Tanzanian social policy in the new millennium – a cross-sectoral analysis from a gender perspective

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Abstract

Purpose – Mainland Tanzania has seen two decades of significant social policy reforms and transformations in its social and economic structures, whilst the country continues to grapple with persisting gender inequalities. This article examines Tanzania's social policy developments from a gender perspective. The authors analyse the level, reach and quality of social policy delivery to working age women across the areas of health policy, social protection and employment policy during 2000–2021.

Design/methodology/approach – The article draws on qualitative research deploying the scoping review method. The data consist of diverse secondary materials, including academic publications, government policy documents, relevant statistics and other types of "grey" literature.

Findings – Tanzania has made significant advancements in the legal frameworks around welfare provision and has instituted increasingly gender-responsive government policy plans. The health and social protection sectors, in particular, have witnessed the introduction of large-scale measures expanding social policy implementation. However, social policy delivery remains two-tiered, with differences in provisions for women in the formal and informal sectors.

Originality/value – Social policy delivery and implementation have increased and diversified in Sub-Saharan Africa (SSA) during the new millennium, with a growing integration of gender-specific policy objectives. However, limited social policy scholarship has focused on the gendered effects of broader social policy models in SSA. The article remedies the concomitant knowledge gaps by examining various social policies and their impacts on working-age women in Mainland Tanzania. The authors also engage with the theoretical welfare regime literature and present an analytical framework for gender-sensitive assessment of emerging social policy models in the Global South.

Keywords Employment, Women, Social policy, Health policy, Tanzania, Social protection Paper type Research paper

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The authors are grateful to Salla Atkins, Rodrigo Carvalho Oliveira, Julia Chukwuma, Francisco Cos-Montiel, Elineema Kisanga, Michael Kpessa-Whyte, Rahul Lahoti, Fortunata Songora Makene, Rute Martins Caeiro, Nandera Mhando, Flora Myamba, Enrico Nichelatti, Nicola Yeates, Gemma Wright and the reviewers for their valuable contributions at different stages of the research. The authors also thank Alexis Bernigaud for the excellent research assistance. The results and their interpretation presented in this publication are solely the authors' responsibility.

Funding: This paper carries acknowledgement of UNU-WIDER, which originally commissioned the study under the research project "Sustainable development solutions for Tanzania – strengthening research to achieve SDGs". The project was funded by the Ministry for Foreign Affairs of Finland. A previous version of this work has been published as a WIDER working paper (Lambin and Nyyssölä, 2022a, b).

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Received 11 January 2023 Revised 11 May 2023 16 June 2023 Accepted 18 June 2023



International Journal of Sociology and Social Policy Vol. 44 No. 13/14, 2024 pp. 49-67 Emerald Publishing Limited 0144-333X DOI 10.1108/JJSSP-01-2023-0007

1. Introduction IISSP

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Social policy delivery and implementation have increased and diversified over the past decades in Sub-Saharan Africa (SSA) alongside increasing integration of gender perspectives in social and development policy frameworks at national and global levels. The Sustainable Development Goals (SDGs) that are set to guide policymaking in much of SSA, seek to "achieve gender equality and empower all women and girls" (see SDG 5), placing new emphasis on institutions and structural barriers that hamper the realisation of gender equality (Kabeer, 2015). The African Union's 2063-agenda also promotes a wide range of objectives to address social, economic and political disadvantage experienced by women, particularly in rural areas. Yet, little focus has been afforded to the approaches and effects of social policy delivery within SSA from a gender perspective. At the same time, the concepts and analytical tools utilised in social policy analysis remain largely grounded in the experiences of industrialised economies and require adaptation for effective analysis of emergent social policy models and their gender responsiveness in the SSA context (Kpessa, 2012: Razavi and Staab, 2018).

The contributions of this article are twofold. Firstly, it speaks to knowledge gaps regarding social policy expansion in the SSA from a gender perspective. We analyse policy developments and their gendered effects in Mainland Tanzania in 2000–21, across the areas of *health policy* (financial protection mechanisms), *social protection* (social insurance and assistance measures) and *employment policy* (job creation programmes, skill-enhancing measures and self-employment support). More specifically, we examine (1) the extent to which Tanzania's emerging social policy model offers a sufficient level of income support for working-age women and (2) the extent to which the policies provide sufficient coverage of the female population across the informal and formal sectors.

Secondly, this article contributes towards emerging welfare regime analysis from a gender perspective in the Global South (e.g. Nakray, 2021; Razavi and Staab, 2018; Roumpakis, 2020) and regime theorisations with a focus on SSA (e.g. Kpessa, 2012; Seekings, 2008). We do so by presenting an analytical framework to examine emergent Southern social policy models in a contextually apt, gender-sensitive manner.

Mainland Tanzania represents a relevant policy context for such an analysis, given the country's important social policy developments in the new millennium. After sluggish progress in poverty reduction and livelihoods diversification in the 1990s (Sen, 2002), Tanzania launched its National Development Vision 2025 in the year 2000, explicitly aiming to reduce gender inequalities and imbalances in economic, social and political structures. In the same year, the country introduced also its first Women and Gender Development Policy. Two decades later, Tanzania continues to grapple with pressing, intersectional gender inequalities. In 2021, it ranked low, 146th out of 168 countries, in the gender inequality index1122 (ILOSTAT). Additionally, over a third of Tanzanian households are femaleheaded (URT, 2018), consisting mainly of single-earner families at greater risk of poverty. Looking into the Tanzanian case provides valuable insight into how social policy measures and investments have addressed women's welfare needs, building the evidence base for gender-proofing social policy in the SSA context.

2. Gender and social policy analysis in the Sub-Saharan African context

SSA represents a unique social policy context with distinct shared features as well as important regional diversity. Understanding the roles and positions held by women in the different socio-economic and political structures is necessary for effective and gendersensitive social policy analysis.

Women make a significant contribution to the workforce in SSA. The female labour market force participation rate (FLFPR), is almost 63% (compared to 21–25% in South Asia and Middle East and North Africa [2]), with a high number of "working poor". Informal work, subsistence farming and non-paid contributions in family businesses represent economic activities occupied particularly by women (Chopra, 2021). This means that women's access to sustainable livelihoods is defined closely by access, in the least, to *paid productive work* but ideally, *formal work*. Yet, informal and casual work has increased rather than decreased throughout the years, spurred particularly by the economic crisis (Jütting and Laiglesia, 2009; Nguimkeu and Okou, 2020).

Moreover, the high FLFPR hides many negatives, including the "double-worker effect" (i.e. notably poorer women taking up poor-quality jobs to compensate for low household incomes) (Chopra and Zambelli, 2017) and early entry to labour markets at the expense of education or vocational training (Bridges *et al.*, 2018). In rural areas, women often shoulder extended workloads in agricultural and care work, when men migrate for better quality work or study (for Tanzania, see Hirvonen and Lilleør, 2015). As such, women's labour market participation is not a result of effective detachment from bounding care roles and dependence on family relations for access to welfare, as envisaged by early feminist social policy scholars (Lewis, 1992; Orloff, 1993; Saraceno, 1997). In contrast, women experience significant *time poverty* due to simultaneous care, domestic and productive responsibilities, which necessitate considerable multitasking and extended "workdays" to ensure survival (for Tanzania, see Chopra and Zambelli, 2017; Raleigh and Coleman, 2020).

At the same time, state provision of care services for children, the elderly and the disabled is nearly inexistent (with the exception of South Africa; see Parenzee, 2016; Plagerson *et al.*, 2019), with minimal private sector services. Care leave arrangements are limited too, being mainly concentrated as maternity leave provisions for formal sector employees (see ILO, 2021). The lack of public care policies has cultural and political underpinnings. Firstly, the availability of low-cost domestic help has not incentivized demand amongst middle-class women, who can rely on service provision by the informal sector (see Hassim and Razavi, 2006). Secondly, kinship networks often provide care out of a culturally embedded moral obligation through non-monetised arrangements. Family and community-based care arrangements reflect deepseated norms of communal living and a "strategy of reciprocity" whereby care is provided in expectation that the "service" will be reciprocated in time of need (see Chung *et al.*, 2019; Gaydosh, 2019; Hyden, 2004). Unequal distribution of unpaid care work creates imbalances in access to decent work between men and women (without omitting the still significant share of men in vulnerable employment) and women in different income categories – given that hiring domestic help is often an option only for wealthy women.

Labour market characteristics are also relevant in understanding the gendered effects of social policy arrangements in the region. In most of SSA, formal sector-oriented social insurance coverage has remained limited in reach (around 10% depending on provision). largely due to the predominance of the agricultural sector and informal economy (ILO, 2021). Social assistance programmes, in turn, have emerged as a pivotal instrument to address social protection needs in the informal sector (Beegle et al., 2018; Plagerson et al., 2019). However, these have typically consisted of targeted safety net programmes providing income support on a discretionary basis with major exclusion and inclusion errors (e.g. Brown et al., 2018) rather than as universal and institutionalized, rights-based entitlements. Safety net programmes also provide much less generous benefits than contribution-based social insurance schemes (Hassim and Razavi, 2006; Nakray, 2021). Additionally, social safety net programmes often reinforce the gender-stereotypical distribution of unpaid care and domestic work by granting access to cash upon having children and obliging to child-related conditionalities (Molyneux and Thomson, 2011). However, it is also noteworthy that several countries in the SSA have introduced relatively generous state provisions in the area of health care, pensions, disability benefits and basic income, amongst others (e.g. Botswana, Mauritius, Namibia, Rwanda, Seychelles; see ILO, 2021).

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Whilst the above depiction characterises some key challenges for gender-equal access to decent livelihoods and welfare in SSA, many of the discussed issues have been reported in the context of industrialised economies. Women's limited access to decent work entailing adequate income levels, pensions and income replacement in the event of life cycle contingencies, alongside unaffordable private care services and retrenchment of state provision in the care sector, represent widely recognised matters in North America, Europe and beyond (e.g. Shaver, 2018). Nevertheless, such issues are heightened in SSA given resource gaps in state institutions, the historical absence of state intervention in areas such as care work or statutory income support, ongoing legislative reforms promoting gender equality (such as the prohibition of child marriage) and lagging processes of democratisation. These broader issues all shape the state's capacity to provide and women's ability to claim their social rights. Gaps in access to electricity and running water, rapid population growth and the effects of climate change on livelihoods add to these multifaceted challenges (Holmes and Jones, 2013). We account for these context-specific factors by directing attention to women's diverse welfare needs particularly in the informal sector and across multiple policy sectors.

3. Methodology

This research builds on a broader project examining each selected policy area in more depth (see Lambin *et al.*, 2022a; Lambin and Nyyssölä, 2022a, b) and draws on this work to present a holistic analysis of the broader social policy landscape and its gendered implications in Mainland Tanzania. The overall work is guided by critical feminist theory in Social Policy and Development literature, underpinned by the understanding that social policy can have strong equalising effects, transforming the gendered division of labour and reducing women's dependence on men, markets and informal social security (e.g. Kabeer, 2015; Orloff, 1993; Patel, 2019).

This study deploys the scoping review method, comprehensively synthesising diverse secondary data. Contrary to systematic literature reviews - commonly utilised to examine a narrowly defined research objective through the purely scientific literature - the adopted method allows for gathering information from a broader range of sources of evidence (see Munn *et al.*, 2018). Accordingly, the analysis draws from extant *academic scholarship, policy evaluations, quantitative data* and publicly available indicators, including or focused on Tanzania. Alongside these, *government policy documents* and relevant journalistic articles, policy briefs and website information were solicited to capture past and ongoing policy developments in the Tanzanian context (Table 1). Finally, three direct enquiries were made in 2021–22 through telephone to the government's social security institutions to access basic information about implemented schemes. Collecting diverse data enabled cross-checking of gathered information, thereby strengthening the validity and reliability of the findings (Yin, 2013).

Searches were made primarily using Google Scholar, PubMed and Econlit search engines. The search strategy included general keywords such as "health", "social protection", "employment policy" and related, more detailed terms. The Boolean operator was utilised to define the geographical area "Tanzania" and focus on "gender" and "women". Searches were made in English, and when information was readily available only in Swahili (notably on government webpages), an online translation tool was utilised. Data 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 data compilation process.

Compiled academic publications and policy evaluations were first screened for relevance based on abstracts. All data (including quantitative data and media sources) were also

Data source	Inclusion criteria	Exclusion criteria	Number	Tanzanian social policy
<i>Academic publications</i> (journal articles, book chapters, books and working papers)	Ranked peer-reviewed journals and publications; sound research methods	Student dissertations; non- ranked journals	152	social policy
Policy/programme evaluations (by implementing organizations, contracted evaluators or others)	Conducted by recognized and established research bodies; sound research methods	Publications without specified research methods	50	53
Quantitative datasets, available statistics and indices (provided by publicly available data banks)	Conducted by recognized and established development organizations; commonly utilised indices	Unreliable surveys (e.g. convenience sample surveys); materials provided by politically oriented NGOs	68	
<i>Government documents</i> (URT policy documents, development plans and legal provisions)	All relevant documents by the central government, ministries, local authorities, and relevant government agencies	Documents by independent bodies	50	
<i>Media sources</i> (journalistic publications, news pieces and website information)	Recognized international, Tanzanian, and other relevant news outlets; news reports of government statements and	Opinion pieces; social media content	31	
Source(s): Authors' own wor	measures; information on government agency websites k, adapted from Lambin and Nyys	ssölä (2022b)		Table 1.Data sources and criteria

systematically assessed for quality through defined inclusion and exclusion criteria (Table 1). Publications without a peer review process or clearly explained research methods were excluded to strengthen the reliability of analysed data. All statistical data was sourced from leading international and domestic organisations (e.g. the World Bank, the World Health Organisation (WHO) and the Tanzanian national bureau of statistics). Journalistic pieces and other web-based information were utilised to capture government policy plans and statements inaccessible in the existing literature. The quality control of data was further strengthened by local policy experts (academics and government representatives) invited to review draft versions of the article.

The collated data were analysed thematically to respond to pre-determined information needs (deriving from research questions) whilst allowing for inductive analysis to cover novel and emergent themes. The coding process was highly re-iterative. During the first cycle, we captured data sections directly relating to set research questions, whilst highlighting other relevant but unspecified issues through *structural* and *descriptive* coding (see Saldaña, 2013). Identified themes were then investigated further, to capture their meaning and weight (e.g. uniqueness, frequency or tone). Finally, cross-sectoral trends, divergencies and characteristics were identified and analysed further.

4. Findings

Tanzania intensified its social policy implementation and delivery in the 2000s. Figure 1 illustrates social policy expansion across the studied policy sectors of health, social protection and employment. The following sub-sections examine how the policies have succeeded in increasing income support and coverage amongst working-age women (loosely defined as all women over 13 and working, following Tanzanian official working age).



Source(s): Authors' own work, adapted from Lambin and Nyyssölä (2022b)

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

In Tanzania, health has long been featured as a high policy priority, and there has been important progress in policy planning around informal sector workers and women's reproductive needs. However, the thematic analysis shows that women's access to health remains hindered by *lack of risk pooling* across different schemes, *technical features* in introduced policies (especially payment arrangements under insurance schemes), as well as *implementation deficits* (notably for free-of-charge service provision).

The current Health Sector Strategic Plan (HSSP V, 2021–2026) aims to increase health insurance coverage to 56% of the population (from 32% in 2018; Durizzo *et al.*, 2022) and raise government health spending to 5% of the gross domestic product (GDP) by 2026 (from 3.8% in 2019; WHO, 2022) to achieve Universal Health Coverage. However, despite plans for unified financial protection under the forthcoming *Single National Health Insurance* (SNHI) (planned for launch in July 2023), the current arrangements remain highly fragmented with separate mechanisms and funds for formal and informal sector workers. These include:

- 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;
- 3. Mandatory 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 voluntarily by the NHIF.

The formal sector health insurance schemes – accessible depending on employment status or contribution ability for voluntary members – provide the most generous benefits for the member and their household. Since a high share of women remains in the informal sector (81.7% compared to 71.7% for men in 2014; URT, 2014) and 64% of women are engaged in unpaid labour (2019–20; Oppong *et al.*, 2022), women have limited possibilities of accessing voluntary schemes independently, particularly in the informal sector.

More ominously, it has been estimated that 91% of women aged 15–49 remained without any health insurance in 2015–6 despite efforts to increase coverage through the voluntary CHF and TIKA schemes aimed at informal workers in rural and urban regions (URT, 2016). The uptake 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 (e.g. Alex and Mwamfupe, 2020). From 2011 onwards, the government has implemented an improved CHF ("iliyoboreshwa CHF" or iCHF/ iTIKA), with a more generous and portable benefit package including outpatient and inpatient care with surgery, medicines and ultrasound, amongst others. Access to a broader range of benefits is crucial to Tanzanian women due to their higher reproductive health needs, exposure to infectious diseases, malnutrition and Inter-Partner-Violence (IPV). However, despite the government's agenda seeking a shift from the "old CHF" entirely to the new scheme from 2018 (Modest *et al.*, 2021), the iCHF is yet to be implemented nationwide. Without compulsory enrolment and effective exemption policies, flat-rate annual premiums for the CHF and iCHF represent an important financial barrier for working-age women. Given that the enrolment unit is a "standard" household of two parents and four children without adjustments being made for different household compositions, particularly female-headed households (33.3% of total households; URT, 2018) remain disadvantaged by the contribution arrangements.

The extant fee exemption and waiver policies constitute a substantial financial protection mechanism for eligible women with limited health insurance coverage. The exemption policies are fairly well implemented and provide financial protection to pregnant women and those with epidemical diseases (Wang and Rosemberg, 2018). However, the introduced exemptions and waivers do not guarantee equitable access to health. Despite free service provision, in theory, women continuously face charges for antenatal and delivery care (e.g. costs to cover gloves, protective covers and kerosene), besides transport expenses and opportunity costs – which disincentivise health service utilisation (Bintabara *et al.*, 2018; Konje *et al.*, 2020; Kuwawenaruwa *et al.*, 2019). Even a small cost can hinder service uptake and result in poor health outcomes. As only 50% of deliveries in rural regions are assisted by a skilled birth attendant (compared to 80% in urban areas) (Konje *et al.*, 2020), Tanzania ranks high – 18th out of 182 countries – for maternal mortality (data from 2017; UNICEF, 2021).

Moreover, the implementation of fee waivers for the underprivileged and the elderly has remained weak due to poor compensation of free service provision to health facilities, difficulties in identifying "the poor" and the bureaucratic process of obtaining a waiver (Wang and Rosemberg, 2018). These shortfalls are reflected in the concentration of catastrophic health expenditure (out-of-pocket expenses, OOP, exceeding 25% of total household non-food expenditure) within lower-income groups (Ssewanyana and Kasirye, 2020) and higher OOP experienced by women over 60 compared to men (URT, 2018). Since Tanzanian women report having less say over health and household expenditures than men (URT, 2018), they may be impeded from accessing services altogether. These perspectives give pertinence to the launch of a mandatory Single National Health Insurance with "innovative" financing approaches accounting for different levels of contribution ability, as stipulated in the HSSP V.

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

Tanzania has witnessed an important and ongoing expansion of social protection arrangements for informal sector workers, both through insurance-based instruments and a large social assistance programme, the *Productive Social Safety Net* (PSSN). Nevertheless, several themes emerged from data pointing to women's restricted access social protection, including *low contribution capacity* (for voluntary social insurance schemes), *targeting mechanisms* (under social assistance) and *limited reach of legal instruments* applicable only to formal employment.

The 2008 Social Security (regulatory authority) Act enabled the inclusion of informal sector workers into public social insurance schemes by redefining "employees' as

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"workers" – representing pioneering legislation in SSA (Masabo, 2019). In 2009, the Voluntary Savings Retirement Scheme (VSRS) was launched to provide a pension for informal employees, self-employed persons, farmers, fishermen, drivers, petty traders and food vendors (Ackson and Masabo, 2013), and the scheme was run until 2018. 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. In the same year, the NSSF launched insurance schemes for specific occupational groups (farmers, miners and fishermen) with tailored benefits packages, including access to loans for productive investments in agro- and fishing inputs, access to savings groups and loans for children's school fees (Masabo, 2019).

Another important policy development is the launch of the *National Informal Sector Scheme* (NISS) in 2021. Unlike its predecessors, the scheme is made accessible to *all* informal workers, and the benefits package is under gradual expansion. Currently, the NISS offers an old-age pension and health insurance for the contributing member only, besides access to loans for enterprise creation and purchasing equipment for productive activities. Other benefits such as survivor, maternity, health, death and disability allowances are planned to be included in the following stages (UNDP, 2021).

Nevertheless, these policy initiatives have not yet translated into women's equitable access to social protection. The overall social insurance coverage in the country remains low, at 14% (ILO, 2021) and continues to cover primarily formal sector workers under two principal schemes: the NSSF and the *Public Service Social Security Fund* (PSSSF). Consequently, most Tanzanian women remain excluded from essential provisions such as pensions and unemployment and sickness benefits. Crucially, the actual uptake of the legally defined 12 weeks of fully paid maternity leave also nears zero % in the country amongst all women giving birth or adopting a child (ILO, 2017).

Furthermore, in 2022, the monthly contribution rates (TZS 20 000–50,000) under the NSSF or the informal-sector-specific insurance schemes equalled the monthly consumption of 1–2.5 adults at the national basic needs poverty line (TZS 49 320). For the population below this line (i.e. 26%), the relative cost of purchasing insurance is even higher (Leyaro *et al.*, 2022). Since Tanzania has one of the highest gender wage gaps in East and Southern Africa (UN Women and UNFPA, 2021), with a wage ratio of two for men/women in the informal sector (OECD and ILO, 2019), women's contribution capacity remains significantly lower than men's. Moreover, several legal instruments, such as the 2004 Employment and Labour Relations Act (guaranteeing the right to sick leave, for instance) and the Workers' Compensation Fund established in 2015 to protect employees against work-related injuries, continue to exclude informal sector workers.

The *Productive Social Safety Net* (PSSN) constitutes an alternative source of social protection for low-income women (for targeting process, see World Bank, 2019). Launched in 2012 with the World Bank to reduce poverty, strengthen livelihoods and increase human capital in chronically poor households, the programme provides a combination of

1. Unconditional cash transfers,

2. Cash transfers conditional upon children's school attendance and health check-ups,

- 3. Public works and
- 4. Livelihoods enhancement measures.

The PSSN has increasingly shifted towards a gender-sensitive programme design; it targets female-headed households, prioritises transfers to the main carer (i.e. women), utilises e-payments to facilitate women's access to benefits and offers flexible work arrangements

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under the public works component to protect women's income in the event of pregnancy and childbirth (ILO, 2019; UNDP, 2018).

PSSN beneficiaries are entitled to a cash transfer of a maximum of TZS 38,000 (USD 16) per month (de Hoop *et al.*, 2020). Increased access to income has spurred investments in productive assets, enabled livelihood diversification and reduced poverty (UNDP, 2018; World Bank, 2019). Cash inflows have also increased women's decision-making power over household purchases and child health and schooling – but this has remained limited to PSSN-related income (Kinyondo and Magashi, 2019; UNDP, 2018). However, based on experiences from cash transfer programmes in SSA, Handa and Davis (2015) stress that transfer amounts below 20% of monthly consumption – as provided by the Tanzanian PSSN – have limited impacts on households without overall "transformative" effects.

Also negative impacts on women's well-being emerged from the data, notably relating to *time poverty*. Evidence shows that this was exacerbated by increased care responsibilities related to programme conditionalities and new productive activities (UNDP, 2018). Since Tanzanian women experience significant time poverty at the baseline – spending 3.9 times more time on unpaid work than men (OECD, 2023) due to persistent gender norms (see Chopra and Zambelli, 2017) – this constitutes a significant programme drawback. Time poverty is also presumed to be a key driver behind the programme's negative impacts on women's mental health observed by Prencipe *et al.* (2021).

Moreover, the PSSN covers around 4.8 million people, representing almost eight % of Tanzania's population (World Bank, 2022). Yet around 27% of Tanzanians live below the basic needs poverty line (Leyaro *et al.*, 2022), in dire need of income support and protections against lifecycle contingencies and economic shocks. It is against this background that women, in particular, seek protection through informal social security arrangements, provided by informal workers' associations, for instance (Riisgaard, 2020; Torm, 2020). These parallel systems have emerged to compete with state-provided insurance schemes, bringing the effectiveness of adopted policy measures into question.

4.3 Employment policy: building springboards out of vulnerable employment?

Tanzania's *Five-Year Development Plan* (FYDP III, 2021/22–2025/26) sets to create eight million new private sector jobs by 2026. The FYDP III also enshrines ambitious targets for skills enhancement amongst the female population. Such objectives are pertinent, given that unemployment rates remain considerably higher for women than men (urban female unemployment reaching 14.6% compared to 4.6% for male unemployment; URT, 2021). Moreover, women remain disproportionately represented in the agricultural sector (65% of total employment; ILOSTAT), whilst being twice as often underemployed in agriculture than men (Idris, 2018).

Our analysis of Tanzania's employment policy carried across job creation programmes, skill-enhancing measures and self-employment support. It shows that whilst individual policy initiatives are increasingly gender-sensitive, the overall policy landscape is characterised by *siloed (temporary) programmes, patchy population coverage* and a focus on promoting *small entrepreneurship*.

Women in the formal sector are primarily catered to by the Tanzania Employment Services Agency (TAESA) established in 2008, which offers job placement services, job search training and career guidance. Yet, these services are not fully actioned and TAESA offices exist only in a few urban centres. In contrast, women in the informal sector, particularly in rural areas, have been actively targeted by employment enhancing measures. As other SSA countries (Pignatti and Van Belle, 2018), Tanzania has introduced direct job creation under the public works component of the PSSN. However, whilst relying nearly entirely on female participants, only around 23% of households in the PSSN programme Tanzanian social policy

IJSSP 44,13/14 participate (World Bank, 2020) solely during low agricultural seasons. The provided work remains onerous, pay rates are set below market rates and payments are made several months after completed work (Green, 2021). As such, the public works component acts as a periodic and meagre income replacement mechanism rather than a transformative tool to enhance women's employment in the long term.

In turn, the livelihoods enhancement (LE) – component of the PSSN – has been specifically designed to enhance access to financial resources and expansion of income-generating activities by establishing *savings groups* and diversifying women's economic activity through *skills training* in business management, bookkeeping, financial literacy and agricultural activities. Whilst the actual results are yet to be fully captured, early evidence points to women's increased economic empowerment (UNICEF, 2018; World Bank, 2020). However, the LE component is provided only in eight of the 161 PSSN implementation areas.

Nevertheless, skills enhancement through National Council for Technical and Vocational Education and Training (TVET) has gained increasing traction under recent government programmes with clear objectives in skilling women (e.g. Joseph and Leyaro, 2022). One tangible gender-responsive investment is resource allocation to Vocational Education and Training (VET) training centres providing female-oriented programmes in hair and beauty (NORMLEX Information System on International Labour Standards, 2020). Additionally, the government has offered financial support to youth in vocational education, notably through two donor-funded programmes since 2019. The *Trainee Voucher Scheme* and the *Skills Development Fund* facilitate access to TVET training for youth from disadvantaged backgrounds, subsidizing tuition costs and supporting access to internships, apprenticeships, or entrepreneurship training. In April 2021, almost 22,000 trainees, half of whom were women, were enrolled in TVET and university training programmes funded by the Skills Development Fund (SDF) or the TVS (World Bank, 2022f).

Tanzania's employment policies have also increasingly emphasised self-employment (Mihyo *et al.*, 2020). The *Inclusive National Entrepreneurship Strategy* of 2017 and the *Financial Inclusion Framework 2018–2022* (following the 2018 Microfinance Act) spurred the introduction of various government-backed microcredit schemes under "empowerment funds" (such as the *Youth and Women Development Fund*), which provide loans and entrepreneurship training, particularly for women. Business development services have also been provided under gendermainstreamed programmes, such as the *Women Entrepreneurship Development Programme* (WED) run since 2004 by the Small Industries Development Organisation (SIDO) (Nziku and Henry, 2020). Thanks to government investment in non-bank financial service infrastructure, 68–70% of Tanzanian women have access to loans through empowerment funds (e.g. group lending and micro-loans) (see, e.g. De Smet, 2021). These measures have resulted in a proliferation of women-owned informal sector "micro-enterprises" with only one employee (see DTDA, 2021). Additionally, qualitative evidence shows that women benefiting from micro-loan schemes still hope to access larger, low-interest loans from the official banking sector, as well as business education and services (Chopra and Zambelli, 2017; Lindvert, 2017; Pallangyo, 2021).

5. Discussion: characterising the emergent social policy model in Tanzania through a gender lens

The cross-sectoral analysis of Tanzania's social policy trajectories draws attention to two distinct characteristics: *insurance-driven social policy expansion* to the informal sector and *proliferation of targeted programmes* aimed at women in the informal sector. Despite the pioneering legislation foregrounding the policy expansion, this type of social policy model disadvantages female-headed households and women in un- and underemployment whose low-income status impedes access to contributory insurance schemes without gender-responsive payment arrangements.

As illustrated in Figure 2, the extant model offers a greater variety and level of benefits and services for formal sector workers, as guaranteed by law. This results in two-tiered social policy delivery, whereby women in the informal sector remain dependent on discretionary, donor-dependent social assistance (government spending on social assistance remains at 0.46% of GDP compared to the 1.1% average on the African continent; Ajwad *et al.*, 2018; ILO, 2021); informal social security arrangements, or; household enrolment to insurance mechanisms through husband. Access to adequate social protection for women in the informal sector is undermined further by the lack of rights-based entitlements to maternity benefits, child benefits and family allowances and other institutionalised arrangements. In the employment sector, women in the informal economy are targeted by siloed programmes promoting micro-enterprises and community-based finance, which may confine women in specific labour market positions (agricultural work and micro-enterprises; see Holmes and Jones, 2013).

The presented findings bear some important theoretical implications for gender-sensitive social policy analysis and debates around welfare regimes. Whilst African social policy scholarship has introduced alternative concepts and frameworks for contextually appropriate welfare regime analysis (see Seekings, 2008; Kpessa, 2010, 2012), these have lacked focus on gender. Feminist social policy theory, in turn, draws on industrialised country experience, failing to account for the needs of women in the Global South. Evidence from Tanzania shows that whilst women may experience a high level of labour market integration and improved access to social assistance independently from their husbands (under the PSSN), this does not reflect "defamilialisation" as intended in early feminist social policy literature, whereby "individual adults can uphold a socially acceptable standard of living, independently of family relationships, either through paid work or through the social security system" (Lister, 1994, p. 37). The introduced policies bound women more closely to their care roles whilst increasing their income-generating responsibilities, thus offering little "freedom". Additionally, questions related to gaining a "socially acceptable standard of living" through participating labour markets remain pertinent as introduced policy measures have failed to effectively bolster women's access to decent income.

Given the broader contextual factors in SSA and the intersecting inequalities experienced by women (Kabeer, 2015), we argue that conceptualisations around welfare regimes should be broadened beyond the interpretations drawing on the industrialised country experience. We suggest an alternative analytical framework for assessing emergent (and still evolving) social



Source(s): Adapted from Lambin and Nyyssölä (2022b)

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Figure 2. Two-tiered social policy measures in Tanzania policy models in the SSA context, accounting for the needs and challenges experienced by men and women in the *informal and formal sectors* (see also Roumpakis, 2020). Whilst this basic division does not incorporate all demographic characteristics – such as ethnicity which shapes inequalities experienced by women in SSA (e.g. Elu and Loubert, 2013) – it broadens the analytical focus beyond dualist assessments.

Secondly, we suggest that analysis of emergent social policy models should examine both *legislative frameworks* around social rights and *de facto access*, to capture potential discrepancies between the two. Measuring and building explanations for potential gaps between rights and actual access allows to examine the nature of social policy expansion (e.g. targeted, donor-driven versus universalist, rights-based); the maturity of the regime (i.e. the extent to which policies are institutionalised through law) and potential caveats in design and implementation and demand side barriers (e.g. social norms, lack of information).

Thirdly, our proposed framework incorporates a comprehensive range of policies (see Figure 3). Access to productive assets such as land, credit and even rightful settlements to inhabit and trade represent central dimensions for women's welfare in the Global South (Razavi and Staab, 2018) and have been recognised in regional development frameworks such as the 2026-agenda. Yet, these have remained omitted in extant theorisations around welfare regimes. State service provision across typical social policy sectors such as health, education and care ought to be complemented by employment and entrepreneurship-related services, which support women's labour market transitions. Moreover, examining actual access across *rights-based* income *support* (donor or government funded); *contributory insurance schemes* and *informal social security* allows to develop an understanding of the "type(s)" of social policy models that are forming. Furthermore, as noted by Kpessa (2010), several regimes often co-exist in African societies, particularly between rural informal workers and urban formal sector employees. Crucially, our proposed framework allows for distilling different hybrid social policy models accounting for gender-based divisions.

A well-rounded regime analysis requires, nonetheless, the building of further explanatory arguments beyond the "static characterisations" of social policy models. Political pasts, economic structures, socio-cultural contexts, the legacy of colonialism and the need for nation-building are key features shaping welfare regimes in the SSA (Kpessa, 2010, 2012). Dynamics of policy formulation are also distinctive given that social policies have been significantly shaped (financed, implemented and co-designed, if not entirely fabricated) by external forces since colonisation (e.g. Adesina, 2020; Alou, 2009; Gumede, 2018). Future work warrants a gender view to study the actors, ideas and institutions explaining social policy evolution and regime formation in the SSA context.



Figure 3. Analytical framework for emergent social policy models in the Global South

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6. Conclusions

This article tells a nuanced story of social policy evolution in Tanzania. Government policy plans are increasingly cognizant of the diverse needs and barriers experienced by women and girls, which now feature in new policy initiatives and the renewal of old ones. Yet, there is noticeable variation in the level of gender responsiveness across policy sectors and measures. At the same time, changes in Tanzania's social policy landscape are ongoing: the continuation of the Productive Social Safety Net beyond 2023 remains unknown, the Single National Health Insurance is yet to be launched and the benefit package under the National Informal Sector Scheme is under gradual expansion.

Despite increasingly sensitive gender-sensitive planning in the context of individual social policy programmes in Tanzania, there is a pressing need for holistic and gender-sensitive social policy planning to spur inclusive economic and social development. 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 focussing on health, social protection and employment as separate enclaves (see Mkandawire, 2004).

Further, Tanzania's broader industrialisation plan remains centred around economic expansion under male-dominated sectors (construction, information community technology, real estate, public services, mining, transportation and trade (DTDA, 2021; World Bank, 2021), pointing to a lack of a gender-sensitive and job-growth driven development vision. Moreover, several policy plans discuss women under a broader population group defined as "disadvantaged" (also including youth, elderly and disabled), rather than recognising women's distinctive social protection needs and functions in the economy.

Coupling holistic social policy with broader gender-responsive development strategies can transform power relations, gender norms, social institutions and human capability for the benefit of women, but also economy and society at large (see Adesina, 2011; Elu and Loubert, 2013; Mkandawire, 2011). Example can be drawn from Nordic countries which invested heavily in state-provided early education systems during the industrialization process, effectively incorporating women into the formal workforce through increased work in the care sector and access to childcare services (Rubery and Figueiredo, 2018). As the country's first female President, Samia Suluhu Hassan (incumbent as of 2021), has committed to upscale public childcare programmes (URT, 2021) – which could raise employment rates by 23% points and halve gender gaps in employment (De Henau, 2021) – there is an important window of opportunity for the country to pursue a new and more inclusive approach to development Conference paper.

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