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Exploring social policy trajectories in Mainland Tanzania

Driving for gender-inclusive development?

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Abstract: In July 2020, the United Republic of Tanzania gained the status of a lower-middle-income country. This came after two decades of significant social policy reforms and transformations in the country's economic structures. This paper explores social policy trajectories in Mainland Tanzania with a gender lens, to better understand the contributions of these developments to inclusive development. More precisely, we examine past and current policy developments across the areas of *health policy*, *social protection*, and *employment policy*, and the level, reach, and quality of government social policy delivery to working-age women. The paper draws on a scoping review of diverse secondary materials, including academic publications, government policy documents, relevant statistics, and other types of literature. The findings indicate that despite significant advancements in the legal frameworks and increasingly gender-responsive government policy plans, Tanzanian social policy delivery remains two-tiered, with differences in provisions for women in the formal and informal sectors. Additionally, women continue to be largely overlooked in the broader industrialization and development strategy, which hinders the achievement of inclusive development in Tanzania.

Key words: social policy, gender, Tanzania, inclusive development

JEL classification: D63, J16, J68, N37

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1 Introduction

Around three decades ago, comparative welfare state research underwent an overhaul due to a lack of theoretical and empirical focus on the equalizing effects of social policies from the perspective of women. Debates related to welfare state models, social policies, and their gendered implications have since occupied a key dimension in social policy analysis. However, up until today, limited social policy scholarship has focused on the gendered effects of broader social policy models and approaches in sub-Saharan Africa.¹ This is despite the recognition that social policy delivery has increased and diversified over the past decades across the region. There is also a growing integration between gender-specific policy objectives and frameworks at national and global levels. The 2030 Agenda for Sustainable Development, which is set to guide policy-making in much of the region, seeks to ‘achieve gender equality and empower all women and girls’ (see SDG 5) and places new emphasis on institutions and structural barriers that hamper the realization of gender equality and inclusive development (Kabeer 2015).

This paper is among the first to examine social policy trajectories in Mainland Tanzania through a gender lens, with a focus on working-age women and their social protection needs across the formal and informal sectors. We combine three social policy areas—social protection, health policy, and employment policy—to analyse social policy evolutions and the implications of the emerging social policy model for the wellbeing and livelihoods of women. The findings of this holistic analysis are pertinent for theory development around welfare state-building in the Tanzanian context and to remedy the extant knowledge gaps relating to the gendered effects of social policy delivery in the country. The analysis also provides valuable insights to bolster gender-responsive policies to make progress towards gender equity and achieve inclusive development in Mainland Tanzania. As highlighted in the seminal works by Thandika Mkandawire, economic growth does not axiomatically translate into improved human welfare, but these can have a mutually beneficial impact by conscious policy design: ‘for example, social policies that enhance education and health must also create conditions that harness these capacities for growth and ensure that growth, in turn, addresses issues of equity and poverty’ (Mkandawire 2004: 4). Such issues are closely connected to the particular economic and social disadvantage experienced by women in a development context.

Tanzania represents an interesting policy context for exploring the gendered effects in emerging social policy models for several specific reasons. First, in July 2020 it graduated from the low-income country category to attain a lower-middle-income country (LMIC) status. This came after two decades of stable economic growth and significant social policy reforms, together with a series of health insurance expansion measures and pioneering social protection legislation in the region. Second, the Tanzanian government has recently released several ambitious policy plans, including commitments promoting gender equality (e.g. URT 2021b), which are yet to be captured in public policy analysis. Nonetheless, the country continues to grapple with gender-based inequalities and the economic exclusion of women. For instance, Tanzania ranks 140th out of 162 countries in the gender inequality index,² and women continue to experience lower levels of education and social capital (Cornel and Leyaro 2019), unequal access to assets (URT 2018b), and deeper levels of

¹ Without overlooking the works by Hassim (2006) and Plagerson et al. (2019), who address the developmental welfare state and its implications on gender inequality in South Africa.

² See http://hdr.undp.org/sites/default/files/2020_statistical_annex_table_5.xlsx.

poverty.³ Women also remain overrepresented in vulnerable employment; in 2021, over 40 per cent of women in Mainland Tanzania worked as contributing family workers, while over 48 per cent worked for their own account (URT 2021c). It is also noteworthy that 33 per cent of Tanzania's households are female-headed (URT 2018b), constituting mainly single-earner families at greater risk of poverty. It is therefore essential to better understand the contributions and limitations of Tanzania's social policy developments in advancing women's wellbeing and furthering inclusive development.

We examine policy developments and their gendered effects in Mainland Tanzania (excluding the semi-autonomous territory of Zanzibar) across the social policy areas of *social protection*, *health policy*, and *employment policy* during the past two decades. To fully capture the gendered dimensions and effects of the emergent social policy model, the paper analyses two key aspects across the policy areas: the level of income replacement or support and the reach of population coverage. More precisely, the analysis is guided by the following **research questions**:

- 1 To what extent does Tanzania's emerging social policy model offer a sufficient level of income replacement and/or support for working-age women?
- 2 To what extent do the policies provide sufficient coverage of the female population across the informal and formal sectors?

The paper also addresses, to a lesser extent, the degree to which the introduced policies entail transformative elements—by which we refer to measures addressing structural issues hindering women's full economic and social inclusion in society (e.g., women's human capital, investment capacity, legal entitlements, and other). The adopted analytical focus allows capturing the extent to which the introduced social policy measures address women's needs as equal citizens with their male counterparts, while equally distilling effects and implications for women in different socio-economic categories. Addressing class-based differences in access to government welfare and public policy interventions (notably across the formal and informal sectors) represents a key aspect of inclusive social policy models in a development context. Methodologically, we deploy a scoping review method for comprehensive analysis of extant literature (academic publications and policy evaluations), quantitative data, and government policy documents.

In the following section, we discuss the foundational social policy theories on the welfare state from a gender perspective and their limitations in a development context that is characterized by a specific economic structure, as well as historical, social, and philosophical traditions and trajectories. The next part explains the research methodology and describes the data from which the analysis draws. After this, we turn to the analysis of key policy reforms across the selected policy areas, highlighting the progress as well as limitations of the adopted policy measures in enhancing women's access to state welfare and transformative policy measures (i.e., reach, level, and quality of social policy delivery to women). The paper closes by discussing these findings from a bird's-eye view, considering the broader gender implications of the emerging social policy model and the ways this contributes to inclusive development.

³ Six percentage points higher for female-headed households and 11 percentage points higher for single women compared to male-headed households and men, respectively (Akeel et al. 2021: 64).

2 Gender and social policy in the sub-Saharan African context: theoretical perspectives

A core part of social policy scholarship has evolved around comparative welfare state research with a focus on the state–market nexus in welfare provision. Questions around the extent to which citizens can have a socially acceptable standard of living independently of the market—captured by the concept of ‘decommodification’ introduced by Esping-Andersen (1990)—have been central to this analysis. The feminist scholarship challenged and expanded this analytical focus by critically interrogating welfare systems from the perspective of women’s access to social welfare as independent citizens rather than spouses, either through labour market participation or state welfare, crystallized in the alternative concept of ‘de-familialization’ (Lewis 1992; Lister 1994; O’Connor 1993; Orloff 1993). The gender focus in comparative welfare state analysis has also brought to the fore of empirical and conceptual study the development of care policies and parental leave arrangements as key instruments in the broader social policy toolkit to enable more equal redistribution of reproductive and care responsibilities and productive activities between men and women (e.g., Daly 2011; Lewis and Giullari 2005; Mathieu 2016).

It has been frequently highlighted that the traditional theoretical frameworks of social policy are poorly fitting to the development context due to different political pasts, economic structures, socio-cultural contexts, and contemporary dynamics of policy formulation (Gough and Wood 2004; Surrender and Walker 2013). Arguably, in the African context the key debates and concepts around women’s access to social welfare and emancipation through labour market participation are also shaped by contextual characteristics. To begin with, to the extent that the concept of defamilialization emphasizes women’s access to labour markets, the sub-Saharan African context shows a strong female contribution in the workforce (the female labour market force participation rate (FLFPR) is steadily over 60 per cent⁴), with a high number of the ‘working poor’. The preponderance of informal work, subsistence farming, and non-paid contributions in family businesses, which represent economic activities occupied particularly by women, means that women’s access to a socially acceptable standard of living is defined in our view more closely by access, in the least, to *paid productive work*, but ideally, *formal work*. However, the occurrence of informal and casual work has increased rather than fallen throughout the years and been spurred by economic shocks caused by the Asian economic crisis in the 1990s, the global financial crisis of 2008–09, and the current COVID-19 pandemic (Jütting and Laiglesia 2009; Nguimkeu and Okou 2020; Stavropoulou and Jones 2013). This means fewer decent formal sector jobs available in the market for women to compete for.

As such, the extent to which women’s labour market participation holds an emancipatory function is questionable (see also Razavi and Staab 2018), and the high FLFPR hides many negatives. These include the ‘double-worker effect’ (i.e. notably poorer women taking up poor-quality jobs to compensate for low household incomes, a pronounced phenomenon in times of financial crisis) and women’s early entry to labour markets at the expense of education and/or vocational training. Yet, the social policy literature has largely overlooked the theme of employment policy in the context of informal work (Lund 2019), and gender-focused analyses remain quasi-inexistent.

Further, women’s labour market participation cannot be interpreted as an outcome of effective defamilialization in the sense of enabling ‘individuals to undertake family responsibilities, without being trapped in them; while at the same time avoiding individual’s life chances being all staked in his or hers family circumstances or resources’ (Saraceno 1997: 94). As highlighted by numerous feminist scholars in the field of international development (e.g., Elson 1998; Hanmer et al. 1997;

⁴ See <https://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS?locations=ZG>.

Kabeer 2015), women experience significant *time poverty* due to simultaneous care, domestic, and productive responsibilities which necessitate both considerable multitasking (combining particularly childcare and income-generating activities) and extended ‘work days’. The issue of unpaid work in driving women’s time poverty is significant and shapes their individual economic autonomy while reducing household incomes. Time poverty can also be driven by poor-quality work entailing dismal wages and long working hours—a double-whammy that can effectively marginalize women both socially and economically. Evidence shows that particularly female-headed households suffer from time poverty, exacerbated by income poverty. This calls for policies that address the quality of available work, alongside measures easing the pressures of unpaid work through improved access to water and sanitation, as well as care services (Zacharias et al. 2012).

At the same time, the care economy looks drastically different in sub-Saharan Africa compared to industrialized countries, being largely dependent on informal and often non-monetized arrangements. The lack of state interference in family life through public care policies has both cultural and political underpinnings. On the one hand, the availability of low-cost domestic help has not incentivized demand among middle-class women, who can largely rely on service provision by the informal sector (see, e.g. Hassim 2006). On the other, care is often provided out of a culturally embedded moral obligation (rather than economic transaction) by family members, neighbours, friends, and others, reflecting the deep-seated norms of communal living kin, as evidenced in the Tanzanian context by Chung et al. (2019). However, the resulting distribution of unpaid care work has significant unequalizing effects in terms of the ability of women and men to access decent work (without overlooking the still important share of men in vulnerable employment in the informal sector), as well as women in different income categories—given that hiring domestic help and live-in nannies is often an option only for wealthy women.

The synergies between labour market characteristics and existing social policies are equally relevant in understanding the gendered effects of social policy delivery in the region. Here, the access of women, within the large informal sector, to adequate state welfare is central to the debate. From this angle, state welfare ought not to be limited to income replacement in the event of *life cycle contingencies* such as pregnancy, childbirth, unemployment, or widowhood—following the notion introduced and promoted by the International Labour Organization (ILO).⁵ Rather, welfare provision should extend to *income support* enabling ‘a socially acceptable standard of living’ whether or not the individual engages in income-generating activities in the informal sector (Sabates-Wheeler and Kabeer 2003). Besides being often remunerated with low—if any—wages, informal sector workers are more typically dependent on work available on a daily, periodic, or seasonal basis. Additionally, in contexts such as Tanzania, the traditional division of labour within households often confines women in the unpaid housework and farm work roles, impeding their access to cash, which is typically controlled by men (see Mihyo and Msami 2020). This challenges the life cycle contingency view and draws attention to more immediate and imminent social protection needs experienced by women in the informal sector. Additionally, several authors have highlighted other distinctive needs of informal sector workers which hinder their access to and improvements to income further, such as poor access to credit and assets or vocational training (Ackson and Masabo 2013; Olivier 2019). These needs, intensified for women (Holmes and Jones 2013), call for renewed thinking around social protection for informal sector workers.

⁵ See the ILO’s 1952 Social Security Convention 102 at: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312247:NO.

In most sub-Saharan African countries, social insurance coverage has remained limited in reach, largely due to the prominence of the agricultural sector and the informal economy. This has partially given rise to social assistance programmes in the region, particularly over the past decade or so (Beegle et al. 2018). These include, for example, the Tanzanian *Productive Social Safety Net* (PSSN) and Ethiopia's *Productive Safety Net Programme*, targeting vulnerable populations through cash transfers and public works, as well as Ghana's *Livelihood Empowerment Against Poverty* programme and Senegal's *Bourse de Sécurité Familiale*, both of which bundle together a cash transfer and health insurance (Peterman et al. 2019). While such measures have increased the access of informal sector workers (and particularly women) to state welfare, important underlying caveats remain. First, social assistance is typically provided on a discretionary basis through 'safety net' programmes rather than as institutionalized, rights-based entitlements. Additionally, being largely driven by donors (and notably the World Bank), safety net programmes risk cessation depending on changes within the political and economic climate, or potential donor funding (Adesina 2011; Devereux 2017). This has important implications for women's access to welfare as citizens, and their ability to engage in political processes and claim for government intervention; safety net interventions act largely as 'emergency aid' for women in poverty rather than providing social protection as a citizen right. Yet, this is not merely a gender issue; in contexts with poignant structural class imbalances also men in the large informal sector experience limited social rights and may have even less access to state provisions if excluded from targeted programmes.

Furthermore, social assistance schemes in sub-Saharan Africa (including the Tanzanian PSSN discussed later in the paper) typically hold a 'maternalist' twist, meaning that they affix women's access to social assistance to their status as mothers. This reinforces gender-stereotypical distribution of unpaid care and domestic work by making access to cash conditional upon having children and obliging to child-related conditionalities (Molyneux and Thomson 2011). It has also been reported that the above-mentioned programmes in Ethiopia, Ghana, and Senegal have allowed women to access only minimal income support spent to cover most vital expenses, rather than productive assets and other investments enabling livelihoods diversification and expansion (Abebe and Kasa 2020; FAO 2018; Sabates-Wheeler et al. 2021; UNICEF et al. 2018). This is not to overlook the potentially transformative effects of different types of social assistance programmes. Lately, there has been an increasing interest in 'cash plus'—schemes that incorporate skills development—components, educational activities around legal rights, financial literacy, and other measures aimed at increasing women's empowerment in a broader sense. This indicates a diversification, if not a shift away from purely palliative social assistance to more intentionally transformative programmes (UNRISD 2016). However, even if so, social assistance to informal sector workers typically provides a much more limited range of benefits than contribution-based social insurance schemes (Hassim and Razavi 2006; Nakray 2021). This often means a lack of access to any maternity benefits (among others), leading to important class-based differences in access to welfare.

These patterns of welfare provision highlight the prominent disconnection between the actual welfare needs, particularly among women in the informal sector, and the concentration of welfare provision within the largely limited formal sector, which remains small and highly male-dominated. Against this backdrop, informally organized social security arrangements have proliferated across sub-Saharan Africa and represent a particularly important source of welfare for women (Razavi and Staab 2018). These include structures such as kinship networks, diaspora transfers, rotational savings groups and other community-based banking and insurance systems, and organized informal sector workers' associations (see Mumtaz 2021). Such informal welfare arrangements typically involve unbalanced power relationships, imply access on an unequal basis, and provide a 'volatile' source of social security subject to alterations in instances of economic hardship at the level of extended family, community, or professional sector. In addition, kinship networks, in

particular, offer access to economic resources, housing, and childcare conditional to women's marital or maternal status (Hassim and Razavi 2006). It has thus been argued that state welfare can play a role in correcting such imbalances and 'insecurities'—if not replacing them altogether (e.g. Ferguson 2015). At the same time, aid-receiving countries grapple with important resource limitations and low levels of public funds through tax collection, resulting in a restrictive fiscal space for social policy delivery. This requires innovative approaches to mustering resources and policy design (UNRISD 2016).

The discussion above highlights the theoretical and empirical challenges of adequately analysing the gendered effects of emergent welfare systems in sub-Saharan Africa. Capturing the gendered effects of social policies in the development context is not merely a question of defining women's access to state welfare independently from family relations, nor about the ability to access labour markets thanks to public care policies, nor about gaining sufficient economic compensation for unpaid care work if preferred over income-generating work. A much broader set of issues is at play. These include, first, women's access to decent work, entailing an adequate level of income *within* labour markets (whether informal or formal); second, the availability of any culturally acceptable and affordable form of care provision; third, access to state welfare that provides a sufficient level and appropriate type of social protection for no- or low-income earning women on a statutory basis; fourth, independence from or empowerment within informal structures of welfare provision; and, fifth, access to transformative services and other policy measures elevating women's human capital and position in society. These challenges cut across numerous dimensions including gender- and family-based dynamics as well as inequalities in access to welfare (altogether) *and* the range of benefits for women in the formal and informal sectors.

3 Methodology

This paper delves into three key social policy sectors in Mainland Tanzania: *health policy*, *social protection*, and *employment policy*. These play a significant role in shaping the livelihoods and wellbeing of working-age women and represent high-priority areas in Tanzanian development agendas. Tanzania holds ambitious plans related to the achievement of universal health coverage, as demonstrated in recent policy documents such as the *Health Sector Strategic Plan V* (HSSP 2021–26), which highlights health insurance expansion as a key social policy priority. At the same time, its decade-old social assistance programme, PSSN, entered its second phase in 2020 (PSSN II), while the country is currently promoting its well-developed social insurance packages for informal sector workers. Moreover, the country continues to pursue industrialization and significant employment creation under its most recent *Five-Year Development Plan* (FYDP III 2021/22–2025/26). This highlights the relevance and timeliness of the selected policy sectors from the perspective of government policy.

This research forms part of a broader project examining each of the selected policy areas more in-depth (see Lambin and Nyssölä 2022a, 2022b; Lambin et al. 2022). This paper draws on this work to present a holistic analysis of the broader social policy landscape and its gendered implications in Mainland Tanzania. The adopted empirical strategy in this analysis applies the scoping study method that comprehensively synthesizes diverse secondary data. Scoping studies have recently gained increasing traction as an efficient approach to evidence synthesis. Contrary to systematic literature reviews, which are commonly utilized to examine a narrowly defined research objective through the purely scientific literature, scoping reviews allow gathering information from a broader range of sources of evidence (see Munn et al. 2018). Accordingly, this research draws from extant *academic scholarship*, as well as *policy evaluations* by leading international organizations (e.g., the World Bank, UNICEF) and publicly (or upon-request) available *quantitative data* and indicators. Alongside

these, *government policy documents* and plans, and relevant ‘grey literature’ (journalistic articles, policy briefs, and relevant website information) were solicited to capture past and ongoing policy developments in the Tanzanian context (Table 1). Finally, some public enquiries were made through phone calls to access basic information about the implemented schemes and programmes that was unavailable online. Importantly, the use of such diverse data facilitated information triangulation, strengthening the validity and reliability of the findings (Yin 2013).

Table 1: Data sources and criteria

Data source	Inclusion criteria	Exclusion criteria	Number
<i>Academic publications</i> (journal articles, book chapters, books, working papers)	Ranked peer-reviewed journals and publications; sound research methods	Student dissertations; non-ranked journals; publications not focused on/including Tanzania	137
<i>Policy/programme evaluations</i> (by implementing organizations, contracted evaluators, or other organizations)	Conducted by recognized and established research bodies; sound research methods	Project briefs and publications which do not specify research methods or design; publications not focused on/including Tanzania	50
<i>Quantitative datasets, available statistics, and indices</i> (provided by publicly available data banks)	Conducted by recognized and established development organizations; commonly utilized indices	Unreliable surveys (e.g., online surveys, small populations); indices and data provided by politically oriented NGOs	58
<i>Government documents</i> (URT policy documents, development plans, legal provisions)	All relevant documents by the central government, ministries, local authorities, and other relevant government agencies are considered	Documents not focused on/including issues related to the selected policy sectors and/or gender; documents by independent bodies	40
<i>Media sources</i> (journalistic publications, news pieces, website information)	Recognized Tanzanian and other relevant news outlets; news reports of government statements and measures; information on government agency websites	Opinion pieces; social media content; documents not focused on/including issues related to the selected policy sectors and/or gender	20

Source: authors' construction.

Searches were made primarily using Google Scholar, PubMed, and Econlit search engines. The search strategy included general keywords such as ‘health’, ‘social protection’, and ‘employment policy’, as well as related, more detailed terms. The Boolean operator was utilized to define the geographical area ‘Tanzania’ and focus on ‘gender’ and/or ‘women’. The online searches were complemented by a ‘snowballing technique’, which enabled the identification of further key publications and sources of information from the accessed data during the process of data compilation. The compiled academic publications and policy evaluations were first screened for relevance based on abstracts, after which the selection was reviewed by the two authors following the defined inclusion and exclusion criteria (Table 1), aimed at ensuring the quality and relevance of the selected data.

4 Findings

Tanzania has achieved a relatively strong and stable economic growth over the past decades.⁶ However, the country’s large and rapidly growing population, expected to grow from 55 million

⁶ Between 2001 and 2019, annual GDP growth remained above 4.5 per cent and peaked at 7.67 per cent in 2011. Pandemic-induced shocks slowed Tanzania’s GDP growth rate from 5.8 per cent in 2019 to an estimated 2.0 per

in 2020⁷ to nearly 87 million by 2035 (URT 2018a) (growing at the rate of 2.9 compared to the 1.2 LMIC average⁸) creates important challenges for equitable social policy delivery. At the same time, informal work accounted for 82 per cent of non-agricultural female employment in Tanzania in 2014 (URT 2014), while the largely female-powered agricultural sector remains significant in the country's economic structures (Akeel et al. 2021). This is a hurdle to women's access to contributory social insurance and quality work typically associated with the formal sector. In this section, we examine how the country has fared in responding to the gendered social policy needs and challenges across the areas of health, social protection, and employment.

4.1 Health policy: increasing financial protection and women's access to health?

Tanzanian women grapple with significant health challenges. For instance, the country has the 19th highest maternal mortality rate globally speaking,⁹ and the fifth highest cervical cancer incidence in the world (WHO 2020). Simultaneously, epidemical diseases affecting both women and men remain a major burden. The country had the third highest rate of malaria deaths in the world in 2018 and high HIV incidence (3.6 per cent for men and 6 per cent for women in 2019, with a ranking of 12th out of 134 countries).¹⁰ It is against this backdrop that Tanzania has made important health sector reforms over the past two decades. Expanding the health insurance system is a key social policy goal for the government. The current HSSP V 2021–26 aims to increase insurance coverage to 56 per cent of the population, and increase government health spending from 2.6 to 5 per cent of GDP by 2026 as part of efforts to achieve universal health coverage (URT 2021a). The FYDP III 2021/22–2025/26 exhibits even more ambitious objectives, notably increasing insurance coverage to as high as 80 per cent of the population by 2026 (URT 2021b).

The current government policy plans follow a series of health sector reforms introduced throughout the past two decades (Figure 1). These have sought to improve the level of financial protection against health-related out-of-pocket payments (OOPs), which significantly increased after the introduction of user fees in 1993. The principal measures include the introduction of (1) fee exemptions and waivers covering children under five, pregnant women, patients with epidemical diseases, and the elderly; (2) mandatory health insurance to civil servants under the *National Health Insurance Fund* (NHIF), with voluntary access to others from 2013; (3) formal sector health insurance under the *National Social Security Fund* (NSSF); (4) voluntary community-based health insurance for the informal sector under the *Community Health Fund/Tiba Kwa kadi* (CHF/TIKA); and (5) special schemes provided to informal sector workers on a voluntary basis by the NHIF.

cent in 2020. See <https://www.worldbank.org/en/country/tanzania/overview#1>; <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=TZ>.

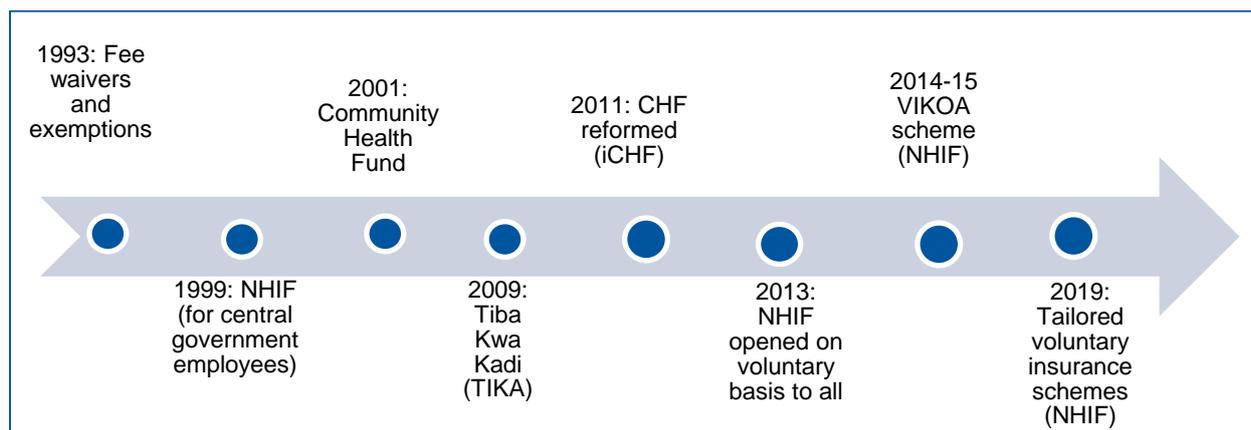
⁷ See <https://espen.afro.who.int/countries/tanzania-mainland>.

⁸ See <http://data.worldbank.org/indicator/SP.POP.GROW?locations=TZ>.

⁹ See <https://www.cia.gov/the-world-factbook/field/maternal-mortality-ratio/country-comparison>.

¹⁰ See <https://www.who.int/data/gho>; https://data.worldbank.org/indicator/SH.DYN.AIDS.ZS?locations=ZG-TZ&most_recent_value_desc=false; <https://www.cia.gov/the-world-factbook>.

Figure 1: Timeline of key health policy measures in Tanzania



Source: Lambin and Nyssölä (2022a).

The above-mentioned policies covering informal workers and vulnerable populations represent some important and progressive efforts to expand access to health care in the country. However, given the diverse schemes targeted at different population categories, the health system remains highly fragmented and is accompanied by a lack of risk pooling between different mechanisms. This has pertinent implications for women's access to health care and ability to achieve a level of financial protection. The most generous benefits remain provided by the formal sector health insurance schemes, which are accessible depending on employment status or contribution ability for the voluntary NHIF schemes. Since a high share of women remain in the informal sector (only 5 per cent of women over the age of 14 have a formal work contract¹¹) and in lower- or non-paid jobs (only 56 per cent of women gain cash earnings for their work compared to 89 per cent of men (URT 2016)), women have low chances of accessing such schemes independently. Since the compulsory schemes provide health insurance for households, women's access to such schemes is largely dependent on husbands being in formal employment, which in itself remains small (only 8 per cent of men reported having a formal work contract in 2019–20).¹² Furthermore, based on the authors' calculations, only 5 per cent of men and 3 per cent of women reported having access to health insurance through their work.¹³ This highlights further the extant challenges in expanding the reach of work-related compulsory schemes to achieve broad-based coverage of working-age women.

Women's low contribution capacity has led to issues in terms of health insurance coverage and access to sufficiently generous benefits among women in the informal sector. This is despite efforts to increase coverage through the voluntary schemes CHF and TIKA, aimed at informal workers in rural and urban regions, respectively. It has been estimated that, in 2015–16, 91 per cent of women aged 15–49 remained uninsured, with an equally high share of 90 per cent of men lacking health insurance (URT 2016). The evidence shows that the uptake of the CHF has been undermined by a benefits package limited to primary health care in one's area of residence, alongside other features including passive enrolment in the context of health visits and flat-rate annual premiums. Consequently, health insurance coverage has remained the lowest among low-income groups, and women in particular (Kapologwe et al. 2017; Umeh 2018; Wang and Rosemberg 2018).

¹¹ Authors' estimation using National Panel Survey 2019–20 data: <https://microdata.worldbank.org/index.php/catalog/3885>.

¹² Ibid.

¹³ Ibid.

Crucially, from 2011 onwards, the government has also implemented an improved CHF ('iliyoboreshwa CHF' or iCHF/iTIKA), with a significantly improved and portable benefits package including outpatient and inpatient care with surgery, medicines, and ultrasound, among other elements. Access to a broader range of benefits is particularly important to women due to their higher reproductive health needs and significant exposure to malnutrition and anaemia,¹⁴ as well as inter-partner violence in the Tanzanian context (Kapiga et al. 2017; Simmons et al. 2020). Additionally, the iCHF has facilitated women's enrolment in health insurance through the use of mobile technology, as well as independent access to services thanks to the provision of individual rather than household-focused insurance cards, which may be controlled by men. However, despite the government agenda seeking a shift from the 'old CHF' entirely to iCHF/iTIKA from 2018 (Modest et al. 2021), the iCHF is yet to be implemented nationwide. Moreover, in the absence of compulsory enrolment and effective exemption policies, flat-rate annual premiums for the CHF and iCHF constitute an important financial barrier for working-age women. The enrolment unit is a 'standard' household of two parents and four children, without adjustments being made for different household compositions. This leaves particularly female-headed households with a single earner—which represents one-third of households in Tanzania (URT 2018b)—significantly disadvantaged by the current minimum contribution arrangements.

Given women's low coverage by health insurance, the extant fee exemption and waiver policies represent an important financial protection mechanism to those eligible. The evidence shows that the exemption policies are fairly well implemented, thereby providing a level of financial protection to women who are pregnant and those with epidemical diseases such as HIV and tuberculosis (Wang and Rosemberg 2018). Nevertheless, these do not guarantee equitable access to health; despite the free service provision, in theory, women continuously face charges for antenatal and delivery care (e.g. charges for equipment such as gloves, a plastic cover, and even kerosene), in addition to transport expenses and other costs such as the opportunity cost, which disincentivize health service utilization (Bintabara et al. 2018; Konje et al. 2020; Kuwawenaruwa et al. 2019). This has severe consequences for women's health, and evidence shows that home deliveries are a driving factor behind maternal deaths in Tanzania (Kimario et al. 2020). While only 50 per cent of deliveries in rural regions are assisted by a skilled birth attendant (compared to 80 per cent in urban areas; Konje et al. 2020), Tanzania ranked 18th out of 185 countries for maternal mortality in 2017,¹⁵ and the country's maternal mortality ratio remains higher than its neighbours' (524 versus 401 in Ethiopia, 375 in Uganda, 349 in Malawi, and 342 in Kenya¹⁶).

At the same time, the implementation of fee waivers for the poor and the elderly has remained extremely weak due to poor compensation of free service provision to health facilities as well as difficulties in identifying 'the poor', and the bureaucratic process of obtaining a waiver (Wang and Rosemberg 2018). Consequently, women over the age of 60 incur OOPs that are one-third higher than men's (URT 2018b). It is equally concerning that catastrophic health expenditure is mainly concentrated within lower-income groups (Ssewanyana and Kasirye 2020). Given that women also report having less say over health-related and household expenditure than men (URT 2018b), they may be impeded from accessing services altogether. These perspectives highlight the important and unequalizing effects of the financial protection mechanisms within the Tanzanian health policy landscape and give pertinence to the launch of mandatory health insurance with 'innovative'

¹⁴ In 2019, 48.1 per cent of pregnant women suffered from anaemia in Tanzania (URT 2018c). See also <https://data.worldbank.org/indicator/SH.PRG.ANEM?locations=TZ>.

¹⁵ https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=.MNCH_MMR.&startPeriod=2016&endPeriod=2021.

¹⁶ See <https://data.worldbank.org/indicator/SH.STA.MMRT?locations=TZ-KE-UG-MW-ET>.

financing approaches as stipulated in the HSSP V. It remains to be seen whether the planned policy reforms effectively address gaps in women’s access to health care in the country.

4.2 Social protection: what entitlements for and de facto provisions for women?

As in the health sector, Tanzania’s social protection system remains fragmented between different types of compulsory and voluntary social insurance schemes and discretionary social assistance measures. However, several policy reforms have been introduced to enhance access to social protection among informal sector workers. This section examines the diverse policy measures and their provision for women across the formal and informal sectors.

Social insurance

In 2003, Tanzania launched the National Social Security Policy (NSSP) with the aim of extending social protection provision in the country. The policy included both informal and formal social security systems, built against the expectation that urbanization and industrialization would slowly drive away traditional systems of informal social protection (URT 2003a). One important and unique development spurred by the NSSP¹⁷ is the introduction of the *2008 Social Security Regulatory Act No. 8*,¹⁸ which enabled the inclusion of informal sector workers into public social insurance schemes by redefining ‘employees’ as ‘workers’—representing some pioneering legislation in sub-Saharan Africa (Masabo 2019; Olivier 2019).

Subsequently, from 2014 onwards, the NSSF has offered voluntary enrolment to contribution-based social insurance to informal sector workers, alongside compulsory coverage of formal sector employees. Additionally, the NSSF has introduced social insurance packages tailored for informal sector workers. These include schemes introduced in 2014 for special professional groups such as fishers, agricultural workers, and small miners, as well as the *National Informal Sector Scheme* (NISS), launched in summer 2021 for the self-employed. This progressive policy initiative seeks to increase access to social security benefits among groups not covered by other policies, reduce income poverty, and increase access to productive assets.¹⁹ Two main benefits under NISS include an old-age pension and medical benefits (for monthly contributions of minimum TZS20,000 (less than ~US\$9)). Contributing members are also eligible to access loans as individuals or as a group (for TZS8,000,000–500,000,000) for establishing or developing a business, funding beneficiaries’ children’s education, and other productive investments.²⁰ Figure 2 summarizes the social protection measures.

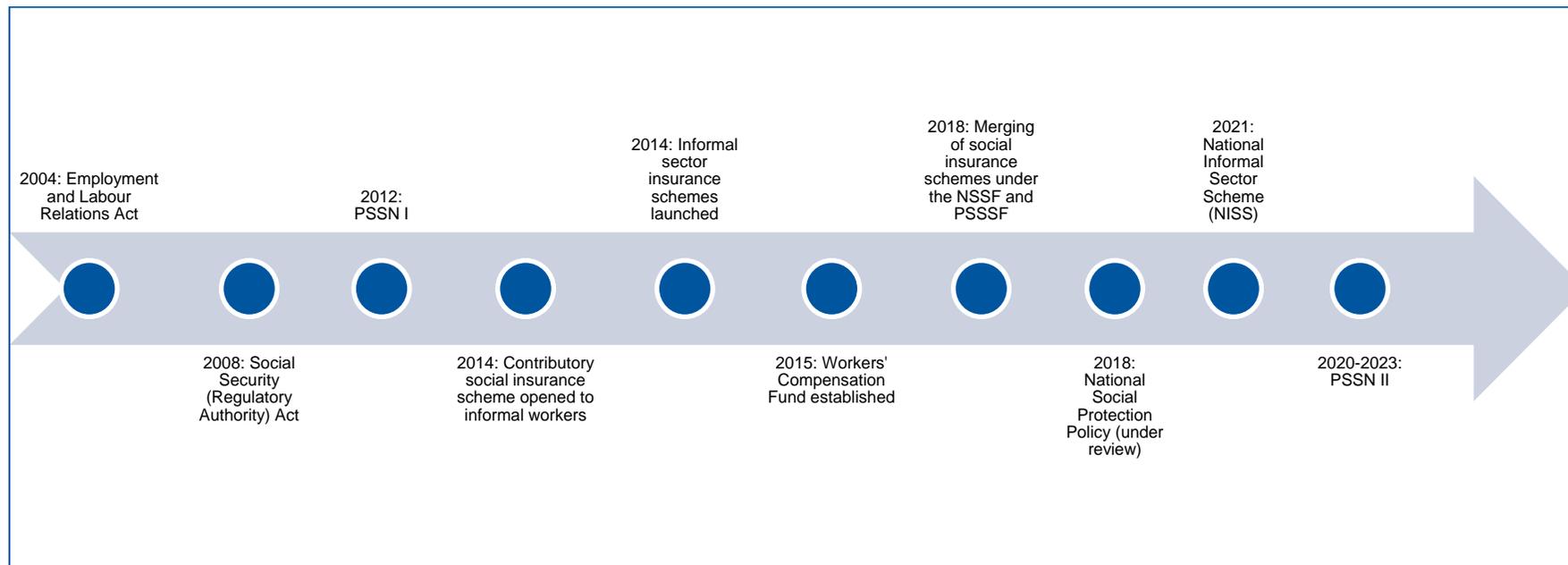
¹⁷ Others include the Workers’ Compensation Act. No. 20 of 2008 and the subsequent establishment of the Social Security Regulatory Authority (SSRA) and the Workers’ Compensation Fund (WCF).

¹⁸ Preceded by the National Social Security Act of 1997, which allowed the enrolment of self-employed persons in the NSSF. Other key legislations governing the Tanzanian social protection system (and notably contributory social insurance) include the Social Security (Regulatory Authority) Act No. 8 of 2008; Public Sector Social Security Fund (PSSF) Act No. 2 of 2018; National Social Security Fund (NSSF) Act No. 28 of 1997 and its amendments of 2018; Workers Compensation Fund (WCF) Act No. 20 of 2008 and its amendments of 2015; National Health Insurance Fund (NHIF) Act No. 9 of 1999; Employment and Labour Relations Act No. 6 of 2004 and its amendments of 2017; Labour Institutions Act No.7 of 2004; and Occupational Safety and Health Act No. 5 of 2003.

¹⁹ See <http://www.nssf.or.tz/schemes/saccos-sheme>.

²⁰ The NSSF has also recently developed a loan model to its members in the private sector, including for lending equipment and machinery. The equipment will be provided as a benefit or as a low-cost loan to active members who contribute under NISS (personal communication with the NSSF).

Figure 2: Timeline of key social protection measures in Tanzania



Source: Lambin et al. (2022).

Nevertheless, the overall social insurance coverage remains low, with only 11 per cent of the labour force covered by social security schemes in 2016 (see SSRA, cited in Masabo 2019). Despite the noteworthy legislative developments, the insurance systems also continue to cover primarily formal sector workers. These are provided for under two principal schemes since the Public Service Social Security Fund Act No. 2 of 2018:²¹ the *Public Service Social Security Fund* covering civil servants; and the NSSF covering other workers in formal employment. For most informal workers the regular yearly enrolment to different voluntary insurance schemes remains beyond reach, costed at TZS20,000–50,000 (equivalent to US\$9–20). At the same time, the NSSF schemes designed specifically for informal sector workers cover primarily male-dominated professions such as fishing, mining, and agriculture (apart from the most recently introduced NISS) and provide benefits packages that are largely focused on loans for productive assets on a contributory basis.

In the described social insurance landscape, the majority of Tanzanian women remain uncovered by social insurance and crucial provisions such as pensions (including survivor's pension),²² unemployment benefits, sickness benefits, and the 12 weeks of fully paid maternity leave and breastfeeding allowances²³ enjoyed by formal sector workers (as defined under the *Employment and Labour Relations Act 2004*). In fact, the percentage of women taking up maternity leave approaches zero in the country,²⁴ which can be largely explained by women's high representation in the informal sector. Informal sector workers are also automatically excluded from protection for work-related injuries, provided on a compulsory basis to all formal sector workers through the *Workers' Compensation Fund* since 2015.

From the perspective of women, it is also pertinent to highlight the restrictive conditions attached to maternity benefit access. These include a minimum total of three years of NHIF contributions; a minimum of 12 monthly contributions made over the past three years; a minimum of six months of employment with the employer before starting maternity leave; and entitlement to maternity leave every three years only. Such requirements challenge de facto access, given women's more frequent disruptions in their careers (in the formal sector) both due to care responsibilities and pressures to adjust their income activities to household needs (see Bridges et al. 2018). At the same time, statutory paternity leave is limited to three days, which indicates a clear gender bias in parental leave arrangements and does little to encourage shifts in stereotypical care responsibilities with potentially transformative effects on women. This is, however, in keeping with paternal leave provisions in the region more broadly, which vary from zero days in several countries to the most generous provision of 14 days in Kenya (ILO 2014).

Social assistance

Besides these important developments in the realm of social insurance, the Government of Tanzania has also been implementing different social assistance measures and services, including cash transfers, food assistance, public works, and grants (see Ajwad et al. 2018). The PSSN programme administered by the *Tanzania Social Action Fund* (TASAF I, II, and III) is a major social assistance programme targeting extremely poor households since 2012. The PSSN provides a combination of cash transfers; cash transfers conditional upon children's school attendance and

²¹ Before this, the insurance system was even more fragmented, including six separate insurance schemes.

²² Women in Tanzania account for only 37 per cent of members of mandatory pension funds and just 32 per cent of old-age pensioners (URT 2016).

²³ The Employment and Labour Relations Act 2004 entitles women to utilize two fully paid working hours per day for breastfeeding for the first six months after returning to work.

²⁴ See https://www.ilo.org/shinyapps/bulkexplorer1/?lang=en&segment=indicator&id=SDG_0131_SEX_SOC_RT_A.

health check-ups; public works during the lean season; and livelihood-enhancement measures including savings groups and skills training. The first phase of the PSSN programme covered 1.1 million beneficiary households with 5.4 million individuals (51 per cent female-headed and 52 per cent women). The second four-year phase launched in February 2020 has expanded to cover 1.4 million households.

The PSSN makes important contributions to improving gender equality outcomes, particularly through paying 83 per cent of cash benefits to women. Additionally, a gender action plan has been developed to accompany the implementation of PSSN II with technical assistance from the donors. A gender mainstreaming training manual has also been developed for effective understanding, implementation, and monitoring and evaluation of the same.²⁵ Importantly, the programme has also increasingly shifted towards gender-sensitive programme design by targeting female-headed households, prioritizing transfers to the main carer (i.e., a woman) rather than the household head, introducing e-payments to facilitate women's access to benefits, and offering flexible work arrangements under the public works to protect women's income in the event of pregnancy and childbirth (UNDP 2018a; World Bank 2019a, 2020). The latter represents an innovative maternity protection mechanism for programme participants, allowing another able-bodied member of the household to carry out work on the beneficiary's behalf, or continuing access to a salary if there is no such person.

Evidence shows that the PSSN has increased women's access to income among the beneficiary population, enabling investments in productive assets and livelihoods diversification (Mihyo and Mmari 2020; UNDP 2018a; World Bank 2019a). In addition, increased cash inflow appears to have increased women's decision-making power over household resources—albeit limited to PSSN-related income (Kinyondo and Magashi 2019; UNDP 2018a)—while also providing important opportunities for saving and skills development, particularly within the agricultural sector and small business-keeping. Also, the UNDP's 2018 Gender Mainstreaming Assessment documented some positive results of extending cash benefits to women, including social acceptance of women as transfer beneficiaries and the participation of women in local PSSN decision-making (UNDP 2018b). However, the programme remains 'maternalist' in nature, reinforcing women's stereotypical care responsibilities while adding to their productive activities through public works and savings groups. This has resulted in women's heightened time poverty (UNDP 2018b)—presumed as a key driver behind PSSN's negative impacts on women's mental health observed by Prencipe et al. (2021). The programme thereby perpetuates, rather than rectifies, unequal allocation patterns of unpaid care work between men and women. This is a significant drawback in terms of transformative effects, given that Tanzanian women spend 3.72 times more time on unpaid work than men at the baseline level.²⁶

It is equally important to stress that the PSSN covers around 5.3 million people across all beneficiary households (World Bank 2020), while about 26 million (i.e., half of the population) live below the international poverty line (US\$1.9 per person per day) (World Bank 2019b). Moreover, while the cash transfers are claimed to be provided nationwide, 30 per cent of villages remain unserved. Consequently, the programme only covered 10 per cent of the extreme poor population as of the end of 2020 (with the aim to reach 15 per cent through the PSSN II by the end of 2023).

²⁵ The manual developed in 2020–21 aims to increase gender awareness, knowledge, and technical skills of staff to recognize and address gender issues in the programming process.

²⁶ See <https://stats.oecd.org/Index.aspx?QueryId=87277>.

It thereby excludes the rest of the poor, including the majority of women who are likely to experience significant needs in terms of income support and livelihood diversification.

The challenges related to further expansion of the PSSN are largely related to the fact that the programme remains highly dependent on external funding while the domestic political commitment is volatile (George et al. 2021). The government position remains strongly ‘productivist’ and thereby prioritizes work-based social protection complemented by limited benefits to households without productive capacities (i.e. the elderly, disabled, and child-headed households) rather than broad-based unconditional cash transfers (Hickey et al. 2020; Ulriksen 2016). This raises questions about future social protection measures and their accessibility and benefits to working-age women. However, a positive development is the National Social Protection Policy of 2018, which is currently under revision for resubmission for approval. The policy was formulated based on the experience of implementing NSSP-2003, and explicitly recognizes that girls and women are more vulnerable than boys and men to a range of serious social risks and deprivations, promising gender-responsive future policies.

4.3 Employment policy: enabling gender-inclusive economic development?

Tanzania’s development policy is highly driven by an ambitious industrialization agenda. Its most recent flagship programme, the FYDP III 2021/22–2025/26, aims to create eight million new private sector jobs by 2026. At the same time, the *Tanzania Development Vision 2025* makes important promises about increasing gender equality within the economy, stipulating that ‘by the year 2025, racial and gender imbalances will have been redressed such that economic activities will not be identifiable by gender or race’ (URT 1999: section 1.2.1). Given that the COVID-19 pandemic is expected to generate pronounced effects on women’s livelihoods, following declines in several female-heavy sectors such as tourism, informal cross-border trade, domestic work, and small non-farm businesses activity (Akeel et al. 2021; DTDA 2021), gender-responsive employment policies are particularly pertinent. This section examines progress and gaps in policies upskilling women, promoting their access to labour markets, and broadening access to land and financial services, while specific legislative reforms related to job quality in the formal and informal sectors are addressed elsewhere (see Lambin and Nyssölä 2022b).

Increasing women’s skills and access to labour markets

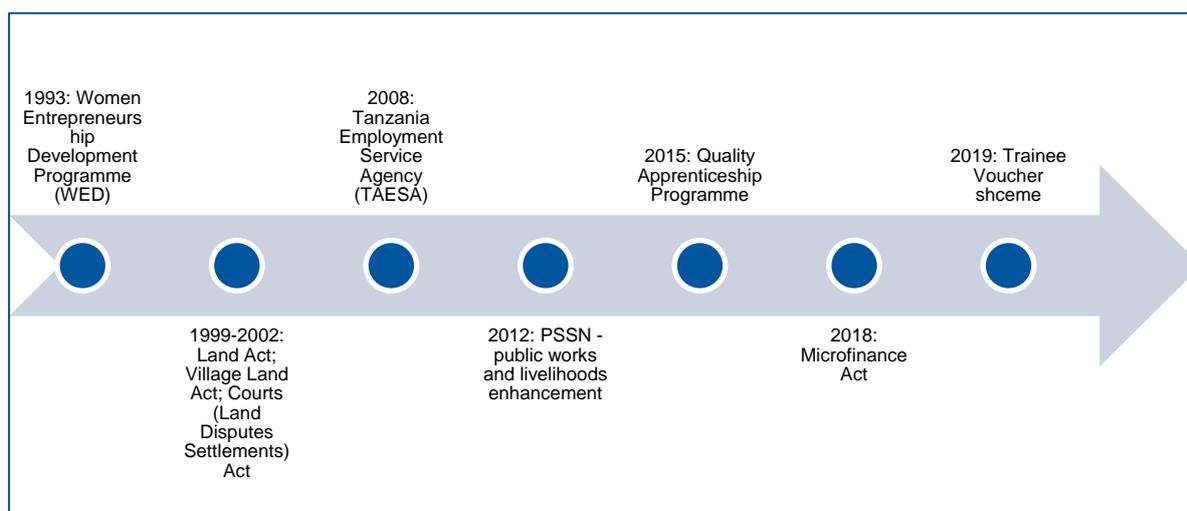
Employment policies are typically considered to comprise measures seeking to increase the quantity and quality of jobs. To begin with, active labour market policies that typically accompany structural changes in industrialized countries, such as vocational training and subsidized job placements for affected groups, have remained somewhat limited in the Tanzanian context. The *Tanzania Employment Services Agency* was established in 2008 to provide public employment services, and the agency has operated a labour market information system since 2014, with the aim of offering a modern and effective data bank for labour market information (Mushi 2016). However, the agency’s roles of linking jobseekers to employment opportunities, job search skills training, career guidance, and job placement support have not yet yielded the expected outcomes. The literature further points to constraints for jobseekers in accessing and obtaining labour data on employment opportunities in Tanzania.

Nevertheless, Tanzania has leaped forward in improving access to apprenticeships and technical and vocational education and training (TVET). From 2015 onwards the government has been running a *Quality Apprenticeship Programme* in the hospitality sector, in collaboration with the ILO.²⁷

²⁷ See <https://www.thecitizen.co.tz/tanzania/supplement/apprenticeship-training-works-and-here-s-why-2687282>.

Crucially, it has also provided financial support to youth in vocational education through a donor-funded *Trainee Voucher Scheme* since 2019, continued under the FYDP III. The scheme subsidizes tuition costs for Tanzanian youth from disadvantaged backgrounds to undertake one-year-long TVET under accredited programmes or, alternatively, through apprenticeships, internships, or entrepreneurship training. In April 2021 there were almost 22,000 trainees enrolled in TVET and university training programmes funded by the Skills Development Fund,²⁸ or the Trainee Voucher Scheme—half of whom were women.²⁹ While being heavily supported by the World Bank, these mechanisms support the government’s National Skills Development Strategy³⁰ and denote increasing opportunities for young Tanzanian women to enhance their skills for improved labour market position. Figure 3 summarizes the key measures related to employment policy.

Figure 3: Timeline of key measures related to employment policy



Source: authors' illustration.

For women in the informal sector (and rural regions in particular), active employment policies have comprised more marginal measures. Similarly to other countries in the region (Pignatti and Van Belle 2018), Tanzania has introduced direct job creation under the public works component of the PSSN. However, although the public works had around 85 per cent female participation in 2019 (World Bank 2020), the component has mainly acted as an income replacement mechanism during low agricultural seasons—rather than as an employment policy promoting women’s employment in the long term. By design, the wages are also set to be below the market price, and there is no inflation adjustment. The livelihoods enhancement component of the PSSN, in turn, has been specifically designed to bolster beneficiaries’ skills and access to financial resources through the establishment of savings groups and training for business-keeping, livestock keeping, and other options for livelihoods diversification. While the actual results are yet to be fully captured given the recent introduction of the skills-enhancing components, early evidence points to women’s increased economic empowerment (UNICEF 2018; World Bank 2020). Such transformative measures have the potential of mitigating some of the negative effects of women’s weaker educational levels and participation in economic activities, particularly in rural areas. However, out of the 161 Project Authority Areas (PAAs) the public works, skills training, and

²⁸ Established in 2019 as part of the World Bank’s *Tanzania Education and Skills for Productive Jobs* programme. The fund provides results-based grants to public and private TVET institutions and provides grants to enable TVET among low-income youth through the national TASAF; see World Bank (2016, 2019c)

²⁹ See <https://projects.worldbank.org/en/projects-operations/project-detail/P152810>.

³⁰ See <https://www.tea.or.tz/about-sdf>.

savings groups components were only implemented in 44, 78, and 8 PAAs respectively (World Bank 2020). This results in restricted and unequal access to the interventions for low-income women.

Enhancing access to assets: land policies and microfinance

In highly rural societies such as Tanzania, women's access to land and profits from it is particularly pertinent for their ability to expand and diversify productive activities and move from unpaid to income-generating work (Holmes and Jones 2013; Razavi and Staab 2018). As such, land policies (and other agricultural policies, such as extension services) are key from the perspective of improving women's access to and quality of employment. The legal framework around land ownership in Tanzania recognizes equal legal rights for adult men and women to hold, own, and dispose of property—and in particular women's entitlement to household land when divorced or widowed.³¹ However, the cultural norms and customary laws remain strongly discriminatory in forbidding women's access to certain types of land. Furthermore, the current laws governing inheritance³² (which necessitate a husband having a will for a wife to inherit any of his wealth) also significantly challenge women's access to land. Amid the absence of progressive policy reforms and gender-discriminatory inheritance practices (e.g. Miho and Msami 2020), women constitute only 2 per cent of the population with registered land rights (UN Women and OHCHR 2020) and 19.7 per cent of agricultural holders.³³ In rural areas, women remain largely trapped in unpaid work in family farms, low-paid wage work, or unproductive farming. Agricultural output value on plots managed by women has been reported to be 30 per cent lower than on male-managed plots due to poor access to labour and land, in addition to time poverty (UN Women et al. 2015).

Besides thwarting women's quality employment in the agricultural sector, lack of assets such as land hinders women's access to financial and other services that are vital for engaging and growing in diverse forms of self-employment. The Tanzanian government has actively engaged in improving access to loans for low-income groups. Most recently, the *2018 Microfinance Act* enhanced the regulation of the financial sector. Crucially, it included the informal financial sector (community savings groups, etc.) within the legal framework, thereby recognizing and addressing the quality of informal financial services most utilized by low-income groups, and women in particular. In the context of the *Financial Inclusion Framework 2018–2022*, the government has also facilitated access to microcredit schemes through 62 different funds (including the *Youth and Women Development Fund*) operated by government or private institutions. The majority of these provide finance, while some offer training for entrepreneurship and investment skills; the government is currently seeking to merge these funds for improved service provision.³⁴ In addition, it has invested in business-development services under gender-mainstreamed programmes—notably through the *Women's Entrepreneurship Development Programme* launched in 1993 (run by the Small Industries Development Organisation under the Ministry of Industry and Development) (Nziku and Henry 2021).

Despite the pertinence of such interventions from the perspective of spurring female entrepreneurship and women's greater economic inclusion, the adopted measures are not

³¹ See Land Act and the Village Land Act of 1999 and the Courts (Land Disputes Settlements) Act of 2002.

³² See the Local Customary Law of 1963, and the Law of Marriage Act from 1971.

³³ OECD GID Database; see <https://stats.oecd.org/Index.aspx?QueryId=87277>. Note, 'agricultural holder is the civil or juridical person who makes the major decisions regarding resource use and exercises management control over the agricultural holding'.

³⁴ As of February 2022. In terms of vested functions, 21 funds offer direct loans to target populations, 17 offer subsidies, 9 provide loan guarantees, and 5 are service-providing funds (see *Daily News* 2022).

universally provided. Additionally, qualitative evidence suggests that women still lack access to larger, formal loans outside of community-based savings schemes, business education, and business education services, disadvantaging female-led businesses (Chopra and Zambelli 2017; Lindvert 2017). As a result, female enterprise development has remained limited in the country. Less than one-quarter of non-agricultural businesses are owned by women (Barasa 2020), despite significant growth in the number of women-owned enterprises overall (DTDA 2021). Furthermore, only 25 per cent of female-owned businesses have more than one employee (DTDA 2021). Unsurprisingly, female self-employment is concentrated in the lowest earning category; based on data from 2014, female self-employment with monthly earnings below TSH65,000 is nearly twice the size of male self-employment in the same bracket (around 45 and 25 per cent, respectively) (URT 2014).

Overall, policies addressing female employment in Tanzania have been implemented under different fragmented policy strategies,³⁵ without systematic and strategic agenda-setting. The overall industrialization strategy has focused on economic expansion of male-dominated sectors. More specifically, the government's priority sectors include the construction sector (97 per cent male workers), ICT (URT 2021c), real estate, public services (education, health, public administration; 73 per cent male workers with a male-dominated education sector), mining (80 per cent male workers), transportation (95 per cent male workers), and trade.³⁶ Subsequently, these sectors have also experienced the highest job growth, absorbing particularly high-income earners, while employment creation for poor households (and women) has remained limited (see Akeel et al. 2021; Ainomugisha et al. 2020; DTDA 2021; URT 2018b).

Also, gender inequalities continue to persist in labour market structures: urban unemployment remains much higher for women (14.6 per cent compared to 4.6 per cent for men; URT 2021a), and women remain concentrated in vulnerable employment as own-account workers or contributing family workers (46.3 and 43.3 per cent of women, respectively (URT 2021c)). This translates into a wage ratio of 2 for men/women in the informal sector, compared to around 1 in the formal sector (OECD and ILO 2019). This represents some of the highest gender gaps in mean salaries and wages in the East and Southern African regions (UN Women and UNDP 2021). Additionally, although men's participation in the labour force surpasses that of women at all levels, women participate less with rising education levels (widening the gender gap): 67.1 per cent of females with university education are active in the labour market compared to 83.2 per cent of university-educated males (URT 2014). This calls for further attention to gender-responsive employment policies.

5 Discussion and conclusions

The presented overview of social policy trajectories in Mainland Tanzania points towards several important repercussions for the realization of gender equality and inclusive development in the

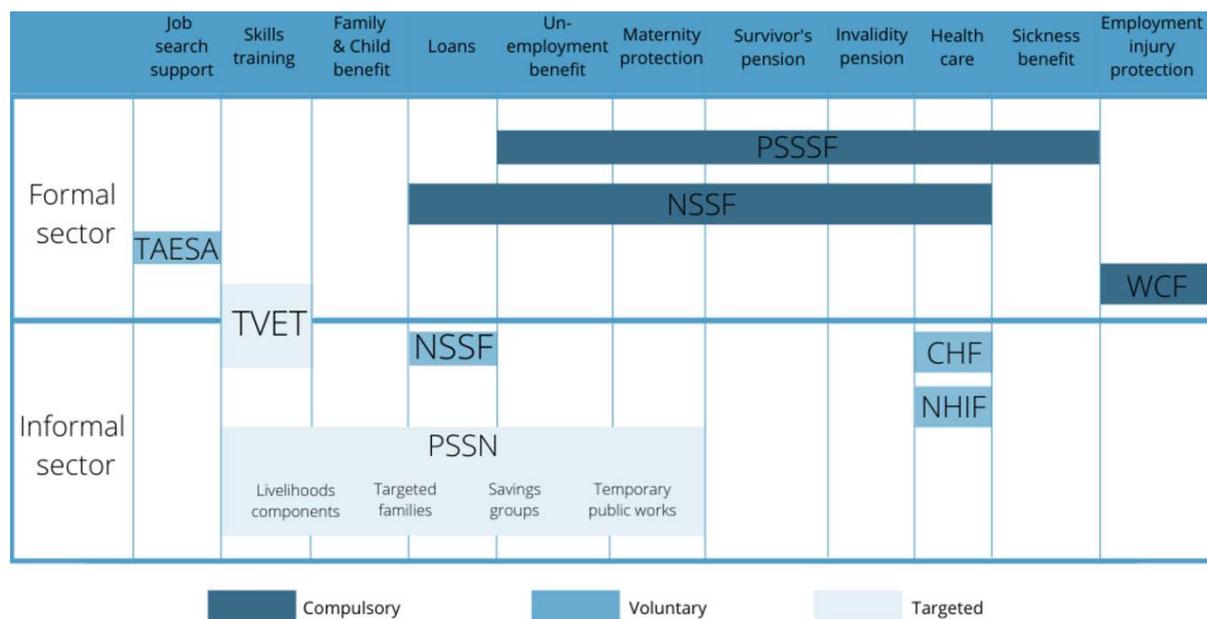
³⁵ See IDRC (2020). Some key policies include the *Small and Medium Enterprises Development Policy 2003* aimed at fostering an 'SME sector that contributes increasingly to equitable economic growth, income and employment generation' (URT 2003b: 31), the *National Public Procurement Policy (Draft) 2014*, and the associated *Public Procurement Regulatory Act (2004)*, which reserves 30 per cent of the annual public procurement budget for special groups including women, while the actual identification of female enterprises has proved challenging.

³⁶ In addition, tax exemptions favouring new businesses are mainly directed at male-dominated sectors, notably at manufacturing and vehicle assembly, as well as the oil, mining, and gas sectors. See <https://taxsummaries.pwc.com/tanzania/corporate/taxes-on-corporate-income>; <https://www.tra.go.tz/index.php/vat-relief>.

country. To begin with, it is undeniable that the country has introduced numerous progressive policy measures and legislations aimed at expanding the level and reach of provisions and services among the Tanzanian population, and notably the informal sector. Government policy plans are also increasingly cognizant of the diverse needs of and barriers experienced by women and girls, which now feature in new policy initiatives and renewal of old ones. In fact, Tanzania entered the new millennium with its first Women and Gender Development Policy in 2000, followed by its Implementation Strategy in 2008, which are both now being reviewed and updated.

Nevertheless, in its current state, the social policy model in mainland Tanzania represents an archetype of two-tiered social policy delivery. This involves different types and levels of benefits provided by different institutions for formal sector employees and informal sector workers, among whom women are overrepresented (Figure 4). This implies that most women remain dependent on formal sector employment or spouses working within the formal sector in accessing generous welfare provisions such as comprehensive health insurance packages, or any form of maternity leave. Women in the informal sector, in turn, remain largely dependent on their income-generating activities, spouses, informal social security networks—or highly targeted maternalist social assistance—in accessing welfare and sustaining their livelihoods (Figure 4). Besides the evident inequalities in social policy delivery for women in the formal and informal sectors, the evidence highlights the vulnerabilities of the large number of female-headed households whose low-income status impedes access to contributory policy measures.

Figure 4: Two-tiered social policy measures in Tanzania



Source: authors' illustration.

In terms of the extent to which the social policy delivery responds to women's needs, important caveats can also be observed. Granted, important legislative and financial efforts have been made to provide support for informal sector workers, besides significant improvements in the legal frameworks around social insurance (such as the compulsory provisions enabled by the 2004 Employment and Labour Regulations Act or the Workers' Compensation Fund, among others). However, women's de facto access to many of these provisions—including maternity benefits—remains limited. At the same time, the landscape of extant policy measures is restricted due to the lack of universal social assistance and health policy measures such as family allowances or subsidized access to generous health insurance for low-income groups. Women in Tanzania

experience important welfare needs across the areas of health, income, and livelihoods which have been heightened by the global COVID-19 pandemic (UN Women and UNDP 2021), which underscores the necessity of income support particularly for those in the informal sector. We have examined the potential positive effects of a broad-based child support grant on women in the Tanzanian context elsewhere, highlighting the welfare gains these could yield (Lambin et al. 2022).

Furthermore, employment policies (and broader industrialization plans) constitute a key social policy measure in enhancing inclusive and job-growth driven economic development, necessitated also for building the redistributive capacity of emergent economies and welfare systems (UNRISD 2013). Tanzania's employment policies and broader growth strategies lack a strategic view on increasing the quantity and quality of female employment in the country, which remains largely confined to unpaid work, poor-quality farm work, and micro-enterprises. Unlike in countries such as Vietnam, where development has been sought through female- and export-led industrialization (e.g. UNIDO 2019), female-focused employment creation has remained in the margins of Tanzania's broader plan of economic development, being mainly addressed through vertical programmes and policies. Thus, while important transformative measures have been introduced—such as the livelihoods enhancement component of the PSSN, the WED, or different TVET interventions—these remain implemented on a limited scale. It is also relevant to point to the lagging legislative reforms in the area of women's land ownership and inheritance laws, which continue to hinder women's access to productive assets and to obstruct full economic participation in society.

The lack of strategic and transformative aims in Tanzania's social policy and broader development approach is also illustrated by the absence of public care policies. At the moment, public childcare is available only at a high cost for children over two years old (De Henau 2021). In other countries such as Chile, Mexico, or India, public childcare provision has been motivated in recent years based on enhancing women's employment through investments in the female-heavy care sector, while increasing women's labour force participation (Hill 2018). In South Africa, the *Expanded Public Works Programme* included a social services sub-programme aimed at creating employment particularly for women, while responding to women's care needs (Parenzee 2016; Plagerson et al. 2019). This approach was also widely applied among Nordic countries during the industrialization process (Rubery and Figueiredo 2018). Also, subsidized fees are necessary for ensuring equitable access to services. Evidence from contexts such as Kenya and Mexico shows that such arrangements have significantly improved women's labour market participation and access to better-quality jobs, while equally benefitting men's employment tenure and quality (Calderon 2014; Clark et al. 2017; Hill 2018). It is, however, noteworthy that the country's first female president, Samia Suluhu Hassan (incumbent as of 2021), has promoted the achievement of SDG 5.4³⁷ and recently initiated the country's commitment to 'upscale national multisectoral childcare programs and establish community-based childcare centres at the village level, workplaces, and marketplaces' at the UN Women Gender Equality Forum (URT 2021b). If the recent policy plans to introduce public childcare services were to be realized, employment rates could rise as much as 23 percentage points, while gender gaps in employment could be halved, based on recent estimations (De Henau 2021). As such, the contribution of public care policies towards inclusive development would be significant.

The findings presented in this paper have important theoretical and practical implications. First, they call for a broader theoretical view in gender-focused social policy analysis in the context of

³⁷ 'Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate'; see <https://sdgs.un.org/goals/goal5>.

sub-Saharan Africa, which accounts for the needs and challenges experienced by women in the informal sector. Based on the evidence from Tanzania, it is obvious that while women may be experiencing a high level of labour force participation and limited access to social assistance independent of their husbands (under the PSSN), this does not reflect ‘defamilialization’ (cf. Orloff 1993; Sainsbury 1994). The introduced policies bind women more closely to their household work and care roles while increasing their income-generating responsibilities, thus offering little ‘freedom’. At the same time, questions related to gaining a ‘socially acceptable standard of living’ through participation in labour markets remain pertinent as social policy delivery has failed to effectively augment women’s access to credit, assets, and systematic income—and often, income altogether. This calls for a new theoretical framework enabling adequate and systematic analysis of gendered effects of emergent welfare systems in the Global South.

Second, this article highlights the pressing need for holistic, transformative, and gender-responsive social policy planning to spur inclusive economic and social development, especially for women. In the absence of systematic and deliberate building of a welfare system, Tanzania overlooks the complementary synergies between different social policy sectors, undermining the process of shifting towards a coherent ‘social policy’ as opposed to focusing on health, social protection, and employment as separate enclaves (see Mkandawire 2004). The lack of a bird’s eye view on social policy is particularly pertinent from women’s perspective since it hinders considerations for care policies, parental leave arrangements, effective skills-enhancing measures, and other social policies that have a key role in enhancing women’s access to welfare and livelihoods based on citizenship.

The progress towards holistic social policy in Tanzania is challenged by significant fragmentation at the level of overall social policy delivery. Separate ministries, agencies, and external actors compete for prioritization of different policy areas on the government agenda, illustrated by the lagging progress in terms of social pensions provision (Ulriksen 2016). At the same time, important competition exists between different agencies behind social protection and health insurance schemes, for instance limiting effective risk pooling between different income groups as well as transitions to universal schemes. While expanding the coverage of health insurance is a top priority on the government’s agenda (George et al. 2021), questions remain concerning the adopted instruments and their effectiveness in providing access to health on an equal basis to all citizens. Yet, some interesting institutional development can be observed; the TASAF has developed a United Record of Beneficiaries to identify vulnerable households for enrolment to the PSSN, which is equally utilized to identify beneficiaries from low-income families for subsidized technical and vocational training. This indicates innovative cross-sectoral collaboration for social policy delivery and denotes a positive development in the otherwise fragmented institutions landscape.

Further progress in gender-responsive social policy delivery in Tanzania is not only commendable but feasible; the country has experienced strong economic growth over the past decade, with an average of 3 per cent annual growth in GDP per capita³⁸ (at least until the downturn brought by the pandemic) and the recently discovered important natural resources offer opportunities for further growth and investment in the welfare sector. However, the future policy trajectories are shaped by the dominant ‘productivist developmental ideology’ which sets a high priority for industrial development at the expense of social protection needs (Ulriksen 2021). This has implied instrumentalist forms of social support, under which assistance is given in return for labour supply or fulfilling conditions (Hickey et al. 2020). In the light of the progressive policy ambitions, recent investments in transformative social policy measures, distinctive ideologies, and institutional

³⁸ World Bank National Accounts data and OECD National Accounts data files:
<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=TZ>

fragmentation in the Tanzanian context, the future of social policy delivery for working-age women needs to be closely followed to further inclusive development in the country.

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