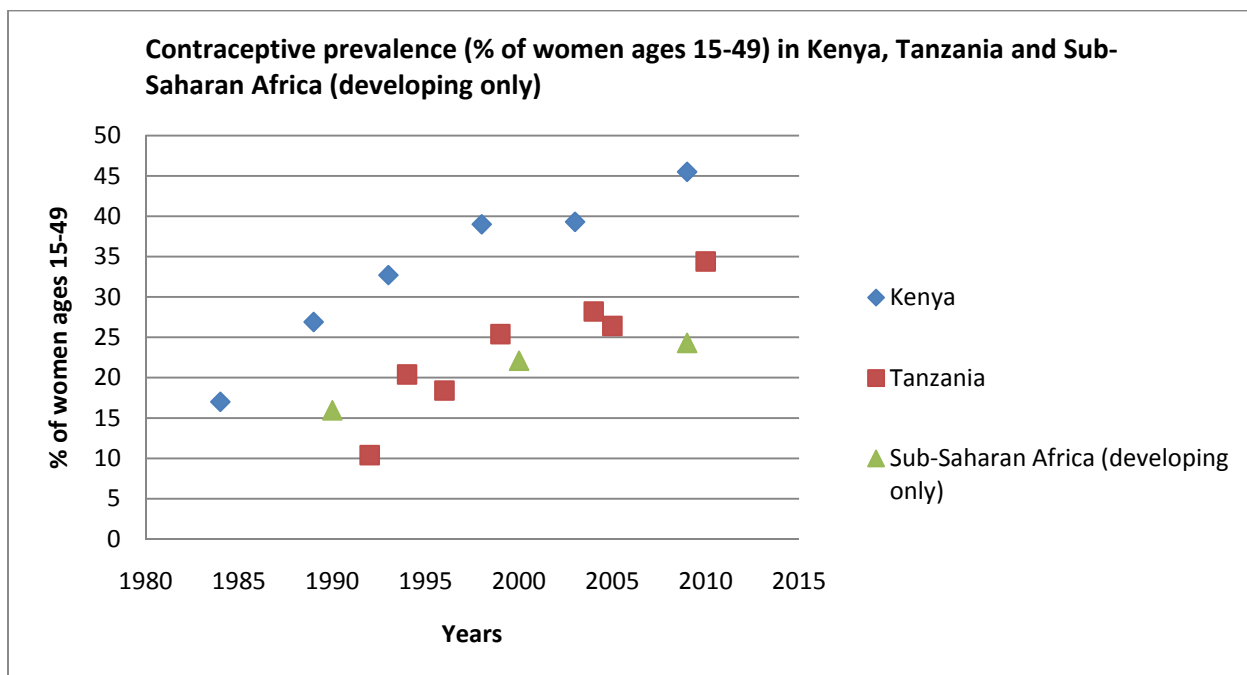
Figure 17. Contraceptive prevalence (% of women ages 15-49) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

In Fig. 18 trends of improved sanitation facilities (% of population with access) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are reported. This figure tells that Tanzania is lagging far away from Kenya and other Sub-Saharan Africa.
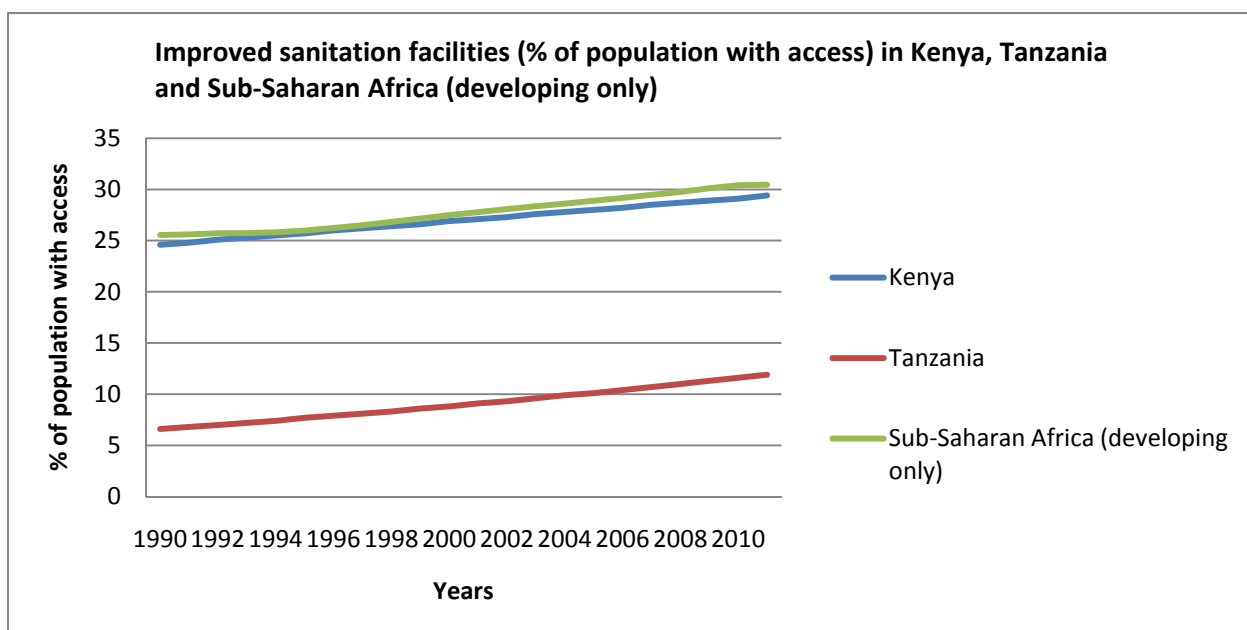
Figure 18. Improved sanitation facilities (% of population with access) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

2.4. Trend benchmarking of environmental issues

In Fig. 19 the only environmental indicator with regional trends of World Bank development evaluation category is reported. If we evaluate environmental challenges with this indicator we can note that these figures are higher in Kenya than in Tanzania. This indicator trend is quite stable and dramatic changes cannot be observed.
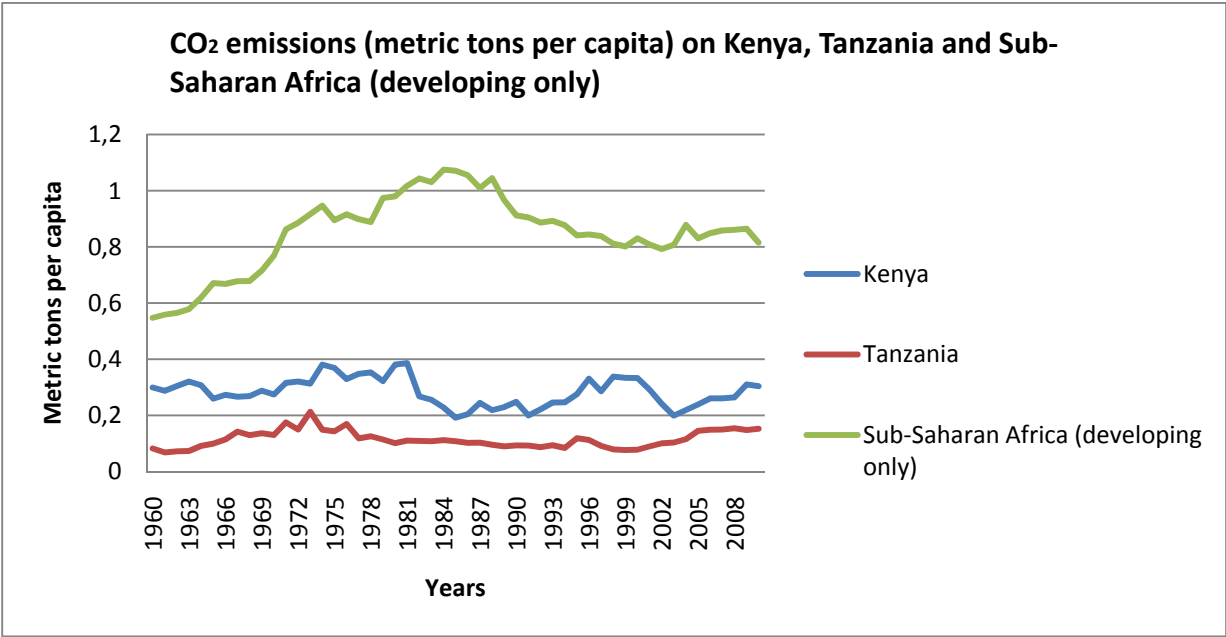
Figure 19. CO_2 emissions (metric tons per capita) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

2.5. Trend benchmarking of education policy and gender issues

In this sub-chapter trend benchmarking of education policy and gender issues is reported.

In Fig. 20 primary completion rates, total (% of relevant age group) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are reported. Both Kenya and Tanzania are performing quite well in this development policy field.

Primary completion rate, total (% of relevant age group) in Kenya, Tanzania and Sub-Saharan Africa (developing only)
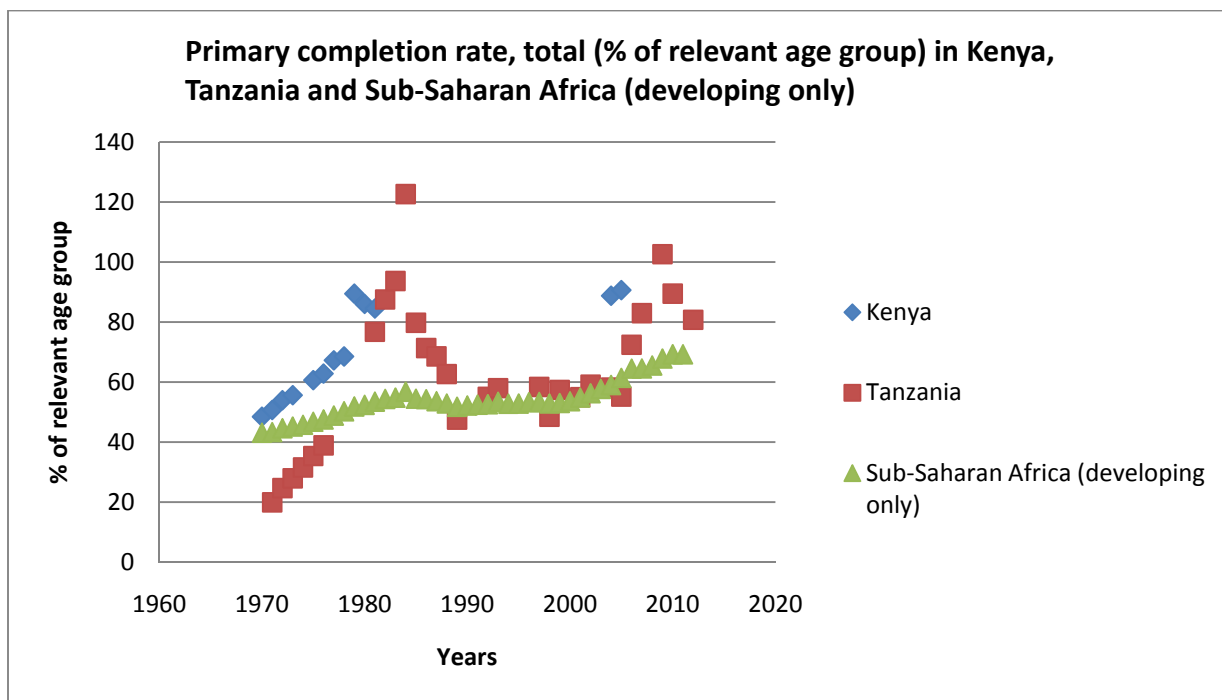
Figure 22. Primary completion rate, total (% of relevant age group) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

In Fig. 21 ratios of girls to boys in primary and secondary education (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are reported. Fig. 21 shows us some positive developments in this field of education. Tanzania and Kenya are both doing well in this field compared to Sub-Saharan Africa.

Ratio of girls to boys in primary and secondary education (%) in Kenya, Tanzania and Sub-Saharan Africa (developing only)
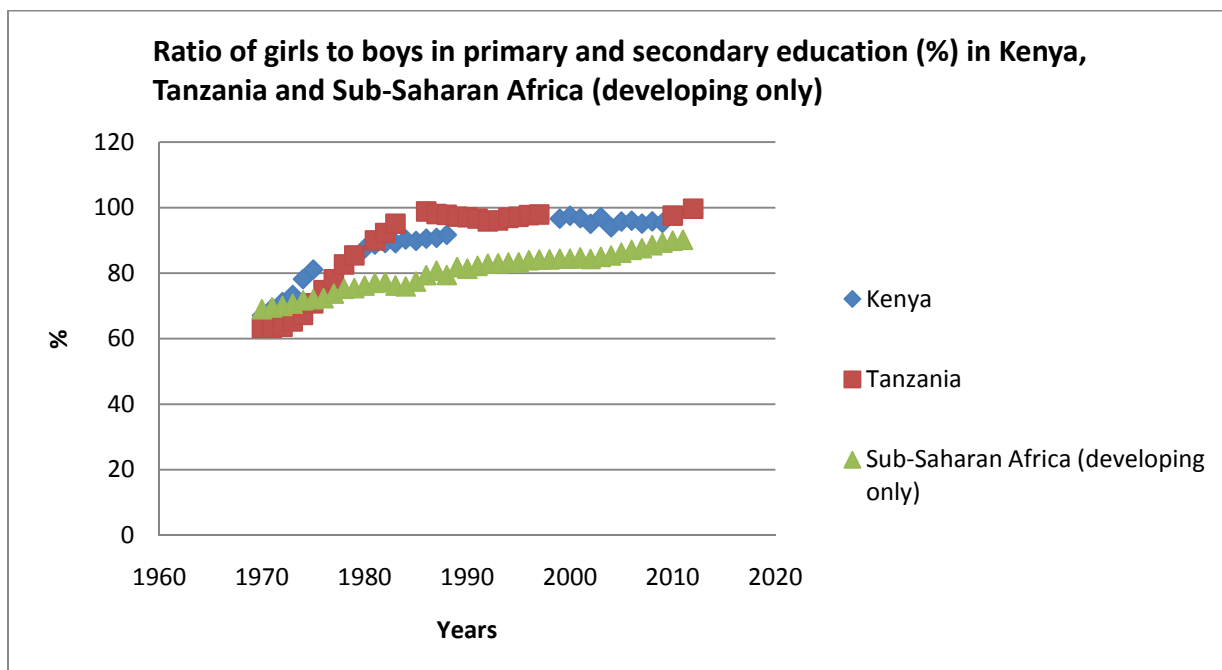
Figure 21. Ratio of girls to boys in primary and secondary education (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

A critical analysis of gender issues in proportion of seats held by women in national parliaments (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only). If we use this indicator, Tanzania shows larger proportions of seats held by women than Kenya. In Kenya the proportion of seats held by women is smaller than in Sub-Saharan Africa.
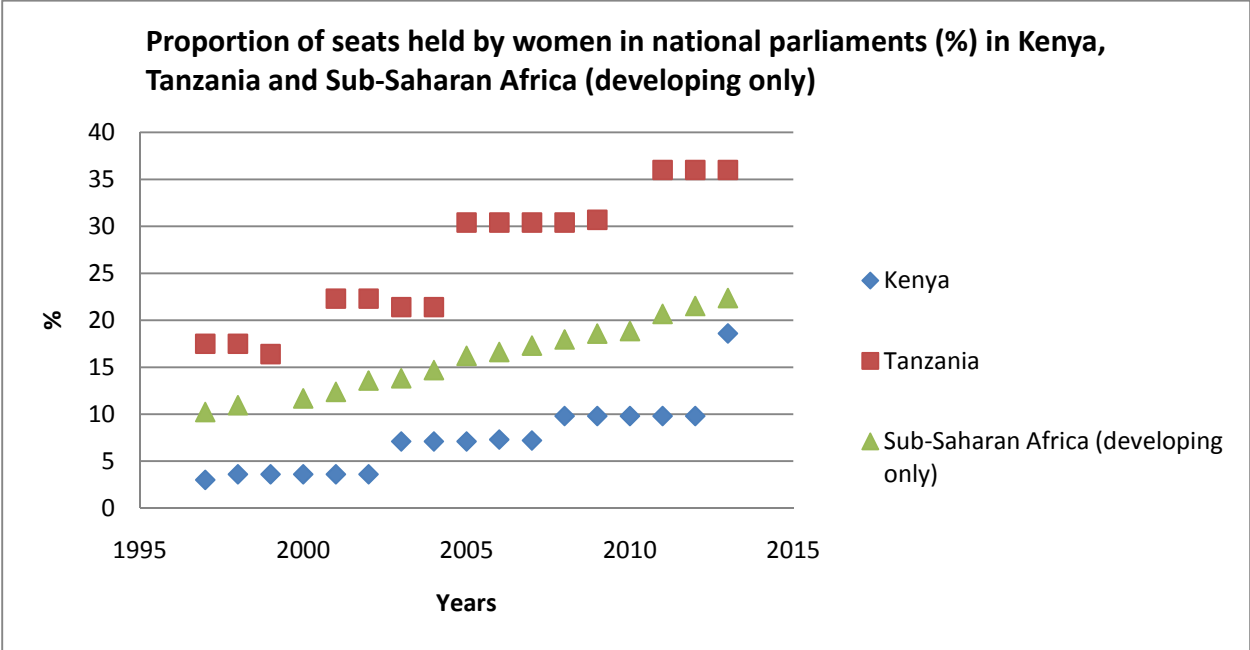
Figure 22. Proportion of seats held by women in national parliaments (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Fig. 23 lacks much data and observations. Share of women employed in the non-agricultural sector (% of total non-agricultural employment) in Kenya and Tanzania seems to be quite low, only a little bit over 30 %.
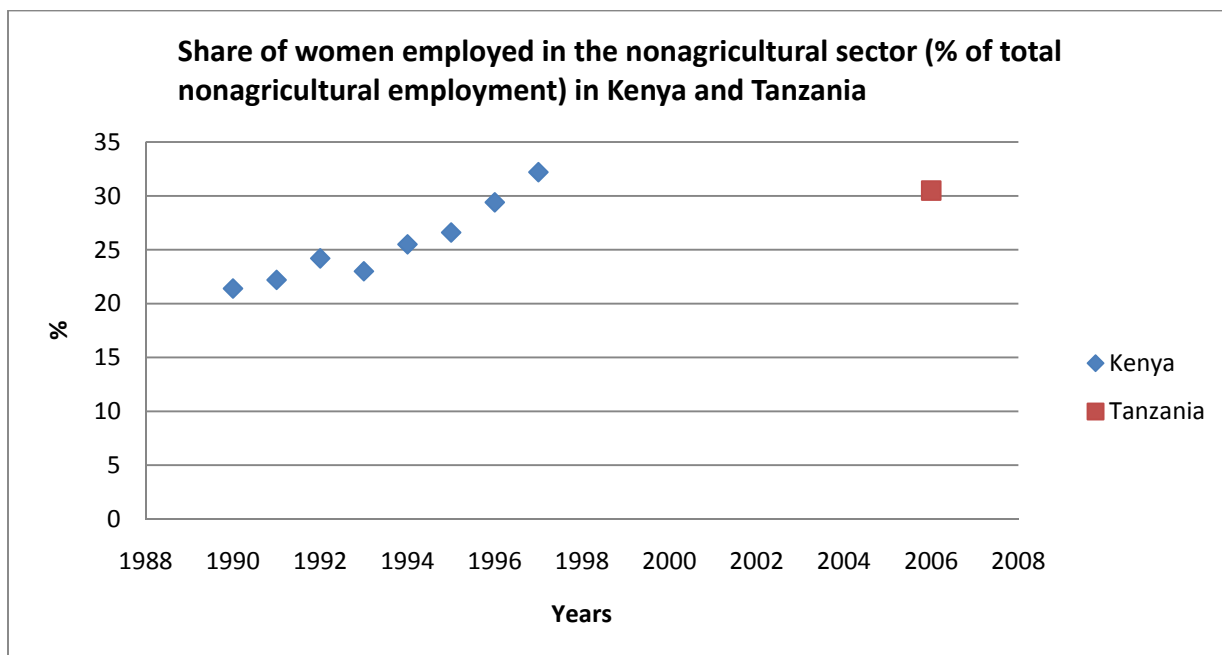
Figure 23. Share of women employed in the non-agricultural sector (% of total non-agricultural employment) in Kenya and Tanzania.

The percentages of teenage mothers (% of women ages 15−19 who have had children or are currently pregnant) in Kenya and Tanzania are reported in Fig. 24. This figure shows that some good and promising results have been reached in Kenya and Tanzania. In Kenya the results are better.
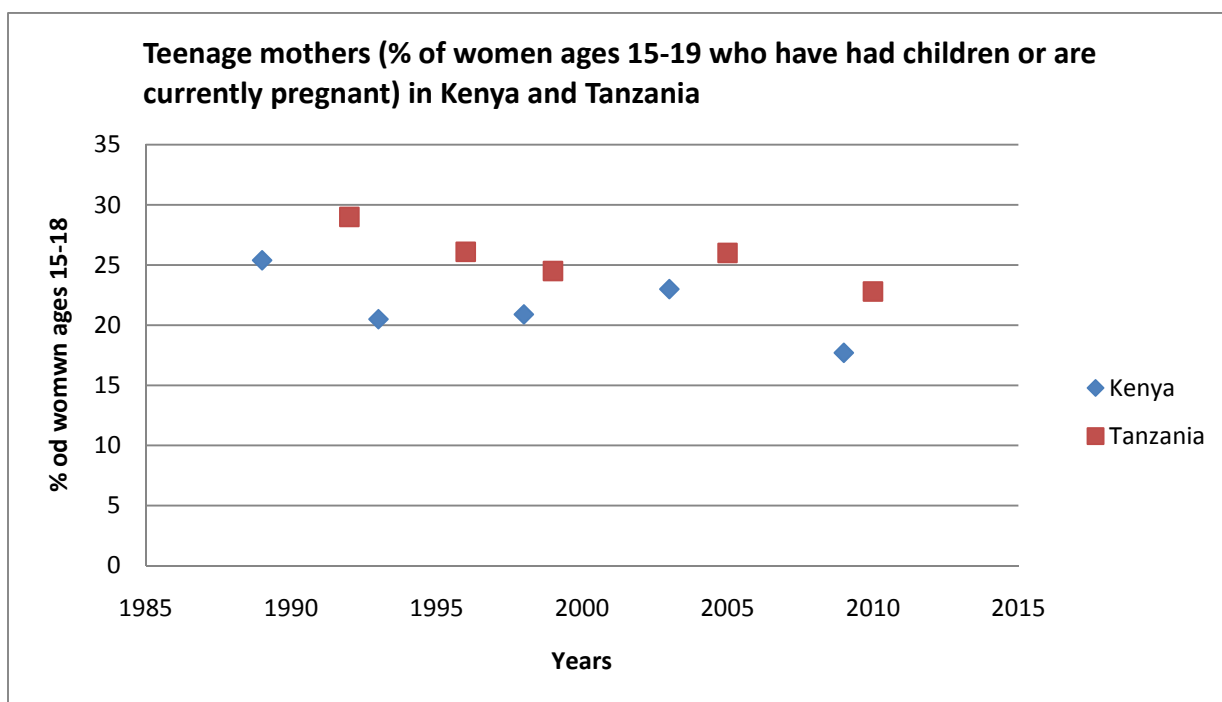
Figure 24. Teenage mothers (% of women ages 15−19 who have had children or are currently pregnant) in Kenya and Tanzania.

2.6. Trend benchmarking of infrastructure development

Trend benchmarking of infrastructure development is performed in sub-chapter 2.6.

Figure 25 reports the trends of mobile cellular subscriptions (per 100 people) in Kenya, Tanzania, and Sub-Saharan Africa (developing only). The so-called information society development has been rapid in Sub-Saharan Africa.
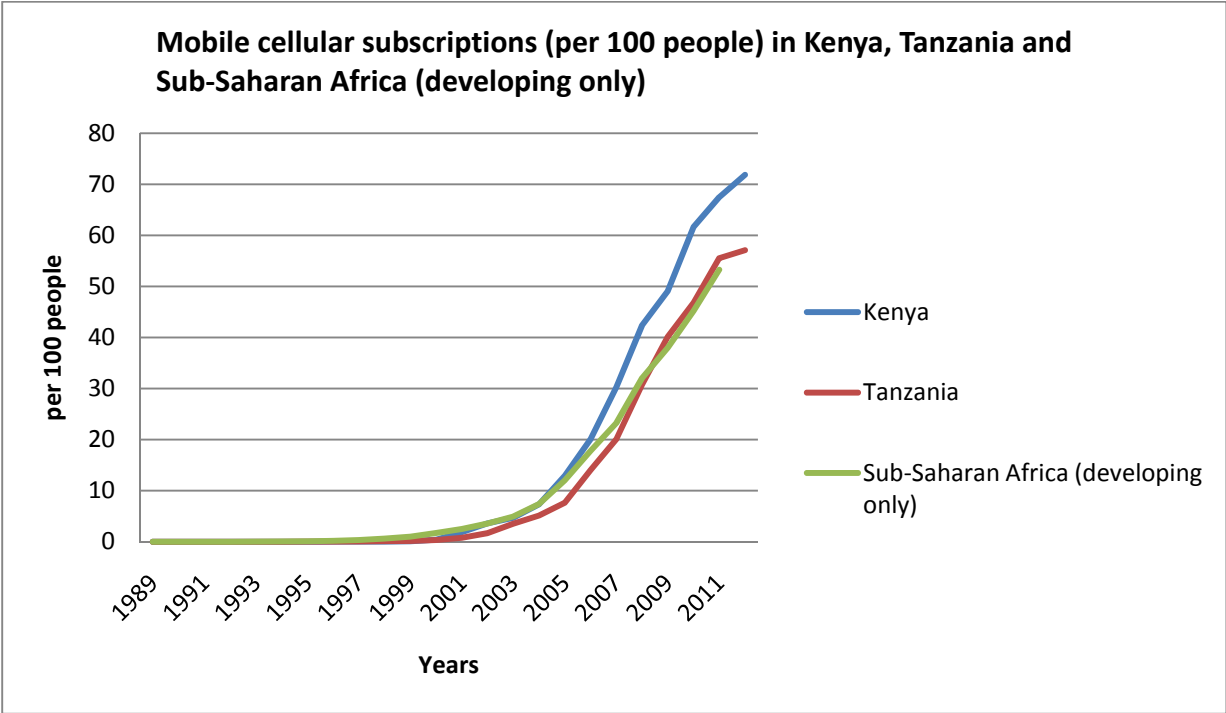
Figure 25. Mobile cellular subscriptions (per 100 people) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Again, unfortunately a lot of statistical observations are missing in Fig. 26 because of the World Bank database. We can note with some reservations that the size of vulnerable employment is very high in Kenya and Tanzania. In Tanzania it is about 90% and in Kenya less, about 62%.
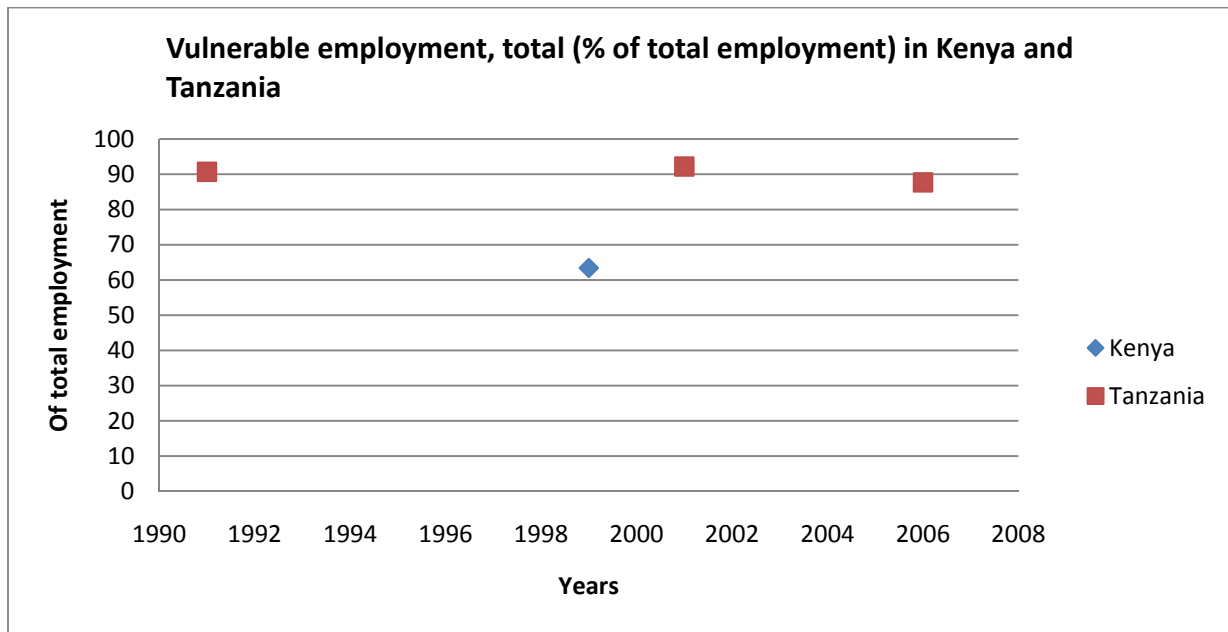
Figure 26. Vulnerable employment, total (% of total employment) in Kenya and Tanzania.

2.7. Trend benchmarking of aid effectiveness analyses with NODA criteria

In this section we shall analyse aid effectiveness with relation to NODA criteria. Term NODA refers to the variable *Net official development assistance received (current US$).* Our index based analysis tries to reveal how much "good" or "bad things" is delivered in relation to development assistance received in Kenya, Tanzania, and Sub-Saharan Africa.

In interpretation of index relationships this means that: (1) increase of good things in relation to NODA means better effectiveness and decrease of good things in relation to NODA means worse effectiveness. On the other hand: (2) increase of bad things in relation to NODA means worse effectiveness and decrease of bad things means better effectiveness.

In Fig. 27 we can observe that a bad thing (CO_2 emissions) has decreased in relation to NODA since 1969 and radically since the oil crisis of 1972. Thus we can observe a better effectiveness in the long-run.
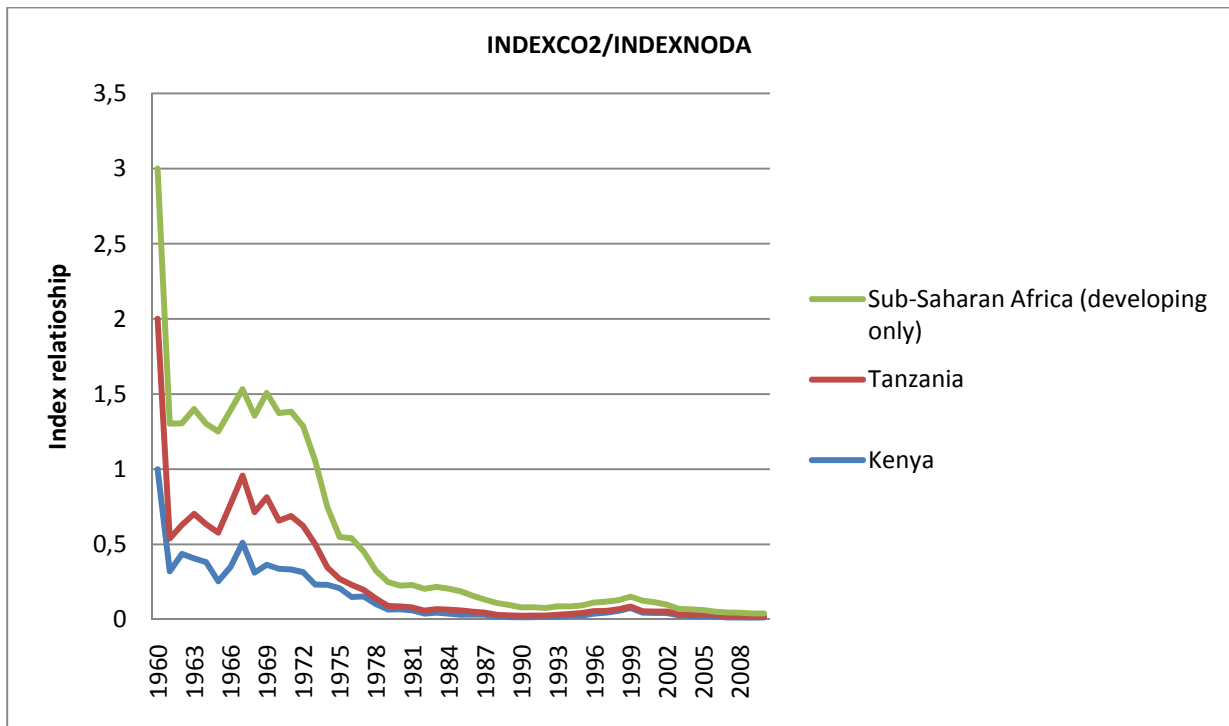
Figure 27. INDEXCO2/INDEXNODA-relationship.

In Fig. 28 we can observe "improved sanitation facilities" (% of population with access), which is a development of a "good thing" in relation to NODA index. There we can see that the good thing increased in relation to NODA in Kenya and Tanzania, but in late 1990 the index relationship started to decrease, which implies worse effectiveness. Probably there are "decreasing returns of investment" type of problem in this field of development assistance and aid.
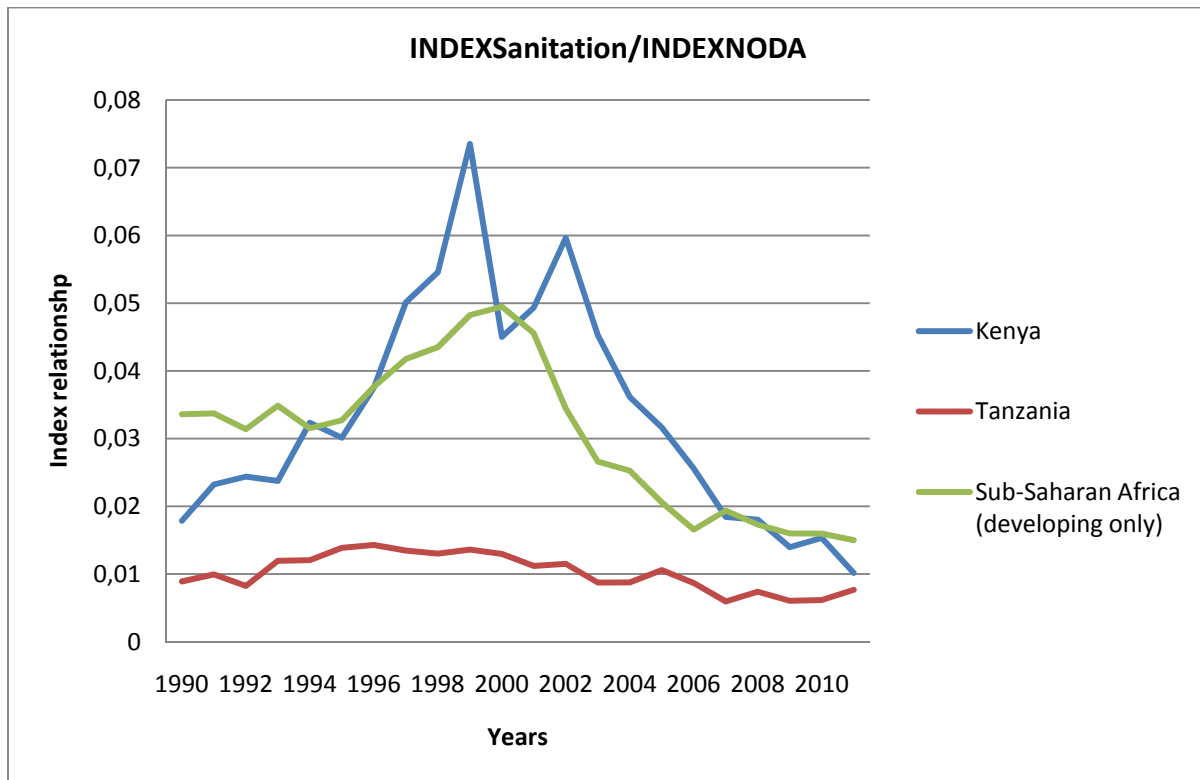
Figure 28. INDEXSanitation/INDEXNOD relationship.

In Fig. 29 we can observe "Incidence of tuberculosis" (per 100,000 people), which is a development of a "bad thing" in relation to NODA index. The interpretation is reverse compared to previous evaluation. Bad thing increased in relation to NODA flows in 1990–2000 indicating ineffective policy. This trend turned to a better direction in 2000 in Sub-Saharan Africa and later in 2002 in Kenya. After 2002 we can see more effectiveness in tuberculosis health policy in Kenya and Sub-Saharan Africa. In Tanzania the trend has been slow effectiveness of tuberculosis policy since 1996. It was not very good in 1990–1995 either.
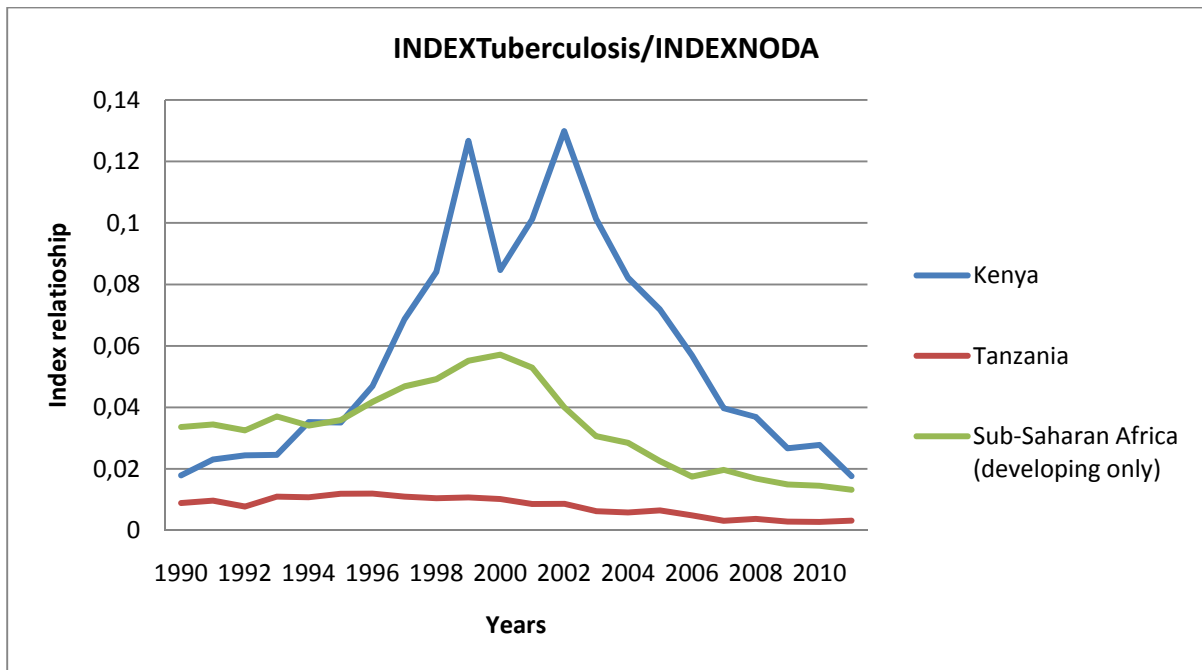
Figure 29. INDEXTuberculosis/INDEXNODA relationship.

In Fig. 30 we can observe "mortality rate, under-5 (per 1,000 live births)," which is development of "bad thing" in relation to NODA index. We can observe effective policy trajectory in this field of health policy in Kenya, Tanzania, and Sub-Saharan Africa.
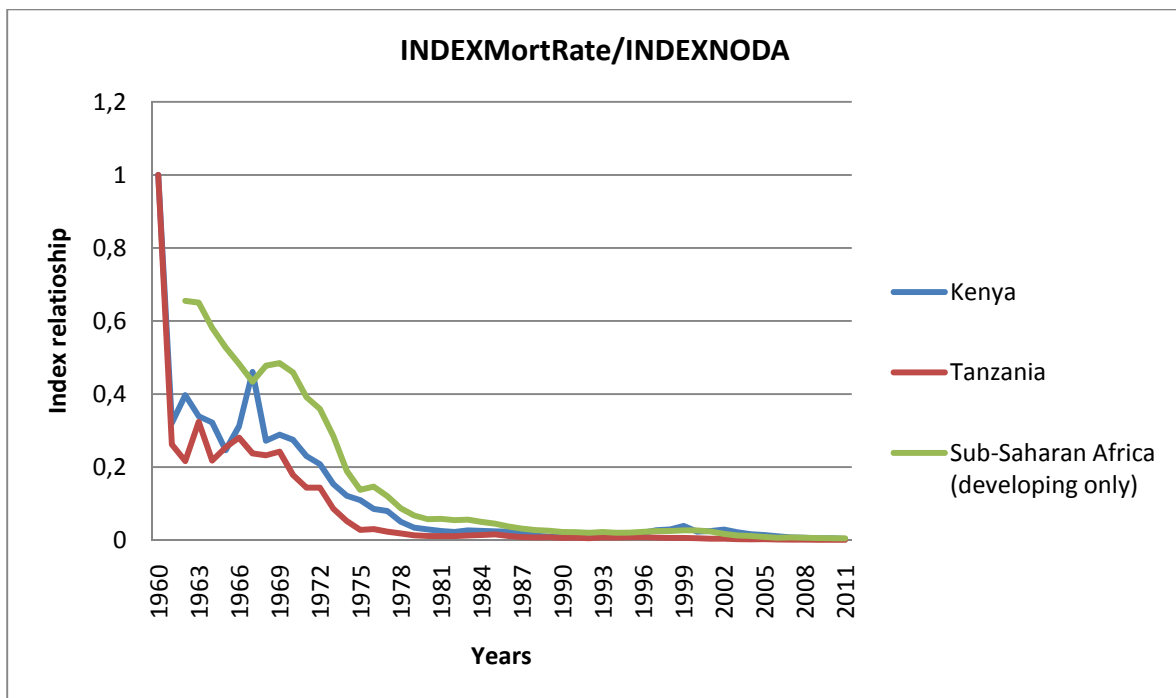
Figure 30. INDEXMortRate/INDEXNODA relationship.

In Fix. 31 we have reported INDEXLEBFEM/INDEXNOD relationship. This evaluation is linked to the variable *Life expectancy at birth, female (years)*. This analysis shows that the efficiency of NODA flows has decreased since the early 1970s. We are getting less of this "good thing" in Kenya, Tanzania, and Sub-Saharan Africa. This trend can tell that there are "decreasing returns of ODA investment." It is important to note that this index relationship has been quite stable in since early 1980s. Effectiveness of mortality policy of females in Tanzania and Kenya are on similar performance levels since late 1970s. Before 1978 it was more effective in Kenya.
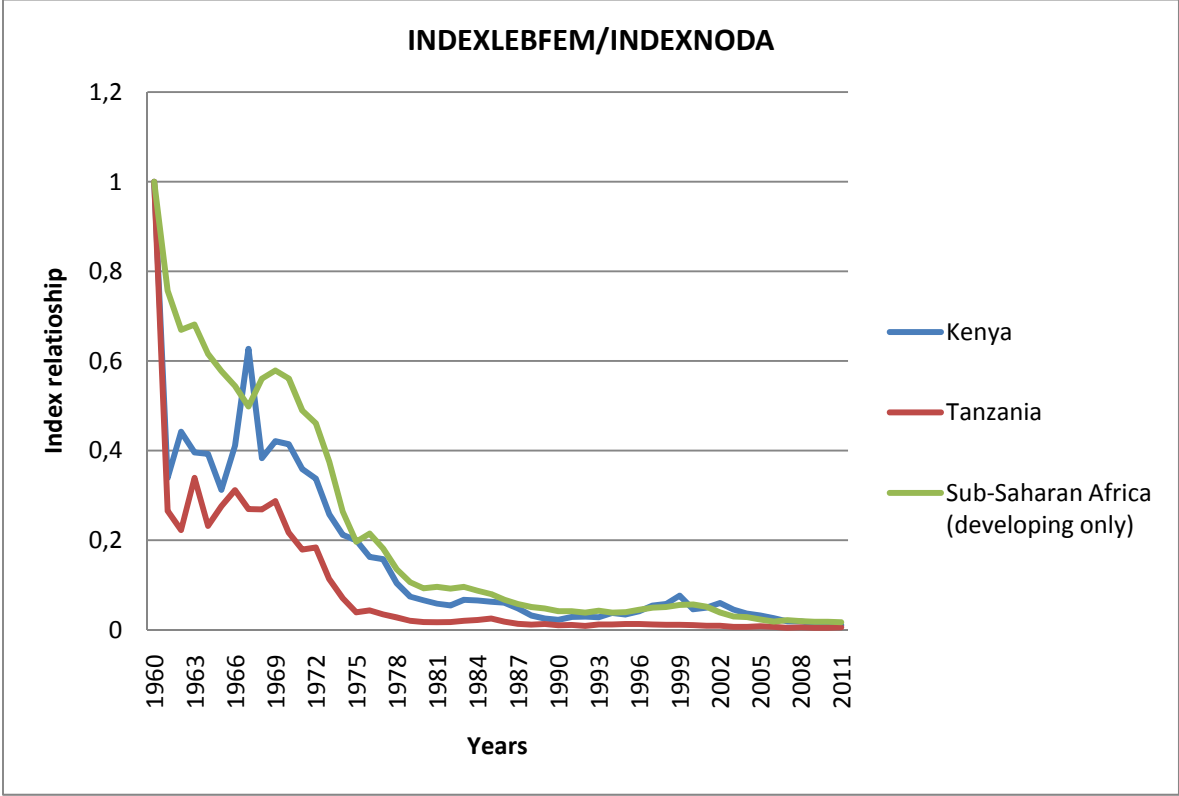
Figure 31. INDEXLEBFEM/INDEXNODA relationship.

In Fig. 32 we have reported INDEXLEBMEN/INDEXNOD relationship. This evaluation is linked to the variable *Life expectancy at birth, male (years)*. We can observe a similar development path here. Health policy in relation to mortality rate was more effective in 1960s and 1970s than later. We can also see that in Kenya policies regarding the mortality of men has been more effective than in Tanzania.
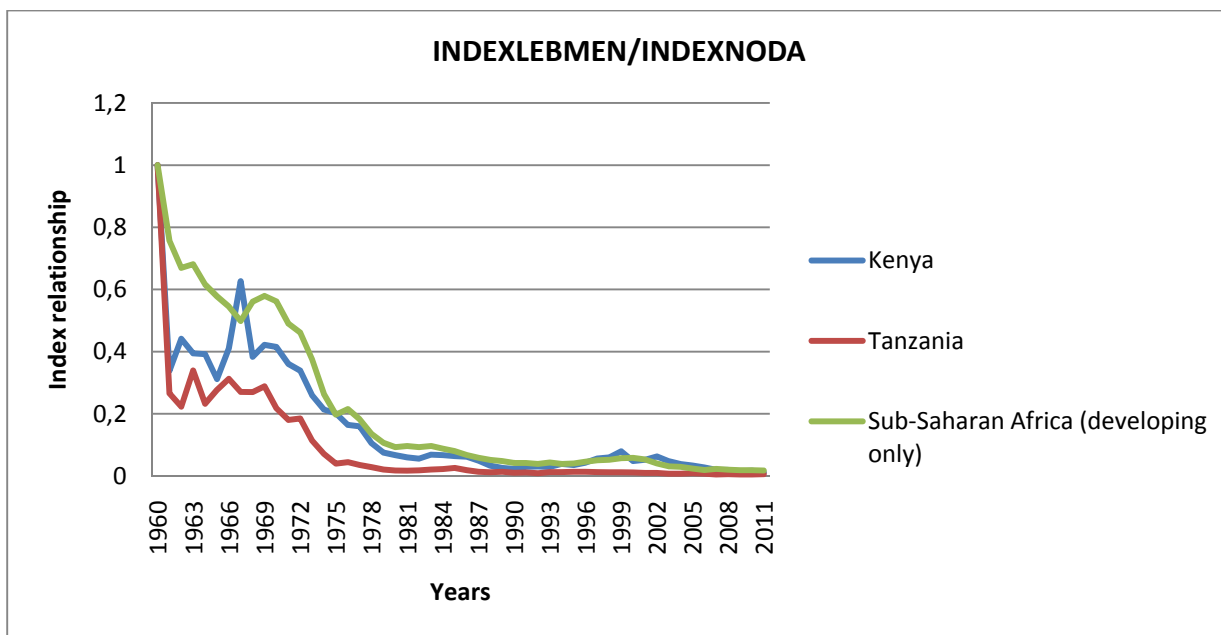
Figure 32. INDEXLEBMEN/INDEXNODA relationship.

Fig. 33, we report INDEXHiv/INDEXNODA relationship in Kenya, Tanzania, and Sub-Saharan Africa. This is a typical case of a very "bad thing." This is also a good example of effective development aid policy in Africa. First unsuccessful and ineffective period was from 1990 to 1999 but after 2000 the effectiveness of HIV policy increased first in Kenya and later in Sub-Saharan Africa. In Tanzania a positive trend of effective HIV policy can be observed since 1996. HIV policy of Tanzania has been much more effective than in Kenya and Sub-Saharan Africa.
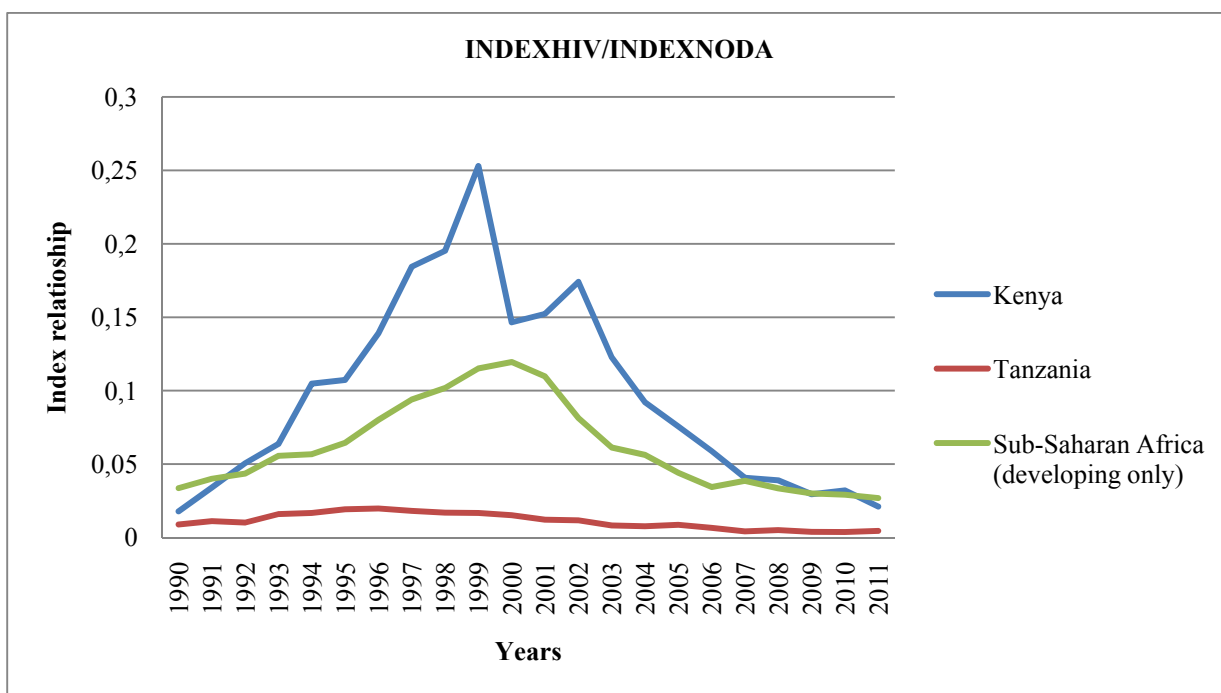
Figure 33. INDEXHIV/INDEXNODA relationship.

Fig. 34 reports INDEXPriCompRate/INDEXNODA relationship in Kenya, Tanzania, and Sub-Saharan Africa (developing only). This analysis in linked to the variable *Primary completion rate, total (% of relevant age group)*, which is a good thing. The figure indicates that efficiency in this field of education policy was high in the 1970s, but decreased in the late 1980s. In the 1990s there was a period of better effectiveness, especially in Kenya. The reasons why effectiveness is very low in Tanzania and Sub-Saharan Africa can be various. Such reasons can be own educational investment of Tanzania and Sub-Saharan Africa and Tanzanian high enrolment rates already in the 1970s.
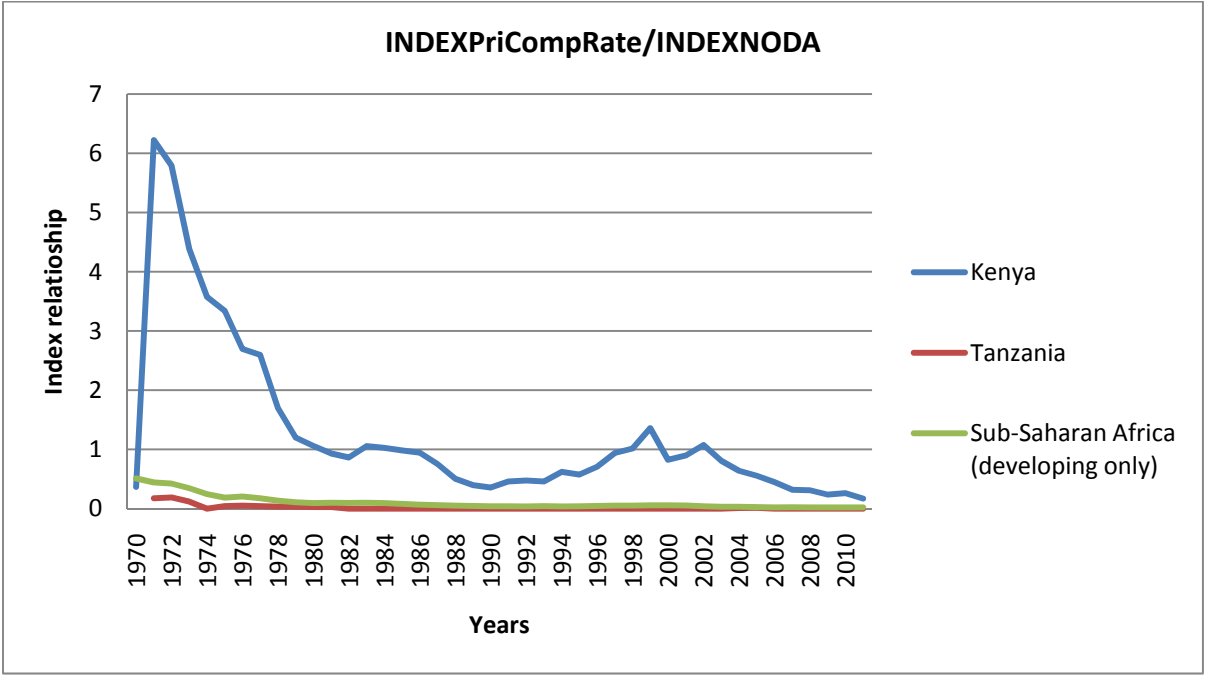
Figure 34. INDEXPriCompRate/INDEXNODA relationship.

The analysis presented in Fig. 35, is linked to the proportion of seats held by women in national parliaments. This is a "good indicator" of democracy and equality. In Tanzania we can see lowest efficiency level of this indicator relationship. In Kenya aid effectiveness has been much better in this critical field of governance. Since 2001 the trend has been decreasing in Sub-Saharan Africa and also in Kenya since 2003.
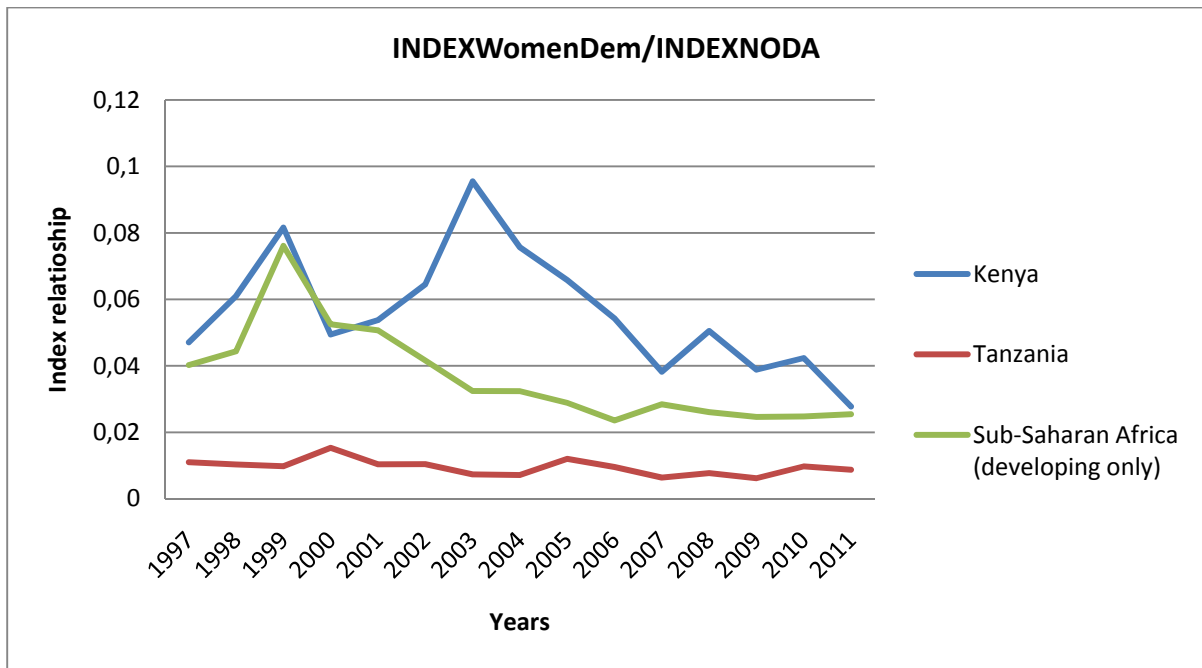
Figure 35. INDEXWomenDem/INDEXNOD relationship.

In Fig. 36 INDEXGirlstoboysEdu/INDEXNOD relationship is visualised. This critical variable of gender equity refers to the variable *Ratio of girls to boys in primary and secondary education (%)*. This policy field variable was very effectively managed in 1970, but now this index relationship is staying on very lower level. In Kenya and Sub-Saharan Africa the effectiveness of this policy field (gender equity in education) is higher than in Tanzania. We can observe interesting convergence phenomena of index relationships.
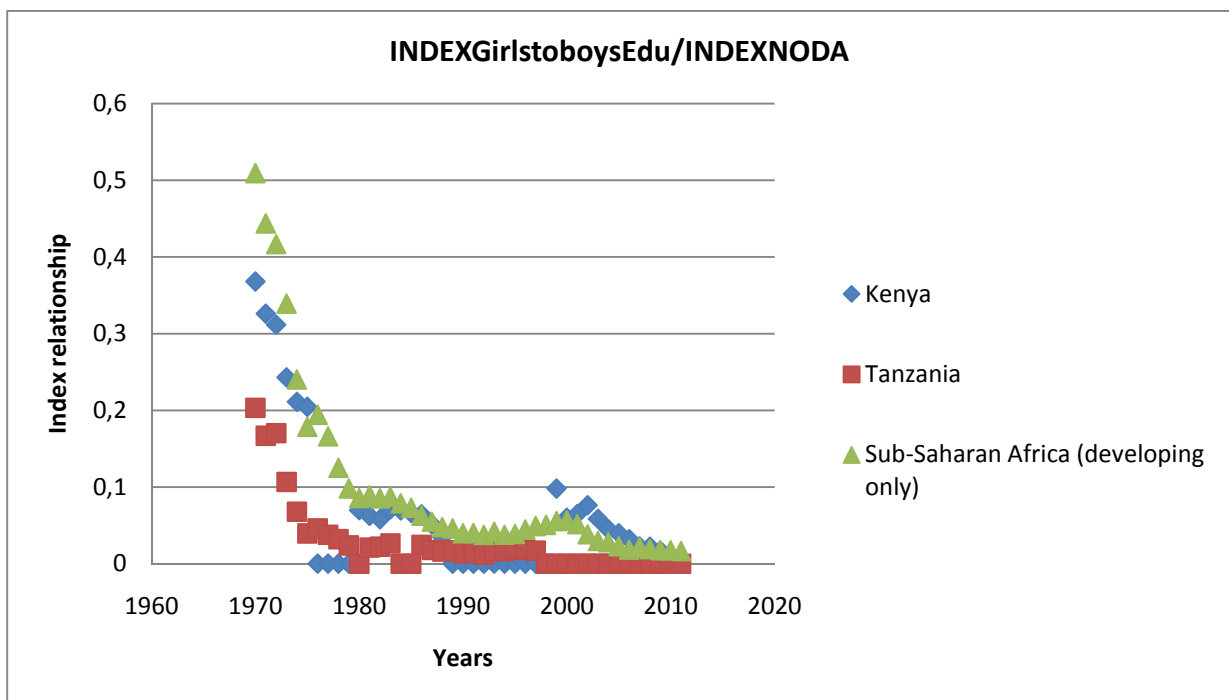
Figure 36. INDEXGirlstoboysEdu/INDEXNOD relationship.

In Figure 37 we report INDEXMobilePhones/INDEXNODA relationship. These figures indicate positive effectiveness rates in the field of Mobile cellular subscriptions (per 100 people). In Kenya the effectiveness has been better than in Tanzania.
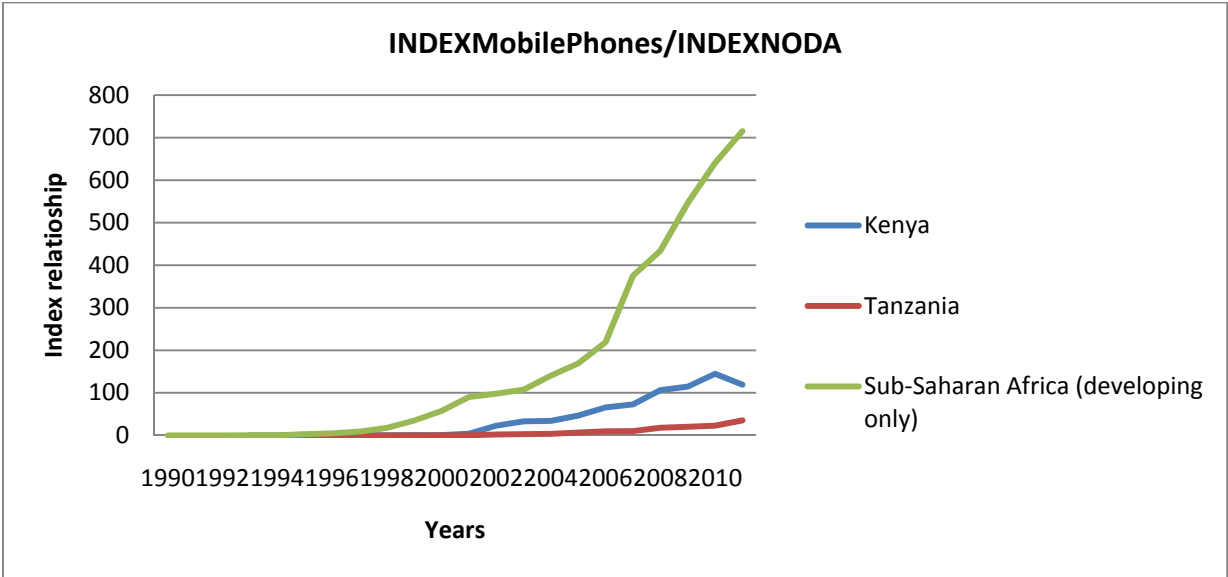
Figure 37. INDEXMobilePhones/INDEXNODA relationship.

3. FOCUSED MDG TREND EVALUATION IN KENYA AND TANZANIA COMPARED TO MDG DEVELOPMENTS IN SUB-SAHARAN AFRICA

3.1. Economic growth in Kenya and Tanzania

In Fig. 38 the trends of GDP are visualised for Kenya and Tanzania.
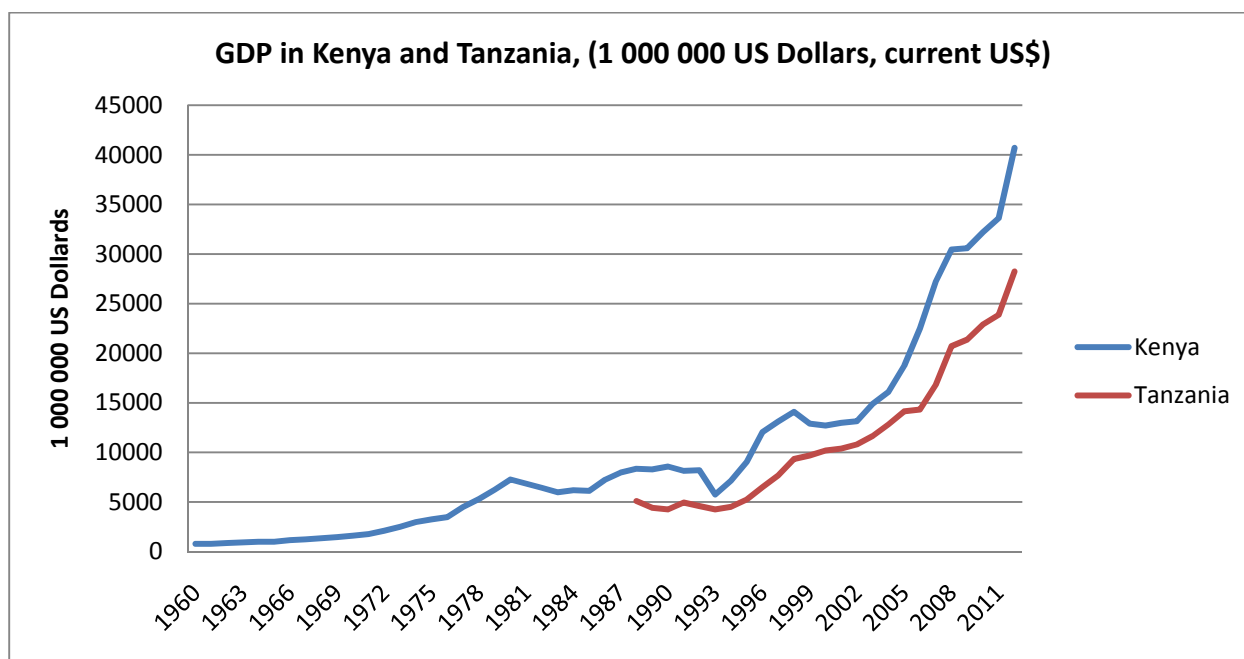
Figure 38. GDP in Kenya and Tanzania (1 000 000, current US Dollars).

After 1993 both Kenya and Tanzania have had rapid economic growth in volumes of GDP. Economic growth has been more forceful in Kenya compared to Tanzania.

3.2. MDG Target 1: Eradicate extreme poverty and hunger

In this section we evaluate MDG target: Eradicate extreme poverty and hunger. We shall present three trend evaluations. All analyses also include benchmarking in relation to Sub-Saharan Africa (developing only). The same comprehensive benchmarking framework is used in all MDG trend evaluations of this section.

First, the trends of malnutrition prevalence, weight for age (% of children under 5) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are illustrated in Fig. 39.
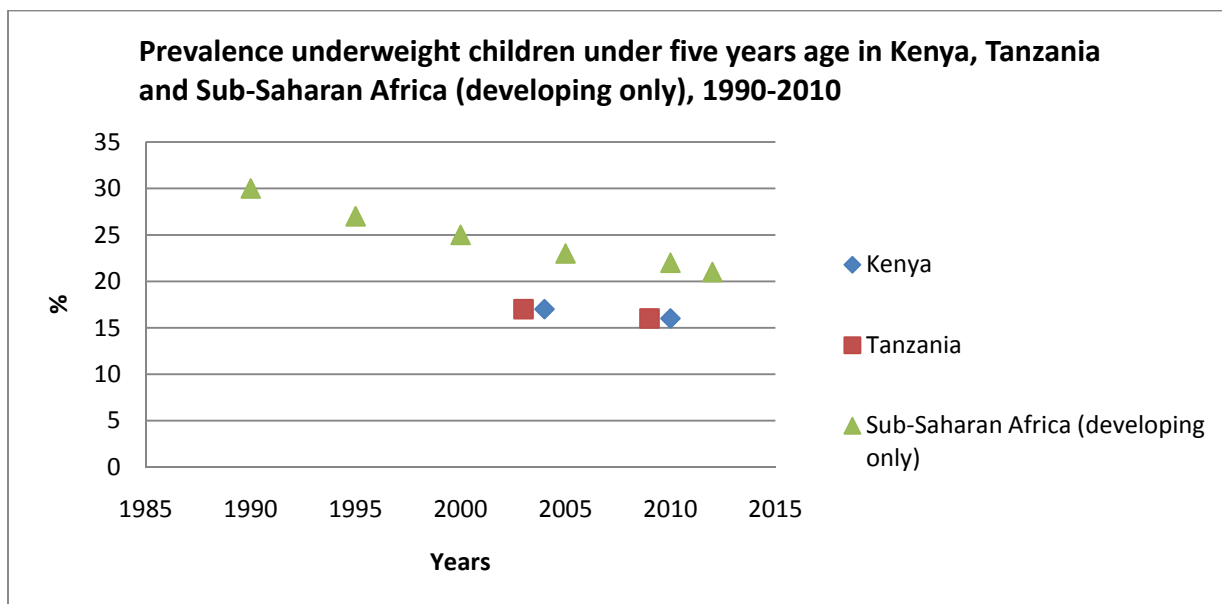
Figure 39. Trend benchmarking of malnutrition prevalence (% of children under 5) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Secondly, the trends of poverty gap at $1.25 a day (PPP) (%) in Kenya, Tanzania, and Sub-Saharan Africa, 1980−2010) are illustrated in Fig. 40.
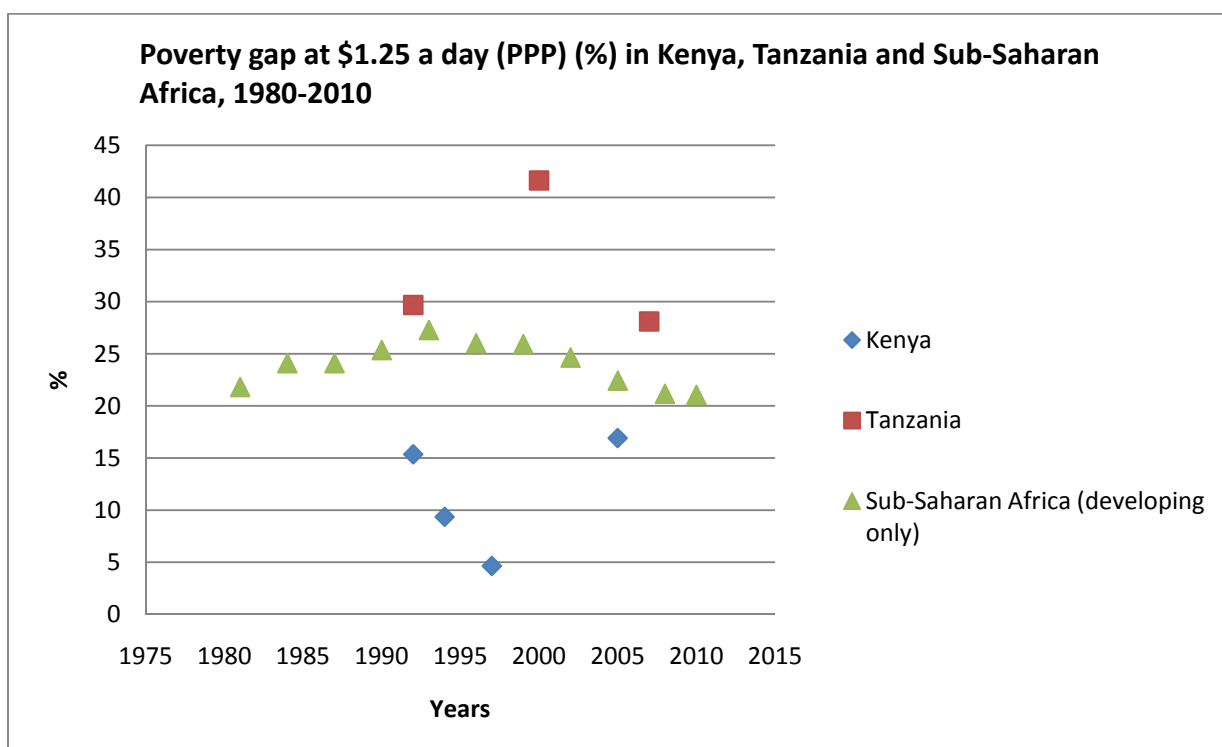
Figure 40. Trend benchmarking of poverty gap at $1.25 a day (PPP) (%) in Kenya, Tanzania and Sub-Saharan Africa, 1980−2010.

3.3.   MDG Target 2: Achieve universal primary education

Universal primary education is one of the key MDGs. Education has been a top priority of development policies and international cooperation. "Full and equal opportunities for education for all" has been mentioned in the U.N. charter (see d´Aiglepierre & Wagner 2013, McGrath 2010).

Firstly, trends of primary school enrolment (% gross) in Kenya, Tanzania, and Sub-Saharan Africa (developing only), years 1970−2012, are reported in Fig. 41.
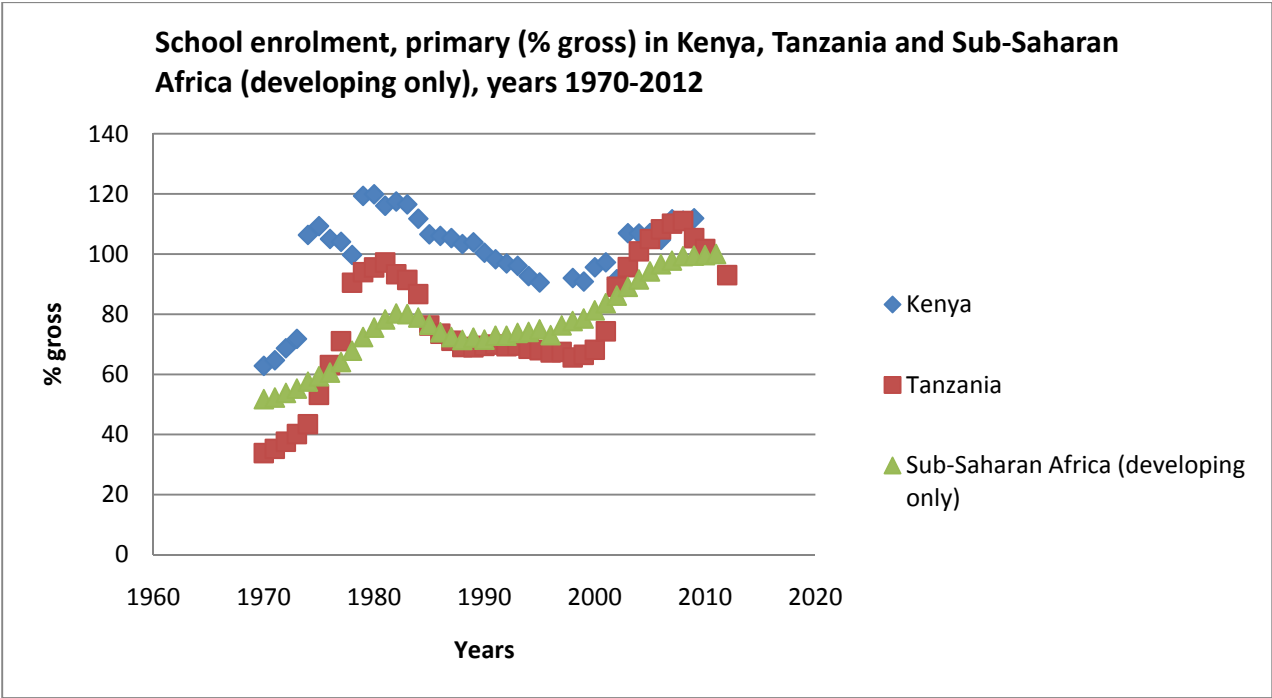
Figure 41. Trend benchmarking of primary school enrolment (% gross) in Kenya, Tanzania, and Sub-Saharan Africa (developing only), years 1970−2012.

Secondly, the trends of primary school enrolment (% net) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are reported in Fig. 42.

School enrolment, primary (% net) in Kenya, Tanzania and Sub-Saharan Africa (deleloping only)
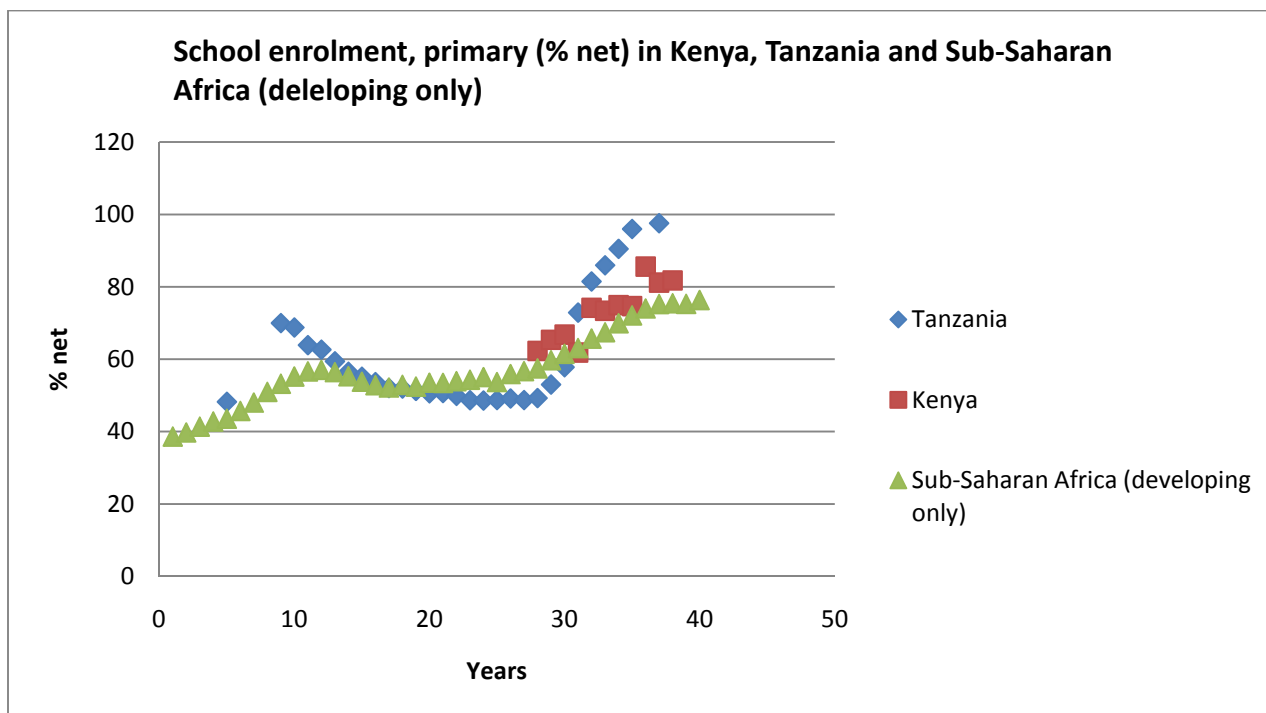
Figure 42. Trend benchmarking of primary school enrolment (% net) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

3.4. MDF Target 3: Promote gender equality and empower women

Firstly, we illustrate female to male ratio in primary school enrolment (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) in Fig. 43.

Ratio of female to male primary enrolment (%) in Kenya, Tanzania and Sub-Saharan Africa (developing only)
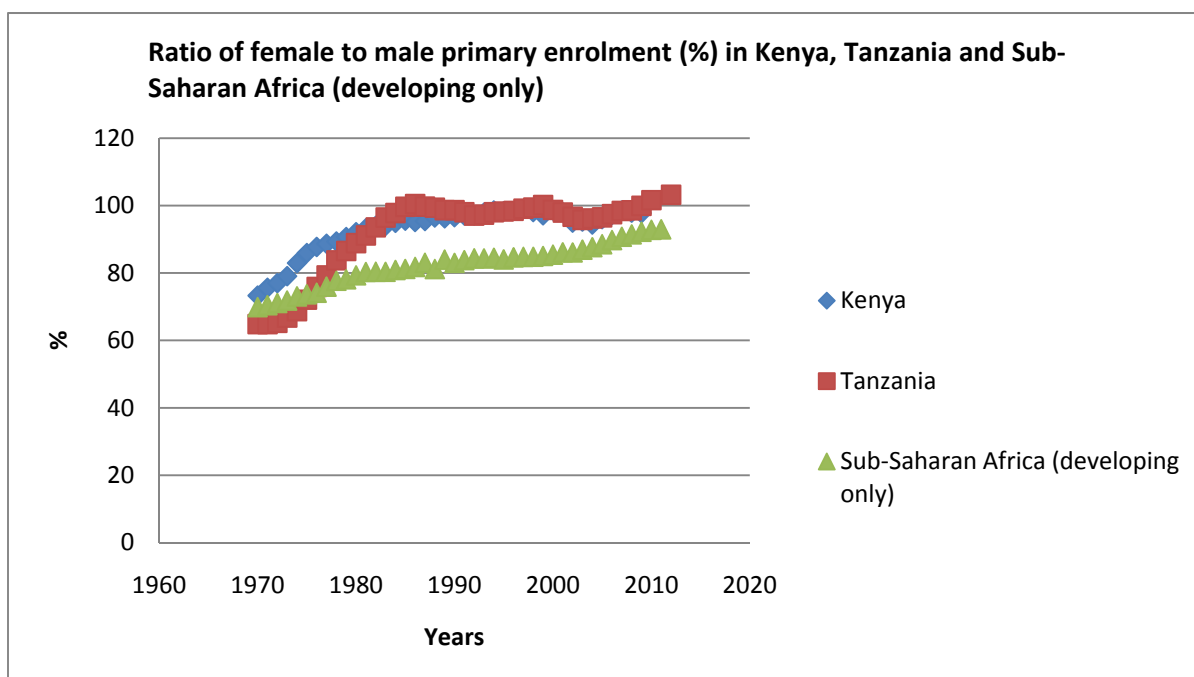
Figure 43. Trend benchmarking of female to male ration in primary school enrolment (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Secondly, in Fig. 44 we illustrate the ratio of female to male ratio in secondary school enrolment (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Ratio of female to male secondary enrollment (%) in Kenya, Tanzania and Sub-Saharan Africa (developing only)
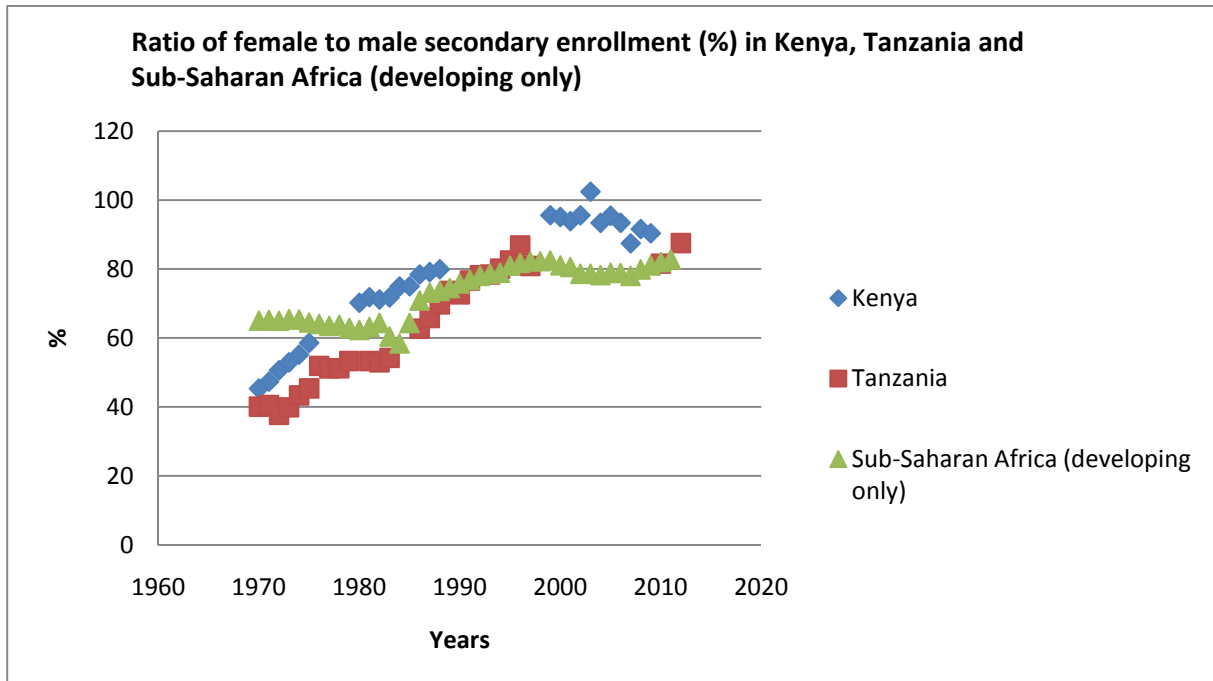
Figure 44. Trend benchmarking of female to male ratio in secondary school enrolment (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Thirdly, in Fig. 45 the trends of female to male ratio in tertiary school enrolment (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only) are illustrated.

Ratio of female to male tertiary enrolment (%) in Kenya, Tanzania and Sub-Saharan Africa (developing only), 1970-2012
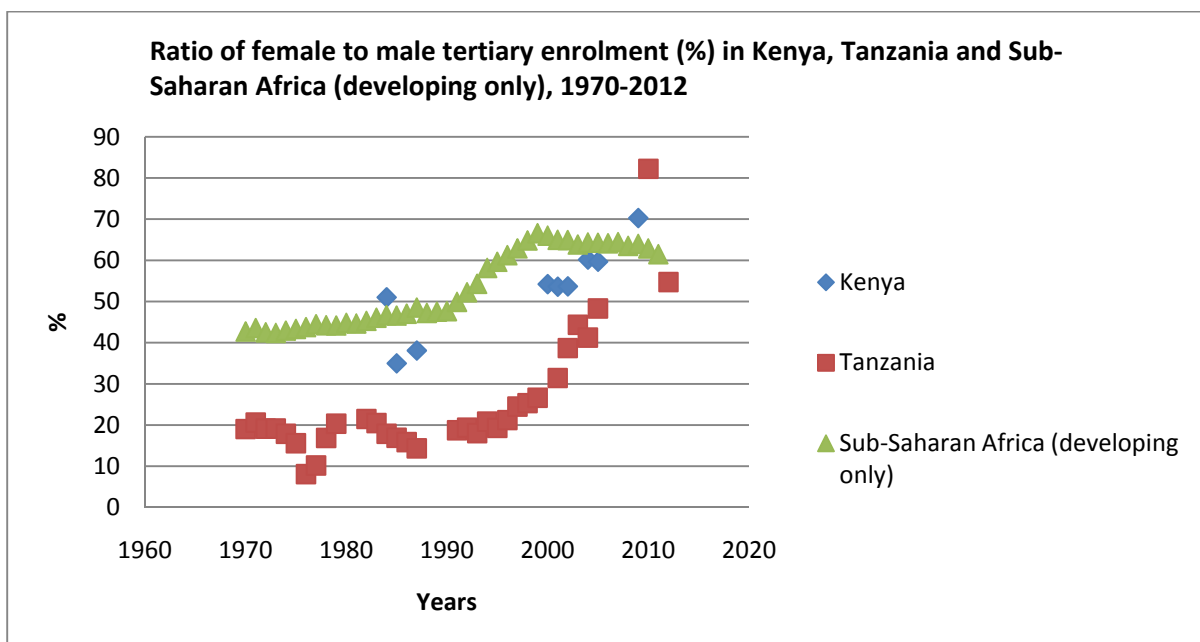
Figure 45. Trend benchmarking of female to male ratio in tertiary school enrolment (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only), 1970−2012.

Figure 46 includes an analysis of trends of empowering women in politics and reports the trends of proportions of seats held by women in national parliaments (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Proportion of seats held by women in national parliaments (%) in Kenya, Tanzania and Sub-Saharan Africa (developing only), 1997-2012
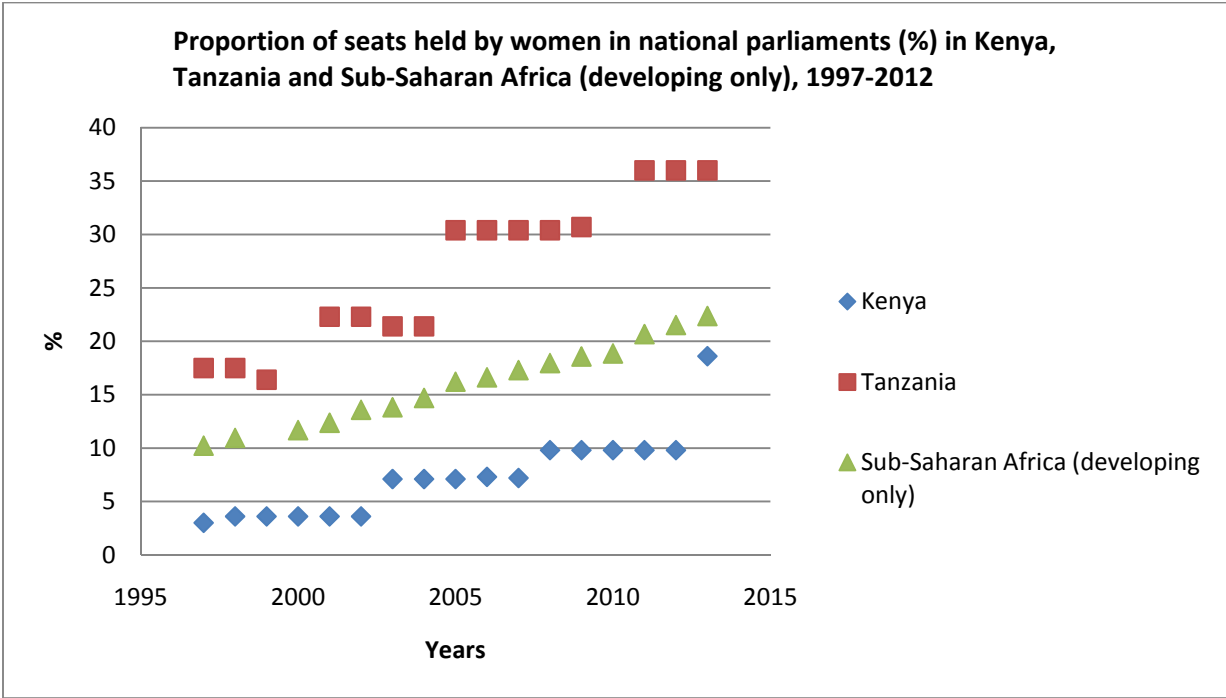
Figure 46. Trend benchmarking of proportion of seats held by women in national parliaments (%) in Kenya, Tanzania, and Sub-Saharan Africa (developing only), 1997–2012.

3.5. MDG Target 4: Reduce child mortality

In Fig. 47 we report the trends of mortality rates, under-5 (per 1,000 live births) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).
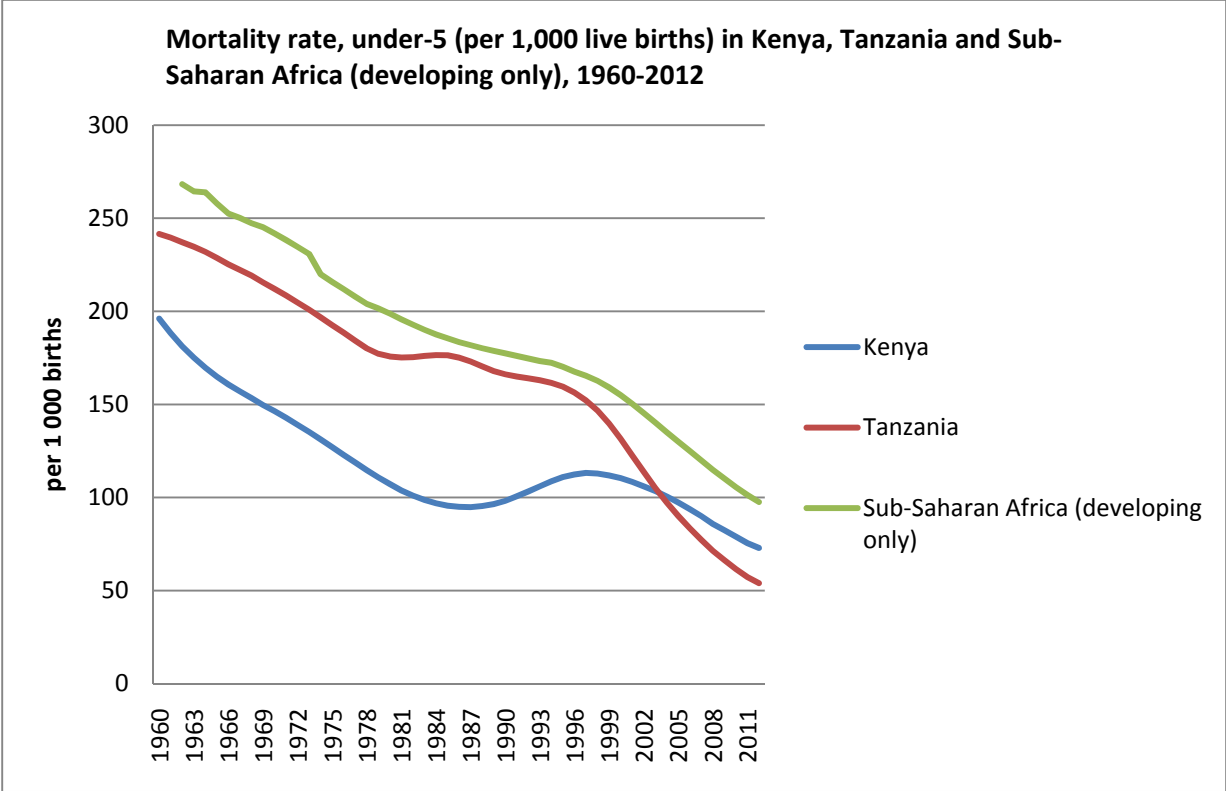
Figure 47. Trend benchmarking of mortality rate, under-5 (per 1,000 live births) in Kenya, Tanzania and Sub-Saharan Africa (developing only), years 1960−2012.

In Fig. 48 we report the trends of Infant mortality rates (per 1,000 live births) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).
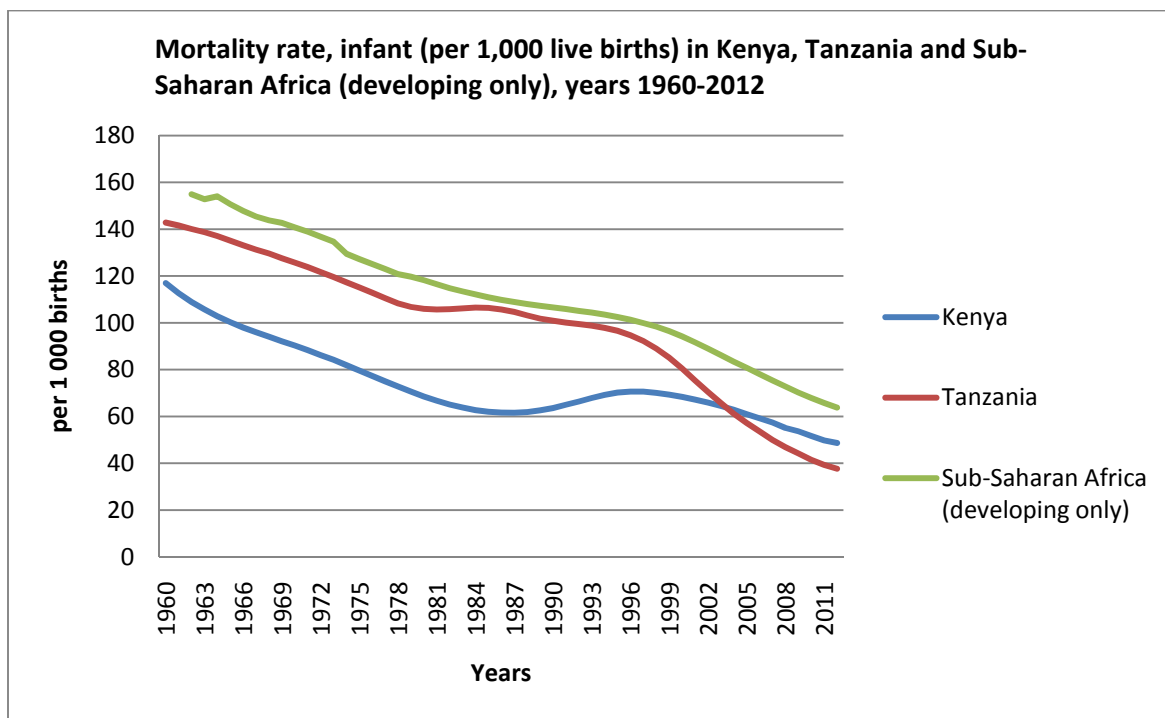
Figure 48. Infant mortality rates (per 1,000 live births) in Kenya, Tanzania, and Sub-Saharan Africa (developing only), years 1960−2012.

In Fig. 49 we report the trends of immunisation, measles (% of children ages 12−23 months) in Kenya, Tanzania, and Sub-Saharan Africa (developing only).
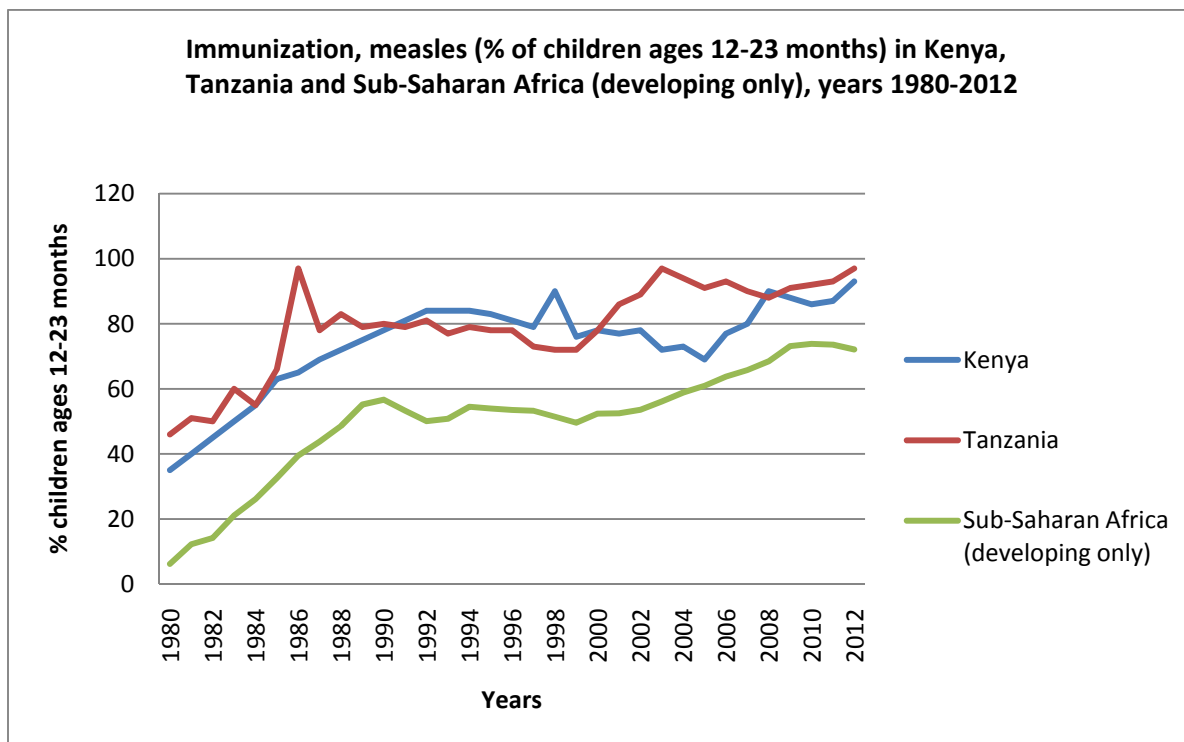
Figure 49. Trend benchmarking of immunisation, measles (% of children ages 12−23 months) in Kenya, Tanzania, and Sub-Saharan Africa (developing only), years 1980−2012.

3.6. MDG Target 5: Improve maternal health

In Fig. 50 we report the trends of maternal mortality rate in Kenya, Tanzania and Sub-Saharan Africa (developing only).
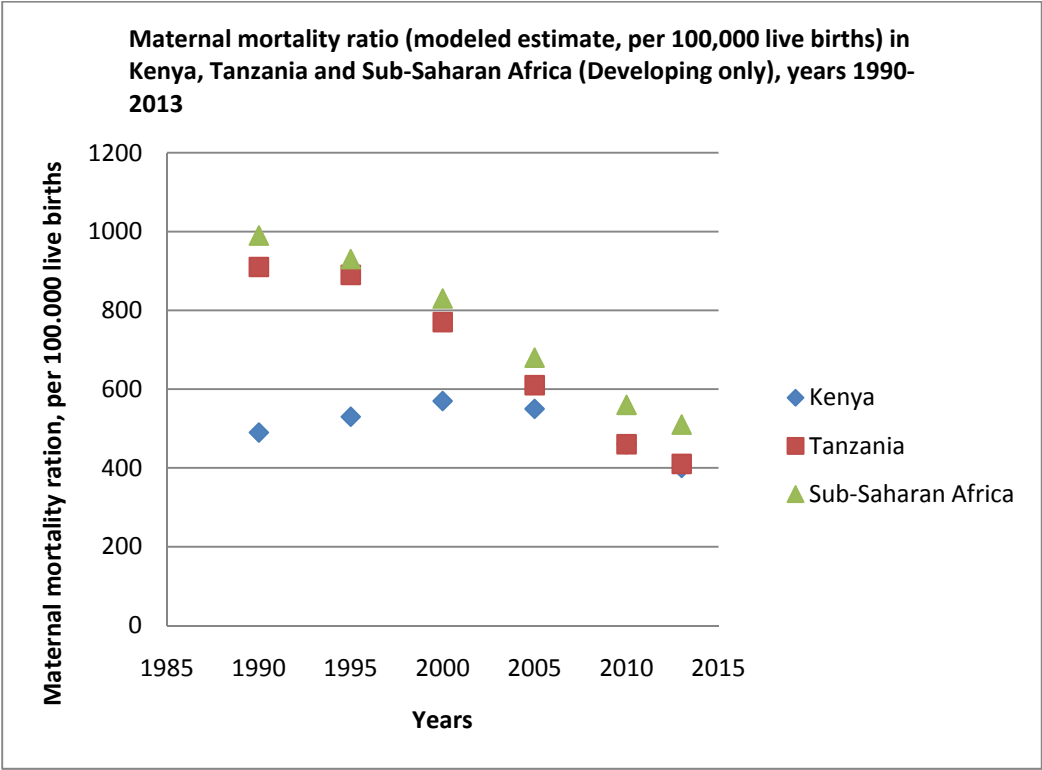
Figure 50. Maternal mortality rate (modeled estimate, per 100,000 live births) in Kenya, Tanzania and Sub-Saharan Africa (Developing only), years 1990−2013 in Kenya, Tanzania and Sub-Saharan Africa (developing only), years 1980−2013.

Fig. 51 reports the trends of births attended by skilled health staff (% of total) in in Kenya, Tanzania, and Sub-Saharan Africa (developing only).

Births attended by skilled health staff (% of total) in in Kenya, Tanzania and Sub-Saharan Africa (developing only), years 1989-2010
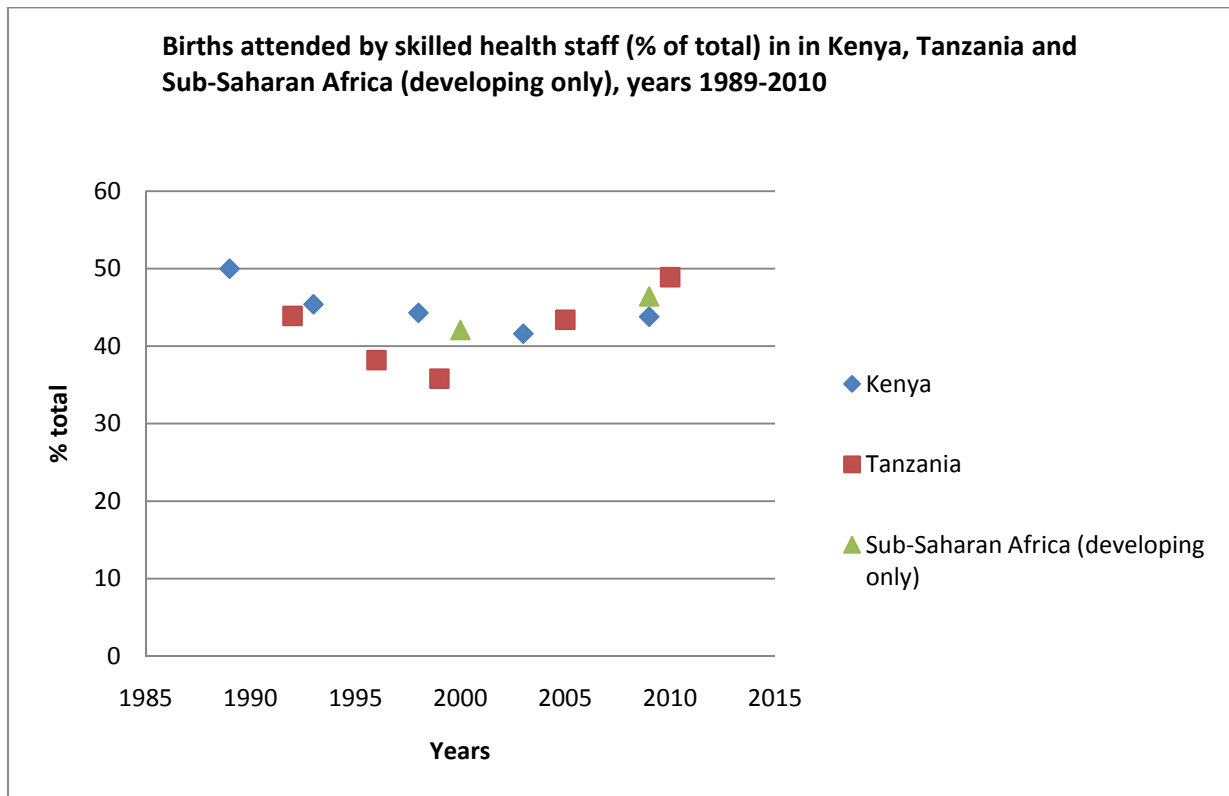
Figure 51. Trend benchmarking of births attended by skilled health staff (% of total) in Kenya, Tanzania, and Sub-Saharan Africa (developing only), years 1989–2010.

In final summary tables conclusions are drawn and policy recommendations are presented.

3.7.   MDG Target 6: Combat HIV/AIDS, malaria and other diseases

In Fig. 52 we report the prevalence of HIV (%), ages 15−24 (%), in Kenya, Tanzania, and Sub-Saharan Africa in 2012.

Prevalence of HIV, years 15-24, in Kenya, Tanzania and Sub-Saharan Afruica, year 2012
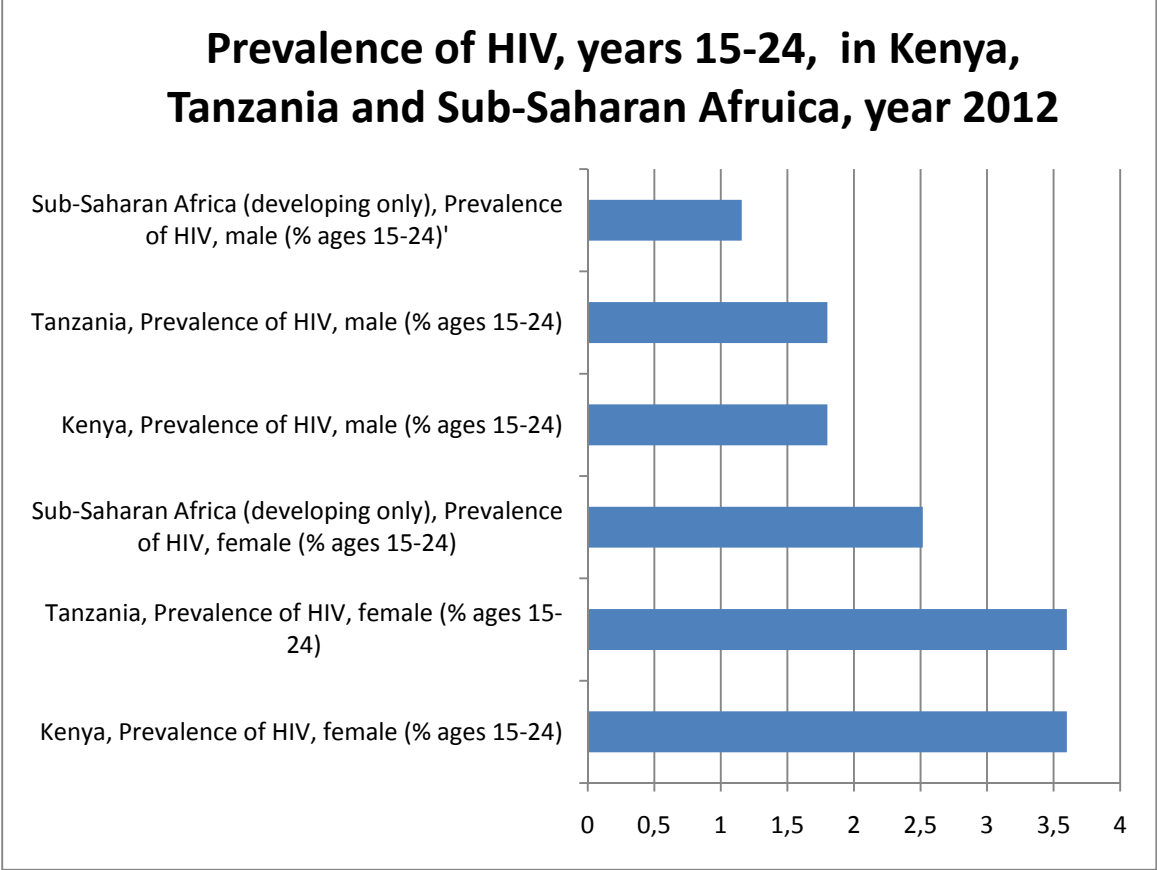
Figure 52. Trend benchmarking of prevalence of HIV (%), ages 15−24, in Kenya, Tanzania, and Sub-Saharan Africa, year 2012.

In Fig. 53 we report the trends of HIV prevalence, total (% of population ages 15−49) in Kenya, Tanzania, and Sub-Saharan Africa.
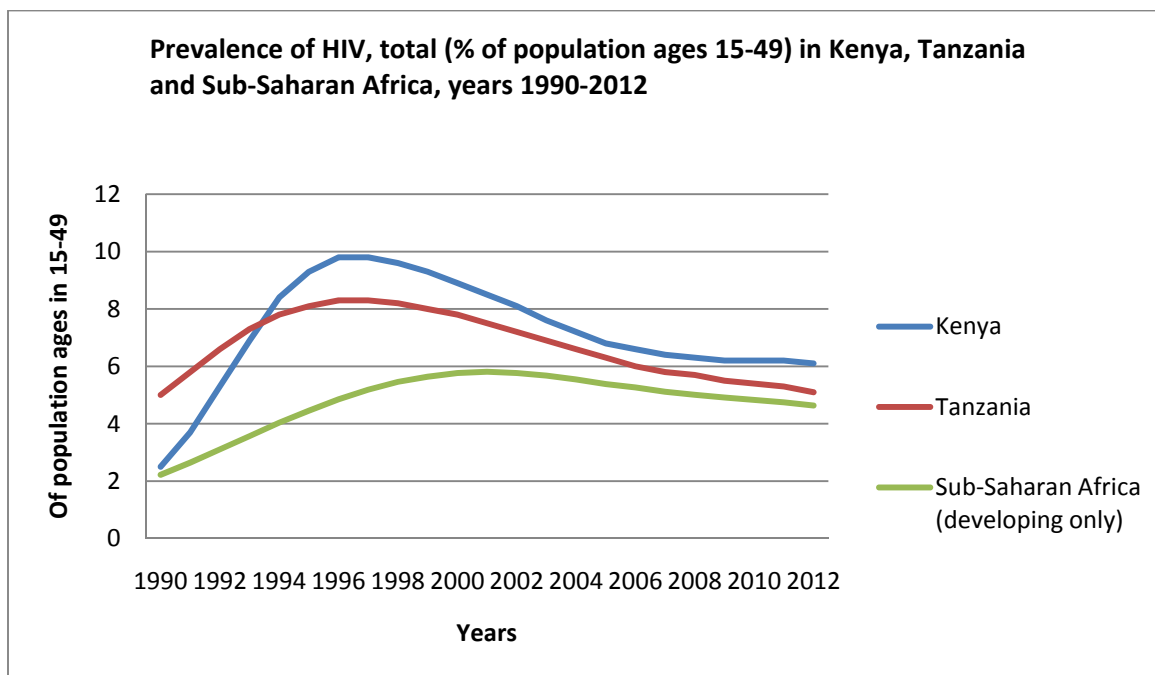
Figure 53. Trend benchmarking of HIV prevalence, total (% of population ages 15−49) in Kenya, Tanzania, and Sub-Saharan Africa, years 1990−2012.

3.8. MDG Target 7: Ensure environmental sustainability

In Fig. 55 we report the trends of improved water source, rural (% of rural population with access), in Kenya, Tanzania, and Sub-Saharan Africa.
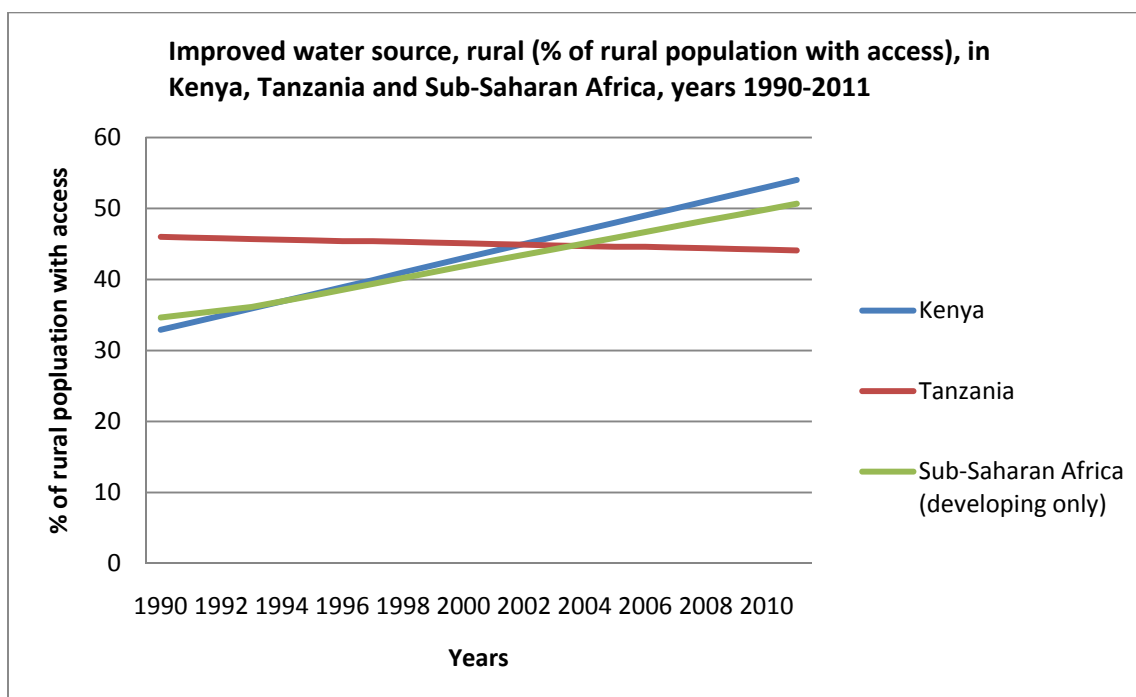
Figure 54. Trend benchmarking of improved water source, rural (% of rural population with access), in Kenya, Tanzania, and Sub-Saharan Africa, years 1990−2011.

In Fig. 55 we report the trends of improved water source, urban (% of urban population with access) in Kenya, Tanzania, and Sub-Saharan Africa.

Improved water source, urban (% of urban population with access) in Kenya, Tanzania and Sub-Saharan Africa, years 1990-2011
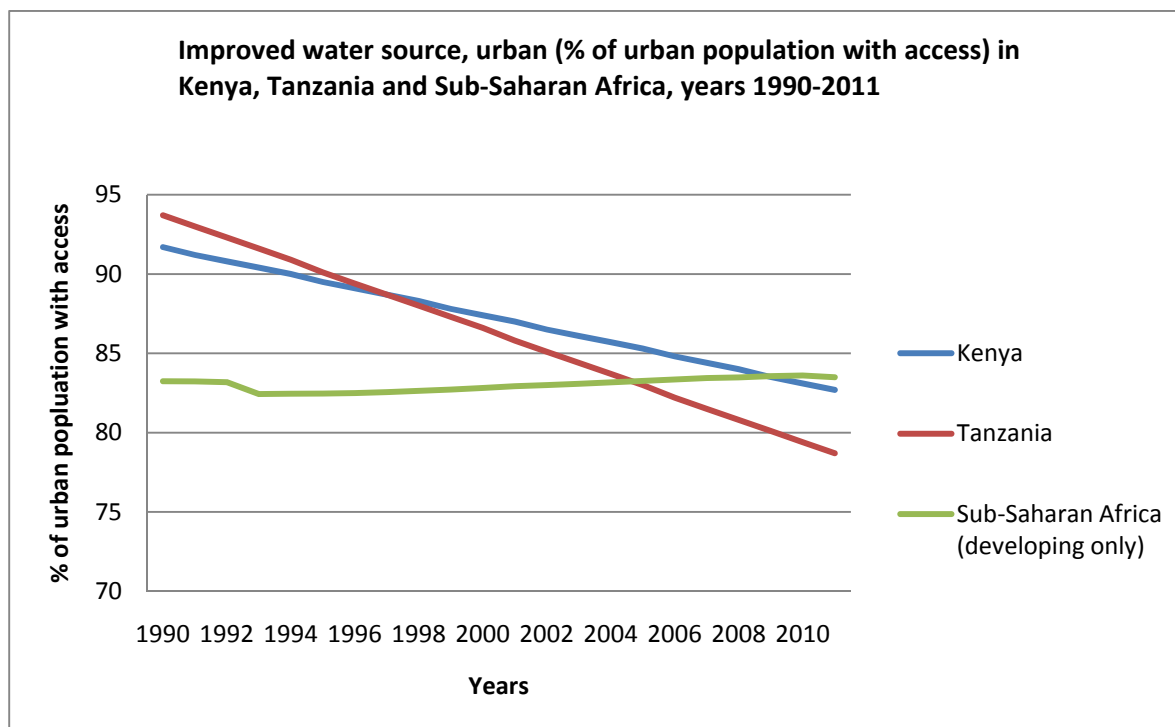
Figure 55. Trend benchmarking of improved water source, urban (% of urban population with access) in Kenya, Tanzania and Sub-Saharan Africa, years 1990−2011.

In Fig. 56 we report the trends of improved sanitation facilities (% of population with access) in Kenya, Tanzania, and Sub-Saharan Africa.

Improved sanitation facilities (% of population with access) in Kenya, Tanzania and Sub-Saharan Africa, years 1990-2011
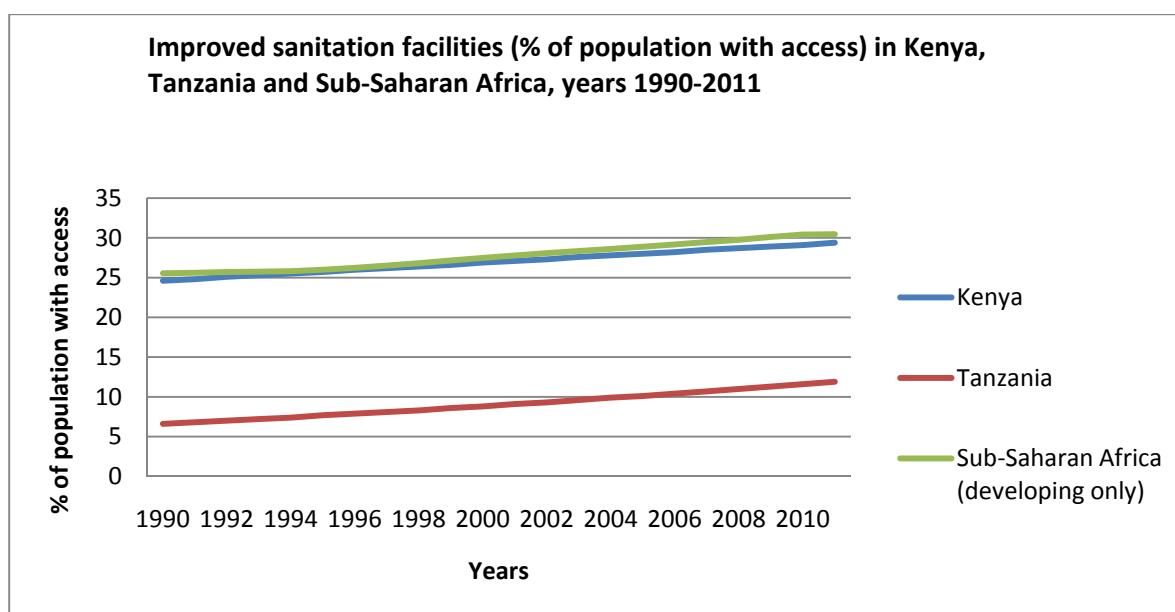
Figure 56. Trend benchmarking of improved sanitation facilities (% of population with access) in Kenya, Tanzania, and Sub-Saharan Africa, years 1990−2011.

4. SUMMARY OF RESULTS AND DEVELOPMENT POLICIES AND POLICY RECOMMENDATIONS FOR KENYA, TANZANIA AND SUB-SAHARAN AFRICA

In this chapter 4 we draw conclusions and present summaries of trend benchmarking analyses and evaluations presented in previous chapters. Also some policy recommendations are presented.

4.1. Trend benchmarking of demographic changes

In this sub-chapter trend benchmarking summaries of demographic changes are reported. In Table 1, benchmarking evaluations of demographic changes are reported.

Table 1. Summary table: demographic changes.

Development indicator	Kenya	Tanzania	Development benchmarked with the region of Sub-Saharan Africa	Policy recommendation
Net migration	Stable long-run development	Stable long-run development (except in 1990)	In Kenya and Tanzania net migration has been more stable than in the region of Sub-Saharan Africa	Continue current policies with conventional policies
Population, female (% of total)	Decreasing	Decreasing more than in Kenya	In Kenya and Tanzania female population percentage has been higher than the SSA average, but in recent years Tanzania has had lower percentage than average and Kenya has had higher percentage than average.	Follow the situation carefully especially in Tanzania

4.2. Trend benchmarking of poverty policy and issues

In this sub-chapter trend benchmarking summaries of poverty policy and related issues are reported. In Table 2, benchmarking evaluations of poverty policy are reported.

Table 2. Benchmarking evaluations of poverty policy in Kenya, Tanzania, and Sub-Saharan Africa.

Development indicator	Kenya	Tanzania	Development bench-marked with the region of Sub-Saharan Africa	Policy recom-mendation
Net ODA received (% of GNI)	Stable long-run development	Stable long-run development (except some kind of crisis in 1990)	In Kenya and Tanzania net migration has been more stable than in the region of Sub-Saharan Africa	Continue current policies with conventional policies
Net official development assistance and official aid received (current US$)	Decreasing since early 1990 (5-10 % in recent years)	Decreasing since early 1990s, more than in Kenya (10–15% in recent years)	In Tanzania higher than the SSA average, in Kenya following the SSA average	Tanzania and Kenya converge, fine tuning of policies is needed on the basis of need evaluations
Index of net official development assistance and aid received (current US$)	Above the SSA average	About the same as the SSA average	In Tanzania higher than the SSA average, in Kenya index is following SSA average	Fine tuning needed, strategic focus of development aid needs analysis sharpening
Income share held by lowest 20%	About 5%	About 7%	Not possible to compare without data	In Tanzania more equity oriented approach compared to Kenya
Malnutrition prevalence, weight for age (% of children under 5)	Decreasing percentage	Decreasing percentage	Converging to 15 percentage level, which is better than the SSA average (20 %)	Follow current policy trend because results have been very good
Life expectancy at birth, female (years)	60 years	60 years	In recent years better results in Kenya and Tanzania than SSA average	Continue current policies
Life expectancy at birth, male (years)	Less than 60 years	Less than 60 years	In recent years better results in Kenya and Tanzania than SSA average	Continue current policies

4.3. Trend benchmarking of health and social policy

In this sub-section trend benchmarking summaries of health and social policy are reported. In Table 3, benchmarking evaluations of demographic changes are reported.

Table 3. Benchmarking evaluations of health and social policy in Kenya, Tanzania and Sub-Saharan Africa.

Development in-dicator	Kenya	Tanzania	Development bench-marked with the region of Sub-Saharan Africa	Policy recom-mendation
Mortality rate, un-der-5 (per 1,000 live births)	Decreasing, level is now 75.	Decreasing, level is now 50.	In Kenya and Tanzania mortality rates are on lower levels than in the region of Sub-Saharan Africa	Continue current policies with con-ventional policies which have been effective in the long-run
Maternal mortality ratio (modelled estimate, per 100,000 live births)	U-shaped curve ob-served, now decreasing	Decreasing and following SSA trajectory	In Kenya on a lower level than the SSA average. Tanzania follows the SSA trajectory and last years field observations indicate better results than the SSA average trajectory.	In Tanzania this issue needs more effective policies, Kenya is a good benchmarking country for Tanza-nia. Trends in Kenya and Tanza-nia are promising.
Pregnant women receiving prenatal care (%)	Above the SSA level (90 %)	In the long-run much lower than in Kenya but now the indicator has reached about the same level with Kenya.	No good data available to make strong conclusions, but Kenya and Tanzania are probably above the SSA level.	Gap is 10%-units to 100%. Continue current policies.
Prevalence of HIV, total (% of popula-tion ages 15–49)	Decreasing since late 1990. Situation worse than in Tanzania.	Decreasing since late 1990s.	Tanzania and Kenya are above the SSA levels.	Continue current policies.
Incidence of tuber-culosis (per 100 000 people)	Increasing till mid-2000s (year 2006)	Decreasing trend observed.	Kenya is above the SSA trend, but Tanzania is be-low.	In both countries more effective health policies are needed to eliminate tuberculosis.
Contraceptive prevalence (% of women ages 15–49)	Increasing (better situa-tion than in Tanzania), now 45%	Increasing (now 35%)	Kenya and Tanzania are above the SSA trend tra-jectory.	Continue current policies. The chal-lenge is bigger in Tanzania than in Kenya, but much more effective poli-cies are needed.
Improved sanita-tion facilities (% of population with access)	Low but in-creasing per-centage, less than 30%	Still on very low level, about 12%	About 30%	In Tanzania more effective policies are needed in this sector. Situation is not perfect in Kenya.

4.4. Trend benchmarking of environmental issues

In this sub-section trend benchmarking summaries of health and social policy are reported. In Table 4, benchmarking evaluations of environmental issues are reported.

Table 4. Benchmarking evaluations of environmental policy in Kenya, Tanzania, and Sub-Saharan Africa.

Development indicator	Kenya	Tanzania	Development benchmarked with the region of Sub-Saharan Africa	Policy recommendation
CO_2 emissions (metric tons per capita)	Between 0.2–0.4 metric tons per capita	Between 0.0–0.2 metric tons per capita	Between 0.55–1.05 metric tons per capita	The impacts of industrialisation are still quite small. Normal eco-efficiency policies are needed.

4.5. Trend benchmarking of education policy and gender issues

In this sub-section trend benchmarking summaries of education policy and gender issues are reported. In Table 5, benchmarking evaluations of education policy and gender issues are reported.

Table 5. Benchmarking evaluations of education policy and gender issues.

Development indicator	Kenya	Tanzania	Development benchmarked with the region of Sub-Saharan Africa	Policy recommendation
Primary school completion rate, total (% of relevant age group)	Promising trend	Promising trend but in 1990s and early 2000 slowdown in figures	Development path from 40 % to 70 % observed.	Kenya and Tanzania are above the SSA trend level, but there are still challenges and instabilities in supply of primary education.
Ratio of girls to boys in primary and secondary education (%)	Increasing, now almost 100%	Increasing, now almost 100%	Increasing, current level 90%	Continue current education policies
Proportion of seats held by women in national parliaments (%)	Below the SSA level, 10–15%	Above the SSA level, 35%	Increased slowly, now over 20%	Gender gap in parliament in Kenya 85–90%, in Tanzania 65%, In the SSA region 80%, gender policy has not been a big success story in these countries
Share of women employed in the non-agricultural sector (% of total non-agricultural employment)	Now 32%	Now 30%	No estimate	Agriculture is still a very important source of livelihood, difficult to give recommendations, depends on industrialisation rate in each country (see eg. Kuyvenhoven (2008)
Teenage mothers (% of women ages 15-19 who have had children or are currently pregnant)	Decreasing percentage, now about 23%	Decreasing percentage, now about 18 %	No data	More efficient education programmes are still needed

4.6. Trend benchmarking of infrastructure development

In this sub-section trend benchmarking summaries of infrastructure development are reported. In Table 6, benchmarking evaluations of infrastructure development are reported.

Table 6. Benchmarking evaluations of infrastructure development in Kenya, Tanzania, and Sub-Saharan Africa.

Development indicator	Kenya	Tanzania	Development benchmarked with the region of Sub-Saharan Africa	Policy recommendation
Mobile cellular subscriptions (per 100 people)	Radical increase toward information society, 70 per 100 people in 2011	Radical increase toward information society, 55 per 100 people in 2011	Radical increase toward information society. Kenya is above the SSA trend level, Tanzania follows the SSA trend trajectory.	Improve modern education related to information society developments
Vulnerable employment, total (% of total employment).	About 60%	About 90%	No data	In Tanzania unemployment problem is worse than in Kenya.

4.7. Trend benchmarking of aid effectiveness analyses with NODA criteria

In this sub-chapter trend benchmarking of aid effectiveness analyses with NODA criteria is presented. Table 7 includes summary of results.

Table 7. Benchmarking evaluations of aid effectiveness in Kenya, Tanzania, and Sub-Saharan Africa.

Development indicator	Kenya	Tanzania	Development benchmarked with the region of Sub-Saharan Africa	Policy recommendation
INDEXCO$_2$/INDEXNODA relationship	Good results in relation to effectiveness	Good results in relation to effectiveness	Both Kenya and Tanzania have reached better results than the SSA region if efficiency criteria is considered	Follow current policies
INDEXSanitation/INDEXNOD relationship	Excellent results till 2000-2002	Stable trend indicating low effectiveness	Excellent results till 2000	In Kenya much better sanitation policy compared to Tanzania, policy improvements needed in Tanzania
INDEXTuberculosis/INDEXNODA relationship	Excellent results till 2000-2002	Stable trajectory indicating low effectiveness	Excellent results till 2000, but after the milestone year decreasing effectiveness	Some kind new strategy may be needed in Sub-Saharan tuberculosis policy
INDEXMortRate/INDEXNODA relationship	Efficient till 1978	Efficient till 1975	Efficient till 1978	"Decreasing returns of investment" problem identified
INDEXLEBFEM/INDEXNODA-relationship	Efficient till 1981	Efficient till 1975	Efficient till 1984	"Decreasing returns of investment" problem identified
INDEXLEBMEN/INDEXNODA relationship	Efficient till 1981	Efficient till 1975	Efficient till 1984	"Decreasing returns of investment" problem identified
INDEXHIV/INDEXNODA relationship	Efficient till 2000	Low level of efficiency observed, stable trajectory observed	Efficient till 2001	"Decreasing returns of investment" problem identified
INDEXPriCompRate/INDEXNODA relationship	High level of effectiveness in 1970s, lower effectiveness after 1980s	Low level of efficiency observed, stable trajectory observed	Low level of efficiency observed, stable trajectory observed	Some kind of new more efficient primary education strategy may be needed in Kenya and Tanzania
INDEXWomenDem/INDEXNOD relationship	High effectiveness, peak reached in 2003	Low level of efficiency observed, stable trajectory observed	In the SSA region similar trend trajectory with Kenya	Surprisingly good results in efficiency variable of this policy field

INDEXGirlstoboysEdu/INDEXNOD relationship	In 1970s and1980s efficiency was good	Low level of efficiency observed, stable trajectory observed	In 1970s and1980s efficiency was good	This policy field has reached "saturation level" and new results are suffering from "decreasing returns of investment"
INDEXMobilePhones/INDEXNODA relationship	Quite good effectiveness	Low level of efficiency observed, stable trajectory observed	Amazingly high level of effectiveness observed.	Information society policy seems to be a very effective policy field

4.8.   Trend benchmarking of the Millennium Development Goals

In this sub-chapter, trend benchmarking results of the Millennium Development Goals in Kenya, Tanzania, and Sub-Saharan Africa are reported. Table 8 includes summary of results.

Table 8. Trend benchmarking evaluations of seven MDGs in Kenya, Tanzania, and Sub-Saharan Africa.

Development indicator	Kenya	Tanzania	Development benchmarked with the region of Sub-Saharan Africa	Policy recommendation
MDG 1: Eradicate extreme poverty and hunger Malnutrition prevalence, weight for age (% of children under 5)	15% in 2011	15% in 2011	20% in 2011	Kenya and Tanzania are below the SSA trend trajectory
Poverty gap at $ 1.25 a day (PPP)	17% in 2011	28% in 2011	20% in Sub-Saharan Africa	Challenges are much bigger in Kenya than in Tanzania
MDG 2: Achieve universal primary education School enrolment (% gross)	Above the SSA trend trajectory, N-curve observed	Above the SSA trend trajectory, N-curve observed	Since 1990 increasing to almost 100%	Continue current successful policy
Primary school enrolment, (% net)	In 2011 almost 100 %	In 2011 almost 80%	In 2011 almost 80%	Continue current successful policy
MDG 3: Promote gender equality and empower women, Female to male ratio in primary school enrolment (%)	In 2011 about 100%	In 2011 about 100%	In 2011 about 92%	Continue current successful policy
Female to male ratio in secondary school enrolment (%)	Has varied much between 85−100%	In 2011 about 85%	Has increased steadily, in 2011 about 80%	Continue current successful policy
Female to male ratio in tertiary school enrolment (%)	In 2011 about 70%	Has varied much (in 2010 was 80%), however increasing steadily, surprising observation; in 2011 only 55%	In 2011 about 60%	Improve performance from current level

Proportion of seats held by women in national parliaments (%)	Below the SSA level, 10–15%	Above the SSA level, 35%	Increased slowly, now over 20%	Gender gap in parliament in Kenya 85–90%, in Tanzania 65%, In the SSA region 80%. Gender policy has not been a big success story in these countries
MDG 4: Reduce child mortality, Mortality rate, children under 5 (per 1.000 live births)	Decreasing, 75 in 2011	Decreasing, 51 in 2011	Decreasing, 100 in 2011	Continue current successful policy, in Kenya this problem is more serious
Infant mortality rate (per 1.000 live births)	Decreasing, about 50 in 2011	Decreasing, below 40 in 2011	Decreasing, 65 in 2011	Continue current successful policy, in Kenya this problem is more serious
Immunisation, measles (children ages 12-23 months)	Above the SSA level, over 90%	Above the SSA level, reaching almost 100%	Over 70%	Continue current successful policy, in Kenya this problem is more serious
MDG 5: Improve maternal health, Mortality rate, under 5 (per 1.000 live births)	In 2011 about 75	In 2011 almost 50	In 2011 about 100	Continue current successful policy, in Kenya this problem is more serious
Births attended by skilled health staff (% of total)	U-curve observed, in 2011 about 43	U-curve observed, in 2011 about 50	U-curve observed, in 2011 about 44	Still big improvements needed in Kenya and Tanzania
MDG 6: Combat HIV/AIDS, malaria and other diseases, Prevalence of HIV, ages 15–24, %	Men 1.7, Women 3.5	Men 1.7, Women 3.5	Men 1.2, Women 2.5	Continue current successful HIV/AIDS policy
Prevalence of HIV, total (% of population, ages 15–49)	Decreasing since 2000	Decreasing since 2000	Decreasing since 2001–2002	Continue current successful HIV/AIDS policy
MDG 7: Ensure environmental sustainability. Improved water source, rural (% of rural population with access)	Increasing, linear upward sloping trend observed, reaching 55%	Slowly decreasing downward sloping trend observed, reaching 45%	Increasing, linear upward sloping trend observed, reaching 50%	Some potential problems observed (downward going trend) in Tanzanian rural water policy, detailed analyses needed
Improved water source, urban (% of urban population with access)	Downward sloping trend observed, reaching 80%	Downward sloping trend observed, reaching 83%	Stable almost linear trend observed, in 2011 below 85%	Some potential problems in both Kenya and Tanzania in urban water policy
Improved sanitation facilities (% of population with access)	Linear upward sloping trend observed. Almost 30% of population	Linear upward sloping trend observed. Almost 12% of population	Linear upward sloping trend observed. About 30% of population	Water policy in both Kenya and Tanzania needs deeper attention

5.   SUMMARY

As noted in the beginning of this report, development aid flows are not the only variable which has impacts on MDGs and other development targets. However, it is important to analyse the long-run trends of development indicators. Development aid is a key driver of development and economic growth in developing countries of Africa. As some development experts say: "The revolution will not be televised". Trends analyses of this study tell about silent revolution and economic evolution in Kenya, Tanzania and Sub-Saharan Africa. This study reveals both success stories, but also some development policy failures.

This e-Book report includes many trend benchmarking analyses, which are linked to the BEYOND 2015 project. In Kenya and Tanzania both success stories and development aid failures can be identified on the basis of trend benchmarking evaluations. Here a reference to summary tables of trend benchmarking evaluations (Tables 1, 2, 3, 4, 5, 6, 7 and 8) is underlined. These tables include analyses and detailed policy recommendations on the basis of performed trend benchmarks in Kenya, Tanzania, and Sub-Saharan Africa.

It is good to remind readers of the study that behind macro trends are always various micro-trends and emerging local issues. If we could analyse micro-trends and regional special characters of spatial and local developments in Africa, we probably could observe that many interesting spatial variations exist in local African communities.

Thus, the key aim of this trend benchmarking study is to provide "big picture" of key trends relevant for development aid in Kenya, in Tanzania and in Sub-Saharan Africa, not provide detailed micro-trend analyses. It is good to remember that very considerable spatial variations exist, for example, in rural and urban communities of large African countries, like in Kenya and in Tanzania.

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